



Equality Impact Assessment Record Form 2012-16

This form is to be used for recording the Equality Impact Assessment (EIA) of Council activities. It should be used in conjunction with the guidance on carrying out EIA in **Annex 2** of the Equality Scheme. The activities that may be subject to EIA are set out in the guidance.

EIA is particularly important in supporting the Council to make fair decisions. The Public Sector Equality Duty requires the Council to have regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations.

Using this form will help Council officers to carry out EIA in an effective and transparent way and provide decision-makers with full information on the potential impact of their decisions. The purpose is to avoid inadvertent disadvantage or discrimination resulting from decisions.

EIA is not a fixed process – it will vary according to the scale and type of activity. The form and guidance are designed to cover all eventualities. Officers should not be discouraged by the form, but should use their discretion in using it flexibly according to the activity they are assessing.

EIA does not happen at a single point in time. It is an ongoing and integral part of the development of the activity or proposal. This EIA template should be kept open and live as a planning document, and updated as the activity or proposal progresses.

Section 1 – Service Details and Summary of EIA Activity

Title of activity:	<p>The re-commissioning and re-procurement of domiciliary support incorporating the provisions of the two previous framework agreements.</p> <ul style="list-style-type: none"> • “Framework agreement for the provision of domiciliary support for adults and older people”. • “Framework agreement for the provision of specialist domiciliary support and housing related support”.
Lead Officer responsible for this EIA:	Warren Tweed
Telephone:	01325 388066
Service Group:	Commissioning and Development
Service or Team:	People Commissioning
Assistant Director accountable for this EIA	Chris Sivers
Who else will be involved in carrying out the EIA:	<p>The EIA will be undertaken by the re-commissioning and re-procurement Domiciliary Care Officers Group, has representation as follows:</p> <p>Mark Humble Warren Tweed Pippa Jones Denise Rudkin Joanne Scott Gordon Peacock Heather McQuade Mandy Cheung Susan White Deena Wallace</p>



Stage	Date	Summary of position
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified		<p>The action of re-commissioning and re-procurement will provide the framework for the delivery of commissioned domiciliary support through a contractual agreement between Darlington Borough Council and contractors across the Borough of Darlington. The individuals affected by the action will be those individuals who receive support or housing related support through the existing contractual agreements. The provision of support has clearly defined eligibility criteria.</p> <p>There are potential consequential impacts for individuals receiving their domiciliary care and/or housing related support through a Direct Payment from any revision to commissioned rates as historically the two have been aligned. There will be a separate impact assessment undertaken for Direct Payment individuals.</p>
Stage 2: Further Assessment. Target Population likely to be affected identified		<p>The target population will be all individuals who receive support or housing related support through the existing contractual agreements. The individuals receiving support encompass adults with a learning disability, adults with a physical and sensory impairment, people with a long term condition, adults with a mental health problem and Vulnerable Older People. The provision of support has clearly defined eligibility criteria.</p>
Stage 3: Further Assessment. Individuals likely to be affected identified		<p>An initial review of the data set detailing all individual receiving support through the two framework agreements undertaken. Officer Assessment Screening completed, detailing an overview of known protected characteristics of individuals currently receiving care and support through the contract agreements.</p>
Stage 4: Analysis of Findings		<p>The level of care and support that individuals receive will not be affected through the re-commissioning and re-procurement of domiciliary care and housing related support.</p> <p>There will be revised eligibility criteria for an enhanced service; however this should not directly impact on individual service users, as it is linked to the unit costs of services and the skill base of support workers/organisations, not the service actually delivered. However, as above it would have an impact if existing contractors did not have the capacity to deliver the enhanced support.</p> <p>If an existing contractor is either unsuccessful or determines not to submit a tender, this could result in individual service users having a change in their support provider.</p> <p>Full details of the impacts received have been detailed in Appendix 1</p>
Stage 5: Sign-Off		<p>Chris Sivers</p>
Stage 6: Reporting and Action Planning		<p>For the inclusion in the Cabinet Report March 2013</p>

Section 2 – The Activity and Supporting Information

Details of the activity (including the main purpose and aims)
<p>The existing Framework Agreements as previously defined for the provision of domiciliary care and housing related support reach their expiry date in September 2013. As these Framework Agreements will have been in place for 4 years extending the existing agreements is not an option.</p> <p>The aims of the re-procurement and re-commission will be to ensure:</p> <ul style="list-style-type: none"> • Market testing is undertaken • Value for money in service delivery • Choice for those needing support • Contractual Agreements contain a clear performance and outcome framework. (An outcome framework which is complementary to SSAQ documentation). • Contracts are configured in an effective person centred and responsive manner.
<p>Who will be affected by the activity?</p> <p>See the guidance on carrying out equality impact assessment within the Equality Scheme 2012-16. Provide details of the groups and numbers of people affected below, updating the table as the EIA develops and the understanding of who will be affected emerges in more detail.</p>
<p>Whole population</p>
<p>The action of re-commissioning and re-procurement will provide the framework for the delivery of commissioned domiciliary support through a contractual agreement between Darlington Borough Council and contractors across the Borough of Darlington. The individuals affected by the action will be those individuals who receive domiciliary support or housing related support through the existing contractual agreements. Both the provision of domiciliary support and housing related support has clearly defined eligibility criteria.</p>
<p>Target population</p>
<p>The target population will be those individuals who receive domiciliary support and/or housing related support through the existing contractual agreements. The individuals receiving support encompass adults with a learning disability, adults with a physical and sensory impairment, people with a long term condition and adults with a mental health problem and Older People. Both the provision of care and support has clearly defined eligibility criteria.</p>
<p>Individuals</p>
<p>All individuals receiving support through the two framework agreements totals 666 service users.</p> <p>The proposal will be to combine and produce a Domiciliary Care and Housing Related Support Agreement for all Adults that will have a standard domiciliary rate and clear and standardised criteria for an enhanced rate.</p> <p>The enhanced rate is based on pre-stipulated eligibility criteria, could result in some individuals currently receiving support having contractors who have a revised unit cost. For some service users this will be a positive outcome as it will mean the support they receive is delivered by support workers with greater skills to meet individual needs. For other service users there could be a negative impact if the review of their needs identifies that the standard unit cost should apply to the support they require and under the previous contract their provider was funded at a higher rate, this might result in a change of</p>

contractor/support staff. It would however still mean that the appropriate support was delivered to meet their needs, although it is recognised that change can cause anxiety.

