

June 2018

**KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)**

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Directorate:

Adult Social Care and Health

Name of policy, procedure, project or service

Recommissioning of Residential Care Home services for People with a Learning Disability,
People a Physical Disability and people with Mental Health Needs.

What is being assessed?

This EqIA assesses the impact of the new tendered contract on residents who are living in residential care homes, either on a long or short term basis.

Responsible Owner/ Senior Officer

DMT representative, Penny Southern, Interim Corporate Director
Senior Responsible Officer, Clare Maynard, Head of Commissioning Portfolio– Communities,
Older and Vulnerable People
Commissioning Lead, Paula Watson, Senior Commissioner

Date of Initial Screening

06 June 2018.

Date of Full EqIA: 8 February 2016

| Version | Comments/ Author | Date | Comment |
|----------------|-----------------------------|-------------|---------------------|
| 1 | Paula Watson | 06/6/18 | First draft |
| | A Agyepong | 20/6/18 | Comments for review |
| | | | |

| Characteristic | Could this policy, procedure, project or service, or any proposed changes to it, affects 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 | Internal action must be included in Action Plan | If yes you must provide detail |
| Age | <p>NO,</p> <p>1)The project applies to people with a learning disability, physical disability or people with mental health needs over 18 years and therefore this age group will be the only one which is impacted by the letting of the contract.</p> <p>2) If the current care home provider chooses not to tender or is unsuccessful in their tender or they decide they no longer wish to do business with KCC, they may give notice to current residents. A small number of residents may be required to move to another residential care home. By definition, as this client group have a disability there will be a disproportionate impact on them compared to other residents of the County.</p> | Medium | High for the small number who could be affected. But this will be only in limited cases, if at all. | <p>a) Internal action is required.</p> <p>All providers with existing KCC placements will be encouraged and supported to tender for the new contract.</p> <p>2) Where current providers choose not to tender, negotiation will take place with the provider to agree a service continuity plan. Only in exceptional circumstances will residents be moved. In the event that a move is required, an action plan will be drawn up for each of the residents affected by this decision.</p> <p>The risk of anxiety for residents, relatives and carers will be minimised by providing appropriate assurances and through involving affected residents in action planning.</p> <p>This process will be managed by Care Managers who have a good knowledge of their clients' needs and a dedicated team of purchasers and commissioners who have knowledge and understanding of the average price of care in that area and will know the market. It is not intended that there be any impact on new people going into residential</p> | <p>Yes.</p> <p>1) The intention of the letting the new contract to ensure there is more equitable provision of residential care across Kent at an affordable price. The relet also aims to commission services where there are gaps in current provision for certain specialist needs. Both these actions will result in a positive impact for people over 18 years with disabilities and mental health needs.</p> <p>An online Care Directory has been developed for this purpose and will provide information, advice and guidance on all available services, both those contracted and those who choose not to tender for a contract.</p> |

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| | <p>However, the intention is that moves will only happen in exceptional circumstances, but this could cause anxiety and disruption.</p> <p>No change will arise if the existing residential provider is successful in their bid.</p> | | | <p>care.</p> <p>This EqIA will be updated if the proposed service is amended in a way that could affect this group.</p> <p>b) No further assessment is required.</p> | <p>Promotion of equality, human rights and equal opportunities will be reflected in the new contract service specification and terms and conditions that will ensure that this group of service users receive services dedicated to their needs.</p> <p>Quality of care and good practice can be monitored and improved through regular monitoring of all care homes.</p> <p>Service users, their families and carers should have better information about the contracted and non-contracted homes being commissioned on their behalf.</p> <p>It is expected that quality will improve through making price reviews more robust and transparent. Price reviews will allow providers to identify financial difficulties and consideration of price reviews will take place when it is clear that quality and cost issues are directly linked.</p> <p>Based on the implementation of the pricing decision the EqIA will be kept under review.</p> |
| <p>Disability</p> | <p>See above</p> | <p>Medium</p> | <p>Medium</p> | <p>c) Active will be taken where there are challenges to care arrangements for existing members as well as residents who have b) Further disabilities, physical disabilities, mental health needs, sensory impairment, appropriate communication methods will be</p> | <p>Yes. It is expected that people with physical disabilities and people with Challenging behaviour are likely to be accommodated. There are a number of care homes that are</p> |

