Equality Analysis Form

Subject of equality analysis	**The Care Home Strategy for Doncaster**		
Type			**Tick**
	Policy		
	Strategy		✓
	Business case		
	Commissioning service redesign		
	Contract / Procurement		
	Event / consultation		
Owner	**Name:**	Ian Boldy	
	Job Title:	Head of Individual Placements	
Date	26th August 2016		
Assessment Summary	The Care Home Strategy for Doncaster is a joint strategy developed by personnel from Doncaster Clinical Commissioning Group (DCCG) and Doncaster Metropolitan Borough Council (DMBC). The Strategy provides a five year plan as to the commissioning intentions of both DCCG and DMBC. The long term intention is that there will be an improvement in Domiciliary Care Provision which will then enable individuals to stay in their own home/community for longer thus reducing the number of people being placed in care homes. In addition the strategy also sets out the requirement for the development of a 'Complex Tier' of Care Homes. The strategy has commissioning intentions around End of Life Care, Commissioning, Dementia care, Quality Monitoring/ Safeguarding, Engagement and Workforce.		
Stakeholders			**Tick**
	Staff		✓
	General public		✓
	Service users		✓
	Partners		✓
	Providers		✓
	Other		
Data collection and consultation	**5 year Commissioning Strategy 2014/ 15 – 20118/19** **http://www.doncasterccg.nhs.uk/wp-content/uploads/2015/07/5-Year-Commissioning-strategy.pdf** **Intermediate Care Strategy (consultation) - Debbie Aitchison/ Karen Tooley)** **Intermediate Care Communications & Engagement Plan**		

	IC project Comms & Engagement Plan- Dr The data predominantly used in the strategy comes from current bed occupancy and data that reflects the number of individuals placed in care settings that are outside of Doncaster.

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Age	✓			We know that older people are more likely to use adult social care than any other age groups: In mid-2012, 16.9% of the population were aged over 65, an increase from 2011 Census figures of 16.3%. Older people make up the majority of people using regulated social care services. Our data at March 2013 showed that there were nearly 400,000 places in care homes designated for older people, over 80% of all places where the age range is known. An ageing population will place pressure on care homes and hospices (Future ambitions for Hospice care). Although more older people receive home care than either residential or nursing care, the human rights of older people in residential and hospital care have received much more attention. The potential risks to human rights when care is provided 'behind closed doors', in people's own homes (a less easily regulated environment) are in some ways greater

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				than in institutional settings. An Equality and Human Rights Commission (EHRC) inquiry uncovered serious, systemic threats to the basic human rights of older people who are getting home care services. Their evidence shows a picture of weaknesses in the home care system, their impact on older people and shows how easily breaches of human rights can occur. Their findings suggest that age discrimination is one of the key factors explaining why older people face risks to their human rights in home care services. They have also uncovered examples of where someone's age determines the funding and provision of home care services (Close to Home: An inquiry into older people and human rights in home care, EHRC, (2011). Regarding hospices: in the UK there are: Children's services: • 43 hospice inpatient units and 338 hospice beds for children. Adult services: • 223 hospice and palliative care inpatient units; • 3,200 hospice and palliative care beds;

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				• 291 home care services; • 129 Hospice at Home services; • 275 day care centres; • 346 hospital support services.
Disability	✓			Disabled people make up a significant percentage of the population (ONS Census 2011data: 9.5 million people have a limiting long term illness or impairment). The definition of disability in the Equality Act 2010 includes people with a physical or sensory impairment, people with a learning disability and people experiencing mental distress, as well as people with other long term conditions that have a substantial and long term effect on the ability to carry out daily activities. In March 2013, there were approximately 462,000 places in care homes in England (CQC data). We know that: • A large proportion of people using regulated social care services would also have protection under disability discrimination law – even if many of these people (particularly older people) may not self-identify as disabled people. • Approximately 278,000 care home places have been identified as being

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				for people with dementia (Equality Counts report). • Among people living in care homes, hospital admissions for avoidable conditions were 30% higher for those who had dementia compared with those without dementia (State of Care report 2012-13). • The investigation and report by the Confidential inquiry into premature deaths of people with learning disabilities reported deficiencies by social care, as well as the NHS, in the treatment and care of people with a learning disability. • There is a strong link between age and disability as census data shows the degree of limitation in day-to-day activities increases by age. There are many more disabled people aged 85 and over living in communal establishments compared with those aged 65 to 84. Residents of communal establishments in England (including care homes) by degree of disability and age. Equality Counts • Disabled people under 65 may use social care for long periods – even for the whole of their lives, whether they have a physical or sensory impairment, a learning disability or use mental health services. The way