Individuals currently receiving Direct Payments for their support, could see changes in the level of funding if DP rates are aligned to the framework. This will be subject to an Impact Assessment in its own right.

What data, research and other evidence or information is available which is relevant to the EIA?

A dataset of all individuals receiving care and support has been collated and analysed.

Contract Monitoring and Service Review Reports completed through the lifetime of existing contractual agreements.

A desktop exercise was undertaken to look at a sample of existing service users and utilising their current assessments and support plans, a determination was made on the likely impact of applying the proposed revised criteria

Check: before proceeding to the officer assessment, have you obtained all the data and information that is currently available?

Section 3: Officer Assessment

Version 1: 30/08/12

Officers involved, MH,DR, PJ, HW and JS.

Reviewed: 5/10/12 Updated by DR

Reviewed following impact assessment information collation and analysis: January 2013

SSAQ: Supported Self Assessment Questionnaire

FACS- Fair Access to Care

Use this table to record your views on potential impact on Protected Characteristics. As the activity and the assessment develop your views may change – record them here. It is important to be searching and honest about this – many Council activities are planned to be of positive benefit to identified target groups but can often have the potential for inadvertent effects on other groups.

Protected Characteristics	Potential Impact Positive/Negative/ Not Applicable			Potential level of impact				Summary of Impact										
Age								<p>The provision of domiciliary support will be for adults aged over 18, with eligible social care and/or housing related support needs. There is and will be no upper age limit placed on the service. The dataset of existing information identified the utilisation of the existing contract agreements by age as follows:</p> <p>(Percentages equating to 99%)</p> <p>62% of individuals are over 65.</p> <table border="1"> <tr> <td>3%</td> <td>16-25</td> </tr> <tr> <td>17%</td> <td>26-50</td> </tr> <tr> <td>17%</td> <td>51-64</td> </tr> <tr> <td>25%</td> <td>65-80</td> </tr> <tr> <td>37%</td> <td>81+</td> </tr> </table> <p>All contracted providers will be required to deliver their service in accordance with Equal Opportunity legislation. Referrals into service provision would occur primarily through care management following the completion of an SSAQ for individuals with eligible needs in line with FACS. For Supporting People eligible individuals will access the service in line with the Supporting People eligibility criteria.</p> <p>Clear call off criteria will be set within the contractual agreement. Staff training</p>	3%	16-25	17%	26-50	17%	51-64	25%	65-80	37%	81+
3%	16-25																	
17%	26-50																	
17%	51-64																	
25%	65-80																	
37%	81+																	
Commissioning – Development of a revised service specification	P	N	NA	H	M	L	Nil											
Re-procurement of contractors	P	N	NA	H	M	L	NIL											

							<p>requirements will be specified within the contractual agreements, these will be monitored against by the Council.</p> <p>The initially assessed potential impact areas will need to be closely monitored through the service specification, procurement and service implementation phase.</p> <p>Commissioning – Development of a revised service specification</p> <p>The revised service specification will contain clear outcome measures and a new performance framework linked to the delivery of person centred support.</p> <p>Re-procurement of contractors</p> <p>The extent of the impact surrounding the procurement will be an unknown until the award of the new contracts has made to ascertain if there has been any market change relating to previous contractors and whether any subsequent TUPE transfer will occur.</p> <p>Where a market change occurs and existing contractor is unsuccessful there may be negative impacts upon individuals with regard to; general anxiety relating to change, possible change in personnel of carers, revisions to existing arrangements for individuals although contractors will be required to deliver support in line with an individuals assessed needs and preferences wherever possible. All contractors will be required to supply a service implementation/ transition plan as part of their tender submission. Service implementation/ transition will be overseen by commissioners. Direct Payments may also be an appropriate option for some individuals to retain existing arrangements should a change of contractor occur.</p>
<p>Race</p> <p>Commissioning – Development</p>							<p>All contracted service providers will be required to deliver their service in accordance with Equal Opportunity legislation. Referrals into service provision would occur primarily through care management following the</p>

<p>of a revised service specification</p>	P	N	NA	H	M	L	Nil	<p>completion of an SSAQ for individuals with eligible needs in line with FACS. For Supporting People eligible individuals will access the service in line with the Supporting People eligibility criteria.</p> <p>Expectations around service accessibility, service flexibility and delivering person centred support will be specified within the contractual agreement. Staff training requirements will be specified within the contractual agreements.</p> <p>Clear call off criteria will be set as part of the contractual agreement.</p>
<p>Re-procurement of contractors</p>	P	N	NA	H	M	L	Nil	<p>The initially assessed potential impact areas will need to be closely monitored through the service specification, procurement and service implementation phase.</p> <p>Commissioning – Development of a revised service specification</p> <p>The revised service specification will contain clear outcome measures and a new performance framework linked to the delivery of person centred support.</p> <p>Re-procurement of contractors</p> <p>The extent of the impact surrounding the procurement will be an unknown until the award of the new contracts has made to ascertain if there has been any market change relating to previous contractors and whether any subsequent TUPE transfer will occur.</p> <p>Where a market change occurs and existing contractor is unsuccessful there may be negative impacts upon individuals with regard to; general anxiety relating to change, possible change in personnel of carers, revisions to existing arrangements for clients times of support, although contractors will be required to deliver support in line with an individuals assessed needs and preferences wherever possible. All contractors will be required to supply a service implementation plan as part of their tender submission. Service implementation will be overseen by commissioners. Direct Payments may also be an appropriate option for some individuals to retain existing</p>

