

EQUALITY IMPACT ASSESSMENT AND ANALYSIS

Recommissioning of Community Based Services

March 2017

SECTION 1 – INTRODUCTION

During 2016 South Gloucestershire Council currently commissioned around 16,200 hours per week on all community based support commissioning which is an increase of 1,000 hours per week compared to those commissioned in 2015. Despite having a significant number of providers (over 50 organisations on the framework) there are still significant difficulties in sourcing providers to deliver individual care packages, largely due to capacity, sometimes for reasons of geography or for other reasons.

Providers who have joined the framework charge a competitive hourly rate and as a result this frequently means that it isn't financially viable for providers to take packages in outlying areas (their rates tend to be calculated for delivering support in the urban fringe). Packages in hard to reach areas or that are difficult to place are offered with enhancements but this does not guarantee that providers will pick up the service.

The current approach has also resulted in a stretched market with a large number of relatively small providers with a high level of 'churn' within the market which includes staff moving from agency to agency, disrupting service management.

Providers are generally only delivering a relatively small amount of capacity and it is hard in such a volatile environment for them to build a sustainable staff base and to offer a guarantee of hours to those who want them. It is equally difficult for providers to build up viable 'runs', particularly in the more rural areas and even when it is possible they are often vulnerable to changing circumstances.

South Gloucestershire Council intends to move to the commissioning of 'outcome based' community based services rather than 'time & task' led in order to have contracts which promote independence and an enabling approach. The geographical clusters are based around the areas our integrated health and social care teams cover, which are linked to GP surgeries. The proposal is for services to be commissioned on the basis of a prime provider working in one of the six clusters. This will enable them to join the integrated teams. The cluster model would create an opportunity to create a locality workforce strategy that supports the recruitment of salaried staff.

SECTION 2 –RESEARCH AND CONSULTATION

The table below shows the number of people in receipt of community based support as at 6 July 2016:

Total number of service users receiving Community Based Support as of 6 th July 2016:	Count Clients	Percentage
	1171	100%
Gender	Count Clients	
Female	703	60%
Male	468	40%
	1171	
Age Group	Count Clients	
18-24 years	61	5%
25-44 years	142	12%
45-64 years	192	16%
65-74 years	142	12%
Over 75 years	634	54%
	1171	
Ethnic Origin	Count Clients	
White British	1099	94%
Any Other White Background	25	2%
White Irish	9	1%
Any Other Black Background	6	1%
Any Other Asian Background	5	0%
Caribbean	4	0%
Refused / Not Stated	4	0%
African	2	0%
Any Other Ethnic Group	2	0%
Any Other Mixed Background	2	0%
Chinese	2	0%
Indian	2	0%

Pakistani	2	0%
White And Black Caribbean	2	0%
Bangladeshi	1	0%
Not Recorded	1	0%
Not Seen	1	0%
White And Asian	1	0%
White And Black African	1	0%
	1171	
Primary Support Reason	Count Clients	
Physical Support: Personal Care Support	612	52%
Learning Disability Support	216	18%
Mental Health Support	113	10%
Support with Memory and Cognition	92	8%
Physical Support: Access and Mobility Only	87	7%
Social Support: Support for Social Isolation or Other	22	2%
Sensory Support: Support for Visual Impairment	9	1%
Sensory Support: Support for Dual Impairment	8	1%
Sensory Support: Support for Hearing Impairment	3	0%
Social Support: Substance Misuse Support	3	0%
Social Support: Support to Carer	3	0%
Adult: Not Yet Defined	2	0%
Elderly (not EMI)	1	0%
	1171	
Religion	Count Clients	
Church Of England	286	24%
Christian	276	24%
Not Recorded	272	23%
No Religion	141	12%
Prefer Not To Say	111	9%
Roman Catholic	24	2%

Methodist	15	1%
Baptist	9	1%
Not Asked	7	1%
Muslim	6	1%
Jehovahs Witness	5	0%
Form Blank	3	0%
Jewish	3	0%
Other Christian	3	0%
Sikh	3	0%
Buddhist	2	0%
Hindu	2	0%
Not Seen	1	0%
Other	1	0%
United Reformed Church	1	0%
	1171	

The data shows that:-

Females are proportionately more likely than males to be in receipt of community based services.

