

Equality Analysis (EqA)

Questionnaire

Please refer to the guidance before completing this form.

1. Details of function, policy, procedure or service:	
Title of what is being assessed: Service Specification for Home & Community Support and Enablement	
Is it a new or revised function, policy, procedure or service? Revised service	
Department and Section: Adults and Communities and Joint Commissioning Unit	
Date assessment completed: May 2015	
2. Names and roles of officers completing this assessment:	
Lead officer	Allison Thomas
Stakeholder groups	
Representative from internal stakeholders	
Representative from external stakeholders	
Delivery Unit Equalities Network rep	Lesley Holland
Performance Management rep	Claire Bailey
HR rep (for employment related issues)	Not appropriate
3. Full description of function, policy, procedure or service:	
<p>Service Description Home & Community Support” (traditionally known as Homecare or domiciliary care) is a key service commissioned by all local authorities to deliver essential care for those individuals who meet the eligibility criteria as defined by the Care Act 2014.</p> <p>Service gateway is through referral (through family member, the public or other professional) to Barnet Social Care Direct. An assessment is then carried out to determine whether the individual or family Carer meets the eligibility criteria and if so to determine what services will meet the individual’s needs.</p> <p>Access to the service does not exclude any protected characteristic, but is a service provided to Adults (those aged 18 and over) and therefore assessments for those under 18 or their Parent’s/Carer’s (including the unborn) are carried out by Childrens Services.</p> <p>The service provides;</p> <ul style="list-style-type: none"> • Personal Care • Respite • Family Carer Support • Waking Nights support • Meeting nutritional needs • Community access <p>The service is aimed at the following Service User Groups are they are most likely to benefit;</p>	

- People with learning disabilities
- People with autism
- People with mental health problems
- Adult carers
- People with physical and sensory impairments
- People at risk or who have suffered falls
- People at risk or who have had a stroke
- People with dementia

Service Context

Barnet's Home & Community Support (HCS) contracts come to an end on 31st October 2016. The Council is seeking to procure new services to commence on 1 November 2015. The current service specification is being revised to reflect changes in the Law, national and local drivers and the changing demography and increasing diversity in Barnet. The Equality Analysis (EqA) addresses how the service specification may impact on Equality strands.

The Council is seeking over time to develop a new approach to the delivery of Home and Community

Support (HCS) which promotes an ethos of;

- Enablement - 'support' rather than 'care' (independence rather than dependence)
- Prevention – creative use of the HCS service can prevent Individuals from requiring more specialist and therefore expensive services
- Positive outcomes for individuals
- Ensuring dignity and respect for Individuals

This represents the first step towards an "Outcomes Based Approach" which is planned for the development, piloting and evaluation over the initial two years of the new contracts. (The Equalities Assessment/Questionnaire will be updated as part of this phase of the project).

Barnet is also seeking to procure services using a revised approach. The previous service contracts specified three Lead Providers (one for each locality) who would manage sub-contract arrangements with other providers to build capacity when required. Problems were encountered in the market when two of the three original providers exited the contract and their Service Users (many of whom are elderly), having to be re-directed to alternative services.

The revised approach seeks build a robust and sustainable market and capacity by utilising an "approved list" approach – where there will be multiple Strategic Partners per locality and multiple approved providers who will provide services borough wide.

Service Aims and Objectives

In Barnet the service objectives state that services should be delivered both at home and in the community in line with supporting people to live independently inside and out of their own home.

The overall objective of the service is to maximise the independence of service users by enabling them to achieve the seven outcomes defined within the DoH, Adult Social Care Outcomes Framework:

- Improved health and emotional well-being
- Improved quality of life
- Making a positive contribution
- Exercise of choice and control
- Freedom from discrimination and harassment
- Economic well-being
- Maintaining personal dignity

The current commissioned outcomes as defined in the Adults and Safeguarding Commissioning Plan 2015-2020:

