

Equality, Welsh Language and Socio economic deprivation Impact Assessment

March 2022

This assessment was completed using the Gwynedd Council corporate guidance and template

1 Details

1.1. What is the name of the policy / service in question?

Remodelling the Home Care Service in Gwynedd

Gwynedd Council and Betsi Cadwaladr University Health Board are working together to improve the way the home care service is organised and provided for adults in Gwynedd.

Home carers will work closely with local health and social care teams and GPs to understand what really matters to individuals who need assistance. They will support them to make the most of their strengths and identify local networks to help them live as independently as possible.

The project will affect adults who receive support commissioned by either Cyngor Gwynedd or the Betsi Cadwaladr University health Board to live independently in their home through the home care service. It will also affect those people who will receive this service in the future, when the above organisations will be jointly commissioning the service. Around 1000 people currently receive this service in Gwynedd.

The new model aims to offer support that is tailored to each individual's needs.

To achieve the care will be commissioned on a local, patch basis, awarding fixed term block contracts to providers to work in specific areas (or patches) of Gwynedd. This moves away from the current system of commissioning by spot purchase across the county.

1.2 What is the purpose of the policy / service that is being created or amended?

What changes are being considered?

The Council and the Local Health Board want to assist older people, and younger adults who need support in Gwynedd to live as independently as possible in their own homes.

Because it is difficult to meet the demand for care, and the bureaucratic system we work within, we have been working to change and develop the way that home care is provided in Gwynedd, with the aim of: *'Helping people live their life as they wish to*

live it”.

We intend to do this by encouraging everyone involved in supporting people - health care workers, social care workers, home care workers, families, communities and groups as well as the individuals themselves - to work together more effectively at a more local level.

The Welsh Government recognises these problems, and the Social Services and Well-being Act (2014) encourages us to work with and assist people to live life as they wish, and remain as independent as possible.

Here in Gwynedd we propose a twofold solution to the challenge of improving services for older people and adults who need support:

- **Establishing local Community Resources Teams (CRTs)** - These teams have been based in five areas of Gwynedd to ensure that health and care services are much closer to the community. Staff in the social care and health sector will be able to collaborate more closely for the benefit of the people of the area.

Home care providers will form an integral part of these teams, sharing information and contacts, and making sure they help people to live their lives as way they wish.

- **Providing Home Care at a more local level** - In the future we will commission home care providers through block contracts at a more local level. Gwynedd will be divided into about 16 patches (3 to 4 to each CRT area), with one or two providers working within each patch. The council's internal provider service work in some patches, and independent providers will provide the service in others. 50% of the care hours across the county will be offered by the Council and 50% by other companies. To ensure consistency and quality across the area each company will work within specific guidelines, terms and conditions. They will focus on what is important for each person, and will work flexibly to achieve this.

In order to change the model, we will run a procurement process will mainly be based on quality rather than price, and that will set clear and specific requirements for each successful provider in terms of quality and working terms and conditions. Equality considerations will be included within the procurement process. A decision has already been made on the patches that the internal provider service will hold, and a tendering process will determine which independent providers are awarded the remaining patches. No provider will be awarded more than 3 patches.

Every member of staff in the Council's internal provision will be able to continue to work for the Council, but their work area may change over time.

The result of the tendering process may mean changes for some individuals who receive a service, as their home care provider and care staff may change. This transition would not happen overnight, but over a sustained period, ensuring that the welfare of individuals who receive care is at the heart of the change. Individuals who receive a service today will still receive home care for as long as they need the service.

The new system will stabilise the home care provision across the county, and

consequently lead to a reduction in staff changes for individuals receiving care.

