

Equalities Comprehensive Impact Assessment v2 - Head of service review

Reference: ECIA527546263

Submitted: 19 July 2023 09:11 AM

Executive summary

Title of policy / decision: Intermediate care beds procurement for a mini-competition under the IRN framework

Policy / decision type: Cabinet Member Action (CMA)

Overview of policy / decision: Our strategic ambition is 'home first' for everyone, with the right support in place, where needed, to enable this. This aspiration, however, may not always be possible for everyone, some people may require a temporary stay in alternative accommodation with wrap around services to enable their return home.

The recommendations for this decision are;

1.1 For a mini-competition to be carried out through the IRN Framework to procure up to 90 Recovery to Home Beds across 9 care homes, at a value of up to £4.7m for the initial 12-month contract. With the potential for the contracts to be extended for up to a further 12 months.

1.2 That the price of beds includes a top-up to the IRN Framework rate of £280 per bed per week paid to the care home for the enhanced specification (£1.3m of the £4.7m).

1.3 That the cost of the beds is funded through ASC care and support budgets supported by the Discharge Fund (part of the overall BCF) which will specifically cover the premium cost of access including top-up rates and any void costs arising.

1.4 Wrap around support, including therapies and Reablement in-reach to be provided as part of the service and progressed in tandem with this decision and proposed procurement.

What outcome(s) are you hoping to achieve?: Improved lived experience of the system - we know through the connect lived experience survey that adults require clear and transparent support to enable their independence. This work will support adults and their families to have a clearer understanding of what is available to them by use of wrap around services (therapies, in reach support from reablement services and local health systems)

Reduced need for residential care and overall ongoing costs of care - tackling health inequalities as this is a county wide approach

Reduced length of stay in hospital - supporting local health systems to manage and care for people who require it

Faster discharge from hospital and on the most appropriate pathway for their needs - supporting the adult, their families and circle to make the best decisions for themselves whilst being linked in to their community assets

Reduced re-admissions to hospitals - supporting the local health system to reduce the need for acute care by use of commissioned community health services

Each adult who goes to recovery to home to have their independence maximised as far as possible - enabling adults to increase their independence to the level possible for them. This will be different for everyone, and some

adults may require alternative accommodation in sheltered housing or extra care before returning home; taking a stepped approach to independence that offers long term benefits

Reduction in the number of adults who never returned home from a care home - improvement on the 78% of adults that went into an interim bed last year will be beneficial to communities, adults and their families.

Improved use of resources across the health and social care system

Executive Director responsible for policy / decision: Nick Presmeg (Adult Social Care)

Cabinet Member responsible for policy / decision: John Spence (Health and Adult Social Care)

Is this a new policy / decision or a change to an existing one?: New policy / decision

How will the impact of the policy / decision be monitored and evaluated?: The impact of the recovery to home beds will be monitored and evaluated in the following ways;

1. Through the procurement approach

To ensure the right care home providers are chosen to deliver the recovery to home service scoring 100% on quality that will be evaluated will be based on a set of technical questions. These questions focus on bidders proposed model for the delivery within the home, including their ability to enable and enable adults working in a partnership approach as well as mobilisation of the contract. For each of the technical questions, minimum quality criteria must be met. Bids below these will fail and be discounted.

There will also be a minimum standard requiring bidders to evidence previous experience of enablement practice. Any bidder that cannot evidence this will fail and be discounted.

The service providers must be able to provide the right design, home registration and care so adults have the best chance at returning home. Bidder responses to the relevant technical quality tender questions will ensure that the service provided is on this basis and that staff have the correct training, support, access to resources as well as being able to signpost to and access specialist support from a range of services through the MDT to be able to effectively support adults with a range of needs

2. Through contract management

As part of the contract management the IRN service specification will serve as the basis of the contract standards and performance standards included are Key Performance Indicators and Management Information for the Provider to report on and for the Council to monitor. These will be monitored and reviewed on a bi-monthly basis.

The eligibility criteria for the service must be inclusive for all, and that adults should not be excluded from the service based on their diagnosis or impairment. The providers must accept adults with a range of needs where Recovery to Home beds is deemed to be the most appropriate service to meet their need.

3. Through data collection and MDT's

We recognise the need for accurate and disaggregated data to inform our decisions and have included in this model a structured reporting tool to be utilised by the multidisciplinary team. This data will form part of a dashboard and will be regularly reviewed by the Contract Manager and Commissioner to ensure that the quantitative data collected helps identify trends and outcomes.

Referrals, occupancy and outcomes will be collected and monitored on a regular basis. The data will help us to understand how the service is operating and to identify trends for new initiatives to be introduced and/or piloted.

