

## Strategic Commissioning and Market Management

### Extra Care Housing and Care at Home Commission (2024/2025)

#### Evidence based equality analysis

Main aims, purpose and outcomes and how does it fit in with the wider aims of the organisation:

The Council has contracts for the provision of care and support to residents who reside within Extra Care Housing and their own homes in the community. These contracts cease on 30 September 2025 and Cabinet have agreed to recommission these services from the care market in order that the Council can continue to provide care in line with statutory duties. These services are crucial in supporting vulnerable residents and significantly contribute to the corporate priorities of:

- Older people and vulnerable adults are compassionately supported to live a great life
- Vulnerable adults feel safe and protected
- People are supported to maintain independence having their own home and their own tenancy
- People are supported in a manner that avoids the need for residential care

These services are statutory services and must be provided under The Care Act 2014. These services are also impacted by the Deprivation of Liberty Safeguards processes which puts a duty on the Council to support people in the least restrictive manner possible. It is for this reason that we intend to evolve these services in such a manner that the need for residential care is reduced as residents can remain in their own home.

Care at Home packages support people with both health and social care needs and align with the hospitals to support with timely discharges and where possible, prevent hospital admission. Care at Home support keeps people living in their own home which is so important. The Council's intention is to move away from the need for residential care with residents only moving into care homes when nursing or specialist input is required.

Extra Care Housing Schemes are purpose built buildings whereby residents have their own flat and staff are based within the building twenty-four hours of the day. Residents can receive support for planned care and can also get a timely response to an emergency by using the pull cords which are fitted in all flats. The purpose of Extra Care Housing is to establish communities for those to age well. As well as living services, they also provide things such as a bistro provision and day service activities.

For the first time, the care and support in Extra Care Housing and Care at Home services are being merged into one contract. The intention is to link local communities to the schemes situated in their area, ensuring that people can be supported with a range of needs as defined by the Care Act 2014. These needs may include but are not limited to Nutritional, Social, Personal Care, Emotional Wellbeing.

The borough has been broken down into six care communities reflective of the Council's six community social work teams. The intention is to have a set number of providers operating in each community, the number of providers being dependant on the need and demand in that area. The intention is that communities become assets offering essential local services to those that need them. We also intend for providers to work together to support one another, sharing resource and supporting one another during times of increased demand so that continuity of care continues. By breaking down the borough into set communities the Council will be focusing on the specific needs of the residents in each community, identifying gaps in services and strengthening existing services that are there to enable people to live a great life.

A key part of this commission focuses on the need to continually involve residents in receipt of care, or those providing care for their loved ones to ensure that these services continue to meet need and promote wellbeing on a community wide level. Throughout the new service provision commissioners and operational colleagues will engage with the public via a range of means: digital, letters and surveys and face to face events to ensure that relevant and up to date feedback is obtained and used to promote service development. Any core changes to these services throughout this contract's lifetime will be informed by those that rely on these services to live a positive and great life.

**Lead officer(s):** Rebecca Cooke - Commissioning Lead (Ageing Well) [Rebecca.cooke@chehsirewestandchester.gov.uk](mailto:Rebecca.cooke@chehsirewestandchester.gov.uk). Paul Jones - Strategic Commissioning Programme Manager (Ageing Well) [paul.jones@chehsirewestandchester.gov.uk](mailto:paul.jones@chehsirewestandchester.gov.uk)

**Stakeholders:** Cheshire West and Chester Council (Elected Members), customers receiving care or support from the current contract, future customers of the contract, family, friends and carers of customers in receipt of care, council officers in the following teams: Patch teams, care connectors, commissioning and contracts, Learning Disability and Mental Health adult social care, Adult Review Team, Adult Safeguarding Team, Hospital Social Work Teams, Adult Finance, Legal, Procurement, Insight and Intelligence, HR and Workforce Development, Transactional Service Centre, Housing, Business Technology Solutions, Local Offer officer, Communications Team, Change and Technology Team and colleagues in the ICB.

For each of the areas below, an assessment needs to be made on whether the policy has a positive, negative, or neutral impact, and brief details of why this decision was made and notes of any mitigation should be included. Where the impact is negative, this needs to be given a high, medium, or low assessment. It is important to rate the impact of the policy based on the current situation (i.e. disregarding any actions planned to be carried out in future).

High impact – a significant potential impact, risk of exposure, history of complaints, no mitigating measures in place etc.

Medium impact –some potential impact exists, some mitigating measures are in place, poor evidence.

