

Budget Savings Proposals Full Equality Impact Assessment (EQIA)

Section 1: General Information

1a) Name of the savings proposal

SSP/7 - Domiciliary Care Retender

1b) Service area

Commissioning and Strategy

1c) Service manager

Barbara Disney

1d) Name and role of the officer/s completing the EQIA

Keith Burns, Programme Director Special Projects

Section 2: Information about changes to services

2a) In brief please explain the savings proposals and the reasons for this change

Re-commissioning of domiciliary care contracts with a proposed start date for new contracts of June 2011. Procurement strategy signed off by Competition Board and OJEU advert to be placed by 31 January 2011.

Based on 2008/09 costs, our average unit cost for domiciliary care is £17.80 per hour, compared with an Inner London average of £15.20 per hour. The proposed saving is based on an intention that in re-commissioning these services in a more efficient way we will bring the average hourly cost down to the Inner London average. (So the saving is calculated by multiplying the difference between our hourly rate and the Inner London average by a proportion of the number of commissioned hours in 2008/09).

The procurement strategy involves reducing domiciliary care contracts, from 16 currently, to 4 geographically based contracts (one for each paired LAP). The smaller number of larger contracts, combined with an increased proportion of the total contracted hours let on a 'block' basis is the mechanism by which lower unit prices will be secured.

2b) What are the equality implications of your proposal?

The planned re-commissioning of these independent sector services will result in four geographic (based on paired LAPs) contracts being let. The Directorate currently has 'preferred provider' relationships with sixteen suppliers, 5 of whom are private sector organisations and 11 of whom are voluntary sector organisations. A number of those voluntary sector organisations specialise in providing services to specific communities within the Borough, including the Bangladeshi, Bengali, Chinese and Vietnamese communities. There is a risk, therefore, that the change to a smaller number of larger contracts could lead to a reduction in the sensitivity and appropriateness of services to specific communities.

In order to mitigate any potential negative impacts arising from this changed approach a number of steps are being taken.

Firstly, a detailed breakdown, by ethnicity, of the population of current service users in each of the paired LAP areas has been completed. This breakdown will be included in the OJEU advert that will initiate the formal procurement process, and potential suppliers will be informed that any tender submissions which do not provide a comprehensive and credible description of how the

supplier will deliver a sensitive and appropriate service to the diverse communities within the particular geographic area they are bidding for are highly unlikely to be successful. This comprehensive description will need to address each of the equality strands in order to be evaluated positively. Alongside this, we will also actively promote the submission of consortia bids that see 'lead' suppliers working in partnership with smaller more specialist suppliers to offer a service that best reflects the community served.

The service specification, against which tender submissions will be evaluated is being informed by a broad range of national and local sources of data and research on best practice in the delivery of domiciliary care services. Data from the most recent Home Care User Experience Survey, and from other customer feedback processes (including complaints data) is being analysed to ensure that we take account of key issues for current service users in drafting this new specification.

At Pre-Qualification Questionnaire (PQQ) stage, suppliers will be asked to set out their plans for delivering a workforce that reflects the community in the paired LAP area they are bidding for, and the scoring for this question will be weighted to ensure it has a significant impact on the overall evaluation. Suppliers not responding effectively and fully to this question are, therefore, less likely to be invited to tender. The method statements potential suppliers will be required to complete as part of the subsequent tender submission will then explore their workforce plans in more detail.

In addition to this, there is a further question in the PQQ asking suppliers to "outline your approach to ensuring that all care staff employed have, or are working towards, as a minimum NVQ level 2 in Health and Social Care, and tell us what proportion of your current workforce have achieved this level." This is important both in terms of the quality of care delivered and in providing an indication of the supplier's approach to up-skilling a workforce that is traditionally a low pay, low skill one. This is of relevance to the socio-economic strand of the equality framework.

At the invitation to tender stage, it is our intention to ask suppliers to submit two prices: one based on their existing salary scales; and the other based on them paying the London Living Wage as a minimum. This will enable us to test the affordability of letting the contracts on the basis of the LLW being applied, and to make recommendations to Cabinet on this matter at contract award stage. Again, this is of relevance to the socio-economic strand of the equality framework.

Although the application of the TUPE arrangements will ultimately be a matter for successful bidders, and any current suppliers who are unsuccessful, to consider, we will make clear from the outset of the procurement process that we believe that TUPE will apply. We will also make clear our expectation that successful suppliers will comply with both the letter and the spirit of the law in

how they handle TUPE. This will support both the efforts to maintain a workforce that reflects the community, and to support local employment.