PRIORITY	KEY OUTCOMES
Planning for life	<p>Working age adults and older people live a healthy, full and active life and their contribution to society is valued and respected.</p> <p>Working age adults and older people live in homes that meet their needs and are well connected socially.</p> <p>Older people have sufficient finances to meet the full range of their needs and are able to access advice to make sure they spend wisely.</p>
Early Intervention and Prevention	<p>Older people have timely access to diagnosis and are provided with the tools which enable them to manage their condition and continue to live a full life.</p> <p>Working age adults and older people know what is available to increase and maintain their well-being and independence and can obtain it when they need to.</p> <p>Working age adults and older people are well-connected to their communities and engage in activities that they are interested in, and which keep them well</p>
Person centred Integrated Support	<p>Working age adults and older people are able to access help when needed for as long as they need it.</p> <p>Working age adults and older people are supported to get back on their feet when they have a crisis and to identify ways of preventing further crises.</p> <p>Person centred support plans inform the delivery of support in the most appropriate place (usually someone's home or the most appropriate place (usually someone's home or community) that best meets people's needs in the most cost effective way possible.</p> <p>Working age adults and older people have timely access to health and social care support that maintains independence and avoids hospital admission or admission to residential care.</p> <p>Working age adults and older people who have health or social care needs can still expect to live an independent life and have relationships based on reciprocity.</p>
Safeguarding	<p>Working age adults and older people are supported to live safely through strategies which maximise independence and minimise risk.</p> <p>Where people acquire vulnerabilities as they age, every effort is made to enable older people to remain in familiar surroundings, being cared for safely by people who know and love them.</p>
Carers	<p>Carers are supported to continue caring for as long as they wish.</p> <p>Carers are valued as expert partners in supporting working age adults and older people to live independent lives.</p> <p>Families provide support to other families, sharing their experience of using certain services and what they have learnt from the process.</p> <p>Carers are supported to achieve their ambitions whilst continuing to care.</p>
Leisure Services	<p>Health and wellbeing outcomes are achieved in a manner that is sustainable.</p>

Commissioning intentions are also detailed at Service User Group level within the Plan.

The service specification and commissioned provision will also align with the outcomes (for Individuals and Carers) as specified within the Care Act 2014.

Barnet's Demography

London Borough of Barnet is a suburban borough in North London, forming part of Outer London. It is the currently London's most populous borough, with 366,400 inhabitants and covers an area of 86.74 square kilometres (33 sq mi). It is a large diverse place, made up of suburban communities as well

as 20 town centres.

Barnet residents enjoy better than average health and higher life expectancy. However, this experience is not universal across the borough and there is a seven year difference in life expectancy between the most deprived and most affluent areas.

Sizeable population growth has been projected for 65 to 69 year olds by 2016 (+2,100 individuals, 18%) and significant growth in 90 plus cohort (17%).

51.5% of the Barnet population are female – higher than the London proportion, rising to 67.5% among over 85s.

Barnet is also a very diverse borough with a projected increase in diversity by 2016 (35% non-white) mostly within the Chinese, Other Asian and “Other Ethnicity” communities, this creates new and complex health and social needs. There are currently 19,500 people living in Barnet who do not speak English language.

Based on the 2011 census data, Christianity remained the majority religion in Barnet with 41.2% (146,866 people) of the population identifying themselves as Christian. The next most common religions are Judaism (15.2%), Islam (10.3%) and Hinduism (6.2%). Barnet continues to have the largest Jewish population in the country. 16.1% (57,297) of the population said that they have no religion up from 12.8% in 2001.

There is very little available data on the LGBT community other than that the ONS state that 3.2% of London residents aged 16+ identified themselves as lesbian, gay or bisexual in 2013, the highest percentage across all areas of the UK.

14.0% of Barnet residents suffer from a long term health problem or disability that limits their day-to-day activity. Of those people of working age 10% are affected daily by a long term illness or disability.

Data indicates that 83% of HCS Service Users are Older People (+65) and 17% are of working age.

Of the 17%, Physical & Sensory Impairment Service Users account for 45%, Learning Disabilities 35% and Mental Health 18%.

The figure for Older People does not differentiate between those who are frail or have dementia.

During 2013/14, the Council supported 1788 people with 485,000 care hours of support, around 85% of whom were Older Adults.

Demand Home and Community Support service provision is expected to increase in line with the increasing older population, dementia and diversity in the borough.

Addressing Equalities

Equality and diversity issues, requirements and needs will be addressed as an integral part of the HCS project in the following manner.