								arrangements should a change of contractor occur.
Sex	P	N	NA	H	M	L	nil	<p>All contracted service providers will be required to deliver their service in accordance with Equal Opportunity legislation. Referrals into service provision would occur primarily through care management following the completion of an SSAQ for individuals with eligible needs in line with FACS. For Supporting People eligible individuals will access the service in line with the Supporting People eligibility criteria.</p> <p>Expectations around service accessibility, having a diverse workforce will be specified within the contractual agreement. Staff training requirements will be also be specified within the contractual agreements.</p> <p>There is no envisaged direct impact upon an individual as a result of their sex. This will need to be closely monitored through the service specification, procurement and service implementation phase.</p>
Gender Reassignment	P	N	NA	H	M	L	nil	<p>All contracted service providers will be required to deliver their service in accordance with Equal Opportunity legislation. Referrals into service provision would occur primarily through care management following the completion of an SSAQ for individuals with eligible needs in line with FACS. For Supporting People eligible individuals will access the service in line with the Supporting People eligibility criteria.</p> <p>Expectations around service accessibility, having a diverse workforce will be specified within the contractual agreement. Staff training requirements will also be specified within the contractual agreements.</p> <p>There is no envisaged direct impact upon an individual as a result of their sex. This will need to be closely monitored through the service specification, procurement and service implementation phase.</p>
Disability (summary of	P	N	NA	H	M	L	nil	Completed in detailed section.

detail on next page)							
Religion or belief							
Commissioning – Development of a revised service specification							<p>All contracted service providers will be required to deliver their service in accordance with Equal Opportunity legislation. Referrals into service provision would occur primarily through care management following the completion of an SSAQ for individuals with eligible needs in line with FACS. For Supporting People eligible individuals will access the service in line with the Supporting People eligibility criteria.</p> <p>Expectations around service accessibility, service flexibility and delivering person centred support will be specified within the contractual agreement. Staff training requirements will also be specified within the contractual agreements.</p>
Re-procurement of contractors	P	N	NA	H	M	L	<p>Clear call off criteria will be set with contractual agreement.</p> <p>The initially assessed potential impact areas will need to be closely monitored through the service specification, procurement and service implementation phase.</p> <p>Commissioning – Development of a revised service specification</p> <p>The revised service specification will contain clear outcome measures and a new performance framework linked to the delivery of person centred support.</p> <p>Re-procurement of contractors</p> <p>The extent of the impact surrounding the procurement will be an unknown until the award of the new contracts has made to ascertain if there has been any market change relating to previous contractors and whether any subsequent TUPE transfer will occur.</p> <p>Where a market change occurs and existing contractor is unsuccessful there may be negative impacts upon individuals with regard to; general anxiety relating to change, possible change in personnel of carers, revisions to existing arrangements for individual times of support, although contractors will be</p>

								required to deliver support in line with an individuals assessed needs and preferences wherever possible. All contractors will be required to supply a service implementation plan as part of their tender submission. Service implementation will be overseen by commissioners. Direct Payments may also be an appropriate option for some individuals to retain existing arrangements should a change of contractor occur.
Sexual Orientation	P	N	NA	H	M	L	Nil	<p>All contracted service providers will be required to deliver their service in accordance with Equal Opportunity legislation. Referrals into service provision would occur primarily through care management following the completion of an SSAQ for individuals with eligible needs in line with FACS. For Supporting People eligible individuals will access the service in line with the Supporting People eligibility criteria.</p> <p>Expectations around service accessibility, service flexibility and delivering person centred support will be specified within the contractual agreement.</p> <p>Clear call off criteria will be set with contractual agreement. Staff training requirements will be specified within the contractual agreements.</p> <p>There is no envisaged direct impact upon an individual as a result of their sexual orientation This will need to be closely monitored through the service specification, procurement and service implementation phase.</p>
Pregnancy or maternity	P	N	NA	H	M	L	Nil	<p>All contracted services provisions will be required to delivery their service in accordance with Equal Opportunity legislation. Referrals into service provision would occur primarily through care management following the completion of an SSAQ for individuals with eligible needs in line with FACS. For Supporting People eligible individuals will access the service in line with the Supporting People eligibility criteria.</p> <p>Expectations around service accessibility, service flexibility and delivering person</p>

								<p>centred support will be specified within the contractual agreement.</p> <p>Clear call off criteria will be set with contractual agreement. Staff training requirements will be specified within the contractual agreements.</p> <p>There is no envisaged direct impact upon an individual as a result of pregnancy or maternity. This will need to be closely monitored through the service specification, procurement and service implementation phase.</p>
Marriage/ Civil Partnership	P	N	NA	H	M	L	Nil	<p>All contracted service providers will be required to delivery their service in accordance with Equal Opportunity legislation. Referrals into service provision would occur primarily through care management following the completion of an SSAQ for individuals with eligible needs in line with FACS. For Supporting People eligible individuals will access the service in line with the Supporting People eligibility criteria.</p> <p>Expectations around service accessibility, service flexibility and delivering person centred support will be specified within the contractual agreement.</p> <p>Clear call off criteria will be set with contractual agreement. Staff training requirements will be specified within the contractual agreements.</p> <p>There is no envisaged direct impact upon an individual as a result of their religion or belief. This will need to be closely monitored through the service specification, procurement and service implementation phase.</p>

Section 3: Officer Assessment - continued

The Council must have due regard to disabled people’s impairments when making decisions about ‘activities’. This list is provided only as a starting point to assist officers with the assessment process. It is important to remember that people with similar impairments may in reality experience completely different impacts. Consider the potential impacts and summarise in the Disability section on the previous page. Officers should consider how the ‘activity’ may affect a disabled person.

