



CABINET – 7 FEBRUARY 2020

**COMMISSIONING AND PROCUREMENT OF HOME CARE SERVICE
POST-NOVEMBER 2020**

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

PART A

Purpose of the Report

1. The purpose of this report is to seek approval for the procurement of Home Care services in Leicestershire post-November 2020.

Recommendations

2. It is recommended:
 - a) That the proposals for the new Home Care service, to be commissioned jointly with the West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups, be approved;
 - b) That, in the event of the Clinical Commissioning Groups' Governing Bodies not agreeing to the procurement proposals for the new Home Care service, the Director of Adults and Communities, following consultation with the Lead Member for Adult Social Care, be authorised to agree any changes to the proposals that do not fundamentally affect the procurement of the new Home Care service;
 - c) That, in the event that the Clinical Commissioning Groups' Governing Bodies request changes that would fundamentally affect the procurement proposals, the Director of Adults and Communities, following consultation with the Lead Member for Adult Social Care, be authorised to determine if the Council should proceed alone to procure the new Home Care service or whether a further report will be submitted to the Cabinet.

Reasons for Recommendations

3. To enable the procurement process to commence. The current framework agreement will expire no later than November 2020 and a new service will be required to provide home care in Leicestershire.
4. The proposals for the new service aim to address some issues with the current service and thus incentivise providers to pick up packages of care in a timelier way across the County, including the more rural and remote areas.

5. Both the current and proposed frameworks are jointly commissioned services with the West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups, with the County Council acting as lead commissioner on their behalf. A financial reconciliation process to claim back their contributions forms/will form a part of the Section 75 Agreement between the parties involved.
6. The next scheduled meetings of the Clinical Commissioning Groups' Governing Bodies fall after this Cabinet meeting and whilst representatives have and are currently involved in defining and designing the new service, it is possible that their governing bodies may not agree with all of the proposals presented and request changes to be made.
7. These changes could be significant or relatively minor and the recommendations set out above take both of these scenarios into account.
8. Any delay to the commencement of the procurement process could result in the Council being unable to commence implementation of the new contracts before the existing contracts expire, resulting in an extension to current contractual arrangements being required.

Timetable for Decisions (including Scrutiny)

9. The primary driver for the timetable is to avoid the complications that arose during the launch of the current Help to Live at Home (HTLAH) service, minimising disruption to services and avoiding any destabilisation of the market.
10. The milestones below set out the timetable for implementing the new service. The phasing of the implementation will be finalised after completion of the procurement process, as the outcome of that exercise may change the planned order, for example, if an existing provider does not bid or is unsuccessful in bidding and intends to withdraw from the market at the end of the current contract, the transition of their service users will become a priority.

Milestone	Date
Leicestershire County Council Adults and Communities Overview and Scrutiny Committee	20/01/20
CCG Competition and Procurement Group	30/01/20
Section 75 Partnership Agreement approval	31/01/20
CCG Integrated Governance and Quality Committee	04/02/20
Leicestershire County Council Cabinet approval	07/02/20
CCG Governing Body	11/02/20
Procurement Starts (no later than)	30/04/20
Procurement Ends (no later than)	31/08/20
Implementation Starts (no later than)	01/09/20
Implementation Ends (no later than)	30/10/21
Stabilisation/Handover to Business as Usual	TBA

11. It is intended that the new service will be implemented in phases allowing for each phase to be stabilised before the next one is started. There may be a need for a final (short) period of stabilisation once all phases have been completed and this will be determined nearer to the time. It may also include all or part utilisation of the second extension period of the HTLAH contract.

12. In the event that the Clinical Commissioning Groups' Governing Bodies request changes that do fundamentally affect the proposals to the procurement, a further report may need to be submitted to the Cabinet with a revised procurement proposal.
13. The Adults and Communities Overview and Scrutiny Committee has received reports (on 2 September and 11 November 2019) on the progress being made for re-commissioning home care in Leicestershire.
14. The Committee was invited to comment on the proposals setting out the new service at its meeting on 20 January 2020 and its views will be reported to the Cabinet.

Policy Framework and Previous Decisions

15. The Care Act places a duty on the local authority to:
 - a) ensure there is a market of high-quality provision able to meet the needs of the resident population whether they are funded by the Council or purchasing their own services;
 - b) provide support for people if they have unmet eligible assessed care and support needs.
16. The current HTLAH service contract has already been extended for one year to November 2020. A further option to extend to November 2021 is allowable under the same contract terms, but this would need to be negotiated with the current providers and would then not allow for a phased implementation of the new contracts using all or part of the second extension period of the HTLAH.

Resources Implications

17. Early financial modelling indicates that paying a sustainable provider rate which would allow the Real Living Wage to be paid to care staff for all working time would result in higher average rates than those currently in place. Additional costs to the Authority at current demand is expected to be in the region of £1.0m to £1.1m per year. This will be built into the Medium Term Finance Strategy from 2021-22.
18. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Circulation under the Local Issues Alert Procedure

19. None.

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PART B**Background**

20. The current domiciliary care service (HTLAH) was designed to help service users achieve maximum possible independence at home, by moving to a service model that focused on reablement and maximising independence. The intention was that service users would be enabled to manage their own care, wherever possible, improve their resilience to deal with issues in the future, and give them better social outcomes.
21. The service aimed to optimise service users' independence through the provision of progressive reablement taking an 'enabling', rather than a 'doing for' approach to service delivery. The service includes community reablement ('Step Up') assisting service users to manage, through timely intervention, periods of ill health and/or injury and avoiding unnecessary hospital admission. An ongoing reablement approach was included as part of all service provision, supporting service users to be independent for as long as possible.
22. The main priority for any new service is to help people to live as independently as possible, taking into account the views of service users, carers and professionals to deliver a quality service.
23. Current total service user numbers and hours are as follows:
- | | |
|----------------------------------------|--------|
| • Service users receiving home care | 1,994 |
| • Service users receiving reablement | 67 |
| • Weekly home care hours commissioned | 20,317 |
| • Weekly reablement hours commissioned | 2,892 |
24. Detailed analysis has been undertaken to determine how best to deliver home care to Leicestershire residents when the current HTLAH service ends in November 2020.
25. These proposals have been co-produced with colleagues from East and West Leicestershire Clinical Commissioning Groups and Care Analytics, an independent consultancy company specialising in cost and pricing models for care and support services.

