

# SSA EQUALITY IMPACT AND NEEDS ANALYSIS

<b>Directorate</b>	Adult Social Care and Public Health
<b>Service Area</b>	Commissioning and Quality Standards
<b>Service/policy/function being assessed</b>	Direct Payment Support Service
<b>Which borough (s) does the service/policy apply to</b>	Richmond
<b>Staff involved in developing this EINA</b>	William Durant, Dawn Patrick
<b>Date approved by Directorate Equality Group (if applicable)</b>	
<b>Date approved by Policy and Review Manager</b> All EINAs must be signed off by the Policy and Review Manager	
<b>Date submitted to Directors' Board</b>	

## 1. Summary

<p><b>Proposal</b></p> <p>This EINA is for a single joint contract across Richmond and Wandsworth for the provision of a direct payment support service (DPSS). Currently there is a single contract with a provider in each borough which ends June 2023 and the new model proposed is a single contract across the SSA.</p> <p>A Direct Payment is an amount of money that is given to service users to arrange and pay for their own care and support services. It acts as a means to maximise the choice and control service users have over their own care and is designed to enable people to maintain their independence.</p> <p>The Care Act 2014 and associated guidance require all councils to ensure that all Direct Payment recipients are offered appropriate support to set up and maintain their Direct Payments as independently as possible. Direct Payment support services play a key role in helping people manage their Direct Payments by offering a range of support including employment information and advice, support to recruit a personal assistant, and payroll and managed account services.</p> <p><b>Findings</b></p> <p>Compared to the borough population, service users who receive direct payments contain a higher proportion of people who are:</p> <ul style="list-style-type: none"><li>• Female,</li><li>• Over-65,</li><li>• Have learning or physical disabilities,</li><li>• Black/black British or from other ethnic groups.</li></ul>
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**Positive Impacts**

In response to consultations with stakeholders and research conducted for this EINA, the specification for the future contract will increase focus on the following:

- Clear information on support available and what service users can spend their monies on (including on-line access to information on status of funds).
- Offering enhanced and flexible methods of communication and peer support including on-line, or social media groups (e.g Facebook) for people to stay in touch, benefit from mutual support and share solutions.
- Development of the PA market and recruitment strategies to “widen the net of PAs” including those with specialist skills, and those out of borough as required through joint working with the Council and other partners to promote the role of PAs and offer support and training.
- Proactive support to encourage innovative and flexible use of direct payments, helping service users explore different ways to meet their outcomes.
- Development of local knowledge and connections to signpost and raise service users’ awareness of community organisations and resources that can offer advice and support.

**Negative Impacts**

A potential change in provider of the service could mean disruption to arrangements to which service users have become accustomed, a change that could be difficult for over-65s, those with a learning disability or those who live alone.

To mitigate this, we will implement the following:

- Communicate to service users clearly about any changes to the provider, in different forms appropriate to the variety of needs among service users.
- As part of the transition process, any service users who need additional support to understand the implications of the changes will be identified and appropriately supported.
- There will be an extensive mobilisation period to ensure a smooth transition and continuity of support for the service users potentially impacted by a change in provider.

Changing the delivery model to one single provider that spans both boroughs may mean the new provider may not initially have the necessary localised knowledge and connections to give comprehensive advice on what local services direct payments can be spent. We would mitigate this by ensuring the specification and tender evaluation includes a requirement that the provider develops local knowledge and connections.

**2. Evidence gathering and engagement**

**a. What evidence has been used for this assessment? For example, national data, local data via DataRich or DataWand**

Evidence	Source
Online survey of 28 DPSS service users in Richmond and Wandsworth	HealthWatch commissioned research.

Telephone interviews with 15 DPSS service users in Richmond and Wandsworth	HealthWatch commissioned research.
Population projections for age, sex, ethnicity	Greater London Authority 2021. *Mosaic 2021.
Population projections for disability	Projecting Adult Needs and Service Information 2020. Mosaic 2021.
Population projections for marriage and civil partnership, religion and belief	ONS Census 2011. Mosaic 2021.
Population projections for sexual orientation	ONS Sexual orientation by English and Welsh local authorities, 2016-2018. Mosaic 2021.
Population projections and needs for carers	'People at the Heart of Care' – DHSC Richmond JSNA 2021. 'Caring behind closed doors: six months on' – Carers UK, 2020.