Mobility Impairment							17%	LD	
							2%	MH	
Visual impairment							67%	OP	
Hearing impairment							14%	PSI	
Learning Disability							Disaggregation of individuals currently in receipt of support under the respective two framework agreements detailed above.		
Mental Health							The support delivered is delivered directly into a person's home.		
Long Term Limiting Illness							Expected levels of staff training around equalities and disability equality will be specified within the contractual agreement and performance monitoring.		
Multiple Impairments							The contract will contain specific requirements regarding the accessibility of service information and service provision.		
Commissioning – Development of a revised service specification	P		NA			L	Commissioning – Development of a revised service specification		
Re-procurement of contractors		N	NA			L	The revised service specification will contain clear outcome measures and a new performance framework linked to the delivery of person centred support.		
							The revised eligibility criteria and funding criteria may result in higher or lower unit cost payments for providers delivering support to individuals		
							Aligning of Direct Payments to framework payments may result in an increase/decrease in unit costs to current individuals receiving support		
							Re-procurement of contractors		
							The extent of the impact surrounding the procurement will be an unknown		

								<p>until the award of the new contracts has made to ascertain if there has been any market change relating to previous contractors and whether any subsequent TUPE transfer will occur.</p> <p>Where a market change occurs and existing contractor is unsuccessful there may be negative impacts upon individuals with regard to; general anxiety relating to change, possible change in personnel of carers, revisions to existing arrangements for individual times of support, although contractors will be required to deliver support in line with an individuals assessed needs and preferences wherever possible. All contractors will be required to supply a service implementation plan as part of their tender submission. Service implementation will be overseen by commissioners. Direct Payments may also be an appropriate option for some individuals to retain existing arrangements should a change of contractor occur.</p>
Geographical Location	P	N	NA	H	M	L	nil	<p>The service provision will be available across the Borough of Darlington. There have been difficulties in the current contractual agreement with regard to individuals living in rural communities within the Borough and some contractors being unable to deliver support in these areas. Across the Borough of Darlington requirements will be detailed in the service specification. The revised call off criteria will be in place which will consider the availability of the providers.</p>
<p>Not protected characteristic groups; however, areas where there may be specific impacts to be considered.</p> <p>Carers or those with a caring responsibility</p>								<p>The data set analysis identified that there were 14 carers who currently receive support though the existing framework agreement for the provision of domiciliary care.</p>

Commissioning – Development of a revised service specification							L	
		N					L	

Cumulative Impacts

The officer responsible for this EIA should seek input from the Corporate Equalities Group on the potential for this activity to combine with other recent, current or proposed activities, both Council and in the external environment, to result in more severe impacts on people with Protected Characteristics through their cumulative effects. The Corporate Equalities Group will advise on the content for this section of the EIA.

Change activities

Potential cumulative impacts

Although the main theme of the impacts in this assessment relate to the potential change in Contractors and Support staff, there are a number of recent changes which have potentially impacted on individuals affected in this assessment. These other impacts had mainly financial implications and are listed below,

- Adult Social Care Transport
- Review of Extra Care
- FACS
- Review of in-house day opportunities.
- Revision of DP rates
- Welfare Reforms (Nationally and Locally)

Section 4: Engagement Decision

The decision about who to engage with, and how and when to engage, is the key to effective EIA. Please see Annex 2 of the Equality Scheme for guidance on the engagement decision.

Is engagement with affected people with Protected Characteristics required, now or during the further development of the activity?	Yes
If YES, proceed to the next section. If NO, briefly summarise below the reasons why you have reached this conclusion.	

If you have come to the conclusion that engagement is not required, seek ratification from the Corporate Equalities Group through your service Equalities Co-ordinator.

If engagement is not required but the officer assessment has identified changes that should be made to the activity, please complete Sections 7 and 8. If not the assessment can be signed-off at Section 9.

Any reports to decision-makers during the development of the activity, for example feasibility or options appraisal reports, should include content on the latest thinking and findings of the EIA even though, like the activity, further development of the EIA may be required before final reporting.

The findings of the officer assessment should be included in any reports to decision-makers. These may be feasibility or options appraisal reports where the activity is at an early stage of development, but it is essential that any equality findings are taken into account in formal decisions at all stages of development of the activity.

Section 5 – Involvement and Engagement Planning

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes
If yes, please state which groups and how The scope is specifically for Adults with a Learning Disability, Adults with a Physical or Sensory Impairment, People with a Long-term condition, Adults with a Mental Health Problem and Vulnerable Older People who require domiciliary care or housing related support . These specific client groups will be supported through the new Framework Agreement. It is not resulting in any protected Characteristic groups of people currently supported through the framework agreement being excluded from support in the future as a result of the commissioning exercise.
Will the differential treatment advance equality for people with Protected Characteristics? Yes
If yes, please state which groups and how. It is intended that under the new framework agreement the Enhanced Rate for support will be applicable for all Protected Characteristic groups identified above, unlike the current agreement which does not allow for the enhanced rate for Older People.
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? No
If yes, please state which groups and how

From the above, prepare a simple plan using the template overleaf for involving and engaging with the organisations, groups, and individuals likely to be affected by the activity.

There may be several stages of involvement and engagement, particularly for more complex activities. Initially it may be possible to identify and engage only with stakeholder and representative organisations for the people with Protected Characteristics who may be affected. Further development of the activity may be required before the individuals who will be affected can be identified.

The Involvement and Engagement Plan should evolve accordingly, with new engagement proposals added as they are identified.

Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
6.10.12	Care Managers of characteristic groups identified		Meetings to take place once the specification has been drafted to advise of the proposed changes in the new framework agreement. To inform and get feedback
6.10.12	Meeting with Team Managers	Nov 16 & Dec 21 2012	Meeting to take place once the specification has been drafted to inform and receive feedback on the proposed changes, to ensure the framework will continue to meet the needs of clients
6.10.12	Meeting with Service Managers of LD and OP services	Oct 2012	To discuss the revised eligibility criteria for the tender.
6.10.12	Service Managers	TBA	Meeting to take place once the specification has been drafted to inform and receive feedback on the proposed changes, to ensure the framework will continue to meet the needs of clients
6.10.12	Existing and potential contractors	23.1.13	To set up meetings to advise contractors of the commissioning exercise and the changes in the focus of the new framework. To include staff from the procurement team, to advise in DBC procedures.
6.10.12	Services users/Carers/Family	23-12-12 17.1.13	To send out letters to all current service users advising them of the Commissioning exercise and the potential impacts this might have on their current support
6.10.12	Services users/Carers/Family	23-12-12 17.1.13	To give the opportunity for all current service users to attend a focus day, where they can discuss the process and any impacts it might have on their current support. Event staffed with representatives from re-commissioning, re-procurement working group, support available additional Officers with impact assessment experience.

Engagement to identify impacts works best in face-to-face and small group settings

Section 6: Engagement Findings

Appendix 1 pg 27: Details all engagement findings; comprising information obtained from face to face feedback. It is important to identify that the feedback from this mechanism was exceptionally limited; however, 125 individuals submitted impact information directly to the Council representing 19% of all individuals in receipt of domiciliary care and housing related support.

	Date/summary of engagement carried out	Summary of impacts identified
Age		
Disability		
Mobility Impairment		
Visual impairment		
Hearing impairment		
Learning Disability		
Mental Health		
Long Term Limiting Illness		
Multiple Impairments		
Other - Specify		
Race		
Sex		
Gender Reassignment		
Religion or belief		
Sexual Orientation		

Pregnancy or maternity		
Marriage / Civil Partnership		

Section 6: Engagement Findings – Continued

Drawing on the engagement findings and your understanding of the effects of the activity, indicate how it will contribute, if at all, to the three strands of the Public Sector Equality Duty.

a) How will the proposal help to eliminate discrimination, harassment, and victimisation?
The proposal to re-procure and re-commission domiciliary care and housing related support utilising an updated outcome focused service specification will provide individuals will tailored support linked to assessed needs to support independence living. The support provided will be in a key areas linked to dignity including personal care support and domestic support.
b) How will the proposal help to advance equality of opportunity?
The proposal to re-procure and re-commission domiciliary care and housing related support utilising an updated outcome focused service specification will provide individuals will tailored support linked to assessed needs to support independence living. The support provided will be in key areas linked to dignity including personal care support and domestic support.
c) How will the proposal help to foster good relations?
The proposal does will not impact on the fostering of good relations, due to the nature of the support delivered some individuals support tasks will be related to meaningful community participation.

During the engagement process were there any suggestions on how to avoid, minimise, or mitigate any negative impacts? If so, please give details.
Engagement process suggestions on how to avoid, minimise, or mitigate any negative impacts To avoid any negative impacts 1. Do not make any changes to carers/organisations delivering the care and support (Particularly highlighted in relation to individuals with a learning disability/dementia and Alzheimer's from both the individuals perspective and family carers, the detrimental impact upon mental health was highlighted) To minimise or mitigate any negative impact. 1. Would like to continue with current carers that we already have./continuity of care arrangements keeping to existing times/days of support. 2. Any change of supplier would hopefully, entail the council ensuring that the staff are properly trained, and therefore able to provide a high standard of performance.

3. The Council to ensure that any new supplier is adequately able to fulfil the contract to the end user clients' benefit.

This completes the assessment, but there will be further work to do to contribute to the reporting and implementation stages of the activity. First though, it is important to draw a line under the assessment to maintain a separation between assessment of impacts and any proposals to manage those impacts. The assessment should therefore be signed-off at this stage.

Section 7 - Sign-off when assessment is completed

Officer Completing the Form:		
Signed	Name:	Warren Tweed
	Date:	6 th February 2013
	Job Title:	Strategic Commissioner
Assistant Director:		
Signed	Name:	Chris Sivers
	Date:	6 th February 2013
	Service:	Domiciliary Care and Housing Related Support for Adults

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?	
a)	No negative impact on people because of their Protected Characteristics - continue with the activity and monitor progress on implementation
b)	Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue
c)	Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact
d)	Negative impact identified - stop activity and provide an explanation why

Section 9 – Action Plan and Performance Management

The report to decision-makers, and the decision made may require actions to be taken to avoid, minimise or mitigate the negative impacts of the activity. Option C in the table in Section 8, combined with mitigation measures that may have been highlighted during engagement and listed in Section 6 (if adopted) will require action planning to implement them.

Any actions to address equalities impacts should be listed below, with performance management review proposals, to complete the full EIA.

What is the negative impact?	Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date
<p>Relationships – potential loss of continuity of care</p>	<p>The extent of the impact surrounding the procurement will be an unknown until the award of the new contracts has made to ascertain if there has been any market change relating to previous contractors and whether any subsequent TUPE transfer will occur.(TUPE would mitigate any impact of a change if it was to take place in respect of continuity of carer)</p> <p>The timescales of the tendering process allows 3 months for the transition from existing to new services/contractors if required. Contractors are also required to have an implementation plan, which will include engaging with individuals and introducing new care/support staff if necessary.</p> <p>Although the revised rates will apply to the new contract from 1st Oct 2013, they will not be in operation until an annual review of individual care needs have been conducted to ascertain the level of care required that relates to the standard or enhanced rate.</p> <p>A transition plan will also be developed with DBC staff, and the Contractors involved if there is a change in Contractor following a Review and subsequent change in rates.</p> <p>Also open to service users and</p>	<p>WT</p>	<p>Sept 2013</p>

