

Appendix 1

Equality Impact and Needs Assessment Form

A) General Information
Name of service, function, policy (or other) being assessed
Care home market in Herefordshire
Directorate or organisation responsible (and service, if it is a policy)
Adults Well Being
Date of assessment 1st March 2016
Names and/or job titles of people carrying out the assessment
Laura Tyler Commissioning Officer
Accountable person
Amy Pitt Joint Commissioning Better Care Fund Manager

B) Describe in summary the aims, objectives and purpose of the proposal, including desired outcomes:

Managing the care home market is a project within the Better Care Fund (BCF) will deliver more effective market management of care home provision across Herefordshire and therefore enable the more cost effective purchasing of Residential and Nursing placements through the Local Authority and CCG for continuing health care (CHC) placements.

The care home market management and unified contract intends to address the following issues:

- The use of different criteria for allocation and charging.
- Disparate purchasing and contract arrangements for Residential and Nursing Care by commissioners.
- Fee differential between commissioners for the same service/outcome within the same care home.
- Duplication of activity across commissioning and procurement and poor use of available resources.
- Inappropriate use of bed based care when there are alternative care options available that promote and maintain independence.
- The incoherent approach to market shaping between commissioners.
- The lack of shared intelligence in relation to market usage and trends to inform resource decisions.
- The lack of a whole systems approach to comprehensive, complementary and integrated market management.
- The need for a single agreed view of quality assurance and safeguarding across the sector.
- Linkages and interdependencies with urgent, intermediate and long term condition community provision are not understood or articulated.

The objective is not only to implement a unified contract but to recommend an increase contractual price based on the Retail Price Index and other external factors which may have an impact on the price set.

C) Context - describe, in summary;

The number of people and/or providers that may be affected by the proposal.	In 2015/16 there were 149 permanent admissions: 83 residential 66 nursing Approximately 750 service users are in permanent placement in care homes at any time placed by adult social care. CCG has 140 CHC placements in county. Care Home Providers There are currently 87 residential and nursing homes in the county covering all age groups and needs across Herefordshire. They can be either SPOT purchases or hold block contracts with the council.
What are the values of the contract(s) affected by the proposal? (if appropriate).	Residential and nursing homes for older people are contracted with on a spot purchase arrangement. The rates were uplifted by 1% with effect from 1st October 2015: Residential: £452.94 - £457.46 Nursing (without fnc) - £518.00 - £523.18 Proposed 1% increase from the 1st April: Residential: £457.46 - £462.06 Nursing (without fnc): £523.18 - £528.54 All Learning Disability and mental health placements are negotiated individually and therefore do not have a set rate.
What are the geographical locations of those that might be affected by the proposal?	The residential and nursing care homes are located across the county of Herefordshire.

D) Who are the main stakeholders in relation to the proposal?

- Current and future service users
- Service user family, friends and carers
- Care Home Owners and their staff
- Herefordshire Council
- Social care practitioners
- Elected members
- Clinical Commissioning Group (CCG)

E) What are the anticipated impacts of the proposal?

Positive impacts

The proposals are intended to ensure that vulnerable people in Herefordshire continue to receive quality and reliable residential and nursing home services.

Market shaping to ensure the council achieves best value both now and in the future

As more people live longer with multiple and complex needs, and numbers of adults with dementia are expected to almost double in the next 20 years, those needing residential care will more likely need specialist dementia support. Using the findings from the Open Book Review to ensure the council is paying a reasonable price for all types of care will enable the council to make sure that it is making best use of its resources to meet both current and future trends in need.

New contract agreement

The current contract for residential and nursing homes is outdated and not sufficiently robust. The council and the CCG intend to have one single contract and terms and conditions for all publicly funded placements and CHC placements. Moving providers onto the same terms and conditions, the new contract will ensure greater fairness among providers.

Homes will have greater clarity on what their contractual obligations are. The core contract and terms and conditions will set out the council's expectation that providers will be required to meet the CQC Standards and the local quality assurance standards as part of the contractual arrangement but greater emphasis will be placed

on outcome based commissioning and personalisation to ensure the needs of the individual are met. A standard contract will provide the council and the CCG with greater assurance about the services being contracted, which, in turn, ensures service users are more likely to receive a consistent and reliable service.

Increased efficiency promoted within the residential and nursing care home market

Due to reductions in central government funding, the council is seeking to find efficiencies, and reduce costs. Whilst enabling residents to live safe, health and independent lives is a priority, the council must look to find ways of making reductions and promoting efficiency across all areas of provision, including residential and nursing care for all service users, to ensure that the limited financial resources available are used efficiently and targeted effectively so as to benefit the most vulnerable.

Negative impacts

Whilst the project is not intended to have any negative impacts, the following potential impacts should be considered:

- The increase of 1% as stated by providers will not cover their increasing costs with things such as additional pension costs and minimum living wage pressures.
- The increase may put increasing costs on self-funders in the market who have to pay for their own care.
- Not all care homes may agree to the new contract, therefore a risk these homes may choose not to agree to sign up to the new contract at the new usual price, thus reducing the number of beds available for eligible service users at the council's usual price.

Mitigation:

This increase is set against other proposals, one of which is to pay providers gross and not net so they will no longer have to collect client contributions and if applicable third party to ups. This will take some risk away from them will reduce administration cost. Ongoing engagement with service providers seeks to ensure that terms are negotiated so all parties come to an amicable conclusion.

F) With regard to the stakeholders identified and the diversity groups set out below;

	a) Is there any potential for (positive or negative) differential impact?	b) Could this lead to adverse impact and if so what?	c) Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group, or for any other reason?	d) Please detail what measures or changes you will put in place to remedy any identified adverse impact.
Age	Yes. This proposal will affect older people as it relates to residential and nursing homes for older people.	If fewer homes agree to contract with the council at its usual price, service users choosing to go to more expensive accommodation will be required to fund the difference (e.g. a third party contribution). This may place additional financial burden and anxiety on residents and their families.	The Council has a duty to set a usual price with due regard to the cost of care and Best Value. As the council has significantly reduced financial resources, it is appropriate all areas of spend are scrutinised to ensure resources are appropriately targeted to benefit all eligible vulnerable adults. All care homes are regulated by the Care Quality Commission and adhere to local quality standards. These proposals are not intended to impact on quality of service.	The Directive on Choice means service users can choose whatever home they wish and their options are not limited to those homes that agree to contract with the council at its usual price. They can choose to pay a top up. Please note: this is not the same for CHC placements/LD and mental health placements. New contractual terms and conditions will be developed with care home provider's that clarify expectations and requirements and
	Yes. The NLW only impacts upon those 25 and over.	Those in care home employment may get paid different rates depending upon age but this is down to the care home and not the council.	This is not within the remit of the council; employers need to ensure that they are acting within legislation as directed by government.	promote compliance with the CQC standards expected. Please see previous comment.

Residential and Nursing Fees Equality Impact Assessment

ervice users are assessed s having eligible critical or ubstantial needs.	have any adverse		
5	ervice users are assessed a having eligible critical or	based commissioning will put them in control of what they want to do and how they want to live their	have any adverse impact, outcomes based commissioning will put them in control of what they want to do and how they want to live their

Residential and Nursing Fees Equality Impact Assessment

Gender	Yes. Women constitute	This should not have any			
	74% of service users	adverse impact.			
	According to the 2011				
	Census (table DC6110 for				
	ref), 80% of people working				
	in the 'human health and				
	social care' industry in				
	Herefordshire are				
	females. Compared to 47%				
	of the total workforce across				
Race	all industries. Yes. 95% of service users	No. The composition of so	rvice users according to this equality strang	t is broadly reflective of the local	
Nace	identify themselves as				
	White British	British)	shire generally (0 % of the population descr	ibe themselves as non virille	
Sexual					
Orientation	No data available to allow analysis				
Religion/ Belief	No data available to allow analysis				
/ Non Belief	No data available to allow analysis				
Pregnancy /	Not applicable				
maternity	τνοι αρριισασί ο				
Marital Status	No data available to allow analysis				
Gender	No data available to allow analysis				
Reassignment					

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G) Consultation

Please summarise the consultation(s) undertaken with stakeholders regarding this proposal

Service providers

A number of consultations have taken place to inform the development of a unified contract.

- Bi monthly provider forums have been held regarding the contractual changes and providers have voiced concerns over increasing costs in the care sector.
- Workshops have been held through September December 2015
- 1-2-1 with providers have been offered and held in October.
- Contract meetings with providers
- Written feedback received from providers
- Providers were asked to fill out a template in August/September 2015 to detail their cost pressures and only 4 responses were received.
- Letters received from providers regarding cost pressures within their organisation.

Internal officers

- Monthly meetings
- Meetings with finance to model impacts

Market

Opportunity for procuring via pro contract portal once procurement activity commences

H) Additional information and / or research

Include here any references or other sources of data that you have used to inform this assessment.

Are there any gaps in your evidence or conclusions that make it difficult for you to quantify the potential adverse impact(s) of this proposal? If yes, please list them here

If you have identified gaps in your evidence or conclusions, how will you explore the proposal in greater depth? Or, if no further action is required, please explain why.

Information and research used:

- Framework I reports
- 2011 census report