

# EQUALITY IMPACT ASSESSMENT

**TITLE: Care at Home**

## VERSION CONTROL

<b>Date</b>	<b>Version</b>	<b>Author</b>	<b>Description of Changes</b>
01-12-21	1	Joanne Cliffe	Development of Care at Home EIA
28-01-22	2	Joanne Cliffe	Updates to Care at Home EIA

EQUALITY IMPACT ASSESSMENT

**CHESHIRE EAST COUNCIL - EQUALITY IMPACT ASSESSMENT**

Stage 1 Description: Fact finding (about your policy / service /

<b>Department</b>	Integrated Health and Social Care Commissioning		<b>Lead officer responsible for assessment</b>		Jane Stanley-McCrave – Senior Commissioning Manager	
<b>Service</b>	Integrated Commissioning		<b>Other members of team undertaking assessment</b>		Joanne Cliffe – Commissioning Manager	
<b>Date</b>	28-01-22		<b>Version 2</b>			
<b>Type of document (mark as appropriate)</b>	<b>Strategy</b>	<b>Plan</b>	<b>Function</b>	<b>Policy</b>	<b>Procedure</b>	<b>Service</b> x
<b>Is this a new/ existing/ revision of an existing document (please mark as appropriate)</b>	<b>New</b> x		<b>Existing</b>		<b>Revision</b>	
<p><b>Title and subject of the impact assessment (include a brief description of the aims, outcomes , operational issues as appropriate and how it fits in with the wider aims of the organisation)</b></p> <p><b>Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service</b></p>	<p><b>Strategic aim within the corporate plan:</b> “A council which empowers people”.</p> <p><b>Priority:</b> Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services.</p> <p><b>Care at Home</b></p> <p>This involves exploration of the options for the future of all care at home for adults and older people with care and support needs residing in Cheshire East, and service users with elements of continuing healthcare needs.</p> <p>This proposal is to ensure that this strategic aim is met, commissioners are looking to build upon the lessons that have been learned from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product.</p>					

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### Purpose

A Memorandum of Understanding (MoU) is being developed to promote effective working relationships between Cheshire East Council (CEC) and Cheshire Clinical Commissioning Group (CCCG) to help ensure that there is effective, co-ordinated, and comprehensive regulation under section 5 of the Care Act to promote efficient and effective operation and sustainability of a market in services for meeting the care and support needs of individuals.

This MoU is intended to support the following ethos:

- Meeting responsibilities for the safety of service users
- Make clear to one another from the outset their particular statutory responsibilities
- To set out operational need
- To prompt early decisions about the actions and investigation(s) thought to be necessary and a dialogue about the implications of these
- To provide an efficient and effective approach to the management of the care at home market in developing and strengthening partnership working
- To prompt the identification of lead personnel to manage liaison between organisations
- To ensure that the requirements of current data protection legislation are met by all parties

As Cheshire and Merseyside Integrated Care Partnership, we will commission the Care at Home Service together. This will enable people with elements of continuing healthcare needs to be included within the contract, allowing for further continuity of care for service users should their health needs increase to a level where elements of continuing healthcare are required, as they would not need to change the provider who may be going in to support them for their social care needs.

The children's component of the current care at home service has been taken out and is being commissioned independently.

There will be an impact on some service users as some may need to have a different provider or care worker, as there may be a loss of some providers via the tender process.

