

2012

Equality Analysis

Guidance and Form



Please contact the Corporate Diversity team before completing this form. The form is to be used for both predictive Equality Analysis and any reviews of existing policies and practices that may be carried out.

1. Roles and Responsibilities: please refer to stage 1 of the guidance	
Directorate: Adult Social Services Service Area: Integrated Commissioning	Person Responsible: Name: Bharti Raval Title: Contract and Provider Manager Contact No: x2196 Signed: Bharti Raval
Name of policy: Accommodation services for People with Learning Disabilities	Date analysis started: 25/11/13 Completion date: 11/12/13 Review date:
Is the policy: New <input type="checkbox"/> Old <input type="checkbox"/>	Auditing Details: Name: Title: Date Contact No: Signed:
Signing Off Manager: responsible for review and monitoring Name: Amy Jones Title: Head of Integrated Commissioning Date Contact No:x 4061 Signed:	Decision Maker: Name individual /group/meeting/ committee: Date:

2. Brief description of the policy. Describe the aim and purpose of the policy, what needs or duties is it designed to meet? How does it differ from any existing policy or practice in this area? Please refer to stage 2 of the guidance.

This EIA is put forward with reference to Personalisation agenda, which promotes personalised support plans that are tailored to individual needs. In 2007 The Government published “Putting People First”, a shared vision and commitment to finding new ways to improve social care. This paper outlined the Government’s vision of “enabling individuals to live independently and have complete choice and control in their lives”¹.

It also underpins Brent’s Adult Social Care Strategy, which aims to take an “asset-based approach by focussing on person-centred care in order to build community resilience and focus on promoting independence.

Research also strongly suggests that Residential care is often a care option which encourages dependence from service users, and reduces the chances of recovery and independent living. As a consequence, nationally there is a preference in Adult Social Care to develop the Supported Living market over the Residential Care market, in regards to supported accommodation for service users. Supported Living is regarded as a safe way of retaining service user independence whilst tailoring the care element to their individual care needs. In Supported Living, the service user is encouraged to retain more independence for longer, and therefore their quality of life is often dramatically improved. However this care option in contrast to Residential care is also financially beneficial, offering potentially considerable savings.

Recent local experience demonstrates the benefits of supported living. Examples can be given of two long term residential care placements who were reviewed and identified as appropriate for having their needs met in supported living. Despite living in residential care for over 15 years, both are now thriving in their own tenancies, learning new skills with support e.g. budgeting, meal preparation etc. Their support and outcomes are assessed on an individual needs basis offering choice e.g. the residents were able to choose the colour of paint to decorate their own bedroom and choose the furniture. This model of care supports the Care and Support bill

There are currently 3 properties that house a total of 10 vulnerable people with a learning disability who meet the council’s Fair Access to Care criteria as having ‘Substantial’ or ‘Critical’ social care needs. Plans are already in place for 2 of these 3 properties to be de-registered so they can operate under the Supported Living model (1 is already a Supported Living home). Namely the properties and their client portfolio is as follows:

- Beechcroft Gardens = 3x client with learning disabilities. Residential care

¹ <http://www.personalisationagenda.org.uk/>

status to be de-registered

- Manor Drive = 3x clients with learning disabilities. Supported Living status, and;
- Kinch Grove = 3x clients with learning disabilities. Residential care status
Residential care status to be de-registered.

The leases for these properties will also be terminated as they are below market rates and will be re-procured to include tenancy management services which will be a different arrangement to the current where full repairing and insurance obligations reside with the tenant. In parallel on site care and support services will also be procured with a specification built around the Supported Living model. Providers will only be considered if they clearly demonstrate their understanding of the policy and experience of delivering services that give clients the opportunity to live as independently as possible.

3. Describe how the policy will impact on all of the protected groups:

Age: Neutral - the service will ensure care and support is provided based on individual assessed need.

Disability: Positive - The Supported Living model will provide customised care and support that matches the varying needs of the client group. This will also integrate the clients in to the community as opposed to confined to institutionalised model i.e. residential care. There will be equality of opportunity between persons who share a relevant protected characteristic and others who do not share it.

Social worker client reviews have been undertaken for each of the 10 clients and all can have their needs met within a Supported Living accommodation. The social worker notes are included within Appendix 1. The key point to note is that at Kinch Grove, one client has learning disabilities and a sensory impairment whilst another also has learning disabilities is blind and deaf. The change could create or increase anxiety as they are familiar with the property (having resided there for 20 years) and the current care provider. If the policy were not implemented, ie we stayed as is these clients may still be impacted as it has been identified by the current provider that the property requires major refurbishment works and the clients may need to be decanted whilst these took place. The other property, Beechcroft Gdns, requires a general refurbishment and minor adaptations to move to Supported Living in which case the clients do not have to move out whilst the work takes place.

