

Bristol City Council Equality Impact Assessment Form

(Please refer to the Equality Impact Assessment guidance when completing this form)



Name of proposal	Proposed Pricing Strategy for Residential and Nursing Care for Adults with Long Term Impairments
Directorate and Service Area	People Directorate – Adult Commissioning
Name of Lead Officer	Lucia Dorrington

Step 1: What is the proposal?

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

1.1 What is the proposal?

- To implement proposed guide prices for new residential and nursing care placements for Adults with Long Term Impairments and for packages that are reviewed under the Care Act as soon as practical following Cabinet approval on 3rd September 2019. This is to stabilise spend and to achieve transparency and consistency of Bristol City Council pricing. Currently Bristol City Council pays significantly higher rates for this care than other like authorities and there is inconsistency in what Bristol City Council pays currently for comparable packages of care.
- The new approach to pricing placements will apply only to new packages of care or existing packages of care. The proposals will not affect Bristol City Council's duty to promote individuals wellbeing and provide choice when making residential and nursing placements. New guidance has been drafted for social workers in relation to placements in residential and nursing care for adults with Long Term Impairments.
- There will always be some people for whom a residential care setting is the right environment. For some this should be short term, with an emphasis on progression / recovery, moving towards more

independence. For a small group of people with complex needs this may be the best setting and longer-term and we want to develop approaches that ensure that people get the best outcomes possible. We want alternative accommodation options, such as Supported Living which can be the least restrictive option allowing someone with complex needs to have more personal freedom giving people real opportunities to be part of the wider community and have good social networks, to be in work and to live as healthy and happy lives.

- The most appropriate support setting is that which will meet the presenting needs in a way that enables the person to be as independent as possible in as many aspects of their life as possible.

Step 2: What information do we have?

Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

2.1 What data or evidence is there which tells us who is, or could be affected?

We know that the majority of service users with Long Term Impairments in residential and nursing homes are likely to be people with Learning Disabilities and/or People with Mental Health Problems.

The following equalities data is available for adults with Long Term Impairments currently placed in Residential and Nursing Homes (476 people).

It likely that future placements will be similar in demographic.

Age

The majority of Adults with Long Term Impairments currently placed in Residential and Nursing Homes are between 51 and 60 years of age. The average age is 48. There are a small but significant number of service users under 30 (12.9%). The majority of these are young adults transitioning from Preparing for Adulthood (PFA) services. It is widely accepted that traditional Residential Provision is less effective in helping them maximise independence and achieve their outcomes.

18-21	3.4%
22-30	9.5%
31-40	16.0%
41-50	15.5%
51-60	41.2%
61-64	14.5%

Gender

The majority of service users are male.

Male	56%
Female	44%

Race

The majority of service users are White British. This is similar to the Bristol average (77.9%).

White British	78.6%
Caribbean	4.2%
Any Other White Background	4.0%
Not yet obtained	2.9%
Dual: White & Black Carib	2.1%
African	1.7%
Any Other Dual Background	1.7%
Any Other Ethnic Group	1.3%
Any Other Asian Background	0.8%
Any Other Black Background	0.8%
White Irish	0.6%
Dual: White & Asian	0.4%
Indian	0.4%
Bangladeshi	0.2%
Chinese	0.2%

Religion

The majority of service users are Christian although there is a significant amount of unknown data.

Christianity	45.6%
Unknown	29.2%
None	19.7%
Other religion	2.9%
Muslim	1.5%
Sikh	0.4%
Buddhist	0.2%
Jewish	0.2%
Prefer Not To Say	0.2%

Sexual Orientation

There is a significant amount of unknown data regarding Sexuality. 33.4% are uncertain and data is unknown or not disclosed for 39.5%. 26.7% are Heterosexual.

Primary Needs

The majority of service users have a primary need of Learning Disability Support (52.3%) followed by Mental Health Support (23.9%).

Learning Disability Support	52.3%
Mental Health Support	23.9%
Physical Support - Personal Care Support	14.5%
Physical Support - Access and Mobility Only	4.2%
Support with Memory and Cognition	1.9%
Sensory Support - Support for Visual Impairment	1.1%
Social Support - Substance Misuse Support	0.6%
Social Support - Support for Social Isolation / Other	0.6%
Sensory Support - Support for Hearing Impairment	0.4%
Sensory Support - Support for Dual Impairment	0.2%

Secondary Needs

Very few service users have a secondary need recorded and there is not enough data to make any conclusions.