People aged over 75 years are significantly more likely to be in receipt of community based services.

People from a White British background are proportionately more likely to be in receipt of community based services.

People in receipt of physical support services are proportionately more likely to be in receipt of community based services.

People from Christian religions are proportionately more likely to be in receipt of community based services.

The 2015 Home Care Satisfaction survey was sent out to 1,112 people who are in receipt of commissioned services and direct payments. 389 people returned their surveys which showed that 349 (90%) people were satisfied with the service they receive from their home care provider.

	Numbers Satisfied	Percentage
Female	196	56%
Male	120	36%
Prefer not to say	1	0%
No response	32	9%

The information below shows a detailed breakdowns of the age, sex, ethnicity and location of respondents in the Home Care Survey 2015.

Gender

Male – 33.42%, female – 53.98%, prefer not to say – 0.26%, no answer 12.34%

Age

19 to 24 – 1.54%, 25 to 44 – 7.2%, 45 to 64 – 10.28%, 65 to 74 – 12.34%, 75 to 84 – 22.62%, 85 to 94 – 30.33%, 95 or over – 4.63%, no answer – 11.05%

Ethnicity

Black/African/Caribbean/Black British – 0.51%, White (other) – 7.71%, Other – 0.26%, Asian/Asian British – 1.29%, White (English/Welsh/Scottish/Northern

Irish/British) – 75.32%, White (Irish) – 0.77%, prefer not to say – 1.03%, no answer – 13.11%

Disability

75.84% of respondents stated they have a disability, 10.28% of respondents stated they do not have a disability, 1.54% of respondents preferred not to answer. 12.34% of respondents did not provide an answer.

Of the 75.84% of the respondents who stated they had a disability the following disabilities were identified. Some respondents had more than one disability:

Communication – 12.6%, physical disability/mobility problems – 66.58%, visual/sight disability – 17.22%, hearing disability – 20.82%, mental health – 15.17%, learning difficulties – 11.05%, other - 2.83%, prefer not to say – 2.31%

Sexual Orientation

1.29% of respondents identified as bisexual, 0.51% as gay men, 62.21% as heterosexual, 3.34% as other, 10.28% preferred not to say, 22.37% no answer.

0.26% (1 person) of respondents identified as transgender, 74.04% did not identify as transgender, 4.11% preferred not to say, 21.59% did not provide an answer.

Religion

68.89% of respondents identified as Christian, 0.77% as Jewish, 0.51% as Muslim, 0.26% as Sikh, 12.85% as no religion, 2.83% preferred not to say, 2.06% as other,

The 2016 Home Care Satisfaction survey was sent out to 1,149 people who are in receipt of commissioned services and direct payments. 457 people returned their surveys which showed that 392 (87.5%) people were satisfied with the service they receive from their home care provider.

The information below shows a detailed breakdown of the age, sex, ethnicity and location of respondents in the Home Care Survey 2016.

Gender

Male – 40%, female – 59.3%, prefer not to say – 0.7%. 27 individuals did not provide an answer.

Age

19 to 24 – 1.4%, 25 to 44 – 5.6%, 45 to 64 – 13.4%, 65 to 74 – 15.3%, 75 to 84 – 25.7%, 85 to 94 – 32.2%, 95 or over – 5.6%, Prefer not to say – 0.9%, 25 individuals did not provide an answer.

Ethnicity

Asian/Asian British – 0.9%, Black/African/Caribbean/Black British – 1.7%, White (English/Welsh/Scottish/Northern Irish/British) – 81.5%, White (other) – 13.5%, Other – 0.5% , White (Irish) – 0.7%, prefer not to say –1.2%, 35 individuals did not provide an answer.

