

Equality Impact Assessment Form (Page 1 of 2)

Title of EIA/ DDM: Procurement of Care, Support and Enablement

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Department: Strategy and Resources

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Service Area: Commissioning and Procurement

Strategic Budget EIA Y/N (please underline)

Author (assigned to Covalent):

Brief description of proposal / policy / service being assessed:

The report proposes the new model for the provision of Care, Support and Enablement (CSE), which provides Outreach and Accommodation based care and support for vulnerable adults (18 years +) to be able to live as independently as possible within the community.

CSE forms part of the Adult Social Care Strategy and pathway of providing support services, based on the principle that a life independent of services and social care intervention, is better one than a life dependent on statutory support. The proposed model of delivery encompasses a robust outcomes approach capable of delivering personalisation to improve citizen's quality of life and is capable of delivering value for money.

The current Framework of providers for Care Support and Enablement, consisting of 34 providers was established in October 2013, and has now been extended to 31st March 2018. A review of the current provision in conjunction with Adult Social Care and health commissioners has been completed and the findings have informed the development of the new model for an Accredited Provider List.

The new model supports an outcome-based approach for the provision of CSE, with a strong focus on enabling citizens to maximise their independence. The offer will move from an overprotective model driven by keeping people safe, to delivering high quality personalised services that encourages self-management, prevents future escalation. The aim of the service is to enable citizens to increase and strengthen their skills so they achieve quality of life outcomes and result in a reduction of service requirement or no longer requiring services.

- A "Recovery" model will define outcomes for people with mental health needs and CSE will be a time-limited provision.
- For people with learning disabilities and other long-term impairments, a "Progression" model will shape their outcome services.

In terms of impact on the community, the principle aim is to transform the ethos of accessing adult social care to one that is based on being strengths based, ensuring equity of access to sufficient, quality services, which improves quality of life outcomes for adults, carers and families.

The new Outcomes model will be supported by the introduction of the 24/7 Grid to be used by Providers when designing person-centred services. The 24/7 Grid is a simple and visual way to design the support around citizens daily life; this tool will assist citizens to have more choice and control and remain at the centre of services.

The proposed model supports national policy for delivering services for the range of vulnerable adults and Nottingham City's equality duties and protected groups:

- [Five Year Forward View For Mental Health](#) sets national aspirations to 2020; the recovery model is a national model.

Nottingham city's integrated health and social care pathway includes the mental health urgent care, is included as a local NHS Vanguard, also there is a Crisis Concordat partnership. The CSE outcomes model will strengthen this infrastructure.

- Transforming care plan and the National Service model and Building the Right Support 2015, provides a strategic response to Winterbourne. CSE is part of the transformation plan for increasing community capacity for citizens with learning disability and or autism with complex mental health needs. Nottingham city have approximately 34 people in Assessment and Treatment and Secure hospitals. Nottingham City Transforming Care (CCG and Strategic Commissioning) have estimated 75% will require community services in excess of £3,000 per week due to the complexity of their needs. However, evidence of using a person centred outcomes model has resulted in a significant reduction of care packages whilst achieving personal outcomes and remaining robust and safe.

The proposed model of Care Support and Enablement will strengthen the infrastructure of providing the right care, at the right time in the least restrictive setting that is appropriate to meet individual needs, at any age, and is close to home. It further supports the ability to move people living with more complex mental health problems from higher support provision (such as hospital and residential care) into settled/community-based accommodation supported by Outreach or Accommodation based CSE. This approach will reduce the number of people held in restrictive settings for longer than they need to be.

It is proposed to procure Accommodation based and Outreach CSE services through an Accredited Provider List. The new Accredited Provider List is due to run from the 1st March 2018 for five years with the opportunity to extend for up to a maximum of four further years (5+4).

The service specification outlines the capabilities and requirements of providers to meet the range of citizens diverse and cultural needs including:

1. [Adults with physical and sensory disabilities \(2016\)](#), some of whom also have an acquired brain injury/cognitive impairment
2. [Adults with Mental Health Needs 2016](#)
3. [Adults with Learning Disabilities 2011](#)
4. [Adults with Autism - \(Autism Strategy 2014-2017\)](#)
5. Enhanced needs - A small number of people, mainly with a learning disability and/or autism, with very high needs, who present a challenge to the services due to complex care needs.

