## **Equality Impact Assessment**

#### Context

- 1. under s.149 of the Equality Act 2010, when making decisions, Essex County Council must have regard to the Public Sector Equality Duty, ie have due regard to:
  - eliminating unlawful discrimination, harassment and victimisation, and other conduct prohibited by the Act,
  - advancing equality of opportunity between people who share a protected characteristic and those who do not,
  - fostering good relations between people who share a protected characteristic and those who do not, including tackling prejudice and promoting understanding.
- 2. The characteristics protected by the Equality Act are:
  - age
  - disability
  - gender reassignment
  - marriage/civil partnership
  - pregnancy/maternity
  - race
  - religion/belief
  - gender and sexual orientation.
- 3. In addition to the above protected characteristics you should consider the cross-cutting elements of the proposed policy, namely the social, economic and environmental impact (including rurality) as part of this assessment. These cross-cutting elements are not a characteristic protected by law but are regarded as good practice to include.
- 4. The Equality Impact Assessment (EqIA) document should be used as a tool to test and analyse the nature and impact of either what we do or are planning to do in the future. It can be used flexibly for reviewing existing arrangements but in particular should enable identification where further consultation, engagement and data is required.
- 5. Use the questions in this document to record your findings. This should include the nature and extent of the impact on those likely to be affected by the proposed policy.
- 6. Where this EqIA relates to a continuing project, it must be reviewed and updated at each stage of the decision.
- 7. The EqIA will be published at: http://cmis.essexcc.gov.uk/essexcmis5/Home.aspx
- 8. All Cabinet Member Actions, Chief Officer Actions, Key Decisions and Cabinet Reports must be accompanied by an EqlA.
- 9. For further information, refer to the EqIA guidance for staff.
- 10. For advice, contact:

Shammi Jalota <a href="mailto:shammi.jalota@essex.gov.uk">shammi.jalota@essex.gov.uk</a>
Head of Equality and Diversity
Corporate Law & Assurance
Tel 0330 134592 or 07740 901114



#### **Section 1: Identifying details**

Your function, service area and team: STCT, OICD, Commissioning Delivery

If you are submitting this EqIA on behalf of another function, service area or team, specify the originating function, service area or team: People Commissioning

Title of policy or decision: Community Meals Service

Officer completing the EqIA: Sean Chadney Tel: 03330 136521 Email: sean.chadney@essex.gov.uk

Date of completing the assessment: 4th December 2015

### Section 2: Policy to be analysed

Is this a new policy (or decision) or a change to an existing policy, practice or project? The cabinet report recommends that the council extends the successful community meals service pilot for the whole of Essex. This recommendation would result in all existing service users being supported into an alternative provision prior to the expiry of the current contract for the community meals service. In place of the meals service the cabinet report recommends that an accredited list of meals providers be created through which residents of Essex could be directed too should they need the support of a meals provider.

If there are no alternative hot meal delivery providers in a service users locality we will with the assistance of Community Agents look at what other local solutions are available or if a service user could prepare their own meals with the right amount of support put in place.

Where a service lives in a location where there are no suitable alternatives to a hot meal then we would look to support them by putting in place a domiliciary package where a frozen meal delivered to them could be heated by a carer.

2.2 Describe the main aims, objectives and purpose of the policy (or decision):

The purpose of this activity is support residents to be more independent and to provide more choice as to how they get a daily hot meal.

The number of service users accessing the meals service has been declining steadily for more than 10 years and with increased costs in delivering the service its affordability over alternatives outweighs its benefits.

Through activity under each of the options officers and social workers from the council supported by community agents will engage with every service user currently accessing the meals service in order to find a suitable alternative that continues to meet their needs in a way of their choosing.

No service user will be left with no alternative provision and those unable to propare their own meals and where there is no alternative hot meal provider will be a service user with the provider will

supported with a package of care to ensure their nutritional needs continue to be met.

This would ensure those with the highest levels of need are supported by the council whilst those with the capacity and ability to source their own provisions are given greater choice over how they access their nutritional needs. The current meals service restricts the choice of all service users as only one provider is commissioned by the council to deliver the service.

What outcome(s) are you hoping to achieve (ie decommissioning or commissioning a service)?

The recommendation in the cabinet report is that the meals on wheels service is replaced with an accredited list of providers where the council would look to impose minimum standards that providers will have to adhere to in order to receive a referral from the council. Under this option the council would still be looking to achieve the original outcome for each individual in that they receive a daily hot meal.

- 2.3 Does or will the policy or decision affect:
  - service users
  - employees
  - the wider community or groups of people, particularly where there are areas of known inequalities?

This decision will impact all service users of the council's meals service who would need to find an alternative provision with the support of the council. Through careful planning, engagement with every service user and the implementation time allowed under the preferred recommendation the overall impact of this decision should be limited. Alternative provisions for service users could be more suitable to their needs given them greater choice over what they eat, when they eat and where their meals are sourced.

The current service user contribution for the meals service is £4.20 per meal and where service users switch to ordering frozen meals or some alternative hot meal providers some may spend less than they currently do.

