

Draft Initial Equality Analysis



Directorate	Service	Person responsible for the analysis :	Date analysis completed:
Adults and Children's Commissioning	Adults and Children's Strategic Commissioning : Contracts and Financial assessments	Contracts and Financial Assessments Manager	<b>March 2012</b>
<b>Title of the policy* being considered</b> <u>* policy is defined as policy, functions( including service delivery) and decisions</u>	<b>Residential Care Rates 2012-2013</b>		
<b>The status of the policy</b>	Proposed		
<b>1.) What are the aims, objectives and purpose of the policy?</b>	The activity is to determine the Council's Usual Costs for placements in residential care In Lincolnshire for 2012-2013		
<b>2.) Does the policy support other objectives of the Council?</b>	This activity supports the future direction of the personalisation agenda in Lincolnshire; achieving a balanced budget for ASC over 2 years, its vision of commissioning excellence. It also supports the Councils vision and priorities for commissioned services which offer quality and value for money when we do use residential placements to meet people's assessed needs It supports sustainable procurement		

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<p>3.) Who is intended to benefit from the policy, and in what way?</p>	<ul style="list-style-type: none"> <li>• People who are eligible for support to meet their care needs: when those care needs are to be met through a residential placement that the care provider delivers a quality service which offers value for money</li> <li>• Residential care providers</li> <li>• Adult Social Care</li> </ul>		
<p>4.) What outcomes* are anticipated from the policy being in place? * outcomes are the changes that the policy is trying to bring about; why we are doing it</p>	<ul style="list-style-type: none"> <li>• This proposal supports the future delivery of Adult Social Care strategic priorities safeguarding, prevention, recovery and re-ablement and continued support.</li> <li>• The calculation and implementation of the Usual Costs for residential placements must be sustainable so that ASC is able to fulfil its statutory duties</li> </ul>		
<p>5.) Who are the main stakeholders of this policy?</p>	<p><b>Community</b></p>	<p><b>Staff</b></p>	<p><b>Partners</b></p>
	<ul style="list-style-type: none"> <li>• People who use residential care , their families and carers</li> </ul>	<ul style="list-style-type: none"> <li>• Children’s and Adults Strategic commissioning</li> </ul>	<ul style="list-style-type: none"> <li>• Private and voluntary sector residential care providers</li> </ul>
<p>6a. Are there any concerns that the policy <u>could</u> have a negative impact with regard to age?</p>	<p><b>Yes</b></p>	<p>The care rate for placements may have an impact on placements we make across the adult age ranges but is likely to impact more on older people as they are the largest numbers of people we place. It may also affect more people with learning disabilities who are aged 18-64 and people with mental health aged 65+</p>	

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<p><b>6b. What evidence (actual data or assumptions) do you have to support this?</b></p>	<p>We currently have contracts with 243 care homes in Lincolnshire ( source Contracts data)                  Information on 31.12.2011 shows that we had 3073 people in residential/nursing placements in county and 199 out of county of which 24.5% (803) were aged 75-84 and 46.9% (1535) aged 85+                  The highest numbers of people with learning disability are aged 18- 64 where we have 430 people placed ( 368 in county and 84 out of county)                  For people people with mental health the greatest impact is for the age group aged 65+ ( 151 in county and 12 out of county)                  ( source performance team data)</p>	
<p><b>6c. What can we do to mitigate the concerns?</b></p>	<p>Please see question 14c and 14d</p>	
<p><b>7a. Are there any concerns that the policy <i>could</i> have a negative impact with regard to disability?</b></p>	<p><b>Yes</b></p>	<p>The care rate for placements will have an impact on placements we make across the adult age ranges including those with a range of disabilities, including dementia</p>

