



Derby City Council

Equality impact assessment form

Please use this form to record your findings, proposed actions, equality objectives and targets. Use the guidance notes to help you do the assessment or contact the Equality Standard Project Manager if you need some advice

About the policy, practice, service or function you are assessing

Name of policy, practice, service or function: Homecare Enablement and Assessment Service

Assessment team leader name: Carol Fox

Date of assessment:

Department responsible: Adults, Health and Housing

Service Area: Older People and Enablement

Other members of assessment team:

Name	Position	Area of expertise	Comments
Carol Fox	HOS	Enablement Services	CQC requirements
Jean McAdam	Service Manager	Home Care Services	CQC requirements
Martin Austin	Disability Direct & Disabled Peoples Diversity Forum	General independent living for disabled people and personalisation	Service user focus and equalities
Amarjit Raju	Disability Direct	Adults with Learning Disability	Service user focus and equalities

Katie Pugh Ray Gumley	Age UK, Derby and Derbyshire	Older Adults	Service user focus and equalities
Jenny Hill	Occupational Therapist	Rehabilitation	Functional expertise
Ann Webster	Derby City Council	Equalities and Diversity	
John Moore	Derbyshire Positive Support	Gender	
Name	Position	Area of expertise	Comments
Nezrine Hudson	Minorities Communities Forum	Minority Ethnic Communities	Nezrine Hudson
Leslie Boyes	Customer	User of the Enablement service	Did not attend meeting –no feedback given
Gian Kaur	Customer	User of the Enablement service	Did not attend meeting –no feedback given
Leonard Newbury	Customer	User of the Enablement service	Did not attend meeting –no feedback given
Alan Havard	Customer	User of the Enablement service	Did not attend meeting –no feedback given

Question	Response/ findings
What are the main aims and objectives or purpose of the policy, practice, service or function that you are assessing?	<p>Homecare Enablement service main aim is to maximise individuals independence through a period of enablement and to enable people to stay in their own home, where appropriate.</p> <p>Enablement helps people learn or re-learn the skills necessary for daily living, which have been lost through deterioration in health and/or increased support needs. A focus on regaining physical ability is central, as is active reassessment.</p> <p>The focus is on restoring independent functioning rather than resolving health care issues,</p>

	and on helping people to do things for themselves rather than the traditional home care approach of doing things for people that they cannot do for themselves.
Question	Response/ findings
Who implements, carries out or delivers the policy, practice, service or function? Please state where this is more than one person, team, department, or body – and include any outside organisations who deliver under procurement arrangements	DCC Councils internal Enablement Homecare Service.

Question	Response/ findings
Who is affected by the policy, practice, service or function, or by how it is delivered? Such as, who are the external and internal customers, groups, or communities?	All citizens who have a period of illness accident or crisis and meet DCC FACS criteria. Groups: Older People, Disabled People, Younger People, Race and Gender are all affected by this service. Gender re-assignment, religion & belief, sexuality, pregnancy and maternity, marriage and civil partnership – are all affected by this service but don't specifically identify themselves Family carers. Staff delivering and managing the service.

	<p>Health care partners with whom the Council works closely to avoid unnecessary hospital admissions and delayed discharges.</p>
<p>Question</p> <p>What outcomes do we want to achieve, why and for whom? For example, what do you want to be providing, how well, what changes or improvements, and what should the benefits be for customers, groups or communities?</p>	<p>Response/findings</p> <p>To provide an Enablement service to meet the needs of all Derby Citizens who would benefit from a period of Enablement, this would benefit all customers, groups and communities. The Enablement service has been reviewed in line with One Derby One Council Vision and this proposal helps to meet these objectives including delivering high quality services at reduced costs.</p> <p>To ensure each persons independence is maximised to allow them continuing living their lives with minimal risk in their own homes, exercising choice and control.</p> <p>To reduce dependency on longer term health and social care support in line with regional and national research findings.</p> <p>To provide a flexible service that is able to respond to the needs and preferences of customers and carers.</p>
<p>Question</p>	<p>Response/ findings</p>
<p>What existing or previous inspections of the policy, practice, service or function are there? For example, Best Value Inspections, policy reviews, research into the effects of a policy or practice.</p>	<ul style="list-style-type: none"> • Care Quality Commission in February 2009 3 stars – excellent service. • Care Services Efficiency Delivery (CSED) pilots showing positive outcomes for individuals.