Further information about Nottingham City adults' current and future needs is available in the relevant [Joint Strategic Needs Assessments](#) (Nottingham Insight).

The new service specification requires successful providers to be committed to Nottingham City's Equality and Diversity policy and the British Sign Language Charter and there is a requirement to promote a total communication environment using a range of methods. The Procurement process will ask providers to provide evidence of

- how they will meet the diverse range of social and cultural needs of citizens who live in Nottingham city;
- the resources they will use to review outcomes and the communication tools they will use;
- how their recruitment and retention policies meet the requirements of equal opportunities and anti-discriminatory practice.

The estimated annual cost of externally purchased Care support and Enablement based on current activity levels and payments is £9 million.

Information used to analyse the effects on equality:

A programme of consultation and analysis has been completed to develop the new CSE model. This work has taken into account the

needs of citizens and carers, perceived gaps in services and the relationship of CSE to other types of support available to citizens, carers and their families (for example, residential and nursing care, supported accommodation and in-patient care.)

A number of consultation events took place between 2014 – August 2017 as part of three reviews. These were The Learning Disability Review 2014/15, the Mental Health (MH) Accommodation & Support Pathways Review 2016/17 and the CSE Review 2016/17.

All three reviews took the following approach to understand the issues with the current CSE system, the benefits of the current system and how it inter-related with other types of support available to vulnerable citizens who often had complex and challenging behaviours.

Each review had a project team that had mixed representation from a variety of key stakeholders (for example the Mental Health Accommodation & Support Pathways project team had representation from Nottingham Community and Voluntary sector, NHS CCG commissioners, NHS Trust, Adult Social care staff and key providers of mental health provision within the City). The project teams had a mixture of strategic and frontline experience which oversaw and directed the reviews.

- Desktop analytical research carried out by all three reviews
- NHS MH Utilisation review 2011 consultation with citizens in hospital settings
- 2015 Mental Health Evaluation review considered
- Visits to services and discussions with staff and citizens (where appropriate) at services
- Co-productive workshops held which involved citizens, providers and frontline staff
- Consultation with MH floating support service users
- Barriers to move on survey with users of MH supported accommodation
- Discussions at key staff meetings (NHS staff and adult social care staff) supporting this group of citizens
- Analysis of national and local documentation,
- The learning from the work carried out as part of the Transforming Care Initiative (working with citizens with complex learning disability and autism)
- Provider consultation events as part of the Transforming Care Process
- Individual discussions with key providers currently providing services
- Consultation has been undertaken with SPLAT (the City's Learning Disability Partnership Board)
- A number of CSE Provider events were held to understand their positions and focus specifically on how best to structure the CSE outcome based model
- Work has been done with individual citizens leaving secure accommodation and moving into the community. This has informed the definitions around complexity and has helped to shape the mechanisms of providing effective support.

Specific consultation undertaken with providers, operational teams and citizens as part of the CSE review in order to understand how to best meet needs of citizens.

The key messages from **providers** were:

- The current framework for CSE has restricted new providers from offering CSE services and development of schemes
- There is uncertainty regarding the current process for allocating CSE support packages to providers

The key messages from **operational teams** were:

- One of the aims of Supported Living is to enable individuals to have a secure tenancy and to live in the community. However, due to individual circumstances, some citizens with complex needs are being placed in residential care settings that restrict their opportunity for choice and control.
- There are insufficient providers on the framework capable of delivering services for people with complex needs which has

- increased the use of off-framework spot contracts
- A review of the process used to establish CSE placements is needed

The key messages from **Citizens** were:

- Consultation has taken place with SPLAT, the Learning Disability Partnership Board. Citizens with learning disabilities and autism have developed a Good Services Outcome tool to identify key components that they look for in a good service, including; respect and understanding, support, choice, being healthy, feeling safe and opportunities for work and volunteering. These principles have been built into the CSE Model.
- CSE services should support citizens to have a life of their choosing, enable them to live more inclusively in their communities and to be confident in their own abilities. Support to be received should be clearly linked to outcomes.
- There is a recognition that recovery for people with mental health issues was not linear, but was often episodic with the need for intermittent intensive support. The new CSE model proposed will be based around the delivery of outcomes. For people with mental health needs this will be based on “Recovery Outcomes” which will aim to provide a time limited intervention and a focus on enablement to be more independent.

