

EQUALITY IMPACT ASSESSMENT

(Please note, this will form part of a public facing document. If you have any questions about this, please contact Equality@wiltshire.gov.uk)

Title: What are you completing an Equality Impact Assessment on?
<p>Transfer of Urgent Care at Home Domiciliary Support (UC@H) and Telecare Response service from Medvivo to the 'in-house' Wiltshire Support at Home' service, from 1st August 2024. This EQIA is focused on the responsibilities that Wiltshire Council has in respect of ensuring vulnerable residents of Wiltshire receive the right support, in the right place at the right time.</p> <p>The two services considered in this assessment are:</p> <ol style="list-style-type: none"> 1) Urgent Care at Home – see full <i>description of service below</i> 2) Telecare Response Service – see full <i>description of service below</i>

Why are you completing the Equality Impact Assessment? (please tick any that apply)			
Proposed New Policy or Service	Change to Policy or Service	MTFS (Medium Term Financial Strategy)	Service Review
	X		

Version Control					
Version control number	1	Date	21/05/24	Reason for review (if appropriate)	Service transfer will result in a change to the operating hours of the Telecare Response service. It will operate 7am to 10pm instead of the current 24hr delivery.

Risk Rating Score (use Equalities Risk Matrix and guidance)		
<p>**If any of these are 3 or above, an Impact Assessment must be completed. Please check with equality@wiltshire.gov.uk for advice</p>		
Criteria	Inherent risk score on proposal	Residual risk score after mitigating actions have been identified
Legal challenge	1	1
Financial costs/implications	2	2
People impacts	3	2
Reputational damage	4	2

Section 1

Description of what is being analysed

The service in scope consists of:

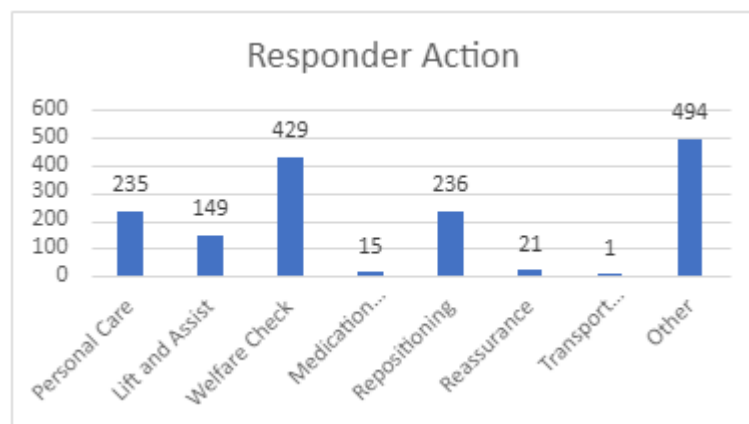
Urgent Care at Home Domiciliary Support; when a situation is moving into crisis, it can often be stabilised with some domiciliary support. Through the timely provision of experienced carers who can respond to presenting issues, risks can be managed to safeguard the situation. An example would be a carer who helps and supports a partner with dementia being admitted unexpectedly to hospital. Urgent Care could provide 24-hour support to look after the person at home until their partner returned home or alternative arrangements were made.

Telecare Response; Wiltshire Council commissions a telecare call response service with Apello. When a personal alarm is triggered, for example because of a fall, Apello call the person and find out how to best support them through a conversation on the phone system. The telecare response service can provide a physical response in the form of a community visit in some circumstances when it is deemed safe and appropriate to do so, for example when an alarm has been triggered and the person cannot be contacted. In some circumstances it is not appropriate to use this service, for example when the risks require a medical emergency response. The telecare triage service at Apello carefully manage these risks to ensure they are referring onto the most appropriate service.

The telecare response service will continue with Apello and there will be no change to the delivery of this service. The current in person response that is being delivered by Medvivo will continue to provide where required an in-person attendance between 7am – 10pm. We do not have the data from Medvivo that shows the exact reason for the call or whether they required a face to face response. Service data shows that approximately 51% of calls to Apello occur between midnight and 6am. The current imperson response provided by Medivivo will continue.

There is a change to the management of this activity; Appello will continue to provide the telephone response and Wiltshire Support at Home will provide overnight care services for those customer's identified at risk many of whom would have gone on to call the Telecare System. It is hoped that by providing a more proactive service then the requirement to react overnight can be mitigated. It is also important to note that very few local authorities provide an in-person response service with their telecare service; responses are coordinated across existing urgent response services, including the ambulance service as attendance by a clinical is deemed to be safer and more appropriate in many cases.

Out of the 1580 response actions conducted between April 2023 and March 2024, 429 responses were welfare checks and 149 related to Falls. Again, we do not have the data for what time of day these face to face responses where required.



* Information concerning 'Other' requested from Provider but information is yet to be recieved

Urgent Care at Home is not being changed and we will continue to support overnight care packages.

