

CABINET

6 SEPTEMBER 2011

GATEWAY 1 PROCUREMENT COMMENCEMENT: HOMECARE SERVICE

Portfolio Holder: Councillor David Brake, Adult Services

Report from: Rose Collinson, Director of Children and Adults

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Summary

This report seeks permission to commence the retendering of a Homecare service in Medway. The current contract for the provision of homecare services is due to end on 31 March 2012. This is a key service for Medway's residents in terms of the Council's priority for adults maintaining their independence and living healthy lives.

This Gateway 1 report has been approved for submission to Cabinet after review by the Director of Children and Adults on 14 July 2011, and consideration at the Strategic Procurement Board on 3 August 2011.

The Children's and Adult's Directorate Management Team has recommended that this procurement project be approved as a Category B High Risk procurement project at Procurement Gateway 1 by Cabinet. This is because although this procurement project is a Service Category B Medium Risk procurement with a total contract value above £250,000.00, there are service sensitivities that Cabinet should be aware of.

These service sensitivities are linked to the number of vulnerable people who rely on this service as well as the contract value.

1 Budget and Policy Framework

1.1 Service Background Information

1.1.1 Homecare services provide care and support to eligible vulnerable individuals to enable them to remain within their own home and community. Homecare is only provided where there is an assessed need for the service and a financial assessment is made to determine the charges payable by the service user. The assessments are in line with Medway Council's Fair Access to Care Services (FACS) eligibility criteria. A failure to ensure a supply of good quality homecare services would result in a high number of admissions to residential and hospital care with the subsequent high social and financial cost. The service is provided in accordance with the standards set by the Care Quality Commission.

- 1.1.2 Cabinet on 20 July 2010 approved a contract extension to March 2012 to ensure continuity of contracted supply and to allow for a full procurement process to be undertaken in line with contract rules, including appropriate consultation with key stakeholders (decision no. 114/2010).

1.2 Council's Strategic Priorities And Core Values

- 1.2.1 The procurement of this requirement directly links into the following Council Strategic Priorities and Core Values.

Core Values

- Putting our customers at the centre of everything we do.

This procurement requirement will deliver against the Core Value of 'Putting our customers at the centre of everything we do' through various workshops and consultations that are currently being held, involving service users, carers operational frontline staff and various other stakeholders. The feedback will be reflected within the service specification as well as the entire commissioning process.

- Giving value for money

This procurement requirement will deliver against the core value of 'Giving value for money' by ensuring that savings are achieved while maintaining a high level of quality. Further considerations will include ensuring that the cost of this service remains favourable to that of a residential home, thus offering significant savings to the Council.

Strategic Priorities

- Adults maintain their independence and live healthy lives.

This procurement requirement will deliver against the Strategic Priority of 'Adults maintain their independence and live healthy lives' through the homecare service's aims of promoting people's ability to direct their own care, in line with the Personalisation agenda, improving the choice of services available and supporting alternatives to residential and nursing care.

1.3 Strategic Council Obligations

- 1.3.1 The procurement of this requirement directly links into the following strategic council obligations:

- Medway Council Plan

This procurement requirement links into the Medway Council Plan through its objectives of encouraging and supporting the improvement of the quality of life for Medway Council residents. The Homecare service will also play a key role in helping older and vulnerable people maintain their independence by remaining in their own homes for

longer. The Homecare Service further links into Medway Council's plan because it ensures that that care and support is available wherever possible locally within Medway.

- Other Strategic Council Obligations

This procurement requirement does not link into any other Strategic Council Obligations.

1.4 Departmental and Directorate Service Plans

- 1.4.1 This procurement requirement links into the Directorate Service Plan through contributing to Putting People First agenda. The Homecare service enables people to have their needs met in a personalised way that delivers the best outcomes for them. The homecare service will also lead to the mainstreaming of the enablement process and services, thus promoting service user independence and minimising the need for ongoing social care support.