Identifying potential equality issues and factors

Question	Response/ findings
What do you already know about the equality impact or need? For example, from research, feedback, consultation or any performance monitoring	<ul style="list-style-type: none"> • Customer Questionnaires • Complaints • Monitoring of outcomes following period of Enablement

Home Care Monitoring Enablement Client Personal details

Entering Enablement										
Period	Clients	Age Group				Gender		Ethnicity		
		18-64	65-74	75-84	85+	Female	Male	White	Non white	Not declare
May-10	68	4	10	36	18	41	27	63	5	0
June -10	59	5	8	20	26	40	19	54	3	2
Sep-10	79	13	7	33	26	46	33	71	4	4
Dec-10	66	6	8	27	25	43	23	53	5	8
Jan-11	96	10	7	40	39	68	28	88	5	3

Feb-11	88	13	9	37	31	60	30	85	3	2
Apr-11	56	6	7	20	23	40	16	49	3	4
June-11	83	7	10	34	32	50	33	70	8	5
July-11	80	11	10	31	28	55	25	70	7	3
Aug-11	105	10	14	42	39	75	30	90	11	4
Sep-11	95	12	10	38	35	64	31	87	6	2
Oct-11	101	9	17	39	36	63	38	91	7	3
Nov-11	94	7	11	37	39	58	36	86	7	1
Dec-11	91	8	15	38	30	57	34	84	3	4

Question	Response/ findings
Is there any evidence of higher or lower take up under the policy or practice, or of the service or function for any particular groups? For example, who uses the service, who doesn't and why not?	<p>Historically capacity has meant that we have been unable to make a universal offer to all those eligible. The proposals would remove this obstacle to access and then we would need to look at the take up issues amongst particular customer groups. E.g. Dementia and terminally ill. There is a higher take up from older people for this service specifically white ? Gender split?</p> <p>We need to ensure that we are able to provide to those from Black and Minority Ethnic backgrounds the main issue at present is the language barrier.</p> <p>We would also want to use capacity to be able to review cases where there is an increase in need.</p> <p>Training and supporting family members, carers.</p>
Have there been any	<ul style="list-style-type: none"> Over next 5 years forecast suggests over 65s population in Derby will increase by 7%

<p>important demographic changes or trends locally? For example is the population changing, and if so, how and what might that mean for the service or function?</p>	<p>- see page 19.</p> <ul style="list-style-type: none"> • In addition those over 85 who need most intensive support from Social care will increase by 12.5% over next 5 years. • Advances in medical procedures and health care mean younger adults with disabilities are living longer. • The service needs to be flexible to meet demands, it is difficult to predict week to week however for example Mackworth where there was a high demand for services now has Young adults and families moving into the properties that previously housed older people, therefore the demand in this area for both Home Care and Enablement has reduced. • District rise in different ethnic groups and languages spoken, i.e. travellers (conditions of old age can be earlier due to lifestyles). <p>Family carers involved as stakeholders.</p>
<p>Question</p>	<p>Response/ findings</p>
<p>Is there an indication that any of the policies or practices involved with the service or function creates particular problems or difficulties for any groups of customers or communities?</p>	<ul style="list-style-type: none"> • There is no evidence to this effect.
<p>What information or data exists? For example, statistics, customer feedback, complaints, research, monitoring – who keeps it and can you get hold of it?</p>	<ul style="list-style-type: none"> • Impact of period of Enablement on each individual using the service. • 3 6 12 month maintenance data <p>Appendix</p> <ul style="list-style-type: none"> • Questionnaires complaints/compliments • DCC IT monthly data • Brokerage monthly data • Regional data for comparison

.	<ul style="list-style-type: none"> • Assessment start end of Service
Question	Response/ findings
<p>Does any equality or diversity objectives already exist? If so, what are they and what is current performance like against them?</p>	<p>Corporate Equality and Diversity Plan April 2009 – March 2012. It covers the work we plan to do on equality for the next three years up until 2012. It outlines the action we intend to take to tackle discrimination, make sure everyone has equality of opportunity and for promoting good race relations.</p> <p>Derby City Council has adopted the Equality Framework for Local Government as part of the Council Plan. The City is currently seeking 'Excellence' level in this Equalities Standard.</p> <p>All policies are printed in English, but on all documents there is a help message for people who need documents in other ways, style, language that will help people access it.</p> <p>The City Council has adopted the Derby Plan, which sets out a range of measures to improve life for all members of the community and improving quality of life for individuals within the City. The Plan was developed from consultation with the community through the 'three wishes' campaign.</p> <p>Staff Code of Conduct and Customer Care strategy sets out how staff should act when dealing with customers.</p>
<p>Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?</p>	<ul style="list-style-type: none"> • Positive outcomes evidenced by the reduction in dependency on long term support as the service capacity and flexibility has grown. We meet the needs of those that accept a period of Enablement and engage with the process. • Individuals also report improved sense of well being in addition to more functional improvements.