A short animation has been produced to highlight the features of the new model:

[Re modelling Home Care - YouTube](#). A patient centred information presentation is also available:

<https://youtu.be/0yANq-Ew2f4>

Further information can be found on our website: www.gwynedd.llyw.cymru/homecare

1.3 Who is responsible for this assessment?

Meilys Smith

Health and Social Care Transformation Lead

Adults, Health and Well-being Department

Cyngor Gwynedd

1.4 When did you commence the assessment? Which version is this?

First version. July 8th, 2019

Final version: March 17th, 2022

2) Action

2.1 Who are the partners it will be necessary to work with to undertake this assessment?

Betsi Cadwaladr University Health Board - Acute and Community

Cyngor Gwynedd

Service users and their families

Home care Staff

Home care providers

Community Resource Teams

GPs

Elected members

Care Inspectorate Wales (CIW)

Unions

Advocacy service

3rd sector forums

2.2. What steps have you taken to engage with people with protected characteristics?

When we embarked on the research work that led to the new model the aim was to understand the present home care system in Gwynedd.

By working in partnership with a third sector company providing home care in the Bethesda area, we set out to find out the true impact of the current home care system on individuals receiving the service.

By using the Vanguard method (Ffordd Gwynedd), detailed research was undertaken on the demand they dealt with as a care provider, and the system that they worked within to provide care for individuals.

By spending time looking at individual cases, discussing with individual service users and staff members, it became evident that the care package offered often did not address what really mattered to that individual. They often addressed the physical symptoms, but avoided dealing with the wellbeing issues that faced individuals.

Care packages are usually provided based on 'time and task' i.e. specific tasks and specific times, and so tend to be inflexible and too specific. It is not possible to tailor the package for the specific needs of each individual, and this is frustrating for home care staff, but also tends to mean that more dependency is created rather than promoting independence.

Based on this research a small pilot scheme was started to trial a new way of working where the company would:

- Provide a reliable service designed around the person. A flexible service that could offer what people needed, providing more when more support was needed, and less when the need reduced. It would be a preventative service that considered the person's wider wellbeing needs, not just personal care. People would understand and feel they had more control over their service.
- Ensure that staff focused on developing a relationship with the individual, by listening to and understanding their personal situation, and then supporting them to do what mattered to them. Staff would have the right to make decisions for the benefit of the individual. If the staff couldn't help, they would bring in appropriate expertise, or seek suitable community resources to address the needs.

2.3 What was the outcome of the engagement?

The results of this pilot scheme were highly favourable, with positive outcomes and benefits to the health and wellbeing of the persons who were part of the pilot, as well

as staff.

These are some of the comments received from people who took part in the pilot in Bethesda:

Question: Did our staff undertake what was important to you/your relation?

"Yes. They were very willing and listened to what I wanted. They allowed me to set my own targets and try to achieve them, and only took over when I could not cope myself."

"Their flexibility and sensitivity was second to none at all times. The small, considerate things made the most difference."

"(They) made a big difference: set targets for me to achieve and to challenge myself. Pushing the boundaries of this disability that has taken away so much of my independence and the ability to do simple tasks."

"(I liked the) flexibility. The girls out of uniform. Their maturity. Their sincere concern."

"The freedom to be able to say what I needed, and not to be restricted by time, and usual home care rules."

"This service should be available to all. We are so grateful that it was there when we needed it"

Based on the success of the scheme, pilot schemes were commissioned in four other areas in Gwynedd - Tywyn, Porthmadog, Caernarfon and Nefyn.

In these areas the care provider, be it either the Council's internal provider service, or an external company, worked closely within the area's Community Resources Team, which included social care workers, community nurses, occupational therapists, doctors etc.

As in the original pilot, the aim was to trial a new, flexible way of working which would be preventative, and focused on the physical and mental wellbeing of the individual. They would be focused on getting to know and understand the person, and addressing what really mattered to them in an integrated way.

Engaging with service users was an integral part of the pilots, in trying to understand and learn about the best way of developing the service in the future.

During the past 2 years we have conducted discussions with the Council's internal provider staff to present and discuss the new model. Monthly workshop sessions are held with all the home care providers and CRT staff.

We are also in regular contact with a wide range of key stakeholders (see 2.1 above) through different forums.

