

Report Title:	Approval of Tender process for procurement of new Domiciliary Care Service for adults
Contains Confidential or Exempt Information	No
Cabinet Member:	Councillor Carroll, Cabinet Member for Adult Social Care, Children’s Services, Health, Mental Health and Transformation
Meeting and Date:	Cabinet – 28 April 2022
Responsible Officer(s):	Hilary Hall, Executive Director of Adults, Health and Housing Lynne Lidster, Head of Commissioning - People
Wards affected:	All

## **REPORT SUMMARY**

The current adult social care contracts for the provision of domiciliary (home-based) care to individuals living in the Borough, expire in August 2022. This report sets out information regarding the tender process, recommendations from officers following the tender and seeks approval for future contracting arrangements. It also includes recommendations from the member Task and Finish Group from the Adult, Children and Health Overview and Scrutiny Panel.

The council tendered for domiciliary care in January 2022 using a Dynamic Purchasing System; this model enables the council to approve new providers throughout the lifetime of the five-year contract, which has the option to be extended for a further two years. The contract is set at a fixed price of £19.40 per hour, pro-rated for part hours; this price was benchmarked with other local councils. The model of support within the specification focusses on reablement, using a strengths-based approach, to maximise people’s independence.

The proposal supports the objective within the Corporate Plan 2021-2026; “Thriving Communities – where families and individuals are empowered to achieve their ambitions and fulfil their potential” including the approaches identified in the Plan to “Shape our service-delivery around our communities’ diverse needs and put customers at the heart of all we do;” “Make the most effective use of resources – delivering the best value for money” and “Promote health and wellbeing, and focus on reducing inequalities, across all areas.”

## **1. DETAILS OF RECOMMENDATION(S)**

**RECOMMENDATION:** That Cabinet notes the report, and:

- i) **Approves the proposed contracting model to use a Dynamic Purchasing System for domiciliary care for a period of five years with an option to extend for a further two years.**
- ii) **Delegates authority to the Executive Director of Adults, Health and Housing to award contracts, starting on 1<sup>st</sup> August 2022, to those providers who successfully completed the tender process, using the**

Dynamic Purchasing System and to other providers meeting the criteria throughout the lifetime of the contract.

iii) Notes the recommendations made by the member Task and Finish group, namely

- That Cabinet approve the recommendations in the report to award the contracts to the providers that met the criteria of the tender.
- That Optalis ensure at all stages – during the care planning process, the start of the care package and during reviews - that people are aware that they can request a change of provider at any point for any reason.
- That the Task and Finish Group’s thanks to officers supporting the process is noted.

## 2. REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

### Options

**Table 1: Options arising from this report**

Option	Comments
<p>That Cabinet approves the recommendations as set out in this paper and delegates authority to the Executive Director for Adults, Health and Housing to conclude contractual arrangements with the successful providers who completed the Tender process as described.</p> <p><b>This is the recommended option</b></p>	<p>This option ensures that the council remains compliant with procurement regulations, as well as creating the opportunities for new providers to enter the market at any time over the life of the new contract (5 years with an option to extend for a further 2 years) and for under-performing providers to be suspended at any time, using the recommended Dynamic Purchasing System.</p>
<p>Extend the existing contracts with the current providers rather than establish a new framework.</p> <p><b>This option is not recommended.</b></p>	<p>This option is not compliant with the contracting and procurement standing orders and regulations as the existing contract will have reached the end of all possible extension options by August 2022 - and is therefore not permissible.</p>
<p>Conduct a Tender based on price as well as quality criteria; with a view to entering into new fixed term contracts with the winning tenderers.</p> <p><b>This option is not recommended.</b></p>	<p>Entering into contracts with a limited number of winning providers locks the council into contractual commitments with these providers over the life of the contract, which may be disadvantageous if there are subsequent care quality issues associated with the provider. It also risks a small number of providers not being able to take the work available and therefore the council would have to seek</p>

Option	Comments
	"off contract" providers at a higher cost.
Do nothing. <b>This option is not recommended.</b>	The council has a statutory duty to assess and arrange appropriate care and support for adults meeting its eligibility criteria and therefore is required to secure appropriate contracts for provision of this support. This option would mean the existing contracts would lapse in August 2022 without ongoing arrangements in place, bringing the council into breach of its obligations under the Care Act 2014. This option is also not compliant with the contracting and procurement standing orders and regulations.