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

There is a lack of data on sexual orientation and religion and belief. There is no recorded equalities information on the following Protected Characteristics:

gender reassignment, marriage and civil partnership and pregnancy and maternity.

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

There has been open book cost work with key providers, work analysing current prices paid as well as national benchmarking to assess a fair guide price for the provision of this care. BCC met providers of our largest volume of packages in order to discuss our short and longer term strategy and to discuss current costs and care models, comprising a mix of local and national providers.

A consultation with providers on the proposed guide prices and placement methodology for new residential and nursing care placements for Adults with Long Term Impairments ran from July 9th 2019 until Monday August 19th 2019. A survey for providers was set up to enable providers to respond to the proposed fees for care homes for Adults with Long Term Impairments for the duration of the consultation period, and to comment on the revised specification for Adults with Long Term Impairments in residential and nursing care.

A specific question was asked as part of the consultation survey to gain feedback from providers to see if there are any additional requirements in the provision and cost of care related to meeting the needs of residents because of their protected characteristics. Feedback was as follows:

- Disability - It was suggested that the council needs to consider the cost of making suitable adjustments in Care Homes. It was suggested that meeting people's needs associated with a physical disability can have a significant impact on the cost of care. It was argued that it is important to consider the impact of people's mental health needs and or learning disabilities in relation to the health inequalities that can arise due to these disabilities and enhanced care costs.

Age – it was suggested that it was important to support younger adults to develop the necessary skills to increase independence and to transition to less supported models of care. It was also suggested that a higher incidence of early onset dementia for people with learning disabilities and health inequalities might also mean that people need an enhanced package of care at a younger age.

- Religion – it was suggested that 1:1 support may be required to attend religious services
- Sex – it was suggested that female hygiene units may need to be provided if required.

As a result of this feedback we will ensure these factors are considered when agreeing future package costs for individual placements, and it will inform practitioner guidance.

As this change is part of the contracting arrangements with Providers it is not foreseen there will be an impact on Service Users that would require more detailed public consultation.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?

Proposed guide prices for new residential and nursing care placements for Adults with Long Term Impairments, and for packages that are reviewed, should not have an adverse impact as long as any changes to the provision of support are appropriate to people's needs. The work will not alter or affect Bristol City Council's statutory duties under the Care Act.

Age

If assessment and support planning does not identify people's needs when considering placement and the provision of support, then this could potentially result in an adverse impact for Adults with Long Term Impairments, many of whom are under 65.

The proposals could potentially have an adverse impact on people under 65 if reviews of care and support plans are *not* completed in a way that meets people's needs, and are *not* reviewed in a timely way in line with the revised practice guidance. This may result in people not being placed in the most appropriate setting for their needs, including needs in relation to their age.

The proposals, which include reducing the number of long term placements of Adults with Long Term Impairments in Residential and Nursing Homes, aim to improve assessment and support planning and to ensure that placements and changes in provision are only proposed when they represent the best way of meeting the presenting needs.

Disability

If assessment and support planning does not identify people's needs when considering placement and the provision of support, then this could potentially result in an adverse impact for people with disabilities.

The proposals could potentially have an adverse impact on people with disabilities if reviews of care and support plans are *not* completed in a way that meets people's needs, and are *not* reviewed in a timely way in line with the revised practice guidance. This may result in people not being placed in the most appropriate setting for their needs, including needs in relation to disability.

The proposals, which include reducing the number of long term placements of in Residential and Nursing Homes, aim to improve assessment and support planning and to ensure that placements and changes in provision are only proposed when they represent the best way of meeting the presenting needs, including disability.

Race

The proposals should not have an adverse impact on people of different ethnicities, as long as reviews of care and support plans are responsive to people needs in relation to their ethnicity, and that needs in relation to ethnicity are considered when proposing placements and the provision of support.

Sex

The proposals should not have an adverse impact on people of different sex, as long as reviews of care and support plans are responsive to people needs in relation to their sex, and that needs in relation to sex are considered when proposing placements and the provision of support.

Religion

The proposals should not have an adverse impact on people of different religion, as long as reviews of care and support plans are responsive to people needs in relation to their religion, and that needs in relation to religion are considered when proposing placements and the provision of support.