Proposed New Service Model**Analysis Undertaken**

26. The Council contracted with Care Analytics to undertake an independent market analysis of the local market and current HTLAH service. This included:
- Local geography, population density and road networks, political and administrative boundaries;
 - Previous County Council zones from 2005, 2011 and 2016;
 - Home care branches and local provider presence;
 - Client data (all packages of care) from November 2016 to July 2019.

27. A summary of key findings concluded:

- The Lead Provider model has not worked consistently and/or effectively in meeting local demand (especially in more rural areas);
- The current geographical Lots break up natural operating areas;
- Pricing should align to providers' actual costs (based on geographical constraints, travel time/costs and workforce factors);
- Urban/rural pricing is needed across Leicestershire to ensure full county-wide coverage.

28. The key objectives of the service are:

- To develop a service that supports people to live as independently as possible, considering the views of service users, carers and professionals;
- To achieve a smooth transition to the new service which minimises the impact on service users and care workers;
- To create a more sustainable, flexible, reliable and good quality local care market.

General Principles

29. The new service model will comprise a core service offer and a number of specialist services. This report focuses on the core service which will form most of the care being delivered. Work is continuing to define the specialist services to determine how best they can be provided, the likely volumes and the degrees of complexity involved.

30. The core home care service will include various types of care and support, based on a person-centred assessment of an individual's needs. Personal care and support is defined by the Care Quality Commission as meaning physical assistance given to a person. Services will seek to maximise service user independence, dignity, wellbeing and ability to care for themselves, while recognising their individuality and personal preferences, providing support for their informal carers and recognising the rights of other family members.

31. The service will be based on working with a number of providers (of varying size) using pricing that reflects true operating costs. Services will have differentiated banded urban and rural pricing which considers the geography, local populations and workforce of Leicestershire, and zones that are better aligned with 'natural' operating areas (e.g. main towns/villages, road networks).

32. The length of the contract will be set at 3+1+1 years, but the framework will be open to allow for new providers to be added, subject to quality and due diligence checks, as and when supply and demand requires.

33. The feedback from the market has not indicated that providers would prefer longer contracts. Unlike other sectors, the nature of the home care workforce is such that offering longer contracts would not necessarily improve their ability to recruit and retain staff. Similarly, although there are some set-up and mobilisation costs associated with starting or growing a home care operation, these may be relatively low compared to other contracts, so may not be a significant factor in attracting bidders. The five-year duration allows the Council to change approach if the new

model does not address workforce/supply issues effectively and potentially move towards a more outcome-focused approach if required.

Pricing

34. There will be four pricing levels in the new service aligned to providers' costs to ensure a good rural supply and responses to all requests for care:
 - **Urban:** areas with concentrated demand in towns and clusters of nearby villages with good travel routes and relatively high volumes of care;
 - **Fringe:** smaller, more isolated towns or villages fairly close to towns with good travel routes, but lower population density;
 - **Rural:** areas that are reasonably accessible by car but have longer travel times between visits than urban and fringe;
 - **Isolated:** "hard to reach" areas likely to involve significant travel to and from visits.
35. Urban rates will be benchmarked against care worker pay rates for all working time including travel and may be pre-set at the point of tender.
36. Rural pricing will be aimed at improving supply.
37. Sustainable pricing depends on assumptions about care workers' wages, i.e. to pay care workers a specified minimum wage to promote recruitment and retention in the sector and reduce staff turnover.
38. Rates should also support wider initiatives which value care workers, enable career pathways, and help to stabilise and develop the local workforce, leading to better quality care for service users and carers.
39. The indicative recommended prices are stated below and are based on providers paying the Real Living Wage of £9.30 per hour and include a mileage rate of 45p based on HMRC-recommended levels:
 - Urban £18.75
 - Fringe £20.20
 - Rural £23.00
 - Isolated £26.35
40. The intention is to implement an automatic pricing uplift mechanism which, will accommodate increases to both staff and non-staff costs, throughout the term of the framework.
41. Further market testing is currently taking place with providers to assess the level of interest in the benchmarked rates for the various zones/sub-zones before the tender process begins.
42. Hourly rates will be paid to reflect additional travel times and employment costs for delivering in non-urban areas; incrementally from fringe through to isolated areas. The additional cost to the County Council and the Clinical Commissioning Groups of the proposed rural pricing levels will be moderate, as the packages of care in these areas only represent a relatively small proportion of commissioned hours.

Cost Comparison

43. The table below shows the total annual cost for the indicative recommended rates based on specific wage rates for care workers and have been compared to the cost at average current rates (November 2019 prices). The data includes Health costs.
44. The costings are based on current maintenance activity levels and HMRC-approved mileage rates.

