

# Equality Impact Assessment

## Context

1. under s.149 of the Equality Act 2010, when making decisions, Essex County Council must have regard to the Public Sector Equality Duty, ie have due regard to:
  - eliminating unlawful discrimination, harassment and victimisation, and other conduct prohibited by the Act,
  - advancing equality of opportunity between people who share a protected characteristic and those who do not,
  - fostering good relations between people who share a protected characteristic and those who do not, including tackling prejudice and promoting understanding.
2. The characteristics protected by the Equality Act are:
  - age
  - disability
  - gender reassignment
  - marriage/civil partnership
  - pregnancy/maternity
  - race
  - religion/belief
  - sex/gender
  - sexual orientation.
3. In addition to the above protected characteristics you should consider the cross-cutting elements of the proposed policy, namely the social, economic and environmental impact (including rurality) as part of this assessment. These cross-cutting elements are not a characteristic protected by law but are regarded as good practice to include.
4. The Equality Impact Assessment (EqIA) document should be used as a tool to test and analyse the nature and impact of either what we do or are planning to do in the future. It can be used flexibly for reviewing existing arrangements but in particular should enable identification where further consultation, engagement and data is required.
5. Use the questions in this document to record your findings. This should include the nature and extent of the impact on those likely to be affected by the proposed policy.
6. Where this EqIA relates to a continuing project, it must be reviewed and updated at each stage of the decision.
7. The EqIA will be published [online](#):
8. All **Cabinet Member Actions, Chief Officer Actions, Key Decisions and Cabinet Reports must be** accompanied by an EqIA.
9. For further information, refer to the EqIA guidance for staff.
10. For advice, contact:  
Shammi Jalota [shammi.jalota@essex.gov.uk](mailto:shammi.jalota@essex.gov.uk)  
Head of Equality and Diversity  
Corporate Law & Assurance  
Tel 0330 134592 or 07740 901114



## Section 1: Identifying details

Your function, service area and team: Corporate Development, Delivery and Service Design Team

If you are submitting this EqlA on behalf of another function, service area or team, specify the originating function, service area or team: Submitting on behalf of Procurement and Adult Social Care

Title of policy or decision: Integrated Residential and Nursing Framework extension and re-procurement 2019

Officer completing the EqlA: Kate Surfield – Project Manager Tel: 03330136279 Email: [kate.surfield@essex.gov.uk](mailto:kate.surfield@essex.gov.uk) & Simon Evans – Category and Supplier Relationship Specialist Tel: 03330 136315 Email: [simon.evans@essex.gov.uk](mailto:simon.evans@essex.gov.uk)

Date of completing the assessment: 28 September 2018

## Section 2: Policy to be analysed

- |     |  |
|-----|--|
| 2.1 | <p>Is this a new policy (or decision) or a change to an existing policy, practice or project?</p> <p>This EqlA relates to the re-procurement of Integrated Residential and Nursing Care Services in Essex and arises from the expiry of the existing contractual arrangements in February 2019.</p> <p>This will support all eligible individuals within Essex boundaries (excluding Southend and Thurrock)</p> <p>Integrated Residential and Nursing Care services are social care support packages for placements in Residential and Nursing Care Homes that will support their social care needs.</p>   |
| 2.2 | <p>Describe the main aims, objectives and purpose of the policy (or decision):</p> <p>To deliver on our commissioning strategy and re-procure care in a residential setting for older people that delivers:</p> <ul style="list-style-type: none"><li>• Whole economy best value approach as a result of increased purchasing power through joining up commissioning.</li><li>• Development of a sustainable market place, increasing capacity, mix and type of beds</li><li>• Common procurement approach in place across Health and Social Care including standardised specifications and quality criteria in place for all homes in Essex across Health and Social Care</li><li>• Joined up quality and contract management processes Ensures the quality of care provision is improved and maintained;</li></ul> |