2. Background

2.1 Project Details

- 2.1.1 This procurement is a Services procurement requirement.
- 2.1.2 This report seeks permission to commence the retendering of a current procurement contract with a proposed contract duration of three years with provisions to extend for a further of two years.
- 2.1.3 The contract is proposed to commence on 1 April 2012 and conclude on 31 March 2015.
- 2.1.4 The total value of this procurement contract retender is detailed within the exempt appendix.
- 2.1.5 This procurement requirement is a standalone project with no linkage to any other procurement projects or procurement programmes. Nevertheless, in order to generate further savings through monitoring and better performance, an Electronic Time Monitoring System (ETMS) procurement project will be procured in parallel.
- 2.1.6 This procurement requirement is required to fulfil Medway's Statutory and legal obligations. Local authorities with social services have a statutory duty to provide community care services for people who are assessed as requiring those services and meet the eligibility criteria. These obligations are enshrined within the NHS and Community Care Act (1990) and the National Assistance Act (1948).

2.2 Business Case

2.2.1 Procurement Project Outcomes

As part of the successful delivery of this procurement requirement, the following procurement project outcomes within the table below have been identified as key and will be monitored every quarter by the Adult

social care services as part of the procurement project delivery process.

The current and proposed models are detailed within Appendix A.

The contract and specification will identify ways in which providers over the duration of the contract will increasingly focus on the impact of the intervention as opposed to the intervention itself; the approach being clearly set out in the performance framework, which all providers will be expected to meet.

| Outputs / Outcomes | How will success be measured? | Who will measure success of outputs/ outcomes | When will success be measured? |
|--|--|---|---|
| 1. Appointing homecare providers that can deliver the service requirements | Performance and compliance visits, provider reports, service user surveys and feedback | Care managers, Social care commissioning Team, Performance Team | Measured throughout the procurement project on a regular basis. |

2.2.2 Procurement Project Management

This procurement project will be resourced through the following project resources and skills:

- A Steering group composed of the Social Care Commissioning and Voluntary Sector Manager and the Service Manager, Older People meet every three weeks to discuss project progress and assist with decision-making.
- The Commissioning Portfolio Manager assisted by a Performance and Compliance Officer will lead on the stakeholder consultations, Gateway 2 validation and the procurement process.

2.2.3 Post Procurement Contract Management

The contract management of this procurement project post award will be resourced through the following contract management strategy – the Commissioning Portfolio Manager will lead on the post procurement contract management, assisted by a Performance and Compliance Officer. This will include monitoring performance against key performance indicators.

2.2.4 Other Issues

There are no other issues that could potentially impact both the procurement process and overall strategic aims as identified within Section 1 Budgetary and Policy Framework.

2.2.5 TUPE Issues

Further to guidance from Legal Services, Human Resources and the Strategic Procurement Team, it has been identified that TUPE does apply to this procurement process.

It has been identified that potentially 1000 employees could be affected by TUPE in the event that all fifteen incumbent providers were not successful as part of the procurement tender process.

3. Options

In arriving at the preferred option as identified within Section 4.1 'Preferred Option', the following options have been considered with their respective advantages and disadvantages.

3.1. Do nothing

The option of doing nothing is not a viable option because the current contract for the delivery of this service has now been in place for 7 years and does not now meet the changing and diverse needs of the people who use and will use the services. This would, therefore, be a missed opportunity to ensure that the service remains fit for purpose and delivers value for money.

3.2. In-house service provision

The option of providing this requirement through in-house service provision has been considered but is not a viable option because of the higher cost of providing services in-house in addition to Council's stated aim within Medway Council plan 2011-2012 of commissioning more services rather than being the provider of services.

3.3. Using another local authority to deliver procurement requirements

The option of using another local authority to deliver procurement requirements has been considered but is not a viable option because of the specific services being procured. It is noted that the neighbouring authority (Kent County Council) is in the middle of undertaking a similar procurement and informal discussions have established that Kent County Council's approach will be different to Medway Council's.

3.4. Procurement via an EU compliant framework

No EU compliant frameworks have been identified from which Medway Council's procurement requirements can be satisfactorily delivered.

