

EQUALITY IMPACT ASSESSMENT

Supported Living Commissioning plan



PLYMOUTH
CITY COUNCIL

STAGE I: What is being assessed and by whom?

What is being assessed - including a brief description of aims and objectives?

Commissioning Plan for Supported Living 2015-2020.

The local authority is required to review the current commissioning arrangements for supported living as the framework agreements will be coming to an end.

There is an expectation that the new contracting arrangements will be implemented from 2017 and will include all people with eligible health or social care needs under the age of 65. Supported living services should provide support and care (if required) to achieve the following outcomes:

- To enhance quality of life for people with care and support needs;
- Delay and reduce the need for care and support;
- Ensure that people have a positive experience of care;
- Safeguard adults whose circumstances make them vulnerable and protecting from avoidable harm;
- To promote a holistic approach to community living;
- Improve physical and mental health problems including promoting healthy lifestyle choices;
- Improve access to paid employment, healthcare services and leisure opportunities.

From the consultations carried out by surveys, focus groups, events or meetings with a diverse range of stakeholder groups including: people who currently use supported living services or who may in the future; current framework, spot contract providers and new providers to Plymouth and/or supported living; carers and professionals from health, social care and other organisations.

The key themes and findings from the consultation have been collated into a report that will be an appendix to the supported living commissioning plan.

STAGE I: What is being assessed and by whom?

	<p>This EIA will aim to assess the impact of the future joint commissioning approach to people with eligible health and social care needs who use or would benefit from having supported living services. The expansion of supported living services from learning disability to include people with complex needs, co-morbidities and drug and alcohol issues, will aim to improve the quality and access to the care and support services that they require.</p> <p>In order to ensure minimal impact on service delivery a commissioning plan has been developed that promotes a joint commissioning approach between PCC and NEW Devon CCG to make the best use of resources across adult social care, commissioning, housing and health.</p> <p>The Care Quality Commission changed the way it inspects community adult social care services from October 2014. One of CQC's principles is to promote equality, diversity and human rights. In practice this looks at a set of human rights principles in relation to the five key questions asked by CQC during the inspection. As defined in the Human Rights Act 1998, the human rights principles are: fairness, respect, equality, dignity and autonomy, right to life and rights for staff.</p> <p>The commissioning plan was presented to Integrated Commissioning Strategy and Implementation Group in November 2015 and Cabinet for approval in March 2017.</p>
Responsible Officer	Fiona Gordon / Karlina Hall
Department and Service	Strategic Co-operative Commissioning
Date of Assessment	Reviewed January 2017

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Age	<p><u>Plymouth's general population:</u></p> <ul style="list-style-type: none"> ▪ 64% (164,086) of Plymouth's population is aged 18 to 64.¹ ▪ 16% (41,791) of Plymouth's population is aged over 65.² <p><u>People using supported living services:</u></p> <p>There is an average age of 43 years, 365 (92%) people aged 18 to 64 and 31 (8%) people aged over 65³.</p> <p>The average age of clients is 41 years for health-funded supported living packages.</p>	<p>No adverse impact.</p> <p>The new supported living service will be for all eligible Care Act/Health funding people over the age of 18 living within the city of Plymouth (for Adult Social Care funded packages) or have a Plymouth registered GP (for CCG funded packages). As at present. In addition, there may be some 16+year olds supported by this service who are in transition.</p>		

¹ Strategic Housing Market Needs Assessment (SHMNA) Main Report Plymouth City Council, South Hams District Council, West Devon Borough Council, Cornwall Council and Dartmoor National Park Authority. July 2013 Source: ONS 2011 Census.

² Strategic Housing Market Needs Assessment (SHMNA) Main Report Plymouth City Council, South Hams District Council, West Devon Borough Council, Cornwall Council and Dartmoor National Park Authority. July 2013 Source: ONS 2011 Census.

³ Social care open Supported Living Service Agreements on CareFirst 2014.