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	<p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product.</p> <p>Whilst the transition period takes place (May 2023 until September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p> <p>Cheshire East Council will also be fully engaging and consulting with service users.</p> <p>Cheshire East Council have undertaken a cost of care fee review of care at home, complex, and accommodation with care providers.</p> <p>It is worth noting that whilst it is proposed to publish this EIA on the council's web page as an 'EIA under development', there has not yet been any engagement with care at home users or the care providers, therefore, we currently, have no information or data on which to make judgements about any unforeseen adverse effects on people from protected characteristic groups. We will continue to update and review this EIA as the mobilisation of the new service draws closer.</p>
<p><b>Who are the main stakeholders, and have they been engaged with? (e.g., public, employees, Councillors, partners, specific audiences, residents)</b></p>	<ul style="list-style-type: none"> <li>• Existing and potential care at home service users (including their families and carers)</li> <li>• All Councillors</li> <li>• Current independent sector care at home providers</li> <li>• Cheshire Clinical Commissioning Group (CCCG)</li> <li>• Cheshire East Council Contracts / Commissioners / Quality Assurance Team</li> <li>• Cheshire East Council Adult Social Care Operational Teams</li> <li>• Voluntary, Community and Faith Sector</li> <li>• Care Quality Commission</li> </ul>
<p><b>What consultation method(s) did you use?</b></p>	<p>There has not yet been any external engagement on this project as we are currently awaiting permission to proceed with the recommission before we can commence this.</p> <p>It is envisioned that external providers and service users will be invited to attend task and finish groups to enable their feedback on the current service and identify areas of further good practice which may be required. They will also be involved in the development of the model, Lots etc. Internal stakeholders have also attended task and finish groups linking to the modelling and recommissioning of the service.</p>

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### Stage 2 Initial Screening

<p><b>Who is affected and what evidence have you considered to arrive at this analysis? (This may or may not include the stakeholders listed above)</b></p>	<p>All stakeholders listed above potentially. We will analyse feedback from provider and service user task and finish groups (which will include what the proposed new model could look like etc.).</p>
<p><b>Who is intended to benefit and how?</b></p>	<p>Service users – adults / older people and those requiring elements of continuing healthcare should have a more personalised service which offers more choice and that better serves their needs.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product.</p> <p>As Cheshire and Merseyside Integrated Care Partnership, we will commission the care at home service together. This will provide partners with an opportunity to promote and champion a single and shared view of high-quality care and support. With our partners we will ensure that health and social care services provide people with safe, effective, compassionate, high quality care and that as partners we encourage care services to improve.</p>
<p><b>Could there be a different impact or outcome for some groups?</b></p>	<p>Yes – the service is aimed at vulnerable people who need extra support this includes adults, older people, and service users with elements of continuing healthcare needs.</p>
<p><b>Does it include making decisions based on individual characteristics, needs or circumstances?</b></p>	<p>All social care services are offered based on assessed eligible need. This work does not change the basis of those individual assessment decisions, these are in care plans.</p>
<p><b>Are relations between different groups or communities likely to be affected? (e.g., will it favour one particular group or deny opportunities for others?)</b></p>	<p>No</p>
<p><b>Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?</b></p>	<p>No – all decision and solutions will be based on a fully personalised approach</p>