	Current Rates	Proposed Urban Rate
	N/A	£18.75 (£9.30* for working time)
Annual Cost Estimate	£17.3m £17.6m	£18.3m £18.7m
Average Hourly Rate (all areas)	£18.45	£19.56
Estimated Cost Difference	N/A	£1.0m £1.1m

**Real Living Wage November 2019*

Provider Model

45. The new service model dispenses with the role of Lead Provider, requiring instead a central brokerage function operated by the County Council, to allocate packages of care across the County.
46. The two forms of provider in the new model will be:
- **Prime** – Providers who will be expected to pick up the majority of the packages of care available in their appointed zone(s). Appointed at the fixed banded hourly zone rates and enhancements, with packages of care allocated via the Brokerage Team on a priority basis, based on quality ratings to be set out in the framework agreement.
 - **Supplementary** – Providers offered packages of care that cannot be placed with the prime providers (rates as above) except in the Rural Free Zone (see Zoning model overleaf), where no prime provider role will exist.
47. To ensure that packages of care in each zone are allocated fairly and transparently throughout the lifetime of the contract, an allocation process will be developed to allocate the work which considers performance in three areas: timely pick-up of care; quality of service delivery; and overall response to packages requested. These initial indicators will be based on their tender responses and then on actual performance once the service is live. If prime providers consistently fail to meet the key performance indicators for the service over a defined period, they may lose their prime provider status altogether and become supplementary providers. Conversely if supplementary providers are able to demonstrate consistently good performance against the above, there could be opportunity for them to become prime providers.

48. The number of prime providers per zone and the maximum number of zones that they can be a prime in, are still to be determined. However, the intention with them is to be able to maximise coverage and adapt to market changes and pressures.
49. Prime providers in one zone can be supplementary providers in other zones. There will be no restriction on the number of supplementary providers per zone or across the County, so that the market can respond flexibly to changing demand levels.

Zoning Model

50. The proposed procurement is based on a number of assumptions from a snapshot of planned hours from July 2019 as follows:
- a) Urban areas require around 35-40 hours of care per week per 1,000 people.
 - b) Coalville and Ashby have a relatively high number of hours per capita.
 - c) Urban areas tend to have younger populations whereas rural areas have older populations, so hours per head should be higher in rural areas.
 - d) Significant “under supply” in most rural areas and potential unmet demand.
 - e) In defining the zone boundaries, the following have been taken into consideration:
 - Main travel routes across the County.
 - Longer distances usually mean longer travel times even with reasonable local road networks.
 - Some areas classified as “rural isolated” have good road links but populations, and hence service users, are dispersed and usually lack sufficient local workforce.
51. In the proposed service, there will be a total of 14 zones each having two or more prime providers (excluding the rural free zone below, which will not have designated prime providers) and any number of supplementary and specialist providers (on a countywide list), as follows:

Six Large Zones

- Coalville and Ashby (including Ibstock, Measham, Ravenstone and Ellistown)
- Charnwood North (Loughborough, Shepshed and Kegworth)
- Charnwood South (Quorn, Barrow upon Soar, Mountsorrel, Birstall, Syston and Thurmaston)
- West Leicester (Braunstone, Markfield, Anstey, Ratby and Groby)
- Oadby and Wigston (including Great Glen, Fleckney and Kibworth Harcourt)
- Hinckley (including Earl Shilton, Sapcote, Stoney Stanton and Broughton Astley)

Three Medium Zones

- Melton (including Asfordby and Harby)
- South Leicestershire (including Narborough, Blaby, Countesthorpe and Whetstone)
- Market Harborough

Three Small Town Zones

- Castle Donington, Lutterworth and Bottesford

One Small Rural Zone

- West Leicestershire rural (Market Bosworth, Desford, Newbold Verdon and Bagworth)

One Rural Free Zone

- Harborough

52. Further details on the revised zones can be found at Appendices A to C.

External Workforce

53. It is recognised that the success of providers in delivering care is highly dependent upon them being able to recruit and retain a suitably skilled and motivated workforce to deliver the service.
54. Successful bidders will need to provide assurance that they either have a local workforce in place or have a realistic and workable plan to recruit and train staff within the agreed mobilisation timescales. The lessons learnt from HTLAH will ensure that the Department will take the necessary steps to ensure robust tests and checks are in place to achieve this.
55. Feedback from providers will be used to determine how best the Department's ambition of paying the Real Living Wage can be achieved to support with the recruitment and retention of staff, recognising if not addressed, market challenges will likely worsen.

Financial Impact Model**Pricing Analysis**

56. Care Analytics have provided guidelines on setting sustainable prices taking into account: wages, working time, travel time and enhancements for fringe, rural and isolated visits.
57. Prices in Castle Donington, Lutterworth and Market Harborough are set at fringe rather than urban rates as these settlements have lower concentrations of care hours and workers are less likely to live locally.

Weekly Hours by Area

58. A comparison of the current and proposed pricing structure has been undertaken using the zone and pricing levels produced by Care Analytics from a snapshot of hours from July 2019, by service type and postcode (Appendix B).

59. The table below shows the number and percentage of hours falling into each of the proposed pricing categories for maintenance or ongoing care hours only:

	Urban city and town	Rural town and fringe	Rural village	Rural hamlet and isolated dwellings	Total
Average Weekly Maintenance Hours (July 2019)	11,737	4,648	1,301	314	18,000
Percentage	65%	26%	7%	2%	

Consultations

60. Engagement events have been held with service providers and communications with service users and other stakeholders are planned to take place as the project progresses.
61. The comments of the Adults and Communities Overview and Scrutiny Committee will be reported to the Cabinet.

Conclusion

62. The proposals for the new service aim to address key concerns with the current service and thus incentivise providers to pick up packages of care in a timelier way across the County, including the more rural and remote areas.
63. Pre-setting price levels will ensure bids will be assessed purely on the quality of service being offered and evidence of provider performance, thereby removing the risk of unsustainable low bids being submitted.
64. Placing control for the allocation of packages of care back within the Authority (brokerage function) as opposed to the current lead provider model, will create a better-balanced operating model and incentivise providers to deliver a quality service.
65. The ambition to ensure providers pay the Real Living Wage and HMRC-approved mileage rates will support the creation of a more sustainable workforce and reduce turnover in the sector which should enhance the quality of provision.

