

SSA EQUALITY IMPACT AND NEEDS ANALYSIS

Directorate:	Adult Social Services
Service Area:	Learning Disabilities
Service Assessment:	Phase 4 Recommissioning of Richmond's Supported Living and Residential Care Block Contracts
Borough	Richmond
Staff:	Lead: Alan Hiscutt
Date approved by Directorate Equality Group (if applicable)	29 April 2021
Date approved by Policy and Review Manager:	
Date submitted to Directors' Board	

SUMMARY

This EINA is for services in Richmond that will be included in Phase 4 recommissioning.

Richmond Council has block contracts for 34 accommodation-based care and support services in the borough for people with a learning disability with five providers. They were commissioned in two phases – Phase 1 was commissioned in 2016 and based on fixed “core and flexi” prices in each service – Phase 2 was commissioned in 2018 and based on an “Individual Service Fund” model in which prices reflect the most current assessment of a service user’s needs. A new supported living service was block contracted in 2019 with a direct award using the Individual Service Fund model and will be included in the recommissioning. The contracts are due to expire in 2023. It is proposed to recommission the services in Phase 4 with a new service specification based on the Phase 2 Individual Service Fund financial model. The services in scope for this recommissioning have together an annual contract value of about £9M a year.

The new service model should benefit people with a disability, specifically people with a learning disability, by being clearer about the purpose of each service, by improving the way the contracts are managed, and by being an enabler to a programme of improvements to the portfolio of accommodation that is linked to the service. This will include a more flexible contracting model that enables services to be decommissioned for redevelopment and facilitates the development of new services. The key negative impact is that the recommissioning could lead to changes in provider, staffing and service delivery that service users and their family carers find unsettling and/ or distressing. This will be mitigated by coproduction in the recommissioning process, communications to those affected and the people who support them, ensuring that the tender evaluation process leads to the selection of providers that are capable of providing a good quality service and by allowing a 6-month mobilisation period between contract award and start dates.

1. Background

Richmond upon Thames is committed to continuous improvement of our services for vulnerable people. The Council commissions block contracts for a variety of supported living accommodation and residential care homes designed for people with a learning disability. These services enable people with a learning disability to live as independently

as possible, whilst also ensuring they remain comfortable and safe. The services are used by the Council to meet its duties under the Care Act 2014 to meet individuals' eligible assessed care and support needs in a personalised way that promotes their wellbeing.

The block contracted services comprise of 19 supported living schemes that support up to 92 people and 16 residential care homes that support up to 87 people. The remaining learning disability service users either micro commission with the support of a Direct Payment or are accommodated in spot-purchased placements, mostly out-of-borough, and do not currently use the services that will be recommissioned.

The current contracts for these schemes are all aligned to end in March 2023, presenting the opportunity for the co-production of services with service users and their families. The proposed recommissioning of learning disability services will allow the opportunity for innovation with our services, support the Council's medium-term financial objectives, and build capacity to meet future demand.

Please note, in this EINA reference to service users in Richmond accommodation refers only to the schemes that are the subject of this recommissioning project.

2. Analysis of Need and Impact

Protected Group	Findings						
Age	Richmond Upon Thames - General Population Age Groups, Adults						
	Age Group	2020	% (of Adult Population)	2025	2030	2035	2040
	18 – 24	11,952	7.7%	12,845	14,245	14,003	13,599
	25 – 34	24,375	15.7%	25,063	24,633	25,267	26,747
	35 - 44	33,096	21.3%	32,714	32,713	32,827	32,724
	45 - 54	31,190	20.0%	31,683	31,179	31,171	31,477
	55 - 64	23,335	15.0%	25,851	27,158	27,481	27,525
	65 - 74	15,818	10.2%	15,950	18,355	20,120	20,985
	75 - 84	10,715	6.9%	13,432	14,168	14,783	17,040
	85 +	5,223	3.4%	5,940	7,423	9,459	10,498
	Source: GLA Population Projections 2016 Base.						

