

KENT COUNTY COUNCIL EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

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Directorate: Strategic and Corporate Services

Name of policy, procedure, project or service: Commissioning of a Positive Behavioural Support Service

What is being assessed? Impact of commissioning a Positive Behavioural Support Service

Responsible Owner/ Senior Officer: Emma Hanson, Senior Commissioner

Date of Initial Screening: 07/06/2018

Date of Full EqIA: N/A

Update each revised version below and in the saved document name.

Version	Author	Date	Comment
1	Emma Hanson	07/06/2018	Initial Draft
2	Jimmy Kerrigan	14/06/2018	Reviewed
3	Troy Jones	14/06/2018	Reviewed
4	A Agyepong	20/06/2018	Comments for review

Screening Grid

No	Characteristic	Could this policy, procedure, project or service affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
			Positive	Negative		
1	Age	No	High	None	a. No, this specific service offer will be open to all those who are 14 years old and over. There is no upper age limit. All interventions will be delivered to all individuals who are assessed as requiring it.	Yes. The provider will be expected to deliver age appropriate support, interventions and activities in order to meet the needs of different age groups within this characteristic. The service specification will require the service provider ensure that the service is accessible both to younger and older people.
2	Disability	No	High	Low	a. No, this service will deliver interventions to all individuals who are assessed as requiring it, who are aged over 14, with a learning disability, Mental ill health and/or autism.	Yes. The provider will be required to offer interventions to all individuals who meet the specified criteria and are assessed as requiring treatment irrespective of disability. It is expected that the service will meet the communication and access needs of all disabled people, including those with sensory impairments. Those with literacy and/or sight impairments may/will require information in various formats depending on need. KCC aim to ensure that the services commissioned are delivered in premises that are compliant with the Equality Act 2010 (previously the Disability Discrimination Act 2005) where possible.

						<p>The service specification has an Equality, Diversity and Accessibility section which highlights all of the characteristics and related requirements.</p> <p>Performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs.</p>
3	Sex	No	High	Low	a. No, this specific service will be open to all individuals who are assessed as requiring it, who are aged over 14.	<p>Yes. The provider will be required to offer interventions to all individuals who meet the specified criteria and are assessed as requiring support irrespective of gender. We will ensure that the service considers specific gender/sex needs.</p>
4	Gender identity	No	High	Unknown	a. No, this specific service will be open to all individuals who are assessed as requiring it, who are aged over 14.	<p>Yes. We aim to ensure that all services we commission are delivered to meet all requirements of the population. We expect all providers to have a skilled and competent workforce. This will ensure that workers will be able to understand this group and be able to offer the interventions which are requested and delivered as required. Providers will be referred to KCC's Lesbian, Gay, Bisexual and Transgender Support Toolkit.</p> <p>The service specification will have an Equality, Diversity and Accessibility section which highlight all of the characteristics and related requirements and performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within the area.</p>
5	Race	No	High	Low	a. No. We aim to ensure that the service provision meets the specific needs of people from different racial backgrounds. We have a multi-racial society and the service will need to show this through its workforce and experience.	<p>Yes. The provider will be required to offer a range of interventions to all individuals who meet the specified criteria and are assessed as requiring treatment irrespective of nationality or ethnicity.</p> <p>Policies and procedures must be in place to deliver appropriate services for example racial harassment.</p> <p>Within the service specification there is an expectation placed on the provider to ensure that documents are available in more than</p>

						<p>one language and interpreters are available for those who English is not their first language.</p> <p>The service specification will have an Equality, Diversity and Accessibility section which highlight all of the characteristics and related requirements.</p> <p>Performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within this group.</p>
6	Religion or belief	No	High	Low	a. No. We aim to ensure that those who are assessed as requiring a service intervention will be able to access this service provision and are treated equally irrespective of their religion or belief.	<p>Yes. We aim to ensure that all services we commission are delivered to meet requirements of the population. We expect all providers to have a skilled and competent workforce. This will ensure that workers will be able to understand the potential needs of this group and be able to offer the interventions which are requested and delivered as required.</p> <p>The service specification will have an Equality, Diversity and Accessibility section which highlights all of the characteristics and related requirements and performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within this group.</p>
7	Sexual orientation	No	High	Low	a. No. We aim to ensure that those who are assessed as requiring a service intervention will be able to access this service provision and are treated equally irrespective of their sexual orientation.	<p>Yes. We aim to ensure that all services we commission are delivered to meet requirements of the population. We expect all providers to have a skilled and competent workforce. This will ensure that workers will be able to understand this group and be able to offer the interventions which are requested and delivered as required.</p> <p>The service will be expected to respond appropriately to the needs of people supported from the LGBT community.</p> <p>According to Census data collected in 2011 approximately 1.9% of Kent's population is LGBT, this data is considered unreliable by the ONS but is used by KCC as estimation.</p>

