

## Tri-Borough Equality Impact Analysis Tool

### Conducting an Equality Impact Analysis

An EqIA is an improvement process which helps to determine whether our policies, practices, or new proposals will impact on, or affect different groups or communities. It enables officers to assess whether the impacts are positive, negative or unlikely to have a significant impact on each of the protected characteristic groups.

The tool has been updated to reflect the new public sector equality duty (PSED). The Duty highlights three areas in which public bodies must show compliance. It states that a public authority must, in the exercise of its functions, have due regard to the need to:

- 1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act;**
- 2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;**
- 3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.**

Whilst working on your Equality Impact Assessment, you must analyse your proposal against the three tenets of the Equality Duty.

## General points

1. In the case of matters such as service closures or reductions, considerable thought will need to be given to any potential equality impacts. Case law has established that due regard cannot be demonstrated after the decision has been taken. Your EIA should be considered at the outset and throughout the development of your proposal, it should demonstrably inform the decision, and be made available when the decision is recommended.
2. Wherever appropriate, the outcome of the EIA should be summarised in the Cabinet/Cabinet Member report and equalities issues dealt with and cross referenced as appropriate within the report.
3. Equalities duties are fertile ground for litigation and a failure to deal with them properly can result in considerable delay, expense and reputational damage.
4. Where dealing with obvious equalities issues e.g. changing services to disabled people/children, take care not to lose sight of other less obvious issues for other protected groups.
5. If you already know that your decision is likely to be of high relevance to equality and/or be of high public interest, you should contact the Equality Officer for support.
6. Further advice and guidance can be accessed from the separate guidance document (link), as well as from your service or borough leads:

<b>LBHF</b> Opportunities Manager: <a href="mailto:PEIA@lbhf.gov.uk">PEIA@lbhf.gov.uk</a> or ext 3430	<b>RBKC</b> Corporate Equalities Officer: <a href="mailto:angela.chaudhry@rbkc.gov.uk">angela.chaudhry@rbkc.gov.uk</a> 020 7361 2654	<b>WCC</b> Senior Policy Officer: <a href="mailto:doleary@westminster.gov.uk">doleary@westminster.gov.uk</a> 020 7641 8024
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Overall Information	Details of Full Equality Impact Analysis		
Financial Year and Quarter	April 2013- March2014		
Name and details of policy, strategy, function, project, activity, or programme	<p>Title of EIA: EIA on proposed Procurement for a new care at home (home care) service across Tri-borough. State whether new or existing. New EIA.</p> <p>Short summary: This EIA analyses the impact of the proposal to procure a new service for care at home/home care to support vulnerable adults who are eligible for social care services across the Tri-borough of LBHF, RBKC and WCC. These services are currently, and will continue to be, supplied by external Providers. The services will be based in patch areas, with one provider per patch. Services will be based on achieving outcomes rather than the current methods of time and task. Providers will agree directly with service users how they will achieve these outcomes, rather than the current system of care management prescribing what times care workers will visit and what they will do. We are currently working on an electronic monitoring system that will be procured and will underpin this work- care workers will be expected to comply with this. When the new Providers and contracts are agreed, any affected service users will be reviewed and a change to the new provider will be discussed- all applicable SUs are expected to transfer. Providers will be expected to have a workforce skilled in dealing with a range of needs and to be able to meet the needs of the vast majority of SUs in their patch. Spot purchased and specialist care is expected to reduce. If people don't want to move to a new provider, they will be offered a Direct Payment/Personal Budget to stay with their current provider. There is a concurrent piece of work which plans to simplify people receiving a DP. All home care services are currently outsourced across the three boroughs and there are therefore no LA staff implications arising from this tender.</p> <p><b>Note:</b> If your proposed strategy will require you to assess impact on staff, please consult your HR Relationship Manager.</p>		
Lead Officers	<p><b>LBHF</b> Name: Christian Markandu Position: Commissioner Email: <a href="mailto:Christian.Markandu@lbhf.gov.uk">Christian.Markandu@lbhf.gov.uk</a> Telephone No: 020 8753 1960</p>	<p><b>RBKC</b> Name: Sarah Newton Position: Senior Commissioner Email: <a href="mailto:snewton@westminster.gov.uk">snewton@westminster.gov.uk</a> Telephone No: 020 7641 3271</p>	<p><b>WCC</b> Name: Sarah Newton Position: Senior Commissioner Email: <a href="mailto:snewton@westminster.gov.uk">snewton@westminster.gov.uk</a> Telephone No: 020 7641 3271</p>
Lead Borough	State which officer is co-ordinating the EIA and other associated documentation.		

