Directorate: People(Adults)

Service: Commissioning

Name of Officer/s completing assessment: Karen Hodsden

Date of Assessment:31/01/2022

Name of service/function or policy being assessed: Externally Commissioned Domiciliary Care

1. What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?

The provision of Domiciliary Care (DC) is a statutory requirement of the Council under the Care Act 2014. Domiciliary Care workers provide personal care (such as support with getting up, getting washed, eating and drinking), non-personal care (such as support with shopping, household cleaning and laundry) and specific healthcare activities such as end of life care. Domiciliary Care enabled individuals to continue to live independently in their own homes. This Equality Impact Assessment (EIA) will primarily assess possible effects on residents with protected characteristics. Additionally, this EIA assesses the possible effects of recommissioning of Domiciliary Care (DC) services for all users and carers who either receive support directly or indirectly. The recommissioning exercise will not see an interruption in service. There may be some changes in contracted providers, with new providers delivering services and some existing providers existing arrangements. Individuals who require a domiciliary care service will not have any disruption to services provided – although they may experience some degree of change if an existing provider is not successful in re-tendering for services or does not re-tender.

2. Who implements or delivers the policy, service or function? State if this is undertaken by more than one team, service, and department including any external partners.

Domiciliary Care providers deliver services in the borough. Commissioning arrangements are managed through the Council's People Strategy and Commissioning Team. Partnership arrangements are in place with social workers and the NHS.

Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic.

There are 10 protected characteristics:

- 1. Age including younger and older people
- 2. Disability
- 3. Gender reassignment
- 4. Pregnancy and maternity No Impact
- 5. Race including ethnic or national origins, colour or nationality
- 6. Religion or belief including lack of belief
- 7. Sex
- 8. Sexual orientation
- 9. Marriage/civil partnerships No Impact
- 10. Carers protected by association

Individuals in receipt of domiciliary care services may have one or more protected characteristics. It is a requirement that all providers delivering domiciliary care have appropriate equalities policies in place.

All providers bidding for domiciliary care will be required to be registered / register with the Care Quality Commission. The Care Quality Commission standards set out that services must be able to meet specific cultural, language and spiritual/religious needs through personalisation of the care and support plan.

4. What are any likely positive impacts for the group/s identified in (3) above? You may wish to refer to the Equalities Duties detailed in the background information.

Domiciliary care enables individuals to live at home independently thus supporting participation in the community and a better quality of life.

Domiciliary care also prevents the need for more expensive and sometimes less satisfactory residential care.

Active market shaping in Slough means there are suppliers who have experience specific to the demographic of the brough. E.g. Culture and language, complex care needs, a specialist rapid response service is also available.

The competitive procurement process will include evaluation of the proposed operational method statements in relation to meeting the needs of Slough's culturally diverse community and related service requirements such as language needs. There are specific challenges in identifying male carers and this will be identified in the ITT documentation.

What are the likely negative impacts for the group/s identified in (3) above? If so then are any particular groups affected more than others and why?
It will be important that any cultural requirements are addressed through the tendering process.
Have the impacts identified in (4) and (5) above been assessed using up to date and reliable evidence and data? Please state evidence sources and conclusions drawn (e.g. survey results, customer complaints, monitoring data etc).
In progress. However, previous work has been taken into account.
Have you engaged or consulted with any identified groups or individuals if necessary and what were the results, e.g. have the staff forums/unions/ community groups been involved?
In progress, forums and workshops are planned before the specification is completed. Slough's co-production network is engaged in the work.
Have you considered the impact the policy might have on local community relations?
Ensuring sufficient supply of appropriate domiciliary care which meets the assessed needs of the population will have a positive impact upon community relations.
What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example what plans, if any, will be put in place to reduce the impact?
Forums and workshops will identify any possible negative impacts and develop approaches for mitigating these.
What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below.
KPIs developed in partnership with community groups will be actively managed through contract management. These include service user protected characteristic profile monitoring, and reasons for unavailability of staffing/referral declination.

What course of action does this EIA suggest you take? More than one of the following may apply	✓
Outcome 1: No major change required. The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken	✓
Outcome 2: Adjust the policy to remove barriers identified by the EIA or better promote equality. Are you satisfied that	
the proposed adjustments will remove the barriers identified? (Complete action plan).	
Outcome 3: Continue the policy despite potential for adverse impact or missed opportunities to promote equality	
identified. You will need to ensure that the EIA clearly sets out the justifications for continuing with it. You should	
consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact (see	
questions below). (Complete action plan).	
Outcome 4: Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination. (Complete	
action plan).	

Action Plan and Timetable for Implementation

At this stage a timetabled Action Plan should be developed to address any concerns/issues related to equality in the existing or proposed policy/service or function. This plan will need to be integrated into the appropriate Service/Business Plan.

Action	Target Groups	Lead Responsibility	Outcomes/Success Criteria	Monitoring & Evaluation	Target Date	Progress to Date
Initial consultation	User group	KH	Changes and challenges are mutually agreed and included in the specification.	Report following the workshop	March 2022	
Market shaping	Suppliers	KH	Changes and challenges are mutually agreed and included in the specification.	Report following the workshop	March 2022	

		in the opcomodion.	Workshop	
Name: Signed:	 (Pe	erson completing the EIA)		
		olicy Lead if not same as	above)	
Date:				