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				that social care is organised and delivered can be a critical factor in disabled people being able to exercise their human rights over a large proportion of their adult lives. Independence is a fundamental human rights principle which underpins other human rights. The Joint Committee on Human Rights report on the rights of disabled people to independent Living (2012) reaffirms the importance of independent living principles for all disabled people, including those in residential care. Disabled people have rights to independent living enshrined in Article 19 of the United Nations Convention on the Rights of People with Disabilities, to which the UK is a signatory. The report makes a number of recommendations about upholding these rights including the role of regulation in this. • Some groups of disabled people may face particular stigma when using social care services, for example people with HIV, who are included in the definition of disabled people under the Equality Act 2010. In 2012 there were approximately 100,000 people living with HIV in the UK. (Public health England) As the

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				population ages, the numbers of people with HIV living in care homes or using the services of hospices will increase. Work by The National Aids Trust suggests that a significant minority of the public still hold stigmatising and discriminatory views about people with the virus, and this can be particularly relevant for people living in care homes and staying in hospices, if work is not done to address staff attitudes.
Gender		✓		Women more likely to live in communal establishments (including care homes) with some exceptions in different ethnic groups (Equality Counts report). There are a number of reasons that may contribute to this difference, including the differing age profile of men and women, which increases with age. This difference, and the fact that the social care workforce is predominantly female, can mean that it is harder to meet the gender-specific needs of men in care homes. For example if there are some personal care tasks for which a man would prefer support from another man (Overview of the health and social care

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				workforce, Kings Fund, 2012). The gender and ethnicity of people can create different patterns of disadvantage which have an impact on how social care services deliver care and support. For example: • The difference in the ability to speak English, to understand and to be understood in a care setting differs between males and females in England. • In addition, there are gender differences in the ability of people to read in their first language, which can mean that women are less able to gain information about health and social care through translated written materials (Equality Counts report, page 14). • In 2012, Dementia and Alzheimer's disease were the leading cause of death for women aged over 80; a large proportion of people living in care homes will be affected by these conditions.
Race		✓		Figures about usage of registered social care services by ethnic group are not collected at the moment. We can deduce some information from census data about people living in communal establishments in relation to residential care for older people. We cannot use this

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				data source for younger people living in residential care, as there 'communal establishments data' will also include people in, for example halls of residence or other communal facilities not registered by CQC. We have no data about usage of community based adult social care or hospices by ethnicity. This has an implication for planning culturally appropriate care. White British people make up 84% of the population, (ONS, Mid-year statistics 2012), and although we know that the majority of people in care homes are from white British backgrounds, the population is ageing for people of across all ethnic groups. As a result we may expect to see increasing numbers of people from other ethnic groups using social care services, especially if patterns of family support around looking after older family members changes. We know that: • Black and Asian people aged over 65 are living in communal establishments have a higher proportion who are men, compared to white and other ethnic groups (Equality Counts report: Ethnicity by gender Source: ONS 2011 census table DC2117EWla). • People from Black and

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				minority ethnic (BME) groups have reported lower levels of satisfaction with social care services than the White British population (NHS NIHR S Asian attitudes towards social care). The Marie Curie Foundation report: Palliative and end of life care for Black, Asian and Minority Ethnic groups in the UK made recommendations for how health and social care commissioners and providers should incorporate the needs of people from BME backgrounds in how they plan and deliver services. In early 2014 they published a follow up report: Next steps. The ethnic background of people living in care homes will have implications for care homes and hospices in relation to a range of issues about providing appropriate care such as ensuring race discrimination does not take place, provision of culturally appropriate personal care and activities, communication and staffing. Even though the Commission for Social Care Inspection bulletin about providing appropriate care for Black and minority ethnic people was produced some years

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				ago, the good practice checklist is still relevant (Putting People First-Equality and Diversity matters, CSCI, 2008). Equality and human rights duties impact analysis for provider handbooks for 8 residential adult social care, community-based adult social care and hospices Language may be a barrier to understanding for staff and for people using services. This will be particularly important if the numbers of people with dementia increase across ethnic groups, as people can lose the ability to communicate in languages that they have acquired later in life as their dementia progresses.
Religion & Belief		✓		Census data shows that residents in care homes in England are predominantly from a White background. However, this does not mean that they all observe the same religious beliefs. It is important that assumptions are not made about a person's religion based on appearance, and that people are given the choice and are helped to observe the customs of their religions (Equality Counts). Some non-religious beliefs are also covered by equality law around religion and belief, for example vegetarianism.