	This is a Tri-borough procurement London Borough of Hammersmith and Fulham (LBHF) are leading the procurement. Royal Borough of Kensington and Chelsea (RBKC) and Westminster City Council (WCC) are also part of the tender. Sarah Newton, Senior Commissioner, responsible for co-ordinating the EIA. Date for LBHF compiled by Christian Markandu, data for RBKC and WCC compiled by Sarah Newton
<b>Date of completion of final EIA</b>	First draft 6-9-13; second draft 19-9-13

<b>Section 02</b>	<b>Scoping of Full EIA</b>		
<b>Plan for completion</b>	Timing: Start of procurement process- anticipated March 2014 Resources: Project led by Director of Procurement, Business Intelligence and Workforce Development. Project team includes project manager, commissioning leads, procurement leads, policy officer, finance officer and home care management service officers RBKC Commissioning officers will complete the EIA.		
<b>Analyse the impact of the policy, strategy, function, project, activity, or programme</b>	Analyse the impact of the policy on the protected characteristics (including where people / groups may appear in more than one protected characteristic). You should use this to determine whether the policy will have a positive, neutral or negative impact on equality, giving due regard to relevance and proportionality.		
	<b>Protected characteristic</b>	<b>Borough Analysis</b>	<b>Impact:</b> Positive, Negative, Neutral
	Age	<p><b>LBHF</b> The mid year estimates are produced annually by the Office for National Statistics and provide official updates to the estimates of population in the Borough to single years of age and by gender. The 2012 Mid Year population estimate = 179,850.</p> <p>H&amp;F has a higher proportion (75.6 per cent) of population aged 15-64 than both London (70.2 per cent) and England as a whole (65.9 per cent). An estimated 9.0 per cent of the Borough's population is in their retirement age.</p> <p>The home care service is mostly accessed by older persons or persons with a disability. The new service should have a positive impact on older or disabled persons by helping them to live independently in the community.</p>	+

	<p><b>RBKC</b></p> <p>Current figures show that of the approx 857 users of the home care service, approx 685 are over 65. This equates to 80% of people using home care being over 65, with 30% being over 85. This is to be expected given the nature of the service. This is an overrepresentation of the local population but is not unusual given the needs of frailer older people and the nature of the service.</p> <p>14.5% of adults in RBKC are over 65 and approx 12% of those over 65 are over 85. The adult population is not expected to rise significantly, however the percentage of older people is expected to rise by 29% by 2020, with those over 85 rising by 64%. This may have significant service implications in the future.</p> <p>This new tender is expected to assist older people, as a key strategic aim is to support people to remain living in their own home. This is explicit in the tender. There is expected to be a positive impact for older people from this new service. Any change to service can upset people who are vulnerable due to age or illness. A potential change to service provider may be a time for anxiety and staff will need to work closely with users to minimise this. They can be supported to remain with their current care worker via a Direct Payment, or to move to a new provider. Ultimately the new service is intended to improve care and support for vulnerable people at home.</p>	+
	<p><b>WCC</b></p> <p>Current figures show that of the approx 1,150 users of the home care service, approx 900 are over 65. This equates to 78% of users of the home care service being older people over 65, with 32% being over 85. People over 65 make up 11.2% of the adult population. This group is therefore overrepresented in terms of home care provision and are the biggest service user group of the service. This is not unexpected in terms of what the service provides. This new tender is expected to assist older people, as a key strategic aim is to support people to remain living in their own home. This is explicit in the tender.</p> <p>22% of home care users are under 65, compared to the overall population of 74% of people of working age. This is because most people will be independent and not in need of support and therefore underrepresented, which is to be expected.</p> <p>The number of people over 65 is expected to rise by 16% by 2020, including the number of over 85's increasing by 51.6%, which are significant increases. To be eligible for the home care service in WCC, adult service users must be assessed as having substantial or critical adult social care needs under the Fair Access to Care Services eligibility criteria..</p>	+