The timetable for the procurement process has now been confirmed, with a formal invitation to tender being issued at the end of March 2022. The contracts are due to be awarded in July 2022, and a transition period will follow where providers will settle into the patches, and any changes will be made over a period of at least 6 months.

Every individual in receipt of home care support will receive an initial explanatory letter

and newsletter either through the post or by hand (depending on their circumstances) at the beginning of February. Further correspondence will be circulated at appropriate periods within the procurement process.

CRT staff have been fully briefed about the content of the letters and will be on hand to support any individuals struggling to come to terms with the information. Home carers themselves, as well as social workers and health workers will be able to discuss with individuals, and to identify the most vulnerable people who will require the most Support. A central contact number and email has also been established to answer any queries from service users, their families, staff, elected members or the public, and we hope to arrange local drop in sessions for residents if circumstances allow.

2.4 On the basis of what other evidence do you operate?

The proposal aligns to the BCHUB long term plan - Living Healthier, Staying Well. This long term plan was developed in 2018 and includes the goals of:

- Improve physical, emotional and mental health and well-being for all
- target our resources to people who have the greatest needs and reduce inequalities
- Support children to have the best start in life
- work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being
- Improve the safety and quality of all services
- Respect people and their dignity
- Listen to people and learn from their experiences

The Gwynedd Council Plan 2018-2023 sets out 7 Wellbeing Objectives in adherence to the requirements of the Future Generations Wellbeing Act (Wales) 2015, that outlines the Council's vision to see every community in Gwynedd thrive.

We have developed this project according to these wellbeing objectives, and specifically those setting out that the residents in Gwynedd should:

- Live with dignity and independently for as long as possible

And the related improvement priorities that state that the Council will:

- Assist people who need help to live their lives as they wish
- Assisting people to live their lives through the medium of Welsh
- Putting the people of Gwynedd at the centre of everything we do

The Gwynedd Council Plan and the specific plans to re-model home care have

considered the evidence and data highlighted in the Gwynedd Well-being Assessment 2017. According to this report the number of people over the age of 80 has increased by 96.2% in 30 years. It also states that this increase in the older age group is expected to continue with people living longer and moving into the area. In 20 years, it is expected that there will be an additional 60% of over 80s living in Gwynedd.

These are some of assessment's conclusions:

"We need to understand better how this change will affect the well-being of our communities and of the individuals living within them. The implications could be far reaching, and both positive as well as negative. For example, we know that older people are at a higher risk of loneliness, and as people live longer they will also need more care and support at home and in the community – this will need to be planned for. However, many older people may continue working and playing an important role in the community."

"Another factor which has been identified as having an impact on well-being is loneliness and isolation – with Gwynedd amongst one of the areas of highest risk in Wales. Whilst we recognised the healthy community spirit that exists in the area it is important that all residents feel a part of those communities, and that we work together to reduce the risk of loneliness. There are established networks and volunteer groups that are central to this and we must enable them to continue to thrive."

The North Wales Population Assessment has looked at the care and support needs of residents across north Wales. The assessment underlines several matters that appear as themes at a regional level. They include an increase in cases of mental illness, especially young people; the need for better access to preventative services; tackling loneliness; more support to living at home; support for people with dementia; importance of providing a service in the individual's choice of language; and the need for more leisure and social activities for people with disabilities.

Work has been undertaken recently by the Gwynedd Council data unit located within the Adults, Health and Well-being Department. This work indicated a forecasted increase in Home Care hours in the 65+ age range from 533,086 a year in 2015/16 to 645,301 a year in 2026/27. This is based on the growth forecast in population over the next 20 years.

The Covid 19 pandemic has accentuated these social issues, as well as rising new challenges.

The need to respond to the challenge is clear, and the project to Remodel Home Care aims to understand the nature of the demand and re-model the existing home care system to best support the people who receive, and are likely to need care in the future. By focusing on the person, the aim is to ensure they can live the best life

possible in their own homes and communities. Improving staff terms and conditions across the county will help attract and retain staff in the care sector, which will in turn help to stabilise the service and ensure the most appropriate care and support.