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				There are many ways in which religion and beliefs have an impact on social care provision: • Diet. This includes the type of food that can or cannot be eaten. • Some religions observe fasting times, for example, Hindus and Muslims. • Orthodox Jews observance of the Sabbath. • Blood transfusion. For example, many Jehovah's Witnesses have strong objections to the use of blood and blood products. There are implications for people without capacity in relation to individual decision-making and the balance of the views of relatives and those of care staff or health professionals. Sexual orientation
Sexual Orientation		✓		The UK Government uses figures of between 5-7% to estimate the number of lesbian, gay and bisexual (LGB) people in England. There are no census figures to support this estimate. However, on this basis there are more than 400,000 LGB people aged 65 or over who may potentially need to use social care services – there will also be LGB people aged under 65 who need to use adult social care. It is not known how many LGB people are living in

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				care homes or hospices. However: • Older LGB people are more likely to be single and more likely to live on their own than heterosexual people. • They are also much less likely to have children or regularly see family members. • If people do not have a partner or family to support them as they get older, they are more likely to need to use social care services for help. er, they are more likely to need to use social care services for help. Equality and human rights duties impact analysis for provider handbooks for 9 residential adult social care, community-based adult social care and hospices The impact of the fear of discrimination on LGB older people is made clear in a document produced for care providers by Age UK and Opening Doors Camden, Supporting older LGB people – a checklist for social care. A large scale survey has shown that 3three in five LGB people are not confident that social care and support services, such as paid care staff would be able to understand and meet their needs. LGB in later life- Stonewall. There are now a number of

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				publications which outline good practice in providing appropriate care for lesbian, gay and bisexual people. Even though the Commission for Social Care Inspection bulletin about providing appropriate care for lesbian, gay and bisexual and transgender people was produced some years ago, the good practice checklist is still relevant. Putting people first Equality and Diversity Matters- Providing appropriate services for lesbian, gay and bisexual and transgender people (CSCI 2008). In some situations, a person's sexual orientation may be more evident because of reduced inhibition sometimes caused by dementia. Whilst people of all sexual orientations may have reduced inhibition, for LGB people this could lead to an increased risk of prejudice, discrimination and perhaps abuse (Supporting lesbian, gay and bisexual people with dementia, Alzheimer's Society). When LGB people approach the end of their lives, it is important that they experience quality and equality of care. The route to Success in end of life care.
		✓		There is no official

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Gender reassignment				estimate of the transgender population in England. However, the Gender Identity Research and Education Society (GIRES) estimate the number of transgender people in the UK to be between 300,000 to 500,000. Existing evidence suggests that transgender people experience, and are badly affected by, discrimination. Like all other people, transgender people will experience the need for social care, they are as likely as everyone else to need support as they experience the onset of age-related impairments, and they will need end of life care. There are no figures for the number of transgender people living in care homes or hospices. However, accommodation and care for transgender people should be provided according to their presentation: the way they dress, and the name and pronouns that they currently use. EHRC guidance. The transgender person's experience of social care may change when their needs change, for example in the provision of personal care – if the person had not had surgery in line with their gender presentation, this may be a shock to the

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				people providing care if they had not been aware of the situation. This could lead to an adverse reaction from care home staff. When transgender people approach the end of their lives, it is important that they experience quality and equality of care. MacMillan Cancer have produced The route to Success in end of life care.
Pregnancy & Maternity		✓		
Marriage & Civil Partnership	✓			The strategy will provide a very clear direction in terms of people being placed in a care home. The key action is to develop improved Domiciliary Care, this should ultimately mean people remain in their home for longer before being placed in a care home. The development of the 'Complex Tier' will enable less people to be placed away from Doncaster, thus enabling relationships to be maintained.
Social Inclusion / Community Cohesion	✓			One of the aspects of the Strategy is that Care Homes should 'open their doors' and look at their 'social position'. It is advocated that Homes should look to seek opportunities to involve social groups such as schools, churches and voluntary organisations.

Conclusion & Recommendations including any resulting action plan	In conclusion, the Strategy has a positive impact on age, disability and of community cohesion and has the interests of these characteristics inherent within it, providing direction and commissioning intentions that will have a positive impact. As a result of this, the strategy is not thought to require any additional monitoring over and above the standard requirements of monitoring of the strategy.
Review date	