		<p>While those older people who receive the service is a very small percentage of the total older population overall, the majority of people receiving the service are older people. There is expected to be a positive impact for older people from this new service.</p> <p>Any change to service can upset people who are vulnerable due to age or illness. A potential change to service provider may be a time for anxiety and staff will need to work closely with users to minimise this. They can be supported to remain with their current care worker via a Direct Payment, or to move to a new provider. Ultimately the new service is intended to improve care and support for vulnerable people at home.</p>	
	Disability	<p><b>LBHF</b> The number of adults registered in H+F as having a form of disability is 10,645. This includes 1794 people with mental health condition.</p> <p>72% of people receiving care at home are recorded as having a physical or sensory disability or frailty. There is no data for persons described as being 'other vulnerable people'. 8% are described as having a learning disability.</p> <p>It is not unexpected that such a high percentage of people have some disability or vulnerable status, given the nature of the service and the difficulty the illness or disability causes in their daily life.</p> <p>The new home care service Providers are expected to be able to deal with a range of users and behaviours. This will potentially mean less 'specialist' spot providers used. There will be monitoring of SUs and Providers to ensure that they are meeting these needs well so no negative impact occurs.</p>	+
		<p><b>RBKC</b> There are approximately 10,775 adults in RBKC with a lifelong limiting illness. This is predicted to rise by approximately 17% by 2020.</p> <p>There are predicted to be approximately 6,000 adults who report a disability in the borough.</p> <p>There are likely to be approx 1,700 people in RBKC with dementia and this population is expected to increase by 20% by 2020. This is a significant increase which is likely to impact on services and is expected to lead to an increase in demand. Providers will be expected to have trained staff to work with these</p>	+

	<p>people to ensure they are enabled to remain living well at home. Unfortunately, dementia is not recorded separately as a disability for social care purposes</p> <p>The home care service is specifically aimed at those who have eligible needs due to age or disability and this service is expected to have workers trained and competent to work with people with a variety of challenging needs.</p> <p>Of the approx 857 people using home care service, 683 (79%) are recorded as having physical and sensory frailty and disability; 150 (17%) having mental health issues, and 21 (2%) as having a learning disability. The scope of the home care service covers all client groups with a disability and Providers will be expected to have a workforce trained in dealing with a range of needs, including disability and the issues these can bring with them. This is set out in the service specification. As the majority of users of home care are older people, it is anticipated that a large proportion will have some level of ongoing illness or disability.</p> <p>The new home care service Providers are expected to be able to deal with a range of users and behaviours. This will potentially mean less 'specialist' spot providers used. There will be monitoring of SUs and Providers to ensure that they are meeting these needs well so no negative impact occurs.</p>	
	<p><b>WCC</b></p> <p>Up to 13,000 adults aged 65 and over in Westminster are estimated to have a lifelong limiting illness. This figure is expected to rise by 20% by 2020.</p> <p>Up to 38,000 adults in Westminster have a moderate or severe disability. Those with a disability leading to substantial or critical may need home care to enable them to remain living independently at home. Providers will be expected to have trained staff to work with these people. A lot of people who have a disability or long term condition will not be registered as disabled, so exact numbers are hard to assess. However, it is believed that due to age and vulnerability, a large percentage of people using a home care service will have some form of disability.</p> <p>There are currently thought to be around 1,800 people in the borough with dementia. A significant proportion of users of home care have dementia and this population is also predicted to rise by 14% by 2020 in WCC. This is likely to lead to an increase demand on services and home care Providers will need to have workers trained in understanding and assisting those with dementia.</p>	+

