Care home contract

Evidence based equality analysis

Main aims, purpose and outcomes and how does it fit in with the wider aims of the organisation:

1. The creation of a new combined care home agreement from April 2014 with health partners, covering the service specification, quality standards, and monitoring requirements embedded into a new contractual agreement with external providers; this will deliver an overarching residential framework, improved quality across services and create a consistent and transparent reporting environment, enabling positive improvements to be identified and best practice shared, whilst also leading to improved diagnostics of poor or failing services where resources need to be targeted individually or jointly to deliver improvements.
2. The inclusion within a residential framework for the first time specific standards covering physical disabilities, learning disabilities, mental health and end of life.
3. The framework will reflect the directorate's goal of providing a personalised response to individual circumstances and support requirements.
4. The framework reflects support of the most vulnerable and those at greater and greatest risk of social exclusion.
5. The new specification embeds the relevant principles of the Human Rights Act into the proposed agreement.

Lead officer: Jamaila Tausif

Stakeholders: Strategic Commissioning, West Cheshire, Vale Royal and South Cheshire Clinical Commissioning Groups

Equality analysis is a valuable tool to help embed equality into everything we do

While process is important, equality analysis is essentially about outcomes

Lack of evidence of discrimination is not evidence of a lack of discrimination

It is not acceptable to say that a policy is applied uniformly to all groups and is therefore fair and equal. Applying a policy or procedure consistently may result in differential outcomes for different groups.

For each of the areas below, an assessment needs to be made on whether the policy has a positive, negative or neutral impact, and brief details of why this decision was made and notes of any mitigation should be included. Where the impact is negative, this needs to be given a high, medium or low assessment. It is important to rate the impact of the policy based on the current situation (i.e. disregarding any actions planned to be carried out in future).

High impact – a significant potential impact, risk of exposure, history of complaints, no mitigating measures in place etc.

Medium impact –some potential impact exists, some mitigating measures are in place, poor evidence

Low impact – almost no relevancy to the process, e.g. an area that is very much legislation led and where the Council has very little discretion

Target group / area	**Neutral**	**Positive**	**Negative**
Race and ethnicity (including Gypsies and Travellers; migrant workers, asylum seekers etc.)		Yes, the existing care home agreement already requires providers not to discriminate based on race and ethnicity but the embedding of a specific schedule on Human Rights further enhances this element.	
Disability (as defined by the Equality Act - a person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities)	The Council commissioned an independent consultant to review current fees in order to ensure that the approach adopted by the Council in setting fees paid due regard to actual local costs of care. The report to providers published by RedQuadrant in December 2013 compared the four different fees paid for each care band, and although there is some evidence that fees for residential (dementia) are a little high in relation to costs, the decision was taken by the	The new agreement has - for the first time - specific standards for people with mental health, learning disability, physical disability or end of life needs who are being supported in a residential setting in addition to the existing standards specific to those with dementia and nursing needs. The review of fees compared the four different fees with average costs as a basis for fee setting in the future. It could be argued that homes providing care to people with very specific needs are more expensive to run. For the first time the proposed approach gives an open book mechanism for individual providers to disclose their costs have a dialogue with the Council on their specific costs as related to individual circumstances such as levels of need/disability	

	Council to apply proposed annual uplifts uniformly.	within a home.	
Gender		Yes, the existing care home agreement already requires providers not to discriminate based on gender but the embedding of a specific schedule on human rights further enhances this element.	
Gender reassignment		Yes, the existing care home agreement already requires providers not to discriminate based on gender and abide by the Gender Recognition Act 2004, but the embedding of a specific schedule on human rights further enhances this element.	
Religion and belief		Yes, the existing care home agreement already requires providers not to discriminate based on religion and belief but the embedding of a specific schedule on human rights further enhances this element.	
Sexual orientation (including heterosexual, lesbian, gay, bisexual)		Yes, the existing care home agreement already requires providers not to discriminate based on sexual orientation but the embedding of a specific schedule on human rights further enhances this element.	
Age (children and young people aged 0 – 24, adults aged 25 – 50, younger older people aged 51 – 75/80; older older people 81+. The age categories are for illustration only as overriding consideration should be given to needs)		Yes, older people in residential and nursing homes form the main age category but the agreement has specific standards for younger people with mental health, learning disability, physical disability or end of life needs who are being supported in a residential setting. The review of fees compared the four different fees with average costs as a basis for fee setting in the future. It could be argued that the costs for one or more age groups may be more expensive to provide care for than another. For the first time	

		the proposed approach gives an open book mechanism for individual providers to have a dialogue with the Council on their specific costs as related to individual circumstances such as age.	
Rural communities	The existing contract already includes care homes in more rural areas.	The review of fees compared the four different fees with average costs as a basis for fee setting in the future. It could be argued that homes in rural areas are more expensive. For the first time the proposed approach gives an open book mechanism for individual providers to have a dialogue with the Council on their specific costs as related to individual circumstances such as rurality.	
Areas of deprivation	The existing contract already includes care homes in central urban areas.	The review of fees compared the four different fees with average costs as a basis for fee setting in the future. It could be argued that homes in deprived areas are more expensive. For the first time the proposed approach gives an open book mechanism for individual providers to have a dialogue with the Council on their specific costs as related to individual circumstances such as deprivation.	
Human rights		Yes, the existing care home agreement already requires providers to take account of the Human Rights Act but the embedding of a specific schedule on human rights further enhances this element.	
Health and wellbeing (consider both the wider determinants of health such as education, housing, employment,		Yes, additional focus on personalisation and outcomes, and improved service standards in the new joint agreement with health will deliver benefits across all areas for those at risk. The agreement has received input from Public Health	

environment, crime and transport, as well as the possible impacts on lifestyles and the effect there may be on health and care services)		to ensure preventative measures are in place for vulnerable groups.	
Procurement/ partnership (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)		The creation of a new joint care home agreement from April 2014 with health partners, will lead to improved quality across services and create a consistent and transparent reporting environment that is beneficial to providers, enabling positive improvements to be identified and best-practice shared, whilst also leading to improved diagnostics of poor or failing services where resources need to be targeted by the commissioning partners to deliver improvements.	

Evidence:

The existing care home, domiciliary care and learning disability framework contracts already reference equality. The new residential and nursing care home contract further builds on this base and requires care homes to:

- Adhere to the Council's equality and diversity policies;
- Prevent unlawful discrimination within the meaning and scope of any law, enactment, order, or regulation relating to discrimination (whether age, race, gender, religion, disability, sexual orientation or otherwise) in employment;
- Provide care and treatment to clients with due regard to their age, sex, religious persuasion, sexual orientation, racial origin, cultural and linguistic background and any disability they may have;
- Ensure that clients having their privacy and dignity respected, and their independence optimised, at all times; and staff continually afford to all clients respect, courtesy, sensitivity, and understanding;
- Protect and maintain all entitlements associated with UK citizenship as set out in the Human Rights Act 1998 whilst recognising any relevant authorisations under the Deprivation of Liberty Safeguards 2008 and Mental Health Act 1983;

- Be positive and proactive in relation to the monitoring arrangements in the new agreement, recognising that quality monitoring is a three-way collaborative process with the provider, commissioners (both the Council and health partners in the new agreement), and with those using services, with the objective to support providers to attain best practice in service delivery.

Action plan:

Actions required	Key activity	Priority	Outcomes required	Officer responsible	Review date
Implement new joint monitoring arrangements	Monitoring	High	Pooled intelligence and shared resourcing including information from social work teams (standing item on practice managers meeting)	Jamaila Tausif	April 2014
Continue consultative process with care homes	Consultation	High	Agreed specification and standards	Jamaila Tausif	April 2014

Sign off:

Lead officer:	Jamaila Tausif
Approved by Head of Service:	Alistair Jeffs

Moderation and/or Scrutiny:

Date:	31 October 2013, moderated at directorate equality group 18 December 2013
Date analysis to be reviewed based on rating (high impact – review in one year, medium impact - review in two years, low impact in three years)	Analysis to be reviewed in third year of contract term, early 2016

Please forward the completed Equality Analysis to the Equality and Diversity Managers for publishing on the Council's website