						The service specification will have an Equality, Diversity and Accessibility section which highlights all of the characteristics and related requirements and performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within this group.
8	Pregnancy and maternity	No	High	Unknown	a. No. We aim to ensure that those who are assessed as requiring a service intervention will be able to access this service provision and are treated equally irrespective of their current/previous or pending parental/maternal/paternal status.	<p>Yes. We aim to ensure that all services we commission are delivered to meet all requirements of the population. We expect all providers to have a skilled and competent workforce. This will ensure that workers will be able to understand this group and be able to offer the interventions which are requested and delivered as required.</p> <p>The service specification will have an Equality, Diversity and Accessibility section which highlights all the characteristics and related requirements.</p>
9	Marriage & Civil Partnerships	No	High	Unknown		The service specification will have an Equality, Diversity and Accessibility section which highlight all of the characteristics and related requirements.
10	Carers responsibilities	No	High	Unknown	a) Further exploration took place during the public consultation.	<p>No unmet needs for people who are carers and who may have a need for this commissioned service have been identified but this will need to be continually reviewed.</p> <p>The service specification will have an Equality, Diversity and Accessibility section which highlight all the characteristics and related requirements.</p>

Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what RISK weighting would you ascribe to this function – see Risk Matrix

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

Low – The Positive Behavioural Support Service is judged to be of Low Risk as there are no negative equality implications.

Context – What we do now and what we are planning to do

The Kent and Medway Transforming Care Programme (TCP) are aiming to help as many people as possible with learning disabilities and/or autism to move from secure settings into supported living in their local communities. This ambition requires Kent and Medway TCP to invest in community support before closing its inpatient provision so that the right systems are in place to support and care for those people who are currently residing in inpatient settings. This is an extremely diverse group of people and the support they require will be highly individualised: it must be tailored to their particular needs, strengths, interests and in some cases, it must also be tailored to the risks they pose to themselves and others (all of which might change over time).

Aims and Objectives

The Kent and Medway TCP are seeking to develop and deliver bespoke and personalised care and support for individuals aged 14 years and over who are stepping down in to the community from specialist/secure in-patient services; and to offer more robust community placements to those at risk of admission to specialist hospitals.

The development of a new model of Positive Behavioural Support (PBS) including forensic support which will allow commissioners to work with a small group of qualifying providers to develop specialist provision to meet the needs of people with very complex and multiple needs.

Beneficiaries

Individuals with learning disability, mental ill health and/or autism.

Information and Data used to carry out your assessment

The TCP is clear about the profile of the population the programme is aimed at. It includes people with a learning disability and/or autism who display behaviour that challenges, including behaviour which is attributable to a mental health condition. This includes people of all ages and those with autism (including Asperger's syndrome) who do not also have a learning disability and includes those people with a learning disability and/or autism whose behaviour can lead to contact with the criminal justice system.

This is an extremely diverse group of people and the support they require will be highly individualised - tailored to their needs, strengths, interests and in some cases the risks they pose to others. The following groupings help to illustrate some common themes amongst the diversity of this population:

- Children, young people adults with a learning disability and/or autism who have a mental health condition such as severe anxiety, depression, or psychotic illness, and those with personality disorders, which may result in displaying behaviour that challenges.
- Children, young people adults with an (often severe) learning disability and/or autism who display self-interest or aggressive behaviour, not related to severe mental ill health, some of whom have a specific neuro-developmental syndrome and where there may be an increased likelihood of developing behaviour that challenges.
- Children, young people or adults with a learning disability and/or autism who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour).
- Children, young people adults with a learning disability and/or autism, often with lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds (E. G. Social disadvantage, substance abuse, troubled family backgrounds) who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.
- Adults with a learning disability and/or autism who have a mental health condition or display behaviour that challenges who have been in hospital settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.

Set out below are the current estimates of the people who are in hospital care who are expected to move into community care from April 2019 onwards. The total number of people is 30. They all have complex needs and many of them are people on the autistic spectrum. Many also have a forensic history and are

at high risk of reoffending. They have been allocated into five groups, to give an indication of their needs. The groups only include adult patients for whom no current provider has been identified. In addition, the TCP expects that more high-risk patients will be identified who are currently living in the community.