All of the clients will be led through the change by the Council:

- Ensuring that it works very closely to develop careful transitional plans. These plans will best match the service users to local and similar facilities.
- Potentially increasing care packages, on a temporary basis, to ensure that the service users were able to become familiar with their new support model.

Gender Reassignment: Clients will not be discriminated against because of their sex/ sexual orientation,

Pregnancy/Maternity: Clients will not be discriminated against because of their pregnancy/maternity

Marriage/Civil Partnership: Clients will not be discriminated against because of their marriage/civil partnership

Race Clients will not be discriminated against because of race.

Religion or Belief: Clients will not be discriminated against because of their religion belief

Sex: Clients will not be discriminated against because of their sex

Sexual Orientation: Clients will not be discriminated against because of their sexual orientation

Please give details of the evidence you have used:

Social worker client reviews (see Appendix 1) which confirm that all clients can be moved to the Supported Living model.

Client consultation where each of the clients, their families and advocates were sent a letter that stated:

“In accordance with the Personalisation Agenda the Council is developing its Supported Living Accommodation portfolio in order to provide service users with support plans that are tailored to their individual needs. It is therefore planned that your property, which is currently a Residential Care accommodation, will be de-registered to become a Supported Living Accommodation. In similar timeframes the lease and on site care and support services contracts will also be reviewed.

Of critical importance to us is that the existing service users are made aware of these changes, they are discussed and that we agree plans that continue to put their care needs first. For this reason we would like to meet with you, your family members and/or advocate on the 15th January 2014 to:

1. Explain the change in property status and what this means,
2. Confirm when the changes will take place,
3. Clarify how your future arrangements will be supported, and;
4. Answer and discuss any questions you may have.”

Consultations for Beechcroft Gardens and Manor Drive are complete and feedback from families, their advocates and/or service users has been positive and supportive.

For Kinch Grove pre-consultation feedback indicated that a move from the property (rather than the change to Supported Living) had caused some concern. Family

members for 2 service users came forward to express that they should stay within the same home due to their familiarity with the property. One, who has LD's, is blind and deaf has lived there for 20 years. The other has complex LD's and sensory impairments.

At the consultation all 4 service users were represented by family members who united to emphasise that they didn't want their relatives to move. This was primarily because a) they have lived together for 20 years and b) they like their support staff. In addition one family felt that the change would lead to a health decline to their relative/SU. Excluding this service user, the families of the remaining 3 understood how Supported Living would benefit their relatives and are open/willing to explore this model in more detail.

The families have been reassured that there is no intention for these changes to have any negative impact on the SU's however, given the varied feedback and desire for more information, further Kinch Grove consultation meetings will take place to work through the detail of the planned change and address the concerns raised.

As the changes take place and are implemented the service users at Kinch Grove, and indeed those within the other 2 properties, will also be supported as follows:

- The Council will ensure that it works very closely to develop careful transitional plans. These plans will best match the service users to local and similar facilities.
- Increased care packages would also be temporarily available to ensure that the service users were able to become familiar with their new placement.

4. Describe how the policy will impact on the Council's duty to have due regard to the need to:

(a) Eliminate discrimination (including indirect discrimination), harassment and victimisation;

The policy will not discriminate against any service user eligible for the service, by ensuring that the in coming providers recruit staff that reflect the demography of the borough and offer service users care and support based on individual need regardless of any protected characteristics.

A broad market scoping and expressions of interest process will be undertaken to ensure that the in coming provider is able to cater for the range of learning/physical/sensory impairments needs.

In order to encourage participation of protected groups in public life and moving away from institutional care the procurement process will ensure the new service provider(s) give clients the opportunity to live as independently as possible and are given the opportunity to be fully integrated in the community.

Bidders will need to demonstrate how they will achieve this outcome throughout

the tendering process whilst ensuring that clients' continue to have their needs met and feel safe in the knowledge that care and support is easily accessible when required. Bidders will be required to demonstrate their experience by giving at least two examples of how they will assess new clients for supported living and how they measure positive outcomes for clients who may have transferred from a residential care setting to a supported living model. within a time frame of six months.

Throughout any transfer process, the Council will ensure that all activities are safe, ethical, professional and in line with the following CQC criteria by conducting individual and establishment reviews:

"If there is genuine separation between the care and the accommodation, the care they receive is regulated by CQC, but the accommodation is not. The support that people receive is continuous and assessed to meet their individual needs. It aims to enable the person to be as autonomous and independent as possible, and usually involves social support rather than medical care."²

"It is important to note, however, that a provider of a Supported Living service can only register for the regulated activity of 'personal care' rather than 'accommodation for persons who require nursing or personal care' if there is clear and sufficient separation between the provision of the accommodation and the provision of the care."