The weekly MDT will consist of social workers, occupational therapists, health based services where appropriate and required such as SALT, UCRT and Virtual Wards. It will also include the care home and housing officers where required. Each MDT will be coordinated by most appropriate member to do so in the discharge to assess teams. Members work together to collectively agree the suitability of adults on a case-by-case basis; prioritising

those most in need and most likely to benefit. Moreover, it provides a platform for any member of the MDT to discuss any successes or concerns in relation to the service; allowing the group to share information or resolve problems in a multidisciplinary fashion. Through the MDT robust information on referrals will be collated, going forward this will help to improve the data and evidence base.

Will this policy / decision impact on:

Service users: Yes

Employees: No

Wider community or groups of people: Yes

What strategic priorities will this policy / decision support?: Health, Independence and Wellbeing for All Ages

Which strategic priorities does this support? - Health: Promoting independence

What geographical areas of Essex will the policy / decision affect?: All Essex

Digital accessibility

Is the new or revised policy linked to a digital service (website, system or application)?: No

Equalities - Groups with protected characteristics

Age

Nature of impact: Positive

Extent of impact: Medium

Disability - learning disability

Nature of impact: None

Disability - mental health issues

Nature of impact: None

Disability - physical impairment

Nature of impact: Positive

Extent of impact: Low

Disability - sensory impairment

Nature of impact: Positive

Extent of impact: Low

Sex

Nature of impact: None

Gender reassignment

Nature of impact: None

Marriage / civil partnership

Nature of impact: None

Pregnancy / maternity

Nature of impact: None

Race

Nature of impact: None

Religion / belief

Nature of impact: None

Sexual orientation

Nature of impact: None

Rationale for assessment, including data used to assess the impact: The scale of the activity over the first 12 months of inception will be between 45 to 90 beds. This equates to supporting up to the following numbers of adults;

Mid Essex - 204
South West - 105
South East - 87
West - 106
North - 152

The population of people over 65 in Essex is 309,900. The framework supports about 0.8% of the total over 65 population. The decision to procure recovery to home beds under the framework will affect approximately 0.2% of the older adult population and positively benefit up to 27% of older adults who use the framework.

There are currently 124 care homes in Essex on the IRN Framework employing approximately 5,500 staff with approximately 2,450 IRN Framework placements.

The IRN Framework was established in June 2019 to source care in a residential setting for older people and adults with non-complex mental health needs, with or without nursing care. Older adults are more likely to be frail and have physical and sensory impairments. Especially in residential or nursing care.

Recovery to home beds will likely support placements that will include access for people who have mental health, physical impairment, sensory impairment needs and ensure these are available to ECC residents. Adults with disabilities will also be considered where the care homes awarded are able to meet their needs. There are however specific options for those with disabilities that may be better suited such as commissioned Housing Related Support Services.

It is important to note that the above characteristics where there the impact is yet unknown, this is because this service will consider adults from any background. Whilst impacts will likely still exist it will be more on an individual basis where disaggregated data cannot be achieved or will be less reliable. We will look to review how information about people who use the recovery to home service is collected as we recognise the need for accurate and disaggregated data to inform our decisions.

References

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6110574/>

What actions have already been taken to mitigate any negative impacts?: N/A

How could you strengthen any positive impact(s)?: Use of the MDT to support decision making, clear criteria and no exclusions to access service

Levelling up - Priority areas & cohorts

Children and adults with SEND, learning disabilities or mental health conditions (taking an all-age approach)

Nature of impact: None

Children on Free School Meals

Nature of impact: None

Working families

Nature of impact: None

Young adults (16-25 who have not been in education, training or employment for around 6-12 months)

Nature of impact: None

Residents of Harlow

Nature of impact: None

Residents of Jaywick and Clacton

Nature of impact: None

Residents of Harwich

Nature of impact: None

Residents of Basildon (Town) housing estates

Nature of impact: None

Residents of Canvey Island

Nature of impact: None

Residents of Colchester (Town) - Housing Estates

Nature of impact: None

Residents of Rural North of the Braintree District

Nature of impact: None

Rationale for assessment, including data used to assess the impact: Homes in these areas are able to bid but are not being specifically targeted. It is important to note that we are not commissioning development of new

care homes but use of existing homes on the IRN Framework.