\*Adult Social Care client information system.

**b. Who have you engaged and consulted with as part of your assessment?**

Individuals/Groups	Consultation/Engagement results	Date	What changed as a result of the consultation
Service users via Healthwatch – R & W	43 respondents in survey and oral feedback via telephone survey	July 2021	Specification changed
Learning disability partnership board – R & W	Discussion and oral feedback	March 2022	As above
Market engagement with providers	Oral and written feedback	February 2022	As above
Operational teams, social workers, finance officers	Oral and written feedback	February 2022	As above
Richmond CVS Forum & Coproduction Group	Oral and written feedback	April 2022	As above

3. Analysis of need

Potential impact on this group of residents and actions taken to mitigate impact and advance equality, diversity and inclusion

Protected group	Findings																				
Age	<p><b>Richmond population</b></p> <p>Table showing the percentage of people in Richmond in each age group.</p> <table><tr><th>Age group</th><th>% of borough population*</th><th>% of service users receiving a direct payment**</th><th>% of service users receiving home care**</th></tr><tr><td>18-64</td><td>79%</td><td>65.48%</td><td>28.63%</td></tr><tr><td>65-74</td><td>11%</td><td>7.38%</td><td>16.45%</td></tr><tr><td>75-84</td><td>7%</td><td>10.95%</td><td>23.29%</td></tr><tr><td>85+</td><td>3%</td><td>16.19%</td><td>31.62%</td></tr></table> <p>*Source: GLA 2021</p> <p>**Source: Mosaic, November 2021</p> <p><b>Analysis</b></p> <ul style="list-style-type: none"><li>• While there are a greater proportion of people receiving direct payments in the older age groups, this reflects the social care needs in the borough and a higher proportion of those aged 18-64 who receive care do so through direct payments.</li><li>• The majority of Direct Payment service users are under 65, and much younger compared with the total numbers of people receiving commissioned home care.</li><li>• According to research run by Healthwatch, some service users emphasised the importance of continuity in the arrangements they had with the support service. Disruption to this continuity would impact more on older service users or their carers, who may find it more difficult to navigate new arrangements, communication and customer service.</li><li>• In the same research, some service users wanted an online platform and a log in to the system for managing accounts and processing paperwork (instead of using e-mails and phone). With a higher prevalence of digital literacy, this would be more likely help younger service users, but could also help family members of service users of any age.</li></ul>	Age group	% of borough population*	% of service users receiving a direct payment**	% of service users receiving home care**	18-64	79%	65.48%	28.63%	65-74	11%	7.38%	16.45%	75-84	7%	10.95%	23.29%	85+	3%	16.19%	31.62%
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Disability	<p><b>Richmond population</b></p> <p>Table showing the number and percentage of people in Richmond by disability type.</p>																				

	<b>Disability type</b>	<b>% of people aged 18-64</b>
	Learning disability	2%
	Physical disability (including impaired mobility, visual impairment, hearing loss)	16%
	Common mental disorder	19%
	Source: Projecting Adult Needs and Service Information 2020	
<b>Richmond service users who receive a direct payment</b>		
Table showing the percentage of service users in Richmond in each service user group.		
	<b>SUG</b>	<b>% of service users aged 18-64 receiving a direct payment</b>
	ASSD Mental Health Support	11%
	ASSD Learning Disability Support	56%
	ASSD Physical Support	30%
	ASSD Sensory Support	1%
	ASSD Support with Memory and Cognition	0%
	ASSD Social Support	1%
Source: Mosaic, November 2021		
<b>Analysis</b>		
<ul style="list-style-type: none"><li>• All those in receipt of a direct payment will have a limiting long-term condition such as a learning disability or physical disability.</li><li>• Local Healthwatch research suggests that service users with learning disabilities and their families would like to use direct payments more flexibly beyond direct care, such as on activities or relationship support services.</li><li>• People with a physical disability are more represented among service users who use the direct payment support service, compared to direct payment service users as a whole.</li><li>• According to research run by Healthwatch, some service users emphasised the importance of continuity in the arrangements they had with the support service. Disruption to this continuity may particularly impact service users with a learning disability or their suitable person, who may find it more difficult to navigate new arrangements, communication and customer service.</li><li>• The same research suggested that the support service’s customer service was not always effective for people with disabilities.</li><li>• Some service users found it difficult to identify trained PAs, something that may particularly impact service users with learning disabilities or complex needs.</li></ul>		
<b>Sex</b>	<b>Richmond population</b>	
	Table showing the percentage of people in Richmond for each gender.	