3.5. Formal tender process in line with EU Procurement Regulations

The option of formally tendering this procurement requirement in line with EU Procurement Regulations has been considered because the value of this procurement requirement is above the EU Procurement threshold for services of £156,442.00 and below are the advantages and disadvantages of this option:

Advantages

- This will ensure that the new contract for homecare services from 2012 is able to respond to and meet the diverse needs of vulnerable people
- The procurement will provide competitive tenders
- The Council will have greater cost certainty following the tender exercise.

Disadvantages

- The formal tender process will take several months in line with Part B Services tender practice.

3.6. Internal Medway Council Collaboration between departments

The option of procuring requirements through internal collaboration between Medway Council departments in order to exploit economies of scale and synergies has been considered but no such opportunities exist.

3.7. External public sector collaboration (e.g. other Councils, Fire Service, PCT, Police)

The option of procuring requirements through external collaboration between Medway Council and other external public sector organisations in order to exploit economies of scale and synergies has been considered but no such opportunities exist.

3.8. Private sector collaboration e.g. Private Public Partnering/Private Finance Initiatives

The option of procuring requirements through private sector collaboration between Medway Council and other external private sector organisations has been considered but no such opportunities exist.

3.9. Procurement via a below EU Threshold Select List

No below EU Threshold compliant Select Lists have been identified from which Medway Council's procurement requirements can be satisfactorily delivered.

3.10. Other alternative options

No alternative options have been identified.

4. Advice and analysis

4.1 Preferred option

- 4.1.1 Further to an extensive review of procurement options as highlighted within Section 3 'Options' above, the following preferred option is recommended to the Cabinet including justification for this recommendation

- 4.1.2 The preferred option is set out in paragraph 3.5 Formal tender process in line with EU Procurement Regulations.
- 4.1.3 Due to the contract value, and in line with EU regulations and the Council's Standing Orders, a competitive approach to re-tender is proposed. This will be a one-stage process involving an initial open advert and a subsequent permanent advert specifying how suppliers can become part of the select list.
- 4.1.4 It is believed that the proposed new model of homecare best addresses the range of current issues (Appendix A)
- 4.1.5 Potential providers will be invited to submit a full tender. The bids will be evaluated in accordance with pre-determined award criteria based on price and quality.

Advantages

- The procurement will provide competitive tenders.
- The department will fully specify the requirements in line with current need prior to inviting tenders
- The Council will have greater cost certainty following the tender exercise

Disadvantages

- The tender process will take several months.

4.2 Equality Act 2010

- 4.2.1 The procurement project has been subject to a Diversity Impact Assessment (attached as appendix B). The procurement of this project will not have an adverse affect on the equality of access to the homecare service.
- 4.2.2 The recommissioned homecare service will operate inclusively for eligible individuals across all care groups covering all postcodes in the Medway Towns. The proposed structure for the new contract, i.e. a Supplier accredited list will give greater flexibility to managing different types of need e.g. language; culture and religion; disability. As such, those using the services will have greater choice and flexibility about who delivers their service and how it is delivered.
- 4.2.3 The Council's Equalities Policy will be followed during the management of the tender process, including an evaluation of the tenderers' equalities and diversity policies concerning employment practice and service delivery. The contract for the new service will include explicit requirements in respect of the Council's duties under equalities legislation.

4.3 Corporate Sustainability Plan

- 4.3.1 The project is being delivered in line with the Corporate Sustainability Plan and will be in accordance with all relevant health and safety legislation.

5. Risk Management

5.1 Risk Categorisation

The following risk categories have been identified as having a linkage to this procurement project:

| | | | |
|------------------------|-------------------------------------|--------------------------------|-------------------------------------|
| Procurement process | <input checked="" type="checkbox"/> | Equalities | <input type="checkbox"/> |
| Contractual delivery | <input checked="" type="checkbox"/> | Sustainability / Environmental | <input type="checkbox"/> |
| Service delivery | <input checked="" type="checkbox"/> | Legal | <input type="checkbox"/> |
| Reputation / political | <input checked="" type="checkbox"/> | Financial | <input checked="" type="checkbox"/> |
| Health & Safety | <input type="checkbox"/> | Other | <input type="checkbox"/> |