- Person centred and culturally sensitive Individual assessment of need agreed with each service user
- User involvement in design and delivery of service
- Procurement process which will underline the importance of knowing about and responding to the diversity of Barnet.
- Standard requirements for Providers regarding training regarding equality, awareness and needs (e.g. The CQC Care Certificate, NVQ's and professional development)
- Capacity building of equalities awareness with service providers and core caring skills of

empathy and humanity

- Provider capacity building based upon Barnet's demographic and diversity profile
- A workforce which reflects Barnet's demography
- Using customer satisfaction surveys to monitor the service outcomes
- Performance model to monitor the service outcomes

Adults Market Position Statement

All Providers engaged in the procurement process (from the point of Prior Information Notice onwards) are referred to The London Borough of Barnet Adults Market Position Statement (BAMPS). The below is also build into the HCS service specification;

“ Any organisation that is contracted by the council to provide services in Barnet must comply with the Equality Act 2010. We want the whole local market to support equal opportunities and comply with the Act in seeking to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups;
- Foster good relations between people from different groups.

Providers should pay particular regard to ensuring equality of opportunity and good relations between service-users with and without protected characteristics. Providers are encouraged to develop an equal opportunities policy cover that covers the 9 protected characteristics, as defined by the Act: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. And take account of the impact of services on carers (including young carers) and those on low income.

Providers are expected to:

- Act at all time in compliance with LB Barnet's Equalities Policy
http://www.barnet.gov.uk/info/200041/equality_and_diversity/224/equality_anddiversity
- Deliver services which take account of and meet the needs of the rich diversity of Barnet's service users.
- Treat service users with dignity and respect
- Provide training and information to staff to ensure that services are delivered to service-users in a non-discriminatory way”

Co-design working

We are working closely with stakeholders to revise and develop the service specification and to involve them in the procurement and provider evaluation process; Service User Group, Partnership Boards, Providers, Operational Colleagues and meetings with other key stakeholders have all been utilised to encourage involvement and ownership of the ethos as stated.

We have actively sought out the views and involvement of communities which have so far not been captured, such as the Afro-Caribbean, Chinese and LGBT communities in Barnet and have reached out via HealthWatch and CommUNITY Barnet and Opening Doors (Age UK). Work will continue throughout the project.

Service Specification

Providers will be asked to build their workforce, skills, training and development around Barnet's demographic and diversity profile, specifically to ensure that where there is a need there is an appropriate level of skills, awareness and understanding available to meet the holistic needs of the individual in a respectful manner.

Provider Strategic Partnerships

We will also be working with Providers in terms of developing their workforce in terms of Social Value and apprenticeships, especially encouraging young people “Not in Education, Employment or

Training” (NEET’s) to encourage young people to see the professional as being of great value within their communities and other professionals and as a step progression in terms of a long-term career.

It is envisioned that Strategic Partners will share knowledge, training and good practice with other Providers (supported by Barnet), an example cited was where one Providers had an Afro-Caribbean Service User. The lady did not care who provided her care only that they could cook. The Provider used their initiative and the Care Worker received basic training in Afro-Caribbean cookery. The Service User was then able to engage with the Care Worker in her kitchen and offer advice whilst she was cooking, passing on her own skills and reminiscing about her Mother and childhood. This experience is a successful outcome for the service user and a positive learning experience for the Care Worker. The Provider would be willing to share this practice with others.

4. How are the equality strands affected? *Please detail the effects on each equality strand, and any mitigating action you have taken so far. Please include any relevant data. If you do not have relevant data please explain why.*

