

Equality Analysis Report - Care Home Fees (Interim Report – Updated 26th March 2021)

Contents

Details of proposal:	1
Ramifications of Proposal	4
Are there any protected characteristics that will be disproportionately affected in comparison to others?	5
Consultation:.....	6
Is there evidence that the Public Sector Equality Duties will be met?	7
What actions will follow if proposal accepted by cabinet & Council?	8

Details of proposal:

(Clearly identify the proposal give details of relevant service provision and the demographics covered by the policy or service)

The proposal relates to the fees payable to Care Homes, in respect of residents placed in those homes by the Council, during the 2021/22 financial year.

The specific detail of the proposal is a 1.75% increase to Residential and Nursing care home fees. The proposal is currently out for consultation with Sefton Residential and Nursing care home Providers.

Residential care homes provide services for the following client groups:

- Older People
- Mental Health
- Alcohol / Drugs
- Learning Disabilities
- Physical Disabilities

Nursing care homes provide services for the following client groups:

- Older People
- Mental Health
- Alcohol / Drugs
- Learning Disabilities
- Physical Disabilities
- Terminal Illness (not including older people)

Nursing Homes either cater for specific client groups (listed above) or are able to cater for more than one type of client group.

There are currently 127 registered care homes for Adults in Sefton, of which 33 are small registered homes for people such as those with complex Learning Disabilities and typically base fees on individual assessments.

Of the remaining 94 homes;

- 55 are residential homes
- 39 are nursing homes

85 of the homes predominately cater for Older People and of those, 47 are CQC registered to be able to support people with Dementia.

For the 94 care homes, there are 6 homes where fees are calculated based on individual assessments of Service User’s needs due to the complexity of the care package requirements and diversity of need being catered for and as a result “3rd Party Top-Ups” are not applicable.

Of the remaining 88 care homes, 55 (63% of applicable homes) currently charge residents a 3rd Party Top-Up over and above the fee paid by Sefton Council. The percentage of homes levying a 3rd Party Top-Up has changed since the fees were last set as some Providers have amended their approach to Top-Ups in light of the COVID-19 pandemic and the impact of it on the care home market.

Within the 127 care homes, there are currently 3,723 bed spaces. At the time of the last weekly quantification of vacancies there were 583 vacancies (15.65%), across all care home types and categories and so the market was operating at 84.35% capacity.

Typically, over recent years, at any one-time Sefton placements have accounted for in the region of 45% of the occupied bed spaces, with a total of 1,400 placements, of which 1,000 are in residential care homes and 400 in nursing homes.

The demographics of Service Users accessing these services are;

Age Group

Table 1 - Age Group of Care Home Service Users

	Total Clients	
Adults	277	13.39%
Age 65-74	258	12.48%
Age 75-84	572	27.66%
Age 85-94	777	37.57%
Age 95+	184	8.90%
Sum:	2068	

Gender

Table 2 - Gender of Care Home Service Users

	Total Clients		Total Clients	
	Female		Male	
Adults	127	6.14%	150	7.25%
Older People	1190	57.54%	601	29.06%
Sum:	1317		751	

Ethnicity

Table 3 - Ethnicity of Care Home Service Users

	Total Clients		Total Clients	
	Adults		Older People	
Any other ethnic group			2	0.10%
Asian/Asian British - Any other Asian background			1	0.05%
Asian/Asian British - Chinese	2	0.10%	3	0.15%
Asian/Asian British - Indian	1	0.05%		
Black/Black British - Caribbean	1	0.05%	2	0.10%
Information not yet obtained	8	0.39%	135	6.53%
Mixed - Any other mixed background	2	0.10%		
Mixed - White and Asian	1	0.05%		
Mixed - White and Black Caribbean	1	0.05%		
Not Recorded			7	0.34%
Not Stated			2	0.10%
White - Any other White background	4	0.19%	26	1.26%
White - British/English/Welsh/Scottish/Northern Irish	256	12.38%	1604	77.56%
White - Irish	1	0.05%	9	0.44%
Sum:	277		1791	

Primary Support Reason

Table 4 - Primary Support Reason of Care Home Service Users

	Total Clients		Total Clients		Total Clients		Total Clients	
	Female		Female		Male		Male	
	Adults		Older People		Adults		Older People	
Learning Disability Support	47	2.27 %	25	1.21%	53	2.56 %	21	1.02%
Mental Health Support	31	1.50 %	116	5.61%	41	1.98 %	84	4.06%
Physical Support - Access and Mobility Only	4	0.19 %	32	1.55%	5	0.24 %	16	0.77%
Physical Support - Personal Care Support	35	1.69 %	624	30.17 %	46	2.22 %	302	14.60 %
Sensory Support - Support for Dual Impairment			1	0.05%				
Sensory Support - Support for Hearing Impairment							2	0.10%
Sensory Support - Support for Visual Impairment			4	0.19%			6	0.29%
Social Support - Substance Misuse Support	1	0.05 %					1	0.05%
Social Support - Support for Social Isolation / Other	2	0.10 %	9	0.44%			2	0.10%
Support with Memory and Cognition	7	0.34 %	379	18.33 %	5	0.24 %	167	8.08%
Sum:	127		1190		150		601	

Ramifications of Proposal:

The proposals relate to the fees paid to Providers for Residential and Nursing care home placements. The specific proposals are that for the 2021/22 period it will introduce the following fees;

	Residential Care	EMI Residential	Nursing	EMI Nursing
2021/22 Fee	£522.07	£590.70	£531.49	£590.70
2020/21 Fee	£513.09	£580.54	£522.35	£580.54
<i>Weekly Increase</i>	<i>£8.98</i>	<i>£10.16</i>	<i>£9.14</i>	<i>£10.16</i>

<i>% Increase</i>	<i>1.75%</i>	<i>1.75%</i>	<i>1.75%</i>	<i>1.75%</i>
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It is also proposed that any existing placements which are costed based on an individual Service User assessment would also be uplifted by the same percentage increase as detailed in the above table.

If the recommendations were to be implemented, then this could result in fee structures for clients changing. For example, providers may seek to obtain the difference between the existing fee amount and the fee they wish to charge from clients via increasing their contribution. This could place some clients at an economic disadvantage.

There is the possibility that some Provider's may face difficulties adapting their services and could then become unviable which would lead to them withdrawing from the market. This could therefore reduce the availability of services that meet specific Service User needs.

Are there any protected characteristics that will be disproportionately affected in comparison to others?

The protected characteristics under the Equality Act 2010 are:

- *Age*
- *Disability*
- *Gender Reassignment*
- *Marriage and Civil Partnership*
- *Race*
- *Religion or Belief*
- *Sex*
- *Sexual Orientation*
- *Pregnancy and Maternity*

If the fee proposals were to be implemented and the above ramifications were to materialise then the following protected characteristics may be affected;

- Age - as the majority of current service users are aged over 65;
- Gender - as the majority of current service users are female;
- Disability - as by definition all those people assessed as eligible for residential and nursing care have a disability.
- Complexity

Approach to support those with protected characteristics

The issue would be to ensure care providers are able to provide the level of care to meet needs identified in assessment and care plan – some people residing in care homes have complex and unpredictable levels of need which will be individual to themselves and so in addition to proposals on a new fee increase / usual price, Sefton Council have a process for funding individual needs over and above this usual rate . This is to safeguard those who may be affected by applying a standard

rate which may not meet their needs/characteristics (for example 1:1 funding) and ensures that rates paid are sufficient to meet assessed needs.

Consultation:

The consultation period commenced on 18th January 2021 up to 21st March 2021.

As part of the outlined proposal the Council stated that it wished to particularly receive and consider feedback in relation to the following:

- 1) Whether the level of proposed fees set out in the tables above will cover the cost of meeting assessed care needs within an efficient residential/nursing home for the period from 1st April 2021 to 31st March 2022.
- 2) If you do not agree with the above rates, in particular if you consider that they will not cover the cost of meeting assessed care needs within an efficient residential/nursing home, please complete and return the enclosed spreadsheet in order to provide budgeted costings

Providers were also advised that the Council is also wishing to gather further information on COVID-19 specific costs. As a result, this consultation also includes asking Providers to submit details of such costs. To this end, supplied with the consultation letter was a spreadsheet that Providers could complete and return when responding to question 2 of the consultation. However, Providers have also been advised that they can submit information in any formats etc they wish.

As part of the consultation process Microsoft Teams consultation meetings are also being held with Providers during the consultation period which have enabled providers to raise questions to senior officers within the council and has also provided a further opportunity to state their general views about the market and the challenges faced, including those pertinent to the pandemic. Information has been shared with providers about the longer- term commitment of the Council and CCG colleagues to the future Care Strategy and their subsequent involvement in specific workstreams.

During these meetings, Providers have raised the following points;

- The occupancy assumption is flawed- further impacted by COVID
- Insurance costs have increased- further impacted by COVID
- Staffing costs assumption is flawed- further impacted by COVID
- Agency costs have increased
- Gross rather than net payments
- Future Funding of PPE is a concern
- Recommendations from officers are always agreed
- Top Ups and Third Party Payments are not clear
- Money is wasted on national and local monitoring with lots of duplication
- The current proposal will lead to provider failure and good quality homes exiting the market
- Need to compare proposal with other Local Authorities in the region
- Access to Capital Grants

In addition, a dedicated section of the Sefton Council website has been set up to publish information on the consultation. This includes a running commentary of Questions and Answers to ensure that providers are able to ask questions and receive a response which is anonymised and shared with all providers.

The website also has the notes and presentations from consultation meetings held with providers, together with this updated EIA which will be further updated as part of the be a key element of the Cabinet Member report on the specific fee decisions to be considered.

The consultation has been extended in response to feedback received from Providers, so they have more time to consider the proposal and their subsequent response.

Is there evidence that the Public Sector Equality Duties will be met?

The Equality Act 2010 requires that those subject to the Equality Duty must, in the exercise of their functions, have due regard to the need to:

- 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.*
- 2. Advance equality of opportunity between people who share a protected characteristic and those who do not.*
- 3. Foster good relations between people who share a protected characteristic and those who do not.*

The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.*
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.*
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.*

The options proposed do not involve any change to the criteria for residential or nursing care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.

Each supported resident in residential and nursing care homes will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of residents Sefton Council is required to have regard to its public sector equality duty.

With respect to the above;

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

Residential & Nursing care home placements will continue to be provided on the basis of assessed need.

Performance monitoring of contracts regularly takes place and Social Workers and families / advocates give feedback as to the treatment of Service Users. In addition, the Council monitors data on placements made to ensure that there is fair access to all that meet the eligibility criteria.

Advance equality of opportunity between people who share a protected characteristic and those who do not.

Placements are based on a person's individual need and offers opportunities for people to live as independently a life as possible including in the wider community.

Under current eligibility assessments, Service User's religious and cultural needs are taken into account and where specific needs are identified these are met – for example by Service User's being placed in care homes that deliver cultural specific services thus enabling them to participate in public life.

Foster good relations between people who share a protected characteristic and those who do not.

Residential & Nursing care facilitates support people with disabilities to live within the community thus making sure that disability is accepted and understood by the wider community.

All Provider's must evidence of how they will treat Service Users with respect and dignity, and create an environment free from discrimination, bullying and harassment for Service Users and staff.

In addition;

- The Council will continue to work with Provider's to ensure that they provide appropriate services to disabled people on a contract and service specification basis and monitoring of service delivery.
- The Council as commissioning agent will remind service Provider's, when undergoing changes to their services to treat their staff in accordance with Equality and Employment law.
- Service Users are and will continue to be assessed in a qualitative manner in accordance with national guidance and Care Act 2014.
- Under Section 47 of the National Health Service and Community Care Act 1990, individual services provided will be privy to regular review to assess if those services are meeting assessed needs.
- Residential & Nursing care is a program specifically designed, costed and targeted for disabled people.

What actions will follow if proposal accepted by cabinet & Council?

Include details of any mitigating action and ongoing monitoring to address any of the equality impacts highlighted above

- Ongoing consultation with care home Providers will include obtaining provider views on the economic impact of the implementation of any decision and this information will in turn be used to ascertain any possible economic impacts on clients or regulatory impacts on individual care homes.
- Regular liaison with the Care Quality Commission will also continue and as part of this any issues identified with respect to the financial viability of individual care homes will be monitored. The impacts of any potential financial difficulties identified would be assessed, especially with respect to the impact on the wider Sefton care home market, meeting demand for services and capacity in the market. To this end the capacity of current services will be monitored regularly to assess capacity levels for all categories of care homes.
- The Care Act 2014 gives responsibilities to CQC for assessing the financial sustainability of certain care providers, it also gives them new powers to request information from those providers and to request a provider who they judge to be in financial difficulty to develop a sustainability plan and arrange an independent business review, to help the care provider remain financially sustainable. The Council will continue to work with CQC if and when they share concerns about care providers operating in Sefton.
- With respect to any potential impacts of the decision on the quality of service provided in care homes, regular monitoring will continue to take place. This will include monitoring of factors such as the standard of the physical environment, the quality and retention of staff, staff training and overall management of services. Monitoring of Safeguarding referrals and regulatory notifications will also continue.
- As part of further integration / joint working with Health, a Care Home Strategy for the period 2021-24 is being developed, which as part of its implementation will include future work on a review of fee rates and a new cost of care exercise. This work will encompass further engagement and consultation with Providers.
- In addition, the Care Home Strategy will outline joint approaches to;
 - Care home market management
 - Contractual and quality compliance and monitoring
 - Improving outcomes for residents
 - Improving service quality
 - Support to Providers and their staff
 - Implementation of technological solutions
 - Consultation and engagement with the market

Notes:

This Interim EIA was reviewed on the 1st March 2021 and no changes were made as a result of the consultation so far.

This Interim EIA was reviewed on the 15th March 2021 and no changes were made as a result of the consultation so far.

This Interim EIA was reviewed on the 26th March 2021 and updates as a result of the consultation and to ensure it was compliant with Website Accessibility Guidelines