Will the policy or decision influence how organisations operate? If a meals service is no longer commissioned by the council, Sodexo, the current supplier have indicated that they would exit the Essex market as a countywide private hot meals delivery service is unsustainable at the current customer levels. It is hoped that we could work with Sodexo and that they remain in the county providing a service to those who require it.

If Sodexo withdraw from the Essex market this would result in the redundancy of staff currently employed by Sodexo in the delivery of the meals service.

2.4 Will the policy or decision involve substantial changes in resources?

The preferred recommendation would result in temporary increased costs for a meals service for one year; something which can only be avoided by a significant increase in the number of referred clients to the meals service.

Following the expiry of the contract for the meals service the council would achieve savings in the cost to deliver the service however some of these savings would be used to support service users who are unable to prepare their own meals or who lack capacity to remember to prepare their own meals. In the first 18 months some

	of the budget will also be used to support the development of the accredited provider list.
2.5	Is this policy or decision associated with any of the Council's other policies and how, if applicable, does the proposed policy support corporate outcomes? This change in practice supports the corporate outcome 'People in Essex can live independently and exercise choice and control over their lives'. By moving all service users to an alternative provision those who have the ability and capacity will have greater choice as to how their nutritional needs are met. For the remainder who continue to require support they will have increased choice over where their meals are sourced with the only support required involving a carer to heat the meals previously purchased by the service user or their representatives.  By moving people into alternative provisions the council can also help support the growth of local businesses supporting the corporate outcome '

# Section 3: Evidence/data about the user population and consultation<sup>1</sup>

As a minimum you must consider what is known about the population likely to be affected which will support your understanding of the impact of the policy, eg service uptake/usage, customer satisfaction surveys, staffing data, performance data, research information (national, regional and local data sources).

3.1 What does the information tell you about those groups identified?

At the end of November 2015 Sodexo only had 690 services users in receipt of the meals service and delivered on average 507 meals a day. This rate of decline was anticipated when the service users impacted by the pilot were included in the overall figures and is in line with the trend seen over the last 10 years.

When data was collected to analyse the impact of the pilot it identified that for two thirds of service users receiving a meals service this was the only package of care they received from the council and half of service users have no assigned social worker.

Of the data collected 43% of service users had been accessing the service for less than a year. Over 95% of those accessing the community meals service are over the age of 65 and 65% of service users are female. In addition to this an analysis of service user needs identified that 5% have a sensory impairment.

Service users accessing the meals service are unlikely to have their package of care reviewed because it is not a statutory service so unless a referral is made for a new assessment many continue to receive the service even if there is a positive change in their needs. 52% of service users received a review of the package of care in the last financial year however 6% have not had a review of the care package for over 5 years.

A consultation on price was carried out in 2014 and only 26% of service users supported an increase in their contribution to the cost of meals to £4.79. From this we have assumed there would be even less support for a higher increase to cover some of the additional expenditure that could be incurred as a result of an extension of the existing contract with Sodexo.

The community meals service also offers a range of specialist meals for those with a medical condition or religious beliefs. In November 1% of the meals delivered were texture modified meals, 15% were meals with a diabetic supplement and there were 0 meals delivered for those with religious or cultural beliefs.

Have you consulted or involved those groups that are likely to be affected by the policy or decision you want to implement? If so, what were their views and how have their views influenced your decision?

Every service user will be directly engaged with as a result of this change of practice to ensure all continue to receive a service that allows their nutritional needs to be met.



<sup>&</sup>lt;sup>1</sup> Data sources within EEC. Refer to Essex Insight: http://www.essexinsight.org.uk/mainmenu.aspx?cookieCheck=true with links to JSNA and 2011 Census.

At this point with the number of available alternatives and the support that would be provided for those with the highest levels of need there is nothing that would prevent us from assuming that no service user would be worse off.

Provided the following conditions of the consultation group are met there is no need to undertake a consultation on this change in practice:

- 1. We guarantee that no one will be worse off;
- 2. We engage with everyone to find an alternative that works for them.

We will ensure that any engagement with disabled service users will incorporate reasonable adjustments. 5% of current users have a sensory impairment and this will be considered as part of the engagement exercise.

If you have not consulted or engaged with communities that are likely to be affected by the policy or decision, give details about when you intend to carry out consultation or provide reasons for why you feel this is not necessary:

All service users will be directly engaged with to ensure they have an alternative provision in place that meets their nutritional needs at the point the contract with Sodexo expires. No service user will be left without an alternative and there is capacity amongst officers and community agents to ensure this will be achieved.

This decision and the work that will follow is looking to ensure that all service users continue to achieve the same outcome. By supporting service users to achieve this we will not be require to undertake a separate consultation.

We will undertake engagement with service users as part of the transition planning to ensure their concerns around any approach are fed in and mitigating action can be taken.

Prior to engaging with service users to identify an alternative meals provision we will work with adult operations to identify the most appropriate person to provide support to a service user (Community Agent or Social Worker). As social workers have access to the case records for all individuals in receipt of meals their role and involvement with these individuals makes them best placed to advise us as to the most appropriate individual to provide support.



