SSA EQUALITY IMPACT AND NEEDS ANALYSIS

Directorate:	Adult Social Care
Service Area:	Learning Disabilities
Service Assessment:	
Borough	Richmond
Staff:	Lead: Elizabeth Pepper Head of Commissioning for Learning Disabilities
Date approved by Directorate Equality Group (if applicable)	29 July 2021
Date approved by Policy and Review Manager:	20/08/21
Date submitted to Directors' Board	

SUMMARY

This EINA is for services in Richmond that will be recommissioned between June 2021 and April 2023 that includes:

Service	Providers	Number of	Annual	Contract
		Service Users	Contract Value	Expiry Date
			£000's	
Home /	United	42	400	Expired
Community	Response			-
Support	-			
Short breaks	United	20	309	June 2022
(Respite)	Response			
Supported	Choice	12	304	December
Employment	Support			2022
Shared Lives	Ceritude	11	875	November
				2022
Supported Living/	Fitzroy	179	10,093	March 2023
Residential Care	Certitude			
	Lifeways			
	MTVŠ			
	United			
	Response			

Richmond Council has 12 block contracts in place with 6 providers for the community support and accommodation-based care services for people with a learning disability as set out above.

The purpose of recommissioning these services over the next two years are two-fold; to ensure that the local authority complies with procurement regulations and to ensure the services commissioned meet the needs of the local population and that service delivery models are reviewed and revised in response to demand.

The development and implementation of new service models, through the retendering exercises, will benefit people with a disability, specifically people with a learning disability,

by being clearer about the purpose of each service, by improving the way the contracts are managed and improve outcomes for people with a learning disability across a range of priority areas as identified by the local population.

The underpinning principles of the commissioning intentions are, that all services commissioned by Richmond Council to deliver adult social care support will keep residents at the centre of planning and decisions and provide:

- Prevention and early help to promote quality of life and reduce the impact of health and social inequalities.
- A strength-based approach that maximises people's independence and potential.
- Co designed and co-produced support and care that authentically involves residents.

The key negative impact is that the recommissioning could lead to changes in provider, staffing and service delivery that service users and their family carers find unsettling and/ or distressing. This will be mitigated by the involvement and coproduction of service users in each re tendering exercise, through regular communications to those affected and the people who support them, ensuring that the tender evaluation process leads to the selection of providers that are capable of providing a good quality service and by allowing up to a 6-month mobilisation period between the contract award and start dates.

1. Background

Richmond upon Thames is committed to continuous improvement of our services for vulnerable people. The Council commissions block contracts for a variety of services that includes home and community support services and accommodation-based services that includes, respite, shared lives, supported living accommodation and residential care homes designed for people with a learning disability. These services enable people with a learning disability to live as independently as possible, whilst also ensuring they remain comfortable and safe.

The Council supports in the region of 400 people with a learning disability in Richmond through a variety of mechanisms that include the block contracted services within the scope of this EINA and also through Direct Payments and spot-purchased services.

The proposed recommissioning of learning disability services within the scope of this EINA will allow the opportunity for innovation and ensuring services respond to changing demand across this specific population and supporting the delivery of the Council's medium-term financial objectives. The re commissioning of the current contracts within the scope of this EINA also provides the opportunity for the co-production of services with service users and their families.

Please note, this EINA refers to service users in Richmond who primarily access the block contracted services.

Protected Group	Findings
Age	The table below sets out the projections of people with a learning disability over the next ten years that shows that the greatest increase of people with a learning disability will be within the older age groups 65+.

2. Analysis of Need and Impact

LD Moderate to Severe Age Group	2020	2025	2030	% Increase
18 – 24	322	346	383	14%
25 – 34	607	624	613	10%
35 - 44	816	80	806	-1%
45 - 54	733	745	733	1%
55 - 64	530	587	616	18%
65 - 74	344	347	399	33%
75 - 84	215	269	284	59%
85 +	101	115	143	101%

Estimated Number of People with a Learning Disability in Richmond

The table below shows a breakdown of residents supported by Adult Social Care as at the end of June. This shows that the highest proportion of service users are aged between 18-34 years. Based on the population projections the greatest impact on demand will be from new young adults transitioning from childhood into adulthood.

Age Group	Number of	% of users	
	users		
18-24	88	19.6%	
25-34	107	23.8%	
35-44	56	12.4%	
45-54	58	12.9%	
55-64	77	17.1%	
65-74	40	8.9%	
75-84	22	4.9%	
85+	2	0.4%	
Grand Total	450	100.0%	

Number of people with a learning disability seeking support with employment (June 2021). The majority of those seeking employment are between 18-35.



	In analysis of the local data shows that access of the services currently
C	commissioned varies by age. For example:
	 Approximately 1/3 of service users live alone or with family, and
	are predominantly aged 18-35 (68%)
	 The majority of people in residential care are aged 45+ (48%) The majority of people in supported living are age 48.25 years
	 The majority of people in supported living are age 18-35 years
	 (48%) Those requiring support to access employment and work-based
	skills or training are more likely to be aged 55 and under. Older service users are more likely to report they are not actively
	looking for employment opportunities.
	 90% (22) of those accessing 'Other Services' in the community
	are aged under 25 years.
	 There is a small number of people accessing Day Services in the
	community, of which 77% (10) are aged over 50
	 Those accessing Direct Payment services are more likely to be
	aged under 50. Over 90% of those accessing Direct Payments
	are aged under 50. However, this is partly due to when the
	requirement to promote Direct Payments was introduced.
	ife Expectancy and Average Age
	ife Expectancy and Average Age
•	The average life expectancy for the general population in Richmond is 86.4 years for females and 82.5 years for males (Source: Data
	Rich)
	years and for a man with learning disabilities 66 years.
A	Analysis
•	Overall, the analysis shows that a significant proportion of people with
	a learning disability will continue to have high levels of care and
	support for the rest of their life but that the type of support required
	may change over the life course.
•	
	disability, it would be reasonable to expect that the proportion of
	those aged 55 and over would be lower than the general population.
	Population based projections indicate this is the case for those aged
	85 and over but not for those aged 55 to 84 which is somewhat higher than the general population.
•	The bightest mean offer of the mean and second second second and by the bightest second s
	population are 65+. This is set to increase over the next 15 years.
•	
	person with a learning disability is significantly lower (under 65 years)
	than the average population.
•	The set of the set of the table of the structure of the set of the structure of the set of the set of the structure of the set of th
	enable people with a learning disability to remain at home as long as
	possible with their family and/or live as independently as possible.
•	
	can manage age related illness or barriers that people with a learning
	disability may experience.
	Population based projections indicate that the population age group
	between 35-45 years is estimated to decrease and the smallest

 Population based estimates also suggest that there will be few young adults (18-35) with moderate- severe needs but more will mild-moderate needs in the future. However, those currently receiving support from Adult Social Care aged between 18-35 years. Therefore, the majority of serv commissioned over the next ten years will predominantly need support those who are of middle/ working age The proportion of people with a learning disability in paid emplies again significantly lower than the general population. The gap in the employment rate between those with a learning disability and the overall employment rate (persons aged 18-6 67% (PHOF 2016/17). However, the proportion of people with Learning Disability in Richmond is significantly higher compare statistical neighbours and the England average. Richmond is currently ranked as the fifth highest Local Authority for this ind A larger proportion of people with a Learning Disability seeking employment are aged 18-25 years. Consideration also needs to be given to not limiting access to services because of age. Age is not a reliable predictor of an individual's potential to acquire new skills and learn. For examitation and the acquire new skills and learn. 	vith Care vices d to loyment g i4) is a ed to licator.			
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some national employment schemes restrict access to those u	Inder			
25.	bla ta			
 A wide variety of community-based services need to be availal support different stages of people's life journey to maximise th 				
potential.				
The does not highlight the different expectations and cultural				
experiences of different age groups. For example, how some	of our			
younger autistic service users prefer to define themselves as r				
diverse and it is important that their services commissioned re-				
social and culture needs of different generations.				
Disability Service User Groups				
In Disk mand Coursell, som das uppersone and so within som de				
 In Richmond Council, service users are recorded within service groups of (Physical Disability', (Mantal Haelth', (Learning Disab 				
and 'Older People'.	groups of 'Physical Disability', 'Mental Health', 'Learning Disability'			
 While all the service users in this recommissioning project fall 	into the			
'Learning Disability' group, many also fall into the other groups				
particularly 'Older People' and 'Physical Disability'. This highlig				
need for recording all the groups a service user falls into rathe				
one.				
 For accuracy, this section will focus on the 'Learning Disability 	' group			
only.				
Number of People with a Learning Dischility in Dishmand				
Number of People with a Learning Disability in Richmond				
2020 2030 2040 2050	%			
	rease			
18-64 (All LD) 3,007 3,107 3,152 3,171	4%			
65+ (All LD) 663 734 830 921	65%			
18-64 (Severe or 692 714 725 729	4%			
Moderate)				
65+ (Severe or 89 97 109 121	56%			
Moderate)				

	Source: GLA Estimates and Emr	merson & Hatton 2008	
	 learning disability rethan compared to the All the people direct community support a disability The level of complex life will vary. It is expladditional needs due deterioration. The level of complex opportunities to according opportunities such a are commissioned the complexity of their n contribution to their It is estimated that 6 mental health conditional average, here 	ceiving long term support the London rate of 3.01 by affected by the recom- and accommodation-back xity and disability impac- bected those within an of the to other factors such a xity that some users express the community inder as paid employment. It is hat enable all service us beeds to participate and local community. 55% of people with a Lea- tion want to work. The p n employment in Richm bowever, we do not know	sed care services have a ting on the service user's older age group will have a as age related illness or perience may limit their pendently and s essential that services sers regardless of the make a positive arning Disability or severe proportion of people with a
Gender (sex)	Richmond LD Services	,	
Gender (Sex)	Sex	Total Population	ASC LD Service Users
	All Male	49%	61%
	All Female	51%	39%
	proportion of service us	nd of June by gender. The ers are male. When cor opulation this could sugg male residents.	his shows that the highest npared to the gender gest there is an unmet or
	Female		29
	Male	2	28
	(Blank) 7		
	 males and females There are signification based learning of the national reserved. 		e. g in accommodation- ichmond. This is line with pilities are more common

Gender Reassignment	genetic ch (Source: h • Two-thirds Richmond • A higher p compared a learning ensure the promotes a • Fewer men accessing	to females. Whi disability suppo e recruitment and access for fema n as a proportion support to seek idence the busin ender. I now collects th	nromosomes. om/content/74/s e is 66%, so the onal ratio baland es live in a Sha ilst there are ge rted by social ca d profile of Shar le service users n of service users Employment. Thess case for se	suppl 1 e gende ce. red Live nerally are it wi ed Live trs by ge his ana ervices	1/i30) er balance in es scheme than more males with ill be important to es Carers ender are alysis could be that cater for a
_	group.		0	U	
Marriage and Civil Partner-	Richmond popul Partnership Stat		ice Users by M	larital a	and Civil
ship	Status of Service Users	% of Population in Richmond	Count of Service users in Richmond	%	
	Single	36.7	314	35.1	
	Cohabiting		2	0.2	
	Married	47.3	18	2.0	
	Civil Partnership	0.4			
	Divorced	7.9			
	Separated	2.2	5	0.6	
	Windowed	5.4	2	0.2	
	Unknown		553	61.9	
	Source: Census 2	011 and Mosaid	2021		
	 the general por have the opport struggle to une It is important or in long term marriages or opport Enabling opport 	n relationships e civil partnerships prtunities to deve	mond. Some se potential romant ncept of marriag ny service user ven if they are r s. elop relationship	ervice u tic partr ge. s may b not form os and f	sers may not hers or may be actively dating hally committed in
Pregnancy and maternity	There is no data a protected charact disability accomm	eristic who are i	n receipt of care	and su	upport in learning
Ethnicity	Ethnicity Breakd				

	Ethnicity		of % of lation services users	
	Asian/Asian British	7	% 2.9%	-
	Black/African/Caribbean British		% <u>2.3%</u> % 1.8%	
	Mixed/Multiple Ethnic G	irouns 2	% 5.6%	-
	Other Ethnic Groups		% 2.2%	-
	White		7% 83.8%	-
	Source: ONS Census 2011			
	The table above shows t Social Care as at the end Analysis	-	ents supported by Adult	t
	 The 2011 Census White, followed b There is a similar The proportion of 	y 7% Asian or Asian percentage of White White British Servic	ulation is predominantly British. e service users at 87%. e Users reflects the age groups. It will be expect	e of
	 that over the next British Service Us There is only 1 se an underrepresen National evidence disabilities in BAI The high proporti living in the servic warrant further in A lower proportio backgrounds acc compared to fem a Learning disabilities 	t ten years the propo- sers will gradually in ervice user from a Bl ntation of this group ME groups is the sar on of people in Mixe ces compared to the vestigation. n of service users fro ess Shared Lives Se ales. Whilst there are lity supported by soo	rtion of Asian or Asian crease. ack ethnicity, demonstr within the service. revalence of learning ne as White populations d/ Multiple Ethnic Grou general population ma om non White British ervices. scheme than e generally more males cial care it will be import	rating s. ps y s with tant
Delinian and	promotes access groups.It is important to a barriers to obtain	for service users fro acknowledge that BA	of Shared Lives Carers m a wide range of ethn ME groups may face pport. The delivery of	
Religion and belief,	Religion	% of Population	% of service users	
including non-	Buddhist	0.8%		-
belief	Christian	55.3%	18%	-
-	Hindu	1.6%	1070	_
	Jewish	0.8%	0.5%	
	Muslim	3.3%	0.5%	_
	Sikh	0.8%	0.070	_
	Other Religion	0.5%		
	No Religion	28.4%	1.6%	_
	Unknown		79.1%	
	Source: ONS Census 2011			

	.	• •		tianity (across all denominations)
	is the most widespr			
				accuracy of these figures as they
	may reflect the beli			-
		•	•	at some service users are
Sexual	supported to attend			ulation
Orientation	Sexual Orientation in	the Gene	rai Pop	ulation
	Richmond, 93.2% are I	Heterosex	ual, 1.89	es that of the population in % are Lesbian, Gay or Bisexual r other (Source: ONS Sexual Identity by
	In London, 2.8% of Lor or bisexual (Source: ONS N		ver the a	age of 16 identify as lesbian, gay,
	Sexual Orientation of	Service	Users ir	Richmond
	Sexual Orientation	Count	%	
	Bisexual	2	1%	
	Heterosexual	59	32%	
		23	32 <i>%</i> 13%	
	Prefer not to say			
	Unknown	95	52%	
	Lesbian or Gay Source: Mosaic Case Recording	3 a System (ac	2%	aruany 2021)
	Analysis	g Oystom (do		
	a learning disability have a relationship else. This <u>link</u> to R good practice.	r. This indi and the b oyal Meno bility serv	cates a enefits o cap sum	about sexuality and people with desire by many to be able to of a relationship just like anyone is up the latest research and s identify as lesbian, gay or
			refer no	t to say or their sexual
	orientation is unkno disability may lack Some may also be worried about stigm	own. This capacity to afraid to c	is becau o unders declare t	the say of their could use some people with a learning stand or identify with the terms. their sexuality as they are
Across groups	Age and Religion			
i.e older LGBT service users or bme young	23% of service use over.	rs who are	e Christi	an are also aged 65 years and
men	Age and Ethnicity			
	•	ho are age	ed 65 ve	ears and over (45) are White.
		•	•	nd are aged 35 years or under.
				n British and Black or Black
	British background	are all ag	ed betw	een 18 and 44 years.
	Age and Sexuality			
				T service users there is an equal
	distribution across	the age gr	oups, w	ith the youngest LGBT service

user in the age group 25 - 35 years and the oldest in the $75 - 84$
years age group.

Data gaps.

Data gap(s)	How will this be addressed?
Age Clearer information is needed regarding the numbers of young people in Children's Services and Transitions who are likely to be eligible for adult social care over the next years, including the type of support that they are likely to need.	Further conversations will take place between Children's Services and Adult Social Care. This includes clear data around children and young people likely to need Adult Social Care over the next 10 years (in line with the strengths based approach).
Disability Work needs to be further developed to define how many services need to be commissioned over the next 10 years and how many units at each. Clearer information is needed regarding the number of people accessing individual day opportunities in Richmond.	Analysis of the emerging data will be further developed between housing, operational services and commissioning regarding need for housing. This work should build on the Learning Disability Demand Forecasting for Accommodation findings. A day services review is needed in order to improve market intelligence and to produce demand mapping.
Gender reassignment There are no reliable or definitive figures available locally regarding this data	Work needs to be carried out to ensure local data is collected for all service users.
Marriage and Civil Partnership Maternity and pregnancy Religion and belief, including non-belief Sexual orientation There are a large number of "unknowns" or unrecorded data in relation to the data which is collected locally.	Work needs to be carried out to ensure local data is collected for all service users.

3. Impact

Protected group	Positive	Negative
Age	The recommissioning of services for people with a Learning Disability will include proposals for different service models, including service models that meet the needs and expectations of different age groups. This should in part also contribute to opportunities to make friendship groups and facilitate the development of new services that better meet the needs and expectations of younger service users who are currently at greater risk of being placed out of borough and older service users who may have age related additional needs	As the service users are across all age groups, there is a concern that the services will become a 'one size fits all' if the contract and referrals are not well managed. To ensure services are tailored to differing needs, service users will be engaged in the co design and monitoring of services

 with eligible needs regarding their learning disability. A significant proportion are autistic, and a significant proportion have experienced mental ill health. The commissioning programme presents the opportunity to ensure that the care and support provided is aligned to the Council's strengths-based approach to social work. Also, it will enable the accommodation to meet the needs of people with a variety of physical disabilities, such as wheelchair accessibility, and to ensure that the services are capable of supporting those who are also autistic and/ or have mental ill health. All services should demonstrate and help services users to challenge universal services and employers to make reasonable adjustments. They should also help service users to challenge and deal with the consequences of harassment and victimisation related to their disability. In some cases, a service users to challenge and deal with the consequences of harassment and victimisation related to their disability. In some cases, a service users to challenge and each commissioning exercise will have an extensive mobilisation period to ensure a smooth transition and continuity of support for the service users potentially impacted by a changed in provider. In some cases, a service user may struggle to understand why they must change laring disability. To minimise the impact on service users and families and an extended mobilisation period to allow additional time to explain the changes and ensure service users user such and the service users and families and an extended 			1
It is also important to acknowledge that in some	Disability	learning disability. However, many service users also have a physical disability, a significant proportion are autistic, and a significant proportion have experienced mental ill health. The commissioning programme presents the opportunity to ensure that the care and support provided is aligned to the Council's strengths-based approach to social work. Also, it will enable the accommodation to meet the needs of people with a variety of physical disabilities, such as wheelchair accessibility, and to ensure that the services are capable of supporting those who are also autistic and/ or have mental ill health. All services should demonstrate and help service users to challenge universal services and employers to make reasonable adjustments. They should also help service users to challenge and deal with the consequences of harassment and victimisation related to	provider, changes in staffing and changes in the way that services are delivered. Some people who use the services may find the changes cause distress and for some that may manifest in behaviours that others find challenging. In mitigation there will be a range of coproduction and communication activities in the runup to any change, the tender evaluation will check prospective providers' capability to manage this kind of change, and each commissioning exercise will have an extensive mobilisation period to ensure a smooth transition and continuity of support for the service users potentially impacted by a changed in provider. In some cases, a service user may be relocated to new accommodation. Due to the nature of learning disabilities, the service user may struggle to understand why they must change accommodation. A change like this can cause distress for some people with a learning disability. To minimise the impact on service users of any potential changes there will be a robust communication plan implemented for service users and families and an extended mobilisation period to allow additional time to explain the changes and ensure service users understand what they mean It is also important to
cases paid employment may			

		not be an appropriate option for the service user due to their complexity of need.
Gender (sex)	Entry into services are based on eligible needs not gender. All people, regardless of gender, will receive the appropriate level of care and support. The recommissioning programme provides the opportunity to ensure that any gender specific needs are addressed within care and support plans and the suitability of the placement. The recommissioning recognises that there are fewer female service users and will include provisions to ensure that females feel safe when they live in mixed- gender shared accommodation. All services should help people to challenge and deal with the consequences of discrimination,	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on gender.
	harassment and victimisation related to their gender.	
Gender reassignment	Support workers should help those seeking gender reassignment to obtain appropriate support from the NHS. Support workers should help people to challenge and deal with the consequences of discrimination, harassment and victimisation related to gender reassignment.	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on gender reassignment.
Marriage and civil partnership	Support workers should be skilled to support people to access sex and relationships education, to access social activities where they may have the opportunity to meet a potential partner, and to have privacy when needed.	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their marital status.
Pregnancy and maternity	Support workers should be skilled to support pregnant women and their partner to access universal and specialist maternity services, financial advice and to move when they need a more appropriate home.	Some accommodation services may not be suitable for service users who are pregnant such as shared accommodation and the service user may need to move. For some respite services may not be able to be accessed by pregnant service users due the accommodation available.

		Some pregnant service users in paid employment will need to be advised of and need help to understand their employment rights whilst pregnant. A risk assessment and mitigating actions maybe required to continue to enable the service user to undertake their job.
Race/ethnicity	All services should provide support to service users that are relevant to their culture. Support workers should help people to challenge and deal with the consequences of discrimination, harassment and victimisation related to their race/ethnicity.	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their race or ethnicity.
Religion and belief, including non belief	All services should be aware and skilled to support people to attend religious services and practice religious customs in accordance with the person's wishes. Support workers should help people to challenge and deal with the consequences of discrimination, harassment and victimisation related to their belief.	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their religion and belief.
Sexual orientation	Support workers should be skilled to help people to have a positive view of their sexual orientation and to help lesbian, gay and bisexual service users to meet other people with a similar sexual orientation. Support workers should help people to challenge and deal with the consequences of discrimination, harassment and victimisation related to their sexual orientation.	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their sexual orientation.

4. Actions

Action	Lead Officer	Deadline
Include within all re procurement exercises and tender	Jo Warren /	Sept 21
evaluations and Social Value assessment of potential	Procurement	
providers capability to support the Council to deliver against	Team	
its equalities' duties.		
Involve service servicers and their families in the design of	LD	Ongoing
service specifications and the evaluation of tenders by	Commissioning	
potential providers.	Team	
Include within all contracts a requirement to routinely report	Dimitra	Sept 21
on the protected characteristics of its services users.	Nikoloudaki/	
Include within contract monitoring meeting a standard	Quality	
agenda item on equalities.	Assurance	
-	Team	

	1	
All commissioned services will routinely monitor and report on the protected characteristics of its service users to assure the Council that they are actively monitoring and implementing appropriate actions to address inequalities.		
Commission bespoke community support services that are age, gender and culturally specific to avoid within group discrimination and/or risk of exploitation. The recommissioning exercise will need to give additional consideration to young adults (under 30) so as to increase their access to support in the community	Melanie Cressey	March 22
Recommission the Supported Employment contract and increase the proportion of people with a learning disability who want to be in paid employment.	Catherine Tyrrell	Nov 22
Commission Shared Lives Services that are age, gender and culturally specific. Recommission services that recruit carers that are able to support female service users and a wide range of diverse ethnic groups so as to increase the number of female service users and those from different ethnic groups.	Catherine Tyrell	Dec 22
Commission accommodation-based services that are age and gender and culturally specific to avoid within group discrimination and/or risk of exploitation Give additional consideration to young adults (under 30) and older adults aged 65+.	Caroline Coles/ Alan Hiscutt	March 23
Raise awareness of the universal and specialist family planning, maternity service and gender identity services available locally for people with learning disabilities. Liaise with CCG Richmond and Public Health to identify any gaps in service with service users and providers.	Elizabeth Pepper	Oct 21
Commissioned providers will be required to demonstrate that they co- produce with service users through the performance and contracting monitoring schedules.	LD Commissioning Team	Ongoing

5. Consultation

Each commissioning exercise will undertake a series of stakeholder engagement activities to ensure the views of a wide range of professionals and experts by experience inform the design of service specifications and the tender evaluation criteria.

The views of service users will be sought through a variety of mechanisms that include but are not limited to online surveys via the Council's corporate website, focus groups and a range of community groups and stakeholder and partnership forums.

This will include asking people their views about the services and on the draft EINA. This EINA will be revised following that consultation.