What actions have already been taken to mitigate any negative impacts?: N/A

Equalities - Inclusion health groups and other priority groups

Refugees / asylum seekers

Nature of impact: None

Homeless / rough sleepers

Nature of impact: None

People who experience drug and alcohol dependence

Nature of impact: None

Offenders / ex-offenders

Nature of impact: None

Victims of modern slavery

Nature of impact: None

Carers

Nature of impact: Positive

Extent of impact: Low

Looked after children / care leavers

Nature of impact: None

The armed forces community (serving personnel and their families, veterans, reservists and cadets)

Nature of impact: None

People who are unemployed / economically inactive

Nature of impact: None

People on low income

Nature of impact: None

Sex workers

Nature of impact: None

Ethnic minorities

Nature of impact: None

Gypsy, Roma, and Traveller communities

Nature of impact: None

People with multiple complex needs or multi-morbidities

Nature of impact: Too early for impact to be known

Rationale for assessment, including data used to assess the impact: Assessing impact is challenging, disaggregated data for these groups would not be accurate or possible. For all of the groups above, it is possible this decision will have a positive and/or negative impact, but on an individual level rather than large groups of people.

We do however know from the census in 2021 unpaid care decreased in Essex by 14.9% since 2011 (from 146,211 to 124,443), meaning that the impact on carers may have reduced since the start of the framework.

60% of adults in residential or nursing care known to ECC have complex needs. It is not known how many adults who will use recovery to home will have complex needs.

What actions have already been taken to mitigate any negative impacts?: N/A

How could you strengthen any positive impact(s)?:

Equalities - Geographical Groups

People living in areas of high deprivation

Nature of impact: None

People living in rural or isolated areas

Nature of impact: None

People living in coastal areas

Nature of impact: None

People living in urban or over-populated areas

Nature of impact: None

Rationale for assessment, including data used to assess the impact: Some of the care homes on the framework who do tender and are awarded may be in urban, deprived, coastal or rural areas. All homes will be existing and we are not opening or developing any new care homes that would impact the local area.

It is not yet known who the providers will be and where they will be situated.

What actions have already been taken to mitigate any negative impacts?: N/A

Families

Family formation (e.g. to become or live as a couple, the ability to live with or apart from children)

Nature of impact: None

Families going through key transitions e.g. becoming parents, getting married, fostering or

adopting, bereavement, redundancy, new caring responsibilities, onset of a long-term health condition

Nature of impact: Too early for impact to be known

Family members' ability to play a full role in family life, including with respect to parenting and other caring responsibilities

Nature of impact: None

Families before, during and after couple separation

Nature of impact: None

Families most at risk of deterioration of relationship quality and breakdown

Nature of impact: None

Rationale for assessment, including data used to assess the impact: Giving opportunities to work through longer term options which supports informal carers and enablement practices and support that helps families to perform their caring role

It would not be possible to provide disaggregated data on these groups, this is because of the challenges of ascertaining situations at an individual level

What actions have already been taken to mitigate any negative impacts?: n/a

Climate

Does your decision / policy involve development or re-development of buildings or infrastructure?: No

Does your decision / policy take place in, or make use of, existing buildings or infrastructure?: No

Does your decision / policy involve elements connected to transport, travel or vehicles? This includes travel needs / requirements of both service users and staff (including staff you're planning to recruit): No

Are you undertaking a procurement exercise?: Yes

Please confirm for purchase over £100k that you have a carbon reduction plan as part of your procurement: N/A

Please list which climate TOMS (Themes, outcomes & measures) you have included in your procurement and the weighting these have been given: Not applicable as this is a mini competition under an existing IRN framework that has been in place since 2019.

Does your decision / policy involve the purchase of goods or materials?: No

Will any waste be generated by this decision? This includes waste from construction, waste generated by service users / staff, and waste generated by replacing existing products / materials with new: No

Nature of impact

Built Environment / Energy: None

Sustainable Transport / Travel: Positive

Waste: None

Extent of impact

Sustainable Transport / Travel: Medium

Rationale for assessment, including data used to assess the impact: This decision will focus an increased number of placements into 2-3 homes in each area. This will support with reducing car emissions, improve travel lengths and occurrences for system services in order to reduce public money spending and the impact to the environment

What actions have already been taken to mitigate any negative impacts?: n/a

Action plan to address and monitor adverse impacts

Does your ECIA indicate that the policy or decision would have a medium or high adverse impact on one or more of the groups / areas identified?: No

Details of person completing the form

I confirm that this has been completed based on the best information available and in following ECC guidance: I confirm that this has been completed based on the best information available and in following ECC guidance

Date ECIA completed: 19/07/2023

Name of person completing the ECIA: Amy Collins

Email address of person completing the ECIA: amy.collins@essex.gov.uk

Your function: Adult Social Care

Your service area: Commissioning

Your team: Older People

Are you submitting this ECIA on behalf of another function, service area or team?: No

Email address of Head of Service: matthew.barnett@essex.gov.uk