

Appendix E - Bristol City Council Equality Impact Assessment Form



Name of proposal	Older People’s Residential and Nursing Care – Application of a Bristol Rate to new placements as of July 2018
Directorate and Service Area	Adult Social Care – Commissioning
Name of Lead Officer	Carol Watson, Lucia Dorrington and Neil Sinclair

Step 1: What is the proposal?

1.1 What is the proposal?
<p>This EQIA is part of a review of the price paid for Older People’s residential and nursing care placements. This review has included engagement with providers. The proposal is to establish a fixed Bristol Rate for new placements in Older People’s Residential and Nursing Care Homes for people aged over 65. Since the implementation of the Care Home Framework and use of Dynamic Purchasing System (DPS) which is a free market forces model of pricing care, placement costs have risen sharply. These costs are not sustainable within the Adult Social Care budget. Prices have been established via a fair cost of care exercise and benchmarking with other like LAs. Following this exercise new proposed fixed prices were calculated by BCC. Providers were given details of the proposal and the methodology behind the process. They were given the opportunity to feedback via email, online survey, provider events or requesting one to one meetings.</p> <p>The final prices were increased as a result of engagement with providers to reflect provider feedback and to mitigate against adverse impacts on providers and, in turn, service users.</p>

Step 2: What information do we have?

2.1 What data or evidence is there which tells us who is, or could be affected?		
The proposal may affect adults delivering services and adults over 65 using services with the following protected characteristics		
<table border="1"> <tr> <td>- People of all ages</td> <td>YES</td> </tr> </table>	- People of all ages	YES
- People of all ages	YES	

- A specific age group <i>* Whilst providers may be of all ages please note that this exercise applies only to services provided to people over the age of 65. Similar services are provided to people of other age groups but they are not in scope of this exercise</i>	NO*
- Disability	YES
- Gender Reassignment	YES
- Marriage/civil partnerships	YES
- Pregnancy/maternity	YES
- Race	YES
- Religion/belief	YES
- Sex	YES
- Sexual orientation	YES

Demographic data is available on people involved in the provision of social care via the National Minimum Dataset (NMDS). There is an estimated under-reporting of around 50% so figures may potentially be 50% lower than actual in terms of numbers, but this should not affect the proportions shown.

Gender	
Male	20%
Female	80%
Total	2,337

Age	
Under 24	11%
25 to 34	23%
35 to 44	20%
45 to 54	23%
55 to 64	20%
Over 65	3%
Total	2,305

Ethnicity	
White	58%
Mixed / Multiple Ethnic Group	2%
Asian / Asian British	5%
Black / African / Caribbean / Black British	8%
Other	0%
Not known	26%
Total	1,892

Nationality*	
British	77%
Non-British	23%
Total - All Workers	2614
Non-EU	39%
EU (non-British)	61%
Total Non-British	606

Disability Status	
No disability	99%
Has disability	1%
Total	1,679

Staff in the sector are predominantly female (80%) and 43% of staff work part time.

(* whole sector data)

People aged 65+ in residential and nursing care at April 2018

Primary Support Need		
Learning Disability Support	110	7%
Mental Health Support	143	9%
Physical/Sensory Support	947	63%
Other Support	16	1%
Support with Memory and Cognition	299	20%
Total	1515	100%

Ethnicity		
Asian	12	1%
Black	50	3%
White British	1113	73%
White Other	130	9%
Other	18	1%
Not yet obtained	192	13%
Total	1515	100%

Gender		
Female	987	65%
Male	528	35%
Total	1515	100%

2.2 Who is missing? Are there any gaps in the data?

There is limited information on the protected characteristics of the staff working within these services. There is no information on gender reassignment, pregnancy and maternity for clients within these services.

2.3 How have we involved, or will we involve, communities and groups that could be affected?

BCC has worked closely with providers through the Care Home Provider Forum, workshops, email information, surveys and direct meetings.

Step 3: Who might the proposal impact?

<p>3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?</p> <p>The scope of this work is limited to establishing the appropriate price the Council will pay for care home accommodation for adults aged over 65. These adults will have a care need which means that they are unable to live at home.</p> <p>The existence of this model would of itself prevent any discrimination against particular providers by BCC staff as it provides for transparent and equitable pricing.</p>
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The primary effect of this work will be on providers in this market, although we need to be mindful of the potential that changing the prices paid for care may have on providers, staff and thereby recipients of the service. There may be a risk that Care Homes may close or reduce staffing. This would have a disproportionate effect on females because they are overrepresented in the workforce.

There may be an impact on staff working within current care homes as care home providers will be required to regulate charges in line with the price ranges set for new placements. The expectation is that care homes will decide how to manage their staff ratios.

The council contractually requires providers to avoid any form of unlawful discrimination in the delivery of contracted services, and to take steps to ensure that their staff and suppliers do so too. Any impact on people with a protected characteristic would therefore be a breach of contract as well as a breach of the relevant law.

In analysing the risk to service users of changes in price paid to providers, a scenario could be that a reduction in prices paid, or the setting of a fixed price at an unsustainable level would be a potential trigger for reduction in costs by the providers which could impact on service users or staff. This is mitigated in three ways:

- The Care Act requires the Council to set its process with due regard to the cost of providing the service, and we will take all steps to comply.
- Providers have been involved in a cost of care exercise that has underpinned the new Bristol Rates
- Original proposed prices were increased based on feedback from providers about their costs

Officers have given due consideration to provider feedback in proposing the final recommended prices for new placements. The changes will be closely monitored for impact. This mitigates the potential impact on service users and their care.

3.2 Can these impacts be mitigated or justified? If so, how?

Whilst considering the staffing element of actual costs, officers paid regard to data sets referenced in this report, including national Laing Buisson staffing ratios and costs to support understanding of these costs. Officers are confident that staffing costs used in actual cost calculations are a fair and true reflection of staffing costs and do not disadvantage the workforce which is

predominately female and part time. This impact should be minimal as the market has been engaged throughout and the prices have been increased following engagement with the market.

Adjustments have been made to original price assumptions based on provider feedback. Under the Care Act BCC cannot fetter its discretion in terms of providing care for assessed needs so this applies.

The impact of this proposal on service users should be minimal as should the impact on family members and carers.

Current placements will be unaffected by these proposals.

3.3 Does the proposal create any benefits for people with protected characteristics?

The proposed fixed Bristol rate pricing should create more parity across the sector in terms of prices paid for care and make placements more equitable in terms of prices paid for care by different providers. It will also make the BCC Top-Up Policy easier to apply if a service user or family decides to opt for care at a higher rate or in a different setting to the care BCC is able to provide at the new Bristol rate.

3.4 Can they be maximised? If so, how?

There will be constant evaluation of the benefits and impact of these proposals.

Step 4: So what?

4.1 How has the equality impact assessment informed or changed the proposal?

The equality impact assessment has highlighted the benefits of a more transparent and equitable pricing system.

4.2 What actions have been identified going forward?

Ongoing monitoring of implementation, mitigations to risk in place. Adjustments can be made to these proposals as changes take place.

4.3 How will the impact of your proposal and actions be measured moving forward?

Ongoing communication and engagement with providers and monitoring of change by care management, brokerage, commissioning and finance.

Service Director Sign-Off:

Equalities Officer Sign Off:

Terry Dafter	 Duncan Fleming
Date: May 2018	Date: 30/4/2018