Collecting the information and data about how the policy, practice, service or function, impacts on communities

Please record your information and data in this table and think about:

- what information or data you will need
- using both quantitative and qualitative data
- making sure that where possible there is information that allows all perspectives to be considered
- identifying any gaps in the information/ data and what it can tell you

Data or information	When and how was it collected?	Where is it from?	What does it tell you? You need to consider all six equality strands where you can	Gaps in information
Customer feedback and complaints	Karen Cooper	Customer	Those happy with service or area that may need change	
Consultation and community involvement				
Performance information including Best Value	Monthly from IT systems	SWIFT and Brokerage	Those who do not access service and why	From Comm

Data or information	When and how was it collected?	Where is it from?	What does it tell you? You need to consider all six equality strands where you can	Gaps in information
Take up and usage data	Monthly SWIFT Brokerage	SWIFT	Performance of service. No impact on any particular group	
Comparative information or data where no local information				
Census, national or regional statistics	Census 2001	Census 2001 & Mid year estimates	Derby's mid-year estimate is a population of 240,100. Census showed 19% disabled people and nearly 16% minority ethnic groups. Main religions are Christian 67.4%, 4.5% Muslim, 3.2% Sikh and nearly 16% no religion. Mid year estimates show that the elderly population will increase by 17% by 2030.	No accurate statistics on number of lesbian, gay men and bi-sexual people living in Derby, but approximate figures are 15,846.
Access audits or	Ongoing	Assessment		

Data or information	When and how was it collected?	Where is it from?	What does it tell you? You need to consider all six equality strands where you can	Gaps in information
assessments such as DDA assessments	Functionality Assessments	process		
Workforce profile Under review based on present homecare profile	Vision Webroster	Present service	Current workforce profile is available from Derby City Council website www.derby.gov.uk/equality	How many prefer male workers Which Number of languages spoken
Where service delivered under procurement arrangements – workforce profile for deliverers				
Monitoring and scrutiny outcomes			Under representation in certain groups – but have awareness.	

Analysing the information and data and setting equality objectives and targets

Please give your detailed findings in this table

Service or function	Policy or practice	Findings	Which groups are affected and how	Whose needs are not being met and how?
Homecare Enablement	Cease providing ongoing service from In House Homecare	All citizens would benefit from a focus on enablement	All ongoing services to be provided by Personal Budget.	Those who want ongoing services – because this is a short term service.
Appendix	Reduce numbers of people requiring ongoing services	Inequality on level of services	Older People	Those who FACs moderate or below.

Service or function	Policy or practice	Findings	Which groups are affected and how	Whose needs are not being met and how?

Objectives - process, impact or outcome based

Please give your proposed objectives/ targets in this table

Objective/Target:	Increase capacity in the Enablement service
Specific	To introduce new structure and rota system to be able to take 100% requiring service
Measurable	Can be measured against present reports
Achievable	Yes if unions and staff are on board
Relevant	Yes to give all Citizens with assessed needs access to and benefit from this service
Timed	Dec 2011

Objective/Target:	Maximise Individuals Independence present 62% increase 2012 70%
Specific	Reduce the level of dependence on individuals requiring ongoing service
Measurable	Yes present reports provide evidence
Achievable	Yes at present not all have opportunity due to Capacity and number requiring Max independent scores with appropriate input.
Relevant	Yes – meets Gov agenda – choice and control
Timed	April 2012

Objective/Target:	Reduce numbers of people moving into Permanent care.
Specific	Work with individuals to achieve goals, max reduce risk reduce % people going into care.
Measurable	Yes present reports
Achievable	Yes increase use of telecare, Personal budgets, Aids and Adapts
Relevant	Yes Gov agenda choice and control
Timed	

Objective/Target:	Reduce cost of life long care
Specific	Keep people living at home longer by max their potential and providing telecare aids and adapts to reduce risk and ultimately risk.
Measurable	Yes present reports

Achievable	Yes showing people different ways of doing things, linking to Communities – use more telecare aids and adapts. Increasing choice and control evaluating risk and maximising prevention
Relevant	Yes
Timed	

Objective/Target:	
Specific	
Measurable	
Achievable	
Relevant	
Timed	

Monitoring and reviewing - incorporating into performance management

Please summarise your objectives and targets in this table with your proposed monitoring and reporting arrangements