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<p><b>7b. What evidence (actual data or assumptions) do you have to support this?</b></p>	<p>We currently have contracts with 243 care homes in Lincolnshire ( source Contracts data)                  People who are placed in residential care have a 'primary category' group which is broken down into Physical disabilities, frailty and sensory impairment, mental health, learning disabilities and vulnerable people                  Data ( 31.12.2011)shows that in county we have 3073 people placed in county 2353 with physical disabilities, frailty and sensory impairment 229 with mental health 44 with learning disabilities, 10 classed as vulnerable people, 1 substance misuse                  Out of county we have we have people placed with 112 physical disabilities, frailty and sensory impairment, 15 with mental health 69, with learning disabilities,                  A total of 47 people have been identified as having a primary client category of dementia (44 in county and 3 out of county. It is therefore likely that other people with dementia are recorded under the more general categories of mental health or frailty                  ( source performance team data)</p> <p>There is currently a higher residential care rate for specific groups of people Learning disabilities</p>	
<p><b>7c. What can we do to mitigate the concerns?</b></p>	<p>Please see question 14c 14d</p>	
<p><b>8a. Are there any concerns that the policy <i>could</i> have a negative impact with regard to gender reassignment* *( trans, transgender, transsexual)</b></p>	<p><b>No</b></p>	<p>This proposal is related to reviewing the Usual Costs for residential care in Lincolnshire which is not specific to gender reassignment,</p>
<p><b>8b.What evidence (actual data or assumptions) do you have to support this?</b></p>		

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<b>8c. What can we do to mitigate the concerns?</b>		
<b>9a. Are there any concerns that the policy <u>could</u> have a negative impact with regard to pregnancy and maternity?</b>	<b>No</b>	This proposal is related to the residential care fee rate for Lincolnshire which is not specific to pregnancy and maternity
<b>9b. What evidence (actual data or assumptions) do you have to support this?</b>	N/A	
<b>9c. What can we do to mitigate the concerns?</b>		
<b>10a. Are there any concerns that the policy <u>could</u> have a negative impact with regard to race?</b>	<b>No</b>	This proposal is related to the residential care fee rate for Lincolnshire , which impacts on all placements regardless of a person's race
<b>10b. What evidence (actual data or assumptions) do you have to support this?</b>	97.2% of the people we currently have places in our care homes are White British 2988 in county and 192 out of county. This reflects the current demography for Lincolnshire ( source performance team data)	
<b>10 c. What can we do to mitigate the concerns?</b>		
<b>11a. Are there any concerns that the policy <u>could</u> have a negative impact with regard to sex? ( being a man or woman)</b>	<b>Yes</b>	This proposal is related to the residential care fee rate for Lincolnshire which is not specific to sex. However the rate will have a greater impact on women as they have a longer life expectancy and therefore proportionately more likely to receive residential or nursing care

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<p><b>11b. What evidence (actual data or assumptions) do you have to support this?</b></p>	<p>Analysis of placements ( 31.12.2011) shows that 68.3% of residential placements were women( 2124 placed in county and 112 out of county) and 31.7% male ( 949 in county and 87 out of county) ( source performance team data)</p>	
<p><b>11c. What can we do to mitigate the concerns?</b></p>	<p>See 14 b&amp; c</p>	
<p><b>12 a. Are there any concerns that the policy <i>could</i> have a negative impact with regard to sexual orientation?</b></p>	<p><b>No</b></p>	<p>This proposal is related to the residential care fee rate for Lincolnshire which is not specific to sexual orientation</p>
<p><b>12b What evidence (actual data or assumptions) do you have to support this?</b></p>		
<p><b>12c What can we do to mitigate the concerns?</b></p>	<p>N/A</p>	
<p><b>13a. Are there any concerns that the policy <i>could</i> have a negative impact with regard to religion/belief?</b></p>	<p><b>No</b></p>	<p>This proposal is related to the residential care fee rate for Lincolnshire which is not specific to religion/belief. The rate will have an impact of people who are placed regardless of their religion/ belief</p>
<p><b>13b. What evidence (actual data or assumptions) do you have to support this?</b></p>	<p>Data shows that where religion is recorded at least 40% are Christian denominations, 37% is not recorded and 14.8% no religion ( source performance team data)</p>	
<p><b>13c. What can we do to mitigate the concerns?</b></p>	<p>N/A</p>	