Estimated Number of People with a Learning Disability in Richmond

LD Baseline

Source: GLA Estimates and Emmerson & Hatton 2008

This is an estimate of the total number of people with a learning disability:

LD Moderate to Severe Age Group	2020	2025	2030	2035	2040	% Increase
18 – 24	322	346	383	377	366	14%
25 – 34	607	624	613	629	666	10%
35 - 44	816	80	806	809	807	-1%
45 - 54	733	745	733	733	740	1%
55 - 64	530	587	616	624	625	18%
65 - 74	344	347	399	438	456	33%
75 - 84	215	269	284	296	342	59%
85 +	101	115	143	183	203	101%

This is an estimate of the segment of the population of people with a learning disability most likely to require social care support:

Age Group	2020	2025	2030	2035	2040	% Increase
18-24	77	83	92	90	88	14%
25-34	130	134	132	135	143	10%
35-44	205	203	203	204	203	-1%
45-54	165	168	165	165	167	1%
55-64	114	127	133	135	135	18%
65-74	55	56	64	70	73	33%
75-84	22	28	29	30	35	59%
85 +	9	11	13	17	19	111%

Source: GLA Estimates and Emmerson & Hatton 2008

Age of LD Service Users in the LD Accommodation (involved in this recommissioning) in Richmond

Age Group	Actual	% of Total Age Group	% of Richmond LD Population Moderate or Severe*
18 – 24	11	6%	14%
25 – 34	26	14%	20%
35 - 44	24	13%	12%
45 - 54	24	13%	15%
55 - 64	52	29%	46%
65 - 74	31	17%	56%
75 - 84	12	7%	55%
85 +	2	1%	22%

*This figure is the percentage of people living in accommodation in this recommissioning compared to the overall estimated number of people with a moderate or severe learning disability in Richmond.

Source: Mosaic Case Recording System (accessed January 2021) and GLA Estimates and Emmerson & Hatton 2008.

The tables below show the average age of service users living in learning disability supported living accommodation. Listed are the locations with the oldest and youngest average age of clients.

Service	Average Age of service users
Craig Road - Certitude	23.6 years
4 Station Road – Metropolitan	24.6 years
7 Station Road – Metropolitan	25 years

Service	Average Age of service users
45a Hampton Road – Walsingham Support	68.6 years
The Swallows – United Response	67.6 years
Kneller Road – United Response	67.25 years

Source: Mosaic Case Recording System (accessed January 2021)

Life Expectancy and Average Age

- The average age of service users in the learning disability supported living provision in Richmond is 51.2 years (51 years for male service users and 51 years for female service users).
- The average life expectancy for the general population in Richmond is 86.4 years for females and 82.5 years for males (Source: Data Rich)
- The average life expectancy for women with a learning disability is 65 years and for a man with learning disabilities 66 years.
- People with learning disabilities have shorter life expectancies compared to the wider population. Females with a learning disability are expected to live for 18 years less and males for 14 years less (Source: NHS Digital 2017). Reduction of this gap is a priority for NHS England.

Analysis

- Most of the services included in scope for Phase 4 were originally developed in the early 1990s as part of the closure of Normansfield, the former learning disability specialist hospital that was located in Teddington. This event is key to understanding the profile of service users by age.
- The proportion of 18 to 34-year-old people with a learning disability in accommodation-based services are marginally lower than the general population. This is to be expected as many younger people with a learning disability live in their family home or at a residential college until the age of 25. Many younger people can progress to more independent settings (such as a general needs tenancy with outreach support or lower support supported living) as they gain confidence, learn new skills, and build social networks to sustain their independence.
- The proportion of people with a learning disability in the services who are in the 35 to 54-year age groups is significantly lower than the general population. After the closure of Normansfield, people were increasingly placed in out of borough accommodation if there were no suitable local vacancies. Others were able to live independently in the community with outreach support and/or a direct payment. Other people in this age group remain in their family home until well into middle age.
- Due to shorter life expectancy among people with a learning disability, it would be reasonable to expect that the proportion of those aged 55 and over would be lower than the general population. This is the case for those aged 85 and over but not for those aged 55 to 84 which is somewhat higher than the general population. A large proportion of this group of people spent much of their life at Normansfield up until about 1990 before moving to accommodation that is included in Phase 4.
- Overall, the analysis shows that a significant proportion of people with a learning disability will continue to have high levels of care and support for the rest of their life.
- However, this highlights the different expectations and requirements from one age group to another about what makes for a suitable living environment and support service. This is underscored by different experiences and capability in the use of currently available and emerging forms of digital technology by age group.
- Furthermore, this analysis helps in the interpretation of voids in shared accommodation. When voids occur in shared accommodation that mainly accommodates those aged 55 and over, it is typically difficult to fill the voids because most people in need of accommodation-based services are in a younger age group and not a good match with the existing residents.
- The two latter points could be used to evidence the business case for proposals to modernise the provision by converting or replacing shared residential care homes with “core and cluster” supported living blocks of self-contained flats where people have their own front door and share some facilities, such as a lounge and staffing. Service specifications should also recognise the variety of need by age group and potential to progress to increased independence.