2.5 Are there any gaps in thh evidence that needs to be collected?

There is robust evidence that the system we currently work within needs to change to ensure that we place the individual central to the services that we can offer.

We have trialled a new way of working in different areas of Gwynedd, and are convinced that enough evidence has been gathered to warrant extending the scheme throughout the county.

We will of course continue to regularly collect data and information, and are open to learning lessons along the way.

3) Identifying the Impact

3.1 The Council must give due attention to the impact any changes will have on people with the following equality characteristics. What impact will the new policy/service or the changes in the policy or service have on people with equality characteristics? You are welcome to add other characteristics if you wish.

Characteristics	What type of impact? *	In what way? What is the evidence?
Race (including ethnicity)	Positive	<p>The new model will consider what is important to each person, and consider their race, ethnicity and any associated characteristics, in order that they can live their life in the way they wish.</p> <p>Members of the Community Resources Team, and particularly the carers, will identify language or cultural opportunities that are relevant to the individual within their community, and will identify any gaps in community or professional provision.</p> <p>Since the service will be planned at a local level, it will</p>

be to tailor the workforce to response to specific linguistic needs in certain areas.

Ensuring that carers across the provider companies realise the importance of being considerate of the race of every person receiving a service is something we need to address.

The challenge currently exists to ensure that carers across the provider companies realise the importance of being considerate of the race of every person who receives a service.

In moving towards the new model, the training provided will focus on ensuring that staff understand the need to tailor the service to ensure we do what matters to each individual who receives that service.

Population data in relation to ethnicity for the Health Board area – including Gwynedd:

	White	Black, Asian and minority ethnic	Percentage of people who are Black, Asian and minority ethnic
Wales	2,929,600	186,600	6.3
Betsi Cadwaladr UHB	679,600	17,800	2.6
Isle of Anglesey	69,500	*	*
Gwynedd	118,400	4,400	3.6
West Area	187,900	4,400	2.3
Conwy	111,000	3,700	3.3
Denbighshire	90,900	4,200	4.4
Central Area	201,900	7,900	3.9
Flintshire	153,800	2,500	1.6
Wrexham	136,000	3,000	2.2
East Area	289,800	5,550	1.9

Source: StatsWales (WG)

The health board have recognised that Black, Asian and minority ethnic groups face disproportionately greater health inequalities in accessing care and in health outcomes. This includes health inequalities experienced by vulnerable groups including Gypsy, Roma and Travelling communities.

The Welsh language

Positive

As 65% of Gwynedd residents can speak Welsh (according to 2011 Census).

We aim to ensure consistent standards across the companies providing home care, and will set a clause within the new contract to ensure that users who wish to use the Welsh language receive the service in

		<p>people, especially those suffering from a mental health condition or dementia, due to the nature of the conditions and the need for stability. We need to be mindful of these people, and make sure that they are identify and supported through any changes.</p> <p>We will adopt the Social Model of Disability when sharing information where appropriate. The Social Model means people are disabled by the barriers they face in society, rather than by their impairment.</p>
Sex (sometimes referred to as Gender)	Positive	<p>The new model will consider what is important to each person, being considerate of the person's wishes. For example, some men will be much more comfortable with another man assisting them to wash and dress, but only by talking and getting to know each person will such matters become clear.</p> <p>The aim is to ensure the best support for them to be able to live their lives as they wish.</p> <p>Working within the new model, we will be mindful of this, and will make every effort to recruit a variety of staff to address the need.</p>
Age	Positive	<p>Although most service users will be older people, the new system will not discriminate on the grounds of age.</p> <p>The service is also available for adults with physical impairments who need support to live independently in their homes.</p> <p>Consideration will be given to each individual based on needs, bearing in mind that the needs of a young person with a physical impairment might be quite different to the aspirations and needs of an older person.</p> <p>It is only by talking and getting to know each person that such things will become clear.</p> <p>The new model will help address the needs of a ageing population. According to the Welsh Government's population forecasts StatsCymru the</p>