		<p>Of the 1,155 home care users, 24 (2%) are recorded as have a learning disability, 190 (16%) have a mental health issue, 897 (77%) have physical and sensory frailty, This is expected given the nature of the service and Providers will be expected to have a workforce trained in dealing with a range of needs, including disability and the issues these can bring with them. This is set out in the service specification, which covers these user groups and the need to be able to deal with a range of potentially challenging behaviours.</p> <p>The new home care service Providers are expected to be able to deal with a range of users and behaviours. This will potentially mean less 'specialist' spot providers used. There will be monitoring of SUs and Providers to ensure that they are meeting these needs well so no negative impact occurs.</p>	
	Gender reassignment	<p><b>LBHF; RBKC;WCC</b></p> <p>Data is not available regarding gender reassignment amongst users of this service. It is not routinely collected by social care staff. This may need to be addressed in the future. The tender exercise could provide an opportunity for all three boroughs to close this gap in our data collection, if we require this information to be collected.</p> <p>The service to users will be based on their assessed need due to age or disability, not on their gender assignment so this will not impact on eligibility for a service.</p> <p>Care workers will be expected to work in an equalities promoting way and to support people who may be from a variety of different backgrounds. The nature of the service means that care workers are often giving intimate care in peoples own home and will be expected to embrace peoples diversity at all levels, to offer respectful and dignified care. The expectation of the equality duty is set out in the service specification</p>	neutral
	Marriage and Civil Partnership	<p><b>LBHF;RBKC;WCC</b></p> <p>No Data is collected for the purpose of the home care service. The main reason for the referral is likely to be due to another characteristic namely age or disability. Nonetheless it is important that any new service ensures that care workers work along with any partners or spouse where appropriate and beneficial to those who they deliver care to.</p> <p>The service is not expected to impact on people by way of marital or partnered status. It is anticipated that most people receiving a service will live alone, or if people are married/partnered, the person they live with either cannot provide the</p>	neutral



		service or has needs themselves.	
	Pregnancy and maternity	<p><b>LBHF; RBKC + WCC</b></p> <p>Data not collected for the purpose of this service. It is not expected that any people from this protected characteristic will be service recipients and it is not likely that this tender will impact on this group of people. The main reason for the referral is likely to be due to another characteristic namely age or disability. This service is for disabled or older adults only and pregnancy is not expected to be a reason for an assessed need. If a service user happens to be pregnant, this would not impact on the service provided.</p>	N/A
	Race	<p><b>LBHF</b></p> <p>As at mid-2007, people who are white British make up 61% of Hammersmith &amp; Fulham population, followed by 'other white' group (14%) made up principally by people from both Western and Eastern Europe, Australia and New Zealand. The proportion of Irish as an ethnic group (4%) is the fourth highest of any local authority in England &amp; Wales.</p> <p>The ethnic minority population is lower than Inner London as a whole (33%) or Greater London (31%). 22% of Borough residents are from non-white groups and the main ethnic minorities identified are Black Caribbean (4%), Black African (4%), and Mixed ethnic group (4%), with relatively small Asian population (Indian 2%, Pakistani 1%, Bangladeshi 1%). Working age people who are white British make up 60% of H&amp;F population, followed by other white groups (18.7%). 4% of residents are from Black African ethnic group and 3.6% are Black Caribbean. H&amp;F has a relatively small Asian population of that age group (6%), compared to London proportion of 14%. 84.1% of H&amp;F population aged 65+ are from the White ethnic groups (London 83.5% and England 95.9%), while 15.9% are of BME origin (Black 9.2%, Asian 3.9%, and Mixed 1.5%).</p> <p>According to the data collected 68% are white British, 19% are Black and 7% are Asian. 3% are Other including Middle Eastern/Arab and 1% are Mixed.</p>	neutral
		<p><b>RBKC</b></p> <p>21% of residents report as being from a BME background. This percentage reduces for older people, who are the main recipients of home care, but the</p>	+