- 2.1 Domiciliary (home based) care is the name given to the range of services put in place to support an individual in their own home following a social care assessment of the person's eligible care and support needs. The Care Act 2014 mandates the Local Authority to undertake such assessments and to arrange appropriate care and support following the assessment process. In the Royal Borough of Windsor and Maidenhead, social care assessments and arranging care and support are undertaken by Optalis on behalf of the council.
- 2.2 Domiciliary care includes support and assistance to the individual with personal care (washing / dressing / toileting) as well as support to maintain day to day household tasks (e.g. to maintain mobility, nutrition and hydration), or any other activity that allows the individual to maintain their quality of life and independent living. This care and support is commissioned from domiciliary care providers, registered with the Care Quality Commission (CQC), under formal contractual arrangements.
- 2.3 The current commissioned domiciliary care contracts commenced in 2015 and reach the end of any options to extend further in August 2022. Under the current arrangements, 5 providers undertake the majority of the total domiciliary care activities for the borough, equating to the provision of around 3,500 hours of care per week, or 350 packages of care of around 10 hours per week on average, per individual. The remaining is provided through individual "spot" or ad-hoc packages of care with other providers, typically at much higher cost.
- 2.4 The proposed contracting arrangements, under a Dynamic Purchasing System, provides flexibility for the borough to bring new providers into the contract throughout its duration, and to sustain diverse and good quality suppliers. The criteria includes the requirements for Electronic Call Monitoring (to ensure accurate digital information is captured regarding times / durations of calls etc, as well as being able to identify issues in "real time"); and that all providers must

hold a CQC rating for their registered office providing the care service, as “Good” or “Outstanding” – inability to comply with these requirements results in an automatic fail of the providers’ tender submission.

- 2.5 In addition, the criteria provide the borough with the contractual ability to suspend or permanently cease placing packages of care to any provider who fall below the quality thresholds required at any time over the life of the contract, without penalty to the council.
- 2.6 The tender criteria and contracting mechanism that provides the council with these flexibilities is known as a Dynamic Purchasing System (DPS); which formed the basis for the open market tender. The DPS is a recognised exercise under the Public Procurement Rules and the tender process was conducted by the council Procurement Team, in conjunction with legal services and commissioners, ensuring the correct procurement processes and legal documentation were completed and followed.
- 2.7 As part of the Tender process, providers with a CQC rating of “Good” or above were invited to complete their submission, covering financial / background checks, references, qualitative and quantitative questions; all of which were scored as either “Pass / Fail” and marked against a scoring matrix, with a stated 60% threshold indicating the pass mark for inclusion.
- 2.8 Evidence demonstrates that the majority of Individuals receiving care and support in the community have the potential to continuously improve with the right interventions at the right time and so a key principle of the new domiciliary care model is to focus the work of the provider on maximising a person’s independence and thus reducing reliance on paid support (i.e. commissioned council services including domiciliary care) and in preventing their level of need from increasing. From day one of working with the individual, the provider will be expected to adopt an enabling role, rather than creating an expectation of “dependency” or “doing for” the individual.
- 2.9 Either following an intense period of reablement delivered and supported through the Optalis Short Term Services and Reablement Team, or in all other cases where the Individual has not previously received such a service, the new model requires providers to continue working with an individual to build on the gains already achieved. This is likely to include a focus on the wider determinants of good health and well-being, including for example reducing social isolation.
- 2.10 The tender criteria stated that the proposed hourly rate paid to providers, should be fixed rather than open to price bids from providers, so that the bids received would be assessed and scored purely on quality criteria not on price. Market evidence from other Local Authorities shows that tenders for domiciliary care services that include the provider bidding a price to deliver the care service, often lead to a “race to the bottom” with providers submitting unrealistically low prices, resulting thereafter in an inability to recruit and retain quality staff; inability to accept new packages of care, or failure of the contract, resulting in the care packages being handed back to the local authority to re-commission. Therefore, the hourly rate was stated in the Tender as £19.40 per hour per carer. This hourly rate was determined after benchmarking exercises were carried out with neighbouring authorities in the South-East.