Since the CSE framework was established in 2013, a number of new services have been commissioned in Nottingham city to support self-care and management. Nottingham City CCG have commissioned:*

- A Mental Health and Wellbeing Hub, that helps people understand the range of mental health services locally and will give additional support to those who need it to access those services.
- A Primary Wellbeing and Recovery Service offers a variety of recovery focused courses designed to increase knowledge and skills about recovery and managing one’s own mental health and wellbeing.
- Since early 2015, the STEPS service has been commissioned to provide a mental health outreach service to Nottingham’s BME communities and help people connect with appropriate services.

Key findings in relation to equalities impact:

CSE is available to all citizens regardless of their Equality characteristics. The introduction of the new model of CSE is intended to enable more citizens to live a life with more freedom and independence by helping to work towards being less dependent on others.

Age:

- **817** citizens accessed a CSE service between 1st April 2016 and 21st November 2016. A higher proportion of citizens with a Physical Disability and Memory/cognition (95) in the over 64 age range. People with physical health problems are more likely to have low levels of mental wellbeing and higher rates of common mental health problems. Naylor et al reported that 30% of those with a long term physical health condition also have a mental health condition, often undiagnosed and untreated.
- Mencap predicts that between 2011 -2030 the number of Citizens with a Learning Disability aged 65 – 74 will have increased by 33.5% and the numbers of those aged 75 -84 by 53%.
- The male/female split of those with mental health in social care changes dependent on age, with males more prevalent in the under 65’s and women more prevalent in the over 65’s;
- Within the specification, there is a requirement for providers to work with care managers with young people who are transitioning to adult services.

Disability

- Analysis of those accessing care packages revealed People with mental health (269); people with learning disabilities (206) and

Social Isolation (66) are more prevalent amongst citizens aged 18-64.

- The projected need for CSE is estimated to increase:
 - PANSI 2011, (*Projecting Adult Needs And Service Information System, Institute of Public Care*) predicts there will be an extra 155 people with LD in Nottingham by 2020, of which approximately 15% are likely to require a service. Due to improved healthcare and life expectancy, it is estimated there will be a 30% increase in the number of people with LD over 50 using adult social care services by 2030.
 - Mental health problems accounts for 16% overall of people in receipt of adult social care. This has been consistent over the past 3 years. (*Adult MH JSNA 2016*)
- Nottingham has a high number of people who are homeless, many of whom have a mental health problem. Statutory homeless in 2014/15 was 4.1 per 1000 households (532 households), significantly higher than the England and regional rates.

BME

- Differential access to, and take up of, statutory services by some black and minority ethnic (BME) groups has been a particular concern with BME individuals having a three-fold increased risk of psychosis (rising to seven-fold in African–Caribbean people) (Kirkbride).
- A census conducted by the Care Quality Commission (CQC 2011) in 2010 – of inpatients, and patients on supervised community treatment – found a higher than average rate of admission, referral from the criminal justice system, and detention under the Mental Health Act for Black Caribbean, Black African, and White / Black Mixed groups. Whether this was due to variations in help seeking behaviour, cultural or language barriers, or other factors, is unclear. (*NIMH 2003, Bhugra 2001*)

Access To services

- Access to services revealed that only 21 packages were closed, meaning all other packages remained and are open long-term.

Access To Accommodation

CSE accommodation based services needs to increase in the city for the aspiration of citizens living independent. In a study of patients under the care of mental health services in Nottingham, 5% are homeless.

Nottingham City Council completed a Mental Health Accommodation Pathway Review (2012-16), the scope included residential care, supported accommodation, personal budgets, and peripatetic floating support and identified:

- An estimated 40% of those who live in residential care could live in the community with greater independence;
- Accessing supported accommodation can be difficult – these services are often full, with little turnover of residents;
- Many users, approximately half have used commissioned block services for over 3 years, and up to 10 years are not uncommon.

