

SSA EQUALITY IMPACT AND NEEDS ASSESSMENT

Directorate	Adult Social Services
Service Area	Commissioning and Quality Standards
Service/policy/function being assessed	Recommissioning the provision of care and support in extra care housing schemes.
Which borough (s) does the service/policy apply to	Richmond
Staff involved	Josephine Brooks / Preeti Virk
Date approved by Directorate Equality Group (if applicable)	
Date approved by Policy and Review Manager All EINAs must be signed off by the Policy and Review Manager	14/12/2020
Date submitted to Directors' Board	

SUMMARY

Please summarise the key findings of the EINA.

The purpose of this Equality Impact Needs Assessment is to assess the possible effects of recommissioning the current care and support service in extra care housing for all users whose care is commissioned by Richmond Council. It will also consider potential impacts on Council staff and provider staff.

Current Extra Care provision is delivered through two schemes located in Twickenham and Hampton. The Council is exploring options for recommissioning the care and support service contracts for the schemes which may result in the Council contracting with one or more provider. The current contract for the delivery of care and support in the Richmond services is due to end in June 2022, hence the Council is required to tender for the new contracts. There is no proposal to reduce the number of service users who can access the service.

Communication and stakeholder engagement is a key part of this recommissioning project. To date, commissioners have engaged with operational teams, attended engagement events with Richmond extra care tenants and sent out questionnaires to seek feedback from existing extra care tenants and the provider market. Engagement will continue throughout procurement, overseen by a project group.

Key findings:

- There are 38 service users receiving Council commissioned care and support within the two Richmond extra care schemes.
- 100% of service users are above the age of 60 and the vast majority are over the age of 65.
- There is a relative balance between male and female service users living in extra care, although female service users account for the majority of those living in extra care, making up 55% of the population.
- There is a gap in marital data; 40% of service users have not declared their marital status. The second highest represented group, widows, make up 21% of the Richmond extra care population.
- The majority, 84% of Richmond extra care tenants, are white.

- There is a gap in religion data; 58% of service users have not declared their religious beliefs. 32% of Richmond extra care tenants identify as Christian.
- 87% of Richmond extra care service users identify as heterosexual.

1. Background

Briefly describe the service/policy or function:

Overview
 Extra care housing comprises of self-contained homes with design features and support services available to enable self-care and independent living. These are usually purpose built with 24/7 on site support which means that in the vast majority of cases people should be able to live there throughout their (elderly) life and reduce the need to go into a residential care home when their care needs increase. The level of support is dependent on and adaptable to the needs of the resident, meaning that the model is more flexible than domiciliary care so they receive flexible services, responsive to changing needs and individual circumstances on a day-to-day basis

Extra Care is a way of supporting older adults to live independently in their own homes, providing communal facilities like a shared communal lounge with with opportunities for social interaction, and activities

Extra Care is an important part of Richmond Council's strategic plan to maintain people's independence in their home while providing suitable levels of care when needed. Where possible, people are encouraged to perform tasks themselves, rather than having things done for them.

Policy and legislative context
 Under the Care Act 2014, local authorities have an array of statutory duties such as;

- Promote individual well-being
- Prevent needs for care and support
- Promote integration of care and support with health services etc.

A fundamental component of the Care Act is the 'suitability of accommodation' in meeting the at home care and support needs of older and vulnerable people.

Extra care market context

Current provision

Richmond Council currently purchases care and support services from one registered homecare agency, who provide care and support in two extra care housing schemes. During the week commencing 16th November 2020, approximately 617 hours of care and support were commissioned per week, supporting 38 adults with eligible social care needs.

In Richmond, the two Extra Care Housing Schemes are currently accessible to people aged 55 years Dean Road and Sandown Court.