- 2.11 The Tender criteria also provided that where existing providers are currently performing well and meeting their contractual obligations, with no quality concerns from the individual receiving the service, or the borough commissioners / Optalis / CQC, then these providers should be allowed to retain their existing care packages into the new contract period, as well as bid for new packages of care as they arise in the new DPS. This will minimise disruption to people in receipt of an existing service, as well as provide stability within the market, whilst not precluding new eligible entrants from joining the DPS over the life of the new contract.
- 2.12 Following the tender closing date (February 2022), officers from the Procurement and Commissioning team evaluated all responses, to ensure that the procurement process had been correctly followed. In total, 9 potential responses were received and of these, 8 had complied with the procurement rules laid out in the DPS. This was broken down as:
- 5 providers that met the tender criteria without further clarification being required; 3 providers were subject to further clarification questions, which were subsequently satisfactorily answered, meaning that their tenders were also compliant with the procurement rules and were therefore eligible to join the DPS.
- 2.13 The Royal Borough's Adult Social Care Strategic Plan (2021-2024) sets out the vision for adult social care, "to enable people in the Royal Borough of Windsor and Maidenhead to live independent and fulfilled lives". The key principles underpinning the vision are:
- Prevention – embedding prevention to avoid crisis and loss of independence
  - Community – Investing in communities and their assets and connecting individuals to them
  - Choice – shaping solutions around outcomes that matter to individual people
  - Values – treating everyone with compassion, respect and dignity
- 2.14 These principles of Prevention, Community, Choice and Values are reflected throughout the new contract specification and terms, where there are clear expectations of the providers, including ensuring they work to support the individual to keep their community- based connections (friends, family, support groups etc) and maintain their independence for as long as possible.
- 2.15 In Summer 2021, the Adults, Children and Health Overview and Scrutiny Panel set up a Task and Finish Group (TFG) to scrutinise the re-tender of the domiciliary care service for adults in the borough. The purpose of the TFG was to understand the current provision of domiciliary care and to make recommendations on the future delivery of care at home for adult residents.
- 2.16 The recommendations made by the TFG are as follows:
- That Cabinet approve the recommendations in the report to award the contracts to the providers that met the criteria of the tender.
  - That Optalis ensure at all stages – during the care planning process, the start of the care package and during reviews - that people are aware that they can request a change of provider at any point for any reason.

- That the TFG thanks to officers supporting the process are noted.

### 3. KEY IMPLICATIONS

3.1 See table 2 below.

**Table 2 Key Implications**

<b>Outcome</b>	<b>Unmet</b>	<b>Met</b>	<b>Exceeded</b>	<b>Significantly Exceeded</b>	<b>Date of delivery</b>
Existing contracts with providers end on 31 July 2022	Contract continues beyond 31 <sup>st</sup> July	31 <sup>st</sup> July 2022	N/A	N/A	1 <sup>st</sup> August 2022
Dynamic Purchasing System is established in readiness for 1 August 2022; there are successful providers who join the DPS and are offered new packages of care.	The DPS fails to secure suitable prospective providers resulting in an ability for the council to secure care provision for residents across the borough.	DPS created; new providers join the DPS; terms and conditions agreed in readiness for new contract to commence from 1 <sup>st</sup> August 2022.	N/A	N/A	1 <sup>st</sup> August 2022

### 4. FINANCIAL DETAILS / VALUE FOR MONEY

- 4.1 The cost of delivering this contract will be contained within existing resources and the inflation was built into the 2022/23 budget. The contract will be in place from August 2022. In future years of the contract inflation is at the discretion of the Council and will take into factors such as CPI and changes to staff costs.
- 4.2 In September 2020, the council commissioned domiciliary support for 267 older people in the borough. By March 2021 this had increased to 351 people and in February 2022 to 373 people. This figure equates to 1.3% of the population of the borough who are over 65 (28,700 in 2020). By 2025, the over 65s population is expected to reach 30,990; if the rate of commissioning stayed the same, the number of people receiving council commissioned domiciliary care would increase to 402. However, to maximise people's independence and reduce reliance on paid support, the focus of the new contract is on reablement. This approach, alongside reshaping the Short Term and Reablement Service provided by Optalis, ensures that the council commissions appropriate levels of support for residents.

