

EQUALITY IMPACT ASSESSMENT

Joint Commissioning & Adult Social Care



PLYMOUTH
CITY COUNCIL

STAGE I: What is being assessed and by whom?

What is being assessed - including a brief description of aims and objectives?

This EIA has been carried out to check that full consideration is being given to the impact of proposed changes to the fees payable to care homes for people over 65 which are paid by Plymouth City Council.

The National Assistance Act 1048 Circular LAC(2004)20 refers to the cost of care:

- “the usual cost to be sufficient to meet the assessed care needs of supported residents in residential accommodation in setting and reviewing their costs, councils should have due regard to the actual costs of providing care and other local factors. Councils should also have regard to Best Value requirements under the Local Government Act 1990.
- Councils should not set arbitrary ceilings on the amount they expect to pay for an individual’s residential care. Residents and third parties should not routinely be required to make up the difference between what the council will pay and the actual fees of the home”

There is a requirement for councils to consult with care home providers and in October 2012 Plymouth City Council agreed with Plymouth Care Home Providers Ltd and South West Care Homes Ltd that we would carry out a full review of the model of care costs locally.

There are currently 57 care homes in Plymouth providing care for people over 65 with over 2,000 beds. The number of beds will vary at times due to improvement works being carried out within the care homes when rooms are then unavailable. Occupancy levels range from 70% to 100% with an average occupancy declared within the independent survey of 94% and 91% within the financial survey. Plymouth City Council purchases around 51% of filled beds, 45% of available beds. Health purchase around 22% of filled beds and 20% of available beds. The remaining beds are funded by private residents or other Local Authorities. When comparing to our neighbouring authorities, the percentage of Plymouth care home beds funded by the Council and CCG are higher than in the other areas.

Latest forecast spend for older people care home placements, residential and nursing both permanent and

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temporary, is £19.385m (Mth.8)

In February 2014 a financial survey forms were emailed and posted to 62 Plymouth care homes to request specific information to support and inform future agreed fee levels. The original deadline was extended until 9 March at the request of some homes and in order to encourage a greater response. 14 care homes responded, ranging from 14 to 77 beds and giving a 23% return rate.

Returns	Care homes for older people
1	Residential care - older frail only
6	Residential care - older frail and dementia
4	Residential and nursing - older frail and dementia
2	Residential care - older frail and dementia + nursing for older frail
1	Residential and nursing - older frail only

In August 2014 the findings from the financial survey were presented to care home providers who were asked to feedback on this information. Feedback was received on costs relating to repairs and maintenance, the weighting of fixed costs, both nurses and care staff pay, the number of staffing hours and group head office costs.

Consideration was given to all the feedback which resulted in adjustments to the repairs and maintenance, the weighting and the care staff pay. A further engagement event was held with providers to identify their priorities for a future fee structure.

Responsible Officer

Joan Bird, Project Officer

Department and Service

People Directorate, Co-operative Commissioning and Adult Social Care

STAGE I: What is being assessed and by whom?

Date of Assessment

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Age	<p><i>The following information taken from Plymouth's Joint Strategic Needs Assessment "Knowing Your Community" by the Social Inclusion Unit & Office of the Director of Public Health – September 2014.</i></p> <ul style="list-style-type: none"> • 50+ Plymouth – 34% (national figures – 34.39% - Census 2011). • 75+ Plymouth – 7.7% (national figures – 7.69% - Census 2011). • Over 75's are predicted to rise faster than any other group (19,716 in 2011 to 24,731)² People requiring social care will double by 2025. • One in 4 babies born in Plymouth today will live to 100 (Mid-year 	<p>People of all ages will continue to be assessed for their care and support needs.</p> <p>Any increase to fees paid by PCC will impact on those residents who are self-funding, ie they pay the full cost of their care because they have capital over the capital threshold level of £23,250 and/or own a property. It is likely that there will be an impact on 46% of the self-funders (this equates to 6% of the total number of residents) when fees are increased.</p>	<p>Communicate with full cost payers as to the level of increase and the reasons why.</p> <p>Listen.</p> <p>Monitor to ensure no adverse impact.</p> <p>In depth assessment to ensure service user in the appropriate placement.</p> <p>Benchmark and compare with SW local authorities.</p>	<p>Ongoing with a minimum of an annual review of:</p> <ul style="list-style-type: none"> • the support plan by front line worker and • the financial contribution assessment by the financial assessment team.

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	<p>population data – 2009).</p> <p><i>The following data has been taken from the ASC CareFirst system as at the end of October:</i></p> <p>800+ residential and nursing placements commissioned by PCC for those people over 65.</p> <p>13% of people over the age of 65 are self-funding their care.</p> <p>250+ residential and nursing placements commissioned by PCC for adults under 65.</p>			
Disability	<i>The following information taken from Plymouth's Joint Strategic Needs Assessment "Knowing Your Community"</i>	People with disabilities will continue to be assessed for their care and support needs.	See above	See above

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	<p><i>by the Social Inclusion Unit & Office of the Director of Public Health – September 2014.</i></p> <ul style="list-style-type: none"> • A total of 31,164 people (from 28.5% of households) declared themselves as having a long-term health problem or disability (national figures 25.7% households). • 10% of our population have their day-today activities limited a lot by a long-term health problem or disability. • Self-assessment of health yielded percentages of fair, bad, and very bad health of 13.9%, 5.1% and 1.4% respectively⁴. • 1,224 adults registered 	<p>Any increase to fees paid by PCC will impact on those residents who are self-funding, ie they pay the full cost of their care because they have capital over the capital threshold level of £23,250 and/or own a property. It is likely that there will be an impact on 46% of the self-funders (this equates to 6% of the total number of residents) when fees are increased. Currently the self-funding residents are aged 65+.</p>		

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	<p>with a GP in Plymouth have some form of learning disability (2010/11).</p> <p><i>The following data is taken from the NHS/Plymouth Complex Bed Strategy.</i></p> <p>Dementia</p> <ul style="list-style-type: none"> • Approximately 60 people aged 30-64 years in Plymouth are estimated to have early-onset dementia in 2014. • Over 3,130 over-65's are predicted to have a dementia in 2014. The number of cases of dementia in the over-65's is projected to increase over time, reaching around 4,850 by 2030. 			

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	<ul style="list-style-type: none"> • 70% of people living in care homes are thought to have dementia. • 25% of people in hospital beds are thought to have a dementia. • 72% of people with dementia have at least one other long-term condition. <p><i>The following data has been taken from the ASC CareFirst system as at the end of October:</i></p> <p>4 temporary and 75 permanent nursing placements for people over 65 who are physically frail.</p> <p>56 permanent nursing placements for people over 65 who have a mental illness</p>			

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	<p>including dementia.</p> <p>15 temporary and 282 permanent residential placements for people over 65 who are physically frail.</p> <p>16 temporary and 280 permanent residential placements for people over 65 who have a mental illness including dementia.</p>			
Faith, Religion or Belief	<p><i>The following information taken from Plymouth's Joint Strategic Needs Assessment "Knowing Your Community" by the Social Inclusion Unit & Office of the Director of Public Health – September 2014.</i></p> <p>General statistics:</p> <ul style="list-style-type: none"> • 32.9% of the Plymouth population stated they 	<p>People of all faiths and religions will continue to be assessed for their care and support needs.</p> <p>Any increase to fees paid by PCC will impact on those residents who are self-funding, ie they pay the full cost of their care because they have capital over the capital threshold</p>	See above	See above

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	<p>had no religion.</p> <ul style="list-style-type: none"> • Those with a Hindi, Buddhist, Jewish or Sikh religion combined totalled less than 1%. • 0.5% of the population had a current religion that was not Christian, Islam, Buddhism, Hinduism, Judaism or Sikh such as Paganism or Spiritualism. <p>Main Religions:</p> <p>Christian</p> <ul style="list-style-type: none"> • 148,917 people (58.1%). • Decreased from 73.6% since 2001. <p>Islam</p> <ul style="list-style-type: none"> • 2,078 people (0.8%). • Doubled from 0.4% since 2001. <p>Buddhism</p>	<p>level of £23,250 and/or own a property. It is likely that there will be an impact on 46% of the self-funders (this equates to 6% of the total number of residents) when fees are increased. Currently the self-funding residents are aged 65+.</p>		

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	<ul style="list-style-type: none"> • 881 people (0.3%). • Increased from 0.2% since 2001. <p>Hinduism</p> <ul style="list-style-type: none"> • 567 people (0.2% described their religion as Hindu. • Increased from 0.1% since 2001. <p>Judaism</p> <ul style="list-style-type: none"> • 168 people (0.1%). • Decreased from 181 people since 2001. <p>Sikhism</p> <ul style="list-style-type: none"> • 89 people (<0.1%) • Increased from 56 people since 2001. <p><i>Local data about people using residential and nursing services</i></p>			

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	<i>is unavailable.</i>			
Gender - including marriage, pregnancy and maternity	<p><i>The following information taken from Plymouth's Joint Strategic Needs Assessment "Knowing Your Community" by the Social Inclusion Unit & Office of the Director of Public Health – September 2014.</i></p> <p>General statistics:</p> <ul style="list-style-type: none"> • Overall 50.6% of our population are women; this reflects the national figure of 50.8% <p>Marriage and civic partnerships:</p> <ul style="list-style-type: none"> • Of those aged 16 and over 90,765 (42.9%) people are married. • 5,190 (2.5%) are separated and still legally married or legally in a 	<p>People of all genders will continue to be assessed for their care and support needs.</p> <p>Any increase to fees paid by PCC will impact on those residents who are self-funding, ie they pay the full cost of their care because they have capital over the capital threshold level of £23,250 and/or own a property. It is likely that there will be an impact on 46% of the self-funders (this equates to 6% of the total number of residents) when fees are increased. Currently the self-funding residents are aged 65+.</p>	See above	See above

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	<p>same-sex civil partnership.</p> <ul style="list-style-type: none"> There were 34 Civil Partnership Formations in Plymouth in 2013. <p>Pregnancy and maternity: Pregnancy Infant mortality and births provide the best proxy for information regarding pregnancies in Plymouth.</p> <p>Teenage conceptions Plymouth's 2012 teenage conception rate is joint highest of all the SW unitary and district authorities.</p> <p><i>Local data about people using residential and nursing services is unavailable.</i></p>	<p>Of the 46% of residents who are self-funding their service, 76% are women and 24% are men.</p>		

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Gender Reassignment	<p><i>The following information taken from Plymouth's Joint Strategic Needs Assessment "Knowing Your Community" by the Social Inclusion Unit & Office of the Director of Public Health – September 2014.</i></p> <p>It is estimated that there may be 10,000 transgender people in the UK.</p> <ul style="list-style-type: none"> • There were 26 referrals from Plymouth made to the Newton Abbot clinic, the nearest clinic, in 2013/14 to February. • The average age for presentation for reassignment of male-to-females is 40-49. For female-to-male the age group is 20-29. • 23 transgender people belong to the Plymouth 	<p>People of all genders will continue to be assessed for their care and support needs.</p> <p>Any increase to fees paid by PCC will impact on those residents who are self-funding, ie they pay the full cost of their care because they have capital over the capital threshold level of £23,250 and/or own a property. It is likely that there will be an impact on 46% of the self-funders (this equates to 6% of the total number of residents) when fees are increased. Currently the self-funding residents are aged 65+.</p>	See above	See above

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	<p>Pride Forum.</p> <p><i>Local data about people using residential and nursing services is unavailable.</i></p>			
Race	<p><i>The following information taken from Plymouth's Joint Strategic Needs Assessment "Knowing Your Community" by the Social Inclusion Unit & Office of the Director of Public Health – September 2014.</i></p> <p>Ethnicity and race:</p> <ul style="list-style-type: none"> • 92.9% of Plymouth's population identify themselves as White British. • 7.1% identify themselves as Black and Minority Ethnic (BME) with White Other (2.7%), Chinese (0.5%), and 	<p>People of all races will continue to be assessed for their care and support needs.</p> <p>Any increase to fees paid by PCC will impact on those residents who are self-funding, ie they pay the full cost of their care because they have capital over the capital threshold level of £23,250 and/or own a property. It is likely that there will be an impact on 46% of the self-funders (this equates to 6% of the total number of</p>	See above	See above

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	<p>Other Asian (0.5%) the most common ethnic groups.</p> <ul style="list-style-type: none"> • Our recorded BME population rose from 3% in 2001 to 6.7% in 2011 therefore has more than doubled since the 2001 census. • Recent census data suggests we have at least 43 main languages spoken in the City, showing Polish, Chinese and Kurdish as the top three. Based on full year data for 2012-13 our Translate Plymouth services recorded that the most requested languages are Polish, British Sign Language (BSL) and Chinese Mandarin. 	<p>residents) when fees are increased. Currently the self-funding residents are aged 65+.</p>		

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	<p>Gypsies and travellers:</p> <ul style="list-style-type: none"> • There are 13 Gypsy and Travellers families (14 adults, 22 children) living on our permanent site. • In 2010, our peak year, we dealt with 44 unauthorised encampments in the city with over 200 children living on them. • The Plymouth Housing Needs Assessment 2013 recommends that we require a further 25 permanent pitches and 24 transit pitches by 2027. <p>Migrant workers:</p> <ul style="list-style-type: none"> • The 2011 Census records that there were 4,328 people from the 			

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	<p>A8 and A2 Accession Countries resident in the City. Of these 2,332 recorded their country of birth as Poland with 57% arriving between March 2006 and 2008.</p> <ul style="list-style-type: none"> • Male (60%). • In the 18-34 age range (83%). • Earning less than £6 an hour (98%). <p>Asylum seekers:</p> <ul style="list-style-type: none"> • We currently have 224 supported Asylum Seekers in our City making up less than 0.1% of our population. (Jan 2013, UKBI data). • We currently have 77 Asylum Seeking children aged under 18 years 			

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	<p>including unaccompanied Asylum Seeking children.</p> <ul style="list-style-type: none"> Iran (17%) and Pakistan (16%) currently account for the highest percentages of asylum seekers. <p><i>Local data about people using residential and nursing services is unavailable.</i></p>			

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Sexual Orientation - including Civil Partnership	<p><i>The following information taken from Plymouth's Joint Strategic Needs Assessment "Knowing Your Community" by the Social Inclusion Unit & Office of the Director of Public Health – September 2014.</i></p> <ul style="list-style-type: none"> There is no precise data on numbers of Lesbian, Gay and Bi-sexual (LGB) people in Plymouth, but nationally the government have estimated this to be between 5 – 7% and Stonewall agree with this estimation given in 2005. This would mean that for Plymouth the figure is approximately 12,500 – 17,500 people aged over 16 in Plymouth are LGB. 	<p>People of any sexual orientation will continue to be assessed for their care and support needs.</p> <p>Any increase to fees paid by PCC will impact on those residents who are self-funding, ie they pay the full cost of their care because they have capital over the capital threshold level of £23,250 and/or own a property. It is likely that there will be an impact on 46% of the self-funders (this equates to 6% of the total number of residents) when fees are increased. Currently the self-funding residents are aged 65+.</p>	See above	See above

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STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken

Local Priorities	Implications	Timescale and who is responsible?
<p>Reduce the inequality gap, particularly in health between communities.</p>	<p>At the extreme there is a 12 year gap between the “richest and poorest” neighbourhoods. When comparing the bottom and top 20% of areas, the gap is 7 years for men and nearly 3 years for women.</p> <p>Residential and nursing care facilities are available for people living in all communities within Plymouth.</p> <p>The Department of Health’s Local Authority Circular LAC(2004)20 provides guidance to enable a choice of accommodation for all service users. When setting its usual cost(s) a council should be able to demonstrate that this cost is sufficient to allow it to meet assessed care needs and to provide residents with the level of care services that they could reasonably expect to receive if the possibility of resident and third party contribution did not exist.</p> <p>The location of the preferred accommodation need not be limited by the boundaries of the funding council. Councils are obliged to cater for placements falling in another council’s area. Because costs vary from area to area, if in order to meet a resident’s assessed need it is necessary to place an individual in another area at a higher rate than the funding council’s usual costs, the placing council should meet the additional cost itself.</p>	
<p>Good relations between different communities (community cohesion).</p>	<p>The vision of the Council is that the key principles of privacy, confidentiality and dignity, rights, independence⁴, choice and inclusion should underpin all actions and decisions when providing care services for Service Users. This will ensure that older people with disabilities including people with dementia are supported to</p>	<p>Ongoing</p>

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	remain part of the community. It is also expected that the wider relationship with the community will embrace and promote good opportunities for all people within all the protected characteristics as detailed in the Equality Act 2010.	
Human Rights	<p>In order to protect individual human rights, these services must be provided in a way that respects a person's privacy and dignity and enables them to decide how things get done.</p> <p>Plymouth City Council recognises Article 14 of the Human Rights Act – The right to receive Equal Treatment and prohibits discrimination including sex, race, religion and economic and social status in conjunction with the Equalities Act which includes age and disability. Including freedom of expression and freedom of thought, conscience and religion.</p> <p>All staff and service users will be treated fairly and their human rights will be respected.</p> <p>No adverse impact on human rights has been identified.</p>	Ongoing

STAGE 4: Publication			
Director, Assistant Director/Head of Service approving EIA.	David Simpkins, Assistant Director, Joint Commissioning & Adult Social Care	Date	