	<table><tr><th>Gender</th><th>% of borough population*</th><th>% of service users with a direct payment**</th></tr><tr><td>Female</td><td>51.39%</td><td>57.76%</td></tr><tr><td>Male</td><td>48.61%</td><td>42.24%</td></tr></table> <p>*Source: GLA 2020</p> <p>**Source: Mosaic, November 2021</p> <p><b>Analysis</b></p> <ul style="list-style-type: none"><li>• Direct payment service users are more (57%) female than the borough population (51%).</li><li>• Direct payment service users from the learning disability group differ, with 62% being male.</li></ul>	Gender	% of borough population*	% of service users with a direct payment**	Female	51.39%	57.76%	Male	48.61%	42.24%																					
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Marriage and civil partnership	<p><b>Richmond population</b></p> <p>Table showing the percentage of borough population in each marital status group.</p> <table><tr><th>Name</th><th>% of borough population</th></tr><tr><td>Divorced or formerly in a same-sex civil partnership which is now legally dissolved</td><td>7.9%</td></tr><tr><td>In a registered same-sex civil partnership</td><td>0.4%</td></tr><tr><td>Married</td><td>47.3%</td></tr><tr><td>Separated (but still legally married or still legally in a same-sex civil partnership)</td><td>2.2%</td></tr><tr><td>Single (never married or never registered a same-sex civil partnership)</td><td>36.7%</td></tr><tr><td>Widowed or surviving partner from a same-sex civil partnership</td><td>5.4%</td></tr></table> <p>Source: ONS Census 2011</p> <p><b>Richmond service users who receive a direct payment</b></p> <p>Table showing the percentage of service users in Richmond in each marital status group.</p> <table><tr><th>Marital status</th><th>% of service users receiving a direct payment</th></tr><tr><td>Married</td><td>10%</td></tr><tr><td>Unknown</td><td>43%</td></tr><tr><td>Separated</td><td>3%</td></tr><tr><td>Single</td><td>31%</td></tr><tr><td>Divorced</td><td>5%</td></tr><tr><td>Cohabiting</td><td>0%</td></tr><tr><td>Widowed</td><td>7%</td></tr></table> <p>Source: Mosaic, November 2021</p>	Name	% of borough population	Divorced or formerly in a same-sex civil partnership which is now legally dissolved	7.9%	In a registered same-sex civil partnership	0.4%	Married	47.3%	Separated (but still legally married or still legally in a same-sex civil partnership)	2.2%	Single (never married or never registered a same-sex civil partnership)	36.7%	Widowed or surviving partner from a same-sex civil partnership	5.4%	Marital status	% of service users receiving a direct payment	Married	10%	Unknown	43%	Separated	3%	Single	31%	Divorced	5%	Cohabiting	0%	Widowed	7%
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	<p><b>Analysis</b></p> <ul style="list-style-type: none"><li>• The data for service users contains a significant proportion of unknowns, therefore it is not clear whether there is less representation married individuals among this cohort compared to the borough population.</li><li>• Research run by Healthwatch suggested that service users who had support from their family rated their experiences with the support service more positively, likely due to the additional help that their family members provided them with both in terms of managing their direct payments and accessing the support service.</li><li>• On the other hand, service users who were more isolated or lived alone reported to have more difficulties with using the support service and generally asked for more information and support.</li></ul>																					
<b>Pregnancy and maternity</b>	No data available, refer to section on data gaps.																					
<b>Race/ethnicity</b>	<p><b>Richmond population</b></p> <p>Table showing the percentage of people in Richmond in each ethnic group.</p> <table><tr><th>Ethnic group</th><th>% of borough population*</th><th>% of service users receiving a direct payment**</th></tr><tr><td>Asian/Asian British</td><td>9%</td><td>7%</td></tr><tr><td>Black/black British</td><td>2%</td><td>5%</td></tr><tr><td>Mixed/multiple ethnic groups</td><td>4%</td><td>2%</td></tr><tr><td>Other ethnic groups</td><td>2%</td><td>6%</td></tr><tr><td>White/white British</td><td>84%</td><td>71%</td></tr><tr><td>Not stated</td><td>N/A</td><td>9%</td></tr></table> <p>*Source: GLA 2020</p> <p>**Source: Mosaic, November 2021</p> <p><b>Analysis</b></p> <ul style="list-style-type: none"><li>• Direct payment service users are similar to the borough population in that white/white British is the by far the largest and majority ethnic group.</li><li>• Black/black British and other ethnic groups are more represented among service users who use the direct payment support service, compared to the borough population.</li><li>• People from mixed/multiple ethnic groups are less represented among direct payment service users compared to the borough population.</li></ul>	Ethnic group	% of borough population*	% of service users receiving a direct payment**	Asian/Asian British	9%	7%	Black/black British	2%	5%	Mixed/multiple ethnic groups	4%	2%	Other ethnic groups	2%	6%	White/white British	84%	71%	Not stated	N/A	9%
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<b>Religion and belief, including non belief</b>	<p><b>Richmond population</b></p> <p>Table showing the percentage of people in Richmond for each religion.</p>																					

	<table><tr><th>Religion</th><th>% of borough population*</th><th>% of service users receiving a direct payment**</th></tr><tr><td>Buddhist</td><td>0.8%</td><td>1.4%</td></tr><tr><td>Christian</td><td>55.3%</td><td>23.1%</td></tr><tr><td>Hindu</td><td>1.6%</td><td>1.9%</td></tr><tr><td>Jewish</td><td>0.8%</td><td>1.2%</td></tr><tr><td>Muslim</td><td>3.3%</td><td>2.1%</td></tr><tr><td>Sikh</td><td>0.8%</td><td>0%</td></tr><tr><td>Other religion</td><td>0.5%</td><td>0.2%</td></tr><tr><td>No religion</td><td>28.4%</td><td>4.8%</td></tr><tr><td>Not stated / Unknown</td><td>N/A</td><td>65.2</td></tr><tr><td></td><td></td><td></td></tr></table> <p>*Source: ONS Census 2011</p> <p>**Source: Mosaic, November 2021</p> <p><b>Analysis</b></p> <p>The data for service users contains many unknowns for religion, so it is not clear whether there is a lower representation of Christians or those with no religion among direct payment service users.</p>	Religion	% of borough population*	% of service users receiving a direct payment**	Buddhist	0.8%	1.4%	Christian	55.3%	23.1%	Hindu	1.6%	1.9%	Jewish	0.8%	1.2%	Muslim	3.3%	2.1%	Sikh	0.8%	0%	Other religion	0.5%	0.2%	No religion	28.4%	4.8%	Not stated / Unknown	N/A	65.2			
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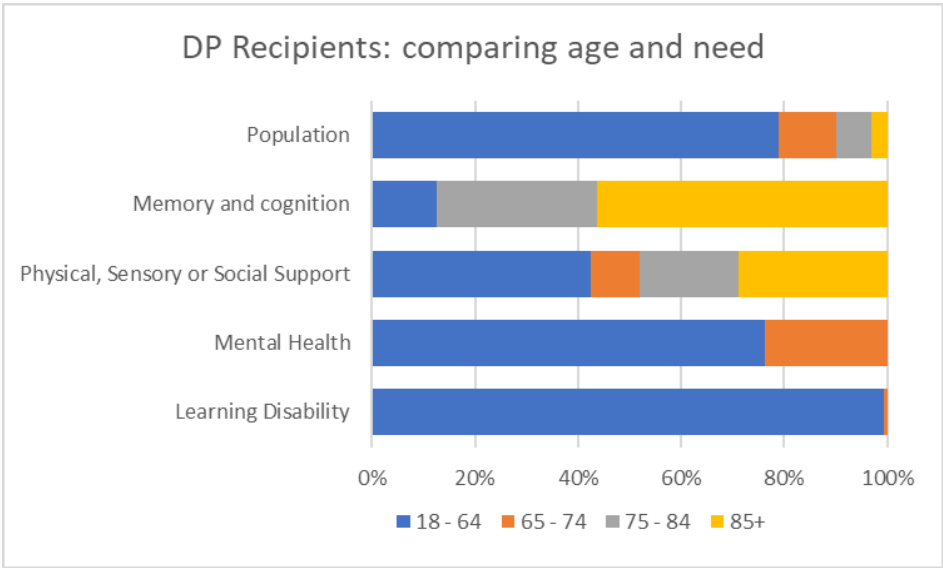


	<p>Source: Mosaic, November 2021</p> <p><b>Analysis</b></p> <ul style="list-style-type: none"><li>• Because of the high proportion of unknowns, it is not possible to compare direct payment service users with the borough population.</li><li>• 1.4% of direct payment service users and 0.6% of service users who use the direct payment support service identify as lesbian or gay. None identify as bisexual.</li><li>• 27.5% of direct payment service users either prefer not to say or their sexual orientation is unknown. This may be because some people may lack capacity to understand or identify with the terms. Some may also be afraid to declare their sexuality as they are worried about stigma and prejudice.</li></ul>
<p><b>Across groups i.e older LGBT service users or Black, Asian &amp; Minority Ethnic young men.</b></p>	<p><b>Carers</b></p> <p>The Government’s white paper ‘<a href="#">People at the Heart of Care</a>’ aims to further emphasise “recognition and support for unpaid carers.” The subsequent Health and Care Bill will add a new duty for CQC to review and assess the performance of local authorities in delivering their adult social care functions, as set out under part one of the Care Act 2014. This includes the ability of local authorities to meet the needs of unpaid carers.</p> <p>In 2020-2021, there were 48 carers in the borough who received a direct payment, either weekly or as a one-off payment.</p> <p>The needs of people who provide care are diverse and varied:</p> <ul style="list-style-type: none"><li>• Rates of depression are higher among those who provide care for people with dementia than among caregivers of people with other chronic illnesses.</li><li>• There is also an observed lack of self-identification as an unpaid carer among people from ethnic minorities.</li><li>• Source: ‘<a href="#">People at the Heart of Care</a>’</li></ul> <p>These diverse needs could be met by the flexibility and choice provided by direct payments. Carers would stand to benefit also from the specification which will require the new provider, in partnership with social workers, to identify and advise carers who could benefit from a direct payment.</p> <p>Projections in the Richmond JSNA (2021) show a predicted increase in the number of people in Richmond living with long-term limiting conditions of 52% between 2020 and 2050, which may mean a significant increase in the number of people providing unpaid care. This increase would be above the expected age-related population increase and may result in an increase in the proportion of the population who are unpaid carers</p>

The pandemic has already impacted the national carer numbers (Caring behind closed doors: six months on, Carers UK, 2020). Prior to the pandemic an estimated 9.1million people nationwide were unpaid carers, during the pandemic it is estimated that an additional 4.5 million people have had to take on caring responsibilities. In addition, the research showed that 81% existing carers were providing more hours of care during the pandemic than previously. We have no specific Richmond figures at this time.

**People with more than one protected characteristic**

All people accessing the direct payment support service will have a limiting long-term condition or disability so all percentages in the tables above include an aspect of more than one protected characteristic.



Data on age and disability from Mosaic, November 2021.

People with a learning disability who receive a direct payment are almost exclusively under 65. However, there is an increase in the older age groups for those needing physical, sensory or social support and those with memory and cognition needs.

DP Recipients: comparing gender and need

Need Category	Female (%)	Male (%)
Population	50	50
Memory and cognition	68	32
Physical, Sensory or Social Support	70	30
Mental Health	50	50
Learning Disability	40	60

Data on gender and disability from Mosaic, November 2021.

Of the people receiving direct payments, people with a learning disability are more likely to be male and those with physical sensory or social support and those with memory or cognition needs more likely to be female.

DP Recipients: comparing gender and need

Age Group	Female (%)	Male (%)
85+	85	15
75 - 84	65	35
65 - 74	70	30
18 - 64	48	52

Data on age and gender from Mosaic, November 2021.

Older direct payment recipients are more likely to be female.

Data gaps

Data gap(s)	How will this be addressed?
<b>Marriage and Civil Partnership, Maternity and pregnancy. Religion and belief, including non-belief Sexual orientation</b> There are a large number of “unknowns” or	The new service provider will be asked to evidence in the tender how they will record, collect and code patient demographic information accurately,

unrecorded data in relation to the data which is collected locally.	including minimising instances of 'unknowns'.  Data collection on protected characterises for service users on the council's database is under review, with a view to make collection mandatory at appropriate stages.
<b>Gender reassignment</b> There are no reliable or definitive figures available locally regarding this data	
<b>Carers</b> The ability to report on the number of one-off payments to carers is not currently in place.	

4. Impact

Protected group	Positive	Negative
<b>Age</b>	<p>The increased focus on flexible and creative use of direct payments in the specification will help ensure more person centred and tailored support to meet all needs.</p> <p>The specification will also increase focus on the development of the PA market and recruitment strategies to “widen the net of PAs” including those with specialist skills, and those out of borough as required through joint working with the Council and other partners to promote the role of PAs and offer support and training.</p> <p>It will also increase a focus on on-line access to information on status of funds.</p>	<p>A change in provider of the service could mean disruption to arrangements that older service users or a service user’s suitable person may find difficult to adjust to.</p> <p>To mitigate this, we will make sure to communicate clearly about any changes to the provider, in different forms appropriate to the variety of needs among service users.</p> <p>Another potential negative impact from changing provider could be that the new provider may not initially have the necessary localised knowledge and connections. This knowledge is important for the ability of the DPSS to give comprehensive advice on what local services direct payments can spent on to meet the diversity of needs among service users.</p> <p>We would mitigate this by ensuring the specification and tender evaluation includes a requirement that the provider develops local knowledge and connections.</p>
<b>Disability</b>	As above.	As above.

	<p>There will also be training for social workers to support expertise on direct payments, particularly on how they can be used.</p> <p>Enhanced and flexible methods of communication and peer support will be offered, including on-line, or social media groups (e.g. Facebook) for people to stay in touch, benefit from mutual support and share solutions.</p>	
<b>Sex</b>	As above.	As above.
<b>Gender reassignment</b>	As above.	As above.
<b>Marriage and civil partnership</b>	As above.	As above.
<b>Pregnancy and maternity</b>	As above.	As above.
<b>Race/ethnicity</b>	As above.	As above.
<b>Religion and belief, including non belief</b>	As above.	As above.
<b>Sexual orientation</b>	As above.	As above.

**5. Actions to advance equality, diversity and inclusion**

All actions form part of the overall project plan and will be monitored and reported on to the project group.

All EINA actions will be reported as part of the standard quarterly EINA reporting from the Commissioning Division carried out by the Programmes and Business Intelligence Team.

<b>Action</b>	<b>Lead Officer</b>	<b>Deadline</b>
Ensure the project plan has time for an extensive mobilisation period.	Dawn Patrick	Completed
Include within tender evaluations an assessment of potential providers capability to support the Council to deliver against its equalities' duties.	Dawn Patrick	December 2022
Involve service user views by: <ul style="list-style-type: none"><li>Meeting with organisations/charities who represent service user views, to get their input on the service specification.</li></ul>	Dawn Patrick	March 2022

<ul style="list-style-type: none"><li>Identifying and including service users in the evaluation of tenders.</li></ul>		December 2022
Include within the service specification requirements to support the Council to deliver against its equalities' duties.	Dawn Patrick	June 2022
Include as part of the contracts monitoring and performance framework a requirement to routinely report on the protected characteristics of its services users.  Include within contract monitoring meeting a standard agenda item on equalities.	Dawn Patrick	June 2023
Develop and deliver communications for service users to support adjustment to provider transition. To include: <ul style="list-style-type: none"><li>Clear communication about any changes to the provider, in different forms appropriate to the variety of needs among service users.</li><li>Any service users who need additional support to understand the implications of the changes will be identified and appropriately supported.</li></ul>	Dawn Patrick	June 2023

6. Further Consultation (optional section – complete as appropriate)

Consultation planned	Date of consultation