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Is there an actual or potential negative impact on these specific characteristics? (Please tick)																			
<b>Age</b>	Y		<b>Marriage &amp; civil partnership</b>		Y	<b>Religion &amp; belief</b>	Y												
<b>Disability</b>	Y		<b>Pregnancy &amp; maternity</b>		Y	<b>Sex</b>	Y												
<b>Gender reassignment</b>	Y		<b>Race</b>		Y	<b>Sexual orientation</b>	Y												
<b>What evidence do you have to support your findings? (Quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts</b>						<b>Consultation/ involvement carried out</b>													
						<b>Yes</b>	<b>No</b>												
<b>Age</b>	<p>The following data shows the percentage of age ranges for service users currently in receipt of a care at home service:</p> <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">Age Band</th> <th style="padding: 5px;">18-24</th> <th style="padding: 5px;">25-64</th> <th style="padding: 5px;">65-74</th> <th style="padding: 5px;">75-84</th> <th style="padding: 5px;">85+</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">% Of Age Band</td> <td style="padding: 5px;">1%</td> <td style="padding: 5px;">22%</td> <td style="padding: 5px;">15%</td> <td style="padding: 5px;">27%</td> <td style="padding: 5px;">35%</td> </tr> </tbody> </table> <p>The key characteristics of the people who use services will be adults, older people, and those requiring elements of continuing healthcare needs. As such, the proposals could have a potential negative impact of this protected group. If some care at home providers are not successful on the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>					Age Band	18-24	25-64	65-74	75-84	85+	% Of Age Band	1%	22%	15%	27%	35%		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
Age Band	18-24	25-64	65-74	75-84	85+														
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<p><b>Disability</b></p>	<p>The data below shows the percentage of service users currently in receipt of a care at home service who are deemed to be affected by the following primary support reason (PSR):</p> <table border="1" data-bbox="376 323 1424 539"> <thead> <tr> <th>PSR</th> <th>Learning Disability</th> <th>Mental Health</th> <th>Physical Support</th> <th>Sensory Support</th> <th>Support with memory and cognition</th> <th>Social Support</th> </tr> </thead> <tbody> <tr> <td>% Of PSR</td> <td>9%</td> <td>8%</td> <td>70%</td> <td>1%</td> <td>11%</td> <td>1%</td> </tr> </tbody> </table> <p>There may be people who use services who have a disability. As such, the proposals could have a potential negative impact of this protected group. If some care at home providers are not successful on the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>	PSR	Learning Disability	Mental Health	Physical Support	Sensory Support	Support with memory and cognition	Social Support	% Of PSR	9%	8%	70%	1%	11%	1%		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
PSR	Learning Disability	Mental Health	Physical Support	Sensory Support	Support with memory and cognition	Social Support											
% Of PSR	9%	8%	70%	1%	11%	1%											
<p><b>Gender reassignment</b></p>	<p>There may be people who use services who have reassigned. As such, the proposals could have a potential negative impact of this protected group. If some care at home providers are not successful on the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p>		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at</p>														

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	<p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>home users can feedback regarding this recommission.</p>
<b>Marriage &amp; civil partnership</b>	<p>There may be people who use services who are married or in a civil partnership. As such, the proposals could have a potential negative impact of this protected group. If some care at home providers are not successful on the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
<b>Pregnancy &amp; maternity</b>	<p>There may be people who use services who are pregnant or on maternity leave. If some care at home providers are not successful on the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
<b>Race</b>	<p>There may be people who use services who are from ethnic minorities. As such, the proposals could have a potential negative impact of this protected group. If some care at home providers are not successful on</p>		<p>Not yet as awaiting Committee approval to</p>

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	<p>the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
<b>Religion &amp; belief</b>	<p>There may be people who use services who have differing religions and beliefs. If some care at home providers are not successful on the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
<b>Sex</b>	<p>There are males and females who use services. If some care at home providers are not successful on the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we</p>		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p>

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	<p>have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
<b>Sexual orientation</b>	<p>There may be people who use services who have differing sexual orientations. If some care at home providers are not successful on the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
<b>Carers</b>	<p>It is possible that a carer for a care at home user, with a current provider who subsequently decides not to re-tender may be affected. For instance, the care at home users could also opt to take a direct payment and source their own care, if they did this the provider may not accept the direct payment rate, the carer / relative may need to pay a top up, if they are unable to afford a top up, then they could be disproportionately affected. This arrangement is always subject to fee reviews from providers, something that is outside the council's control. However, the council would always offer alternative provision if the service user and carer/relative decided they wished the council to source care on their behalf.</p> <p>Also it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
<b>Socio Economic Status</b>	<p>It is possible that a care at home user who has a lower socio-economic status, with a with a current provider who subsequently decides not to re tender may be affected. For instance, the care at home users</p>		<p>Not yet as awaiting Committee approval to</p>

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	<p>could also opt to take a direct payment and source their own care, if they did this the provider may not accept the direct payment rate, and the care at home user may need to pay a top up. If they are unable to afford a top up, then they could be disproportionately affected. This arrangement is always subject to fee reviews from providers, something that is outside the council's control. However, the council would always offer alternative provision if the service user and carer/relative decided they wished the council to source care on their behalf.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
<b>Proceed to full impact assessment? (Please tick)</b>	Yes ✓	No	Date
<b>Lead officers sign off</b>		Date	
<b>Head of service sign off</b>		Date	

**If yes, please proceed to Stage 3. If no, please publish the initial screening as part of the suite of documents relating to this issue**