Disability	<p>Service User Groups</p> <ul style="list-style-type: none"> • In Richmond Council, service users are recorded within service user groups of ‘Physical Disability’, ‘Mental Health’, ‘Learning Disability’ and ‘Older People’. • While all the service users in this recommissioning project are fall into the ‘Learning Disability’ group, many also fall into the other groups, particularly ‘Older People’ and ‘Physical Disability’. This highlights the need for recording all the groups a service user falls into rather than one. • For accuracy, this section will focus on the ‘Learning Disability’ group only. <p>Learning Disability</p> <ul style="list-style-type: none"> • The NHS defines a learning disability as ‘affecting the way a person learns new things throughout their lifetime’, entailing that they may have difficulty with ‘understanding new or complex information, learning new skills and coping independently’. A learning disability can be moderate to severe in its impact on a person’s life. (Source: https://www.nhs.uk/conditions/learning-disabilities/) <p>Number of People with a Learning Disability in Richmond</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>2020</th> <th>2030</th> <th>2040</th> <th>2050</th> <th>% increase</th> </tr> </thead> <tbody> <tr> <td>18-64 (All LD)</td> <td>3,007</td> <td>3,107</td> <td>3,152</td> <td>3,171</td> <td>4%</td> </tr> <tr> <td>65+ (All LD)</td> <td>663</td> <td>734</td> <td>830</td> <td>921</td> <td>65%</td> </tr> <tr> <td>18-64 (Severe or Moderate)</td> <td>692</td> <td>714</td> <td>725</td> <td>729</td> <td>4%</td> </tr> <tr> <td>65+ (Severe or Moderate)</td> <td>89</td> <td>97</td> <td>109</td> <td>121</td> <td>56%</td> </tr> </tbody> </table> <p>Source: GLA Estimates and Emmerson & Hatton 2008</p> <p>Analysis</p> <ul style="list-style-type: none"> • All the people directly affected by the Phase 4 recommissioning have a disability • 32 out of the 35 services are located in the west of the borough reflecting historic development around the site of the former Normansfield Hospital in Teddington and also the lower property values as a factor in decisions about which development proposals get the go-ahead. • Many, but not all, people with a learning disability see themselves as belonging to a community of people with a learning disability as a consequence of shared experiences and use of services that are exclusively for people with a learning disability. Many have friendship groups with others with a learning disability and sometimes friendship groups of two to five people are accommodated together and live together as a family unit. • Social isolation is a higher risk for people with a learning disability. It can present the same kind of health risks as for anyone else and can leave them open to other risks such as “cuckooing” and “mate crime”. 		2020	2030	2040	2050	% increase	18-64 (All LD)	3,007	3,107	3,152	3,171	4%	65+ (All LD)	663	734	830	921	65%	18-64 (Severe or Moderate)	692	714	725	729	4%	65+ (Severe or Moderate)	89	97	109	121	56%
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Gender (sex)

Richmond Population by Sex

Sex	Total
All Male	49%
All Female	51%

Sex by Age Group	Total	%
Male 18 – 64 years	60,679	30%
Male 65 years +	14,130	7%
Female 18 – 64 years	63,269	31%
Female 65 years +	17,626	9%

