Appendix 1

EQUALITY IMPACT ASSESSMENT - TRAFFORD COUNCIL

	A. Summary Details	
1	Title of EIA:	Fair Price for Care Business Case
2	Person responsible for the assessment:	Jo O'Donoghue
3	Contact details:	912 4175
4	Section & Directorate:	Commissioning, CFW
5	Name and roles of other officers involved in the EIA, if applicable:	Phillip Somers, Business Change Analyst Jo O'Donoghue, Specialist Commissioner

	B. Policy or Function	
1	Is this EIA for a policy or function?	Policy ☐ Function ✓
2	Is this EIA for a new or existing policy or function?	New ☐ Existing ☐ Change to an existing policy or function ✓
3	What is the main purpose of the policy/function?	Setting a borough wide agreed bed rate for Residential (£560) and Nursing (£626) spot purchases, along with providing an increase of 3.83% to all existing Residential and Nursing beds already purchased to support the sufficiency and sustainability of the market. Due to the disparity of pricing across providers, this will assist in further embedding

		the Residential Ethical Care Charter. 1. Embedding the strengthening of the Living Well at Home approach, which will enable more people to continue live independently in their home, 2. Strengthening the discharge to assess model ensuring that more people have the opportunity to recuperate in a homely environment, before determining their longer term care needs 3. Purchasing a care home and tendering the service provision, obtaining more control through directly commissioned services 4. Developing a block purchasing approach to stabilising the market and ensuring availability of Trafford beds for Trafford residents (bulk purchasing beds) 5. Offering an inflationary uplift to existing beds (3.83% increase) 6. Setting a new bed rate for all new beds purchased in the new financial year (agreed rate for new spot placements) 7. Continually reviewing all elements of this approach, including the impact on the Ethical Care Charter, to ensure affordability and sustainability. 8. Developing a joint approach with the CCG
4	Is the policy/function associated with any other policies of the Authority?	Residential Ethical Care Charter Promotion of Choice/Person Centre services
5	Do any written procedures exist to enable delivery of this policy/function?	Business cases and executive submissions. Agreed contracts to be produced
6	Are there elements of common practice	

	not clearly defined within the written procedures? If yes, please state.	
7	Who are the main stakeholders of the policy? How are they expected to benefit?	Independent Private Providers Trafford Residents Trafford Workforce Trafford Council Trafford CCG The proposal will support the providers to bridge the gap towards the real living wage and provide better workforce conditions, training and development thus increasing workforce stability. In addition the rebasing of the bed rate will promote greater market stability. The majority of staff are women and so they will be positively impacted by the changes. The residents are all older people, many of who are also disabled and there is also a significant majority of women within the residential and nursing homes. These changes will have a positive impact on the residents.
8	How will the policy/function (or change/improvement), be implemented?	Following consultation and approval, this uplift will take effect from 01/04/2020 automatically increasing all live purchased beds by 3.83% and setting any new spot placements, at the new rates of £560 for residential and £626 for nursing beds. Notification will be provided to enable colleagues to amend the systems and apply the change
9	What factors could contribute or detract from achieving these outcomes for service users?	The intention of rebasing the bed rate for new placements is to increase the stability of the workforce and increase the stability of the market. Service users will benefit from having a stable workforce that they are able to form positive relationships with. In addition, research shows that moves due to home closures is

		damaging to the health and well-being of residents. The revised bed rate is also a start towards aligning the health and social care rates and will also impact on market sustainability and sufficiency. An increase in the amount Trafford Council will pay towards their cost of care may result in a reduction in the amount a 3rd party is paying the service provider for a Care Fee Top up. The increase in fee rates paid by Trafford Council should increase staff wages in the future, to the real living wage encouraging staff to remain in their roles and new people to work in care provision. The consultation will be carried out with Service Providers who are key in providing high quality services for our residents and the main decision makers in determining bed rates and market stability.. During the consultation period with providers between 04/02/2020 and 25/02/2020, comments and views will be collated and responded to. Meetings will be held on request. Should providers not agree to the spot purchase rates then variability of bed prices throughout the market would continue with a continued inequity in bed prices potentially resulting in instability. This would have a potential impact on the affordability and therefore choice available to our residents who may need to seek a more affordable option that is not close to home and community.
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	Commissioners are responsible for the consultation and application of the change but this will also include the support from our financial colleagues, in implementation.