Section 2

People or communities that are currently **targeted or could be affected** by any change

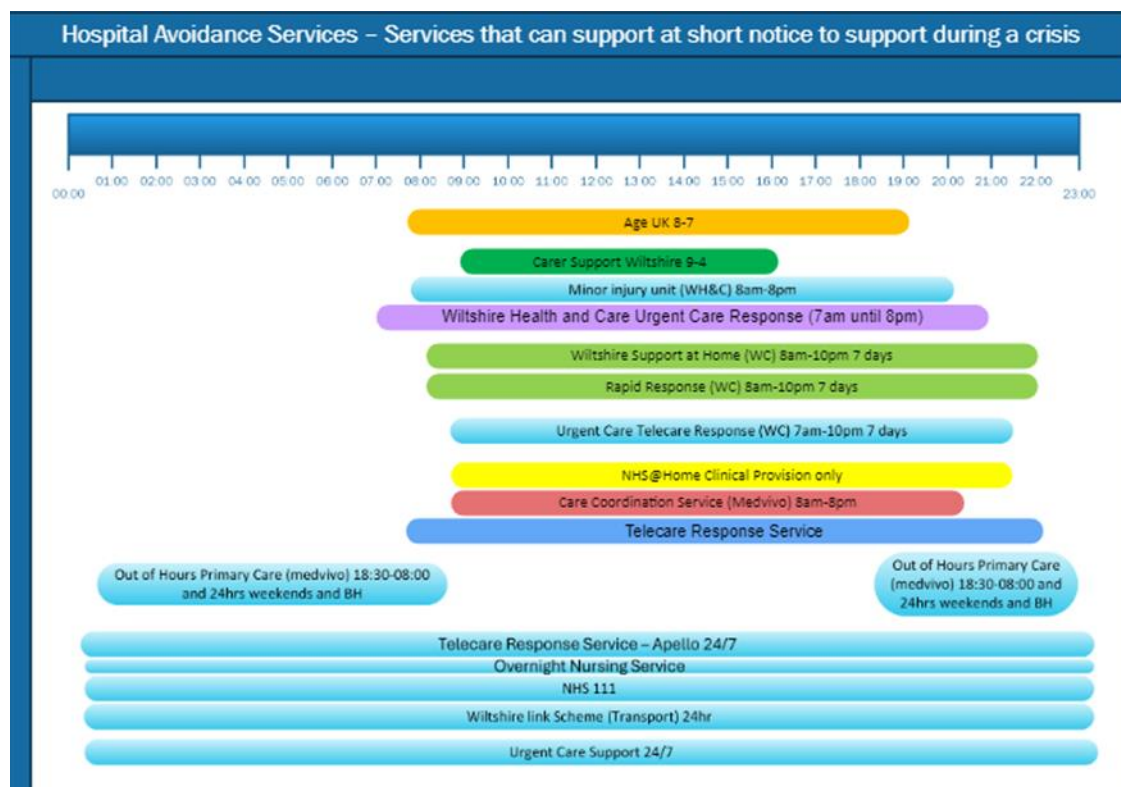
1. Customers in receipt of Wiltshire Council commissioned telecare services.
The population affected are those people who are supported with a socially funded telecare response service.
2. Privately funded customers of Appello Telecare
Caveat that there are some privately funded telecare users on the system. It appears that these customers may have been included in error on the current provider's part this inclusion will stop when the service moves in-house. The customers will have a desk top review and be directly contacted to discuss their options. There are other private response services, and it may be a case of ensuring that they are linked to such provision.
3. CHC funded Telecare
Where this situation occurs the cost of the telecare will be recharged as part of the CHC agreement.
4. Housing Services HCA Wiltshire Council.
Some hard-wired systems are currently utilising the Appello response service, these will continue to receive a Telecare (telephone based) Response pending review of the contractual agreements.

The UC@H service provides an ability to access domiciliary support to all residents (18+) of Wiltshire and service delivery is dependent on need and not whether someone is eligible for socially funded support.

By working with these people at the pre-crisis and crisis stage, the service aims to support someone outside of an acute hospital setting and is seen as a key part of the BSW ICA partnership's aims to reduce avoidable admissions to hospitals. It is hoped that by refocusing the service on a more proactive approach there will be more capacity to support Wiltshire Residents who require urgent care and support in their own homes.

There will be a clear referral pathway directly into the service which will respond with the agreed KPIs. The eligibility criteria will be clarified, and details provided to partners to ensure that referrals are appropriate, and the interventions can be managed safely with the appropriate governance processes for a CQC registered service.

The table below identifies the range of services in the community which are in place to support Wiltshire Residents and work within the hospital avoidance work stream.





Section 3

People who are **delivering** the policy or service that are targeted or could be affected (i.e. staff, commissioned organisations, contractors)

Bringing the service in-house will result in approximately 33 staff being TUPE'd into the WS@H service. This will have a significant impact on the workload of Heads of Service and Team Leads to manage and ensure the correct training and support is provided, whilst embedding the delivery of the new service at the same time.

Safeguarding - The Wiltshire Support at Home Service trains and monitors staff in the use of the Wiltshire Council safeguarding policies and processes. All new staff will undertake training and have regular supervision to assure that they understand their safeguarding duties as relevant to Wiltshire Council processes. Staff will be monitored in the early transition of the service to ensure correct safeguarding protocol is followed. Staff will be managed as part of the CQC regulated service and the Registered Manager works closely with Wiltshire Council's established Adult Multi Agency Safeguarding Hub (MASH) team. Procedures and guidance are in place which will ensure that any issues relating to child protection are identified and appropriate referrals made to children's MASH.