Equality Strand	Affected?	Explain how affected	What action has been taken already to mitigate this? What action do you plan to take to mitigate this?
1. Age	Yes	<p>Data: It is anticipated that in line with previous years, service users with needs relating to age or frailty or those living with dementia would be prevalent, particularly so, as Barnet’s population ages. Older people make up around 17% of Barnet’s population</p> <p>Proportion of people aged 65+ and 85+ is higher than the London average and Barnet’s older population likely to rise by a higher level by 2015 than the London average</p> <p>In the year 2013-14 – 2,350 people over the age of 65 received a Home and Community support. The vast majority of those Service users were physically disabled (89%).</p> <p>Service Specification: The service ethos focuses on prevention and enablement, It may take a longer period of time to enable individuals with protected characteristics to fully live independently in the community again, if the service ends too soon, it could impact on this community negatively.</p> <p>Equalities strands may also be affected through social isolation and vulnerability which may affect individuals feeling of safety within their own homes and communities.</p>	<p>Service Specification: Service specification includes clear guidance to prevent discrimination and promote equitable treatment for appropriate protected characteristics whether Service Users, employees or prospective employees.</p> <p>The Equalities requirements as detailed in BAPS are also built into the service specification and Providers are proactively directed to it online.</p> <p>Providers are requested to provide capacity based upon Barnets demographic needs and where appropriate or requested to match service user need or preference to the Care Worker provided.</p> <p>The service will only be reduced or end once the Service User is fully</p>

		<p>Procurement: This could affect Equality strands if the service provider does not have the capacity to provide appropriately skilled and trained staff to reflect Barnet's demography or needs.</p> <p>It may have a negative impact on equalities stands if there is a lack of provider staff who represent individual communities or a lack of understanding, awareness or training regarding equalities issues.</p> <p>Implementation: The implementation could impact on Equality strands if Service Users and their family Carers, who are affected, are not fully engaged in the transition process (handover from old provider to new), or do not have a voice in the way their support plans are implemented.</p> <p>Service Users may be used to existing services, may dislike change and may treat new providers with distrust and suspicion. In some cases, change may be disruptive in the lives of Service Users.</p> <p>Service Users will have a built a trusting rapport with current staff and may not like to engage with new people.</p> <p>This equality strand could also be affected as some Service Users may prefer to have their needs catered for by a care worker of the characteristics (e.g. religion, language or gender).</p>	<p>capable of living independently in the community. If further support is required the Service User will be referred for community based organisations for further support.</p> <p>Each Service User will have their case individually reviewed and assessed to ascertain their level of needs. Changes to support plans will only be made following negotiation and agreement. Therefore the Service User will be fully engaged in any changes.</p> <p>The service specification seeks to reflect the new safeguarding responsibilities under the Care Act 2014 and also strengthen Providers responsibilities with regards to identifying and reporting safeguarding issues.</p> <p>Care Workers and providers will be expected to proactively identify where there are issues with social isolation, depression and needs increasing or decreasing and refer to the Social Worker.</p> <p>Service Users are involved in the co-design work to provide experience and opinions which will inform the service specification.</p> <p>Procurement: Service providers are governed within the Equalities framework.</p> <p>The Procurement equalities policy will be followed in the management of the application process, including evaluation of</p>
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			<p>applicants equalities and diversity policies concerning employment practice and service delivery. The contract for the new services will include explicit requirements fully covering the council's duties under equalities legislation.</p> <p>The services being procured will operate inclusively for all care groups covering all postcodes in the Borough.</p> <p>The assessment and support planning process, which fully involves the service user, will identify particular needs.</p> <p>Staff workforce development and training arrangements will ensure that staff understand and are able to respond to diverse needs.</p> <p>Implementation: In cases where Service Users do not wish to change Provider/Care Worker other options will be explored, e.g. Direct Payments.</p> <p>It is the responsibility of the service provider to build a positive and trusting relationship with the User. This should be enhanced by the Provider using its workforce in a positive way that enables the User to be supported by a group of staff that are appropriately skilled; and who work with them in a dignified and respectful manner.</p> <p>It will be the council's responsibility to ensure that this is monitored with positive outcomes via</p>
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			performance and contract monitoring arrangements.								
<p>2. Disability</p>	<p>Yes x</p>	<p>Data: There are 11,448 people living in Barnet who have a limiting long term illness and 4,044 total population aged 65 and over predicted to have dementia.</p> <p>In the year 2013-14, 45% of the HCS provision in the 18-64 age group was for support with Physical Disabilities and 35% for Learning Disabilities (From a total of 598 HCS Service users).</p> <p>Of the 18-65 age group the prevalent service user group was Physical Disabilities (89%) followed by Mental Health (0.9%).</p> <p>People aged 65 and over predicted to have a moderate of severe learning disability and hence likely to be in receipt of services.</p> <table border="1" data-bbox="422 772 1161 976"> <thead> <tr> <th>Age</th> <th>No in 2015</th> </tr> </thead> <tbody> <tr> <td>65-74</td> <td>98</td> </tr> <tr> <td>75-84</td> <td>35</td> </tr> <tr> <td>85+</td> <td>15</td> </tr> </tbody> </table> <p>7.4% of Barnet's 18+ residents are on the "Autistic spectrum" with a total of 2.3% of all Service Users belonging to this category.</p> <p>Individuals with physical disability, learning disability or mental health problems who have special needs may need additional support over the longer term to live in the community.</p> <p>Service Specification Please refer to 4.1</p> <p>Procurement Please refer to 4.1</p> <p>Implementation Please refer to 4.1</p>	Age	No in 2015	65-74	98	75-84	35	85+	15	<p>Please refer to 4.1 mitigation</p>
Age	No in 2015										
65-74	98										
75-84	35										
85+	15										
<p>3. Gender reassignment</p>	<p>Yes x</p>	<p>Data: At present there is no Corporate or Service Delivery Unit data available regarding Gender Reassignment.</p> <p>Currently, there are huge inconsistencies in population estimates of both transsexual people and the less clearly defined trans community across the UK. The Home Office estimates that there are between 1,550 and 2,400 transsexual people in the UK.</p> <p>Service Specification Please refer to 4.1</p> <p>Procurement Please refer to 4.1</p> <p>Implementation Please refer to 4.1</p>	<p>Please refer to 4.1 mitigation and also;</p> <p>Service Specification Legal Acts are in place to protect the rights of transsexual people (who have undergone medical intervention): the Sex Discrimination (Gender Reassignment) Regulations, introduced in 1999 protects transsexual people against discrimination in employment and</p>								