Service	Dean Road	Sandown Court
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Location	Hampton	Twickenham
Flats	41 flats in scheme	26 flats in scheme
Housing Provider	Richmond Housing Partnership	Richmond Housing Partnership
Service delivery model	Commissioned Hours + Block Night support	Commissioned Hours + Block Night support
Number of overall tenants (as of the week commencing the 2 nd of November)	32	21
Number of service users (as of the week commencing the 2 nd of November).	22	16
Commissioned hours.	617 hours	

Summary of need

There are currently two extra care schemes within Richmond comprising of a total of 66 self-contained flats. In the month of October 2020, 53 people were living in Richmond extra care, 38 of which were service users in receipt of care and support commissioned by the Council. All service users were over 60 years of age.

The existing extra care schemes in Richmond have a historical eligibility criteria of 10 hours per week care support, however in practice around 19% of service users are in receipt of less than 10 hours per week. It has been noticed that the care needs of some service users decreases after entering Extra care and this results in some requiring less than 10 hours of care per week. The average care hours across the schemes is 18 hours per week. There is currently one waking night carer per scheme to respond to any care requirements during the night. The daytime staff deliver the planned care as detailed in the service users' care and support plan. The care and support services within an extra care setting delivered by the care providers are crucial in ensuring the tenants' well-being by responding to emergency care needs as well as their practical and social care needs.

Proposals for the future model of care delivery

The Council will be tendering new care provision, ensuring it:

- responds flexibly to tenant needs
- makes extra care a real alternative to residential care for tenants
- creates a lively, social environment to grow old in.

Options Appraisal:

Benchmarking undertaken has indicated that there are several models of service delivery.

The most commonly used are the following three:

Option 1. Block Contract model: This fixes the costs and number of hours provided. However this does not align with the CQC requirement of providing choice and control to the service user.

Option 2. Block Contract with additional 'spot' purchased hours: As above but have a reduced number of block hours which does not cover all placements but there is a mechanism to purchase additional spot hours based on service users care needs.

Option 3. Core and flexible hours: The 'core' can comprise the 24/7 staffing of the service including scheme management and the planned care will be billed flexi hours.

The Council is undertaking soft market engagement with the provider market on possible options and other key considerations of the service that will inform the future design and service specification.

Protected group	Findings						
Age	Projecting Adult Needs: Richmond						
	Age Group	2020	%	2025	2030	2035	2040
	18 - 64	121,000	79%	122,200	122,000	120,900	118,700
	65 - 74	17,500	11.4%	18,100	21,200	23,800	25,300
	75 - 84	10,000	6.5%	12,500	13,600	14,300	16,900
	85+	4,500	3%	5,000	5,800	7,300	8,000
	Source: POPPI and PANSI Figures (updated 2020 so projections may differ to census data).						
	Age of current Richmond extra care service users						
	Age Group	%					
	18 - 64	11%					
65 - 74	26%						
75 - 84	29%						
85+	34%						
Total Population	100%						
Source: Mosaic client information system - DASS Performance Team (November 2020 snapshot)							
Analysis							
<ul style="list-style-type: none"> • In Richmond, the number of people aged 65+ are predicted to increase by 2035. Recognising the Council's strategic direction to maintain people's independence in their home while providing suitable levels of care when needed, the Council needs to ensure there is sufficient capacity in the extra care market to meet demand. • The profile of service users is older than the borough profile; 34% of service users are aged 85+ compared to the borough average of 3%. This means any changes will impact more on older people. • In Richmond 11% of extra care service users are aged between 18-64. Out of this 11%, 100% of residents are aged over 60 years of age. 							