Low impact – almost no relevancy to the process, e.g. an area that is very much legislation led and where the Council has very little discretion

Target group / area	Neutral	Positive	Negative
<p><b>Race and ethnicity</b> (including Gypsies and Travellers, refugees, asylum seekers etc.)</p>	<p>There are no additional/ new race and ethnicity impacts from the new contract proposed. Adults aged 55 and over will continue to receive information and support, irrespective of their race and ethnicity and continue to be eligible for Extra Care Housing. Adults over 18 continue to be eligible for Care at Home support.</p>	<p>By splitting the borough up into care communities and focusing on the need and demand in each area, we can be more aware of those who may require additional support due to their race, ethnicity, culture etc.</p>	
<p><b>Disability</b> (as defined by the Equality Act - a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities)</p>	<p>The contract will require providers to show respect and care to all adults, irrespective of their capacity or ability to perform day-to-day activities. Providers will be expected to accommodate and meet the needs of adults with minor disabilities.</p> <p>It is likely that in some instances there may be service users who</p>	<p>As with the current contract, all providers will be required to adhere to the council equality and diversity principles or equity and compassion to all residents. The recommissioning of services provides an opportunity to reiterate the council priorities to the market and ensure there is a</p>	

	<p>have a more severe disability or those who have additional needs. The service will not discriminate against service users with disabilities and where professional feel that their needs cannot be met through the contract, specialist services will be sought to better meet their individual needs.</p> <p>The referral process into Extra Care Housing has a panel and assessment pathway in place so that suitability of the service can be assessed prior to the service being offered. When a person is living in Extra Care or their own home in the community, all intentions will be to keep that person in their home as their needs may change,</p>	<p>robust performance monitoring framework in place to effectively monitor the quality of care to add service users. The Council will also ensure that their assessment pathways with regards to eligibility are clear, so that those whose needs are too great for Extra Care Housing are supported into more appropriate settings. Needs being too great can apply to those who lack capacity to consent to and manage a tenancy or those that cannot live safely in their own living environment.</p> <p>There may be some people who live in Extra Care Housing and due to a change and increase of need, the service is no longer suitable in meeting needs. During these incidents Care Act and potentially Best Interests Assessments would be completed and alternative care arrangements would be identified.</p>	
<b>Sex</b> (male or female)	Neutral impact. There will be no change from the current contract in relation to gender as all providers will be required to operate within the		While the council has, and will continue, to provide specific gender of carers to those who

	guidance of The Equality Act 2010 which provides the legislative framework, guidelines for assessments and specifies that all assessments should be specific to individual.		request this, it cannot always be guaranteed. For example, it can be particularly challenging to recruit male carers therefore if male services users request a male carer this cannot always be accommodated for every call, although every effort will be made to do so and vice versa .
<b>Gender identity</b> (gender reassignment)	Neutral impact. There will be no change from the current contract in relation to Gender Identity as all providers will be required to operate within the guidance of The Equality Act 2010 which provides the legislative framework, guidelines for assessments and specifies that all assessments should be specific to individual.		
<b>Religion and belief</b> (including lack of belief)	Neutral impact. There will be no change from the current contract in relation to religion and belief as all providers will be required to operate within the guidance of The Equality Act 2010 which provides the legislative framework, guidelines for assessments and specifies that all assessments should be specific to individual.		
<b>Sexual orientation</b> (including heterosexual,	Neutral impact. There will be no change from the current contract in		

<p>lesbian, gay, bisexual and others)</p>	<p>relation to sexual orientation as all providers will be required to operate within the guidance of The Equality Act 2010 which provides the legislative framework, guidelines for assessments and specifies that all assessments should be specific to individual.</p>		
<p><b>Age</b> (children and young people aged 0 – 24, adults 25 – 50, younger older people 51 – 75/80; older people 81+. Age bands are for illustration only as overriding consideration should be given to needs)</p>	<p>Extra Care Housing is for adults aged fifty-five and over. This is part of the housing eligibility criteria that must be met in order to allow a person to be offered an apartment in any of the eight schemes across the borough of Cheshire West and Chester. The contract will provide care for all adults aged 55 years and over. There is no discrimination towards adults of any age over 55 years old.</p> <p>Care at Home services are for those aged 18 and over. This criteria is not going to change.</p>	<p>The recommissioning of services will positively impact all adults as it will ensure that high quality, compassionate support is available to residents who are assessed as requiring care at home.</p> <p>It is proposed that the new contract will include a number of innovative changes which will allow providers to offer more flexible and outcome-focused support to service users. These changes include the implantation of a Trusted Reviewer Model meaning that providers can make flexible changes to care in a timely manner to address short and long term changes in need. Providers will also have the tools to support residents to know about other services such as Technology Enabled Care.</p>	<p>The Council has identified a gap in the market whereby Extra Care Housing and the care model embedded in it would benefit younger adults. Currently the eligibility criteria is fifty-five and over. Commissioners will be exploring this throughout the Contracts lifetime and will link in with other workstreams such as 16-64 specialist accommodation.</p>