Equality and Human Rights Implications

66. A draft Equality and Human Rights Impact Assessment (EHRIA) has been undertaken in tandem with the design process and this is attached as Appendix D. This will allow integration of actions to mitigate any potential equalities issue throughout the process (including during workshops and co-production).
67. This EHRIA will be submitted to the Departmental Equalities Group prior to being finalised.
68. The main findings from this assessment are:
- There will be no negative impact on protected groups.

- The proposed service model will address current geographical issues, improving the quality, sustainability, responsiveness and consistency of the service and improving service user outcomes.
- The proposed service model will ensure that service users' will get the right level of support and maximise their independence.
- A focus on achieving individual outcomes will support the equality of the service delivery.

Partnership working and associated issues

69. Health colleagues from East and West Clinical Commissioning Groups continue to be fully engaged with the project to ensure that both health and social care needs of service users living in Leicestershire are met.

Environmental Implications

70. Following the declaration of a climate emergency at the County Council meeting in May 2019, targets for carbon reductions have been set, which the Department will need to meet during the period of the new homecare service. Potential impacts on the environment and climate, will come from the activities of both the Department and its service providers. Whilst this impact is largely unknown at present, it is likely to be significant given the number of journeys made on a day-to-day basis. The work described above to realign and optimise the delivery lots and zones, across geographical operational areas, will play a key part in reducing this impact.
71. The Department is developing an action plan which includes actions aimed at:
- Reducing the amount of waste produced.
 - Increasing the level of recycling across County and departmental sites.
 - Reducing the amount of paper used within the Department.
 - Reducing the amount of business mileage.
 - Working with providers to reduce their environmental impact.
 - Increasing the number of staff that have completed Environmental Awareness E-Learning and implementing any mitigation measures identified in the corporate Climate Change Risk Register.
72. Providers attending the provider engagement events have been made aware of the Council's service requirements and strategic aims, which will form part of the Invitation to Tender required response.

Risk Assessment

73. An initial risk assessment has been carried out and the resultant risks have been logged.
74. The risk log forms a central part of the day to day management of the project and along with quarterly gateway reviews will ensure that identified risks continue to be logged and assessed for impact and likelihood of occurrence. Each risk logged will have clear mitigation and containment actions.

Appendices

Appendix A - Proposed Zones with Main Settlements

Appendix B - Home Care Hours by Proposed Zones and Price Band

Appendix C - Estimated Levels of Home Care Activity (July 2019 Snapshot)

Appendix D - Draft EHRIA

Background Papers

Report to the Adults and Communities Overview and Scrutiny Committee: 2 September 2019 – Domiciliary/Home Care Service: Post November

<https://bit.ly/2TJfdZ>

Report to the Adults and Communities Overview and Scrutiny Committee: 11 November 2019 – Domiciliary/Home Care Service: Post November