Objective	Planned action	Target performance			Responsible lead officer	Reporting cycle, for example, quarterly
		2009/10	2010/11	2011/12		
Increase capacity	Review present service achieve changes as set out in AC doc			April 2012		Monthly
Max Ind	<i>To advertise service Men to help in any further advertisement for recruitment by describing the role from their prospective.</i>					

Part 3: Full EIA

1. Identify what impact the policy or project has on particular Communities of Interest

	Impact positive or negative for the following groups	Action to limit the negative impact or increase the positive impact?
Race	The Home Care service in Derby is predominantly white with a minority of workers from different cultures and ethnic groups.	Culturally appropriate workers will be identified from the current workforce to be link workers between people of other cultures and ethnic groups to advise and instruct other workers as appropriate.
Disabled People	The same comment applies to disabled people but in the context of disability awareness.	Training and disability awareness are used across all staff groups to improve our understanding of the needs of disabled people. We intend to have ----- - workers to lead and advise on, share knowledge.
Older People	The same comments apply to Older people: a more personalised and holistic approach can only benefit older people.	None specific.

	Impact positive or negative for the following groups	Action to limit the negative impact or increase the positive impact?
Younger People	The restructure of the Directorate is based around life phases (and the Commissioning Sections reflect this. People are no longer defined by their impairment (e.g. Learning disability or mental health) but by the age they are. This is so the service can be designed around the normal life aspirations of someone of that age so younger people (18+) look at getting a job and leaving home and setting up their own home. Older people focus on a positive retirement – maintaining well-being and active interests for as long as possible.	The restructure of the wider Younger Adults service to prepare for the roll out of personalisation will accelerate improved choice and control for younger disabled adults. There has been very little resource dedicated to promoting and addressing issues of service quality which the restructure now addresses.
Women and Men	Again, the comments in all of the above boxes are relevant to addressing issues of gender. We suspect that some women may prefer women-only services for a variety of reasons and by female workers nationally. There are few men working in the Enablement service but this has not impacted on service delivery Social care is predominantly provided.	The size of Home Care Contracts (25 hours per week) may deter men from applying for posts.

	Impact positive or negative for the following groups	Action to limit the negative impact or increase the positive impact?
Gender – reassignment	As above	None specific
Sexual Orientation	As above	None specific
Transgender People	As above	None specific
Religion and Belief Groups	As above	None specific
Carers	As above	None specific

Evidence

The Equality Impact Assessment is based on an understanding of the changing nature and needs of Derby people. In terms of Derby's population, it is estimated currently to be 237,900 in 2007 although the registered population with Primary Care showed a population of 290,000 in 2009. According to the Sub-National Population Projection Team at the Office for National Statistics (ONS), the resident population of Derby City LA will total approximately 272,000 people in the year 2025 (over 136,000 males and 135,000 females). Key issues for Derby include:

- The largest increases across all age groups of the registered population of NHS Derby City are being made by the male population. The largest increase over recent years can be seen in males aged over 75 years, though the total numbers are smaller in this age group than the female population (8482 males in 2009 compared to 12515 females).

- Current life expectancies in England are 77.7 years in males and 81.8 in females. In Comparison, males in Derby can expect to live an average for 76.8 years and females for 81.5 years. Males can expect to live to 82.6 years in Allestree Ward compared to 70.6 years in Arboretum Ward; while females can expect to live to 87.5 years in Allestree Ward compared to 76.5 years in Normanton Ward.
- Derby City is an ethnically diverse city with a lesser proportion of White British citizens and a greater proportion of Indian and Pakistani as well as Black Caribbean citizens compared to the ethnic make up of England. Derby's most ethnically diverse wards are Arboretum and Normanton where, according to the Census 2001, 40% of their ethnic make up are Asian or Asian British.
- Mosaic Origins 2009 supports the Census 2001 findings by equally reporting Christian, Muslim and Sikh as the 3 dominant religions in Derby (Figure 30). The percentages though would now appear to be far greater than in 2001, with Christians appearing to make up 85% of the population, Muslims accounting for 7.5% and Sikh 3% (slightly less than in 2001). Hindus, Russian Orthodox and Buddhists account for approximately 4% of the population.
- The population is moving back into a period of ageing. This will show particularly in the very elderly population, with a 40% increase in the 85+ population by 2020.
- Derby's projected resident population changes in 2010, 2015 and 2020 from a 2008 baseline population show that the older age band of 70 to 84 years is going to change significantly less than in the East Midlands and England. The 80 to 84 year age band for instance is expected to only have grown by approximately 12% in 2020 from 2008, compared to in the East Midlands where that population is expected to be closer to 30% larger and in England where it is expected to be nearer 25 % larger. Overall, the older adult population is expected to have grown by just over 19% in Derby by 2020 from what it was in 2008, compared to 35% in the East Midlands and 28% in England.
- Over the next five years, cases of late onset dementia in the population of Derby are expected to increase by 27% to over 4000 individuals, half of whom will be diagnosed with Alzheimer's disease.