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### Stage 3 Identifying impacts and evidence

This section identifies if there are impacts on equality, diversity, and cohesion, what evidence there is to support the conclusion and what further action is needed

Protected characteristics	Is the policy (function etc....) likely to have an adverse impact on any of the groups?	Are there any positive impacts of the policy (function etc....) on any of the groups?	Please rate the impact considering any measures already in place to reduce the impacts identified	Further action (Only an outline needs to be included here. A full action plan can be included at Section 4)
<p><b>Age</b></p>	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with elements of continuing healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with low level continuing healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>For people affected by dementia, the transition process may bring about additional anxiety. This will be factored into the support process during the transition period.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

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<p><b>Disability</b></p>	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with elements of continuing healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with low level continuing healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Special consideration needs to be given to people with learning disabilities who may need support to understand the change. It is possible that people with mental ill health either as a primary or secondary disadvantaging condition, could face increased anxiety during the change which will need to be factored into the transition support.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>
<p><b>Gender reassignment</b></p>	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

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<p><b>Marriage &amp; civil partnership</b></p>	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with elements of continuing healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with low level continuing healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

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<p><b>Pregnancy and maternity</b></p>	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with elements of continuing healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with low level continuing healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>
<p><b>Race</b></p>	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

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<b>Religion &amp; belief</b>	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with elements of continuing healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with low level continuing healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

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<p><b>Sex</b></p>	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with elements of continuing healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with low level continuing healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>
<p><b>Sexual orientation</b></p>	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

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<b>Carers</b>	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with elements of continuing healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with low level continuing healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

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<p><b>Socio Economic Status</b></p>	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with elements of continuing healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with low level continuing healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>
<p><b>Is this change due to be carried out wholly or partly by other providers? If yes, please indicate how you have ensured that the partner organisation complies with equality legislation (e.g., tendering, awards process, contract, monitoring, and performance measures)</b></p> <p>No, however, all equality measures will be configured into new procurement procedures and subsequent contracts and monitoring.</p>				

## EQUALITY IMPACT ASSESSMENT

### Stage 4 Review and Conclusion

**Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed**

There should be no change in service or provision for most people who use services. However, there does need to be a robust transition plan in place for those people who either want to change providers or who do not want to take a direct payment to enable them to stay with their current provider. Operational teams will be heavily involved in reviewing these people and we will also ensure that there will be no gap in service to any people affected. Cheshire East Council will also be fully engaging with service users.

<b>Specific actions to be taken to reduce, justify or remove any adverse impacts</b>	<b>How will this be monitored?</b>	<b>Officer responsible</b>	<b>Target date</b>
The council will organise a task and finish group for service users as part of the consultation and engagement process of this recommission	Commissioning and Contracts staff	Joanne Cliffe	May 2022
Identification of possible people who use services who may be affected to be completed as a priority, from award of contract etc.	Contracts Team / Operational Staff	Emma Eardley / Operational Team representatives	July 2023
Enough time must be planned into the mobilisation plan to ensure effective change over of providers and review of people can take place – thus ensuring no gap in service provision for those affected	Commissioning / Contracts Team	Joanne Cliffe / Lindsey MacAulay and Emma Eardley	March 2022
<b>Please provide details and link to full action plan for actions</b>	Action Plan to be collated from above mitigating actions.		
<b>When will this assessment be reviewed?</b>	June 2023		
<b>Are there any additional assessments that need to be undertaken in relation to this assessment?</b>	It is proposed to publish this EIA on the council's web page as an EIA under development. here will be a note to invite feedback especially relating to people from protected characteristic groups. A dedicated email address will be set up and the inbox monitored for this purpose.		

**EQUALITY IMPACT ASSESSMENT**

<b>Lead officers sign off</b>	Joanne Cliffe	<b>Date</b>	14/03/2022
<b>Head of service sign off</b>	Jo Sutton	<b>Date</b>	14/03/2022

**Please publish this completed EIA form on the relevant section of the Cheshire East website**