

DARLINGTON BOROUGH COUNCILEQUALITIES IMPACT ASSESSMENT

Service: RESIDENTIAL CARE AGREEMENT/FEE REVIEW 2011-12	Department: SERVICES FOR PEOPLE
Person Responsible for Assessment: CHRIS SIVERS	Date of assessment: MARCH and MAY 2012

Background and scope

The current agreement(s) the Council has with Darlington Residential Care Homes are due to expire in March 2013. The existing agreement(s) detail the formulae used to review the fee levels on an annual basis. Within the existing agreement(s) the care home fee levels are linked to the existing Quality Standards Framework (QSF). The QSF is a framework which rewards providers for achieving a range of outputs that are used as measures of quality – for example the percentage of staff that has NVQ qualifications. As the agreements end on 31 March 2013, it is necessary to develop a fee structure and reviewed formulae for 2013-14 and beyond. The fees need to be set within the context of the current economic position and the unprecedented financial pressures faced by the Council and ensuring this is balanced against calculating the ‘actual cost of care’.

Consideration must be taken of the impact a new fee structure will have on service delivery. It is important that the market is not destabilised – demographic predictions indicate a considerable increase the population of over 65s in the next ten to fifteen years, and particularly the rise in over 85s. Our management information indicates that the average age of residents on admission to a Residential / Nursing Care Home in Darlington is 83. So it is important that there is a good range of quality care home placements available to ensure choice for people of the Borough.

Although this EIA will not directly assess the impacts on staff employed by the external care home providers of any proposed changes in care home fees, we are aware of such potential wider impacts than those directly upon customers of residential / nursing care homes.

Anticipated impact on customer groups & rationale

The proposed existing fee formulae will be discussed with providers as part of a renegotiation exercise. A considerable amount of work will be undertaken to agree a revised fee with providers. It will take into account the Council's budget position and aims to have limited impact on the local care home market. Modelling is being undertaken to determine the impact of the fee increase or decrease on individual care home providers. This modelling will indicate a percentage impact on the income of individual providers. It is proposed this will be done by asking providers to complete a questionnaire on both the existing QSF process and the current fee formulae.

It is not anticipated that any groups will be impacted upon individually or adversely, feedback from providers during the consultation exercise may raise concerns about individual groups that have not been identified at this stage. Should any negative impacts for individual groups be raised then actions will be identified to mitigate the impact. This would be monitored appropriately.

At present, Adult Social Care continues to apply the Eligibility Criteria Policy in the same way as previously – providing services to people who meet ‘critical’, ‘substantial’, and ‘moderate’ criteria. However, a review is underway that may result in removing the ‘moderate’ banding. Regardless of this potential change, the new agreement anticipates the same level of service will be reassured. Therefore, there should be no negative impact on any individuals who are placed in care homes. An EIA and Disability EIA of the policy are being undertaken as part of the review of Eligibility Criteria Policy and any potential future impacts are being discussed and mitigated.

This impact assessment takes into account that there are a number of homes in the borough that accept younger adults with disabilities. Fees are paid at a different rate than those proposed in this consultation exercise. A separate piece of work will be undertaken to review these more specialist placements. Therefore, no negative impact is anticipated for people with disabilities.

Analysis and Evidence

Projecting Older People Population Information system (POPPI) and Office of National Statistics (ONS) data has been used to evidence demographic trends. Both Darlington Borough Council finance information and internal management information systems have been used to collate benchmarking data.

A range of data and evidence has been used to inform the project team to support the consultation process with care home providers. This includes updated project management documentation from planning meetings, benchmarking information from across North East local authorities relating to care home fees for 2010-11 and 2011-12. Modelling tools have been developed in Performance and Finance Teams that have assisted in collating information that includes the impact for all individual owners and individual homes on their income from care home fees.

Consideration has also been given to the recent Judicial Reviews including ‘Pembrokeshire, Sefton, Leicestershire, Neath Port Talbot which were taken following legal challenges to the setting of care home fees in their respective areas. This has ensured appropriate consideration has been given to the process used to consult, and set on new care home fee structures.

Consultation and Engagement

This piece of work was signed off by the Council’s Transformation Board to proceed to negotiate with providers. Consultation commenced on Wednesday 29th February 2012 with care home providers. This included a presentation of the proposed agreement/fee review process including proposed timescales. Providers are being given the opportunity to comment, negotiate and respond to the Councils’ proposals. Should negative impacts for any groups be identified, these will be considered to mitigate the potential impact where possible.

A revised agreement, specification, QSF and reviewed model to calculate fee levels, will be presented to the Transformation Board on 16th August 2012 before going to Council on 9th October 2012 for approval.