For each of the risks identified above, further information has been provided below.

| Risk Categories | Outline Description | Risk Impact I=Catastrophic II=Critical III=Marginal IV=negligible Impact | Risk Likelihood A=Very High B=High C=Significant D=Low E=Very Low F=Almost Impossible | Plans To Mitigate Risk |
|-------------------------|---|--|--|--|
| a) Procurement process | Council decision making process affects programme, resulting in programme delays and cost increases | III | B | Projects are planned with Procurement and Cabinet dates in mind to minimise delays |
| b) Contractual delivery | Failure of contractors to deliver contractual arrangements | III | E | Inclusion of regular contract monitoring procedures within the contract documents. Default clauses are part of the contract documentation. |

| | | | | |
|-----------------------------------|---|-----|-----|--|
| c) Service delivery | Lack of specified performance | III | E | A detailed specification with key milestones and Performance indicators. |
| d) Reputation / political | Disruption caused to service users, should the need to transfer care packages arise | II | D | Communication strategy has been drafted. It will set out the Council's response to service users and their carers and providers affected by the decisions. |
| e) Health & Safety | None Identified | N/A | N/A | N/A |
| f) Equalities | None Identified | N/A | N/A | N/A |
| g) Sustainability / Environmental | None Identified | N/A | N/A | N/A |
| h) Legal | None Identified | N/A | N/A | N/A |
| i) Financial | Possibility of tender submissions costing more than the Council can afford | III | B | Work is currently underway with PwC to establish a suitable pricing matrix |
| j) Other | None Identified | N/A | N/A | N/A |

6. Consultation

6.1 Internal (Medway) Stakeholder Consultation

6.1.1 Before commencement of the procurement process in order to direct the specification

As part of this procurement project, the following internal stakeholder consultation has been undertaken before the commencement of the procurement project in order to direct the specification.

- Workshops with colleagues from the Creditors' section, Finance and Social Care IT Systems to discuss options of streamlining future provider invoices
- Workshops with Care Management representatives from across all client categories to discuss what is going well, and any perceived gaps within the current service. Discussions have also included colleagues from the Self Directed Support Team.

6.1.2 During the procurement process in order to aid the evaluation process

As part of this procurement project, the following internal stakeholder consultation is required during the procurement process in order to aid the evaluation process.

- Workshops with colleagues from the Finance team to discuss various models for evaluating pricing submissions and other appropriate financial checks.
- Workshops with Care Management representatives from across all client categories to ascertain the key deliverables and evaluation criteria
- Further consultation with Legal and corporate procurement colleagues will be undertaken as part of Gateway 2.

6.1.3 Post procurement/tender award in order to aid the contract management process

As part of this procurement project, the following internal stakeholder consultation is required post procurement/tender award in order to aid the contract management process

- Ongoing consultation with Care Management teams from across all client categories to aid the contract management process.

6.2 External Stakeholder Consultation

6.2.1 Before commencement of the procurement process in order to direct the specification

As part of this procurement project, and before the commencement of the procurement project in order to direct the specification, over 400

service users recently participated in face-to-face and postal surveys. The feedback will be used to inform the specification.

6.2.2 During the procurement process in order to aid the evaluation process

As part of this procurement project, Service user and Carer input will be sought during the procurement process in order to aid the evaluation process. This will include representation during interview processes.

6.2.3 Post procurement/tender award in order to aid the contract management process

As part of this procurement project, service reviews will be conducted on a quarterly basis with all stakeholders being provided with the opportunity and protocols for influencing the overall quality score and contract management processes. This is an innovative approach to maintaining and improving the quality of homecare provision as organisations on the approved supplier list must constantly deliver a service which meets the needs of service users in order to be awarded the highest score and thereby initial referrals.

7. Financial, legal and procurement implications

7.1 Financial Implications

7.1.1 This procurement requirement and its associated delivery as per the preferred option highlighted at Section 4.1 'Preferred Option' and the recommendations at Section 9, has the following financial implications which the Cabinet must consider.