<p><b>Care Experienced</b> (all young people and adults who have been in the care of Cheshire West and Chester Council - for a period of 13 weeks or more - from the age of 14 years. This includes those children/young people for whom the Council currently or have previously held corporate parenting responsibilities)</p>	<p>As these services are for those aged 55 and over, we are not expecting to have any impact on young carers. Adult carers will continue to have access to Carers assessments under the Care Act and support to access essential services such as respite to enable them to fulfil their caring roles whilst having their own needs met.</p>		
<p><b>Carers</b> (people who care for others, informally or formally)</p>		<p>The changes in the new contract should ensure that service users receive high quality care which will reduce demand/dependence on carers and ensure that carers have time and space to achieve their personal ambitions in life.</p>	
<p><b>Rural communities</b></p>		<p>Some of the Extra Care Housing schemes and care at home packages do sit in rural areas so consideration in rates of pay may be given to these schemes. Time for travel needs to be given as these rural areas can be a risk to businesses also due to their vast locations. We have however increased rates of pay in these areas to allow providers more attractive</p>	

		<p>working offers to retain staff. To ensure that these areas have the right support, we are limited the number of providers in each care community, and we are letting the market influence how many providers are needed to meet the care demand. We want services to be local and we are working with providers to work in a system which identifies local carers, those that can car share etc. Meeting the Councils sustainability commitments to implement greener travel across the borough is part of this commission and supporting local communities to thrive within their area will help us achieve this.</p>	
<p><b>Areas of deprivation</b> (include any impact on people living in poverty who may not live in areas identified as deprived)</p>	<p>There will be no change from the current contract; the contract will be required to provide care to service users across the borough which will now be broken down into six care communities reflective of the six social work patch teams. The new model will allow us to focus on and identify where there are gaps in services and where people may be at risk in that they are not accessing what they may need. Residents in</p>		<p>Unfortunately, there are national concerns for those living in deprived areas due to the Cost of Living Crisis. Some residents may now be querying whether they can afford their care along with other essential bills. To tackle this, Commissioners are working with providers to</p>

	<p>receipt of care from the Council will be financially assessed under The Care Act. Therefore, payments of care are dictated by a person's financial means. This should support with affordability. Some residents are assessed as being a nil charge.</p>		<p>look at alternatives to care or, ways to restructure care calls with residents to avoid over provision of care which could lead to increased care costs.</p>
<p><b>Human rights</b> (see guidance note for key areas to consider)</p>	<p>The Human Rights Act 1998 underpins all of our social work practice when working with families. Due regard should be given to sharing information and consideration given to all our interventions in infringing upon individuals Human Rights. The new contract and specification will make reference to the Human Rights Act and how providers can embed the principles within the act in their day to day practice.</p>		
<p><b>Health and wellbeing and Health Inequalities</b> (consider the wider determinants of health such as education, housing, employment, environment, crime, and transport, plus impacts on lifestyles and effects on health and care services)</p>		<p>The recommission of these services will focus on remodelling the care offer to enable residents to remain in their own home, avoiding hospital admission or full-time care. The contract will establish links with landlords and care providers to ensure that wellbeing is promoted and that residents have access to opportunities that promotes that health and wellbeing. The contract puts</p>	

		<p>great emphasis on partnership working to promote residents' best interests. We also want to see care providers work together in each care community to ensure continuity of care is at the heart of all services.</p> <p>The contract provides important services to provide personalised care to residents and enable them to remain independent in their home, within their local communities and services. This is important to people's mental wellbeing and sense of value/role within the community.</p>	
<p><b>Procurement/partnership</b> (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)</p>	<p>The recommissioning will comply with corporate procurement guidance and processes which includes guidance on equality compliance.</p>	<p>The recommissioning of services is an opportunity to develop a robust performance management framework which requires providers to evidence how they will embed practice which is equality compliant. The new model and progression of the new model has been provider led. There have been multiple engagement events with providers and as a result of</p>	

		<p>this, commissioners feel confident that the new model will be a success.</p> <p>The new model and the mobilisation of the new service continues to be co-produced with the market. The mobilisation will focus on the engagement of those in receipt of care to ensure its success. The tender process will be competitive evolving evaluation processes and interviews involving lived experience.</p>	
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**Evidence:**

Market engagement events have been taking place since April 2024. Existing providers and potential providers support the new model as it supports the following areas...

