

Diversity impact assessment

TITLE
Procurement of the Intermediate Care and Reablement Service
DATE
24 October 2022
LEAD OFFICER.
Emma Joy, Senior Commissioning Officer, Adult Partnership Commissioning
1 Summary description of the proposed change
What is the change to policy / service / new project that is being proposed? How does it compare with the current situation?
<p>The proposal is to re-procure the Intermediate Care and Reablement Service contract (ICRS).</p> <p>The contract commenced 1 October 2016 and, with extensions, is due to end on 30 September 2023.</p> <p>The ICRS provides up to 6 weeks of care and reablement in the home or in a bedded facility for those Medway service users that have been discharged from hospital on Pathway 1.</p> <p>The original contract was to embed the service in Medway. It has been tested in extremis and business as usual.</p> <p>The new contract seeks to implement flexibility and build up person-centred, personalised care within the service. This involves developing a deeper understanding of service user outcomes and barriers to achieving those.</p>
2 Summary of evidence used to support this assessment
Eg: Feedback from consultation, performance information, service user. Eg: Comparison of service user profile with Medway Community Profile
<p>The decision to re-procure at this time is based on the foreseeable end of the contract, which each party having given notice of the contract end.</p> <p><u>Profile of service users (age/ethnicity/disability etc)</u></p> <ul style="list-style-type: none"> The service is available to all adults aged 18 and over. <p><u>Number of service users</u></p> <ul style="list-style-type: none"> In 2021-22 the average monthly number of service users discharged from the home-based service was 106 and 18 from the bed-based service. In Medway NHS Foundation Trust at the end of March 2022 <ul style="list-style-type: none"> 62.3% of patients were waiting to start treatment within 18 weeks. The NHS operational standard is 92% Half of patients were to start treatment waiting for less than 12 weeks 92 out of 100 patients were waiting to start treatment for less than 37 weeks

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- 30,391 patients were waiting to start treatment¹

Customer satisfaction results

- An average of 94% Service Users surveyed at discharge have rated the service as good or excellent up to March 2022.

Budget information

- The ICRS is funded through the Better Care Fund, which is managed jointly by Medway Council and the NHS Kent and Medway ICB

Performance information

The service model has been successful in meeting its targets:

- Across 2019-20 and 2020-21 an average of 80% of service users were discharged from ICRS with no care needs or a reduction or removal of care package.
- This correlates with the average 78% of patients whose independence shows an improvement between admission and discharge.

Benchmarking information

Benchmarking for this service is particularly difficult because of the variety of models adopted by each area:

- Differing combinations and separations of the urgent response, home-based intermediate care, and bed-based intermediate care elements
- Approaches of in-house and commissioned services
- Alignment with home-care and residential nursing home services
- Use of rapid discharge teams
- Use of “highly trained care workers” supported by Adult Social Care therapists or in-contract therapists
- Inclusion or not of bed costs for bed-based services
- Use of spot-purchasing, frameworks, and block payments
- Focuses on community intermediate care or are discharge based
- Funding by local authorities or ICBs or joint commissioning as in Medway
- Effects of inflation from when the contract was initially tendered

Scale

There have not been any incidents or complaints reported about the service.

Consultation

Healthwatch Medway were engaged to obtain feedback from service users and local support groups that work with key communities.

¹ <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2021-22/>

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3 What is the likely impact of the proposed change?

Is it likely to:

Adversely impact on one or more of the protected characteristic groups

Advance equality of opportunity for one or more of the protected characteristic groups

Foster good relations between people who share a protected characteristic and those who don't

(insert Yes when there is an impact or No when there isn't)

Protected characteristic groups (Equality Act 2010)	Adverse impact	Advance equality	Foster good relations
Age	No	Yes	Yes
Disability	No	Yes	Yes
Gender reassignment	No	Yes	Yes
Marriage/civil partnership	No	Yes	Yes
Pregnancy/maternity	No	No	No
Race	No	Yes	Yes
Religion/belief	No	Yes	Yes
Sex	No	Yes	Yes
Sexual orientation	No	Yes	Yes
Other (eg low income groups)	No	Yes	Yes

4 Summary of the likely impacts

Who will be affected?

How will they be affected?

Procurement will result in impacts for service users. The basic service provided will not result in negative or positive impacts because of maintaining standards during mobilisation.

Increased insight into the experience of those with the below characteristics and whether there are differences in experience, accessibility, and outcomes:

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- Age
- Disability
- Gender reassignment
- Marriage/civil partnership
- Race
- Religion/belief
- Sex
- Sexual orientation
- Other (eg low income groups)

People who are admitted on maternity pathways are not supported by this service.

5 What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?

What alternative ways can the Council provide the service?

Are there alternative providers?

Can demand for services be managed differently?

The provision of intermediate care and reablement is a statutory requirement for both Medway Council and Kent and Medway ICB departments and is demand led. Any future joint commissioned services would need to be under a risk sharing agreement.

In the event of departments not jointly procuring these services, Medway Council will continue to recommission intermediate care and reablement in line with the Care Act 2014 within its budget envelope.

The specification will be developed with particular attention on providing equity of service to all as well as accommodating additional needs such as communication for those with sensory disabilities.

6 Action plan

Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence

Action	Lead	Deadline or review date
Monthly reporting on service user profiles by characteristic		October 2024
Service User representation involved in an advisory capacity for contract development		October 2024
Review equity of access for “intermediate care” and for “reablement”		April 2025

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7 Recommendation

The recommendation by the lead officer should be stated below. This may be: to proceed with the change, implementing the Action Plan if appropriate, consider alternatives, gather further evidence

If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.

The recommendation is to jointly procure intermediate care and reablement services in Medway. The next steps, following procurement, are to engage with providers, service users, families and carers, and stakeholders. Their feedback is necessary to improve service user outcomes.

8 Authorisation

The authorising officer is consenting that the recommendation can be implemented, sufficient evidence has been obtained and appropriate mitigation is planned, the Action Plan will be incorporated into the relevant Service Plan and monitored

Assistant Director

JACKIE BROWN, ASSISTANT DIRECTOR ADULT SOCIAL CARE

Date of authorisation

24 October 2022