## 5. LEGAL IMPLICATIONS

- 5.1 The Council must comply with the Care Act 2014 which states that the Council must meet eligible social care needs following a care act assessment and a financial assessment. It also states that people must have choice and control over the services they receive. The Council also has other legal obligations, including the Equality Act 2010 under which the Public Sector Equality Duty arises.
- 5.2 When considering changes to service provision, Cabinet should have due regard to the Public Sector Equalities Duty. To have due regard means that in making decisions it must consciously consider the need to do the things set out in the general equality duty: eliminate discrimination, advance equality of opportunity and foster good relations.
- 5.3 In providing services to people under the Care Act 2014 the Council must ensure that services meet the needs of people who are eligible and that there are a range of services available so that people have choice and control. Alongside the services currently on offer and those proposed in this report, people will have the option of taking a direct payment and arranging their own support for themselves or their family member.
- 5.4 As this report requests approval to award a new service contract under the Dynamic Purchasing System, the borough commissioners have worked extensively with the Procurement and Legal teams, ensuring that the procurement is conducted in accordance with the correct Public Procurement Rules and legal processes and following advice from both teams.

## 6. RISK MANAGEMENT

**Table 3: Impact of risk and mitigation**

<b>Risk</b>	<b>Level of uncontrolled risk</b>	<b>Controls</b>	<b>Level of controlled risk</b>
New providers do not join the DPS throughout the lifetime of the contract	MEDIUM	The council will monitor the take up of packages of care by providers on the DPS on a monthly basis. Where it is identified that there are unmet needs, the council will advertise the DPS to new providers.	LOW
Providers on the DPS fall below the CQC good or outstanding rating.	MEDIUM	The care quality team in Optalis will work with providers to support them to maintain high standards and to prepare for inspection. Where any unmet need is identified the council will advertise the DPS to new providers.	LOW

## 7. POTENTIAL IMPACTS

- 7.1 Equalities. The Equality Act 2010 places a statutory duty on the council to ensure that when considering any new or reviewed strategy, policy, plan, project, service or procedure the impacts on particular groups, including those within the workforce and customer/public groups, have been considered. An EQIA is available to view on the Council website and is also shown at Appendix A.
- 7.2 Climate change/sustainability. The new contract requires all providers to work to promote a sustainable and biodiverse environment and to provide the council with copies and updates of any policies and procedures it has (or later brings into place over the term of the DPS) which detail the provider's sustainability plans.
- 7.3 Data Protection/GDPR. The DPS was conducted on the basis that, to minimise disruption to the individual in receipt of care, existing providers would be able to retain their existing care packages and that the DPS would therefore only be used for new care packages as they arise. There is no personal data that will be processed as a result of this Cabinet paper decision. The contract documentation between the council and the provider lays out extensive Data Protection / GDPR requirements for providers to follow, when the new service commences and new packages of care arise.

## 8. CONSULTATION

- 8.1 Consultation with Members was undertaken as part of the process. The Adults, Children and Health Overview and Scrutiny Panel set up a Task and Finish Group to scrutinise the re-tender of the domiciliary care service for adults in the borough. The purpose of the task and finish group was to understand the current provision of domiciliary care and to make recommendations on the future delivery of care at home for adult residents.
- 8.2 As recommended by the Task and Finish Group, Optalis' ongoing care and support process will ensure that consultation with individuals in receipt of the service will also take place (during the care planning process, the start of the care package and during reviews). This will ensure that individuals are informed of their choices regarding providers, including the right to request a change of provider at any point for any reason, or to receive instead, a Direct Payment so that they can arrange their own care and support.