		<p>over 65 population will increase significantly over the next 20 years:</p> <table border="1" data-bbox="651 304 1150 472"> <thead> <tr> <th data-bbox="651 304 815 360"></th> <th data-bbox="815 304 979 360">2020</th> <th data-bbox="979 304 1150 360">2040</th> </tr> </thead> <tbody> <tr> <td data-bbox="651 360 815 472">65 and older</td> <td data-bbox="815 360 979 472">28,381</td> <td data-bbox="979 360 1150 472">34,282</td> </tr> </tbody> </table>		2020	2040	65 and older	28,381	34,282
	2020	2040						
65 and older	28,381	34,282						
<p>Sexual orientation</p> <p>(Sexual orientation describes a person's physical, romantic, and/or emotional attraction to another person - for example: heterosexual / straight, gay, lesbian, bisexual).</p>	<p>Positive</p>	<p>The new model will respect the way each individual lives, and will consider how to ensure the best support for them to be able to live their lives in the way they wish.</p> <p>Any training offered as part of the new model will need to reflect this, to ensure that all staff understand how important it is to respect the sexual orientation of any person who receives the service.</p> <p>Publication from CQC¹ notes that 'Receiving care and support in your own home, or moving into a care home need not signal an end to romantic relationships or sexual activity. However, providers need to consider certain practical implications. These include maintaining privacy and understanding what a person's needs are.'</p> <p>Providers should also be aware that certain conditions affecting the brain can lead to some people being less sexually inhibited in their behaviour and speech. Staff who support people with neurological impairment need a better understanding of the brain's influence on sexual behaviour. Such impairments include people with dementia or traumatic brain injury. Providers must ensure that measures are in place to help and support the individual, other people using the service and staff.</p> <p>Information from AgeUK² notes that LGBTQ+ people face the same general health issues as the general</p>						

¹ [Microsoft Word - 20190110 Sexuality in Care V0.09 Clean for approval PUBLICATION.docx \(cqc.org.uk\)](#)

² [ageukig02 lesbian gay bisexual transgender inf.pdf](#)

		<p>population though some issues may disproportionately impact LGBTQ+ people. Stonewall Organisation report titled 'LGBT in Britain - Health'³ notes that LGBTQ+ people have higher rates of depression, alcohol issues and fear from discriminatory comments from health care staff. One in five LGBTQ+ people (19%) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40% of bi men and 29% of bi women. These issues should be considered when discussing care and support.</p>
Religion or belief (or non-belief)	Positive	<p>By getting to know the matters that are important to each individual who need the service the Community Resources Team will be able to identify opportunities within the community to meet those needs.</p> <p>Being mindful of religious beliefs and including non belief and philosophical beliefs that could influence the way they wish to live their lives is crucial e.g. diet and clothing.</p> <p>Creating, or re-creating community networks is also important e.g. if a person was a keen chapel-goer, and couldn't attend due to illness, the Team and particularly the home carers, could find support within the community to help the person re connect with the chapel community.</p> <p>Connecting people to the appropriate faith organisation will form part of their care plan.</p> <p>Certain people of faiths and beliefs may hold views about modesty and sex/gender. This may lead to request for same sex carers due to undressing.</p> <p>End of life plans for individuals should always consider spiritual needs.</p>
Gender reassignment	Positive	<p>Stonewall estimate that 1% of the population are transgender. Although this represents a potentially</p>

³ [LGBT in Britain - Health \(stonewall.org.uk\)](https://www.stonewall.org.uk)

