

Full Impact Analysis

Directorate	Service	Person responsible for the analysis:	Date analysis completed:
Adults and Children's Commissioning	Adult Social Care Strategic Commissioning: Contracts & Financial assessments	Quality and Development Manager	April 2012
Title of the policy* being assessed * <u>policy is defined as policy, functions (including service delivery) and decisions</u>	Residential Care Rates 2012-2013		
1.) In what areas were concerns identified that the policy <u>could</u> have a negative impact (delete those not applicable)?	Age	Disability	Sex
2.) The reason for undertaking a full impact analysis on this policy	Potential Impact		Group
	<ul style="list-style-type: none"> • Lincolnshire County council needs to ensure that it delivers its statutory obligations to people who are eligible for social care services within the resources available • This proposal concerns the calculation and implementation of the usual costs for residential 		<ul style="list-style-type: none"> • Older people • Disabled people • Women (as they have a longer life expectancy and therefore

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	<p>placements .These costs need to be sustainable so that Adult Social care can fulfil its statutory duties</p> <ul style="list-style-type: none"> • The authority needs to ensure that in establishing the usual cost of care the figure is sufficient to meet the assessed care needs • The proposal supports the future delivery of Adult Social care strategic priorities of safeguarding , prevention, recovery and reablement and continued support 	<p>proportionately more likely to need a care home placement</p>
<p>The risks arising from the potential impact</p>	<ul style="list-style-type: none"> • The initial impact assessment which was undertaken in March 2012 identified that the care rate for placements could have a negative impact for people who have their needs meet in a long term placement in a care home. The initial analysis indicated that the greatest impact would be for older people as they represent the largest numbers of people in a care home placement but that it also affects other groups of people with a disability including learning disabilities, physical disabilities, sensory impairment, mental health and dementia. • The analysis identified that the care fee rate could impact on the quality of care- these concerns included the potential impact on the environment(maintenance and décor) staffing levels, food, activities provided and maintaining connections with the wider community where costs have risen • It also identified concerns about the impact on the viability of providers and that more homes may go into administration or close. A move would impact on already frail and vulnerable people who would need to move to other suitable residential or nursing care 	
<p>3.) The research undertaken to assess the impact</p>	<ul style="list-style-type: none"> • LCC wanted to understand the local market. It worked with the Lincolnshire Care Association (LINCA) which represent s some providers, to ensure a better shared understanding of costs, cost pressures, opportunities and market conditions within the market. • Laing and Buisson were retained to undertake an independent report on the evaluation of the residential and nursing care market in Lincolnshire which was completed on 9.1.2012. The instruction to Laing and Buisson for this work was agreed with the sector 	

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	<ul style="list-style-type: none"> The council also undertook a cost modelling process
4.) Assessment of impact	The initial impact analysis (appendix ?) identified some concerns as outlined above and also set out measures which are already in place to monitor the quality of residential provision
5.) Changes to the policy	<p>Changes made to the policy:</p> <ul style="list-style-type: none"> As a result of the initial analysis it was agreed that it should be updated following further consultation with the sector and proposed changes have been made see paragraph 9 below <p>Possible further changes to the policy:</p> <ul style="list-style-type: none"> The final decision will be taken by Executive Councillor 25th May 2012 <p>•</p>
6.) Monitoring Arrangements	<p>The quality of the care homes will continue to be monitored through contract management, which includes vacancy levels, the quality and development team and support to providers through subsidised workforce development training.</p> <p>The Care Quality Commission also undertakes compliance inspections under the Essential Standards of quality and safety.</p>
7.) Consultation on the policy and Impact Analysis	<p>The Council has sought to engage with the care home providers. The instruction to Laing and Buisson was agreed with LINCA and the report shared with the sector</p> <p>There have been 3 meetings with the sector. In January 2012 providers were invited a meeting which set out the findings of the Laing and Buisson report and the financial modelling and they were also invited to a meeting in March 2012.</p> <p>We contacted 142 providers to these meetings and 69 confirmed their attendance</p> <p>We invited 132 providers for older people and 60 confirmed attendance: the attendees were representative of the difference types of care homes</p> <p>20 providers for mental health and 16 confirmed attendance:</p> <p>24 providers for learning disabilities and 16 confirmed attendance:</p> <p>24 providers for physical disabilities and 12 confirmed attendance (Please note that providers may be registered for more than 1 service type)</p>