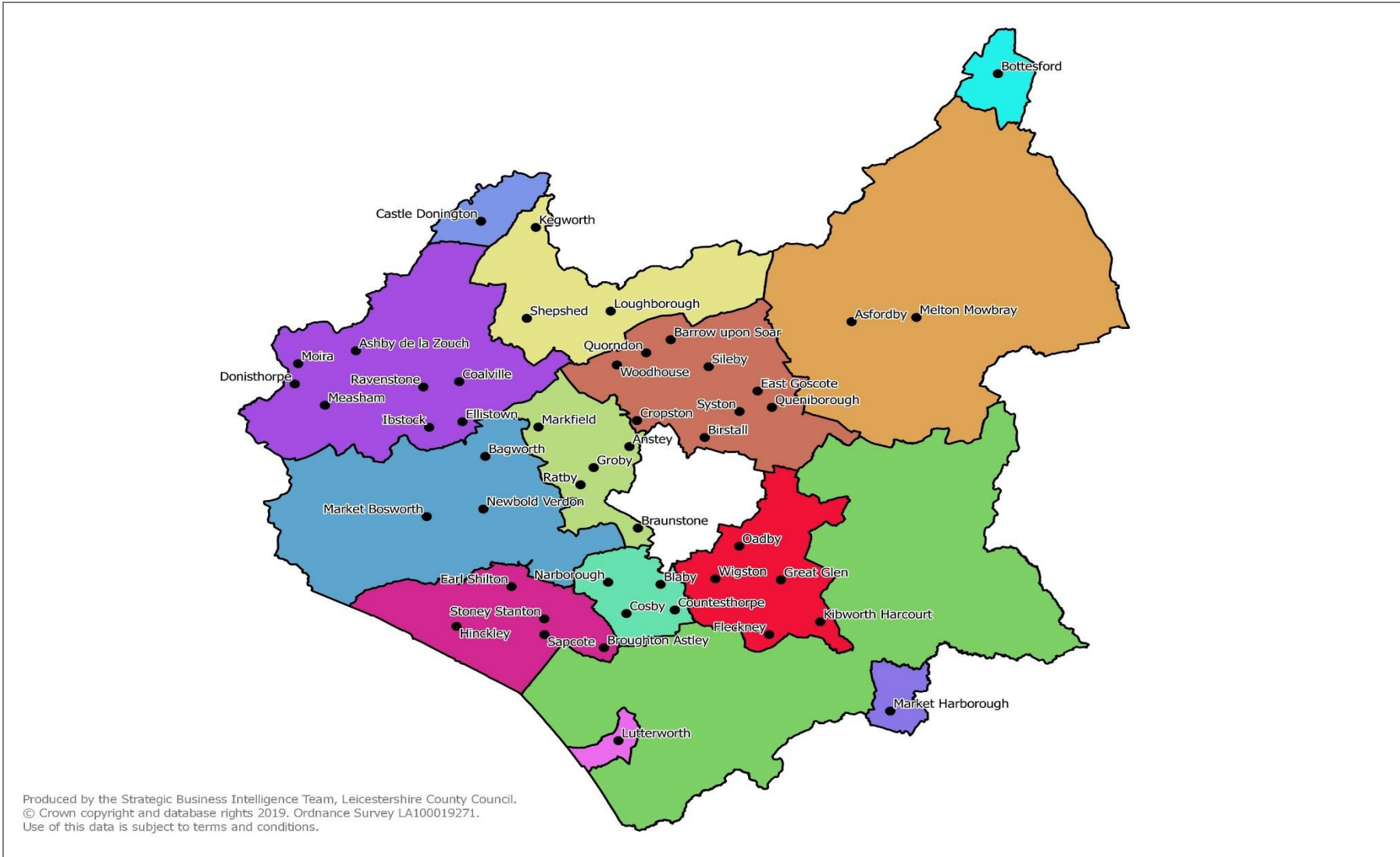
<https://bit.ly/2NNCw0P>

Report to the Adults and Communities Overview and Scrutiny Committee: 20 January 2020 – Domiciliary/Home Care Service: Post November

<https://bit.ly/2Gchvso>

Proposed Zones with Main Settlements

APPENDIX A



APPENDIX C

Estimated Levels of Home Care Activity (July 2019 Snapshot)

Name	Main towns and villages included in the zone	Initial Indicative hours - planned
Six Large Zones		
Coalville and Ashby	Ibstock, Measham, Ravenstone and Ellistown	3,600
Charnwood North	Loughborough, Shepshed and Kegworth	2,925
Charnwood South	Quorn, Barrow upon Soar, Mountsorrel, Birstall, Syston and Thurmaston	2,875
West Leicester	Braunstone, Markfield, Anstey, Ratby and Groby	2,525
Oadby and Wigton	Great Glen, Fleckney and Kibworth Harcourt	3,050
Hinckley	Earl Shilton, Sapcote, Stoney Stanton and Broughton Astley	3,250
Three Medium Zones		
Melton	Asfordby and Harby	1,500
South Leicestershire	Narborough, Blaby, Countesthorpe and Whetstone	1,200
Market Harborough	Market Harborough	900
Three Small Town Zones		
Castle Donington	Castle Donington	350
Lutterworth	Lutterworth	300
Bottesford	Bottesford	100
One Small Rural Free Zone		
West Leicestershire Rural	Market Bosworth, Desford, Newbold Verdon and Bagworth	400
One Rural Free Zone		
Harborough Rural Free Zone	Husbands Bosworth, Medbourne and Hallaton	175
	Total	23,150

DRAFT

APPENDIX D

Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that, as an Authority, we do not discriminate, and we are able to promote equality, diversity and human rights.

Please refer to the EHRIA [guidance](#) before completing this form. If you need any further information about undertaking and completing the assessment, contact your [Departmental Equalities Group](#) or equality@leics.gov.uk

***Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

Key Details	
Name of policy being assessed:	Remodelling and re-procurement of the countywide integrated home care service from November 2020.
Department and section:	Adults and Communities, also contracting on behalf of West and East Leicestershire and Rutland Clinical Commissioning Groups.
Name of lead officer/ job title and others completing this assessment:	Gill Newton, Lead Commissioner – Domiciliary Care
Contact telephone numbers:	0116 3059216
Name of officer/s responsible for implementing this policy:	Gill Newton, Lead Commissioner – Domiciliary Care
Date EHRIA assessment started:	15/11/2019
Date EHRIA assessment completed:	TBC

Section 1: Defining the policy

Section 1: Defining the policy

You should begin this assessment by defining and outlining the scope of the policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's [Equality Strategy](#).

1	<p>What is new or changed in the policy? <i>What has changed and why?</i></p> <p>The Authority wishes to re-procure the commissioned home care services that are currently being provided across the County via framework agreements established in November 2016.</p> <p>It is not proposed that the scope of overall service will change materially but the procurement will be based on new zones (currently referred to as lots), pricing and numbers of providers per zone, with the aim of improving the quality, sustainability, responsiveness and consistency, which in turn is intended to improve service user outcomes and satisfaction levels.</p> <p>The new service model and commissioning approach may result in a change in service providers for some customers but the implementation plan will be based on minimising disruption to customers and seeking to stabilise the local provider market and their workforce.</p> <p>As the service is intended for all adults over the age of 18 who require a home care service, service changes could affect both working aged and older adults in the community, who have eligible social care needs and people with acute illnesses, long-term physical or mental health conditions, people with dementia, physical or learning disabilities.</p> <p>The commissioned care and support services will be provided by Care Quality Commission (CQC) registered care providers, who have achieved the required quality standards of both CQC and the local authorities in which they currently operate.</p> <p>Care and support will be aimed at promoting the wellbeing and independence of service users and preventing, reducing or delaying the need for additional Health or Social Care services.</p>
2	<p>Does this relate to any other policy within your department, the Council or with other partner organisations? <i>If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.</i></p> <p>In line with Leicestershire County Council's (LCC) Adults and Communities Strategy 2020-24, this service has been designed to promote wellbeing and ensure that Service Users get the right level and type of support, at the right time, in order to help prevent, reduce or delay the need for ongoing support and</p>