Gender Reassignment

There is a lack of data on gender reassignment. The proposals should not have an adverse impact on gender reassignment, as long as reviews of care and support plans are responsive to people needs in relation to gender reassignment, and that needs in relation to gender reassignment are considered when proposing placements and the provision of support. All individual support planning would need to be in line with both Equalities Act and Care Act requirements.

Sexual Orientation

There is a lack of profile data on sexual orientation. The proposals should not have an adverse impact on sexual orientation, as long as reviews of care and support plans are responsive to people needs in relation to sexual orientation, and that needs in relation to sexual orientation are considered when proposing placements and the provision of support. All individual support planning would need to be in line with both Equalities Act and Care Act requirements.

Marriage and Civil partnership

There is no evidence that the proposals would have an adverse impact.

Pregnancy and Maternity

There is no evidence that the proposals would have an adverse impact.

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

The proposals, which include reducing the number of long term placement in Residential and Nursing Homes, aim to improve assessment and support planning and to ensure that placements are only proposed when they represent the best way of meeting the presenting needs, including needs in relation to the Protected Characteristics.

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

Age

The proposals should create benefits for Adults with Long Term Impairments in Residential and Nursing Homes, many of whom are under 65, by ensuring that people are placed in the most appropriate care and support settings to meet their needs. This will include emphasis on ensuring placements are age-appropriate.

Planned improvements to the reviews process, as part of a review of social care practice, should mean people's needs, including those related to age, and are reviewed more frequently, leading to better outcomes for people in Residential and Nursing Homes who are under 65. This may include placements in community based settings which may be more appropriate for someone's needs, and / or reducing the time people spend in Residential settings.

Disability

The proposals should create benefits for disabled people in Residential and Nursing Homes by ensuring that people are placed in the most appropriate care and support settings to meet their needs.

Planned improvements to the reviews process, as part of a review of social care practice, should mean people's needs, including those related to disability, and are reviewed more frequently, leading to better outcomes for disabled people and people with mental health problems. This may include placements in community based settings which may be more appropriate for someone's needs.

A growing literature documents the aspirations of people with disabilities and mental health problems to have their own home and the positive wellbeing impacts of moving away from residential care. This supports the Department of Health and Social Care's Transforming Care Programme.

3.4 Can they be maximised? If so, how?

The commissioning process has provided the opportunity to review service specifications and contracts with service providers. A new service specification has been produced and was consulted on. This included the addition of measures and changes to the way we ask providers to deliver services to ensure the benefits of the proposals are maximised to meet the additional needs of people arising from their protected characteristics.

The revised specification will ensure that while residential care must provide security of accommodation and provide a sense of belonging for the person, it should never be offered as a permanent home.

Placements should always be made on a short or medium term basis with a support plan setting out realistic goals of independence to be achieved before the next scheduled review (no more than six months) and the interventions by which those goals are to be achieved.

A new Toolkit has been developed for BCC Social Care Practitioners.

This ensures that:

- The most appropriate support setting is determined by the nature, intensity and complexity of each individual's social care needs
- The most appropriate support setting is that which will meet the presenting needs in a way that enables the person to be as independent as possible in as many aspects of their life as possible
- That reviews continue to be complaint with the Care Act and can be assessed for quality in line with the latest best practice.
- New quality audit toolkits are developed to ensure compliance with the above.

Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

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

This Equality Impact assessment has highlighted the need to:

- Ensure commissioned services and Social Care Practice continues to meet the additional needs of service users arising from their protected characteristics, particularly when considering the appropriateness of placements for Adults with Long Term Impairments in Residential Care and Nursing Homes.
- Ensure that any changes to the provision of care and support are based on the needs of the individuals and support independence.

4.2 What actions have been identified going forward?

- Roll-out of the new placement methodology, Care Practitioner Guidance and Toolkit for assessing people's needs to ensure that this supports the aim of ensuring services are meeting people's needs in the correct setting, taking into account the feedback in relation to the Protected Characteristics.
- Use the revised service specifications and contracts with service providers.
- Ensure that packages of care implement feedback from providers in relation to the equality needs of service users.

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

Improved equalities monitoring will be managed through the contract management and quality assurance of the contracts. In addition the impact of the project will be measured to ascertain whether it has achieved its benefits.

Service Director Sign-Off:	Equalities Officer Sign Off:
 Terry Dafter	<i>Reviewed by Equalities and Community Cohesion Team 21/8/19</i>