

INITIAL EQUALITY IMPACT ASSESSMENT AND ANALYSIS

Recommissioning of Community Based Services

October 2016

SECTION 1 – INTRODUCTION

South Gloucestershire Council currently commissions around 16,200 hours per week on all community based support commissioning which is an increase of 1,000 hours per week compared to the same time last year. Despite having a significant number of providers (over 50 organisations on the framework) we frequently experience 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 would like to move to the commissioning of 'outcome based' commissioning rather than 'time & task' led in order to have contracts which promote independence and an enabling approach. The proposed 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.

There were two options that we appraised and they were **Option 1** – three providers working across the six clusters or **Option 2** – having one provider working within each of the six cluster areas. The geographical clusters are based around the areas our integrated health and social care teams cover, which are linked to the GP surgeries within each cluster with cluster area boundaries chosen to respect the GP

practices where most local residents are registered. **See Appendix A** for a diagram of the cluster areas.

A full breakdown of the options available will be included in the consultation document.

SECTION 2 –RESEARCH AND CONSULTATION

Please Note: - This section will be updated post 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 6th 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 there 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%

Sexuality

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, 11.83% did not 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.

Consultation period will take place from October 2016- January 2017 and the outcome of the consultation will form 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.

This section will be completed post consultation.

SECTION 3 - IDENTIFICATION AND ANALYSIS OF EQUALITIES ISSUES AND IMPACTS

There needs to be equalities considerations in the new contract, service specification, through the consultation and options appraisal process.

The impact of the service from an equalities perspective must be carefully considered for all groups of people, such as

Age.
Disability.
Gender reassignment.
Marriage and civil partnership.
Pregnancy and maternity.
Race.
Religion and belief.
Sexual Orientation
Sex.

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.

This section will be completed post consultation.

SECTION 4 – EqIAA Outcome

This section will be completed post consultation.

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

- 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 of their monitoring of providers performance.

This section will be completed post consultation.

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
- Equalities in Procurement Policy
- Equality and Human Rights Commission (EHRC) procurement guidance