## 9. TIMETABLE FOR IMPLEMENTATION

- 9.1 Implementation date if not called in: Immediately'. The full implementation stages are set out in the table 4 below.

**Table 4: Implementation timetable**

Date	Details
Mid May 2022	Contract mobilisation commences.
1 <sup>st</sup> August 2022	New Dynamic Purchasing System commences.



## 10. APPENDICES

10.1 This report is supported by 1 appendix:

- Appendix A – Equality Impact Assessment

## 11. BACKGROUND DOCUMENTS

11.1 Details of the current existing standard form of contract for domiciliary care can be found on the RBWM website here.

<https://www.rbwm.gov.uk/media/502/download>

## 12. CONSULTATION

Name of consultee	Post held	Date sent	Date returned
<i>Mandatory:</i>		<i>Statutory Officers (or deputies)</i>	
Adele Taylor	Executive Director of Resources/S151 Officer	29/3/22	30/3/22
Emma Duncan	Deputy Director of Law and Strategy / Monitoring Officer	29/3/22	30/3/22
<i>Deputies:</i>			
Andrew Vallance	Head of Finance (Deputy S151 Officer)	29/3/22	30/3/22
Elaine Browne	Head of Law (Deputy Monitoring Officer)	29/3/22	30/3/22
Karen Shepherd	Head of Governance (Deputy Monitoring Officer)	29/3/22	30/3/22
Lyn Hitchinson	Procurement Manager	29/3/22	29/3/22
Duncan Sharkey	Chief Executive	29/3/22	29/3/22
Andrew Durrant	Executive Director of Place	29/3/22	29/3/22
Kevin McDaniel	Executive Director of Children's Services	29/3/22	29/3/22
Hilary Hall	Executive Director of Adults, Health and Housing	28/3/22	29/3/22
Confirmation relevant Cabinet Member(s) consulted	Cabinet Member for Adult Social Care, Children's Services, Health, Mental Health and Transformation	Yes	

## REPORT HISTORY

Decision type:	Urgency item?	To follow item?
Key decision: First entered into the Cabinet Forward	No	No

Plan 21 October 2021		
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Report Author: Lynne Lidster, Head of Commissioning, People. 07554  
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**ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD**  
**EQUALITY IMPACT ASSESSMENT**

**EqlA : Domiciliary Care – new purchasing framework**

**Essential information**

Items to be assessed: (please mark 'x')

Strategy		Policy		Plan		Project		Service/Procedure	x
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Responsible officer	Lynne Lidster	Service area	People Commissioning	Directorate	Adults, Health and Housing
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<b>Stage 1: EqlA Screening (mandatory)</b>	Date created: 10/03/2022	<b>Stage 2 : Full assessment (if applicable)</b>	Date created N/A
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**Approved by Head of Service / Overseeing group/body / Project Sponsor:**

*"I am satisfied that an equality impact has been undertaken adequately."*

**Signed by (print):** Lynne Lidster, Head of Commissioning - People

**Dated:** 28<sup>th</sup> March 2022

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

### EqlA : Domiciliary Care – new purchasing framework

#### Guidance notes

##### What is an EqlA and why do we need to do it?

The Equality Act 2010 places a ‘General Duty’ on all public bodies to have ‘due regard’ to:

- Eliminating discrimination, harassment and victimisation and any other conduct prohibited under the Act.
- Advancing equality of opportunity between those with ‘protected characteristics’ and those without them.
- Fostering good relations between those with ‘protected characteristics’ and those without them.

EqlAs are a systematic way of taking equal opportunities into consideration when making a decision, and should be conducted when there is a new or reviewed strategy, policy, plan, project, service or procedure in order to determine whether there will likely be a detrimental and/or disproportionate impact on particular groups, including those within the workforce and customer/public groups. All completed EqlA Screenings are required to be publicly available on the council’s website once they have been signed off by the relevant Head of Service or Strategic/Policy/Operational Group or Project Sponsor.

##### What are the “protected characteristics” under the law?

The following are protected characteristics under the Equality Act 2010: age; disability (including physical, learning and mental health conditions); gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

##### What’s the process for conducting an EqlA?

The process for conducting an EqlA is set out at the end of this document. In brief, a Screening Assessment should be conducted for every new or reviewed strategy, policy, plan, project, service or procedure and the outcome of the Screening Assessment will indicate whether a Full Assessment should be undertaken.

##### Openness and transparency

RBWM has a ‘Specific Duty’ to publish information about people affected by our policies and practices. Your completed assessment should be sent to the Strategy & Performance Team for publication to the RBWM website once it has been signed off by the relevant manager, and/or Strategic, Policy, or Operational Group. If your proposals are being made to Cabinet or any other Committee, please append a copy of your completed Screening or Full Assessment to your report.

##### Enforcement

Judicial review of an authority can be taken by any person, including the Equality and Human Rights Commission (EHRC) or a group of people, with an interest, in respect of alleged failure to comply with the general equality duty. Only the EHRC can enforce the specific duties. A failure to comply with the specific duties may however be used as evidence of a failure to comply with the general duty.

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

### EqlA : Domiciliary Care – new purchasing framework

#### Stage 1 : Screening (Mandatory)

##### 1.1 What is the overall aim of your proposed strategy/policy/project etc and what are its key objectives?

The overall aim of the project is to re-tender the Council's Domiciliary (Home based) care contract, as the existing contracts have come to the end of their possible extension options. The new service contract will commence from 1<sup>st</sup> August 2022.

Domiciliary care is the provision of care and support at home for individuals who have been assessed by the Optalis adult social care team as having eligible care and support needs, in accordance with the provisions of the Care Act 2014.

The new service will be procured using a Dynamic Purchasing System, which is a recognised procurement exercise under the Public Procurement Rules.

The key objective of establishing the new contracts through a Dynamic Purchasing System are to encourage a vibrant and diverse market of care providers in the area, so that people receiving a domiciliary care service can have choice and control over the support they receive, from the supplier of their choice.

The proposal also supports the objectives within the Corporate Plan 2021-2026; “Thriving Communities – where families and individuals are empowered to achieve their ambitions and fulfil their potential” including the approaches identified in the Plan to “Shape our service-delivery around our communities’ diverse needs and put customers at the heart of all we do;” “Make the most effective use of resources – delivering the best value for money” and “Promote health and wellbeing, and focus on reducing inequalities, across all areas.”

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

### **EqIA : Domiciliary Care – new purchasing framework**

**1.2 What evidence is available to suggest that your proposal could have an impact on people (including staff and customers) with protected characteristics? Consider each of the protected characteristics in turn and identify whether your proposal is Relevant or Not Relevant to that characteristic. If Relevant, please assess the level of impact as either High / Medium / Low and whether the impact is Positive (i.e. contributes to promoting equality or improving relations within an equality group) or Negative (i.e. could disadvantage them). Please document your evidence for each assessment you make, including a justification of why you may have identified the proposal as “Not Relevant”.**

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

### EqlA : Domiciliary Care – new purchasing framework

Protected characteristics	Relevance	Level	Positive/negative	Evidence
<b>Age</b>	Relevant	Medium	Positive	<p><i>Key data: An estimated 18.9% of the local population are aged 65+yrs. [Source: ONS mid-year estimates 2020, taken from <a href="#">Berkshire Observatory</a>]</i> Domiciliary care is predominantly provided to older people within the population, and usually comprises the provision of support for daily living activities such as washing, dressing, nutrition and hydration etc. The establishment of a Dynamic Purchasing System, as opposed to the traditional contracts with a small number of providers, will ensure that there is a wider choice of care providers, (who meet the quality threshold for acceptance by the council onto the framework), available for the individual in receipt of care. The new contract that providers will be required to sign, requires the provider to work with the individual to deliver the outcomes that they individual would like to achieve. The focus will be on enabling the individual to “Live their best life” with the individual placed at the centre of any decision making.</p> <p>The new contracts will ensure that the individual has choice about deciding who their provider should be; and at any time during the service there will be the ability for the person to change provider, should they wish to do so. The contract also allows for the individual to receive a Direct Payment from the council, instead of council funded and arranged care, should that be their preference.</p>
<b>Disability</b>	Relevant	Medium	Positive	<p>The new Contract will also provide for care and support for people with a disability, should they have identified care and support needs. All of the provisions outlined in the “Age” characteristics would also apply for Disability.</p>
<b>Gender re-assignment</b>	Not relevant		Neutral	
<b>Marriage/civil partnership</b>	Not relevant		Neutral	
<b>Pregnancy and maternity</b>	Not relevant		Neutral	