<p>(including transgender)</p>		<p>very small number of people accessing home care services in Gwynedd, it is still important that all staff understand the needs of a trans person accessing services.</p> <p>Respecting the wishes of individuals and the way in which they express their gender identity is crucial, especially in the way they dress and express themselves, want to be known and treated.</p> <p>The training that will be provided across the providers will reflect this.</p> <p>People who are transgender may not 'have come out' to their family for a variety of reasons – one being that being trans is seen as a stigma and fear of prejudice. Health and care staff need to understand and respect this.</p>
<p>Pregnancy and maternity</p>	<p>Positive</p>	<p>A situation may arise where a younger person with a physical impairment, and who receives home care, becomes pregnant. In such cases staff would be encouraged to support the individual's choice e.g. to breast feed, and they will be encouraged to work closely with the midwifery services and local health visitor.</p>
<p>Marriage and civil partnership</p>	<p>Positive</p>	<p>Whatever type of partnership the person who receives care is in, the carers would be encouraged to consider any needs that may arise because of this.</p> <p>Again, getting to know the person is important and respect their wishes and needs, as well as their way of life, including their partner.</p>
<p>Socio-economic disadvantage (see also 3.5)</p>	<p>Positive</p>	<p>No individual would be at a disadvantage because of where they live because the new model will ensure a consistent provision of service across the county on a local patch basis. Each individual's circumstances will be considered when discussing the type of care and support they need, and a charge or not, on the basis of their financial circumstances (following Welsh Government guidelines). A maximum charge has been set which is applicable to all, whatever their circumstances. There is no charge for the Health Board's Continuing Health Care or Palliative Care Service (this will become part of the jointly funded</p>

		<p>services within the new model).</p> <p>Regarding access to the service, the local Community Resource Teams aim to be more visible and accessible within their local areas.</p>
--	--	---

3.2 The Council has a duty under the Equalities Act 2010 to contribute positively to a fairer society through advancing equality and good relations in its activities in the fields of age, gender, sexual orientation, religion, race, transgender, disability and pregnancy and maternity. The Council must give due attention to the way any change affects these duties.

General Duties of the Equality Act	Does it have an impact?	In what way? What is the evidence?
Eliminating discrimination, harassment and victimisation	Yes	<p>Due to the nature of the current system the service offered is limited, based on a menu of specific tasks to be achieved within a specific time.</p> <p>This may lead to potential discrimination due to the inflexible nature of the current system, as it does not always address the needs of the person.</p> <p>The aim of the new model is to identify what matters to each individual and to ensure that services are suitable and safe and tailored towards personal needs.</p>
Advancing equality of opportunity	Yes	<p>The new system will certainly promote equal opportunities by tailoring the service towards what's important to each individual, rather than presenting a menu of tasks and expecting individuals to be satisfied with whatever choice is available. Ensuring safe and suitable services tailored towards individual need is the aim.</p> <p>Recruitment of staff will be made easier and terms and conditions will be better aligned across the area – addressing current disparities.</p>

Fostering good relations	Yes	<p>Often, due to physical or mental health conditions, older people will lose confidence and will withdraw from their community, losing their usual social networks.</p> <p>At the heart of new model is understanding what matters to each person, help them continue their community involvement, or renew community connections. This can raise spirits and confidence, reduce mental health issues, and their dependence on statutory services, and help them be as independent as possible.</p>
---------------------------------	-----	--

3.3 How does your proposal ensure that you work in accordance with the requirements of the Welsh Language Standards (Welsh Language (Wales) Measure 2011), to ensure that the Welsh language is not treated less favourably than English and that you seize every opportunity to promote the Welsh language (beyond providing services bilingually) and increase opportunities to use and learn the language in the community?

Understanding and achieving what matters to people is at the heart of the new model of home care in Gwynedd. This will include offering services through the medium of Welsh, which means identifying the need without placing the onus on the individual to indicate their choice. This precedent will form part of the specification for the new home care tender, and in turn will form part of the agreement between the Council and the provider.

Some families will have a range of linguistic needs that should be respected and responded to. It may be necessary to communicate bilingually with them, either orally, in writing or both.