Disability

86.9% of respondents stated they have a disability, 10.9% of respondents stated they do not have a disability, 2.2% of respondents preferred not to answer. 44 individuals did not provide an answer.

Of the 86.9% of the respondents who stated they had a disability the following disabilities were identified. Some respondents had more than one disability:

Communication – 20.7%, physical disability/mobility problems – 85%, visual/sight disability – 19.9%, hearing disability – 25.7%, mental health – 21.3%, learning difficulties – 11.8%, other – 4.7%, prefer not to say – 1.6%.

76 individuals did not provide an answer.

(Please note that respondents were able to use multiple answers for this question. As such the total percentage does not equal 100%.)

Sexual Orientation

2.8% of respondents identified as bisexual, 81.1% as heterosexual, 3.9% as other, and 12.3% preferred not to say. 98 individuals did not provide an answer.

0.3% of respondents identified as transgender, 93.4% did not identify as transgender, 6.3% preferred not to say.

79 individuals did not provide an answer.

Religion

0.2% of respondents identified as Buddhist, 73.6% of respondents identified as Christian, 0.2% as Hindu, 0.2% as Muslim, 0.2% as Sikh, 15.3% as no religion, 4.6% preferred not to say, 5.5% as other. 40 individuals did provide an answer.

South Gloucestershire Council is committed to working with service users, carers and professionals. To enable this we have put together a project group which consists of professionals, providers and a service user/carer representative.

The service user/carer representative is responsible for engaging with all service users/carers to gain the views on the options appraisal as well as the consultation.

Research has been completed to identify how other local authorities commission their community services and this has been used to form the basis as the options considered.

A consultation period took place from October 2016- January 2017 and the outcome of the consultation forms the basis of the final model tendered for.

As part of the options appraisal it was felt that it would be more appropriate to commission services for people with mental ill health and learning difficulties separately due to the specialist needs of this client group and the training required for staff.

Consultation results

NB. Areas highlighted GREEN are those where the proportion of people with this characteristic is 10% or more above the proportion of all respondents combined. Areas highlighted RED are those where the proportion of people with this characteristic is 10% or more below the proportion of all respondents combined.

Q. If you, or someone you know, receive a service please tell us how satisfied you are with your care or support and how it was organised:

		Total	Age				Gender		Disability		Ethnicity		
			Under 25	25-44	45-64	Over 65	Female	Male	Yes	No	White British	White - other	All other ethnicities
<i>Base</i>		331	8	27	56	215	172	126	226	55	292	13	5
Being listened to about how you want your care or support to be provided	Satisfaction combined	83%	75%	70%	89%	84%	81%	88%	84%	80%	83%	100%	80%
	Dissatisfaction combined	5%	13%	4%	5%	4%	3%	6%	5%	5%	4%	0%	0%
How your care was organised?	Satisfaction combined	81%	63%	78%	82%	83%	80%	86%	83%	75%	82%	85%	80%
	Dissatisfaction combined	2%	0%	4%	2%	2%	2%	2%	2%	4%	2%	0%	0%
How long it took for your care to be organised?	Satisfaction combined	76%	50%	56%	77%	81%	75%	80%	80%	64%	77%	85%	80%
	Dissatisfaction combined	5%	13%	4%	0%	7%	7%	3%	4%	11%	5%	0%	20%
Having care and support at the times you need?	Satisfaction combined	77%	50%	70%	82%	80%	76%	82%	79%	73%	78%	100%	80%
	Dissatisfaction combined	6%	13%	15%	5%	5%	7%	4%	6%	4%	5%	0%	20%
The quality of care?	Satisfaction combined	85%	63%	70%	86%	91%	87%	89%	89%	80%	88%	85%	60%
	Dissatisfaction combined	3%	0%	4%	5%	2%	2%	3%	2%	4%	2%	8%	20%
The continuity of care - having the same care or support workers on a regular basis	Satisfaction combined	69%	75%	78%	75%	70%	68%	75%	72%	65%	71%	85%	80%
	Dissatisfaction combined	11%	0%	4%	11%	13%	13%	10%	13%	9%	11%	8%	20%
Punctuality of care - your care or support workers arriving on time	Satisfaction combined	76%	63%	81%	77%	78%	76%	80%	78%	71%	77%	85%	80%
	Dissatisfaction combined	9%	13%	4%	7%	11%	10%	8%	12%	4%	9%	8%	20%
Supporting you to live as independently as possible, in your own home, for as long as you want to?	Satisfaction combined	67%	38%	67%	84%	66%	67%	72%	68%	67%	68%	69%	60%
	Dissatisfaction combined	1%	0%	4%	0%	1%	2%	0%	1%	2%	1%	0%	20%