Category 1 – LD and Mental Health In-Patients

- Male
- Mild to Moderate LD
- Mental illness
- History of aggression/ violence
- History of drug and alcohol use
- Legal framework – DoLS, CTO, Guardianship
- Medium to high needs – Up to 1:1 and sleep in, up to 2:1 with waking night

	By April 2019
No. of Placements	2

Category 2 – Male LD Forensic

- Borderline/Mild/Moderate LD
- Autistic Spectrum
- Personality disorder/ or traits
- Numerous placement breakdown – institutionalised
- High functioning - likely to abscond
- Prone to sexual offense / behaviour
- Substance abuse
- High risk to others (children/women)
- Arson
- Medium to high needs – Up to 1:1 and sleep in, up to 2:1 with waking night

	By April 2019
No. of Placements	9

Category 3 – Male LD and Challenging Behaviour

- Mild, moderate LD
- ASC and/or Mental health needs
- History of abuse
- Institutionalised
- Threatening/intimidating behaviour
- Absconion
- Drugs and alcohol
- Medium to high needs – Up to 1:1 and sleep in, up to 2:1 with waking night

	By April 2019
No. of Placements	5

Category 4 – Female in-patients

- Mild / Moderate LD
- Personality disorder
- Aggression and violence
- Challenging behaviour
- Institutionalised

	By April 2019
No. of Placements	7

- Contact with CJS / Forensic needs (arson, harassment)
- Dysfunctional family dynamic / psychological trauma
- High needs – up to 2:1 with waking night

Category 5 – Male Autistic Spectrum Conditions

- Not LD
- Complex co-morbid mental illness
- Drug and alcohol
- Challenging behaviour / Aggression and violence
- Require specific ASC framework approach e.g. TEACCH, SPELL
- High needs – up to 2:1 with waking night

	By April 2019
No. of Placements	7

The most recent analysis of TC cohort for children (under 18) in Kent indicated there were 65 cases, of these 70% were not LD. The largest group being grammar school pupils with exam anxiety and eating disorders who happen to have then been diagnosed as Asperger’s whilst being treated for eating issues.

There are also a cohort of children with LD who are not showing up in the Tier 4 figures because KCC is placing them in Independent Non-Maintained Special Schools with residential care and specialist therapeutic intervention (either 52 weeks or 39 weeks plus respite).

The TCP team is establishing work with colleagues in Education and Children’s and Young People’s Services to establish predictive modelling tools to understand the number of young people who will be coming up through educational services who may fit the TC criteria. Where ever possible the aim is to reduce need by developing preventative service to prevent young people needing TCP support.

Who have you involved and engaged with

Current inpatients, Learning Disability Alliance, Providers, Local Government Association, Practitioners in health and social care teams have been consulted about how to meet the needs of people with a learning disability and/or autism who display behaviour that challenges, including behaviour which is attributable to a mental health condition. Positive Behavioural Support is a tried and tested model of dynamic risk management and therapeutic interventions that have been proven to support the best outcomes for these people with diverse and complex needs. There has been universal support for establishing this model here in Kent.

Potential Impact

The Positive Behavioural Support Service will provide better outcomes for individuals and their families by providing treatment in the community, allowing them to maintain social contacts and preventing re-admission to hospital, which in the past has often led to long periods of detention under the

mental health act. We are anticipating enabling 30 people to leave acute hospital setting and be supported in more appropriate community settings.

Adverse Impact and how can these adverse impacts be mitigated, (capture this in the action plan)

There is no adverse impact for any group.

Positive Impact

As defined above, the Positive Behavioural Support Service will provide a route to deliver better outcomes for individuals with a learning disability and/or autism who display behaviour that challenges, including behaviour which is attributable to a mental health condition and their families.

JUDGEMENT

Set out below the implications you have found from your assessment for the relevant diversity groups. If any negative impacts can be justified, please clearly explain why.

Option 1 – Screening Sufficient YES

Following this initial screening our judgement is that no further action is required.

Justification: There are no anticipated negative impacts for any diversity groups.

Option 2 – Internal Action Required Yes

There is potential for adverse impact on particular groups and we have found scope to improve the proposal

(Complete the Action Plan at the end of this document)

Monitoring and Review

The EqIA will be monitored in conjunction with the performance of the service. This will be based on usage statistics and anecdotal information about how it performed in terms of meeting people's needs at the time they are experiencing a crisis.

June 2018

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer



Signed:

Name: Emma Hansn

Job Title: Commissioning Manager

Date: 07/06/2018

DMT Member

Signed:

Name: Penny Southern

Job Title: Corporate Director for Adult Social Care and Health

Date: 21/06/2018

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Disability	Lack of trend data regarding types of disabilities using services	Ensure performance monitoring reports effectively and in details about nature of disabilities of people accessing support.	Establish any trends or potential unmet needs.	Emma Hanson Senior Commissioner	Sept 2019	None