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Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Disability	<p><u>Plymouth's general population</u> GPs identified 1240 people (5.7 in every thousand) as having a learning disability in Plymouth compared to the national average of 4.54 in every thousand.⁴</p> <p>6.5% of people described their health as bad or very bad in the 2011 Census⁵.</p> <p>10% of people described their day-to-day activities as limited a lot due their disability or health condition in the 2011 Census⁶.</p> <p>8.5 per 1,000 of Plymouth's population aged 18-75 is in drug treatment in 2011/12⁷.</p> <p>19.4% had a limiting long term illness⁸.</p>	<p>No adverse impact.</p> <p>Clients will not be excluded from accessing the service because of their disability or health need.</p>		

⁴ Learning Disabilities Profile for Plymouth 2013. Public Health England.

⁵ Summary 2011 Census Profile. Produced as part of the JSNA. Public Health, PCC. December 2013.

⁶ Summary 2011 Census Profile. Produced as part of the JSNA. Public Health, PCC. December 2013.

⁷ Community Mental Health Profiles 2013. The Network of Public Health Observatories.

⁸ Community Mental Health Profiles 2013. The Network of Public Health Observatories.

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	<p>15.16% adults 18+ with depression, 0.52% with dementia and 0.57% with learning disabilities in 2011/12⁹.</p> <p>398 have contact with mental health services per 1,000 population in 2010/11¹⁰.</p> <p><u>People using supported living services</u></p> <p>There are 37 health funded clients using supported living services (34 people with a learning disability, 3 people with a mental illness).</p> <p>SL SA on CF with a RAP code:</p> <ul style="list-style-type: none"> • 2 - dementia • 1 - frailty and/or temporary illness • 20 - general • 1 - hearing impairment 			

⁹ Community Mental Health Profiles 2013. The Network of Public Health Observatories.

¹⁰ Community Mental Health Profiles 2013. The Network of Public Health Observatories.

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Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<ul style="list-style-type: none"> • 316 - learning disabilities • 23 - vulnerable people • 21 - physical disabilities • 1 - substance misuse <p>Communication needs: 1 person required BSL signing, 2 large print, 4 were Makaton users, 4 people required specialist autism communication (PECS), and 3 referenced the need for specialised equipment¹¹.</p>			
Faith, Religion or Belief	<p>According to the 2011 Census for Plymouth:</p> <ul style="list-style-type: none"> • 148,917 Christians • 881 Buddhists • 567 Hindus • 168 Jews • 2,078 Muslims • 89 Sikhs • 1,198 'other religion' • 84,295 have no religion 	<p>No adverse impact.</p> <p>Clients will not be excluded from accessing the service because of their faith, religion or belief.</p>		

¹¹ Clients with open supported living service agreements on Carefirst (March 12th 2014).

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Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<ul style="list-style-type: none"> • 18,191 did not state a religion SL SA from CF: <ul style="list-style-type: none"> ▪ 76 Christians ▪ 19 had no religion ▪ 4 'other religion' ▪ 297 unknown religion 			
Gender - including marriage, pregnancy and maternity	Plymouth's general population: <ul style="list-style-type: none"> ▪ 50% male and 50% female¹² According to the 2011 census there are: <ul style="list-style-type: none"> ▪ 7,863 single parents in Plymouth - 7,085 of them women and 3,139 of them not in employment. Health funded clients using supported living services:	No adverse impact. Clients will not be excluded from accessing the service because of their gender, marriage/civil partnership status, pregnancy or maternity.		

¹² GP Population register, October 2013

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Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<ul style="list-style-type: none"> ▪ 13 female and 24 male SL SA for CF: <ul style="list-style-type: none"> ▪ 176 female, 219 male, 1 not recorded. 			
Gender Reassignment	Information on gender reassignment was not collected in the 2011 census. Monitoring of gender reassignment is not routinely recorded as part of the people receiving supported living services.	No adverse impact. Clients will not be excluded from accessing the service because of their gender or reassignment.		
Race	According to the 2011 census: <ul style="list-style-type: none"> ▪ Approximately 93% of the population of Plymouth are White British ▪ The remaining 7% come from a wide range ethnic backgrounds, including significant population of British Asian (including 	No adverse impact. Clients will not be excluded from accessing the service because of their race.		