Under 25s were slightly more dissatisfied with 'being listened to about how they wanted their care or support to be provided, however a 75% satisfaction level was recorded for this group.

Under 25s were more dissatisfied than average with how their care was organised.

Under 25s and 25-44s were less satisfied than average with how long it took for care to be organised.

People from BAME backgrounds were more dissatisfied than average with how long it took for care to be organised.

Under 25s were more dissatisfied than average with having care and support at the times needed.

Under 25s, 25-44s and people from BAME backgrounds were less satisfied than average with the quality of care.

People aged 25-44, White – Other and people from BAME backgrounds were more satisfied than average with the continuity of care.

Under 25s and 25-44s were less satisfied than average with the punctuality of care.

Under 25s and people from BAME backgrounds were less satisfied than average support to live as independently as possible.

Q. How do you feel the proposed model will make a difference to care and support services?

		Total	Age				Gender		Disability		Ethnicity		
			Under 25	25-44	45-64	Over 65	Female	Male	Yes	No	White British	White - other	All other ethnicities
<i>Base</i>		331	8	27	56	215	172	126	226	55	292	13	5
Having a choice or say in how your care or support is provided	Much & somewhat better combined	31%	38%	33%	27%	31%	27%	32%	30%	36%	31%	31%	60%
	Much & somewhat worse combined	12%	25%	19%	14%	11%	14%	12%	14%	9%	12%	8%	40%
	No difference	31%	13%	22%	32%	33%	30%	34%	31%	33%	32%	31%	0%
	Don't know	18%	25%	22%	20%	16%	18%	17%	18%	13%	17%	15%	0%
How care is organised?	Much & somewhat better combined	31%	38%	30%	32%	31%	27%	33%	29%	35%	31%	38%	40%
	Much & somewhat worse combined	11%	25%	19%	13%	10%	13%	10%	12%	9%	11%	8%	20%
	No difference	31%	13%	22%	25%	35%	31%	33%	32%	29%	32%	23%	20%
	Don't know	17%	25%	26%	20%	15%	17%	18%	18%	15%	17%	8%	20%
How long it takes for care or support to be organised	Much & somewhat better combined	27%	13%	26%	18%	30%	24%	32%	25%	38%	27%	23%	60%
	Much & somewhat worse combined	11%	25%	19%	13%	10%	12%	12%	14%	5%	11%	8%	20%
	No Difference	30%	13%	22%	32%	31%	30%	30%	31%	25%	30%	31%	0%
	Don't know	21%	50%	30%	25%	18%	23%	20%	22%	16%	21%	15%	20%
Having care and support at the times you need	Much & somewhat better combined	33%	25%	30%	32%	33%	27%	37%	31%	38%	32%	54%	60%
	Much & somewhat worse combined	11%	25%	15%	14%	10%	12%	11%	14%	7%	11%	8%	20%
	No Difference	29%	25%	19%	20%	33%	30%	29%	30%	27%	30%	23%	0%
	Don't know	17%	25%	30%	21%	14%	19%	16%	17%	13%	16%	8%	20%
The quality of care	Much & somewhat better combined	26%	0%	26%	23%	27%	21%	32%	23%	31%	25%	38%	40%
	Much & somewhat worse combined	9%	25%	15%	13%	7%	9%	9%	10%	9%	9%	8%	0%
	No Difference	35%	50%	26%	29%	38%	38%	33%	37%	33%	37%	23%	20%
	Don't know	19%	25%	26%	25%	17%	19%	19%	19%	15%	18%	8%	40%
The continuity of care	Much & somewhat better combined	34%	13%	26%	27%	37%	31%	35%	33%	38%	34%	46%	40%
	Much & somewhat worse combined	11%	25%	11%	13%	10%	10%	12%	13%	5%	11%	8%	20%
	No Difference	27%	25%	26%	27%	27%	28%	28%	26%	33%	28%	23%	20%
	Don't know	18%	38%	33%	21%	15%	18%	19%	18%	9%	17%	8%	20%
Punctuality of care	Much & somewhat better combined	33%	13%	26%	30%	34%	28%	35%	32%	33%	32%	54%	40%
	Much & somewhat worse combined	10%	25%	11%	9%	9%	10%	9%	12%	7%	9%	8%	40%
	No Difference	31%	38%	33%	30%	33%	33%	33%	31%	38%	33%	31%	0%
	Don't know	18%	25%	26%	21%	17%	19%	20%	19%	11%	18%	8%	20%