	<p>maximise their independence.</p> <p>The health and care system across Leicester, Leicestershire and Rutland (LLR) is being transformed through the Better Care Together (BCT) partnership. The partnership includes NHS organisations working alongside local authorities and a range of independent, voluntary and community sector providers. The partnership aims to keep more people well and out of hospital; move care closer to home, provide care in a crisis and deliver high quality, specialist care. In the future health and care will be delivered in community settings, with all partners focused on reducing unnecessary admissions to hospitals and care homes, reducing delayed discharges from hospital and providing a much stronger platform of integrated wellbeing and preventative services.</p> <p>It is recognised that there is an expanding older persons' population with increasing health and social care needs which necessitates a new approach to commissioning services, shifting the focus from time and task activities, to the achievement of results through Person Centred planning and flexible service delivery.</p> <p>The core Home Care Service can include various types of care and support, based on a person-centred assessment of an individual's needs, which can help to maximise their independence, dignity wellbeing and ability to care for themselves, while recognising their individuality and personal preferences, providing support for their informal carers and recognising the rights of other family members.</p> <p>As well as aiming to support people to live as independently as possible, taking into account the views of service users, carers and professionals, the new service model is intended to create a more sustainable, flexible, reliable and good quality local care market, which is consistently available across the County, including areas where it is currently difficult to source care.</p>
3	<p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p>The home care for Leicestershire services is intended to meet the eligible needs of adults aged 19 and over service users may also have needs resulting from physical ill health, functional mental illness, social isolation, visual impairment and/or general frailty due to ageing, as well as low or moderate levels of dementia.</p> <p>The potential impact of the procurement is upon everyone currently receiving commissioned home care services, other than those on a Direct Payment.</p> <p>Depending on the outcome of the procurement service users' care provider may change although as TUPE is likely to apply to all of the existing services the number of staff members actually changing is expected to be relatively low. The potential changes will be communicated to the users of the services prior to the tender being published in March 2020.</p> <p>This open procurement is required as the current service contracts are coming to an end in November 2020. By going to the open</p>

	<p>market, we are seeking to maximise value for money and identify providers who are able to deliver an up to date service specification based on clear quality standards, sector best practice and the Council's strategic objectives.</p> <p>Although the commissioned services from the new framework provider will be the offer for County Council customers on a managed service, they may still opt to take a direct payment and purchase their own care, but budgets will be based on the pricing of the commissioned services.</p> <p>The Home Care service has been designed to help service users optimise their independence at home and the intended change is to offer a service model focused on maximising wellbeing and independence, which operates more responsively across the county, including more remote rural areas where it can be more difficult to source care at home. Service users will be enabled to manage their own care wherever possible, improve their resilience to deal with issues in the future and improve their health and wellbeing outcomes.</p>		
4	<p>Will the policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? (Please tick and explain how)</p>		
	Yes	No	How?
Eliminate unlawful discrimination, harassment and victimisation	X		The County Council's Adults and Communities Strategy 2020-24 recognises that the Council serves a diverse population and supports all individual's rights to make decisions and choices about their accommodation. The home care framework agreement highlights the providers' legal obligations in terms of preventing unlawful discrimination, harassment and victimisation.
Advance equality of opportunity between different groups	X		The new service model aims to advance equality of opportunity between different groups by ensuring that services are designed to support diverse populations, there is equality of opportunity in terms of accessing services and that care services improve outcomes for adults requiring care and support to remain independent in their own homes.
Foster good relations between different groups	X		The service specification for the service being procured promotes social inclusion and supporting service users to actively engage and participate positively in their local communities and with their

				families and informal support networks, which in turn can help to foster good personal relationships between different groups.
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Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

Section 2: Equality and Human Rights Impact Assessment Screening

The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for a policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to [Section 3](#) on Page 7 of this document.

Section 2

A: Research and Consultation

		Yes	No*
5.	Have the target groups been consulted about the following? a) their current needs and aspirations and what is important to them; b) any potential impact of this change on them (positive and negative, intended and unintended); c) potential barriers they may face	The stakeholder engagement plan is being developed	
		See above	
		See above	
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?		
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?		
8.	*If you answered 'no' to the questions above, please use the space below to outline either what consultation you are planning to undertake or why you do not consider it to be necessary.		
	Engagement sessions will help to gather the views of users and carers regarding the challenges, opportunities and impact in relation to the potential changes of		

<p>service and this information will help to design the mobilisation plan when implementing the service.</p> <p>Communication via letter will also be carried out to inform service users affected of any potential changes.</p> <p>With regards to the development of the new home care service we have considered the findings of reviews of / lessons from the implementation of the current home care service to identify areas for improvement, as well as research national customer and market insight in the design of the service model and specification, including i-statements developed with service user groups and feedback from customers and carers.</p> <p>Existing care providers are being kept informed of outline timescales for the procurement and are being engaged in the planned service re-design and procurement, as have providers in the wider market who may wish to provide services in Leicestershire within the scope of the new home care model.</p>

Section 2

B: Monitoring Impact

9.	Are there systems set up to:	Yes	No
	a) monitor impact (positive and negative, intended and unintended) for different groups;	X	
	b) enable open feedback and suggestions from different communities	X	

Note: If no to Question 9, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.