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| | | | | used for all. | converted dwellings which have smaller corridors and stairs/steps and therefore people will struggle to mobilise or use the environment effectively in some of the older care homes. It is also known that the use of specialist equipment in smaller homes is more difficult to use. |
| Sex | No | Low | Low | The tender will not impact on the availability of services across Sex. | Yes – equalities must be promoted through ensuring that care providers comply with the contract specification for ensuring equality on the basis of Sex. |
| Gender identity | No. | Low | Low | No. | Yes – equalities must be promoted through ensuring that care providers comply with the contract specification for ensuring equality for all gender groups. |
| Race | No. | Low | Low | Action will be taken when there are challenges in communicating with people for whom English is not their first language or those whose knowledge of English is limited. | Yes – equalities must be promoted through ensuring that care providers comply with the contract specification for ensuring equality for all races. |
| Religion or belief | No. | Low | Low | No. | Yes – equalities must be promoted through ensuring that care providers comply with the contract specification for ensuring equality for all religious or belief groups. |
| Sexual orientation | No. | Low | Low | No. | Yes – equalities must be promoted through ensuring that care providers comply with the contract specification for ensuring equality for all sexual orientations. |
| Pregnancy and maternity | No. | Low | Low | No. | Not applicable |
| Marriage and Civil Partnerships | No. | Low | Low | No. | Yes – equalities must be promoted through ensuring that care providers comply with the contract specification for ensuring equality for marriage and civil |

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|---------------------------------|----|-----|-----|--|--|
| | | | | | partnerships. |
| Carer's responsibilities | No | Low | Low | | <p>Improved commissioning of residential services across Kent may benefit carers as identifying a home for the cared for should improve and there will be more equitable provision of services across the county.</p> <p>The new contract aims to commission residential respite services which will potentially have a positive impact on carers as it will improve the availability of respite care.</p> |

Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what 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 |

State rating & reasons

Medium – because the potential impact for the vast majority of people living in residential care homes will have a limited impact on them. Assessed as medium, as there may be a limited number of cases where discussion and negotiation would need to take place with residential providers who are not awarded a contract or did not tender.

Context

The tender of the Residential Care Contract for people with LDPDMH supports local and national strategies as follows:

The Accommodation Strategy

The Strategy was developed launched in July 2014. It clearly articulates the agreed direction of travel in relation to residential care home provision. The conclusion of the Strategy for people with LDPHMH is to:

- Increase the provision of specialist and specialist plus homes and reduce the provision of standard Mid and high category residential homes.
- Remodel services to be better geared up to accommodating people with specialist needs.

The new tender is in line with the Authority’s responsibilities under the Care Act 2014 and strategic drives as set out the KCC Strategic Vision published in March 2015 in and contributes to one of the key strategic outcomes of ‘Older and vulnerable residents feel socially included, residents have greater choice and control over the health and social care they receive’.

Commissioning were tasked to review these services as part of the Accommodation Strategy.

Aims and Objectives

The aim of this tender is to have the new Residential Care Home contract for People with LDPDMH in place by April 2019, with the objectives of:

- Providing good outcomes for residents.
- Achieving enough capacity and coverage.
- Ensuring a consistent and quality service countywide.
- Delivering value for money.

Beneficiaries

The Residential Care Home service for people with a Learning Disability, people with a Physical Disability and people with Mental Health needs is available to people who are assessed as requiring this type residential care by the local authority.

Carers and families will also benefit from these residential care services by knowing that their family members are well cared for and being able to see far more transparency in the information collected and provided.

Information and Data

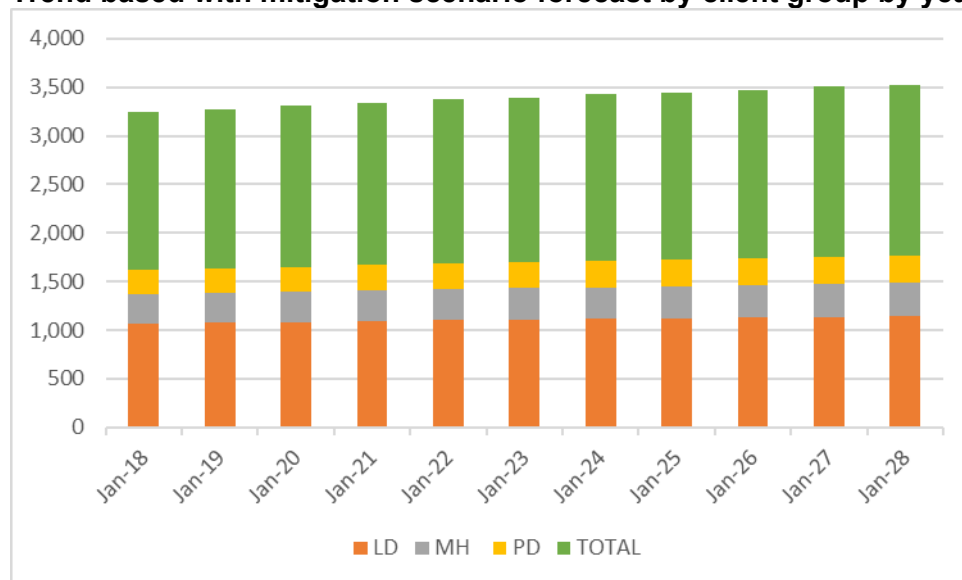
All KCC funded service users must meet the eligibility criteria to receive a residential care service.

