

What is being reviewed?	Care Home Commissioning Strategy for Older People
Service Lead and Service Unit:	Phil Hornsby – Adult Social Care Commissioning
People involved in EIA process:	Mick Mellors, Phil Hornsby
Date/s EIA started and reviewed:	09/06/2021

Background

The proposed change is the introduction of a new commissioning strategy for care homes for older people. It will bring in a number of changes intended to regularise the purchasing of these placements and ensure that the processes used are fair and equitable. Along with the Market Position Statement (MPS) also being introduced It will also inform providers as to the intentions of the local authority and CCG in terms of the commissioning of care home placements.

The strategy is needed in order to give consistency and direction to the commissioning of these services and to ensure it is done in a fair and equitable way. Over time we expect the strategy to lead to fewer care home placements being made, with a more structured and consistent approach to fee-setting.

This should benefit both the commissioners and providers as well as those people who may have or do go into residential care.

We have done extensive research both in terms of the circumstances of the market here in BCP and in terms of practices and approaches elsewhere, as well as a careful analysis of the market, locally and nationally.

Describe why the change is proposed and what the expected outcomes will be and who it is designed to benefit.

Consultation has taken place largely within the local authority because of the pressures created in the sector by Covid-19 and the restrictions the pandemic has placed upon consultation processes. However, as the lockdown eases we do expect to consult more widely with stakeholders.

Findings

The strategy is focused upon care homes for older people and will therefore primarily impact upon older people. However, some younger people with long-term conditions do sometimes require a very similar service and they may be impacted also.

Insofar as some older people have previously been members of the armed forces it will impact upon them also.

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Equality Impact Assessment: Report and EIA Action Plan

The strategy includes a section devoted to equal opportunities that sets out how they need to be incorporated into the overall strategic approach, whilst acknowledging that it is at a more operational level that effective actions will be needed/taken.

The commissioning strategy for care homes for older people is, as the title suggests focussed upon older people, but this does not mean that younger people (for example those with long-term conditions) will be excluded if a residential placement in a care home that normally caters for older people was able to meet their needs.

The strategy does include a section that focuses upon equal opportunities and identifies and recognises that BCP does have a diverse population and that the council and CCG and older people's care homes need to be able to effectively support people who are married or have long-term partners, a mental health issue, a learning disability and cultural, religious or other social needs.

At the same time this is a relatively high level strategy and it does not set out detailed actions to be carried out. However, it does include a strategic objective 'To ensure that the placement process and all care homes take full account of all aspects of equality and diversity.'

Conclusion

Summary of Equality Implications

The strategy includes a section devoted to equal opportunities that sets out how they need to be incorporated into the overall strategic approach, whilst acknowledging that it is at a more operational level that effective actions will be needed/taken.

The specific section in the strategy on equal opportunities sets out that the focus of the strategy is upon older people, but we recognise that it will affect and needs to take account of a number of other different aspects of equal opportunities. We do recognise that some people with long-term conditions can effectively 'age early' and that in such cases we would not seek to exclude them from this form of provision.

The overall intention to reduce the numbers of people going into residential care will have an impact upon carers as we hope that more people will be able to stay in their own homes longer. It will continue to be important to recognise the burden that caring can become for some older people. At the same time, many people will be pleased to be able to continue to have their loved ones living with them and also to avoid the need to make visits to a care home.

Along with the Market Position Statement also being developed this strategy will inform the sector of the commissioning intentions of the local authority and CCG and this may be particularly helpful for those older people with mental health problems who need a residential placement, ensuring that the market is able to respond effectively to the changing patterns of demand.

Women make up some 53% of the OP population but this does not seem to have any significant impact in this particular sector.

The ethnic minority population element of BCP is less than 6% of the total and significantly less than that for the older population. Nevertheless, we recognise that for older people of any ethnicity language culture and religious belief can be very important contributors to their wellbeing. Our standard contract for care home placements does include reference to equal opportunities and discrimination and we will make sure this is reflected in our approach to quality assurance.

Similarly we recognise that there are other aspects of a person's life and identity that remain important to them as they get older and we do expect these to be picked up as part of each resident's care and support plan, as required in the care homes contract. These aspects of a person's life can include things such as their marital or relationship status. Wherever possible (and where they choose it) we would look to place couples who both need residential care in the same care home.

In order to arrive at this statement we looked at the composition of the population in BCP, especially that of older people. At the same time, we drew upon work done elsewhere to ensure that we included the various different characteristics that needed to be covered. As indicated earlier, our ability to consult on the strategy at this stage has been severely limited by the impact of Covid-19.

At these stage we do not feel that there are any significant negative issues to be addressed, nor any adverse risks.

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