Section 2

C: Potential Impact

10.	Use the table below to specify if any individuals or community groups who identify with any of the ' protected characteristics ' may potentially be affected by the policy and describe any positive and negative impacts, including any barriers.			
		Yes	No	Comments
	Age	X		Home care services are intended for all adults aged 19 or over, while it should be noted that the majority of current service users are over the age of 65. Providers appointed to deliver the new home care services are required to adopt and maintain policies to comply with its statutory obligations under the Equality Act 2010 and any legislation relating to discrimination as modified or re-enacted and accordingly will not

				treat one group of people less favourably than another because of their age.
	Disability	X		<p>There is not expected to be an adverse impact on this community. The eligibility criteria for accessing home care services will mean that the needs of people with a disability or limiting life-long illness will be catered for within the service. The assessment of needs will include consideration of any aids, adaptations or technology which could be sourced to optimise individuals' independence within and outside their home. Everyone seeking to access home care services within Leicestershire will have their eligibility assessed using the principles and criteria of the Care Act.</p> <p>Data collected by ADASS and other national research sources recognises that many people have ongoing care needs as a result of disability, accident or illness.</p> <p>This home care service is focused on maximising the safety, independence and quality of life for adults with illnesses and disabilities by promoting accessible support for people in their own homes.</p> <p>This service is intended to improve choice and outcomes from individuals with disabilities. The appointed providers will be required to adopt and maintain policies to comply with its statutory obligations under the Equality Act 2010 and any legislation relating to discrimination as modified or re-enacted and accordingly will not treat one group of people less favourably than another because of their disability.</p>

	Gender Reassignment		X	The focus on achieving individual outcomes will support the equality of service delivery. The appointed providers will be required to adopt and maintain policies to comply with its statutory obligations under the Equality Act 2010 and any legislation relating to discrimination as modified or re-enacted and accordingly will not treat one group of people less favourably than another because of their gender.
	Marriage and Civil Partnership		X	The service provided will continue to support the provision of services to individuals or couples, irrespective of their marital or partnership status.
	Pregnancy and Maternity	X		It is unlikely that the cohort of people in this group would be significantly affected by the proposed service change, however, the providers will be required to adopt and maintain policies to comply with their statutory obligations under the Equality Act 2010 and any legislation relating to discrimination as modified or re-enacted and accordingly will not treat one group of people less favourably than another because of their situation regarding pregnancy or maternity.
	Race	X		Fair Access to Care (FACS) criteria is designed to ensure fair access based on an assessment of need. The appointed providers will be required to adopt and maintain policies to comply with its statutory obligations under the Equality Act 2010 and any legislation relating to discrimination as modified or re-enacted and accordingly will not treat one group of people less favourably than another because of their race. As care and dignity needs may differ for different ethnic groups which may not be fully met by a

			standard service offer, providers will be asked to identify opportunities to meet these needs and therefore achieve equality of outcome.
	Religion or Belief	X	<p>Religion is closely associated with the cultural and ethnic differences and all care provided for adults requiring home care support should have their religious and other beliefs respected. The aim of the service is to focus on individuals achieving their personal care and support outcomes in a way which respects their beliefs or religion. As noted with regard to race and ethnicity, care and dignity needs may differ for groups with different religions or beliefs, which may not be fully met by a standard service offer, so providers will be asked to identify opportunities to meet these needs and therefore achieve equality of outcome.</p> <p>Ongoing monitoring will be required to ensure that the service is inclusive and accessible and service providers should be able to demonstrate how specific religious needs or requirements can be identified by an individual, so that the service they receive can accommodate these.</p>
	Sex	X	This service aims to focus on achieving individuals' support needs and outcomes in a way which will support equality of service access and delivery, irrespective of sex.
	Sexual Orientation	X	The anticipated impact of the potential change of service provider is considered to be neutral. The service specification requires that providers take into account the needs and wishes of individuals with regard to their sexual orientation and that privacy and dignity must be maintained at all

			times. The service is intended to focus on achieving individuals' support needs and outcomes which will support equality of service delivery. Where appropriate this should include enhanced levels of care for members of the LGB+ communities who may have higher than average health and social care needs.
	<p>Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</p>	X	<p>The possible changes in service provider should not impact negatively on these groups.</p> <p>National evidence suggests that good quality home care can help to reduce levels of social isolation and loneliness. A person-centred approach to care and support planning can increase inclusion and give opportunities for developing and improving social relationships. By considering carers' assessments and personalised home care can reduce carer strain for couples, families and informal care networks. The new service model incorporates payments to providers of enhancements on hourly rates for packages of care outside urban areas, as a means of attracting and retaining staff and increasing the reliability and responsiveness of home care services in more rural and isolated areas.</p>
	Community Cohesion		<p>The home care service will include a focus on maximising the use of local resources to promote a sense of wellbeing, connection, trust and belonging both within and across communities and groups. The service will link with and be supported by integrated health and social care teams and primary care networks, where these benefit individuals' health and wellbeing outcomes. With regards to community</p>

				participation, personalised support plans can identify and facilitate participation in the community, links with community groups and associations.
11.	<p>Are the human rights of individuals <i>potentially</i> affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? (Please tick)</p> <p>Explain why you consider that any particular article in the Human Rights Act may apply to the policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB: include positive and negative impacts as well as barriers in benefiting from the above proposal]</p>			
		Yes	No	Comments
Part 1: The Convention- Rights and Freedoms				
Article 2: Right to life			X	
Article 3: Right not to be tortured or treated in an inhuman or degrading way	X			The delivery of service is underpinned by the Care Act duty to promote wellbeing and personal dignity. All commissioned services are expected to be delivered at an acceptable standard to maintain health and dignity. The service supports people to maintain living in a place of their choice and aims to make achievable the opportunity for people to die at home, if that is their wish.
Article 4: Right not to be subjected to slavery/ forced labour			X	
Article 5: Right to liberty and security	x			People's liberty will not be restricted under this model of care as there will be continued freedom as to how the care is delivered.
Article 6: Right to a fair trial			X	
Article 7: No punishment without law			X	
Article 8: Right to respect for private and family life	X			The service will continue to support people to remain independent in the setting of their choice and respect their personal dignity, autonomy and social relationships. Preserving independent living for longer supports most peoples'