C. Data Collection

1	Do you have monitoring data on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	As of September 2019 Workforce 18% Male / 82% Female 21% BAME / 79% White 84% British / 8% EU / 9% Non-EU Average age: 44 years old Office of National Statistics (ONS) – Pay (across UK) : (Employee earnings in the UK: April 2019) Males paid on average 9% more than females, equating to -£75.51 pw Average yearly earnings, Care Workers/Home Carers £19,104, within Caring, Leisure & Other £21,228, within All Areas (308) (exc. Directors/Managers) £29,524 As of January 2020 Service Users (LAS)

Current service users - 396		
Sexuality	Unknown	5.8%
Sexuality	Heterosexual	94.2%
Disabled	Mental/Cognitive	12.4%
Disabled	Physical Disability	10.6%
Disabled	Sensory	6.8%
Disabled	Unknown	70.2%
Gender	Female	67.9%
Gender	Male	32.1%
Age Range	18-64	3.0%
Age Range	65-74	12.6%
Age Range	75-84	32.6%
Age Range	Over 85	51.8%
Religion	Christian	11.1%
Religion	Church of England	16.2%
Religion	Hindu	0.5%
Religion	Jewish	0.5%
Religion	None	1.5%

<table>
<tr><td></td><td></td><td>
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<tr><td>Religion</td><td>Other religion</td><td>1.0%</td></tr>
<tr><td>Religion</td><td>Roman Catholic</td><td>8.1%</td></tr>
<tr><td>Religion</td><td>Unknown</td><td>61.1%</td></tr>
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ASCOF:
TMBC Rated 60th / 151 LA’s
2A(2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

TMBC Rated 48th / 151 LA’s
4B: The proportion of people who use services who say that those services have made them feel safe and secure

TMBC Rated 128th / 151 LA’s
1A: Social care-related quality of life score
</td></tr>
<tr><td>2</td><td>Please specify monitoring information you have available and attach relevant information*</td><td>ONS (population data and estimates)
Poppi (Projecting Older Peoples Population Information)
JSNA (www.traffordjsna.org.uk)
Trafford Data Lab (www.trafforddatalab.io)
NOMIS
Public Health England Fingertips (www.fingertops.phe.org.uk)
ASCOF performance data – this looks st the proportion of people accessing our services and this is benchmarked. This is monitored on a monthly basis and submitted annually.</td></tr>
<tr><td>3</td><td>If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?</td><td>Monitoring of placement data is managed by Trafford performance and they provide reports on a monthly basis as well as information on request as detailed in point 1 above around age and demographics.</td></tr>
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**Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

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	D. Consultation & Involvement	
1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	Every year we engage with providers on setting the bed rate, but the engagement is limited. We have worked with the providers that engaged, to try and understand their costs. This year we have tried to understand the business model which impacts of the bed rate / fee setting process. Currently there is no contractual requirement for providers to share this level of detail. From the research that we have done, we have identified the financing arrangements and the business model across Trafford and determined that the land, capital and build costs and mortgage arrangements have a significant and variable impact on the cost of care. As these vary considerable, we have adapted a model used by ADASS to calculate the costs of care incorporating four main elements to support a fair and more equitable price for care to support the implementation of the principles of the Ethical Residential Care Charter
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	We expect the increase to have a beneficial impact on service users by maintaining greater stability in the workforce, and the market and increasing choose locally enabling more residents to stay closer to home and more easily maintain contact with friends and families. An increase in the amount Trafford Council will pay towards their cost of care may result in a reduction in the amount a 3rd party is paying the service provider for a Care Fee Top up. The increase in fee rates paid by Trafford Council should increase staff wages in the future, to the real living wage encouraging staff to remain in their roles and new