Q.1 Is your service accessible to everyone within the community? Bear in mind any economic, social, environmental, physical, intellectual, cultural, linguistic, technological or other barriers.

Issue	Yes	No	If yes, what evidence do you have to demonstrate this?	If no, what do you plan to do to remove barriers to access?
Race (inc. culture and nationality)	√		Adult Social Care Eligibility Criteria see leaflet Charging for Residential or Nursing Home Accommodation leaflet A4a on Darlington Council website.	JC – need to say a bit more re: assessment Also that no barriers to access to residential care due to these issues
Religion or belief	√		See above leaflet	
Gender	√		See above leaflet	
Sexuality	√		See above leaflet	
Impairment	√		See above leaflet	
Age	√		See above leaflet	
Geographical location	√		See above leaflet	
Any other equality issue	√		See above leaflet	

Who is likely to be affected by the Proposal?

	Yes	No	Comments
Age	Y		Older people (65+) are disproportionately over represented in the residential/nursing care population. 18.41% of the Darlington population are 65+ (Appendix A). The ONS data (Appendix B) estimates less than 1% (0.78) of the 65+ population of Darlington would be admitted to Residential / Nursing Care Homes in 2012. This figure is estimated to remain constant over the next three years to 2015. Increased frailty in old age may increase costs associated with care provision.
Disability	Y		A number of Care Homes offer specific support for Older People with Mental Health Problems. A separate project is reviewing the provision of residential / nursing care for disabled people.
Gender Reassignment		N	No difficulty identified
Marriage and Civil Partnership		N	No difficulty identified
Pregnancy and Maternity		N	No difficulty identified
Race	Y		Provision of services to meet the needs of non English – speaking ethnic minorities.
Religion and Belief	Y		Different religious practices and requirements need to be catered for, which may have cost implications
Sex		N	No difficulty identified
Sexual Orientation	Y		LGBT individuals may experience prejudicial attitudes in some settings, limiting their choices to potentially higher cost provision
Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	Y		Self-funders in receipt of similar services usually fall outside of DBC needs assessment processes. Charges levied to this group by independent providers are not regulated but governed by market forces and are usually higher than for commissioned services. Higher levels of charge will increase the rate at which savings reduce placing demands on DBC resources at an earlier stage.
Community Cohesion			Affordability of chargeable services can disproportionately affect economically disadvantaged groups.

Q.2 (a) For whatever reason, does your service treat any group differently from its other service users?

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Q.3 (a) Do you promote equality within your service? (e.g. through departmental equalities group, innovative marketing or community engagement techniques)

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

If you have answered 'yes', please give examples of how equality is promoted.
See Adult Social Care Eligibility Criteria see leaflet Charging for Residential or Nursing Home Accommodation leaflet A4a on Darlington Council website.
The contract with Providers has an equality clause.

Q.4 Are there any plans in place within your revised Residential Care Home Agreement to promote equality more effectively?

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

If yes, please outline what you intend to do (including details, if known, of timescales and areas to be covered, etc.)
Within the current 'Agreement for the Provision of Residential Care' (26th March 2007-20th March 2011) there is a section on Equal Opportunities. This will be revised and updated as part of the annual review of the agreement/fees. This will consider recent legislation e.g. the Equality Act 2011.

Q.5 In the past three years, have you consulted with any of the following groups regarding the delivery of and access to your service?

Group	Yes	No	If yes, please give evidence (Who? When? What were the outcomes)	If no, what consultation do you plan to do and by when?
Racial	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Last review of provision of Residential / Nursing Care agreement completed in 2007. Planned consultation throughout 2012-13 with Care Home providers to co-produce a revised agreement to commence 1 st April 2013.
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>		As above

Gender		√		As above
Sexuality		√		As above
Impairment		√		As above
Age		√		As above
Geographical location		√		As above
Any other status		√		As above

Q.6 Do you train your staff on equality issues?

Yes

√

No

If you have answered yes: What training is available? Who delivers it? Who receives it?

Residential Care Providers train their staff on equality issues. This is part of the existing QSF and will be part of the revised QSF. Assessment Staff are trained on equality issues. Trained assessors use the skills as part of the assessment of need of individuals to ensure that all equality issues are identified and needs are met.