7.1.2 The costs of this project are being met from the council's base budget.

- 74% of the current spend is from the Older Person's Budget.
- 19% of the current spend is from the Physical Disabilities Budget.
- 5% of the current spend is from the Learning Disabilities Budget
- 2% of the current spend is from the Mental Health Budget.

7.1.3 Detailed finance and whole-life costing information is contained within Section 2.1 Finance and Whole-Life Costing of the Exempt Appendix.

7.2 Legal Implications

7.2.1 This procurement requirement and its associated delivery as per the preferred option highlighted at Section 4.1 'Preferred Option' and the recommendations at Section 9, has the following legal implications which Cabinet must consider.

7.2.2 When considering making changes to any service provision, the Council must have due regard to its equalities duties set out in s149 of the Equality Act 2010. The general duty on the Council is to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act, to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and to foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The relevant protected characteristics are age,

disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In order to make decisions having regard to these duties it is necessary for the Council to engage with service users about any potential changes to the services and to consider any representations made by service users in reaching a decision.

7.2.3 Homecare services are Part B services under the Public Contracts Regulations 2006. This means that the full rigour of the Regulations e.g. regarding the placing of advertisements does not apply. However, the general EU principles of transparency, non-discrimination and equality of treatment apply and an open competitive process will assist the Council in demonstrating that it has complied with these principles. In addition, some requirements of the Regulations, e.g. with regard to specifications and the placing of a contract award notice apply to Part B Services.

7.3 Procurement Implications

7.3.1 This procurement requirement and its associated delivery as per the preferred option highlighted at Section 4.1 'Preferred Option' and the recommendations at Section 9, has the following procurement implications which Cabinet must consider.

7.3.2 The value of the proposed procurement is above the EU threshold for Services, currently set at £156,442.00.

7.3.3 Thus, as a "Part B" (or "residual") services, healthcare procurements are not subject to the full rigour of procurement law. As far as the Regulations are concerned, there is no requirement in relation to "Part B" services contracts to (1) advertise the requirement in the OJEU (but a contract award notice in the OJEU must be placed within 48 days in conjunction with the Strategic Procurement Team, where the value exceeds £156,442.00 and (2) implement a standstill period (though recent case law suggests there may be a requirement to hold a voluntary standstill period where there is cross-border interest in the contract).

7.3.4 However, a sufficient degree of advertisement on an acceptable portal and due process to satisfy EU principles of transparency, non-discrimination and equal treatment, mutual recognition and proportionality must nevertheless be required as highlighted by recent case law and the client department must subject requirements to minimum standards of advertisement as per the Council's Contract Procedure Rules.

7.3.5 Consideration should be given at Gateway 2 to KPIs and linking performance to contract payments to ensure VFM is ensured. In addition, the client department should consider how the specification can be written to ensure that the future contractor delivers efficiently and with due consideration for savings which could be linked as a pre-requisite to the permitting of any future contract extension.

7.3.6 Overall, the Strategic Procurement Team supports the suggested recommendation and approach within this paper.

8. Strategic Procurement Board

8.1 The Strategic Procurement Board considered this report on 3 August 2011 and recommended to Cabinet to approve this project to proceed to Gateway 2.

9. Recommendation

9.1 Cabinet is recommended to approve the re-procurement of a Homecare service as per the preferred option highlighted at Section 4.1 'Preferred Option' (formal tender process in line with EU Procurement Regulations).

10. Suggested reasons for decision(s)

10.1 The recommendations contained within Section 9 'Recommendations' above are provided on the basis that this method of procurement will provide the opportunity to deliver much improved services. These services will be supported by a robust objective to improve service excellence that ensures more local people have services that meet their needs and aspirations.

Lead officer contact

| | | | |
|------------|--|-------------|---------------------------------|
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Background papers

The following documents have been relied upon in the preparation of this report:

| Description of document | Location | Date |
|---|----------|--------------|
| Gateway 4 Contract Review: Homecare Services Contract | Intranet | 20 July 2010 |

Current Model of Service

Within the current model, service users who referred on from hospitals or the community are firstly assessed to determine whether a home enablement or a preventative service would be more appropriate.