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	<p>The Council published its proposal at the March meeting and then also distributed it to 173 care home providers, who own/manage 271 care homes, on 22nd March 2012 inviting feedback by 13th April 2012.</p> <p>There was also a financial workshop held on 23rd March 2012 which included the financial representatives from 12 organisations which looked at the finance model</p>
8.) Views received from the consultation	<p>In summary the feedback we received to the proposal and the 2 options it contained was largely negative. We also received feedback on other issues including relating to council assessments and contracting. Providers also expressed concern about the consultation process and lack of it in the past and that changes in personnel at LCC have hampered partnership working and engagement.</p> <p>We received 11 written responses from 9 providers 2 of those 11 responses related to comments on the Council's proposed amendments to the Framework Agreement rather than comments on the proposed rates. Providers commenting on the rates represented 42 care homes.</p> <p>These providers who responded are registered to provide care as follows Older people Residential 41 :Older People High Dependency 41:Older People Nursing care 15: Mental Health 3: Learning Disabilities 11 and Physical Disabilities 9</p> <p>We also received a written response from the Fairer Fees Forum which was not related to a specific provider or type of care</p> <p>Providers of care for learning disabilities told us that the consultation had focused on older people and did not consider the impact of the fee review for people with learning disabilities or mental health.</p> <p>Providers also told us that the removal of the HD2 rate had had a dramatic impact on the level of care for people with dementia. They also said that people coming into care with dementia now have higher level of need.</p> <p>Providers feedback that consideration should be given to a special rate for dementia</p> <p>The feedback from a provider for older people with high dependency told us that this proposal 'will' have an impact on the quality of care not 'could ' have an impact</p>

<p>9.) Revisions to the policy as a result of impact analysis and consultation</p>	<p>The Council has taken the issues raised seriously. It has responded to the concerns raised about delays in payments and dedicated work has taken place since January to reduce the backlog and reviewed and introduced changes to the processes</p> <p>The Council recognises that a period of stability would be of benefit and the option 3 proposal for the rates is for 3 years. There is a new Assistant Director in post and the Council wants to improve engagement with the sector; it is considering locality meetings where providers can raise concerns etc</p> <p>As a result of the financial workshop and feedback there have been some changes to the cost model. These have been incorporated in a third and recommended option-Option 3 (the original proposal set out only 2 options). Option 3 covers providers' costs and sees increases in all rates. As a consequence it mitigates the risks associated with a sudden drop in rates or a failure to cover costs with income namely a fall in quality or an increase in non viable homes and business closures and it is this option that it is likely to have the least adverse impact on residents. Indeed for HD and standard residential the impact is likely to be positive as the proposed increases are substantial.</p> <p>Option 3 now includes a proposed 7% increase for residential rates from £ 365 to £391: a proposed 0.5% increase to nursing rates £414 to £416 and a proposed 4 % increase to the high dependency rate from £414 to £432. This option also includes an increase in 2013/2014 and 2014/2015.</p> <p>The largest proportion of care home placements are for older people however we acknowledge the concerns from care home providers for other groups and it is proposed to undertake a similar exercise to consider the cost model for then as soon as possible.</p> <p>We have not proposed a specific rate for dementia as it is considered that the high dependency rate should be based on an individual's assessed level of need rather than a condition.</p>

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<i>Has this assessment been undertaken by a minimum of two staff?</i>	Yes		
<i>If the policy is new, or requires a decision by Councillors to revise, have this Equality Impact Analysis and the consultation findings been included with the report?</i>			Yes

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Completed by:	<i>Sue Blakemore/Rachel Wing</i>	Signed off by:	<i>Glen Garrod</i>
<i>Has the Full Impact Analysis and final policy been published, and made available to all those consulted?</i>			<i>This analysis forms part of the papers being considered on 25th May 2012</i>