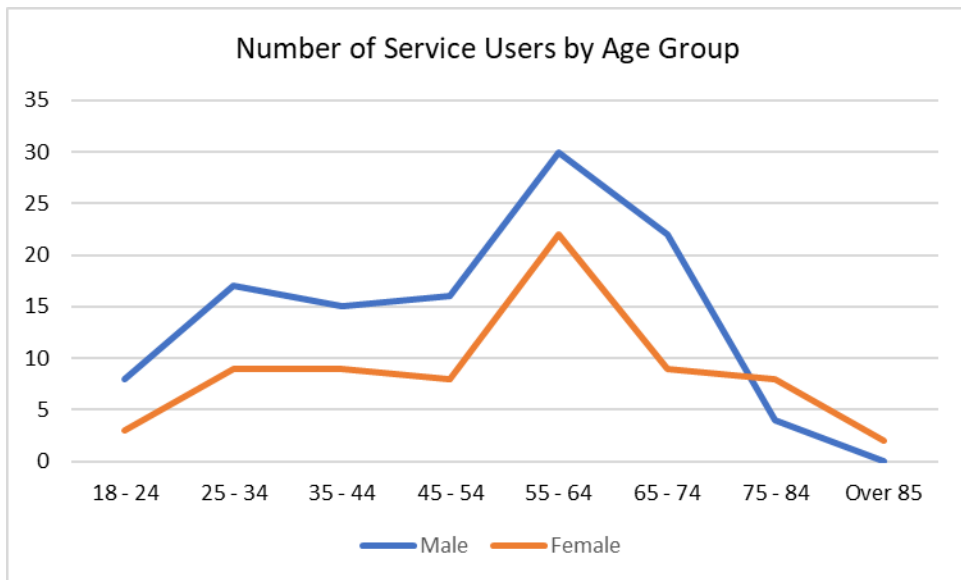
Source: GLA Population Projections 2016 Base.

Richmond Service User LD Data

Sex	Total
Male	62%
Female	38%

Source: Mosaic Case Recording System (accessed January 2021)

Richmond Service User Data - Sex by Age Group



Source: Mosaic Case Recording System (accessed January 2021)

Analysis

- In the general population of Richmond, there is a balance of males and females across the life course.
- There are significantly more males living in accommodation-based learning disabilities services in Richmond. This is line with the national

	<p>research that learning disabilities are more common in males in the ratio varying between 3:1 and 1.9:1.</p> <ul style="list-style-type: none"> • Learning disabilities are more common in boys due to a specific genetic change in the X chromosomes. (Source: https://jnnp.bmj.com/content/74/suppl_1/i30) • Two-thirds as a percentage is 66%, so the gender balance in Richmond follows the national ratio balance. • This analysis could be used to evidence the business case for services that cater for a specific gender. 																																							
<p>Gender Reassignment</p>	<p>Richmond Council now collects this data as of October 2017. However, there has been no data recorded for gender reassignment for this client group.</p>																																							
<p>Marriage and Civil Partnership</p>	<p>Richmond Population by Marital and Civil Partnership Status</p> <table border="1" data-bbox="395 703 1362 983"> <thead> <tr> <th>Marital Status</th> <th>Total</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Divorced</td> <td>11,916</td> <td>7.9%</td> </tr> <tr> <td>Registered same sex civil partnership</td> <td>665</td> <td>0.4%</td> </tr> <tr> <td>Married</td> <td>70,998</td> <td>47.3%</td> </tr> <tr> <td>Separated</td> <td>3,355</td> <td>2.2%</td> </tr> <tr> <td>Single</td> <td>55,070</td> <td>36.7%</td> </tr> <tr> <td>Widowed</td> <td>8,048</td> <td>5.4%</td> </tr> </tbody> </table> <p>Source: Census 2011</p> <p>Relationship Status of Service Users in Richmond</p> <table border="1" data-bbox="395 1115 799 1442"> <thead> <tr> <th>Status</th> <th>Count</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>108</td> <td>59%</td> </tr> <tr> <td>Married</td> <td>1</td> <td>1%</td> </tr> <tr> <td>Divorced</td> <td>1</td> <td>1%</td> </tr> <tr> <td>Widowed</td> <td>1</td> <td>1%</td> </tr> <tr> <td>Unknown</td> <td>71</td> <td>39%</td> </tr> </tbody> </table> <p>Source: Mosaic Case Recording System (accessed February 2021)</p> <p>Analysis</p> <ul style="list-style-type: none"> • Amongst service users, a higher proportion are single compared to the general population in Richmond. Some service users may not have the opportunity to meet potential romantic partners or may struggle to understand the concept of marriage. • It is important to note, that many service users may be actively dating or in long term relationships even if they are not formally committed in marriages or civil partnerships. 	Marital Status	Total	%	Divorced	11,916	7.9%	Registered same sex civil partnership	665	0.4%	Married	70,998	47.3%	Separated	3,355	2.2%	Single	55,070	36.7%	Widowed	8,048	5.4%	Status	Count	%	Single	108	59%	Married	1	1%	Divorced	1	1%	Widowed	1	1%	Unknown	71	39%
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<p>Pregnancy and maternity</p>	<p>There is no data available regarding the number of people with this protected characteristic who are in receipt of care and support in learning disability accommodation services within this commissioning exercise.</p>																																							