A home enablement service is a short term (up to 6 weeks), intensive service which focuses on reabling people so they achieve their potential in terms of a stable level of independence with the lowest appropriate level of ongoing support.

Those eligible for a home enablement service are then placed with the council's contracted enablement care provider for a period of up to six weeks.

Current data reveals that over 50% of clients no longer require homecare services after this intensive intervention. These findings are correlated with examples from across the country showing that a focused, timely burst of therapy, intermediate care or Home Care can prevent hospital admissions or post hospital transfer to long term care or reduce the level of ongoing support required.

For those still requiring homecare services, one of the 7 contracted providers is then commissioned, based on the service user's geographical location.

Proposed Model of Service

The proposed model offers a move away from the current geographically restricted contracts, which no longer easily fit with the flexibility required for person-centred care. The Accredited Supplier approach also supports the ongoing development of the market for self-funders (those service users who opt for a Direct Payment and those who fund their own care because they have the financial means), as they will also be able to purchase from the same market.

It is to be noted that the Accredited Supplier list will place no obligations on the Council to procure any services from the appointed providers. The Council will therefore remain free to place orders under the arrangements as and when it sees fit. This type of contractual arrangement is thought to be most appropriate in the circumstances.

Given the clear and strong imperative to enable greater financial sustainability of care budgets, promote greater independence for service users and to deliver expected savings, Medway council's new homecare services model will include the mainstreaming of the current enablement service, so that all contracted providers on the accredited supplier list can offer an enablement service.

An added benefit of mainstreaming this service is that all current service users will then benefit from the enablement philosophy of ensuring that service users are supported in the least intrusive way possible to live the lives they want to live.

The accredited supplier list will be dynamic enough to enable the council to remove under-performing providers and add new providers. The contract monitoring protocols will also enable care managers to determine what providers to call upon first.

A business case for an electronic time monitoring system (ETMS) is currently being developed. The system will require homecare workers to log in and out of the system on entering and leaving the homes of service users, thus allowing an accurate measure of the quantity of service provided. This will in turn improve the quality of contract monitoring while creating efficiencies and reducing transaction costs by supporting electronic invoicing.

Diversity Impact Assessment: Screening Form

| | | | |
|---|--|--|--|
| Directorate | Name of Function or Policy or Major Service Change | | |
| | The Gateway 1 Report on the re-tendering of Homecare Services for frail and vulnerable older people and people with disabilities from March 2012 | | |
| Officer responsible for assessment Charles Kirabo-Wamimbi Commissioning Portfolio Manager | Date of assessment 11 July 2011 | New or existing? Existing service | |
| Defining what is being assessed | | | |
| 1. Briefly describe the purpose and objectives | <p>The provision of homecare care is provided under S47 (1) of the NHS and Community Care Act 1990. Homecare services provide care and support to vulnerable individuals to enable them to remain within their own home and community. The current contract for the delivery of this service has now been in place for 7 years and does not now meet the changing and diverse needs of the people who use and will use the services.</p> <p>The services will therefore be recommissioned, to ensure that the new contract for homecare services from 2012 is able to respond to and meet the diverse needs of vulnerable people.</p> | | |
| 2. Who is intended to benefit, and in what way? | <p>The recommissioned homecare service will operate inclusively for eligible individuals across all care groups covering all postcodes in the Medway Towns. The proposed structure for the new contract, i.e. a Supplier accredited list will give greater flexibility to managing different types of need e.g. language; culture and religion; disability. As such, those using the services will have greater choice and flexibility about who delivers their service and how it is delivered. The Council's Equalities Policy will be followed during the management of the tender process, including an evaluation of the tenderers' equalities and diversity policies concerning employment practice and service delivery. The contract for the new service will include explicit requirements in respect of the Council's duties under equalities legislation.</p> | | |
| 3. What outcomes are wanted? | <ul style="list-style-type: none"> • Improved Quality and Safety of Service Provision • Improved focus on Person Centred Care and Choice • Improved management and control | | |