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<p><b>14a. Could the negative impact you have identified in questions 6-11 lead to the potential for <i>adverse</i> impact if the policy is implemented?</b></p>	<p><b>Yes</b></p>	<p>There are concerns that the residential fee rate may impact on the quality of care which is provided for those people who are currently using the provision or placed there in the future. As identified the groups of people who would be affected most would potentially be older people, people with learning disabilities and people over 65 with mental health Examples include potential impact on the environment( maintenance and décor) staffing levels, food, activities provided, and maintaining social connections with the wider community There are concerns that the residential care rate impacts on the viability of the providers and that more homes may go into administration or close. The current service users would need to move to other suitable residential or nursing care, which is able to meet their needs and there is the risk of distress or even ill health and injury.</p>
<p><b>14 b. Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or any other reason?</b></p>	<p><b>Yes</b></p>	<p>The residential care rate for Lincolnshire is part of how Lincolnshire County Council Adult Social Care uses its resources to make sure that it remains financially viable so that it can fulfil its statutory duties. We aim to use a methodology which is clear and transparent so that it is clear to providers how the rate has been worked out</p>

<p><b>14c. Can the impact be mitigated by existing means?</b></p>	<p><b>Yes partially</b></p>	<p>There are measures in place to monitor the residential care provision to make sure that it offers quality provision for the people who are placed there</p> <ul style="list-style-type: none"> <li>• All registered providers have to demonstrate compliance with Care Quality Commission Essential standards of quality and safety</li> <li>• There is robust contract management in place with providers where we have placements, this is at least annually</li> <li>• We offer subsidised training for workforce development and other information to the sector to support their compliance with the essential standards</li> <li>• People who are placed in residential care have an annual reassessment to ensure their care needs are being met</li> <li>• We are working to make sure that where people in residential care who have continuing health care needs can access the CHC funding to help maintain the viability of the provider</li> <li>• As part of their role the contracts team monitors the viability of care home providers</li> <li>• They maintain a vacancy database so that we know the vacancies in a particular locality</li> <li>• There is a process in place for a care home closure which includes the residents being allocated a case worker to assess their needs and find alternative placements, there is further review of a new placement after 8 weeks. Families/carers are also involved. If it appears that a care home is at risk of closing, the Council will need to assess the risks to residents as early as possible in order to take appropriate action.</li> </ul> <p>We will consult with the sector about our proposals for Usual Costs for Lincolnshire residential care and will consider Lincolnshire specific data when coming to a view</p>
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<b>14d If yes, what actions will you undertake to mitigate these impacts and revise the policy?</b>	<ul style="list-style-type: none"> <li>Share with the providers the recent Laing and Buisson independent report on the Evaluation of the residential and Nursing care market in Lincolnshire- January 2012</li> <li>Consult with the sector about our proposals</li> <li>Analyse responses</li> <li>Continue to provide robust contract management of placements</li> </ul>		
<b>15.) As a result of your analysis, and any actions undertaken, should the policy proceed to a full impact analysis?</b>	<b>Yes</b>	<b>If yes, the date of completion for the full analysis</b>	<b>March 2012 following consultation with the providers</b>
<b><i>Has this analysis been undertaken by a minimum of two staff?</i></b>	<b>Yes</b>	<b><i>Has this analysis been scrutinised by your Directorate Steering Group?</i></b>	<i>Not to date</i>
<b><i>If the policy is new, or requires a decision by Councillors to revise, has this Equality Analysis been included with the report?</i></b>			<b><i>Yes/No, type whichever is applicable or delete</i></b>

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<b>Completed by:</b>	<i>Rachel Wing Sue Blakemore</i>	<b>Signed off by:</b>	<i>Glen Garrod Assistant Director</i>