Lone working and sheltered housing response - Staff will be supported via the lone working and personal safety risk assessment. Training will be provided around personal safety and phones and GPS trackers/ personal alarms will be issued. Processes in place to keep staff teams safe and all staff will be inducted within the organisations way of working through our induction process.

Overall training and support – Training program in place developed to train all staff members within 3 cohorts to enable a service to continue to support with urgent response. Training that is not available within in house have been identified and will be sourced externally.

Existing processes may need to change (on-call for example) On call is currently in place within the WSAH service. To provide extended hours of on call to support the new team, on call within provider services will be reviewed to further support and streamline the service. This will not impact current on call measures currently in place.

Section 4

The underpinning **evidence and data** used for the analysis (Attach documents where appropriate)

[7.2 IUC Monthly Performance Dashboard March 2024.xlsx](#)

The above link relates to the latest set of performance data we have from Medvivo for both Urgent care at home as well as the telecare response service.

Cabinet report requires an EQIA to be complete and decision-makers at the Locality Commissioning Group (Oversee and agree BCF spend) have requested the document is completed.

We have engaged with stakeholders in relation to this proposed move including the current provider, ICB (health) colleagues, BSW Patient Safety Lead and The Community Health Teams. Engagement has also been conducted with Apello the current telecare provider. Consultation has also been conducted through the appropriate formal HR routes with staff who will be TUPEd over as part of bringing the service in-house.

It has been identified through reviewing the data and the contract monitoring that some of the services that Medvivo were delivering were not intended contractually but nevertheless were providing a level of response and preventative service in the community. The aim is to return the service to delivering against the contract specification however to facilitate this through a managed plan whereby services are refocused over a 6-month time frame.

The service covers the whole county and because of the rurality and need to respond within 2hrs the service will be based on three hubs with staff accessing lease cars to drive to those in need. These hubs, based in Amesbury, Trowbridge and Chippenham ensures that the 2-hour response time is achievable. The busiest areas are Trowbridge, Chippenham and Salisbury where the hubs will be located. Salisbury in particular has the highest Telecare Response activity which links to the number of sheltered housing residents in that area of the county.

Section 5

Conclusions drawn about the impact of the proposed change or new service/policy

Transferring the service to Wiltshire Support at Home will enable a comprehensive service to continue to be delivered to the residents of Wiltshire under a CQC registered framework. There is a clear specification, and the aim is to deliver the service as close as possible to this specification, this will be monitored through the BCF team.

It has been acknowledged that the service may not be delivered like for like due to the governance now sitting within Social Care, however this has been identified as a positive outcome as there have been risks identified for customers and staff in having unregistered staff attending incidents in the community. The service aims to work in an integrated way with Partners in Wiltshire to mitigate these risks, make best use of resources and reduce duplication.

When the new service transfers demographic information which is not currently available will be recorded so that further analysis can be undertaken regarding the target user groups. and this information will be integral to ensuring that service improvements include EDI detail.

There will be careful analysis on service demand and activity over the first 6 months following the service transfer to gather a greater understanding of how best to meet the needs of the community and where the opportunities are for partnership links, this will be reported into the Living and Ageing Well board.

Wiltshire Council is confident that Wiltshire Support at Home can deliver a safe service for Wiltshire Residents and have a comprehensive plan in place to mitigate the risks that have been identified.

Section 6

How will the outcomes from this equality analysis be **monitored, reviewed** and **communicated**?

LAS will be used to analyse and monitor performance and activity. Additionally, there is the in-service quality assurance compliance that runs alongside LAS.

The Equality Impact Assessment forms part of Wiltshire Council's Corporate Governance structure. Please also refer to council policies on managing risk and performance, partnership working and policy development where relevant.

The Service will provide monitoring data to the BCF Team, provide monthly reports to the Performance and Outcomes Group and Board and report into the Living and Ageing Well Board.

***Copy and paste sections 5 & 6 into any Committee, CLT or Briefing papers as a way of summarising the equality impacts where indicated**

Please send a copy of this document to Equality@wiltshire.gov.uk

Completed by:

Date	
Signed off by:	
Date	
To be reviewed by:	
Review date:	
For Corporate Equality Use only	Compliance sign off date:

Equality Impact Issues and Action Table (for more information on protected characteristics, see risk assessment document)

Identified issue drawn from your conclusions (only use those characteristics that are relevant)	Actions needed	Who is responsible	Date	Expected outcome
Age				
Disability				
Gender Reassignment				
Marriage and Civil Partnership				
Pregnancy and Maternity				
Race (including ethnicity or national origin, colour, nationality and Gypsies and Travellers)				
Religion and Belief				
Sex				
Sexual Orientation				
Other (including caring responsibilities, rurality, low income, Military Status etc). Refer to family test: https://researchbriefings.files.parliament.uk/documents/CBP-7714/CBP-7714.pdf				