People aged Under 25, 25-44, 45-64, Disabled People, and People from BAME backgrounds were more likely than average to state that having a choice or say in their care or support would be much or somewhat worse in the proposed new model.

People aged Under 25, 25-44, 45-64, Females, and People from BAME backgrounds were more likely than average to state that 'how care is organised' would be much or somewhat worse in the proposed new model.

People aged Under 25, 25-44, 45-64, Disabled People, and People from BAME backgrounds were more likely than average to state that 'how long it takes for care to be organised' would be much or somewhat worse in the proposed new model.

People aged Under 25, 25-44, 45-64, Disabled People, and People from BAME backgrounds were more likely than average to state that 'having care and support at the times you need' would be much or somewhat worse in the proposed new model.

People aged Under 25, 25-44, 45-64, and Disabled People were more likely than average to state that 'the quality of care' would be much or somewhat worse in the proposed new model.

People aged Under 25, 45-64, Disabled People, and People from BAME backgrounds were more likely than average to state that 'the continuity of care' would be much or somewhat worse in the proposed new model.

People aged Under 25, Disabled People, and People from BAME backgrounds were more likely than average to state that 'the punctuality of care' would be much or somewhat worse in the proposed new model.

- Q. How do you feel the proposed model will make a difference to care and support services?
- Q. Overall, how do you feel the proposed model will make a difference to how care and support is provided in the future?
- Q. When we are deciding which provider to give the work to, which three of the following aspects do you feel are most important for us to consider?
- Q. How important do you feel it is that professionals and providers work together?
- Q. How likely are you to choose the Direct Payment/Individual Service Fund to buy your care directly from the provider of your choice?