	<p>their carers is for them to manage and commission their own care by way of Direct Payment, therefore mitigating against the negative impact of change in Contractor and Carer.</p>		
<p>Detrimental impact on Well being / mental health resulting from any change</p>	<p>The extent of the impact surrounding the procurement will be an unknown until the award of the new contracts has made to ascertain if there has been any market change relating to previous contractors and whether any subsequent TUPE transfer will occur.</p> <p>The timescales of the tendering process allows sufficient time to allow for transfer of services to new contractors if required. Contractors are required to have an implementation plan, which will include engaging with individuals and introducing new care/support staff if necessary.</p> <p>An transition plan will also be developed with DBC staff, and the Contractors involved if there is a change in Contractor following a Review and subsequent change in rates.</p>	WT	Sept 2013
<p>Disruption to routine particularly negative impacts upon individuals with Alzheimer's Dementia</p>	<p>The extent of the impact surrounding the procurement will be an unknown until the award of the new contracts has made to ascertain if there has been any market change relating to previous contractors and whether any subsequent TUPE transfer will occur.</p> <p>The timescales of the tendering process allows sufficient time to allow for transfer of services to new contractors if required. Contractors are also required to have an implementation plan, which will include engaging with individuals and introducing new care/support staff if necessary. Ann new contractors delivering /care</p>	WT	Sept 2013

	<p>support will have access the support plans and will work with care coordinators/ care managers to mitigate the impact on individuals.</p> <p>An transition plan will also be developed with DBC staff, and the Contractors involved if there is a change in Contractor following a Review and subsequent change in rates.</p> <p>Also open to service users and their carers is for them to manage and commission their own care by way of Direct Payment, therefore mitigating against the negative impact of change in Contractor and Carer.</p>		
<p>Communication difficulties if familiar carers change</p>	<p>The support plans will include any identified communication difficulties. If staff are subject to TUPE then this could be mitigated by the same support staff delivering the new service. If this is not the case the contractor will need to work with individuals and care managers/care coordinators to facilitate a smooth transition.</p> <p>Also open to service users and their carers is for them to manage and commission their own care by way of Direct Payment, therefore mitigating against the negative impact of change in Contractor and Carer.</p>	WT	Sept 2013
<p>Cost – Quality of care may suffer Don't wish to change amount I pay.</p>	<p>The contractors are required to have in place Quality Assurance Processes/Policies, these include feedback from individuals and/family and carers on services delivery. Contractors will be required to produce an annual report on their service delivery. There are also Contract Monitoring and review processes by DBC staff which measure the quality of the services delivered and ensure they are of the required standard. Review teams will</p>	WT	Sept 2013

	complete an outcome focussed questionnaire with Individuals which will feed into the Contract Monitoring Processes		

Performance Management	
Date of the next review of the EIA	As part of the annual reviews conducted, the EIA will be continually monitored
How often will the EIA action plan be reviewed?	3/12 until implementation
Who will carry out this review?	Contracts and Commissioning

Appendix 1

Equality Impact assessment

Following the officers equality impact screen that was carried out by the project group in October 2012 it was highlighted that the main impact to people who use Domiciliary and Homecare services would be the potential change in provider.

In December 2012 660 letters were then sent out to all the current people receiving services highlighting that the proposed changes to this contract could mean that some people would have a change in provider.

From the 660 letters, we received 125 responses raising both positive and negative impacts and also general comments relating to the proposed change to the contract. The Responses came from both service users and some were completed by family members or other individuals on their behalf.

Several Impacts were highlighted by people who currently use Domiciliary and homecare services and they included several themes; 26 did not identify any specific negatives, happy for the changes to take place in hope of receiving a better service or that if there's a change of provider that the level of current care stays the same.

In addition to the positive impacts raised there were a number of positive comments and general feedback from people wanting to highlight how pleased and happy they were with their current providers and not wishing to change them at all. (From an impact assessment perspective this positive feedback could in turn result in a negative upon for individuals if the re-procurement results in a change in contractor).

From the responses there were 62 Negative impacts raised, these were both impacts directly on the people themselves and on their family/carers. The impacts identified can be themed as follows:

- Increase in anxiety/worry
- Stress
- Back pain
- Sadness
- Panic attacks and anger.

The negative impacts raised were all in relation to a change in carers which had an accumulative effect causing further impacts including; loss of continuity, change in routine, having to build new relationships, losing trust in carers, the length of time it takes to induct new carers, losing consistency in care and seeing new carers as strangers.

Other negative impacts were raised in relation to particular illnesses. These were highlighted as mental illness being heightened due to stress and anxiety, leading to panic attacks and also confusion in older people with Dementia and Alzheimer's. Impacts on communication for people whom have suffered stroke faced with new carers.

Further negative comments have been captured within the general comments section. Some individuals also raised concerns about their current providers and these have also been recorded.

Theme	Positive Impacts
Cost	Could be cheaper.
Service level	<p>Do not mind if care is transferred to different workers as long as the future care she receives is the same or better.</p> <p>Hopefully equal care and attention.</p> <p>As long as any new service is as good as the present one then all should be well.</p> <p>That Care will still continue.</p> <p>Change can be good sometimes, but not at the expense of the patient.</p> <p>Variety in terms of both conversations and adult human interactions.</p> <p>Would give me social skills with different people.</p>
Potential Improvement on current provider	<p>Arrive on time.</p> <p>Any upgrade in service as a result is welcome.</p> <p>If the care provider is better than the one we receive at present, which at times be very disruptive e.g. not doing the job correctly, missing times, not coming at all. It can only be a good thing.</p> <p>Improved quality of care.</p> <p>We may get a more consistent care i.e. more consistent timing of visits, may get some carers more regularly.</p> <p>If this company changes I may get better services because I could not get much worse.</p> <p>I already asked for a different care company, this one is not up to standard that they were a few years ago.</p> <p>Could reduce our current problems by having more consistent carers and a better organised company.</p> <p>May be more consistent than the people I get at the moment I never get the same lady and they never come at the same time.</p> <p>Any change of supplier would hopefully, entail the council ensuring that the staff are properly trained, and therefore able to provide a high standard of performance. Currently this is not the case and a slap dash attitude is often evident. Often it's a lets get in and out attitude and little regard given to the quality of life contribution to the elderly person.</p>