- 1) Business sustainability
- 2) Staff retention
- 3) Essential community links between a range of services
- 4) The ability to reduce care packages or a persons need for care and support by redirecting them to other services and adopting a reablement approach
- 5) The ability to build up waiting lists in Extra Care Housing with those with care needs

- 6) The ability to promote social wellbeing and emotional wellbeing by linking residents in with the services in Extra Care Housing
- 7) Continuous engagement with the borough and with those in receipt of care to ensure that these services continue to meet need

Providers also welcome the breakdown of the borough whereby we focus on the need of each community rather than treating the borough as a whole. This offers more stability for their businesses.

Landlords of all Extra Care Housing schemes have been consulted and engage with the Council via a workshop on a monthly basis to support in shaping the new model and to establish positive working relationships with any new care providers. This work is very positive as it aligns everyone to the Council’s priorities and ensures that any future evolvement of the care model is supported by housing.

**Action plan:**

<b>Actions required</b>	<b>Key activity</b>	<b>Priority</b>	<b>Outcomes required</b>	<b>Officer responsible</b>	<b>Review date</b>
Procurement documentation	Ensure the procurement document (tender documents, evaluation etc.) are accessible and include a requirement to consider equality compliance.	High	Ensure the specification and contract the council’s commitment to provide high quality care to all adults and that no adult is discriminated against on the basis of protected characteristics	Debbie Pitcher	October 2024
Contract Monitoring and Performance Framework	Performance and quality of contract to be monitored to ensure that service users are not discriminated against on the basis of	High	Ensure the specification and contract the council’s commitment to provide high quality care to all adults and that no adult is discriminated against on the basis of protected characteristics. The contract will be subject to regular reviews	Rebecca Cooke	October 2024 and to be in place by October 2025

	protected characteristics.		and findings will be taken through governance to assure that we have achieved the promised outcomes.		
Market engagement	Market engagement events to outline the council's priorities and equality framework so that providers are aware of their responsibilities and duties in partnering with the council to provide services.	High	Providers have a clear understanding of the need to provide equitable services and that no adult is discriminated against on the basis of protected characteristics,	Rebecca Cooke Paul Jones	Achieved Virtual and Face to Face Events have taken place since April 2024
Resident Engagement and Co production	Engagement with those in receipt of these services will take place throughout the new contract's mobilisation and throughout the lifetime of the contract. We want to ensure that those reliant on these services can inform how they are delivered. We also acknowledge that we need to promote these services and not be reliant on digital means. We will be writing to the	High	Services are designed and evolved by those that use them. By engaging with the borough in a multitude of ways, we are of the hopes that we can engage with groups of people that may not have engaged with us previously.	Rebecca Cooke and Commissioning and Operational Teams	

	borough and holding face to face events I the hopes that we can engage with those that otherwise may not or could not engage with us.				
Localised Success	We intend to work with each community to ensure that care models and services in situ are reflective of the needs and demand of the specific area.	High	This will ensure that residents can access critical services in the area that they live and avoids the need for travel across borough.	Rebecca Cooke and Commissioning and Operational Colleagues.	
Care Provider and Care Plan Training re protected characteristics	We intend to support care providers and operational Council colleagues to ensure that those with protected characteristics are supported in a manner whereby assessments capture these characteristics and identify how best to support these individuals so that they access what they need without	High	We truly engage with and support the borough in a way that includes everyone. We get to engage with people that we may not have been able to previously.	Operational Colleagues and Commissioning Colleagues and Care Providers delivering the service.	

	discrimination or barriers.				
Addressing Poverty	<p>As the cost-of-living crisis continues, we are aware that some people may opt out of receiving essential care due to the costs. We are also aware that we may see people's quality of life decline as they may be impacted in their abilities to pay essential bills, purchase food, stay warm etc.</p> <p>Commissioners intend to work with providers and internal Council groups to ensure that people fulfilling these criteria as identified and supported as best as possible to access the care that they need.</p>	High	People will not be put into situations of risk or harm by not accessing care due to cost.	Commissioners, Operational Colleagues, Care Providers, Internal Council Groups.	

<b>Sign off</b>	
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Lead officer:	Paul Jones – Strategic Commissioning Programme Manager (Ageing Well)
Approved by Tier 4 Manager:	Michelle Taylor – Senior Manager, Strategic Commissioning (Adults)
<b>Moderation</b>	
Date:	21 October 2024
<b>Date analysis to be reviewed based on rating</b> (high impact – review in one year, medium impact - review in two years, low impact in three years)	31 October 2025