Age profile of current placements

| Age Range | LD | PD | MH |
|-----------|------|-----|-----|
| 18-24 | 70 | 10 | 2 |
| 25-34 | 160 | 20 | 15 |
| 35-44 | 188 | 28 | 29 |
| 45-54 | 260 | 60 | 61 |
| 55-64 | 196 | 100 | 90 |
| 65-74 | 119 | 45 | 71 |
| 75Plus | 42 | 17 | 18 |
| | 1035 | 280 | 286 |

| Average length of stay in residential services | Years |
|--|-------|
| LD | 10 |
| PD | 7 |
| MH | 6 |

Trend based with mitigation scenario forecast by client group by year



Increase in overall placements over a 10-year period 139
69 LD, 31 PD, 39 MH

Current number of residential beds available in Kent

| | LD | PD | MH | Total |
|-----------------------------------|------|-----|-----|-------|
| Existing Residential Homes | 2038 | 222 | 428 | 2688 |

The majority of residential care clients are people with a learning disability. There are around 1,600 people with LDPDMH who are in residential care in Kent.

LD clients make up the majority of placements, but as age increases the proportion of clients with physical disability or mental health increases. Some of this movement is a movement of clients from one category to another, with a higher proportion of LD clients aged 55 and over. The number of PD clients in residential care peaks in the age range 55-64 and drops sharply in the age range 65-74.

But also, in line with KCC's strategy, residential care is considered the last resort and the Social Care, Health & Wellbeing Directorate aims is to keep people at home and independent for as long as is possible.

Therefore, in line with KCC's strategy, if the need for residential care placements can reduce through prevention and policies. If future demand by 2028 is 10% less across all client groups and all ages up to age 65. This leads to an increase of 139 overall placements over a 10-year period up to 2028.

Detailed data on the LDPDMH care home market is set out in Kent's Accommodation Strategy. The evidence indicates there is sufficient alternative supply of residential care available across Kent for the homes that may close.

The EQiA for the Accommodation Strategy can be found via the following link:

http://www.kent.gov.uk/_data/assets/pdf_file/0015/14460/Accommodation-Strategy-equality-analysis-impact-assessment.pdf

Scope

The current contracts for residential care services for people with a physical disability, people with learning disabilities and people with mental health needs were last let in 2002 for the Disabilities contract and 2004 for the Mental Health contract.

The market for residential care services within Kent is disparate and as the existing contracts have not been let for over 14 years, the sector may not be familiar with tendering for services within Kent. The introduction of the Care Act 2014 in April 2015 brought a number of historic laws into one Act. Therefore, the contracts are no longer fit for purpose or meet the needs of the Council.

The new contract will procure both long and short term residential care provision and will be in place for a period of 4 years with an option to extend the contract for a further two years and after that, another two years.

Involvement and Engagement

There needs to be a commitment to involving those who use these services in planning, commissioning and delivery. Engagement is required with both internal and external; stakeholders. Those that are internal need to be aware and understand all of the relevant changes to ensure the new contract is implemented efficiently and effectively.

Those that are external and connected to the Council will include the providers of care themselves. It is vital that engagement is conducted prior to the tender exercise for this contract and throughout the contract term. Early engagement will allow providers the time to prepare for the necessary tender submission and ask any questions of the Council to remove all ambiguity. This will also allow the benefits to be promoted to encourage providers to join the contract. Furthermore, feedback can be collected and, if necessary, implemented before anything is formally published.

Strategic Commissioning will hold market events in 2018. These market events will introduce the tender which will include the timescales, expectations and requirements to strengthen the relationship with the market and continue to collaborate on emerging issues.

Service User engagement – plans include service user engagement through; Healthwatch, the Learning Disability Partnership Board and District Partnership Groups. PD and MH forums

To avoid anxiety and concern for current residents, consultation with them will take place when it is appropriate and when the likely impact on residents is known.