		Total	Age				Gender		Disability		Ethnicity		
			Under 25	25-44	45-64	Over 65	Female	Male	Yes	No	White British	White - other	All other ethnicities
<i>Base</i>		331	8	27	56	215	172	126	226	55	292	13	5
Supporting you to live as independently as possible, in your own home, for as long as you want to	Much & somewhat better combined	31%	0%	26%	29%	33%	26%	36%	30%	35%	30%	38%	40%
	Much & somewhat worse combined	8%	25%	11%	9%	7%	9%	7%	10%	4%	8%	8%	40%
	No Difference	34%	50%	26%	34%	34%	36%	33%	34%	36%	35%	31%	0%
	Don't know	19%	25%	33%	20%	17%	19%	19%	19%	13%	18%	15%	20%
Will proposals make a difference - overall	Much & somewhat better combined	31%	25%	26%	23%	33%	28%	31%	30%	33%	30%	46%	60%
	Much & somewhat worse combined	14%	25%	15%	18%	12%	15%	13%	15%	13%	14%	8%	20%
	No Difference	24%	13%	22%	21%	26%	24%	25%	25%	20%	25%	23%	0%
	Don't know	26%	38%	33%	34%	23%	26%	27%	25%	27%	25%	23%	20%
When we are deciding which provider to give the work to, which three of the following aspects do you feel are most important for us to consider?	Having a choice or say in how you are cared for	35%	25%	37%	52%	30%	30%	43%	37%	33%	36%	15%	40%
	Having care and support at the time you need it	52%	50%	52%	50%	52%	53%	49%	51%	58%	53%	62%	20%
	The quality of care	63%	63%	56%	55%	66%	67%	58%	62%	80%	63%	69%	100%
	The continuity of care - having the same care worker	64%	75%	70%	57%	65%	65%	64%	70%	51%	65%	54%	60%
	Punctuality of care - your care or support starting when you need it	35%	50%	19%	23%	39%	40%	29%	37%	31%	35%	31%	20%
	Supporting you to live as independently as possible	45%	38%	48%	36%	46%	43%	46%	47%	35%	44%	38%	60%
	Other - please specify below	3%	13%	7%	2%	2%	4%	1%	2%	4%	3%	0%	0%
How important do you feel it is that professionals and providers work together?	Very important & important combined	91%	100%	96%	84%	92%	91%	91%	92%	93%	91%	100%	100%
	Unimportance combined	2%	0%	0%	4%	1%	1%	2%	1%	4%	1%	0%	0%
How likely are you to choose the Direct Payment/Individual Service Fund to buy your care directly from the provider of your choice?	Very likely / likely combined	26%	38%	41%	20%	25%	20%	33%	26%	24%	26%	15%	20%
	Neither likely / unlikely	13%	13%	4%	14%	14%	15%	12%	13%	18%	14%	8%	20%
	Very unlikely / unlikely combined	38%	50%	33%	36%	40%	44%	32%	39%	38%	39%	38%	40%
	Don't know	16%	0%	22%	25%	13%	16%	17%	15%	15%	15%	15%	20%

People aged Under 25, 25-44, 45-64, Females, Disabled People and People from BAME backgrounds were more likely than average to state that 'supporting you to live as independently as possible' would be much or somewhat worse in the proposed new model.

People aged Under 25, 45-64, and People from BAME backgrounds were more likely than average to state that 'the proposals would make an overall difference.

In order of importance, the factors most important to consultees were:

1. Quality of care – especially important to non-disabled people and people from BAME backgrounds.
2. Continuity of care – especially important to Under 25s.
3. Having care and support at the times you need – especially important to non-disabled people.
4. Supporting you to live as independently as possible - especially important to people from BAME backgrounds
- 5= Punctuality of care – especially important to Under 25s, Overs 65s and Females.
- 5= Having a choice or say in how your care is provided - especially important to 45 – 65s, Males and people from BAME backgrounds.

The highest proportion of respondents said that they were unlikely to choose the Direct Payment/Individual Service Fund to buy their care directly – this was especially true of Under 25s and Females.

The most likely to state they would choose the Direct Payment/Individual Service Fund to buy their care directly were Under 25s, 25-44, and Males.

SECTION 3 - IDENTIFICATION AND ANALYSIS OF EQUALITIES ISSUES AND IMPACTS

The data shows:

- Under 25s were slightly more dissatisfied with 'being listened to about how they wanted their care or support to be provided, however a 75% satisfaction level was recorded for this group.
- Under 25s were more dissatisfied than average with how their care was organised.
- Under 25s and 25-44s were less satisfied than average with how long it took for care to be organised People from BAME backgrounds were more dissatisfied than average with how long it took for care to be organised.
- Under 25s, 25-44s and people from BAME backgrounds were less satisfied than average with the quality of care.
- People aged 25-44, White – Other and people from BAME backgrounds were more satisfied than average with the continuity of care.
- Under 25s and 25-44s were less satisfied than average with the punctuality of care.
- Under 25s and people from BAME backgrounds were less satisfied than average support to live as independently as possible.
- People aged Under 25, 25-44, 45-64, Disabled People, and People from BAME backgrounds were more likely than average to state that having a choice or say in their care or support would be much or somewhat worse in the proposed new model.
- People aged Under 25, 25-44, 45-64, Females, and People from BAME backgrounds were more likely than average to state that 'how care is organised' would be much or somewhat worse in the proposed new model.
- People aged Under 25, 25-44, 45-64, Disabled People, and People from BAME backgrounds were more likely than average to state that 'how long it takes for care to be organised' would be much or somewhat worse in the proposed new model.
- People aged Under 25, 25-44, 45-64, Disabled People, and People from BAME backgrounds were more likely than average to state that 'having care and support at the times you need' would be much or somewhat worse in the proposed new model.
- People aged Under 25, 25-44, 45-64, and Disabled People were more likely than average to state that 'the quality of care' would be much or somewhat worse in the proposed new model.
- People aged Under 25, 45-64, Disabled People, and People from BAME backgrounds were more likely than average to state that 'the continuity of care' would be much or somewhat worse in the proposed new model.
- People aged Under 25, Disabled People, and People from BAME backgrounds were more likely than average to state that 'the punctuality of care' would be much or somewhat worse in the proposed new model.
- People aged Under 25, 25-44, 45-64, Females, Disabled People and People from BAME backgrounds were more likely than average to state that 'supporting you to live as independently as possible' would be much or somewhat worse in the proposed new model.
- People aged Under 25, 45-64, and People from BAME backgrounds were more likely than average to state that 'the proposals would make an overall difference.

- The highest proportion of respondents said that they were unlikely to choose the Direct Payment/Individual Service Fund to buy their care directly – this was especially true of Under 25s and Females.
- The most likely to state they would choose the Direct Payment/Individual Service Fund to buy their care directly were Under 25s, 25-44, and Males.

Particular consideration should be given to those who lack the capacity to fully understand the effect of this potential change to their care. These people may have dementia, a learning difficulty, mental health needs or other primary support reason which affects their cognition.

The contract and service specification will fall in line with the Council's Equalities in Procurement Policy which has been produced to ensure effective contracting in respect of equalities.

Regular checks of providers will be completed by the Quality Assurance Team with the Partnerships and Commissioning team.

SECTION 4 – EqIAA Outcome

Outcome	Response	Reason(s) and Justification
Outcome 1: No major change required.	<input type="checkbox"/>	
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	<input checked="" type="checkbox"/>	<p>The EqIAA demonstrates that there are differences in experience of CBS.</p> <p>As a result, the commissioning process will specifically highlight these and require bidders to evidence pro-active practices which will ensure parity of customer experience.</p> <p>This will be monitored throughout the duration of the CBS contract.</p>
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	<input type="checkbox"/>	
Outcome 4: Stop and rethink.	<input type="checkbox"/>	

SECTION 5 - ACTIONS TO BE TAKEN AS A RESULT OF THIS EqIAA

- When we go out to tender we will ask specific questions about how providers will ensure how all people receiving community based services are equally satisfied with the service they receive. Equality questions will be used to assess provider suitability.
- Ensure that equalities clauses are included in any new contract
- Ensure that equalities issues are considered when writing the outcome based service specification
- Ensure that the QA team monitor equalities as part on their monitoring of providers performance.

SECTION 6 - EVIDENCE INFORMING THIS EqIAA

- Feedback from service users/carers
- Feedback from social work staff
- Feedback from the complaints team
- Outcome of the consultation
- Results from the 2015 & 2016 homecare surveys
- Equalities in Procurement Policy
- Equality and Human Rights Commission (EHRC) procurement guidance