

Appendix 1

Resident Impact Assessment

Title of policy, procedure, function, service activity or financial decision: Procurement of a Forensic Accommodation Service

Service Area: HASS

1. What are the intended outcomes of this policy, function etc.?

The intended outcome of this procurement is to provide a residential care service and stepdown supported accommodation, for male residents aged 18-65 years with complex mental health needs, who have been in contact with the criminal justice system services as a result of their mental ill-health, and have had stays in a secure hospital or prison setting.

The service delivers long term support, rehabilitation and recovery, enabling residents with long-term mental health problems to lead fulfilling lives in the community, maximising life opportunities and independence. Over a period of time, residents will be assisted in stepping down to lower levels of support, allowing greater levels of independence.

Mental health supported accommodation services are an essential component in the delivery of a whole system approach to recovery from mental ill health and in particular, the process of rehabilitation for individuals who have had in-patient stays. The borough continues to require the provision of forensic residential care and supported accommodation for people with mental ill health. These services play a vital role in supporting residents with complex mental health needs to achieve greater independence, improve their health and well-being through effective engagement with community mental health services and individualised support; and support individuals to be more active participants in the wider community

This service will provide residential care and step down supported accommodation for adults with Care Act eligible mental health needs. Staff will be on-site 24 hours a day, seven days a week and will provide support to develop skills for independent living and to engage with the community. As the step down accommodation is an independent-living style project, staff are not expected to be physically on site 24 hours a day but should be able to be on site within five minutes of a call out being made traveling by foot only.

The existing services in scope of this procurement are 8 forensic residential care units and 3 units of forensic step-down accommodation.

This service aims to facilitate the transition out of hospital or prison back into the community through providing a supportive and safe setting from which residents can continue the process of rehabilitation. Residents would be supported to step down to less intensive support within

the mental health accommodation pathway, or to alternative housing options, wherever possible.

The step-down accommodation service will support people who are stepping down from residential care towards independent living but still require support in order to maintain their tenancies, manage secondary diagnoses such as substance misuse, and prevent hospital relapse or re-offending and to live independently within the community.

The current contract is due to end in July 2019 and it is anticipated that although there will not be a significant change to the service, there may be some changes to the provider and location of accommodation.

2. Resident Profile

Who is going to be impacted by this change i.e. resident's/service users/tenants? Please complete data for your service users. If your data does not fit into the categories in this table, please copy and paste your own table in the space below. Please refer to **section 3.3** of the guidance for more information.

| | | Borough profile | Current Number of Service Users profile | |
|-------------|-----------------------|-----------------|--|--|
| | | Total: 206,285 | Total: 11 | |
| Gender | Female | 51% | 0 | |
| | Male | 49% | 100% | |
| Age | Under 16 | 15.9% | 0 | |
| | 16-24 | 14.26% | Different age bandings are used | |
| | 25-44 | 42.26% | for contract monitoring | |
| | 45-64 | 18.75% | purposes. The age breakdown is as follows: | |
| | 65+ | 8.74% | 18-29 – 18% | |
| | | | 30-49 – 64% | |
| | | | 50-65 – 18% | |
| Disability | Disabled | 16% | 100% have a mental health diagnosis | |
| | Non-disabled | 84% | N/A | |
| Sexual | LGBT | No data | Data not captured | |
| orientation | Heterosexual/straight | No data | Data not captured | |
| | Didn't Disclose | | Data not captured | |
| Race | BAME | 52% | 64% (45% Black/Black British African, 27% Black/Black British Carribbean). | |
| | White | 48% | 9% | |
| | Mixed ethnicity | - | 27% (Mixed white and black African) | |
| Religion or | Christian | 40% | Data not captured | |
| belief | Muslim | 10% | Data not captured | |

| Other | 4.5% | Data not captured |
|-------------|------|-------------------|
| No religion | 30% | Data not captured |

3. Equality impacts

With reference to the <u>guidance</u>, please describe what are the equality and socio-economic impacts for residents and what are the opportunities to challenge prejudice or promote understanding?

The Forensic Accommodation Service is specifically targeted at clients with severe mental illness. Our aim is to commission services that are person-centred, outcome-focused, and which delivers fair and effective use of public resources. We will do this by ensuring that all of our services enable resident step up where more intensive support is needed, as well as providing support to enable resident step-down to more independent living.

Impact on equality of opportunity for people with protected characteristics

Potential negative impacts identified:

People with a disability (mental health)

There is a risk of breakdown in residents' mental health as a result in a change to the service, including potential changes in provider and staff. We will work with residents and their families to ensure they are supported throughout the process and particularly leading up to and immediately following any move (if required). A robust process and methodology will be in place for evaluating and assessing tender submissions, to ensure any new provider meets quality requirements. This includes sound experience and ability to deliver the required service and meet needs of the client group. Some staff may transfer over to the new service and this would bring continuity of care.

Positive impacts/opportunities identified

People with a disability (mental health)

The service will deliver person-centred care and support, promoting and enabling recovery, self-care and independence.

The service will support residents to improve social inclusion and ensure that they make meaningful use of their time in order to achieve independence. This may include support to: access education / training or employment, identifying and accessing leisure, cultural, faith , and informal learning activities, contacting external services, groups, friends and family.

The service will support people with severe and enduring mental illness, to be involved with, and feel part of, the wider community through (for example) volunteering, attending community events, participating in local sports/fitness activities.

Overall the proposed service will have a positive effect on vulnerable adults in Islington.

4. Safeguarding and Human Rights impacts

a) Safeguarding risks and Human Rights breaches

Please describe any safeguarding risks for children or vulnerable adults AND any potential human rights breaches that may occur as a result of the proposal? Please refer to **section 4.8** of the <u>guidance</u> for more information.

There are no anticipated safeguarding risks attributed to this contract. All providers are contracted to work within Islington's Safeguarding Procedures for Adults and Children's and are required to ensure that all Staff complete both internal and LBI safeguarding training every three years which is monitored as part of contract monitoring.

There are no anticipated Human Rights Breaches as a result of this contract as the proposal is not to change the current service offered to clients.

If potential safeguarding and human rights risks are identified, then **please contact** equalities@islington.gov.uk to discuss further:

5. Action

How will you respond to the impacts that you have identified in sections 3 and 4, or address any gaps in data or information?

For more information on identifying actions that will limit the negative impact of the policy for protected groups see the <u>guidance</u>.

| Action | Responsible person or team | Deadline |
|---|--|-------------|
| Clear communications plan in place to ensure service users and their families are engaged with in a timely and appropriate way leading up to and through out the procurement process, as well as during the implementation of the new contract. | Mental Health Commissioning Team | August 2019 |
| We will ensure that the provider develops tailored individual plans with service users to support them through any changes. These will ensure appropriate interventions are put in place to support individuals before, during and after the transition period, should there be a change of provider. | Mental Health Commissioning Team/ Provider | August 2019 |

Please send the completed RIA to equalites@islington.gov.uk and also make it publicly available online along with the relevant policy or service change.

This Resident Impact Assessment has been completed in accordance with the guidance and using appropriate evidence.

Staff member completing this form:

Head of Service or higher:

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Signed: Alice Clark Signed: ____Jill Britton_____

Date: 31/01/2019 Date: 12/02/2019