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	<p>Chinese), Black British African.</p> <p>Race:</p> <ul style="list-style-type: none"> ▪ 3.9% are black and minority ethnic¹³. The largest communities are Kurdish Iraqi, 3000; Polish speaking migrant workers, 2700; Indian, 2500; Chinese, 2000; Russian speaking migrant workers, 1500; and Black African, 1,000. ▪ 7.1% residents not born in the UK¹⁴ ▪ Plymouth has a rapidly rising BME population –It has trebled in the last 10 years and this trend set to continue ▪ 3.4% English is not 			

¹³ Summary 2011 Census Profile. Produced as part of the JSNA. Public Health, PCC. December 2013.

¹⁴ Summary 2011 Census Profile. Produced as part of the JSNA. Public Health, PCC. December 2013.

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Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>their main language¹⁵. Seventy six languages are known to be spoken in the city, with most requested translations being for Polish, Kurdish, Chinese and Arabic.</p> <p>SA for SL on CF:</p> <ul style="list-style-type: none"> ▪ Ethnicity - 286 British, 1 Irish, 12 English, 1 Cornish, 85 White, 1 Turkish & Turkish Cypriot, 1 Other White, 1 White & Black Caribbean, 1 White & Black African, 1 Black & Asia, 1 Other, 5 not recorded. 107 had British recorded as their nationality. 			

¹⁵ Summary 2011 Census Profile. Produced as part of the JSNA. Public Health, PCC. December 2013.

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Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Sexual Orientation -including Civil Partnership	Information on sexual orientation was not collected in the 2011 census, only numbers of people in a civil partnership, which gives a partial picture of this cohort. Monitoring of sexual orientation and civil partnerships is not routine as part of the people receiving supported living services.	No adverse impact. Clients will not be excluded from accessing the service because of their sexual orientation.		

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken		
Local Priorities	Implications	Timescale and who is responsible?
Reduce the inequality gap, particularly in health between communities.	At the extreme there is a 12 year gap between the "richest and poorest" neighbourhoods. When comparing the bottom and top 20% of areas, the gap is 7 years for men and nearly 3 years for women. Supported Living services are available for people living in all communities within Plymouth. By developing an 'outcomes' based and personalised service we will strive to ensure that people who need these services are able to achieve their aim of living an	

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	<p>independent life in the way they want for as long as possible</p> <p>This service will reduce health inequalities and inequality for people who are disadvantaged by having a limiting health condition or disability by supporting them to take part in everyday activities that other people take for granted.</p>	
<p>Good relations between different communities (community cohesion).</p>	<p>Within the specification for this service we will ensure that there is an outcomes focus including the outcomes to support people to be engaged in their community and enable them to participate. This will ensure that vulnerable people are supported to remain part of the community. It is also expected that the wider relationship with the community will embrace and promote good opportunities for all people within all the protected characteristics as detailed in the Equality Act 2010.</p> <p>Supported Living Services are community based. The work undertaken builds on community capacity and breaks down discrimination through integrating clients within the local community. Access to other community groups and resources will be encouraged as part of the supported living provision.</p> <p>The consultation with clients has highlighted their wish to be part of the community.</p>	<p>This will be encouraged through contract management through-out the life of the contract.</p> <p>Co-operative Commissioning Team</p>

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Local Priorities	Implications	Timescale and who is responsible?
Human Rights	In order to protect individual human rights, these services must be provided in a way that respects a person's privacy and dignity and enables them to decide how things get done. This will be a crucial part of the service specification and the evaluation of the tender.	

STAGE 4: Publication			
Director, Assistant Director/Head of Service approving EIA.		Date	