| | | |
|--|--|---|
| | <ul style="list-style-type: none"> • Improved visibility and reporting on provider performance • Improved Value for Money (Budgetary pressures) and Efficiency of the Service • Improved Process Efficiency • Creation of an environment for continuous improvement | |
| <p>4. What factors/forces could contribute/detract from the outcomes?</p> | <p>Contribute</p> <p>Services support individuals to remain independent in the community for as long as possible.</p> <p>Services have expertise in provision of homecare services and are focused on person-centred planning and risk management.</p> <p>Services have strong partnerships with community organisations and have well-established care pathways that are easily accessible to target group.</p> <p>Family/carer advice and support alongside commissioned services</p> | <p>Detract</p> <p>Services do not routinely collect information about the impact of services through user outcomes, and user feedback.</p> <p>User profile by age, ethnicity, disability, gender, religious belief or sexual orientation is not analysed in service operation plans to better respond to the specific needs of existing and potential clients accessing the services.</p> <p>Service outcomes are unclear or not recorded.</p> |
| <p>5. Who are the main stakeholders?</p> | <p>Vulnerable Adults</p> <p>Family members, including children and carers of the person receiving service.</p> <p>Local Health and social care organisations in the community</p> | |
| <p>6. Who implements this and who is responsible?</p> | <p>Medway Council is responsible for providing social care for adults who require extra support and who meet the Council's eligibility criteria. For these clients, services are commissioned to meet their assessed needs.</p> | |

| Assessing impact | | |
|---|---|--|
| 7. Are there concerns that there <u>could</u> be a differential impact due to <i>racial/ethnic groups</i>? | YES | There is no evidence to suggest that the retendering process will make a differential impact to any black and other minority ethnic (BME) group. The updated specification will also have regard, and be sensitive to the needs and access of the local BME community and BME clients. |
| | NO | |
| What evidence exists for this? | The information collected by the existing services shows that BME referrals and BME clients receiving the service during the last 12 months is not a significantly higher proportion in the existing service. | |
| 8. Are there concerns that there <u>could</u> be a differential impact due to <i>disability</i>? | YES | There is no evidence to suggest that the retendering process will make a differential impact to disability. The updated specification will also have regard, and be sensitive to, the needs of clients identifying a disability for which appropriate adjustments will be necessary |
| | NO | |
| What evidence exists for this? | The information collected by the existing services about referrals and clients receiving a service from the existing providers during the last 12 months shows no recorded difference related to disability. Recent Service user consultations did not raise concerns relating to disability. | |
| 9. Are there concerns that there <u>could</u> be a differential impact due to <i>gender</i>? | YES | There is no evidence to suggest that the retendering process will make a differential impact in relation to gender. The updated specification will also have regard, and be sensitive to gender. |
| | NO | |
| What evidence exists for this? | The information collected by the existing services about referrals and clients receiving a service from the existing providers during the last 12 months shows there is no record of difference related to gender. Recent Service user consultations did not raise concerns relating to gender. | |
| 10. Are there concerns there <u>could</u> be a differential impact due to <i>sexual orientation</i>? | YES | There is no evidence to suggest that the retendering process will make a differential impact in relation to sexual orientation. The updated specification will also have regard, and be sensitive to sexual orientation. |
| | NO | |
| What evidence exists for this? | The information collected by the existing services about referrals and clients receiving a service from the existing providers during the last 12 months shows there is no record of | |