Ensuring a more local provision means we can plan for a meet specific needs in those areas, and ensure that people can continue to live and work in their local area.

Providers in the care sector generally in Gwynedd are finding it difficult to recruit new staff. Recruiting Welsh speaking carers is a particular challenge in some areas.

Providers will therefore need to comply with the principles and requirements the Welsh Government's Strategic Framework for Welsh language services in health and social care "Mwy Na Geiriau" (More Than Just Words), which aims to ensure that people receive services through the medium of Welsh when that is what is needed. Since they will be providing services commissioned by the Council they will also need to comply with Welsh Language Standards (Welsh Language Wales Measure 2011). The specification and new contract will include a set of performance and outcome

measures. These will include an indicator about the numbers of people receiving a service through the medium of Welsh if this is what they wish.

We appreciate that good communication is not just about complying with Welsh Language legislation. Providers will need to demonstrate a willingness to use and develop suitable communication methods, and ensure appropriate training within their working patch for staff who need to learn, or improve their language and communication skills.

A key factor of the new model is that home care provider will work closely with health and social care staff from other organisations, including the local Health Board. Joint working to develop understanding and joint language principles is already underway on a regional level to ensure staff and service user rights.

3.4 What other measures or changes could you include to strengthen or change the policy / practice in order to have a positive impact on people's opportunities to use the Welsh language, and to reduce or prevent any adverse effects that the policy / practice may have on the Welsh language?

We have already identified measures to strengthen the project in order to have a positive impact on the opportunities for people to use the Welsh language, and to reduce any adverse effects the project may have on the Welsh language.

The main one is the inclusion of a clause within the specification which sets the requirement on providers to offer the service through the medium of Welsh which will form part of the contract between the Council and the provider.

We are considering various ways of ensuring that external (and internal) staff employed across the county are bilingual and able to respond to the linguistic needs of their clients e.g. as a first step, to provide very basic language training for non-Welsh speaking staff that would introduce them to basic Welsh words and phrases that they could use in their work.

Ensuring that the Community Resource Teams work bilingually is an important element of the community health and well-being integration programme across the county, and we will work with the council's language unit to develop plans to ensure that this happens.

3.5 How does the proposal show that you have had due regard to the need to address inequality caused by socio-economic disadvantage? (Note that this is about closing inequality gaps rather than just improving outcomes for everyone)?

Rising to the Triple Challenge of Brexit, COVID-19 and Climate Change for health, well-being and equity in Wales'

Published 1st October 2021 by Public Health Wales

This reports on the compounding impacts of Brexit, Covid 19 and climate change across multiple determinants of health. These will need to be viewed in synergy, cumulatively and not through a singular lens. Summary of the report highlights that older people and people with existing health conditions are most adversely impacted by change.

'How coronavirus has affected equality and human rights'. Report¹ by the Equality and Human Rights Commission October 2021

This report highlights that the negative impact of the pandemic has been more severe for some groups than others. In relation to potential people that may access home care services:

- Older people, ethnic minorities and some disabled people, particularly those in care homes, have been disproportionately impacted by the pandemic. Care home residents accounted for 34% of COVID-19 related deaths in Wales. Report also notes some reluctance to access health care services due to fear of contracting Covid 19, leading to delays in care.
- The increased demand for social care has threatened the financial resilience of the sector, potentially impacting its users and workers. This has led to an increased reliance on unpaid carers, who are more likely to be women
- Impact on social care sector – staff faced higher risk of Covid, staff shortages and stressful work conditions
- Impact of Covid 19 related to increase of domestic abuse. Increases in the prevalence of domestic abuse in this period will particularly affect people who share certain protected characteristics

The aim of the new home care model is to ensure that home care Services can respond to what matters to individuals who need Support to be able to live a good, independent life at home in their community. By introducing the new model, and working on a local patch basis, we will be able to tackle the challenges noted above.