Disability	Projecting Adult Needs: Richmond	
	Service user group	% of population
	Predicted to have a learning disability	2%
	Predicted to have impaired mobility	4%
	Predicted to be over the age of 65	16%
	Predicted to have a common mental disorder	12%
	Total population (all ages)	33%
	Source: POPPI and PANSI (updated 2020 so projections may differ to census data)	
	Richmond user groups in extra care service users	
	Team	%
Older People	84%	
Learning Disability	3%	
Physical Disability	5%	
Mental Health	8%	
Total	100%	
Source: Mosaic client information system - DASS Performance Team (Snapshot November 2020)		
Analysis		
<ul style="list-style-type: none"> • Service level data shows that the service currently supports more older people than the borough average, however this is to be expected as this is a service for people over 55 years • The service supports a similar number of people with a physical disability than the borough average. • Performance data shows that less than 10 people have a learning disability, mental health condition or physical disability; therefore, this data could not be published. • There are limitations to the service level disability data. The data available lists only the team the service user is allocated to, which gives a limited representation of their disability status. 		
Gender identity	Richmond population gender breakdown	
	Gender	% of total population
	Male	48%
	Female	52%
	Total	100%
	Source: POPPI and PANSI (updated 2020 so projections may differ to census data)	
	Richmond extra care service user data	
	Gender	%
	Male	45%
	Female	55%
Total	100%	
Source: Mosaic client information system - DASS Performance Team (Snapshot November 2020)		
Analysis.		

	<ul style="list-style-type: none"> In Richmond there is a relative balance between male and female service users living in extra care, although female service users account for the majority of those living in extra care. There are slightly less male service users living in extra care than the borough average. The service level data is comparable to Richmond borough level data by gender for people 65+, which is 45% male to 55% female. 																																			
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Marital status and civil partnership.	<p>Richmond population by marital and civil partnership status</p> <table border="1"> <thead> <tr> <th>Marital status</th> <th>Total</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Divorced</td> <td>11,916</td> <td>7.9%</td> </tr> <tr> <td>In a registered same-sex civil partnership</td> <td>665</td> <td>0.4%</td> </tr> <tr> <td>Married</td> <td>70,998</td> <td>47.3%</td> </tr> <tr> <td>Separated</td> <td>3,355</td> <td>2.2%</td> </tr> <tr> <td>Single</td> <td>55,070</td> <td>36.7%</td> </tr> <tr> <td>Widowed</td> <td>8,048</td> <td>5.4%</td> </tr> </tbody> </table> <p>Richmond extra care service user data</p> <table border="1"> <thead> <tr> <th>Marital status</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Divorced</td> <td>10.5%</td> </tr> <tr> <td>Married</td> <td>8%</td> </tr> <tr> <td>Separated</td> <td>2.6%</td> </tr> <tr> <td>Single</td> <td>18%</td> </tr> <tr> <td>Widowed</td> <td>21%</td> </tr> <tr> <td>Not stated</td> <td>40%</td> </tr> </tbody> </table> <p>Source: Mosaic client information system - DASS Performance Team (Snapshot November 2020)</p> <p>Analysis.</p> <ul style="list-style-type: none"> In Richmond there are far fewer extra care service users who are married than the borough average. 21% of extra care service users in Richmond are widowed, which is significantly higher than the borough average. There is no data available regarding the number of people in a civil partnership who are in receipt of care and support in extra care housing commissioned by the Council. 	Marital status	Total	%	Divorced	11,916	7.9%	In a registered same-sex civil partnership	665	0.4%	Married	70,998	47.3%	Separated	3,355	2.2%	Single	55,070	36.7%	Widowed	8,048	5.4%	Marital status	%	Divorced	10.5%	Married	8%	Separated	2.6%	Single	18%	Widowed	21%	Not stated	40%
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<p>Sexual orientation</p>	<p>The 2011 Census did not have a question regarding sexual orientation.</p> <p>Nationally, it is estimated that the gay, lesbian and bisexual population in England and Wales constitute between 5% and 7% of the population.</p> <p>The ONS Integrated Household Survey (2011) reports that 1.5% of the population describe themselves as being gay, lesbian or bisexual. In London, this figure rises to 2.5%. Other studies suggest that areas such as London and Brighton have larger percentage (10%) of people who identify as gay lesbian or bisexual, this could be due to individuals not stating their sexual orientation.</p> <p>Breakdown of Richmond extra care service users by sexual orientation</p> <table border="1" data-bbox="443 801 1382 1014"> <thead> <tr> <th>Sexual Orientation</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Heterosexual/Straight</td> <td>87%</td> </tr> <tr> <td>Homosexual</td> <td>0%</td> </tr> <tr> <td>Bisexual</td> <td>0%</td> </tr> <tr> <td>Prefer not to say</td> <td>0%</td> </tr> <tr> <td>Unknown</td> <td>13%</td> </tr> </tbody> </table> <p>Analysis.</p> <ul style="list-style-type: none"> • The vast majority of Richmond extra care service users identify as heterosexual. • The Council has only recently begun to collect this data (as of October 2017), and so there is a limited record for sexual orientation since its addition to the mosaic client information system. 	Sexual Orientation	%	Heterosexual/Straight	87%	Homosexual	0%	Bisexual	0%	Prefer not to say	0%	Unknown	13%
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Data gaps