			<p>vocational training.</p> <p>The Gender Recognition Act 2004 provides a mechanism for someone to be legally recognised in their adopted gender. Sex Discrimination (Amendment of Legislation) Regulation (2008) seeks to eliminate unlawful direct discrimination and harassment on grounds of gender reassignment in the provision of goods, facilities and services.</p> <p>These acts will be built in to the requirements for Providers within the service specification.</p>
4. Pregnancy and maternity	No x	Not appropriate	Not appropriate
5. Race / Ethnicity	Yes	<p>Data: There are over 115,472 people from Black, Asian and minority ethnic (BAME) communities and 12,091 people of White/BAME heritage living in Barnet with a range of language and cultural needs.</p> <p>In year 2013-14 the total number of Service Users provided with <i>Community Based Services</i>, 25% were from BAME communities and 1.5% are from the mixed White/BAME community. (Please note that for ethnicity, there is no breakdown of service component to reflect the difference between HCS, meals service or equipment provided)</p> <p>Service provision for the 18-64 BAME communities equates to equal thirds for Physical Disabilities, Mental Health and Learning Disabilities.</p> <p>For the over 65's, service provision is 68% for Physical Disabilities and 16% for Mental Health.</p> <p>Service Specification Please refer to 4.1</p> <p>Individuals are entitled to have a service that is culturally-appropriate to meet their needs. Culture and diverse faiths may impact in the way health and social care is managed therefore service providers will need to have good cultural awareness about how they can work with people from diverse backgrounds.</p>	Please refer to 4.1 mitigation

