

## Equalities Comprehensive Impact Assessment v3 - Head of service review

Reference: ECIA565964254

Submitted: 19 December 2023 15:58 PM

### Executive summary

**Title of policy / decision:** Direct award of Reablement In-Reach Contract to Essex Cares Limited (ECL)

**Policy / decision type:** Executive Director Decision (EDD)

**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:

To award contracts for the provision of the Reablement In-Reach Service in North-East and West Essex to Essex Cares Limited (ECL), as a legal entity to which Regulation 12 of the Public Contracts Regulations 2015 applies, for a period of 11 months at a cost of up to £578,000, with the ability to extend the service for up to a further 12 months subject to performance and evaluation.

To note that a subsequent decision paper for Reablement In-Reach in Mid and South Essex will follow once local arrangements have been finalised.

This ECIA will remain current for subsequent decision papers as above.

**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:** Cllr John Spence (Health, Adult Social Care and ICS)

Integration)

**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?:** 2. Through contract management  
As part of the contract management the 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 regular 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 provider must support 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 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. ECL provides countywide coverage.

**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 areas**

**Nature of impact:** None

**Rationale for assessment, including data used to assess the impact:** Some care homes are in urban, deprived, coastal or rural areas. All homes are existing and we are not opening or developing any new care homes that would impact the local area.

**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

# Crime & Disorder

**Crime and disorder**

**Nature of impact:** None

**The misuse of drugs, alcohol and other substances**

**Nature of impact:** None

**Re-offending**

**Nature of impact:** None

**Serious violence**

**Nature of impact:** None

**Rationale for assessment, including data used to assess the impact:**

not applicable to this service

**(If negative impact assessed) What actions will be undertaken to mitigate negative impacts, including**

**timescales:**

**What actions have already been taken to mitigate any negative impacts?:**

n/a

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

## 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?:** Yes

**The use of existing buildings will always have a climate impact because it requires energy consumption. Please outline how you will mitigate against this impact:** n/a to this contract as cannot influence building

**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?:** No

**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:** None

**Waste:** None

**Rationale for assessment, including data used to assess the impact:** n/a

**What actions have already been taken to mitigate any negative impacts?:**

## 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:** 01/12/2023

**Name of person completing the ECIA:** Amy Osis

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

**Your function:** Adult Social Care

**Your service area:** Commissioning



**Your team:** Older Adults

**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