Data gap(s)	How will this be addressed?
<p>Gender reassignment</p>	<p>The Council now collects this data as of October 2017 however there has been no data recorded for gender reassignment since its addition to the mosaic client information system.</p>

1. Impact

Protected group	Positive	Negative
Age	<p>The service is for people over 55, of which all the existing service users are. However, there may be some exceptions which are assessed on an individual case basis.</p> <p>The recommissioned service will continue to enable the provision of care and support in extra care housing commissioned by the Council to support people to remain at home for longer.</p> <p>There is no proposal to reduce the number of service users who can access the service.</p>	<p>The data shows there are more residents aged 65+ who are in receipt of care and support in extra care housing commissioned by the Council, than other age groups. As a result, residents aged 65+ are more likely to be impacted by any changes made to the service.</p> <p>Service user engagement events were held in October 2020 with a view to seeking feedback on what is working well and what could work better about their current extra care experience and thoughts on what the Council should consider.</p> <p>A communication and stakeholder engagement plan has been developed, which sets out how the Council will communicate with service users to keep them updated of the recommissioning project and what the changes may mean for them.</p>
Disability	<p>Even though the care and support provider may change, service users will still receive a care and support service that meets their eligible needs and is set out in their care and support plan.</p>	<p>Of the current service users, 3% have a learning disability and 5% have a physical support need and 8% have a mental health support need.</p> <p>Some service users may not understand the proposals to recommission the care and support in extra care housing and what it means for them. Communications will need to be presented in an accessible, easy to understand format.</p> <p>Even though the care and support provider may change, service users will still receive a care and support service that meets their eligible needs and is set out in their care and support plan.</p>
Gender identity	<p>As above.</p>	<p>The data shows that more female residents are in receipt of care and support in extra care housing than the borough average. Entry into an Extra care service is based on assessment of need and not the gender of the individual, hence there is no evidence to suggest that there will be a negative impact on anyone based on their gender</p>

Protected group	Positive	Negative
Gender reassignment	<p>No positive or negative impacts have been identified</p> <p>Bidders and providers awarded contracts in the re-tender of extra care services will be expected to ensure that all service users are treated as individuals and their needs are met through adopting a person-centered approach.</p> <p>Any necessary adjustments to the support provided to the individual during gender reassignment will be assessed by the allocated social worker employed by the Council. Providers will risk assess any staff member in accordance with health and safety guidance as laid down by the employment law.</p> <p>Through the invitation to tender bidders will be asked to submit their equality and diversity policy and confirm they are compliant with equalities legislation.</p>	<p>No positive or negative impacts have been identified.</p>
Marital status	<p>There is no evidence to suggest these proposals will have a disproportionately positive impact on anyone based on their marital status</p>	<p>There is no evidence to suggest these proposals will have a disproportionately negative impact on anyone based on their marital status.</p>
Pregnancy and maternity	<p>As above.</p> <p>Any necessary adjustments to the support provided to the individual during pregnancy will be assessed by the allocated social worker employed by the Council. Providers will risk assess any staff member in accordance with health and safety guidance as laid down by the employment law.</p>	<p>There is no evidence to suggest these proposals will have a disproportionately negative impact on anyone based on pregnancy or maternity status</p>
Race/ethnicity	<p>As above.</p>	