	<p>proportion of people receiving home care from BME background is actually higher.</p> <p>In RBKC, of the 857 people using home care, 596 (69%) are white, 116 (13%) are black, 53 (6%) report as being Asian, 62 (7%) as other, including Middle eastern/Arab and 27 (3%) as mixed race.</p> <p>This estimates that 30% of home care users are from BME backgrounds which is higher than the general population, especially considering that most home care users are older people, where approximately 13% of older people are from BME backgrounds.</p> <p>Care workers come from a variety of backgrounds and some agencies have care workers form the same background as service users. This can be helpful in terms of language and culture. Care workers will be expected to have a good knowledge and understanding of the issues relating to those from BME groups and will be expected to work with and understand the needs of a diverse population with unique characteristics. Providers will be expected to work towards a workforce which represents the diversity of the local population. Providers will be expected to either recruit workers from BME communities directly, or work in partnership with smaller BME organisations to ensure that those with cultural and language needs have their care needs met appropriately and are not negatively impacted.</p>	
	<p><b>WCC</b></p> <p>26% of residents report being from a BME background, with older people making up a much smaller percentage- approx 12%.</p> <p>Of the 1,155 people receiving home care, 812 (70%) report as being White, 121 (10%) as being Black, 76 (6%) as Asian, 79 (6%) as Other including Middle eastern/Arab and 13 (1%) as Mixed race. This means 25% of home care recipients are from a BME background, consistent with the local population. However, considering that the majority of home care recipients are older people, this percentage is higher than the local older BME population of approx 12%.</p> <p>Care workers come from a variety of backgrounds and some agencies have care workers form the same background as service users. This can be helpful in terms of language and culture. Care workers will be expected to have a good knowledge and understanding of the issues relating to those from BME groups and will be expected to work with and understand the needs of a diverse population with unique characteristics.</p>	+

		Providers will be expected to work towards a workforce which represents the local population, to be able to offer a full and culturally appropriate service. Providers will be expected to either recruit workers from BME communities directly, or work in partnership with smaller BME organisations to ensure that those with cultural and language needs have their care needs met appropriately and are not negatively impacted.	
	Religion/belief (including non-belief)	<p><b>LBHF</b> Christians remained the largest religious group in H&amp;F representing 54 per cent of residents (64 per cent in 2001). One in ten residents stated they belong to the Muslim religion.</p> <p>Current data shows that resident of H&amp;F who receive home care have a number of religious beliefs. However, 65% identified themselves as Christian. Providers of home care services and especially care workers who deliver care to people will be required to show understanding and respect for someone's religious and cultural beliefs (as part of the dignity and compassion agenda) in the way care is delivered.</p>	neutral
		<p><b>RBKC</b> Of the 857 people receiving home care in RBKC 471 (54%) report as Christian, 65 (7%) as Islam, 11 (1%) as Judaism, 8 (0.9%) as Hinduism, 4 (0.4%) as Buddhist, 23 (2%) as other and 83 (9%) as no religion . Workers will work with a range of people with differing needs and backgrounds and will understand the needs to sensitivity to these diverse needs. This is set out in the specification.</p>	
		<p><b>WCC</b> Religion is not routinely recorded however to is expected that Providers and care workers will offer a culturally appropriate service to all service users and be culturally sensitive to any religions users may or may not follow. This will be in line with our equalities emphasis where workers will work with a range of people with differing needs and backgrounds and will understand the needs to sensitivity to these diverse needs. This is set out in the specification.</p>	
	Sex	<p><b>LBHF</b> There are more females (51.3 per cent) than males (48.7 per cent) in the Borough. This is reflected in the percentage of women using home care (63% per cent)</p>	neutral
	<b>RBKC</b>	neutral	

		<p>There are slightly more women than men living in the borough. As with elsewhere, there are a greater number of older women due to longer life expectancy. This is not expected to impact on the service, which is based on assessed need not sex.</p> <p>Of the 857 people using home care services, 545 (63%) are women and 312 (36%) are men. This is not unexpected given the life expectancy figures and the fact that most service users are older people. The proportional increase in older women is not expected to impact the service provision.</p> <p>People who use services will be both sexes and those providing services will be both sexes. When personal care needs are undertaken, people using services can specify the same sex care worker to provide these tasks, to meet a particular cultural or personal need.</p>	
		<p><b>WCC</b></p> <p>Slightly more men (51%) than women live in the borough with slightly more older women than older men due to life expectancy.</p> <p>Of the 1,155 people receiving a home care service, 731 (63%) are women and 424 (36%) are men. This is not unexpected given the life expectancy figures and the fact that most service users are older people. The proportional increase in older women and is not expected to impact the service provision.</p> <p>Gender is not expected to be an issue in this as eligibility is based on need rather than gender. It is expected that more women than men access the service due to their increased life expectancy.</p> <p>People who use services will be both sexes and those providing services will be both sexes. When personal care needs are undertaken, people using services can specify the same sex care worker to provide these tasks, to meet a particular cultural or personal need.</p>	neutral
	Sexual Orientation	<p><b>LBHF; RBKC + WCC</b></p> <p>There is no formal data collected at present in any of the boroughs and so it is not possible to say if any of these groups are under-represented. This may be something that social care staff start to collect in the future, to ensure that we are reaching this potentially hard to reach group in terms of general service provision. This is likely to need a policy decision across Adult Social Care.</p> <p>ONS figures from 2011-12 state that 1.5% of the adult population identify</p>	Neutral/?+