	Could particularly benefit X	May adversely impact X	How different groups could be affected (Summary of impacts)	Details of actions to reduce negative or increase positive impact (or why action isn't possible)
People from different ethnic groups.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	The introduction of time-limited services could affect people from different ethnic groups, younger disabled people, homeless people with a MH illness. Action will need to be taken to ensure services are not	A robust Outcomes model (Currently Exempt from publication) is included with the service specification, outlining roles, responsibilities and resources required from all stakeholders. Including the Care
Men	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trans	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Disabled people or carers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy/ Maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People of different faiths/ beliefs and those with none.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lesbian, gay or bisexual people.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Older	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Younger	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, vulnerable children/ adults). <i>Please underline the group(s) /issue more adversely affected or which benefits.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ended prematurely.	<p>Manager, Provider and the citizen and their circle of support.</p> <p>A 6-week Service Review, from the inception of the service, (<i>Statutory Care Act requirement</i>) will be undertaken by the Provider to ensure the right level of support is in place and to amend the Individual Support plan.</p> <p>The NHS Standard contract contains Key performance targets to ascertain the impact of the time-limited services on BME adults with a MH illness. <u>A quarterly contract review will monitor the targets and impact.</u></p> <p>Strategic Commissioning, Contracts and Operations teams will work with <u>Providers from January 2018 – Feb 2018</u> to support a smooth implementation of the new Outcomes model and 24/7 Grid.</p> <p>A requirement within the contract and specification is for providers to work in partnership with the range of commissioned services, and the voluntary and community sector to maximise access to services. e.g. CLICK Nottingham.</p> <p>Awareness of the new time-limited, recovery outcome model for people with MH will be shared with the newly commissioned services* January 2018.</p> <p>As part of the Adult Social Care Strategy to identify suitable service users to move from residential to CSE a person centred review will be undertaken by the Social Worker.</p> <ul style="list-style-type: none"> The reviews will be done co-
Care needs to be taken, to avoid disabled people and vulnerable people being moved from more intensive or formal care settings (e.g. residential care) before they are prepared to start receiving	

			<p>reduced CSE packages.</p>	<p>productively with the citizen, family members, carers or an appropriate adult defined by legislation or the court and where appropriate the provider</p> <ul style="list-style-type: none"> • If the citizen and or their representative do not agree with the social worker's assessment, then they will have recourse to the complaints processes. • Equalities impact assessment will be reviewed quarterly in line with the contract monitoring information provided by commissioned providers. • A 6 month contract review (September 18) will be undertaken following the inception of the contract.
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Outcome(s) of equality impact assessment:

- No major change needed •Adjust the policy/proposal •Adverse impact but continue
- Stop and remove the policy/proposal

Arrangements for future monitoring of equality impact of this proposal / policy / service:

The equalities impact assessment will be reviewed quarterly in line with the contract monitoring information provided by commissioned providers.

Adult Social Care “Gold Command” group will also review the performance and impact of the service on a fortnightly basis from the inception of the new contract. This will also be supported by an annual review of the service performance targets by Adult Social Care.

Approved by (manager signature):

The assessment must be approved by the manager responsible for the service/proposal. Include a contact tel & email to allow citizen/stakeholder feedback on proposals.

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Date sent to equality team for publishing:

27/10/2017

Send document or link to:
equalityanddiversityteam@nottinghamcity.gov.uk

Before you send your EIA to the Equality and Community Relations Team for scrutiny, have you:

1. Read the guidance and good practice EIA's
<http://www.nottinghamcity.gov.uk/article/25573/Equality-Impact-Assessment>
2. Clearly summarised your proposal/ policy/ service to be assessed.
3. Hyperlinked to the appropriate documents.
4. Written in clear user friendly language, free from all jargon (spelling out acronyms).
5. Included appropriate data.
6. Consulted the relevant groups or citizens or stated clearly when this is going to happen.
7. Clearly cross referenced your impacts with SMART actions.