See no impact	<p>Anyone can help me with my shopping and medication etc, I don't mind.</p> <p>Providing they are efficient and reliable then no problem.</p> <p>I am used to the carers I have now, however if they needed to change that would not be a problem, I could get used to them again.</p> <p>Care will continue.</p> <p>No impact I don't mind who comes to do my shopping and housework as long as somebody comes. I can't get out on my own.</p> <p>I do not mind change so long as it's for the better and not for the worse, I would not be affected by this change as I have a number of different carers with my carer now.</p> <p>We still need the help and understand this contract is going out to tender so we will go with whatever the decision.</p>
----------------------	---

Theme	Negative Impacts
Relationships	<p>She would find it very difficult to adjust to new people.</p> <p>I would find it difficult to get used to new people again and go through the arrangements for my personal care again.</p> <p>Would need to get to know new people and this will impact on my time.</p> <p>Existing relationships, severed need to teach new carers procedure.</p> <p>Losing our long term carer.</p> <p>Not establishing ongoing relationships with their carers and then understanding what individuals require.</p> <p>Standard of care may lower, less continuity, less trust, less knowledge of my needs.</p> <p>Having to build new relationships. Existing carers have formed positive friendships and got to know us over a period of time, we would be starting again from scratch. To gain confidence in new carers.</p> <p>Familiarity has taken a long time to develop and to lose this would be disastrous to my future.</p> <p>He needs the people he knows in the care team as he has Learning Disability and finds relationships difficult and it takes time.</p>

	<p>My Father will be used to the carers coming in and it may unsettle him to have to get to know new people.</p> <p>Relationship with carer is good and to lose her now would be another hurdle and I don't think she would be able to, she trusts her carer.</p> <p>Will have to start building new relationships with new people again.</p> <p>My Mum needs stability and regular care and constant reliability she has a good relationship with her carer at the moment that is understanding and caring, any changes would affect her greatly.</p> <p>Need to be used to carers and vice versa. So until any changes in her care are made, we don't not know what affect they might have.</p> <p>Present system works so well, why change it, he is very vulnerable and needs consistent stability.</p> <p>I would not have the team who serve me so well, happy with present service don't want to change.</p>
--	---

<p>Well being</p>	<p>I would like it to stay the same because it will be different for new staff and that could upset me, I am not happy because I will lose the nice support staff the house will not function the same and it could upset all the ladies.</p> <p>Happy with her present provider and would become very unhappy and find life more difficult if she had to have a new provider. The provider who provide for her now, know her needs to lose them would be devastating to her.</p> <p>I am very happy with people who I am very familiar with. I do not like change as I like the same routine. If my care and support was to change I don't think I could cope.</p> <p>Any change would be a big disruption to his present lifestyle and his carers understand his needs, for full support, home comforts, hygiene and everyday needs.</p> <p>I will be upset I like my staff and don't want new ones.</p> <p>Please don't change anything otherwise I am going to be upset because I like my support staff.</p> <p>I am not happy because I will be losing the nice support workers. The house might not function the same way; we will not get the support it could upset all the ladies.</p> <p>I like my staff I don't want to have new staff and I will be unhappy.</p> <p>For the elderly, especially those living alone, knowing that you are allowing someone whom you trust into your home is paramount to their wellbeing. Continuity is essential. (Older Person)</p> <p>I would go down hill (independence)</p> <p>Like routine and love the staff from the provider it would upset her if she didn't see them.</p> <p>It will not be good as the team who look after his needs are an excellent team and he is happy with the care he receives, his wellbeing and happiness is the upmost importance to keep.</p> <p>It makes life hard work when different carers come.</p> <p>Loosing familiarity of current carers.</p> <p>Too many new faces would upset Mam.</p> <p>Mam knows the carers and they know her help, she may find the change unsettling.</p> <p>I am supported by my provider I like my routine which I like places and people who are familiar to me.</p>
--------------------------	--

	<p>Possible inconsistency and lack of familiarity within my home environment.</p> <p>I think changing our carer would have an adverse effect on us as the care she has received has been excellent.</p>
Alzheimers Dementia	<p>As an Alzheimer sufferer I need the same carer to reduce confusion.</p> <p>Disruption to routine and as a patient with dementia, routine and familiarity is essential. Too many new people and faces upsets me so I find it hard to co-operate sometimes if I don't know who people are and my husband gets frustrated and stressed. (Mental Health well- being and impact upon family carers)</p> <p>Mum has Dementia so consistency of people is important, and changes can be very distressing and confusing.</p> <p>They need to know mum as she has Dementia, she gets upset if they are strange at least one has to be known to her.</p> <p>Alzheimer's, means that she is suspicious of strangers even the people at present and is constantly accusing them of theft even though things are just misplaced and easily found. I am unable to support her through changes as I live in lake district and have mobility problems myself. (impact on individual on family carers)</p> <p>I have Dementia; my staff know me well and know how to support me when I am confused. It's important that I have familiar faces and surroundings.</p>
Health Mobility Impairment Visual Impairment	<p>Increasing my mothers anxiety will lead to detrimental effects on her health, she has a heart condition and a thyroid condition. A stranger taking over her car will lead to further consultation with her G.P. and subsequent hospital admissions. This will lead to periods of ill health requiring more substantial homecare than at present. (impact on individual on family carers)</p> <p>With an ongoing health issue I need to keep up with on going consistency so that my health does not deteriorate.</p> <p>If I have no support I would not be able to manage because of no sight in one eye and losing it in the other.</p> <p>Getting a carer that just wants to get the job done who buys the wrong things and doesn't clean up properly. Then I end up doing it all again resulting in back pain.</p> <p>Different workers do not know the routine, they forget things, that have left me without water, insulin pen from fridge etc, some will leave my washing on top of stairs (trip hazard) and sometimes my lunch is as late as 2.30.</p>
Mental Health	<p>I like to stay with carers who I know I have had the same person caring for me for 7 years and to change this would only do me harm mentally.</p>