		people to work in care provision. Consulting with current residents could cause confusion and anxiety, as there will be no change to the service they receive as a result of the proposed changes.. There is therefore no need to conduct a consultation with current service users or staff. The consultation will be carried out with Service Providers. Consultation with providers directly is planned for 04/02/2020 until 25/02/2020 Providers have received communication from the Council to advise they can have a telephone conversation with the commissioner or a meeting. In addition, in order to collate a response for all providers the request to submit questions to the lead commissioner to be able to develop a Q&A response for all sector providers to be able to view and consider.
3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	Providers were written to with details of the options being considered and the recommended proposal for uplifts for next year. Meetings have been offered with providers to discuss the proposals. As part of developing the proposals, providers were met with and asked to provide financial details to assist in determining the new proposals. A small proportion did so. Previous experience shows that a small number of providers do engage, but that many do not and often set a bed rate which is different to that proposed by the Council.

***It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

E: The Impact – Identify the potential impact of the policy/function on different equality target groups

The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low☐

	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Overview			✓	When Trafford Council engage with providers to offer care services to service users / residents, it is agreed that they will work against Local and National policies and procedures, including adhering to appropriate legislation. This is not only for service users but also for the workforce. This increase encourages providers to work towards becoming a Real Living Wage employer (meeting the threshold for pay above that of the National Living Wage), invest in environmental development, focus on the continued improvement of quality and services and enhance the service for service users. Out of 308 unique professions listed by ONS, Care Workers / Home Workers are within the bottom 30 (28) for average yearly earnings, at £19,104 (35.3% less than the average salary for all professions, excluding directors/managers).

				TMBC place well on the ASCOF rating lists in the following relevant categories; for support needs and on residents feeling safe and secure, for which we could attribute to the work and relationships with our providers, for which this increase would help to maintain and provide continued, potentially increasing, the levels of care and overall ratings. With the increase provided, this could also help to improve the score within in quality of life within residents (where we place low on the list) by investing any additional funds for the workforce, whether this could be training and development, obtaining additional equipment or furnishings etc.
Gender – both men and women, and transgender;	✓			Workforce Females make up 82% of the workforce within the North West, given the disparity in pay between the genders; this will assist in seeing an increase in wages without a compromise on staffing numbers for the lowest earners. Without this increase providers will be unlikely to increase wages and move towards the real living wage, having a greater impact on females on low wages

				All providers are bound by the Equality Act 2010, and is part of our agreed standards/terms Residents This increase would affect females more than males due to the 2:1 ratio of the residents. As this should have a direct effect on staffing, this provides residents with increased stability and potentially a better care experience. We are not aware of any residents who identify as transgender or different from the gender they were assigned at birth, however the increase could see more focussed training and development of the workforce around matters such as these, meaning a greater quality of care should such individuals present.
Pregnant women & women on maternity leave	✓			Workforce Given the higher proportion of female staff within the caring workforce, this should assist providers increase wages, supporting those women on low incomes prior to pregnancy, and provide continued stability in the workforce for those to safely return to work after a period of leave. All providers are bound by the Equality Act 2010, and is part of our agreed standards/terms, they also legally offer Statutory Maternity

				Leave/Pay Residents As these providers are a registered service for adults over 65, there are no residents who identify within this category so this is not relevant.
Gender Reassignment			✓	Workforce All providers are bound by the Equality Act 2010, and is part of our agreed standards/terms. This increase could see improved awareness and training on similar matters, providing better understanding and empathy for colleagues and residents. Residents We are not aware of any residents that would fall into this category at present. However the increase of funding would assist with workforce training and understanding, for future or unknown residents, enabling better awareness and tailored care.
Marriage & Civil Partnership	✓			Workforce All providers are bound by the Equality Act 2010, and is part of our agreed standards/terms. Residents We work closely with our providers to enable service user couples to be

				placed together. In addition, we maintain contact between partners by placing in accessible locations – the rebased bed rate will increase the affordability of local placements and increase local choice in accessible locations.
Race- include race, nationality & ethnicity (NB: the experiences may be different for different groups)		✓		Workforce Typically split 21% BAME / 79% White and 84% British / 8% EU / 9% Non-EU. Uplift would provide additional stability for workforce, and move towards the real living wage for all staff. All providers are bound by the Equality Act 2010, and is part of our agreed standards/terms. Residents Each resident will have a personalised care plan which will take account of their cultural needs. This increase would help providers invest in training for the workforce to enable and assist towards the provision of culturally appropriate care. This increase in funding would provide better quality of care and choice for potential residents TBMC are currently working with