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	<p>Analysis</p> <ul style="list-style-type: none"> • The 2011 Census shows that the population is predominantly White, followed by 7% Asian or Asian British. • There is a similar percentage of White service users at 87%. • The proportion of White British Service Users reflects the age of service users, who fall into older age groups. It will be expected that over the next ten years the proportion of Asian or Asian British Service Users will gradually increase. • There is only 1 service user from a Black ethnicity, demonstrating an underrepresentation of this group within the service. • National evidence suggests that the prevalence of learning disabilities in BAME groups is the same as White populations. However, it is important to acknowledge that BAME groups may face barriers to obtaining diagnosis and support. The delivery of services must address this inequality. • The high proportion of people in Mixed/ Multiple Ethnic Groups living in the services compared to the general population may warrant further investigation. 																													
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<p>Sexual Orientation</p>	<p>Sexual Orientation in the General Population</p> <p>The Office for National Statistics estimates that of the population in Richmond, 93.2% are Heterosexual, 1.8% are Lesbian, Gay or Bisexual and 5% Prefer not to say, do not know or other (Source: ONS Sexual Identity by Local Authority).</p> <p>In London, 2.8% of Londoners over the age of 16 identify as lesbian, gay, or bisexual (Source: ONS March 2020).</p> <p>Sexual Orientation of Service Users in Richmond</p> <table border="1"> <thead> <tr> <th>Sexual Orientation</th> <th>Count</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Bisexual</td> <td>2</td> <td>1%</td> </tr> <tr> <td>Heterosexual</td> <td>59</td> <td>32%</td> </tr> <tr> <td>Prefer not to say</td> <td>23</td> <td>13%</td> </tr> <tr> <td>Unknown</td> <td>95</td> <td>52%</td> </tr> <tr> <td>Lesbian or Gay</td> <td>3</td> <td>2%</td> </tr> </tbody> </table> <p>Source: Mosaic Case Recording System (accessed February 2021)</p> <p>Analysis</p> <ul style="list-style-type: none"> • There is a growing body of research about sexuality and people with a learning disability. This indicates a desire by many to be able to have a relationship and the benefits of a relationship just like anyone else. This link to Royal Mencap sums up the latest research and good practice. • 3% of learning disability service users identify as lesbian, gay or bisexual in Richmond. • 65% of service users either prefer not to say or their sexual orientation is unknown. This is because some people with a learning disability may lack 	Sexual Orientation	Count	%	Bisexual	2	1%	Heterosexual	59	32%	Prefer not to say	23	13%	Unknown	95	52%	Lesbian or Gay	3	2%
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	capacity to understand or identify with the terms. Some may also be afraid to declare their sexuality as they are worried about stigma and prejudice.
Across groups i.e older LGBT service users or bme young men	<p>Age and Religion</p> <ul style="list-style-type: none"> • 23% of service users who are Christian are also aged 65 years and over. <p>Age and Ethnicity</p> <ul style="list-style-type: none"> • All service users who are aged 65 years and over (45) are White. • 45% of those from a Mixed background are aged 35 years or under. Service users from an Asian or Asian British and Black or Black British background are all aged between 18 and 44 years. <p>Age and Sexuality</p> <ul style="list-style-type: none"> • Of the small numbers of known LGBT service users there is an equal distribution across the age groups, with the youngest LGBT service user in the age group 25 - 35 years and the oldest in the 75 – 84 years age group.

Data gaps.

Data gap(s)	How will this be addressed?
Gender Reassignment	Richmond Council now collects this data as of October 2017. However, there has been no data recorded for gender reassignment for this client group. This will be raised and explored with senior commissioners and the performance team.
Service User Group	This EINA has identified a data gap regarding service user groupings, whereby a service user could fall into more than one service user group due to multiple needs. This is particularly true for people with learning disabilities due to comorbidity with other conditions. This will be raised and explored with senior commissioners and the performance team.