	<p>This will be delivered through:</p> <ol style="list-style-type: none"> <li>1. Undertaking a procurement process to re-procure care in a residential setting for older people, with or without nursing using a framework contract. This will involve a single stage open tender process. The contract will be for six years.</li> <li>2. Extend the current Integrated Residential and Nursing Care Agreement until 7<sup>th</sup> June 2019 to enable the procurement to be delivered.</li> </ol> <p>What outcome(s) are you hoping to achieve (ie decommissioning or commissioning a service)?</p> <p>The proposed solution has been guided by the following objectives and desired outcomes;</p> <ol style="list-style-type: none"> <li>a) Ambition to work predominantly with Good and Outstanding Providers</li> <li>b) To better understand and address capacity issues across the market</li> <li>c) Support the Sustainability of the Residential Market for Both Providers and for ECC: Ensure that the rates paid are compatible with our quality goals, can yield a return for providers but is affordable to Essex County Council</li> </ol>
2.3	<p>Does or will the policy or decision affect:</p> <ul style="list-style-type: none"> <li>• service users</li> <li>• employees</li> <li>• the wider community or groups of people, particularly where there are areas of known inequalities?</li> </ul> <p>Service users and their families may be affected whereby they are better supported to make a decision on the Care Home they can choose from by the introduction of a Bed Availability Tool.</p> <p>However, the Residential and Nursing Care Service itself will not change.</p> <p>Service Placement Team employees and Adult Social Care Operational employees will be encouraged to embrace latest sourcing processes to enable the framework to be effective. They will be supported to do so.</p> <p>Will the policy or decision influence how organisations operate?</p> <p>Residential and Nursing Care Provider organisations will be offered the opportunity to bid to be part of the new IRN Framework and encourage them to become and maintain a CQC rating of Good or Outstanding. Therefore, improving the quality of service being provided</p> <p>The anticipation is that Spot Provision will reduce and packages of care will be placed more with Framework providers.</p>



2.4	<p>Will the policy or decision involve substantial changes in resources?  It is unlikely that the decision will impact internal resources substantially.  However, there is a possible implication for Service Placement Team and Adult Operations staff driven by the following changes;</p> <ul style="list-style-type: none"> <li>- The introduction of a Bed Availability Tool whereby employees will be better enabled to source packages of care for Residential and Nursing.</li> <li>- ECCs proposed approach to Top Ups whereby a resource will be required to understand from potential 3<sup>rd</sup> Parties if they are able to pay for the requested top up.</li> </ul> <p>Both of these implications will be folded into current day to day practice and full training and engagement will be delivered by the project team to ensure resources are aware of any shift in practice.</p>
2.5	<p>Is this policy or decision associated with any of the Council's other policies and how, if applicable, does the proposed policy support corporate outcomes?</p>



## Section 3: Evidence/data about the user population and consultation<sup>1</sup>

As a minimum you must consider what is known about the population likely to be affected which will support your understanding of the impact of the policy, eg service uptake/usage, customer satisfaction surveys, staffing data, performance data, research information (national, regional and local data sources).

3.1	<p>What does the information tell you about those groups identified?</p> <p>The scope of this proposal for ECC covers predominantly Older People (Over 65) who require residential and nursing care support. ECC currently funds the provision of care for approximately 3850 older people in a residential setting and 610 older people in a Nursing setting. 66% of people in residential care are female. 55% of admissions into residential care are aged 85+.</p>
3.2	<p>Have you consulted or involved those groups that are likely to be affected by the policy or decision you want to implement? If so, what were their views and how have their views influenced your decision?</p> <p>Officers have gathered insight from service users on satisfaction with the service and the sourcing process itself.</p> <ul style="list-style-type: none"><li>Insight from the <b>National Adult Social Care Survey</b> 2016/2017 has shown that service users overall are satisfied with the service. Key findings: <i>over 90% of Service Users are satisfied with the service</i>. This has reassured us in our approach. The service itself should not be impacted for service users. This decision will influence the way packages of care are procured rather than the service itself.</li><li>Engagement with <b>Service Users and their families on the sourcing process</b> has indicated that service users and their families consider location and quality of care to be the most important elements when sourcing. This has lead us to recommend a more flexible approach to identifying location remits during the sourcing process and supports our recommendation to prioritising working with CQC rated Good and Outstanding providers. Service users have also indicated to us that three options of choice were deemed to be acceptable which supports our approach to sourcing.</li></ul>
3.3	<p>If you have not consulted or engaged with communities that are likely to be affected by the policy or decision, give details about when you intend to carry out consultation or provide reasons for why you feel this is not necessary. Please include any reasonable adjustments, e.g. accessible formats, you will provide as part of the consultation process for disabled people:</p>

<sup>1</sup> Data sources within EEC. Refer to Essex Insight:  
<http://www.essexinsight.org.uk/mainmenu.aspx?cookieCheck=true>  
with links to JSNA and 2011 Census.



	Minimal impact is expected for the service users receiving Integrated Residential and Nursing services so further consultation is not planned.
--	--



## Section 4: Impact of policy or decision

Use this section to assess any potential impact on equality groups based on what you now know.