	<p>themselves as being Gay, Lesbian or Bisexual. It is therefore possible that if this figure can be extended to the home care users population, then approx 48 people using home care services will be from this group.</p> <p>Anecdotally, it has been said that those who are from LGBT groups for older people are reluctant to access services as they are not sure of the reception they will receive. Commissioners are very keen that this new contract encourages all eligible people to take up the services they need and that they receive an appropriate response when they do and will ensure Providers are aware of their responsibility for this.</p>	
	<p><b>Human Rights or Children's Rights</b></p> <p>If your decision has the potential to affect Human Rights or Children's Rights, please contact your Borough Lead for advice.</p> <p>Article 8, the right to respect for a private and family life, home and correspondence has been cited as potentially being at risk from poor home care provision by the Equality and human Rights Commission. Officers are aware of these concerns and will address any issues of poor care that may affect this right in contract monitoring and follow up of individual complaints.</p>	

<b>Section 03</b>	<b>Analysis of relevant data</b>
<b>Documents and data reviewed</b>	<p>Examples of data can range from census data to customer satisfaction surveys. Data should involve specialist data and information and where possible, be disaggregated by different equality strands.</p> <p><b>LBHF:</b> JSNA; adult social care business plan, home care business analysis, Census data 2011</p> <p><b>RBKC:</b> JSNA; adult social care business plan, home care business analysis, Census data 2011</p> <p><b>WCC:</b> JSNA; adult social care business plan, home care business analysis, Census data 2011</p>
<b>New research</b>	<p>If new research is required, please complete this section</p> <p><b>LBHF:</b></p> <p><b>RBKC:</b></p> <p><b>WCC:</b></p>

<b>Section 04</b>	<b>Consultation</b>
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	Complete this section if you have decided to supplement existing data by carrying out additional consultation.
<b>Consultation in each borough</b>	<p><b>LBHF: RBKC: WCC:</b></p> <p>At the start of this process, consultation on what people wanted from a good home care service was carried out. Service users, carers, Providers and health and social care professionals were all consulted across the Tri-borough, which was expected to give feedback on what makes a good service and to include equality issues likely to need to be addressed through this work. This was to enable officers to develop a fit for purpose service offering key support for those with a high level of need. This resulted in comments from organisations and potential service users and carers on what is important to them- including areas such as same sex care workers, those with similar cultural backgrounds or awareness of those needs and the difficulties some people in same sex relationships face when having contact with home care workers. Also the importance of being treated with dignity- which touches on peoples Human Rights being respected in home care. These views have been taken into account in the Specification which raises awareness of the necessity for good understanding of equality needs in this core service provision. The issue of dignity and ‘human rights’ in home care was also discussed and is a key theme in the consultation and is also to be addressed in the Specification and expectations of the new service. This is not a reduction to general care provision and therefore statutory consultation is not needed. However, due to the nature of the service, consultation as to how to procure a better more fit for purpose service was agreed to be beneficial.</p>
<b>Analysis of consultation outcomes for each borough</b>	<p><b>LBHF: RBKC WCC:</b> - see consultation report. Views expressed at the consultation emphasised the importance of dignity and respect in care provision, the right to be able to lead a good life with connections to the local community; the right to a regular carer worker so you don’t have to keep repeating your needs and the need to promote independence. Also the need for a diverse workforce to meet the needs of a diverse community. These views have been taken into account in the model planning and specification.</p>