	<p>My severe mental illness makes me intolerable to change. It causes me to become more anxious and increases the symptoms of my illness. I need consistency in my life, which means having the same carers.</p> <p>Any change in personnel is distressing and damaging to people with autistic conditions and anxiety and depression. A change of arrangements would impact badly.</p> <p>I can get very stressed out sometimes and also get very tense.</p> <p>I have got trust in my carers and I don't want to lose them as they Having to teach new people what to do and how creates a lot of stress for myself and my husband emotionally and physically distressing.</p> <p>I need a balanced life to maintain my behaviours as if things change I can become physically aggressive Current staff all know my family and contacts they also know my likes and dislikes and how to give me the best support when challenging they can spot triggers, signs and often prevent things from escalating.</p> <p>I have Autism and need to know my staff and surroundings. Changes of new people can upset me; I get anxious and unhappy when things are different.</p>
Communication	<p>"New" carers find communication with him difficult and his care calls can take twice as long and he gets agitated and upset- this results in him becoming exhausted. He's not happy if his routine is done "wrong" in his opinion. (This has already happened)</p> <p>My Father has communication problems due to his stroke and is used to the carers who are calling at present.</p>
Cost	<p>I have the best care from my provider and don't wish to change the amount of money I pay Darlington Borough Council as you pay very little towards my care.</p> <p>I hope this is not another cost cutting exercise by the council thinking about how much money they can save at the expense of the level of care provided to me.</p> <p>To lose the current continuity of care for financial gain to the Council would appear to be extremely insensitive to the most vulnerable people in society.</p> <p>The decision you make will come down to money but the cheapest option is unlikely to be the best for clients.</p>

Comments individuals expressing there happiness at	
---	--

current arrangements and that they do not want any change	
--	--

	<p>1. We have already been moved from 2 service providers, this team is the best so far. He requires the carers he knows and who understand him. I don't wish to change from my provider; I am more than satisfied with their services.</p> <p>2. Difficult to discuss impact with out knowing what will be offered. Present provider is satisfactory although does not keep regular times for appointments.</p> <p>3. Regular care from the provider is marvellous; they know the routine know what his wants and needs are.</p> <p>4. My provider provides an excellent service and I am familiar with their carers, I would not want to change supplier.</p> <p>5. We are happy with the homecare provider, we have no complaints.</p> <p>6. We are very pleased with the provider, we request no change.</p> <p>7. My support is very welcomed and don't know what the negative impacts will be.</p> <p>8. Happy with my provider and I don't want this to change, support workers are nice people and friendly.</p> <p>9. My provider have provided us with excellent support, very happy with the staff support.</p> <p>10. The staff are the best and we have seen our daughter grow with their support and she has come on a million times better because she knows she can trust them, we can't thank the staff enough.</p> <p>11. I would prefer to stay with the existing care provider.</p> <p>12. Happy don't want to change present service.</p> <p>13. I need a lot of support and have been with my provider for 6 years and don't like the idea of different workers.</p> <p>14. Would like to continue with current carers that we already have.</p> <p>15. I work full time so extra support is needed and important.</p> <p>16. No change is needed as current carers are able to look after mum without me getting involved.</p> <p>17. Happy as things are.</p> <p>18. My present carer is excellent and cares for all my needs, I don't wish to change, I am now 93. (Older Person)</p>
--	--

	<p>19. My provider who are our carers now are 100% I can not praise them enough they are very best and most helpful, the carer is top notch.</p> <p>20. I am very happy with my provider. I get the same carer every week, which helps as she knows what to do and is very nice.</p> <p>21. The workers may not be as good or as qualified. Bringing in new people in whom I will need to get to know.</p> <p>22. I am very satisfied with the present care services provided to me by my provider. I would not wish to change, I pay for the services provided.</p> <p>23. I wish for my provider to continue with the support that they have given me.</p> <p>24. Older people don't like to change and take to it badly.</p> <p>25. I am supported by my provider, I have my own room and am comfortable with my surroundings. My provider support me in the community which I enjoy. I am supported with my garden, wash my car and I like my routine.</p> <p>26. I am very happy with the service I get from my provider and would like to keep the contract.</p> <p>27. Very happy with my current provider</p> <p>28. I trust my care provider and find carers very respectful and understand my needs as an elderly person I would not like to start again with a new company.</p> <p>29. I have formed a very good relationship with my carer, no need for change to a system that is working well.</p> <p>30. I will be very sorry to lose my present carer who are marvellous, I depend on them I hope there is no change.</p> <p>31. Continuity of care will be lost if there is a change of provider and maybe lose experienced workers.</p> <p>32. My current carers know me and know my history and know how best to support me.</p> <p>33. I am used to the carer that comes to see me and I would not like this to change as they know my routine.</p> <p>34. We are happy with the care we have and do not need to change.</p> <p>35. My provider are the best care company we have dealt with we do not want it to change.</p> <p>36. Our carers are pleasant and on time, a late call art 9.45 if we changed we would not be sure of getting someone that late.</p> <p>37. I want to stay with my provider. I been with the same company for 10</p>
--	---

	<p>years and have 2 regular carers I like.</p> <p>38. I would like the firm to keep the contact as I am very happy with the service they give.</p> <p>39. My present carers are very satisfactory.</p> <p>40. I am happy to stay with my current provider.</p> <p>41. Disruption to care package and changing operatives leads to problems; i. e different ways of operating, cheapest option is not always the best.</p> <p>42. I don't want anyone else, staff have done so much for me.</p> <p>43. I would like to have the same staff and my provider to look after me. I do not like to have changes.</p> <p>44. We all know that life involves constant change; if a different supplier is used then we shall have to adjust to these changes, but hopefully the council will ensure that any new supplier is adequately able to fulfil the contact to the end user clients' benefit.</p>
--	---