Description of impact	Nature of impact Positive, neutral, adverse (explain why)	Extent of impact Low, medium, high (use L, M or H)
Age	Likely to be <b>neutral</b> . Although older people are the largest group of service users, the service is tailored to the needs of the individual.	L
Disability – learning disability	<p>Likely to be neutral. Integrated Residential and Nursing Services are provided to anyone with eligible need. This may include some older people with learning disabilities.</p> <p>Providers will be expected to be able to engage and support all referrals including where these referrals have additional needs.</p>	L
Disability – mental health issues	<p>Likely to be neutral. Integrated Residential and Nursing Services are provided to anyone with eligible need. This may include some older people with mental health issues.</p> <p>Providers will be expected to be able to engage and support all referrals including where these referrals have additional needs.</p>	L
Disability – physical impairment	<p>Likely to be neutral. Integrated Residential and Nursing Services are provided to anyone with eligible need. This may include some older people with physical impairment.</p> <p>Providers will be expected to be able to engage and support all referrals including where these referrals have additional needs.</p>	L
Disability – sensory impairment (visual, hearing and deafblind)	Likely to be neutral. Integrated Residential and Nursing Services are provided to anyone with eligible need.	L



	<p>This may include some older people with sensory impairment.</p> <p>Providers will be expected to be able to engage and support all referrals including where these referrals have additional needs.</p>	
Gender/Sex	<p>Likely to be neutral. The service is open to both men and women. It is for anyone who has eligible social care needs.</p> <p>There is a chance that women over the age of 65 may be more impacted as 66% of the people in residential care are female.</p>	L
Gender reassignment	<p>Likely to be neutral. The service is open to both men and women who are seeking, undergoing or have received gender reassignment surgery. The service is provided where there is eligible social care need.</p> <p>Any care provider will be required to comply with the Equality Act 2010 in reducing discrimination and harassment in the provision of goods and services.</p>	L
Marriage/civil partnership	<p>Likely to be neutral. There is no restriction on access according to marital status and civil partnership and all Live at Home plans are person-centred.</p>	L
Pregnancy/maternity	<p>Likely to be neutral. The service is provided where there is eligible social care need.</p>	L
Race	<p>Likely to be neutral. Essex has a responsibility to support all those with eligible Social Care needs and this will be regardless of the race of the individual with the need. These are universal services that anyone can access.</p> <p>Providers of this service are being given clear instruction through the service specification that respect should be given to the cultural beliefs of those in receipt of the service, regardless of whether</p>	L





	<p>those cultural beliefs impact upon the achievement of their outcomes.</p> <p>Any care provider will be required to comply with the Equality Act 2010 in reducing discrimination and harassment in the provision of goods and services.</p>	
Religion/belief	<p>Likely to be neutral. We require providers to be culturally sensitive to the needs of service users (eg: providing a female care worker for a Muslim woman). It is important to recognise and meet cultural needs and build links with relevant community groups.</p> <p>Any care provider will be required to comply with the Equality Act 2010 in reducing discrimination and harassment in the provision of goods and services.</p>	L
Sexual orientation	<p>Likely to be neutral. The service is open to anyone who has eligible social care needs. The provider will be contracted to deliver services as appropriate according to individual preference.</p> <p>Providers of this service are being given clear instruction through the service specification that respect should be given to the sexuality of those in receipt of the service, regardless of whether their sexuality impact upon the achievement of their outcomes.</p> <p>Any care provider will be required to comply with the Equality Act 2010 in reducing discrimination and harassment in the provision of goods and services.</p>	L
<b>Cross-cutting themes</b>		
<b>Description of impact</b>	<b>Nature of impact</b> Positive, neutral, adverse (explain why)	<b>Extent of impact</b> Low, medium, high (use L, M or H)
Socio-economic	Likely to be neutral. Impact on the Provider Market has been considered throughout.	L



Environmental, eg housing, transport links/rural isolation	Likely to be neutral. Decision should not change any of these factors.	L
--	--	---



## Section 5: Conclusion

		Tick Yes/No as appropriate	
5.1	Does the EqlA in Section 4 indicate that the policy or decision would have a medium or high adverse impact on one or more equality groups?	No <input checked="" type="checkbox"/>	
		Yes <input type="checkbox"/>	If ' <b>YES</b> ', use the action plan at <b>Section 6</b> to describe the adverse impacts and what mitigating actions you could put in place.



## Section 6: Action plan to address and monitor adverse impacts

What are the potential adverse impacts?	What are the mitigating actions?	Date they will be achieved.



## Section 7: Sign off

**I confirm that this initial analysis has been completed appropriately.  
(A typed signature is sufficient.)**

Signature of Head of Service:

Date:

Signature of person completing the EqlA: [Kate Surfield, Project Manager](#)

Date: [28 Sept 2018](#)

## Advice

Keep your director informed of all equality & diversity issues. We recommend that you forward a copy of every EqlA you undertake to the director responsible for the service area. Retain a copy of this EqlA for your records. If this EqlA relates to a continuing project, ensure this document is kept under review and updated, eg after a consultation has been undertaken.