- The 2001 Census indicated that the number of adults with a long term limiting illness in Derby was 19.3%, high than the East Midlands average of 18.4% and higher than the national average of 17.7%. The percentage of the resident population with a LLTI is comparatively high across the city; only Oakwood, Littleover, Mickleover and Allestree wards (the city's most affluent) have rates below the national average. However, several wards within Derby have an appreciably higher percentage of people with a LLTI than the Derby average. Most notable amongst these are Arboretum, Mackworth and Normanton Wards.
- Derby City is ranked 34th worst nationally of 354 local authorities on National Indicator N139: Alcohol-harm related hospital admission rates. In 2006/07, 4,860 individuals were admitted to hospital as a result of alcohol related harm (A rate of 1,850 per 100,000 population, compared to 1,340 in the East Midlands).
- Coronary Heart Disease (CHD) is the largest cause of death in the UK and in Derby. CHD together with Stroke, account in the most part for what is collectively known as Cardio-Vascular Disease (CVD). This in turn makes up a large part of what are collectively known as Circulatory Diseases. In the city, there were 24511 deaths from circulatory diseases between 2005 and 2007, of which 732 were in people aged under 75 years and potentially preventable. Some of our population groups are at a greater risk than others and provide the focus for the CHD strategy. These include:
 - Those from South Asian and African Caribbean communities
 - Those living in socially deprived areas
 - Smokers
 - People with a BMI (Body Mass Index) above 30
 - People with diabetes
 - People with hypertension and
 - People with disabilities

- Dementia can affect people of any age, but it is most common in older people. One in six people over the age of 80 has a form of dementia, as do one in 14 people over 65. Ethnic minority populations will also be more susceptible to developing dementia. For instance, it is widely recognised that people of Southern Asian descent are more prone to diabetes and as a result, cardiovascular disease that is a complication. This can lead to vascular dementia. The African Caribbean population are as equally at greater risk of hypertension, which can also lead to vascular dementia.
- Recent predictive modelling undertaken by NHS Derby City suggests a rise of 13% in cases of early onset dementia by 2015, amounting to 77 individuals. Cases of late onset dementia are estimated to increase by 27% over the same period to 4045 individuals. This will amount to more than two and a half thousand cases of Alzheimer's disease in the registered population of NHS Derby City in 2015.
- Figures for Derby taken from the Projecting Older People Population Information System, show that there could be as many as 1,740,000 older people suffering from depression by 2025, while almost two and a half thousand are likely to be suffering from Severe Depression.
- There is a greater proportion of single, predominantly pensioner households (32.1%) in 2001 compared to the East Midlands average of 28.2% and the England average of 30.1%.
- The highest usage of Adult Social Care is Arboretum, Blagreaves and Mackworth wards as at March 2009.

There are gaps in our knowledge of some communities, for example Lesbian, Gay, Bisexual and Transgender. It is therefore difficult to identify how the Enablement restructure will impact on people in this group. We will seek to ensure that future monitoring captures the information we need to identify impact.

Social Care – analysis of need and take up of services

As at 31 March 2009, numbers of people requiring social care in Derby City during 2008/09 were as follows:

Figure 1

Age group	Numbers	Physical disability, frailty and sensory impairment	Learning disability	Mental Health	Substance Misuse	Vulnerable People	Total
18-64	Clients	1535	598	620	15	63	2831
	Clients Receiving Based services	1483	543	559	6	62	2653
65+	Clients	5914	80	616	3	79	6692
	Clients receiving community based services	5148	66	400	2	60	5676

As is clear the number of clients aged over 65 years receiving community based services in the city is more than twice as many as in the 18 to 64 age group. The numbers of physical disability, frailty and sensory impairment clients are naturally much greater in the older age group, while learning disability and substance misuse clients are larger in the 18 to 64 year olds.

The figures for people helped to live at home will start to reduce during 2010/11 as the effects of early intervention and preventative services start to become apparent. In future more people will be supported to live at home independently without receiving on-going social services from the council.

(No figure 2 – either needs adding? or deleting next two paragraphs)