3. Impact

Protected group	Positive	Negative
Age	The recommissioning will include proposals for different service models, including service models that meet the needs and expectations of different age groups. It will facilitate the development of new services that better meet the needs and expectations of younger service users who are currently at greater risk of being placed out of borough.	As the service users are across all age groups, there is a concern that the accommodation services will become a 'one size fits all' if the contract and referrals are not well managed.
Disability	These services are designed for people with eligible needs regarding their learning disability. However, many service users also have a physical	The Recommissioning may lead to a change of service provider, changes in staffing and changes in the way that

	<p>disability, a significant proportion are autistic, and a significant proportion have experienced mental ill health. This commissioning activity presents the opportunity to ensure that the care and support provided is aligned to the Council’s strengths-based approach to social work. Also, it will enable the accommodation to meet the needs a variety of physical disabilities, such as wheelchair accessibility, and to ensure that the service is capable of supporting those who are also autistic and/ or have mental ill health.</p> <p>The recommissioning will include proposals for different service models, including service models that have specialist focus on physical disability, autism, and mental health.</p> <p>The services will minimise the risk of social isolation by supporting people to maintain friendships, family connections and other social networks, and when appropriate to make new friends or reconnect with lost friends and family. The recommissioning will seek to preserve friendship groups that live together wherever possible.</p> <p>Support workers should help service users to challenge universal services and employers to make reasonable adjustments. They should also help service users to manage risks and challenge and deal with the consequences of harassment and victimisation related to their disability.</p>	<p>services are delivered. Some people who use the services may find the changes cause distress and for some that may manifest in behaviours that others find challenging. In mitigation there will be a range of coproduction and communication activities in the runup to any change, the tender evaluation will check prospective providers’ capability to manage this kind of change, and a 6-month mobilisation period has been scheduled into the recommissioning project plan.</p> <p>In some cases, a service user may be relocated to new accommodation. Due to the nature of some learning disabilities, the service user may struggle to understand why they must change accommodation. A change like this can cause distress for some people with a learning disability.</p>
<p>Gender (sex)</p>	<p>Entry into services are based on eligible needs not gender. All people, regardless of gender, will receive the appropriate level of care and support.</p> <p>This recommissioning activity provides the opportunity to ensure that any gender specific needs are addressed with the accommodation-based provision as well as care and support plans.</p> <p>The recommissioning recognises that there are fewer female service users and will include provisions to ensure that females feel safe when they live in mixed-gender shared accommodation.</p> <p>Support workers should help people to manage risks and challenge and deal</p>	

	with the consequences of discrimination, harassment and victimisation related to their gender.	
Gender reassignment	Support workers should help those seeking gender reassignment to obtain appropriate support from the NHS. Support workers should help people to manage risks and challenge and deal with the consequences of discrimination, harassment and victimisation related to gender reassignment.	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on gender reassignment.
Marriage and civil partnership	Support workers should be skilled to support people to access sex and relationships education, to access social activities where they may have the opportunity to meet a potential partner, and to have privacy when needed.	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their marital status.
Pregnancy and maternity	Support workers should be skilled to support pregnant people and their partner to access universal and specialist maternity services, and to move when they need a more appropriate home	Due to sharing and the design of the accommodation linked to the support services, a service user who is pregnant may need to move and be provided with a different support service.
Race/ethnicity	Support workers should support service users to access activities that are relevant to their culture. Support workers should help people to manage risks and challenge and deal with the consequences of discrimination, harassment and victimisation related to their race/ethnicity.	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their race or ethnicity.
Religion and belief, including non belief	Support workers should support people to attend religious services and practice religious customs in accordance with the person's wishes. Support workers should help people to manage risks and challenge and deal with the consequences of discrimination, harassment and victimisation related to their belief.	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their religion and belief.
Sexual orientation	Support workers should be skilled to help people to have a positive view of their sexual orientation and to help lesbian, gay, and bisexual service users to meet other people with a similar sexual orientation. Support workers should help people to manage risks and challenge and deal with the consequences of discrimination, harassment and victimisation related to their sexual orientation.	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their sexual orientation.