During the tender period, residents will continue to receive the same service. Where, as a result of this tender, there is a financial impact on residents, engagement will take place with those affected and their families at the most appropriate time and at a localised level.

Throughout the engagement process where equality issues have been raised they either have or will be added to this EqIA. As it stands, there have been no equality issues raised as part of the engagement process.

Potential Impact

For the vast majority of current residents, this tender will have no material impact on them at all. But it is anticipated that the new contract will have a positive impact and given the population of the residential market it will have a greater impact in relation to Disability groups. This new contract points to KCC's commitment to transform the service over coming years.

Adverse Impact

In very exceptional circumstances a small number of residents may lose continuity of care in the event that their current provider does not tender or is not awarded a contract or refuses to accept the terms and conditions of KCC. A change of this kind and/or an amendment to the contribution that they pay may cause anxiety and disruption to existing relationships. This will be addressed by the development of an individual service continuation plan to help minimise disruption and offer a number of options. It is not expected that this will affect a large number of residents.

In the unlikely event that, following discussions, a home does decide that it will not continue to provide a service for existing (current) residents, KCC will work closely with the resident, their carers and relatives and the home, to ensure there is a smooth transition to a home which meets their needs.

Positive Impact

The tender provides the opportunity to review and update the contract documentation to place more emphasis on:

- Equality and the minimisation of discrimination;

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- Protecting the service user's Human Rights; and
- Reinforcing provider responsibility.

These positive impacts will contribute to raise the quality and standard of service delivery to the benefit of all service users.

It is anticipated that there will be a more equitable provision of services across the county and services here gaps in provision have been identified.

The impact will be evidence through performance monitoring through key performance indicators.

JUDGEMENT

Option 2 – Internal Action Required

There is potential for adverse impact on particular groups.

The tender of the Residential Care Home Contracts for people with LDPDMH is not a complete redesign of service and does not directly impact on the protected characteristics of individuals.

Given the population of residential care homes, there will be an impact on people with disabilities and people with mental health needs. There could be some providers choosing to leave the market and in these circumstances, KCC would find the most appropriate alternative care provision for them and following assessment, a different service may be required.

Action Plan

The Action Plan indicates a requirement to develop service continuation plans to minimise any disruption and to offer a choice of options for affected individuals.

Monitoring and Review

The development of an exit strategy has been identified on the Risk Log for this tender and will be built into the implementation timetable to ensure this occurs. Monitoring and review requirements will be developed as part of the exit strategy.

The working group allocated to this project will regularly review this EqIA and agree further actions as required.

Attestation

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning the Recommissioning of Residential Care Home services for People with a Learning Disability, People a Physical Disability and People with Mental Health Needs.

I agree with risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

Signed:

Name: Clare Maynard

June 2018

Job Title: Head of Commissioning Portfolio– Communities, Older and Vulnerable People

Date:

DMT Member

Signed:

Name: Penny Southern

Job Title: Interim Corporate Director

Date:

Equality Impact Assessment Action Plan

| Protected Characteristic | Issues identified | Action to be taken | Expected outcomes | Owner | Timescale | Cost implications |
|--------------------------|--|---|---|-------------------------------|-----------------------------|---|
| Age, Disability and Race | Current service users <u>may</u> see a change to either their care provider or cost which may cause anxiety and disruption to existing relationships. It is not intended that people will move, however if the provider requests that the individual moves there will be little option | <p>A service continuation plan will be developed for service users affected.</p> <p>Assurances will be provided and impact will be discussed. All service users affected will be fully engaged in any move on plans, as will relatives.</p> <p>Communication will be provided in a range of texts, formats suitable for people with a disability or sensory impairments or for those whose first language is not English or if this is limited.</p> | <p>Work towards minimising disruption to service users.</p> <p>Service users and their family carers will be informed and have the opportunity to influence changes that affect them.</p> | DCALDMH / Assistant Directors | Development is in progress. | <p>Adult Purchasing Team already in place.</p> <p>Care Management time.</p> |
| Age and Disability | New service users will be better supported to secure | Yes, the purchasing process will offer equal opportunities | It is intended that this process will be managed by a | DCALDMH / Assistant Directors | Development is in progress. | Adult Purchasing Team is already in place. |

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| | residential care placements. This will allay fears and provide support at a difficult time. | for all providers. | dedicated team of purchasers who have knowledge and understanding of the average price of care in that area and will know the market. It is not intended that there be any impact on new people going into residential care. | | | |
|--|---|--------------------|--|--|--|--|