(b) Advance equality of opportunity;

The policy will not discriminate against any service users on the basis of their age, disability, sex etc and will ensure that all service users' needs will be met during the stages of tendering; the service specifications will ensure:

- The new service will not discriminate any of the protected groups.
- The new service would continue to provide care and support to meet specific cultural/religious/disability needs
- Staff have the relevant experience to work with the specified client group
- The staff mix reflect the needs of the service users

Service users (peer consultants) will be involved in the evaluation/interview process to support the selection of the incoming provider.

The recommendations of this policy are put forward in support of the Personalisation agenda, which promotes personalised support plans that are will meet individual needs and will be outcome based.

In 2007 The Government published "Putting People First", a shared vision and commitment to finding new ways to improve social care. This paper outlined the Government's vision of "enabling individuals to live independently and have complete choice and control in their lives."

The recommendations also support Brent's Adult Social Care Strategy, which aims to take an "asset-based approach by focussing on person-centred care in order to

² CQ : Supported Living schemes: Guidance for providers

build community resilience and focus on promoting independence.

On an on-going basis, it is the intention of Integrated Commissioning to continuously engage with the market to involve new providers into the community directory, and ensure as much choice is available to the service user as possible.

(c) Foster good relations

Key to the policy is engagement and development of community-based providers who provide other services for people with a learning disability and disabled for example social clubs, day centres, befriending services etc. The community-based service is potentially a means for increasing people with a learning disability involvement with the community groups. Examples of how this may happen are given within section 2 and the Appendix (section titled reviews).

The policy may also foster good relations between service users and adult social care, chiefly because it involves a reorientation of service design around Supported Living. Service users will now have a real choice over how their individual needs are met. The tender process will ensure the provider actively works with service users to enable them to navigate this market, make informed choices to achieve defined outcomes. The tendering process will ensure the incoming provider uses robust tools to measure outcomes and the review officers/commissioning team will monitor the service and outcomes achieved.

5. What engagement activity did you carry out as part of your assessment?

Please refer to stage 3 of the guidance.

i. Who did you engage with?

10 clients within 3 properties, their current care providers and family and/or advocates.

ii. What methods did you use?

Face-to-face reviews, consultation letter and meetings with interested family and/or advocates and with the current providers (lease and care). An easy read Supported Living leaflet was also issued to all to explain this model to families.

iii. What did you find out?

The client profile is that they all have LD's, 50% having secondary diagnosis of speech impairment, 10% have a dual sensory impairment and 10% have a secondary diagnosis of mental health.

All 10 clients can move to Supported Living accommodation.

8 clients (extending to the family and/or advocates) have expressed no interest or concerns to the proposed changes.
2 clients wish to remain within their existing accommodation.

iv. How have you used the information gathered?

To provide reassurances that the decision to convert the properties is a positive step and report back to the Executive within an “approval to procure” report that contracting for new lease/tenancy management and on site care and support providers is a timely activity in ensuring that the supported living model is implemented swiftly and effectively.

v. How has it affected your policy?

No effect as the engagement has confirmed that the direction of the policy is correct.

6. Have you identified a negative impact on any protected group, or identified any unmet needs/requirements that affect specific protected groups? If so, explain what actions you have undertaken, including consideration of any alternative proposals, to lessen or mitigate against this impact.

No

Please give details of the evidence you have used:

7. Analysis summary

Please tick boxes to summarise the findings of your analysis.

Protected Group	Positive impact	Adverse impact	Neutral
Age			
Disability	Y		
Gender re-assignment	Y		
Marriage and civil partnership	Y		
Pregnancy and maternity	Y		
Race	Y		
Religion or belief	Y		
Sex	Y		

Sexual orientation	Y		
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8. The Findings of your Analysis

Please complete whichever of the following sections is appropriate (one only).
Please refer to stage 4 of the guidance.

No major change

- The procurement process will ensure the on site care and support service complements the Supported Living model and is aligned to CQC guidelines
- The terms will ensure clients placed by the Council receive the best possible service in accordance with their individual needs and requirements and there is a clear understanding of the relationship between the Council and the provider.
- The change clients may experience will be that a new provider may be selected via the tender process. However, they may continue to be supported by the same staff if TUPE is applied

9. Monitoring and review

Please provide details of how you intend to monitor the policy in the future.
Please refer to stage 7 of the guidance.

Ongoing assessments of the client group and the care providers.

10. Action plan and outcomes

Action	By when	Lead officer	Desired outcome	Date completed	Actual outcome
Monitoring service quality via face-to-face reviews, site visits and call monitoring	Annual individual reviews, + annual establishment review + review CQC's inspection report on the establishment	Service development officer/ Community development manager	Assessment of service quality/service responsiveness/service consistency and extent to which it meets service user needs to feedback to providers	Face to face reviews will be carried out annually	
Provider monitoring	Quarterly from when the service	Service development officer/	Assessment of service quality and compliance	Quarterly	

	is procured Aug 2014	Community developme nt manager			
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