Conclusion drawn from evidence & analysis

To set a fee structure and revised QSF that relates to outcome based evidence, the Project Team is considering gathering data and benchmarking information to help support any proposed fees for 2013/14 and future years remain competitive. Consideration has been given to the impact of the fee level on service users receiving care from local care home providers. In March 2012, there was evidence that suggests any adverse impacts as a result of this review. This piece of work does not include the review of placement fees for younger adults, which will be agreed by a different project. In March 2012, the Eligibility Criteria remains the same, but the Project Team is aware this may change during 2012/13. However, based on the proposed existing model for fee levels, the Project Team anticipate that no single group should be disproportionately affected.


While no adverse impacts are expected, on-going monitoring of the impact on the local market will be undertaken, and if there appears to be an impact on particular providers e.g. smaller providers, then this will be reviewed to assess if there is a disproportionate impact on any specific characteristic groups.

EQUALITY IMPROVEMENT ACTION PLAN

Equality Objective	Action	Target	Officer Responsible	By When
Ensure continued monitoring of Equality objectives during the review process	Project Product Owner to review EIA/Action Plan at regular intervals and if any specific issue raised	Ensure all Project Team members have reviewed EIA and are made aware of any changes	Strategic Commissioner for Older and Disabled People	8 th August 2012



Once completed, please send a copy of this form to the Connecting with Communities for quality assurance. Once authorised, this Equality Impact Assessment (EIA) Report will be published on the Council's website.

Appendix A - % of total Population



POPPI

Projecting Older People Population Information System

Home > Population figures > Percentage of total population
Useful links About Help Contact us My account Logout

Population figures

- Population by age
- Percentage of total population
- Population by gender/age
- Proportion by gender/age band
- Ethnic group
- Ethnic group by percentage
- Religion by age/gender
- State pension
- Household growth

Living status

Support arrangements

Health




Learning disability

Multiple characteristics

Services provided



Darlington
Darlington

Percentage of total population

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Total population, population aged 65 and over and population aged 85 and over as a number and as a percentage of the total population, projected to 2015

Show 2011 to 2030

	2011	2012	2013	2014	2015
Total population	101,600	102,100	102,700	103,300	103,900
Population aged 65 and over	18,200	18,800	19,300	19,900	20,500
Population aged 85 and over	2,600	2,600	2,700	2,800	2,900
 Population aged 65 and over as a proportion of the total population	17.91%	18.41%	18.79%	19.26%	19.73%
 Population aged 85 and over as a proportion of the total population	2.56%	2.55%	2.63%	2.71%	2.79%




Figures may not sum due to rounding
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Notes


Figures are taken from Office for National Statistics (ONS) subnational population projections by sex and quinary age. The latest subnational population projections available for England, published 27 May 2010, are based on the 2008 mid year population estimates and project forward the population from 2008 to 2033.

Long term population projections are an indication of the future trends in population by age and gender over the next 25 years. They are trend based projections, which means assumptions for future levels of births, deaths and migration are based on observed levels mainly over the previous five years. They show what the population will be if recent trends in these continue. The projections do not take into account any future policy changes.

For the new authorities which came into force in April 2009, data has been derived by aggregation of former districts.







**Appendix B –
Admission to Supported
Permanent Residential and
Nursing Care**



POPPI

Projecting Older People Population Information System



Home > Services provided > Admissions to supported permanent residential and nursing care Useful links About Help Contact us My account Logout

- ▶ Population figures
- ▶ Living status
- ▶ Support arrangements
- ▶ Health
- ▶ Learning disability
- ▶ Multiple characteristics
- ▼ Services provided
 - Helped to live independently
 - Intensive home care 18+
 - Community based services
 - Supported residents in care homes
 - Admissions to supported permanent residential and nursing care
 - Carers receiving services
 - Direct payments

Darlington Darlington

Admissions to supported permanent residential and nursing care

People aged 65 or over admitted to permanent residential and nursing care during the year, and financially supported by the council, projected to 2015

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[Show 2011 to 2030](#)

	2011	2012	2013	2014	2015
Number of people aged 65 and over admitted to supported permanent residential and nursing care	143	148	152	157	161


Figures may not sum due to rounding
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Notes

Information is taken from: National Adult Social Care Intelligence Service (NASCIS), Social Care data, page S3 "Number of LA supported permanent admissions to residential and nursing care (excluding admissions to group homes), by type of residence, primary client type and age group", for year 2009/10.

The Referrals, Assessments and Packages of Care Project (RAP) was developed to provide a coherent set of national statistics on adult community care, purchased or provided by Councils with Adult Social Services Responsibilities (CASSRs).

Percentage rates have been calculated from the figures and applied to ONS population projections of the 65 and over population to estimate projections of the numbers of older people aged 65 or over admitted to permanent residential and nursing care supported by the council.

Show map 

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▶ Go to a neighbour ?

▶ Region ?

My favourites ?
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