| | | |
|--|---|---|
| | difference related to sexual orientation. Recent Service user consultations did not raise concerns relating to sexual orientation. | |
| 11. Are there concerns there <u>could</u> be a have a differential impact due to religion or belief? | YES | There is no evidence to suggest that the retendering process will make a differential impact based on religion or belief. The updated specification will also have regard, and be sensitive to religion and belief. |
| | NO | |
| What evidence exists for this? | The information collected by the existing services about referrals and clients receiving a service from the current providers during the last 12 months shows no record of differences related to the person's religion or belief. Recent Service user consultations did not raise concerns relating to religion or belief. | |
| 12. Are there concerns there <u>could</u> be a differential impact due to people's age? | YES | There is no evidence to suggest that the retendering process will make a differential impact based on client's age. The updated specification will also have regard, and be sensitive to the age of the client. |
| | NO | |
| What evidence exists for this? | The information collected by the existing services about referrals and clients receiving a service from the current providers during the last 12 months shows no record of differences based on the age of the clients referred or provided with a service. Recent Service user consultations did not raise concerns relating to age. | |
| 13. Are there concerns that there <u>could</u> be a differential impact due to being trans-gendered or transsexual? | YES | There is no evidence to suggest that the retendering process will make a differential impact in relation to clients being trans-gendered or transsexual. The updated specification will also have regard, and be sensitive to the potential differential impact of clients and potential clients being trans-gendered or transsexual. |
| | NO | |
| What evidence exists for this? | The information collected by the existing services about referrals and clients receiving a service from the current providers during the last 12 months shows no record of differences related to clients being transgendered or transsexual. Recent Service user consultations did not raise concerns relating to transgender or transsexual discrimination. | |
| 14. Are there any <i>other</i> groups that would find it difficult to access/make use of the function (e.g. | YES | To our best knowledge there are no other groups or persons who will face difficulties as a result of this retendering exercise. |

| | | |
|--|-----|--|
| speakers of other languages; people with caring responsibilities or dependants; those with an offending past; or people living in rural areas)? | NO | |
| What evidence exists for this? | | The information collected by the existing services about referrals and clients receiving a service during the last 12 months has been examined to see whether other groups may have experienced particular issues in accessing and using the homecare service. There is no evidence of specific difficulties related to access or use. Recent Service user consultations did not raise concerns relating to other groups. |
| 15. Are there concerns there <u>could</u> be a have a differential impact due to <i>multiple discriminations</i> (e.g. disability <u>and</u> age)? | YES | There is no evidence to suggest that the retendering process will make a differential impact to those clients facing multiple discriminations. The updated specification will also have regard, and be sensitive to, the potential differential impact for clients and potential clients facing multiple discriminations. |
| | NO | |
| What evidence exists for this? | | The information collected by the existing services about referrals and clients receiving a service during the last 12 months has been examined to see whether multiple discriminations have had a differential impact on access or use of service. There is no evidence of specific difficulties related to access or use caused by multiple discriminations. Recent Service user consultations did not raise concerns relating to multiple discriminations. |

| Conclusions & recommendation | | |
|---|-----|--|
| 16. Could the differential impacts identified in questions 7-15 amount to there being the potential for adverse impact? | YES | Cumulatively there is no evidence to suggest that the retendering exercise will bring about an adverse impact. |
| | NO | |
| 17. Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or another reason? | YES | Not applicable. |
| | NO | |
| Recommendation to proceed to a full impact assessment? | | |

| | | |
|--------------------|--|--|
| NO | This function/ policy/ service change complies with the requirements of the legislation and there is evidence to show this is the case. | |
| NO, BUT ... | What is required to ensure this complies with the requirements of the legislation? (see DIA Guidance Notes)? | <p>Minor modifications necessary (e.g. change of 'he' to 'he or she', re-analysis of way routine statistics are reported)</p> <p><u>Not applicable</u></p> |
| YES | Give details of key person responsible and target date for carrying out full impact assessment (see DIA Guidance Notes) | <u>Not applicable</u> |

| Action plan to make Minor modifications | | |
|--|--|----------------------------|
| Outcome | Actions (with date of completion) | Officer responsible |
| <u>Not applicable</u> | | |

| Planning ahead: Reminders for the next review | | |
|--|--|--|
| Date of next review | December 2012 | |
| Areas to check at next review (e.g. new census information, new legislation due) | There is routine collection of data on referral and service delivery that can be analysed to determine whether or not there is a differential impact | |
| Is there <i>another</i> group (e.g. new communities) that is relevant and ought to be considered next time? | We do not believe there is another group that should be considered but we will consider this again at the time of the Review. | |
| Signed (completing officer/service manager) | Date | |
| Signed (service manager/Assistant Director) | Date | |

Evidence:

- Quarterly homecare services monitoring reports
- Feedback from Service user and care management consultations