				preference for pursuing their private and family life at home.	
	Article 9: Right to freedom of thought, conscience and religion		x	This model of service will continue to support and integrate service users into their communities and networks and therefore facilitate them practicing of their faith or beliefs.	
	Article 10: Right to freedom of expression		x		
	Article 11: Right to freedom of assembly and association		x		
	Article 12: Right to marry		x		
	Article 14: Right not to be discriminated against	x		The service is designed to ensure that the values and principles of adults with care and support needs living in and being supported in the community designed are respected and protected and that no particular groups are unintentionally or intentionally excluded or disadvantaged from accessing or benefitting from them.	
Part 2: The First Protocol					
	Article 1: Protection of property/ peaceful enjoyment	X		By keeping people living independently at home for longer with the types of care and support offered by the Home Care for Leicestershire service, they are less likely to need to move to residential care or require admission to hospital.	
	Article 2: Right to education		X		
	Article 3: Right to free elections		X		
Section 2					
D: Decision					
13.	Is there evidence or any other reason to suggest that:		Yes	No	Unknown
	a) the policy could have a different affect or adverse impact on any section of the community;			X	
	b) any section of the community may face barriers in benefiting from the proposal			X	

13.	Based on the answers to the questions above, what is the likely impact of the policy			
	No Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>	Neutral Impact <input checked="" type="checkbox"/>	Negative Impact or Impact Unknown <input type="checkbox"/>
Note: If the decision is 'Negative Impact' or 'Impact Not Known', an EHRIA Report is required.				
14.	Is an EHRIA report required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

Section 2: Completion of EHRIA Screening

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is required for further investigation of the impacts of this policy.

Option 1: If you identified that an EHRIA Report *is required*, continue to [Section 3](#) on Page 7 of this document.

Option 2: If there are no equality, diversity or human rights impacts identified and an EHRIA report *is not required*, continue to [Section 4](#) on Page 14 of this document.

Section 3: Equality and Human Rights Impact Assessment (EHRIA) Report

Section 3: Equality and Human Rights Impact Assessment Report

This part of the assessment will help you to think *thoroughly* about the impact of the policy and to critically examine whether it is *likely* to have a positive or negative impact on different groups within our diverse communities. It should also identify any barriers that may adversely affect under-represented communities or groups that may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

Section 3

A: Research and Consultation

When considering the target groups, it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.

15. Based on the gaps identified either in the EHRIA Screening or independently of

	<p>this process, how have you now explored the following and what does this information/ data tell you about each of the diverse groups?</p> <ul style="list-style-type: none"> a) current needs and aspirations and what is important to individuals and community groups (including human rights); b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights); c) likely barriers that individuals and community groups may face (including human rights)
16.	<p>Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known affects of the policy on target groups?</p>
<p>When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.</p>	
17.	<p>Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you further consulted with those affected on the likely impact and what does this consultation tell you about each of the diverse groups?</p>

18.	Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?

Section 3**B: Recognised Impact**

19. Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are *likely* to be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.

	Comments
Age	
Disability	
Gender Reassignment	
Marriage and Civil Partnership	
Pregnancy and Maternity	
Race	

	Religion or Belief	
	Sex	
	Sexual Orientation	
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	
	Community Cohesion	

20.	<p>Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are likely to apply to the policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?</p>	
		Comments
	Part 1: The Convention- Rights and Freedoms	
	Article 2: Right to life	
	Article 3: Right not to be tortured or treated in an inhuman or degrading way	
	Article 4: Right not to be subjected to slavery/ forced labour	
	Article 5: Right to liberty and security	
	Article 6: Right to a fair trial	
	Article 7: No punishment without law	
	Article 8: Right to respect for	

private and family life	
Article 9: Right to freedom of thought, conscience and religion	
Article 10: Right to freedom of expression	
Article 11: Right to freedom of assembly and association	
Article 12: Right to marry	
Article 14: Right not to be discriminated against	
Part 2: The First Protocol	
Article 1: Protection of property/peaceful enjoyment	
Article 2: Right to education	
Article 3: Right to free elections	

Section 3**C: Mitigating and Assessing the Impact**

Considering the research, data, consultation and information you have reviewed and/ or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.

- 21.** If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.

NB:

i) If you have identified adverse impact or discrimination that is **illegal**, you are required to take action to remedy this immediately.

ii) If you have identified adverse impact or discrimination that is **justifiable or legitimate**, you will need to consider what actions can be taken to mitigate its effect on those groups of people.

- 22.** Where there are potential barriers, negative impacts identified and/ or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination.
- a) include any relevant research and consultation findings which highlight the best way in which to minimise negative impact or discrimination
 - b) consider what barriers you can remove, whether reasonable adjustments may be necessary and how any unmet needs that you have identified can be addressed
 - c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why

Section 3**D: Making a decision**

23.	Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.

Section 3

E: Monitoring, evaluation & review of the policy

24.	Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact?
25.	How will the recommendations of this assessment be built into wider planning and review processes? <i>e.g. policy reviews, annual plans and use of performance management systems</i>

Section 3:
F: Equality and human rights improvement plan

Please list all the equality objectives, actions and targets that result from the Equality and Human Rights Impact Assessment (EHRIA) (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer Responsible	By when

Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your [Departmental Equalities Group](#) and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to the Digital Services Team via web@leics.gov.uk for publishing.

Section 4

A: Sign Off and Scrutiny

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

Equality and Human Rights Assessment Screening

Equality and Human Rights Assessment Report

1st Authorised Signature (EHRIA Lead Officer):

Date:

2nd Authorised Signature (DEG Chair):

Date:

DRAFT