## Section 4: Impact of policy or decision

Use this section to assess any potential impact on equality groups based on what you now know.

Description of impact	Nature of impact Positive, neutral, adverse	Extent of impact Low, medium, high
	(explain why)	(use L, M or H)
Age	Adverse. 95% of service users are over the age of 65 years old and therefore this decision will impact on this age group. However, we are taking a number of steps to mitigate any impact by fully engaging with current service users identified in section 3.2	M
Disability	Adverse. 1% of meals currently provided are textually modified and 15% are modified for service users with diabetes However, the engagement process identified above will mitigate any negative impact  Reasonable adjustments will need to be offered for any disabled service user during the engagement exercise. 5% of service users have a sensory impairment so consideration will be needed for visual and hearing impaired as well as deafblind service users.  Service user in receipt of the meals service have some of the highest needs amongst Essex residents however as outlined in section 3.3 we will work with social workers to identify the most appropriate way to engage with service	M
Gender	Neutral. Although 65% of service users are women, this is because of the age profile of service users. We will attempt to mitigate any negative impact by engaging with each individual.	L
Gender reassignment	Neutral. This change of practice does not exclude or disadvantage on the basis of gender reassignment.	L



Marriage/civil partnership	Neutral. This change of practice does not exclude or disadvantage on the basis of marriage/civil partnership.	L			
Pregnancy/maternity	Neutral. This change of practice does not exclude or disadvantage on the basis of pregency/maternity.	L			
Race	Neutral. This change of practice does not exclude or disadvantage on the basis of race.	L			
Religion/belief	Adverse. Service users ordering meals in line with their faith or beliefs may suffer from restricted choice and/or a higher cost for these meals. However, in November, no service user requested a meal to meet religious needs and therefore the impact of this decision is low.	L			
Sexual orientation	Neutral. This change of practice does not exclude or disadvantage on the basis of sexual orientation.	L			
Cross-cutting themes					
Description of impact	Nature of impact Positive, neutral, adverse (explain why)	Extent of impact Low, medium, high (use L, M or H)			
Socio-economic	Positive. By increasing the choice for service users as to how they will access their meals with a drive towards support from within their community local services could benefit.	L			
Environmental, eg housing, transport links/rural isolation	Positive. By transitioning service users away from a hot meal delivery service they can be offered greater choice as to how they access their meals which would result in reductions in social isolation and loneliness as service users are not bound to their homes awaiting the delivery of their meal.	М			



Section 5: Conclusion				
		Tick Yes/No as appropriate		
5.1	Does the EqIA in Section 4 indicate that the policy or decision would have a medium or high adverse impact on one or more equality groups?	No 🗌		
		Yes ⊠	If 'YES', use the action plan at Section 6 to describe the adverse impacts and what mitigating actions you could put in place.	

# **Section 6: Action plan to address and monitor adverse impacts**

What are the potential adverse impacts?	What are the mitigating actions?	Date they will be achieved.
Any Essex residents who require a delivered hot meal meal that fits within their cultural and/or religious beliefs may suffer from a restricted choice. By moving to an accredited list of providers it may not be possible to guarantee that all residents will have access to a hot meal delivery service that meets their cultural and/or religious beliefs.	In November Sodexo did not deliver a single meal available to residents with cultural and/or religious beliefs (Kosher/Halal/Carribbean/Hindu/Sikh).  Any accredited list we have would look to identify providers who could provide meals for residents that fit within their cultural and/or religious beliefs. This would give those requiring specialist meals this information at the outset.  By moving away from a single provider service user's would have an increased choice over where they order their meals from.  Alternative providers currently operating in Essex offer vegetarian options as part of their menu and those individuals requiring a meal to fit with their cultural and/or religious beliefs can be directed to these options in cases that it is not possible for a meal to be provided for cultural and/or religious beliefs.	30/09/2016
Some service users with high levels of need may not have the capacity to remember to purchase or prepare their own meals.	Any service user who does not have the capacity to purchase or prepare their own meals would be offered an additional domicilary care visit where a pre-purchased meal would be heated for them.	30/09/2016
The physical needs of some service users may prevent them from being able to prepare their own meals.	Any service user who is physically unable to prepare their own meals would be offered an additional domicilary care visit where a prepurchased meal would be heated for them.	30/09/2016



95% of current service users are aged over 65 and as an age group are the most likely to be impacted by this decision	The transition planning to be undertaken with all service users will ensure that an alternative provision that meets the needs of individual service users will be in place.	30/09/2016

# Section 7: Sign off I confirm that this initial analysis has been completed appropriately. (A typed signature is sufficient.) Signature of Head of Service: Louise Hall Date: 21/12/15

Date: 15/12/15

# Signature of person completing the EqIA: Sean Chadney

#### **Advice**

Keep your director informed of all equality & diversity issues. We recommend that you forward a copy of every EqIA you undertake to the director responsible for the service area. Retain a copy of this EqIA for your records. If this EqIA relates to a continuing project, ensure this document is kept under review and updated, eg after a consultation has been undertaken.