		<p>Service users who use English as a second language or do not speak English may be affected by any changes in service due to lack of opportunity to engage in co-design.</p> <p>Procurement Please refer to 4.1</p> <p>Implementation Please refer to 4.1</p>	
6. Religion or belief	Yes	Please refer to 4.1	Please refer to 4.1
7. Gender / sex	Yes	<p>Data: Barnet's percentage of females aged 65+ is higher than the London average.</p> <p>Females over the age of 65 are disproportionately less likely to manage at least one domestic task on their own (2,324 projected in 2015) as opposed to 65+ males, 1,200 projected in 2015.</p> <p>In year 2103-14 – 4,440 females over the age of 18 received a service, compared to 3,075 males.</p> <p>Nearly double the number of females (2977) with physical disabilities when compared to males (1587) received a service.</p> <p>Service Specification Please refer to 4.1</p> <p>Procurement Please refer to 4.1</p> <p>Implementation Please refer to 4.1</p>	Please refer to 4.1 mitigation
8. Sexual orientation	Yes	<p>Please refer to 4.1</p> <p>There is no specific corporate or service data relating to sexual orientation.</p>	Organisations were selected on the basis of specific equalities requirements in relation to compliance with the Equality Act (Sexual Orientation) Regulations 2007, particularly Sec.3 discrimination on grounds of sexual orientation and Sec.4 provision of goods, facilities and services
9. Marital Status	No x	Not appropriate	Not appropriate
10. Carers	Yes x	<p>Please refer to 4.1</p> <p>Data: There are a total of 32,256 individuals providing unpaid care in Barnet and 320,341 providing paid care. In the</p>	<p>Please refer to Section 4.1</p> <p>Carer's needs and requirements have been</p>

	<p>year 2013 to 14, a total of 538 Carer's received a service and 1,403 received Information and advice only.</p>	<p>revised within the service specification aligned with the Care Act 2014.</p>
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<p>5. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of residents?</p>
<p>The general population in Barnet is very diverse in terms of faith, ethnicity, culture, language, gender and sexuality. Providers are expected to develop and demonstrate;</p> <ul style="list-style-type: none"> • a diverse workforce which reflects the demography of Barnet • service capacity in terms of skills which reflect Barnet demography and the Joint Strategic Needs Assessment • an organisation and care worker ethos and culture of “Be Human” respect and dignity <p>The impact of delivery will be positive towards all equality strands (thus taking account of the Barnet population as a whole) and it will be the duty of the council to ensure that it is monitored accordingly.</p>
<p>6. How does the proposal enhance Barnet’s reputation as a good place to work and live?</p>
<p>The current HCS contracts were let to 3 Lead Providers in 2011. There have been on-going problems resulting in two of the three original providers exiting the contract and their clients (many of whom are elderly), having to be re-directed to alternative services.</p> <p>A new approach has been proposed where there are more than one “Strategic Partner” in any locality and a list of approved providers working across the three localities.</p> <p>Strategic Partners will have additional responsibilities to work in partnership with Barnet to develop and improve services and support approved providers in terms of training and good practice.</p> <p>The current financial model is being reviewed to analyse options regarding fair and equitable provider rates across Barnet.</p> <p>The benefits of this approach will increase effectiveness, efficiency and capacity in service delivery, which in turn will encourage choice and control and improve outcomes for Service Users.</p>
<p>7. How will members of Barnet’s diverse communities feel more confident about the council and the manner in which it conducts its business?</p>
<p>Barnet’s diverse communities can feel more confident about the council and the manner in which it conducts in business by improving the robustness and capacity of service availability and sustainability.</p> <p>Furthermore it is supported in the Corporate Plan which sets out our strategic equalities objective:</p> <p>‘Our commitment is that citizens will be treated equally, with understanding and respect; have equal opportunity with other citizens; and receive quality services provided to best value principles.’</p> <p>There are six main equalities objectives and each Delivery Unit also has its own equalities objectives.</p> <p>The Corporate Plan describes how considering equalities is part of everything we do. It is embedded in the decisions we make as an organization and is fully integrated into the council’s business planning process. The council’s established approach to assessing the equality analysis</p>

of outcomes to changes in policy functions and activities support this. Policies, functions and activities are analysed for their equalities impacts and risks. These considerations will provide factual and specific information and assess the impact of those facts on different groups of people, including disabled people.

8. What measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact? *Include information about the groups of people affected by this proposal. Include how frequently will the monitoring be conducted and who will be made aware of the analysis and outcomes? Include these measures in the Equality Improvement Plan (section 15)*

Through:

- Service specification development - co-production with providers and service users
- Annual Evaluation Survey and Quality Assurance Report schedule (of which a summary is available to Service Users and the Council)
- Annual Service Delivery Plan and Improvement Plan, including Equalities plan supplemented by a bi-annual implementation report to the Council.
- Quarterly contract monitoring meetings with each provider each during Year 1 of the contract to monitor performance returns and delivery and improvement plan implementation
- Care Quality Commission, Provider the LBB Complaints procedure.
- Comprehensive recording of regular reviews, demonstrating flexible service delivery and noting Service Users' preferences about how the Service is to be delivered to meet their Outcomes. Recorded information is shared with Service Users as a matter of course.