We do not currently have access to data of sufficient quality to indicate whether any groups of individuals experience greater difficulty in accessing existing commissioned home care services than others. We are planning, however, to significantly improve our ability to gather data of this type in relation to the new contracts / suppliers. The means of achieving this are explained in the following two paragraphs.

Alongside the re-tendering of the Domiciliary Care contracts we are introducing a new Electronic Home Care Monitoring (EHCM) system. The primary purpose of this system is to improve financial control by enabling us to match invoiced amounts against actual care delivered much more accurately than before. However, it will also provide valuable data about the performance of individual suppliers in terms of reliability and timeliness. We will therefore have an ability to track this performance in terms of whether or not any specific groups of service users are being disproportionately affected by poor performance on reliability and timeliness. As well as enabling us to take immediate action to address performance issues via contract and supplier management processes this data will also enable us to review the effectiveness of the new contracts overall in terms of their ability to meet the needs of our diverse communities equitably, which in turn will enable us to improve future commissioning strategies. Agreement by suppliers to use the EHCM system will be a condition of contract award.

We are also in the process of creating a new Access to Resources function, which will act as the single point for the brokerage of all commissioned home care (and other services required to fulfil individual support plans). This new function will monitor the ability of suppliers to respond in a timely fashion to requests for new packages of support or amendments to existing packages. In aggregate form, this monitoring activity will give us rich data, not currently available to us, that will enable us to gauge whether any particular groups experience longer waits for packages to be set up or amended. As with the data referred to in the paragraph above, this will give us valuable information both for immediate supplier / contract management purposes, but also to review and adjust contractual arrangements / commissioning strategies as required to ensure equity of provision.

Finally, the broader context of the Transforming Adult Social Care /Personalisation programme needs to be taken into account. For the future, every individual who has been assessed as having an eligibility for social care services will have a Personal Budget, and the opportunity to have a much greater say in how this budget is used to meet their care and support needs. Where Domiciliary Care services form part of that support plan, therefore, individual Personal Budget holders will be under no obligation to use the

agencies contracted by the Council, but will be able to purchase the support they need (subject to having sufficient budget) from any agency they wish.

Section 3: Equality Impact Assessment

With reference to the analysis above, for each of the equality strands in the table below please record and evidence your conclusions around equality impact in relation to the savings proposal.

<p>Race</p> <p><i>Identify the effect of the policy on different racial groups.</i></p>	<p>Will the change in your policy/service have an adverse impact on specific ethnic groups? No Please describe the analysis and interpretation of evidence to support your conclusion.</p> <p><i>The possible impact, and mitigation, of the proposed change in contractual arrangements, as it relates to race, is set out in section 2b above.</i></p>
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<p>Disability</p> <p><i>Identify the effect of the policy on different disability groups</i></p>	<p>Will the change in your policy/service have an adverse impact on disabled people? No Please describe the analysis and interpretation of evidence to support your conclusion.</p> <p><i>The service specification against which the new contracts will be let specifically references a requirement to deliver appropriate and sensitive services to individuals with a range of disabilities. Of the current 16 preferred suppliers, a small number provide specialist community support to people with learning disabilities. Support of this kind is a core requirement in the new service specification. There is, therefore, no adverse change as a result of letting the new contracts.</i></p>
<p>Gender</p> <p><i>Identify the effect of the policy on different gender groups (inc Trans) groups</i></p>	<p>Will the change in your policy/service have an adverse impact on men or women? No Please describe the analysis and interpretation of evidence to support your conclusion.</p>

**Sexual
Orientation**

*Identify the
effect of the
policy on
members of
the LGB
community*

Will the change in your policy/service have an adverse impact on lesbian, gay or bisexual people? No
Please describe the analysis and interpretation of evidence to support your conclusion.

The service specification against which the new contracts will be let specifically references a requirement to deliver appropriate and sensitive services to lesbian, gay or bisexual people. This specific referencing is a strengthening of current arrangements, and there is, therefore, no adverse change as a result of letting the new contracts.

**Religion
and Belief**

*Identify the
effect of the
policy on
different
**religious
and faith**
groups*

Will the change in your policy/service have an adverse impact on people who practice a religion or belief? No
Please describe the analysis and interpretation of evidence to support your conclusion.

The possible impact, and mitigation, of the proposed change in contractual arrangements, as it relates to religion and belief, is set out in section 2b above.

Age

*Identify the effect of the policy on different **age** groups using the prompts above*

Will the change in your policy/service have an adverse impact on specific age groups? No
Please describe the analysis and interpretation of evidence to support your conclusion.

The service specification against which the new contracts will be let covers all adults aged 18+. This is consistent with current arrangements and therefore there is no negative impact as a result of the change in contractual arrangements.

<p>Socio-economic</p> <p><i>Identify the effect of the policy in relation to socio-economic inequalities</i></p>	<p>Will the change in your policy/service have an adverse impact on people with low incomes? No Please describe the analysis and interpretation of evidence to support your conclusion.</p> <p><i>The council does not currently charge for the provision of Domiciliary Care services, and the proposed change in contractual arrangements does not, therefore, have an adverse impact on people with low incomes.</i></p> <p><i>Section 2b provides more detail on how the Domiciliary Care workforce will be impacted by the changed contractual arrangements.</i></p>
<p>Other</p> <p><i>Identify if there are groups, other than those already considered, that may be adversely affected by the policy?</i></p>	<p>Will the change in your policy/service have an adverse impact on any other people (e.g. carers)? No Please describe the analysis and interpretation of evidence to support your conclusion.</p> <p><i>The changed contractual arrangements will not result in any loss of quality or availability of Domiciliary Care services, so there are no identified 'knock-on' negative impacts for carers, relatives of service users or other groups.</i></p>

Staff

Identify if there are any staff groups, that may be adversely affected by the policy?

Will the change in your policy/service have an adverse impact on staff? No
Please describe the analysis and interpretation of evidence to support your conclusion.

The changed contractual arrangements relate solely to commissioned services, and therefore no Council staff are adversely impacted.

Section 4: Equality Impact Assessment Action Plan

Please list in the table below any adverse impact identified and, where appropriate, steps that could be taken to mitigate this impact.

If you consider it likely that your proposal will have an adverse impact on a particular group (s) and you cannot identify steps which would mitigate or reduce this impact, you will need to demonstrate that you have considered at least one alternative way of delivering the change which has less of an adverse impact.

Adverse impact	Please describe the actions that will be taken to mitigate this impact
	See section 2b above for detail of the mitigation action either already in place, or to be taken, in relation to this proposal.

If an adverse impact cannot be mitigated please describe an alternative option, its costs and the equality impact.

Section 5: Future Review and Monitoring

Please explain how and when the actual equality impact of these changes will be reviewed and monitored.

The new services will be the subject of regular contract monitoring meetings with suppliers, which will include, as a standard agenda item, how suppliers are continuing to develop their response to individual service users across all of the equalities strands.

Complaints data will be analysed on a quarterly basis to identify any potential equalities issues emerging in order that they can be addressed with the supplier(s) concerned.

Suppliers will be required to produce six-monthly updates on the proportion of their workforce who have achieved or are working towards NVQ Level 2 in Care.

A formal contract review will take place in January to March each year, and again this will explicitly address the suppliers performance in promoting equality across each of the equality strands.

APPENDIX A: Equality Impact Assessment Test of Relevance

TRIGGER QUESTIONS	YES / NO	IF YES PLEASE BRIEFLY EXPLAIN.....
<p>Does the change reduce resources available to address inequality?</p>	<p>NO</p>	<ul style="list-style-type: none"> • What outcome did the previous intervention seek to achieve? • What evidence do you have about how effective the previous intervention was?
<p>CHANGES TO A SERVICE</p>		
<p>Does the change alter access to the service?</p>	<p>NO</p>	<ul style="list-style-type: none"> • Is there evidence that access will be more difficult or costly for some people?
<p>Does the change involve revenue raising?</p>	<p>NO</p>	<ul style="list-style-type: none"> • What evidence do we have about who will pay? • What impact will this have on the income available for these people?
<p>Does the change alter who is eligible for the service?</p>	<p>NO</p>	<ul style="list-style-type: none"> • What evidence do we have about who will no longer be eligible for the service? • Is this likely to lead to poorer outcomes for those who cannot access the service?

<p>Does the change involve a reduction or removal of income transfers to service users?</p>	<p>NO</p>	<ul style="list-style-type: none"> • What evidence do we have on who has benefits from these transfers? • What is the likely impact of the removal of the income to current beneficiaries?
<p>Does the change involve a contracting out of a service currently provided in house?</p>	<p>NO</p>	<ul style="list-style-type: none"> • Is there a need to include promotion of equality in the new contract arrangements?
<p>CHANGES TO STAFFING</p>		
<p>Does the change involve a reduction in staff?</p>	<p>NO</p>	<ul style="list-style-type: none"> • What evidence do we have about the composition of the current workforce? • Are there some groups who are likely to be disproportionately affected by the proposed reduction?
<p>Does the change involve a redesign of the roles of staff?</p>	<p>NO</p>	<ul style="list-style-type: none"> • What evidence is there that this could have an impact on equal pay? • Does the change reduce the ability of staff to work flexibly?