3.6 What other measures or changes might you include to strengthen or change the policy / practice to show that you have had due regard to the need to reduce disproportionate outcomes as a result of socio-economic disadvantage, in accordance with the Socio-Economic Duty

As the new model develops we plan to identify any gaps in service that exist in the CRT areas, be they gaps within statutory or community services, with a view to commissioning or co-producing local solutions to those needs.

There is currently some variation across terms and conditions for Social Care workers. New contracts will include considerations around wage thresholds aligned to the Living Wage, and will ensure greater consistency in terms and conditions generally.

4) Analysing the results

4.1 Is the policy therefore likely to have a significant, positive impact on any of the equality characteristics or the General Duty? What is the reason for this?

The new model will have a significant impact on the lives of those people who receive home care in Gwynedd, usually vulnerable adults (but not always) over 65 years old.

Through the remodelling they will be able to receive support that will be tailored for them as individuals, focusing on their strengths, their family and community, to ensure that they can live the best life as they wish to live it.

The aim is to promote independence, by raising confidence and focusing on what matters to the individual. Professionals within the health and care sector in the local area will work together to help the individual to achieve their wishes, drawing on family and community networks, and identifying any gaps.

4.2 Is the policy therefore likely to have a significant, negative impact on any of the equality characteristics or the General Duty? What is the reason for this?

No significant negative equality / socio economic impacts are currently identified, however in the short term, some negative impacts may be experienced (as noted below) through the remodelling.

It is proposed to move to a patch-based commissioning system where one (or two) home care providers operates per patch in the county.

At present, many home care companies provide services scattered around the county, with as many as 5 or 6 companies working within a local area.

The new model divides Gwynedd into 18 local patches. The Council's internal provider service will provide the service in 7 of these areas, and share the demand within 3 other areas with an independent provider. Specific independent provider will be awarded contracted for the rest of the patches.

This may mean a change of provider or carers for some individuals within a patch. However, every individual receiving home care will continue to receive the support for as long as they need it. There will be no change until the Summer of 2022, and even then, the change would be gradual as we work through a transition period over time.

The aim is to ensure consistency in terms of care, staff terms, conditions terms and training over time, providing more stability for individual and their families, less staff changes, and more flexible care and support.

4.3 What should be done?

Choose one of the following:

Continue with the policy / service since it is robust	✓
Amend the policy to remove any barriers	
Suspend and delete the policy as the detrimental impacts are too great	
Continue with the policy as any detrimental impact can be justified	

4.4 If you continue with the plan, what steps will you take to reduce or mitigate any negative impacts?

We will ensure that support will be provided to those individuals who may be affected during the transition period, through the social workers and health workers in each local area.

Each case will be considered individually, with changes introduced gradually, over time. The aim will be to retaining care staff in each area as far as possible, but any new staff will be given opportunities shadow and discuss issues, and to get to know the individuals. For the most vulnerable cases every effort will be made to ensure stability in the care provided.

Those individuals receiving care through the council's internal provision will remain with the service for as long as possible to reduce the impact on service users.

4.5 If you are not taking any further action to delete or reduce the negative impacts, explain why here.

Not relevant - see 4.4 above.

5) Monitoring

5.1 What steps will you take to monitor the impact and effectiveness of the policy or service (action plan)?

New measures are currently being developed to monitor the impact and efficiency of the service. The individual's experience will be central to these measures, and although some measures are required to satisfy national requirements, we will ensure that outcomes, and delivering what matters to each individual will be at the heart of the local measures. These will need to be reported to the Council's Older People, Health and Wellbeing Department, as well as the BCUHB on a regular basis, and this monitoring will be an important requirement of the new contract.

All home care companies will be part of their local Community Resources Team, which will ensure a local overview and local accountability arrangements for the home care work.

Once the new contracts have been awarded and the transfer period is complete we will revisit the impact assessment to address any issues that may arise.

We are committed to regularly monitoring the impact assessment, and adjusting it to suit any findings, changes or developments.