<b>Section 05</b>	<b>Analysis of impact and outcomes</b>
<b>Analysis</b>	<p>What has your consultation (if undertaken) and analysis of data shown? You will need to make an informed assessment about the actual or likely impact that the policy, proposal or service will have on each of the protected characteristic groups by using the information you have gathered. The weight given to each protected characteristic should be proportionate to the relevant policy (see guidance).</p> <p><b>All boroughs:</b> Equality aspects have been considered when developing the spec for the new home care service, based on officer awareness and feedback from consultation events-i.e. particular needs of vulnerable older people; cultural needs of those from minority groups and the need for awareness with those from LGBT community who may be reticent in accessing services and assumptions made. A strong specification and regular contract monitoring is expected to assist in minimising any equality impacts that might arise.</p> <p>There is no adverse impact identified from this procurement to any people from the protected characteristics.</p>

	<p>However, there may be a potential impact generally by the fact that this new contract award may involve a change in service provider and/or care worker for people, if a different provider wins the tender for the area where someone lives. This may cause upheaval to vulnerable people. To minimise this impact, service users can be offered a Direct Payment (DP) if they wish to stay with a current provider/care worker. There is a concurrent work programme looking at making it easier to receive a DP so that this is a viable option for people.</p> <p>The new service is expected to improve quality in home care which will benefit the health and wellbeing of the people using it. It supports the strategic direction of assisting people to stay living in their own homes for as long as possible, reducing the need for placements and unnecessary hospital admissions and supporting early discharge. Officers want the new service to help people lead better lives generally, connecting them with their local community to reduce isolation. We want to work closely with Providers over the life of the contract to share learning and experiences that will improve quality, reduce dissatisfaction and enable the service to be more fit for purpose, delivering the outcomes for users that have been identified.</p> <p><b>LBHF:</b>  <b>RBKC:</b>  <b>WCC:</b></p>
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<b>Section 06</b>	<b>Reducing any adverse impacts and recommendations</b>
<b>Outcome of Analysis</b>	<p>Include any specific actions you have identified that will remove or mitigate the risk of adverse impacts and / or unlawful discrimination. This should provide the outcome for each borough, and the overall outcome.</p> <p><b>LBHF: RBKC: WCC:</b> There is no adverse impact identified from this procurement to any people from the protected characteristics. Any initial impact from a potential change in provider can be minimised by either a well planned handover implementation or the offer of a Direct Payment.</p> <p>We are specifying that we expect Providers to meet the diverse and cultural needs of the local population and to offer a service that improves people’s general wellbeing in the way it is delivered. It will operate in a person centred, re-abling way that is focused on the needs and outcomes of the individual. Contract monitoring and ongoing work with providers as well as increased feedback from service users is expected to reduce any potential impacts on users and improve general quality and outcomes. The Specification expects Providers to operate in an individualised person centred way that takes into account peoples particular needs and vulnerabilities and seeks to minimise them and improve experiences and opportunities by their service provision.</p>

<b>Section 07</b>	<b>Action Plan</b>
<b>Action Plan</b>	Note: You will only need to use this section if you have identified actions as a result of your analysis

	Issue identified	Action (s) to be taken	When	Lead officer and borough	Expected outcome	Date added to business/service plan

<b>Section 08</b>	<b>Agreement, publication and monitoring</b>		
<b>Chief Officers' sign-off</b>	<b>LBHF</b> Name: Position: Email: Telephone No:	<b>RBKC</b> Name: Position: Email: Telephone No:	<b>WCC</b> Name: Position: Email: Telephone No:
<b>Key Decision Report (if relevant)</b>	<b>LBHF</b> Date of report to Cabinet/Cabinet Member: XX / XX / XX Key equalities issues have been included: Yes/No	<b>RBKC</b> Date of report to Cabinet/Cabinet Member: XX / XX / XX Key equalities issues have been included: Yes/No	<b>WCC</b> Date of report to Cabinet/Cabinet Member: XX / XX / XX Key equalities issues have been included: Yes/No
<b>Lead Equality Manager (where involved)</b>	<b>LBHF</b> Name: Position: Date advice / guidance given: Email: Telephone No:	<b>RBKC</b> Name: Position: Date advice / guidance given: Email: Telephone No:	<b>WCC</b> Name: Position: Date advice / guidance given: Email: Telephone No: