

Appendix 'F'

Section 4

Equality Analysis Toolkit

Insert EAT subject here
For Decision Making Items

November 2011

What is the Purpose of the Equality Decision-Making Analysis?

The Analysis is designed to be used where a decision is being made at Cabinet Member or Overview and Scrutiny level or if a decision is being made primarily for budget reasons. The Analysis should be referred to on the decision making template (e.g. E6 form).

When fully followed this process will assist in ensuring that the decision-makers meet the requirement of section 149 of the Equality Act 2010 to have due regard to the need: to eliminate discrimination, harassment, victimisation or other unlawful conduct 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.

Having due regard means analysing, at each step of formulating, deciding upon and implementing policy, what the effect of that policy is or may be upon groups who share these protected characteristics defined by the Equality Act. The protected characteristics are: age, disability, gender reassignment, race, sex, religion or belief, sexual orientation or pregnancy and maternity – and in some circumstances marriage and civil partnership status.

It is important to bear in mind that "due regard" means the level of scrutiny and evaluation that is reasonable and proportionate in the particular context. That means that different proposals, and different stages of policy development, may require more or less intense analysis. Discretion and common sense are required in the use of this tool.

It is also important to remember that what the law requires is that the duty is fulfilled in substance – not that a particular form is completed in a particular way. It is important to use common sense and to pay attention to the context in using and adapting these tools.

This process should be completed with reference to the most recent, updated version of the Equality Analysis Step by Step Guidance (to be distributed) or EHRC guidance - [EHRC - New public sector equality duty guidance](#)

Document 2 "Equality Analysis and the Equality Duty: Guidance for Public Authorities" may also be used for reference as necessary.

This toolkit is designed to ensure that the section 149 analysis is properly carried out, and that there is a clear record to this effect. The Analysis should be completed in a timely, thorough way and should inform the whole of the decision-making process. It must be considered by the person making the final decision and must be made available with other documents relating to the decision.

The documents should also be retained following any decision as they may be requested as part of enquiries from the Equality and Human Rights Commission or Freedom of Information requests.

Support and training on the Equality Duty and its implications is available from the County Equality and Cohesion Team by contacting

AskEquality@lancashire.gov.uk

Specific advice on completing the Equality Analysis is available from your Directorate contact in the Equality and Cohesion Team or from Jeanette Binns

Jeanette.binns@lancashire.gov.uk

Name/Nature of the Decision

Re-commissioning Domiciliary Care for People with Learning Disabilities in Supported Living in Lancashire 2014/15 to 2021/22 under a revised Framework.

What in summary is the proposal being considered?

As part of the budget savings proposals for 2011 to 2014 a proposal was approved to establish a temporary Learning Disability Supported Living Remodelling Team which has been fully operational since April 2012. The project is to ensure that those people who live in supported living schemes are supported in the most appropriate, flexible and cost effective way based on the principles of self directed support, maximising the use of personal budgets, local assets and universal services.

The remodelling work is delivered through a number of different work streams with engagement from service providers and other stakeholders.

Part of the remodelling of learning disability supported living project consists of a review of the Learning Disability Preferred Provider Scheme (currently 66 providers, 49 providing domiciliary care). The scheme was originally set up in 2007 and revised in 2010 to monitor quality of Learning Disability services including domiciliary care, residential care and day service.

The scheme was due to end in September 2014, two cabinet extensions were granted for the contracts to end May 2015.

The majority of services are delivered through domiciliary care into people's own homes whether they share them with their families or with other people with learning disabilities. If the County Council arranges support for people with learning disabilities it uses providers on the preferred provider list and will only use other providers if none of the preferred providers can meet an individual's needs.

People who get direct payments to organise their own support do not have to use providers from the preferred provider list.

The current framework was developed in partnership with Providers and Partnership Boards and consists of a matrix with three components;

- 1) Provider criteria
- 2) Staff criteria
- 3) Service user criteria

There is a long list of standards that providers have to meet to be on the list (over 60) and providers also have to show that their services are person centred and they can support people to live the life they want. The matrix was used to monitor providers against a set criterion and if they were successful they were included on the scheme. If they did not meet some of the criteria there was an option to appeal.

There are concerns with the framework that the LD Commissioners have identified as needing to address;

- It has not been monitored by contracts since 2010
- Reduction in LCC and contracts capacity to monitor a large number of providers
- Probably too much choice in the market now – mostly indistinguishable providers from service user perspective
- LCC / contracts insufficient capacity to facilitate meaningful choice on 66 providers based on quality / price combinations

Although some of the criteria requires on-going monitoring (i.e. regular attendance at provider network meetings) in reality this has not happened within the Council. When Contracts restructured (pre OCL) the officers moved into generic roles and therefore no longer had dedicated LD monitoring officers who could monitor the scheme.

The vision for Adult and Community Services was set out in 2012 with a range of people: managers, customers, front line staff and other partners. It says what our challenges are and what is going to drive where we are going as a directorate during 2013/15. It is called the 4Cs – citizens, communities, customers and colleagues - and is in the context of how we find ways of supporting people and communities.

Priority 5 was to 'Develop alternative types of accommodation which enable people to retain their independence and whenever possible provide a home for life.

Three actions were identified within this

5.2 Ensure that those people with learning disabilities who live in supported living schemes are supported in the most appropriate, flexible and cost effective way based on the principles of self-directed support, maximising the use of personal budgets and universal services

5.3 Remodel current supported living situations for people with learning disabilities to ensure that there will be a range of housing options available for people to choose from

5.4 Minimise the need for specialist out of county placements and provide opportunities for people currently placed in such services to move back to their home area

References/Bibliography

The national context has been set out in a document which is contained with the project documentation.

Project Initiation Document presented to the Programme Board January 2014

Is the decision likely to affect people across the county in a similar way or are specific areas likely to be affected – e.g. are a set number of branches/sites to be affected? If so you will need to consider whether there are equality related issues associated with the locations selected – e.g. greater percentage of BME residents in a particular area where a closure is proposed as opposed to an area where a facility is remaining open.

The Learning Disability Domiciliary market in Lancashire provides support;

- For over 3000 people with a learning disability
- Through 66 learning disability preferred care providers which includes support within the home, residential support and day services. Of these 49 are domiciliary providers. There are also a growing number of non preferred providers.

The Learning Disability Domiciliary market in Lancashire also employs a significant workforce.

The County Council spends £110 million on people with learning disabilities. 63% is spent of domiciliary care and currently accounts for 23% of the Adult Social Care budget.

Although 3000 people are supported by LD services only the 1800 (approximation) who receive any of the services outlined above are in scope.

People with Learning Disabilities receiving domiciliary support in supported living per district

District	Number of people
Preston	311
Lancaster	241
Chorley	217
Hyndburn	185
Fylde	158
West Lancs	134
South Ribble	100
Burnley	95
Wyre	69

Pendle	60
Ribble Valley	52
Rossendale	46

Could the decision have a particular impact on any group of individuals sharing protected characteristics under the Equality Act 2010, namely:

- Age
- Disability including Deaf people
- Gender reassignment
- Pregnancy and maternity
- Race/ethnicity/nationality
- Religion or belief
- Sex/gender
- Sexual orientation
- Marriage or Civil Partnership Status

In considering this question you should identify and record any particular impact on people in a sub-group of any of the above – e.g. people with a particular disability or from a particular religious or ethnic group.

It is particularly important to consider whether any decision is likely to impact adversely on any group of people sharing protected characteristics to a disproportionate extent. Any such disproportionate impact will need to be objectively justified.

Yes. People with a Learning Disability

If you have answered "Yes" to this question in relation to any of the above characteristics, – please go to Question 1.

If you have answered "No" in relation to all the protected characteristics, please briefly document your reasons below and attach this to the decision-making papers. (It goes without saying that if the lack of impact is obvious, it need only be very briefly noted.)

Question 1 – Background Evidence

What information do you have about the different groups of people who may be affected by this decision – e.g. employees or service users (you could use monitoring data, survey data, etc to compile this). As indicated above, the relevant protected characteristics are:

- Age
- Disability including Deaf people
- Gender reassignment/gender identity
- Pregnancy and maternity
- Race/Ethnicity/Nationality
- Religion or belief
- Sex/gender
- Sexual orientation
- Marriage or Civil Partnership status (in respect of which the s. 149 requires only that due regard be paid to the need to eliminate discrimination, harassment or victimisation or other conduct which is prohibited by the Act).

In considering this question you should again consider whether the decision under consideration could impact upon specific sub-groups e.g. people of a specific religion or people with a particular disability. You should also consider how the decision is likely to affect those who share two or more of the protected characteristics – for example, older women, disabled, elderly people, and so on.

People with learning disability transcend all age groups.

People with learning disabilities are at increased risk of many health conditions compared to the general population. Common problems include:

- Respiratory disease,
- Gastrointestinal cancer ,
- Long term conditions ,
- Anxiety and depression,

- Schizophrenia ,
- Challenging behaviours ,
- Dementia ,
- Sensory impairment ,
- Oral health ,
- Dysphasia ,
- Diabetes ,
- Gastro-Oesophageal Reflux Disease (GORD) ,
- Osteoporosis,
- Injuries,
- Accidents and falls.

Lancashire Learning Disability Joint Strategic Needs Analysis (2012) found that;

People with learning disabilities are at increased risk of early death and generally have a shorter life expectancy than the general population. Estimates at quantifying this additional risk suggest the all-cause mortality rate for people with learning disabilities is three times higher than the general population.

There will be a potential impact of proposed changes to Learning Disability Preferred Provider scheme for people with learning disabilities across Lancashire;

- Some existing domiciliary care users may choose to shift to Direct Payments. To grow direct payment numbers is an explicit aim nationally and for LCC.
- Some service users may experience a change of provider and;
- This may mean some changes to the staff from whom they receive their support;
- Some will be anxious about the prospect of changes and are concerned about timescales.
- There could be an increase in advocacy referrals.

Question 2 – Engagement/Consultation

How have you tried to involve people/groups that are potentially affected by your decision? Please describe what engagement has taken place, with whom and when.

(Please ensure that you retain evidence of the consultation in case of any further enquiries. This includes the results of consultation or data gathering at any stage of the process)

People with learning disabilities and family carers have been invited to take part in face to face meetings in January and July 2014 and to complete an online or paper questionnaire.

- All correspondence has been produced in easy read.
- Events have all taken place in accessible venues.
- Carer's expenses were offered to all carers attending workshops.
- A website page has been developed to provide feedback.

Providers and other stakeholders i.e. health and housing colleagues have also been invited to meetings and had the opportunity to contribute through an online questionnaire.

Also consultation has taken place with existing provider, self-advocate and family carer forums. All Learning Disability Partnership Boards have been consulted. In addition Lancashire Carers Forum and Learning Disability Preferred Provider County Quality Group.

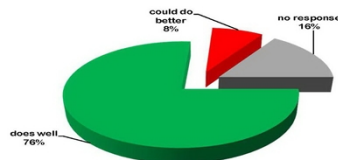
In March /April 2014 questionnaires were sent to all the above stakeholders.

Nearly 700 responses were received and these have been collated. 371 responses were from people with learning disabilities.

Responses from Questionnaire;

Q1; We asked you to look at a list of things providers support you with and asked you to tell us if they do them well or could do better

In numbers...



361 people answered these questions

on average...

76% liked their current care

8% said it could be better

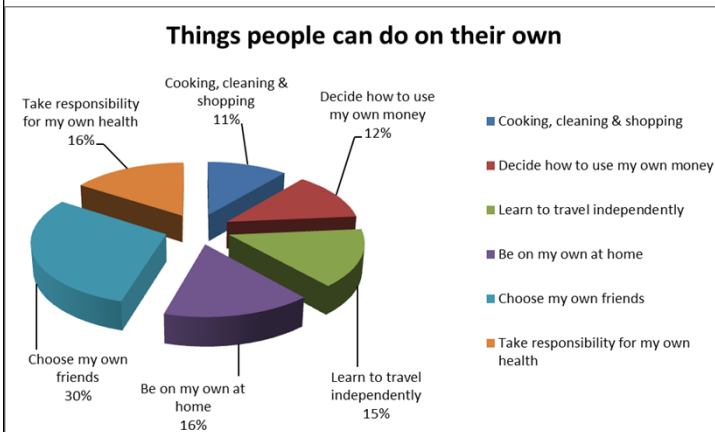
Q2; We asked you to tell us things providers do well

Do well	%
Leisure	25%
Supportive staff	17%
Domestic support	15%
Person centred support	13%
Stay healthy	9%
Personal care	9%
Support with money	8%

Q3; We asked you if there were things providers could do better

Could do better	%
Person centred support	21%
Support hours	19%
Help me find more opportunities	18%
Relationships	8%
Don't listen to people	8%
Independence	6%
Support with money	5%
Keep me safe	5%

Q4;



Q5; Are there other things your support workers help you with that you think you could do on your own?

Do on your own	%
Cleaning, cooking & shopping	38%
Decide how I use my money	24%
Learn to travel	21%
Take responsibility for own health	7%
Be on my own, do things on my own	7%
Find work	3%

Q6; Are there things that should be added to the preferred provider scheme?

Things to be added	%
Person centred support	15%
Communication and information	15%
More supportive and respectful staff	6%
Quality staff training	6%
Better personal care	6%
Help find more opportunities	6%
Co operation between providers	6%
Pay living wage	3%
Housing	3%
More support hours	3%
More domestic support	3%
Leisure	3%
Monitoring contracts	3%
Finding work	3%

Support to access advocacy	3%
Better support for cultural needs	3%
On call system	3%
More resources	3%
Open, honest, transparent providers	3%

Collated responses from the consultation events and questionnaires have been posted on the Council's engagement website. The link is;

<http://www3.lancashire.gov.uk/corporate/consultation/responses/response.asp?ID=229>

A consultation log is being kept of every consultation undertaken with a log of information gathered and how this information will shape or change the proposed framework.

The information gathered has been analysed and will be used to inform the new framework criteria.

Question 3 – Analysing Impact

Could your proposal potentially disadvantage particular groups sharing any of the protected characteristics and if so which groups and in what way?

It is particularly important in considering this question to get to grips with the actual practical impact on those affected. The decision-makers need to know in clear and specific terms what the impact may be and how serious, or perhaps minor, it may be – will people need to walk a few metres further to catch a bus, or to attend school? Will they be cut off altogether from vital services? The answers to such questions must be fully and frankly documented, for better or for worse, so that they can be properly evaluated when the decision is made.

Could your proposal potentially impact on individuals sharing the protected characteristics in any of the following ways:

- Could it discriminate unlawfully against individuals sharing any of the protected characteristics, whether directly or indirectly; if so, it must be amended. Bear in mind that this may involve taking steps to meet the specific needs of disabled people arising from their disabilities

- Could it advance equality of opportunity for those who share a particular protected characteristic? If not could it be developed or modified in order to do so?

- Does it encourage persons who share a relevant protected characteristic to participate in public life or in any activity in which participation by such persons is disproportionately low? If not could it be developed or modified in order to do so?

- Will the proposal contribute to fostering good relations between those who share a relevant protected characteristic and those who do not, for example by tackling prejudice and promoting understanding? If not could it be developed or modified in order to do so? Please identify any findings and how they might be addressed.

For Service users/Carers:

- Some existing domiciliary care users may shift to Direct Payments. To grow direct payment numbers is an explicit aim nationally
- Some may experience a change of provider and;
- This may mean some changes to the staff from whom they receive their support;
- Some will be anxious about the prospect of changes and are concerned about timescales.
- An increase in advocacy referrals

For the County Council there may be:

- Unusual flows, peaks and troughs of work during the transition period;
- Larger volume of queries & complaints;
- Rise in unscheduled review work;
- System management changes to plan and implement.
- Manage the change over a 3 year period starting in June 2015
- Effective monitoring of providers which has not taken place since 2010

Question 4 –Combined/Cumulative Effect

Could the effects of your decision combine with other factors or decisions taken at local or national level to exacerbate the impact on any groups?

For example - if the proposal is to impose charges for adult social care, its impact on disabled people might be increased by other decisions within the County Council (e.g. increases in the fares charged for Community Transport and reductions in respite care) and national proposals (e.g. the availability of some benefits) . Whilst LCC cannot control some of these decisions, they could increase the adverse effect of the proposal. The LCC has a legal duty to consider this aspect, and to evaluate the decision, including mitigation, accordingly.

If Yes – please identify these.

- Lancashire County Council's in house Learning Disability domiciliary care decommissioning may put some pressure on the sector.
- Reduction in LCC budgets meaning the quality elements of any procurement activity is perceived as a cost cutting measure.
- Restructure of LCC meaning in house expertise may be lost.
- Changes to Universal Credit & Housing Benefit Legislation may affect people with learning disabilities who live in supported living.
- Changes to Independent Living Fund will affect a significant number of people with learning disabilities. This is being reviewed by LCC.

Question 5 – Identifying Initial Results of Your Analysis

As a result of your analysis have you changed/amended your original proposal?

Please identify how –

For example:

Adjusted the original proposal – briefly outline the adjustments

Continuing with the Original Proposal – briefly explain why

Stopped the Proposal and Revised it - briefly explain

The final outcome of the project has been influenced by the consultation that has been undertaken with a wide range of stakeholders.

Other options have been considered for the future management of the Council's directly commissioned domiciliary care/ supported living for people with learning disability and these are set out in detail with a recommended option analysed by stakeholders in the second stage of consultations in July 2014.

Renewing Current PP Scheme is not felt to be an option. The scheme has not been monitored by Lancashire County Council since it started in September 2010.

There have been too many too many providers to monitor.

Few, if any, other councils, have such comparatively large numbers of agencies on their domiciliary care preferred provider scheme. Effectively the current scheme operates as an accreditation scheme, with the Council setting and testing the achievement of quality and fitness for purpose thresholds at a given point in time. The current scheme's accreditation began for providers in 2009.

Families and self-advocates have not been aware of the scheme and there are too many providers to offer a meaningful choice. The scheme has focused heavily on paperwork and has not focused on quality.

The current scheme has closed the market to new providers however recent tenders for specialist work has not been met by current providers and the Council has had to go outside of the current scheme.

We do want to keep some current standards to deliver a modernised and updated scheme/framework that:

- Promote personalisation
- Supports integrated working with other Health and Social Care services and organisations;
- Ensures the dignity of individuals and safeguard those who are vulnerable;
- Incorporates human rights obligations into decision making and commissioning and contracting practices.
- Maximises the impact of LD support in terms of delivering positive outcomes for citizens around their independence and wellbeing.
- Incentivise and ensure consistently high standards and performance – such as Driving Up Quality and Lancashire Values

Question 6 - Mitigation

Please set out any steps you will take to mitigate/reduce any potential adverse effects of your decision on those sharing any particular protected characteristic. It is important here to do a genuine and

realistic evaluation of the effectiveness of the mitigation contemplated. Over-optimistic and over-generalised assessments are likely to fall short of the “due regard” requirement.

Also consider if any mitigation might adversely affect any other groups and how this might be managed.

Providers and the County Council recognise that going from the current number and configuration of learning disability domiciliary care services to the far fewer number in each zone suggested in this report will be challenging in a number of respects including changes to finance and technology arrangements, workforce, communications and operations.

Additional interim capacity will be established to ensure that the changes are managed effectively, over a reasonable timescale and with due regard for the safeguarding needs of everyone who relies on learning disability Domiciliary Care.

To illustrate the complexity, the award of contract to a smaller number of providers in each of the 12 districts could mean for Providers:

- A reduction from over **66** current Preferred providers to a much smaller number of providers who will be on the new Framework, perhaps 15 to 25;
- All providers will be able to seek business and work with Direct Payment recipients and this may lead to some changes of approach and focus for many of them;
- Some providers will see rise in business turnover and some will see decline. These may be steady or sharp changes.
- Links with differing housing providers

Support Workers may experience some combination of:

- TUPE transfer from an existing provider to a new care employer;
- Changes to terms and conditions which should be improvements if other recommendations in this report are approved;
- Some changes to the service users who they work with.

This will all be taking place during a period when the County Council's major ICT systems are changing and the organisation is downsizing and restructuring.

Our initial proposals to manage this as effectively as possible include the following:

- Actively shaping the process of TUPE transfer of staff between providers: Any successful bidder for a zone with a defined group of outgoing providers in that zone for transfer of business and staff. LCC could utilise the skills and experience of our own Council Human Resources staff to oversee / manage / coordinate some of this TUPE transfer work.
- Supporting recruitment into the Domiciliary Care sector. During this period of transition, the County Council could offer to coordinate some zone-based recruitment events for all successful providers.
- Liaising with other Councils for lessons learned from similar change processes. Providers who have particular experiences from elsewhere regarding these changes have been particularly helpful in saying what worked better / poorer from their

perspectives during these types of transition.

- Planning and execution of an effective communication strategy for the transition period, providing reassurance for staff and service users.
- We will need to ensure there is adequate support and advice available for people with learning disabilities who wish to opt for a direct payment
- Ensure all the system changes needed to support the new approach are documented, staff are trained, and providers are ready for the contract commencement date.

Given the static nature of the business, it is proposed to effect transition over a 3 year period, setting out a clear time line for a coordinated transfer of business from the outgoing providers to those on the framework.

Question 7 – Balancing the Proposal/Countervailing Factors

At this point you need to weigh up the reasons for the proposal – e.g. need for budget savings; damaging effects of not taking forward the proposal at this time – against the findings of your analysis. Please describe this assessment. It is important here to ensure that the assessment of any negative effects upon those sharing protected characteristics is full and frank. The full extent of actual adverse impacts must be acknowledged and taken into account, or the assessment will be inadequate. What is required is an honest evaluation, and not a marketing exercise. Conversely, while adverse effects should be frankly acknowledged, they need not be overstated or exaggerated. Where effects are not serious, this too should be made clear.

The recommended option would meet many of the requirements identified through the feedback from consultation workshops and questionnaires which is published on the website.

<http://www3.lancashire.gov.uk/corporate/consultation/responses/response.asp?ID=229>

It would be based on a number of people per area requiring support meaning a greater emphasis on relationships and linking with the surrounding community.

It would mean a smaller number of providers per district who have met a revised quality measure allowing a more meaningful choice for self-advocates and families.

A greater emphasis will be given to monitoring both quality and safeguarding and the number of providers will allow for the scheme to be monitored both by the County Council

but through peer monitoring.

The quality measure will include an emphasis on the active sign up to the *Driving up Quality Code 2013* as well as an emphasis on monitoring by self-advocates and families.

It meets the requirements set out through the *Valuing People Now (2009)* White Paper for authorities and services to:

- Redesign their systems to give people more control over their support and allow them to use the resources available more flexibly. greater personalisation means:
- commissioners changing how they work and what they decide to buy, and getting better at listening to people;
- providers working differently, in particular by setting up new types of services around individuals rather than groups;

There would be a greater emphasis on quality and a requirement for providers to work together and also in partnership with the County Council around the wider remodelling principles.

We would expect providers to be able to minimise 'on costs' and maximise shared support where appropriate through a revised benchmark rate for services.

Providers working already in that area best placed to continue to provide services meaning there would be an element of service continuity for tenants, providers and families

The geographical zones would be based on a district footprint allowing district partners to identify with the schemes in their area. Each district would be made up of a number of zones both large and small to allow a mix of size of providers

The option can support a mature and sensible relationship between the local authority as a bulk buyer and the provider sector that can facilitate local strategic planning for quality and capacity. A core issue is workforce development and capacity which would benefit from the strategic and coherent joint approach that would be easier under this model.

Key constraints will be on resources in terms of Project Board staff time (plus considerations must be given to restructures, reviews of posts and VR) and future monitoring arrangements, quality of the future scheme and timescale - the project must be finished by the contract extension.

Lack of capacity for project staff working on multiple critical challenge projects

The project is following on from the Dom Care review and alongside the Extra Care review, Mental Health review, Health framework etc.

Expected or potential dis-benefits

- It will mean a change of support provider for some people as some providers will not meet the revised quality measure or the criteria for operating in a zone.
- Change is not always welcomed by families and self-advocates
- Providers generally have not supported this option and we do expect that some providers may end up supporting less people but other providers may support more.
- Provider closures due to actual or anticipated fall in turnover

- There will be no financial cost saving to the authority unless the provider rate is reviewed & services are remodelled to reduce the levels of formal support
- As the project is county wide it could be perceived that the project does not take local arrangements into account.
- Contracts have to allocate time to the monitoring of the scheme from a base of zero monitoring.
- Work around a revised hourly rate may mean a potential financial saving to the County Council which may not be seen favourably.

Question 8 – Final Proposal

In summary, what is your final proposal and which groups may be affected and how?

The Cabinet Member for Adult & Community Services is being recommended to:

- (i) Approve proposals for Re-commissioning and Procuring Learning Disability Supported living (Domiciliary care) services over a 3 year period for people with a learning disability in supported living and/or receiving domiciliary care. This will be under a revised Framework from June 2015 which place an emphasis on:
 - Commissioning Supported living (Domiciliary Care) Services which:
 - Promote Personalisation;
 - Become more outcome focussed and maximise independence;
 - Support integrated working with other Health and Social Care services and organisations;
 - Ensure the dignity of individuals and safeguards those who are vulnerable;
 - Incorporate human rights & Mental Capacity Act obligations into decision making and commissioning and contracting practices.
 - Endorsing the principles contained in the Driving Up Quality Code & Lancashire Values for people with learning disabilities
 - Supported Living Providers who wish to secure places on the revised Framework will need to sign up to the Driving Up Quality Code & Lancashire Values.
 -
 - Investing in and developing Lancashire's Learning Disability Supported Living workforce by:
 - Ensuring all Supported living providers are contractually obliged to follow compliance guidance from Her Majesty's Revenue and Customs (HMRC) on paying National Minimum Wage (NMW);
 - Setting prices on the Learning Disability Framework on the basis of
 - Minimising the use of zero hours contracts (ZHC) in the Supported living sector;
 - Hourly pay rates converging towards "Living Wage" rates for all Support Workers during the lifetime of the new contracts';
 - National Minimum Wage Compliance
 - Adopting a strategic approach to training in the sector, analysing the workforce National Minimum Data Set, working with Skills for Care, and leveraging its investment in Lancashire Workforce Development Partnership

to ensure delivery of training to support workers is in line with local priorities and takes account of CQC regulations, the Cavendish report, and the guidance under development by National Institute for Clinical Excellence (NICE);

- Changing the Council's approach to contracting so that:
 - Providers are clear about their responsibilities to act compatibly with the Human Rights Act 1998 & Mental Capacity Act, 2005 and contracts would give users of contracted services a direct right of redress against the provider in the event that their human rights are breached;
 - There is a greater emphasis on quality over price in procurement of supported living;
 - Providers are expected to support the principles of Self Directed Support and take greater responsibility in supporting individuals to exert choice and control over the use of their Personal Budgets;
 - There is the adoption of a clear and robust approach to quality based on service user derived standards, the co-produced 'Lancashire Values' and Key Performance Indicators, reliable monitoring and incentives to continually improve;
 - A clear expectation that Providers will work in partnership with County Council to deliver Remodelling of Supported Living and reduce the reliance on formal paid support,
 - The new Framework for Learning Disability Supported Living offers a minimum guaranteed level of business to providers which is subject to periodic negotiations and reset according to predicted demand*;
 - The length of contracts offered to providers is extended for up to 7 years on the basis of an initial 3 years with the option of yearly extensions for a maximum of a further 4 years, subject to satisfactory progress and performance, and in order to encourage investment in workforce and systems and to reduce procurement costs;
 - Flexibility is built in to design of the contracts to enable the introduction of new approaches and innovations in service delivery and payment mechanisms;
 - Internal County Council arrangements for quality and contract management are redesigned to ensure consistently high performance is rewarded, mediocre or poor performance is swiftly challenged and consistently poor performance leads to contract termination.

- Shaping the Market including:
 - Significant reductions in Learning Disability Supported Living provider numbers operating under contracts from the County Council allowing for a more collaborative approach to working with commissioners and other providers, encouraging investment in systems and workforce development, reducing the proportion of provider sector's spend on management and overheads; and reducing transaction costs for the County Council;
 - Offering contracts for Supported Living (Domiciliary Care) business in specified geographic 'zones' to promote more efficient working across the system and closer integrated working with joint NHS and Social Care 'Neighbourhood Teams' of frontline staff;
 - Allocating of new business to providers to secure a balanced and sustainable market in each zone by the end of the transition period, and then using publishing benchmark performance data to ensure focus on maintaining standards and continual improvement for the duration of the

- contract term;
- Enabling smaller supported living providers to bid for a smaller volume contract within zones to maintain variation in the market place and reducing the business risk for successful but newer businesses growing from a smaller base;
- Limiting market share for any one provider to ensure the sectors longer term sustainability while ensure healthy competition and choice;
- Encouraging and fostering continued growth in the take up of direct payments.

Question 9 – Review and Monitoring Arrangements

Describe what arrangements you will put in place to review and monitor the effects of your proposal.

A project board led by the Adult Services, Health and Wellbeing Directorate has been formed which is supported by the Directorate Programme Office. The project board meets monthly, is county wide and officers report progress and invite appropriate representatives as necessary. This Project Board will continue to monitor the implementation of the proposals.

The project board consists of officers from ;

Commissioning

Business Intelligence

Procurement Centre Of Excellence

County Treasurers

Personal Social Care

Programme Office

As necessary;

Corporate Communications

Directorate Administration/Mail Direct

Also consultation with existing provider, self-advocate and family carer forums will continue. All Learning Disability Partnership Boards will continue to be consulted with. In addition Lancashire Carers Forum and Learning Disability Preferred Provider County Quality Group will have ongoing consultation.

Self advocate and family reviews of Providers will form part of the revised scheme/framework.

Equality Analysis Prepared By Ian Crabtree & Sam Leonard

Position/Role: Joint Commissioning Managers, Learning Disability,
ASHW

Equality Analysis Endorsed by Line Manager and/or Chief Officer Terry
Mears, Head of Commissioning, Central, ASHW

Decision Signed Off By

Cabinet Member/Chief Officer or SMT Member

Please remember to ensure the Equality Decision Making Analysis is submitted with the decision-making report and a copy is retained with other papers relating to the decision.

Where specific actions are identified as part of the Analysis please ensure that an EAP001 form is completed and forwarded to your Directorate's contact in the Equality and Cohesion Team.

Directorate contacts in the Equality & Cohesion Team are:

Karen Beaumont – Equality & Cohesion Manager

Karen.beaumont@lancashire.gov.uk

Contact for Adult & Community Services Directorate

Jeanette Binns – Equality & Cohesion Manager

Jeanette.binns@lancashire.gov.uk

Contact for Environment Directorate, Lancashire County Commercial Group and One Connect Limited

Saulo Cwerner – Equality & Cohesion Manager

Saulo.cwerner@lancashire.gov.uk

Contact for Children & Young Peoples Directorate

Pam Smith – Equality & Cohesion Manager

Pam.smith@lancashire.gov.uk

Contact for Office of the Chief Executive and the County Treasurer's Directorate

Thank you