				providers and the market to create an Equality and Diversity Pledge, considering the impact of changes and challenges in care of what on residents and reducing barriers, through a joined up approach coupled with provider policies/procedures. Ensure, as far as possible, cultural needs are taken into account for the provision of care.
Disability – physical, sensory & mental impairments	✓			Workforce All providers are bound by the Equality Act 2010, and are part of our agreed standards/terms. Residents 30% of service users have a recorded disability, assuming potential care costs on top of bed rate (already covered for additional care/assistance). The uplift will assist providers in obtaining appropriate access and equipment as standard, supporting individuals' ongoing needs.
Age Group - specify eg; older, younger etc)	✓			Workforce The average age of the workforce is 44 years old. This increase would increase stability of employment for staff, reducing the likelihood of potential redundancies, which those above 41 receive a greater statutory package (1.5 week's pay for each

				year worked, as opposed to 1 week's pay for those aged 22-40). It is known that obtaining another job over the age of 41 is substantially harder than the lower age group. This increase could also provide the workforce with an increase in pay, enabling them a greater opportunity to save. All providers are bound by the Equality Act 2010, and is part of our agreed standards/terms. Residents These are specific and specialist services for Adults over 65 To promote inclusion and valuing older people, TMBC have launched "Intergenerational Partnership" project which creates opportunities for residents to interact with School children and educational providers.
Sexual Orientation – Heterosexual, Lesbian, Gay Men, Bisexual people			✓	Workforce Providers have policies that promote diversity for workforce. All providers are bound by the Equality Act 2010, and is part of our agreed standards/terms. Residents 94.2% of residents have identified as

				Heterosexual, with the remainder being unknown. TBMC are currently working with providers and the market to create an LGBTQ+ Pledge, considering the impact on residents and reducing barriers, through a joined up approach coupled with provider policies/procedures.
Religious/Faith groups (specify)			✓	Workforce Providers have policies that promote diversity for workforce. All providers are bound by the Equality Act 2010, and is part of our agreed standards/terms. Residents Residents should have personalised care plans that reflect each individual's needs and identity. Their religious beliefs will be reflected in this and residents will be supported in activities related to their faith. We are unaware of the beliefs of the majority of our residents (61%), however without this increase; the impact could see a lack of diversity and tailored activities/events or reduced private spaces, including a lack of understanding for various

				religious choices. This helps to build in and develop conversations at assessment stage to tailor care accordingly.

*data referenced was produced independently by skillsforcare (https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx)

As a result of completing the above what is the potential negative impact of your policy?

High □ **Medium** □ **Low** ✓ **Neutral** □

F. Could you minimise or remove any negative potential impact? If yes, explain how.		
Race:		Not applicable
Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership		Not applicable
Disability:		Not applicable
Age:		Not applicable
Sexual Orientation:		Not applicable
Religious/Faith groups:		Not applicable
Also consider the following:		
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	At this point there has been no potential negative impact identified
2	Could the policy have an adverse impact on	At this point there has been no potential negative impact

	relations between different groups?	identified
3	If there is no evidence that the policy *promotes* equal opportunity, could it be adapted so that it does? If yes, how?	

G. EIA Action Plan

Recommendation	**Key activity**	**When**	**Officer Responsible**	**Progress milestones**
Carry out planned consultation with Care Home Providers	Acknowledge any negative impact that may be raised through the consultation, review this EIA to include impact and identify actions to mitigate	Throughout consultation. Consultation with providers is planned for 04/02/2020 until 25/02/2020	Joanne O'Donoghue	Consultation Start; 04.02 Consultation End; 25.02

Please ensure that all actions identified are included in the attached action plan and in your service plan.

Signed
Lead Officer
Date 31.1.20

Signed
Service Head
Date