9. How will the new proposals enable the council to promote good relations between different communities? *Include whether proposals bring different groups of people together, does the proposal have the potential to lead to resentment between different groups of people and how might you be able to compensate for perceptions of differential treatment or whether implications are explained.*

The proposal does not have the potential to lead to resentment between different groups of people; Prior to service provision an assessment is carried out which assess needs based on the individual and plans care provision that meets those needs and supports the individual regardless of ethnicity, belief, gender etc.

We believe that with a greater focus on personal choice and enablement, the service positively promotes equality and prevents discrimination against those with a protected characteristic.

10. How have residents with different needs been consulted on the anticipated impact of this proposal? How have any comments influenced the final proposal? *Please include information about any prior consultation on the proposal been undertaken, and any dissatisfaction with it from a particular section of the community.*

- An Advisory Group of service users and carers was set up to contribute and comment on the specification and potential service improvements as well as taking part in the tender evaluation process.
- Partnership Boards have been kept informed, input sought and invited to attend Advisory Groups.
- Where hard to reach groups have been identified e.g. LGBT community, CommUNITY Barnet has been utilised to identify groups to attend or individuals to consult. (in context of having experience of the HCS service).
- Specifications for the new service will be available on the internet for general consultation.
- Market and co-design events were run to consult with providers and stakeholders across the sector
- A staff consultation was mounted across all care groups, colleagues were consulted via team meetings and service specific questionnaires.

Overall Assessment

11. Overall impact		
Positive Impact <input checked="" type="checkbox"/>	Negative Impact or Impact Not Known ¹ <input type="checkbox"/>	No Impact <input type="checkbox"/>

12. Scale of Impact		
Positive impact: Minimal <input type="checkbox"/> Significant <input checked="" type="checkbox"/>	Negative Impact or Impact Not Known Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	

13. Outcome			
No change to decision <input checked="" type="checkbox"/>	Adjustment needed to decision <input type="checkbox"/>	Continue with decision <i>(despite adverse impact / missed opportunity)</i> <input type="checkbox"/>	If significant negative impact - Stop / rethink <input type="checkbox"/>

14. Please give full explanation for how the overall assessment and outcome was decided
<p>London Borough of Barnet is seeking to develop a new strategic approach to the delivery of Home and Community Support (HCS) which promotes a 'support' rather than 'care' ethos and this specification reflects the Council's aims to re-enable service users rather than creating a dependency on the HCS service.</p> <p>'Support' is personalised to meet the needs of the individuals, whether they require care delivered by a care worker from their own ethnic background, reflective of their own gender or communicate in their mother tongue language.</p> <p>It is proposed that the emphasis of the service will be an integrated one which will allow people to live in their environment independently as possible. Once the outcomes identified (in the original assessment) have been achieved, the service will end and the User will be referred to community based organisations for further support if needed.</p> <p>This creates a culture of prevention and enabling for the Service User, particularly from becoming dependent on the service and gives the Provider the incentive to develop and improve their services and career development and progression for their Care Workers.</p>

¹ 'Impact Not Known' – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.

This is also the first step towards outcomes focused service provision where in partnership with Service Users, Colleague and Providers we will work towards moving away from traditional time and task based model to one which is incentivised through achieving outcomes for Service Users.

15. Equality Improvement Plan

Please list all the equality objectives, actions and targets that result from the Equality Analysis (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer responsible	By when
Service User experience and outcomes	Annual Evaluation Survey and report schedule	Review equality impact on the outcomes of the Home and Community Support and Enablement services by equality strands. Other targets will be set/revised as necessary in response to issues identified.		Annual - 31 st March of each year
Service Improvement	Annual Service Delivery Plan and Improvement Plan, including Equalities plan	Targets will be set/revised as necessary in response to issues identified		Annual - 31 st March of each year

1st Authorised signature (Lead Officer)	2nd Authorised Signature (Delivery Unit management team member)
Date:	Date: