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Equality Impact Assessment

Appendix 1: Cabinet Report: Continued Provision of Homecare, Home First and Reablement Services

Directorate:	People Adults
Service:	Commissioning
Completing Officer(s):	Charles Ewujowoh, Interim Strategic Commissioner, Older People
Date of Assessment:	June 2026
Service / Policy Being Assessed:	Continued Provision of Homecare, Home First and Reablement Services - Contract Extensions/Modifications
Cabinet Report Reference:	Cabinet, 20 July 2026 - Continued Provision of Homecare, Home First and Reablement Services

1. Aims, Objectives and Purpose

What are the aims, objectives, outcomes and purpose of the service change that you are assessing?

This Equality Impact Assessment relates to the proposed extension/modification of contracts with a defined cohort of current Homecare, Home First and Reablement providers whose existing contracts are due to expire between September 2026 and July 2027, with all contractual extension/modification provisions fully utilised. The proposed extensions/modifications are a time limited interim measure to maintain statutory Adult Social Care provision while the Council completes a strategic review of these services and designs its future commissioning model.

The objective of the proposed arrangements is to:

- Ensure safe, uninterrupted continuity of care and support for 928 Slough residents currently receiving commissioned Homecare services, and those receiving Home First and Reablement support following hospital discharge
- Protect established relationships between residents and their care workers, which are a direct factor in the quality and safety of care, particularly for individuals with dementia, frailty or complex needs
- Maintain hospital discharge pathways and system flow, preventing delayed transfers of care
- Preserve market sufficiency and stability during a period of strategic change
- Create the conditions for a robust, well evidenced future competitive procurement exercise, the design of which will be informed by the strategic review completing in October 2026.

The proposed extensions/modifications are not intended to drive service transformation. That is the purpose of the future commissioning activity. The extensions/modifications are the minimum necessary to bridge the gap between contract expiry and the commencement of new contracts anticipated from 1 November 2027.

2. Who Implements or Delivers This Service?

Who implements or delivers the service? State if this is undertaken by more than one team, service or department, including any external partners.

The proposed contract extensions/modifications will be led by the Commissioning Team (People Strategy and Commissioning, Adults), working in close partnership with:

- Contracts and Market Management: Contract administration, performance monitoring and provider oversight
- Finance: Financial monitoring, budget management and MTFS forecasting
- Legal Services (HB Law): Confirmation of the legal basis for contract modifications
- Procurement: Compliance advice and future procurement planning
- Adult Social Care Operations: Brokerage, care management and hospital discharge pathways
- Provider Quality Assurance Team: Ongoing quality monitoring and safeguarding oversight.

The external providers listed in Table 1 of the Cabinet Report will continue to deliver Homecare, Home First and Reablement services under the extended contractual arrangements. The Council's commissioning and contract management functions retain oversight and accountability throughout.

3. Who Will Be Affected? Protected Characteristics Assessment

Who will be affected by this proposal? Consider all Protected Characteristics. Bear in mind that people affected may have more than one protected characteristic.

The following groups will be affected by the proposed arrangements:

Protected Characteristic	Impact	Rationale for Assessment
Age	**Positive**	The services primarily support older adults aged 65 and above, including individuals with age related frailty, dementia and complex conditions. Maintaining continuity of care protects this group from the disproportionate harm that service disruption causes, particularly for those with dementia or established care relationships. Continuation of Home First and Reablement also benefits older people returning from hospital, enabling timely and safe discharge.
Disability	**Positive**	Many residents receiving Homecare, Home First and Reablement services have physical disabilities, sensory impairments, learning disabilities, long term health conditions or mental health needs. Continuation of services maintains access to the support that enables these individuals to live safely and independently. The extension/modification of existing provider relationships is particularly important for disabled individuals who have established routines and rely on familiar care workers.
Gender Reassignment	**Positive**	Services will continue to be delivered in a person centred and inclusive manner, respecting the identity and dignity of all individuals. All providers are contractually required to deliver culturally sensitive and non-discriminatory care.
Marriage and Civil Partnership	**Neutral**	No differential impact identified. Service access and delivery are not affected by marital status. All eligible residents will continue to receive services on an equal basis.
Pregnancy and Maternity	**Positive**	Residents who are pregnant or have recently given birth and have eligible care needs will continue to receive support. Continuity of provider relationships reduces disruption at a potentially vulnerable time.
Race	**Positive**	Slough has a highly diverse population, with significant South Asian, Eastern European and other communities among the older people using these services. Established care relationships, particularly with providers who have cultural and language awareness of the communities they serve, are important for this group. Continuation of existing provider arrangements preserves these relationships. The Council's commissioning approach requires providers to deliver culturally appropriate care and to make reasonable adjustments to meet the needs of diverse communities.
Religion and Belief	**Positive**	All providers are required to respect and accommodate individual religious beliefs and practices in care delivery, including dietary requirements, religious observance and cultural practices. Continuation of services maintains access for residents with religion related care needs.
Sex	**Positive**	No differential impact by sex is identified. The majority of older people receiving Homecare services are women, reflecting wider demographic patterns. Continuation of services maintains equal access for both men and women with eligible needs.

Sexual Orientation	**Positive**	Services will continue to be delivered in a fully inclusive manner. All providers are contractually required to treat all individuals with equal dignity and respect, regardless of sexual orientation. No differential impact identified.
Mental Health	**Positive**	A significant proportion of Homecare and Home First service users have mental health needs, including dementia, depression and anxiety. Maintaining continuity of established care relationships is particularly important for this group, as transitions between providers can cause significant distress, disorientation and deterioration in mental health. The extension/modification of existing contracts specifically protects against this risk.
Carers and Families	**Positive**	Unpaid carers and family members of service users will benefit from the continuation of reliable, established commissioned care. Provider continuity reduces the burden on informal carers who would otherwise need to provide additional cover during a period of transition, and reduces the anxiety associated with an unknown new provider entering their relative's life.

4. Positive Impacts

What are the likely positive impacts for the groups identified in Question 3?

The continuation of Homecare, Home First and Reablement services through time limited contract extensions/modifications will deliver a range of significant positive impacts for all groups with protected characteristics:

- Continuity of care and established relationships: For the residents currently receiving Homecare services from the providers referenced in the Cabinet report, the majority of whom are older adults with age, disability, race, religion and mental health related protected characteristics, the preservation of existing care worker relationships is a direct equality benefit. Research demonstrates that continuity of care workers improves outcomes for people with dementia and complex needs, reduces anxiety and promotes dignity and wellbeing.
- Prevention of disproportionate harm: Allowing contracts to expire without replacement would cause immediate and disproportionate harm to some of the most vulnerable groups in Slough's population. Older adults, people with disabilities and those with mental health needs are the groups least able to manage an abrupt change in their care arrangements. The proposed extensions/modifications directly mitigate this risk.
- Hospital discharge and independence: Home First and Reablement services support timely discharge from hospital and enable residents to regain independence at home. This is of particular importance for older adults, people with physical disabilities and those with long term conditions, enabling them to return home safely rather than remaining in hospital or moving to residential care.
- Culturally appropriate care: Slough's diverse older population, including significant South Asian, Black British and Eastern European communities, benefits from established relationships with providers who have developed cultural competence within local communities. Provider continuity preserves this cultural awareness and the language and communication adaptations that may have developed over time.
- Carer and family wellbeing: Continuation of commissioned care relieves pressure on unpaid carers and family members, supporting their own health and wellbeing and enabling them to sustain caring roles safely.
- Equal access: All eligible residents will continue to receive services on an equal basis, regardless of age, disability, race, religion, sex, sexual orientation or other protected characteristics.

5. Negative Impacts

What are the likely negative impacts for the groups identified in Question 3? Are any particular groups affected more than others and why?

No significant negative equality impacts have been identified as a direct result of the proposed contract extensions/modifications. The continuity of existing arrangements means that individuals will not experience any significant changes to their care and support during the extension/modification period.

One area of potential indirect impact is noted: the extension/modification arrangements do not in themselves improve service quality or address any existing gaps in culturally competent or inclusive provision. These improvements are reserved for the future commissioning and procurement exercise, which will use the outcome of the strategic review to strengthen the service specification and quality requirements. The proposed extensions/modifications are therefore a transitional measure that preserves the current position rather than advancing it. This limitation is proportionate and necessary given the timelines involved.

The assessment notes that the impact of not extending contracts, i.e. allowing them to expire, would represent a significant negative equality impact, particularly for older adults, people with disabilities and those with mental health needs, who are the primary recipients of these services. The proposed extensions/modifications directly mitigate this risk.

6. Evidence Base

Have the impacts been assessed using up to date and reliable evidence and data? Please state evidence sources and conclusions drawn.

This assessment draws on the following evidence sources:

- Care Market Management Dashboard: Current customer numbers, hours and activity data for all providers in scope (June 2026)
- Slough JSNA: Demographic analysis of Slough's older population, including age, ethnicity, disability and health needs profiles relevant to Homecare demand
- ASC operational data: Current demand for Homecare, Home First and Reablement services and demographic profile of current service users
- SCIE evidence on intermediate care and reablement: Outcomes data demonstrating that 92% of people using home based intermediate care maintain or improve their dependency score; and that effective reablement can reduce or eliminate the need for ongoing care packages in up to 50% of cases
- Provider quality data: CQC inspection ratings and Provider Quality Assurance Team assessments for all providers proposed for extension/modification.
- Benchmarking: National and regional analysis of care home placement costs (including Slough 2026/27 rates confirmed by Market Management, June 2026) supporting the cost avoidance rationale
- Skills for Care workforce data (2025): Evidence of continuing workforce and recruitment challenges across the adult social care sector, supporting the rationale for provider stability.

7. Engagement

Have you engaged with any identified groups or individuals and what were the results?

The proposed contract extensions/modifications have been developed in the context of the Council's wider engagement activity around the review and redesign of Homecare and community care services, including:

- Older People Steering Group (OPSG): Strategic oversight forum which includes resident co-chair and carer representation. The reablement and Home First pathway has been a standing priority within the OPSG work programme.
- Co-Production Network (CPN): Network bringing together residents, carers and voluntary sector representatives to provide input on Council services and decisions affecting older people. The Strategic Review of Homecare, Home First and Reablement pathways has been introduced to the CPN, with full engagement on the future service model anticipated from August 2026 as the review progresses.
- Older People's Question Time: Annual community engagement event attended by older residents across Slough, including service users and carers. Feedback from these events has consistently highlighted the importance of continuity of care and the value of established relationships with familiar care workers.
- Slough CVS and Healthwatch: The voluntary sector and Healthwatch have provided ongoing intelligence about the experience of older people and carers using community care services, including concerns about provider transitions and the impact on wellbeing.
- ASC Operations: Regular operational engagement with the ASC brokerage and care management teams, who have direct visibility of the impact of provider changes on individual service users.
- Provider engagement: The Council has met with each provider to confirm their acceptance in principle to the proposed extensions/modifications subject to all governance approvals.

Formal public consultation is not required for these contract extension/modification arrangements.

However, the engagement activity described above has informed the commissioning approach and is reflected in the design of the proposed arrangements, including the emphasis on continuity of existing provider relationships.

8. Community Relations

Have you considered the impact the policy might have on local community relations?

A positive impact on community relations is anticipated. The continuation of established commissioned care services maintains the stability and trust that residents, families and carers have in the Council's commissioned care arrangements. For communities where cultural and language continuity with established care workers matters, particularly within Slough's South Asian, Eastern European and other diverse communities, the preservation of existing provider relationships avoids the disruption and loss of trust that a forced provider change would cause.

The extension/modification arrangements also maintain the Council's relationships with its provider market. Care providers are integral to Slough's community infrastructure, employing local residents and supporting voluntary and community sector connections. Market stability during the strategic review period supports community resilience.

9. Mitigating Plans

What plans do you have in place, or are developing, to mitigate any likely identified negative impacts?

As no significant negative equality impacts have been identified, no formal mitigation is required for the proposed extensions/modifications. However, the following measures are in place to ensure that equality obligations are maintained and strengthened throughout the extension/modification period and beyond:

- Contract management: Ongoing monitoring of provider compliance with equality, diversity and inclusion requirements, including culturally appropriate care delivery and accessibility obligations

- Safeguarding oversight: Continued Provider Quality Assurance Team oversight with safeguarding as a standing priority, protecting vulnerable residents from harm during the extension/modification period
- Strategic review: The strategic review of Homecare, Home First and Reablement services (concluding October 2026) will include an assessment of equality performance across the provider market and will use its findings to strengthen the equality requirements in the future service specification and procurement criteria
- Equality in future commissioning: The future competitive procurement exercise will require bidders to demonstrate how they will deliver accessible, inclusive and culturally competent services, including for Slough's diverse older population, in line with the Public Sector Equality Duty.

10. Monitoring Arrangements

What plans do you have in place to monitor the impact of the proposals once implemented?

The impact of the proposed extensions/modifications will be monitored through the Council's existing contract management and quality assurance arrangements:

- Monthly contract management meetings: Performance review, including quality, safeguarding and activity data, with all providers
- Quarterly formal performance review: Assessment against agreed KPIs, including response times, missed visits, safeguarding compliance, workforce stability and resident satisfaction
- Annual Provider Quality Assurance visits: Structured quality assurance process including safeguarding audit, resident feedback and equality compliance review
- Safeguarding monitoring: All safeguarding concerns reported and reviewed through the Council's established safeguarding procedures
- Resident satisfaction: Biannual surveys and ongoing feedback mechanisms to capture the views and experiences of service users and carers, including those from diverse and seldom heard communities
- OPSG reporting: Progress and performance across Homecare, Home First and Reablement pathways reported to the Older People Steering Group, which includes resident and carer representation.

Equality Impact Assessment Outcome

What course of action does this EIA suggest you take?	Select
Outcome 1: No major change required. The EIA has not identified any potential for discrimination or adverse impact. All opportunities to promote equality have been taken. The proposed contract extensions/modifications preserve and maintain existing equality positive service arrangements for vulnerable adults with protected characteristics and include monitoring arrangements to ensure equality obligations are met throughout the extension/modification period.	✓
Outcome 2: Adjust the policy to remove barriers identified by the EIA or better promote equality.	
Outcome 3: Continue the policy despite potential for adverse impact or missed opportunities to promote equality. (Justification and action plan required.)	
Outcome 4: Stop and rethink the policy - the EIA shows actual or potential unlawful discrimination.	

Action Plan

Action	Lead	By When	Success Measure
Confirm provider acceptance of contract extensions/modifications and communicate the position clearly to all providers	Lead Commissioner, Interim Strategic Commissioner, Older People	Immediately post Cabinet	All providers have confirmed acceptance in writing
Ensure all contract management meetings include a standing equality and diversity item, culturally appropriate care, accessibility and complaint monitoring	Contracts Management	Ongoing from extension/modification commencement	Equality standing item evidenced in meeting records; any issues escalated and resolved
Continue biannual resident satisfaction surveys including specific questions about cultural appropriateness, communication and accessibility of services	Lead Commissioner, Interim Strategic Commissioner, Older People	Annual - first due within 12 months of extension/modification commencement	Survey completed; findings reported to contract management; any identified issues addressed
Include equality performance assessment as a specific strand of the strategic review of Homecare, Home First and Reablement services	Lead Commissioner, Interim Strategic Commissioner, Older People	By October 2026	Equality assessment embedded in review recommendations and future commissioning intentions
Ensure future service specification and procurement criteria include strengthened equality, diversity and inclusion requirements, informed by the review findings	Lead Commissioner, Interim Strategic Commissioner, Older People Procurement Lead	As part of future procurement (Anticipated 2026/27)	Equality requirements explicitly included in tender documentation and evaluation criteria
Update EIA for the future competitive procurement exercise, incorporating learning from the extension/modification period and the strategic review	Lead Commissioner, Interim Strategic Commissioner, Older People	Prior to future procurement commencing	Updated EIA completed and signed off before future procurement documentation published

Completing Officer:	Charles Ewujowoh, Interim Strategic Commissioner - Older People
Date:	June 2026
Reviewed by:	Jane Senior, Director of Commissioning Lynn Johnson, Interim Head of Commissioning
Date:	June 2026
EIA Outcome:	**Outcome 1 - No major change required**