4. Actions

Action	Lead Officer	Deadline
<p>The proposed outline service specification for the Phase 4 Recommissioning will address requirements related to service users' protected characteristics, including:</p> <ul style="list-style-type: none"> • When a person has capacity to progress to greater independence, they will be supported to do so • The range of services will meet the needs of people in different age groups • Services will support the Council in its endeavours to help people placed out of borough to return to Richmond • Services will support people who may have care and support needs for the rest of their life • Services will support the Council to manage, reduce and minimise the number of voids in shared accommodation in a way that is considerate of the needs and preferences of the service users • Services will support the Council and landlords to manage programmes of refurbishment and modernisation which may include people having to move elsewhere; any move will be considerate of the needs and preferences of service users, including maintenance of friendship groups • Services will support people who have multiple disabilities and long-term conditions, including physical disability, autism, and mental health conditions • Some services will have a specialist focus on autism • Services will help people to reduce the risk of being socially isolated by supporting the maintenance of friendships, family connections and other social networks, helping people to reconnect to lost friends and relatives, and by helping people to make new friends; sometimes this will require providers to work closely with one another • Some services will be gender specific • The delivery of services must address any additional barriers to diagnosis and support that black and minority ethnic people may face • Services will support people to access activities and practice customs that are relevant to their culture • Services will respect people's beliefs and support people to practice their chosen form of religious worship • Services must provide an environment in which lesbian, gay and bisexual people are able to understand their sexuality, feel confident in declaring their sexuality and support people to meet people with a similar sexuality • The support will be provided in a manner that is consistent with strengths-based social work practice • Service users will be helped to challenge universal support providers to make reasonable adjustments • The services will manage risks, will challenge, and will support people to manage the consequences of discrimination and harassment relating to disability, gender, race, ethnicity, belief and sexual orientation 	Alan Hiscutt	31 May 2021

<ul style="list-style-type: none"> • The services will mitigate any distress caused by changes to a service, including using positive behaviour support techniques • Where a person is seeking help with gender reassignment, the service should help them to obtain appropriate support from the NHS • Providers must ensure staff are skilled to support people to access sex and relationships education, to access social activities where they may have the opportunity to meet a potential romantic partner, and to have privacy in a relationship when needed • Providers will support pregnant people and their partner to access maternity services, and as needed to move to more appropriate accommodation 		
<p>Final stakeholder engagement and market testing will seek views on this analysis and where relevant they will be incorporated into a further iteration of it</p>	Alan Hiscutt	30 July 2021
<p>Tender evaluation will include an assessment of potential providers capability to support the Council to deliver against its equalities' duties</p>	Alan Hiscutt	July 2022
<p>The recommissioning will include services that are intended to meet the specific needs of people in protected groups including some gender-specific provision, services that meet the needs of people who are also autistic and services that meet the needs of adults in different age groups</p>	Alan Hiscutt	March 2023
<p>The recommissioning will include a range of engagement and coproduction activities that allow plenty of time for dialogue with the people use the services and their families, including:</p> <ul style="list-style-type: none"> • Commission Richmond Mencap to carry out peer-to-peer consultation meetings through the Working Together Group with people affected in their homes about their experience of the services – meetings to take place by video and telephone calls • Consultation meetings with families and friends of service users to find out their views about what works well in the services and what could be improved through recommissioning – meetings to take place by video and telephone calls • Conduct two surveys, an online survey on the Council's consultations portal and an Easy Read hard-copy survey for service users • Use the outputs of the engagement activities as the basis for drafting an outline service specification • Include in the service specification a requirement for coproduction with service users in the day-to-day delivery of services • Conduct further engagement activities with service users and their families on the outline service specification and use any feedback to shape the final version of the specification • Identify the most appropriate means for including service users and their families in the tender evaluation process 	Alan Hiscutt	<p>March 2021</p> <p>March 2021</p> <p>March 2021</p> <p>May 2021</p> <p>May 2021</p> <p>June 2021</p> <p>June 2022</p>

<ul style="list-style-type: none"> Engage with service users and their families on any changes to their service, and provide reassurance about any impacts, during a mobilisation period of at least six months before the new contracts start 		March 2023
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5. Consultation

There has already been significant consultation to inform the design of the service specification. This included direct engagement with groups of service users who live in 32 of the services and 39 family carers. 25 people responded to an online survey on the Council's consultations website and 45 people responded to an Easy Read survey. A range of other stakeholders have been consulted, including social work staff, providers and landlords of the accommodation in which the services are provided.

There will be a further round of consultation as part of the Stakeholder Engagement and Market Testing stage of the project, due to take place from late May into June. This will include asking people their views on the draft EINA. This EINA will be revised following that consultation.

It is intended that there will be an opportunity to involve people with a learning disability in the tender evaluation process. The detail of how this intention will be implemented will be decided by March 2022.

There will be significant engagement with service users and their families in the six month mobilisation period before new contracts start to ensure a smooth handover to new providers and minimisation of any disruption or distress to service users and their families.

VERSION CONTROL	
Version 1	First draft
Version 2	Submitted for Departmental Equalities Board 29 April 2021
Version 3	Amended in line with Departmental Equalities Board's recommendations. For submission to LD Programme Board 20 May 2021 and to the Policy and Review Manager.