Protected group	Positive	Negative
	<p>All providers will continue to be required to comply with Equalities and Anti-Discriminatory Legislation, and the appropriate policies and legislation used by the council.</p> <p>The service specification will require providers to adopt a person-centered approach to their service. This will involve taking into account any cultural needs of that individual and responding to these to ensure that person's needs are met.</p>	<p>There is no evidence to suggest these proposals will have a disproportionately negative impact on anyone based their race or ethnicity.</p>
Religion and belief, including non-belief	<p>As above.</p> <p>Extra care providers submitting a tender response will be required to submit their equality and diversity policy as part of the tender process. In delivering a personalised service contracted providers will respect individual's choice in relation to religion and belief and undertake any support in accordance with those beliefs supported by a risk assessment if necessary.</p>	<p>There is no evidence to suggest these proposals will have a disproportionately negative impact on anyone based their religion or beliefs.</p>
Sexual orientation	<p>As above.</p> <p>The service specification will require providers to adopt a person-centered approach to their service. This will involve taking into account any needs of that individual and responding to these to ensure that person's needs are met.</p>	<p>As above.</p>

Impact of other key issues

Key issue	Positive	Negative
Access to services – geography	Engagement with providers may help to address potential issues such as recruitment and retention. Both the schemes have good transport links and are easily accessible.	None identified.
The Council's workforce	The new contract will require the Council and providers to develop partnership relations. Adult Social Care Commissioning continues to provide regular updates to internal stakeholders and is involving them through the course of this project.	Support will need to be put in place for operational staff to understand the new contractual arrangements in the schemes.
The Providers workforce	TUPE may apply to staff moving from one provider to another. As part of the tender evaluation process there will be an assessment of the providers approach to managing TUPE process in an effective manner.	There may be anxiety within the workforce of the current provider about the outcome of the tender, however there will be processes in place for both the incumbent and new provider to work together to manage this effectively The Council will request TUPE data at point of tender and at point of mobilisation.
Charging for night support	The waking night support is available for all tenants to access when needed and they will be required to contribute towards this cost which will be distributed equitably between all tenants.	The waking night support is available for all tenants to access when needed and they will be required to contribute towards this cost which will be distributed equitably between all tenants. Currently Richmond tenants are not charged for the night support element.

2. Actions**ACTION PLAN**

Issues identified	Action	Lead officer	Deadline
Communications regarding recommissioning and any new service providers may not be received by people who use our services and carers and may not be accessible in	Design communications material and any letters in accessible formats	Communications Team in conjunction with Commissioning Officer or Commissioning Manager	Ongoing throughout the procurement process.

Issues identified	Action	Lead officer	Deadline
different formats: for example, large text, Braille, foreign language			
	Issue letters and any other communications in an accessible format	Commissioning Officer in conjunction with Operations	Ongoing throughout the procurement process.
Service Users may feel anxious about change in provider	Develop a communication and stakeholder engagement plan which to set out how the Council will communicate with service users to keep them updated of the recommissioning project and what the changes may mean for them.	Commissioning Officer in conjunction with Operations	Ongoing throughout the procurement process.
Service users may object to additional charges for night support.	Clear explanatory communications to current Richmond tenants with regards to charging for night support.	Communications Team in conjunction with Commissioning Officer or Commissioning Manager and Finance Team	Spring 2022

3. Consultation. (optional section– as appropriate)

To date we have undertaken engagement with internal and external stakeholders in the following forums:

- Extra care provider market through a questionnaire sent out and returned October 2020.
- Existing extra care service users through a questionnaire and face to face consultation during October and November 2020.
- Operational staff meetings throughout October 2020.
- DASS Commissioning Board, which includes membership from commissioning, operations, procurement etc.
- An extra care procurement project group is contributing to the development of the specification and includes membership from operations, commissioning, quality assurance, procurement and finance.