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

### EqlA : Domiciliary Care – new purchasing framework

Race	Relevant	Medium	Positive	<p><i>Key data: The 2011 Census indicates that 86.1% of the local population is White and 13.9% of the local population is BAME. The borough has a higher Asian/Asian British population (9.6%) than the South East (5.2%) and England (7.8%). The forthcoming 2021 Census data is expected to show a rise in the BAME population. [Source: 2011 Census, taken from <a href="#">Berkshire Observatory</a>]</i></p> <p>The Dynamic Purchasing System allows the council to invite a wide range of providers who pass the quality threshold, to join the framework. This has the advantage over a traditional tender with a fixed number of suppliers, in that it allows a wider range of providers to bid for care packages as they become available. As part of the tender selection process, providers wishing to join the DPS were required to describe in detail how they would ensure that the care they offered, was sensitive and appropriate for the particular characteristics of the borough, including race. In addition individuals in receipt of a care service have the choice to take a Direct Payment and arrange their own care, should this be their preference. The new DPS and contract is therefore considered to be positive for this protected characteristic.</p>
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# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

### EqlA : Domiciliary Care – new purchasing framework

<b>Religion and belief</b>	Relevant	Medium	Positive	<p><i>Key data: The 2011 Census indicates that 62.3% of the local population is Christian, 21.7% no religion, 3.9% Muslim, 2% Sikh, 1.8% Hindu, 0.5% Buddhist, 0.4% other religion, and 0.3% Jewish. [Source: 2011 Census, taken from <a href="#">Berkshire Observatory</a>] The Dynamic Purchasing System allows the council to invite a wide range of providers who pass the quality threshold, to join the framework. This has the advantage over a traditional tender with a fixed number of suppliers, in that it allows a wider range of providers to bid for care packages as they become available. As part of the tender selection process, providers wishing to join the DPS were required to describe in detail how they would ensure that the care they offered, was sensitive and appropriate for the particular characteristics of the borough, including religion and belief. In addition individuals in receipt of a care service have the choice to take a Direct Payment and arrange their own care, should this be their preference. The new DPS and contract is therefore considered to be positive for this protected characteristic.</i></p>
<b>Sex</b>	Relevant	Medium	Positive	<p><i>Key data: In 2020 an estimated 49.6% of the local population is male and 50.4% female. [Source: ONS mid-year estimates 2020, taken from <a href="#">Berkshire Observatory</a>] As part of the process for arranging individual packages of care, the new contract provides for the individual with eligible care and support needs to specify their preference for a male or female carer. By having a Dynamic Purchasing System with a potentially wider cohort of providers, there will be greater opportunities for the council to ensure they can offer providers with carers whose gender matches the requirements of the individual in receipt of care. This is therefore considered to be positive for this protected characteristic.</i></p>

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

### EqlA : Domiciliary Care – new purchasing framework

<b>Sexual orientation</b>	Relevant	Medium	Positive	Part of the arrangements within the new contract specify that the care provider has to work with the individual to develop a care and support plan, describing the aspirations, wishes and requirements of the individual. Providers are encouraged within the contract, to try to match carers with individuals wherever possible and this would where appropriate to the support plan, include sexual orientation. This is therefore considered to be positive for this protected characteristic.
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### Outcome, action and public reporting

Screening Assessment Outcome	Yes / No / Not at this stage	Further Action Required / Action to be taken	Responsible Officer and / or Lead Strategic Group	Timescale for Resolution of negative impact / Delivery of positive impact
<b>Was a significant level of negative impact identified?</b>	No	No further action required		
<b>Does the strategy, policy, plan etc require amendment to have a positive impact?</b>	No			

If you answered **yes** to either / both of the questions above a Full Assessment is advisable and so please proceed to Stage 2. If you answered “No” or “Not at this Stage” to either / both of the questions above please consider any next steps that may be taken (e.g. monitor future impacts as part of implementation, re-screen the project at its next delivery milestone etc).

**ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD  
EQUALITY IMPACT ASSESSMENT**

**EqlA : Domiciliary Care – new purchasing framework**

**Stage 2 : Full assessment**

**2.1 : Scope and define**

**2.1.1 Who are the main beneficiaries of the proposed strategy / policy / plan / project / service / procedure? List the groups who the work is targeting/aimed at.**

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**2.1.2 Who has been involved in the creation of the proposed strategy / policy / plan / project / service / procedure? List those groups who the work is targeting/aimed at.**

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# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

### EqlA : Domiciliary Care – new purchasing framework

**2.1.2** Who has been involved in the creation of the proposed strategy / policy / plan / project / service / procedure? *List those groups who the work is targeting/aimed at.*

### 2.2 : Information gathering/evidence

**2.2.1** What secondary data have you used in this assessment? *Common sources of secondary data include: censuses, organisational records.*

**2.2.2** What primary data have you used to inform this assessment? *Common sources of primary data include: consultation through interviews, focus groups, questionnaires.*

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

### EqlA : Domiciliary Care – new purchasing framework

Eliminate discrimination, harassment, victimisation

Protected Characteristic	Advancing the Equality Duty : Does the proposal advance the Equality Duty Statement in relation to the protected characteristic (Yes/No)	If yes, to what level? (High / Medium / Low)	Negative impact : Does the proposal disadvantage them (Yes / No)	If yes, to what level? (High / Medium / Low)	Please provide explanatory detail relating to your assessment and outline any key actions to (a) advance the Equality Duty and (b) reduce negative impact on each protected characteristic.
Age					
Disability					
Gender reassignment					
Marriage and civil partnership					
Pregnancy and maternity					
Race					
Religion and belief					
Sex					
Sexual orientation					

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

### EqlA : Domiciliary Care – new purchasing framework

#### Advance equality of opportunity

Protected Characteristic	Advancing the Equality Duty : Does the proposal advance the Equality Duty Statement in relation to the protected characteristic (Yes/No)	If yes, to what level? (High / Medium / Low)	Negative impact : Does the proposal disadvantage them (Yes / No)	If yes, to what level? (High / Medium / Low)	Please provide explanatory detail relating to your assessment and outline any key actions to (a) advance the Equality Duty and (b) reduce negative impact on each protected characteristic.
Age					
Disability					
Gender reassignment					
Marriage and civil partnership					
Pregnancy and maternity					
Race					
Religion and belief					
Sex					
Sexual orientation					

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

### EqlA : Domiciliary Care – new purchasing framework

#### Foster good relations

Protected Characteristic	Advancing the Equality Duty : Does the proposal advance the Equality Duty Statement in relation to the protected characteristic (Yes/No)	If yes, to what level? (High / Medium / Low)	Negative impact : Does the proposal disadvantage them (Yes / No)	If yes, to what level? (High / Medium / Low)	Please provide explanatory detail relating to your assessment and outline any key actions to (a) advance the Equality Duty and (b) reduce negative impact on each protected characteristic.
Age					
Disability					
Gender reassignment					
Marriage and civil partnership					
Pregnancy and maternity					
Race					
Religion and belief					
Sex					
Sexual orientation					

**2.4 Has your delivery plan been updated to incorporate the activities identified in this assessment to mitigate any identified negative impacts? If so please summarise any updates.**

*These could be service, equality, project or other delivery plans. If you did not have sufficient data to complete a thorough impact assessment, then an action should be incorporated to collect this information in the future.*