

Part A

Initial Impact Assessment

Proposal name

Transforming Care Homes for Older People

Brief aim(s) of the proposal and the outcome(s) you want to achieve

This is a commissioning plan which sets out:

- The strategic direction we are proposing in order to develop the older peoples care home market in Sheffield
- A high-level delivery plan for the next 2 years demonstrating the activities and support that will be undertaken to achieve this
- An intention in the delivery plan to re-procure and move to more robust qualitative contracting arrangements with all care home providers
- An updated market sustainability plan to support the sector

Proposal type

- Budget non-Budget

If Budget, is it Entered on Q Tier?

- Yes No

If yes what is the Q Tier reference

Year of proposal (s)

- 21/22 22/23 23/24 24/25 other

Decision Type

- Committee (e.g. Health Committee)
 Leader
 Executive Director/Director
 Officer Decisions (Non-Key)
 Council (e.g. Budget and Housing Revenue Account)
 Regulatory Committees (e.g. Licensing Committee)

Lead Committee Member

Cllrs Argenzio and Lindars-Hammond

Lead Director for Proposal

Alexis Chappell

Person filling in this EIA form

Joanne Knight

EIA start date

22/12/2022

Equality Lead Officer

- Adele Robinson
- Bashir Khan
- Beverley Law

- Ed Sexton
- Louise Nunn
- Rabena Sharif
- Richard Bartlett

Lead Equality Objective

- | | | | |
|---|---|--|--|
| <input type="radio"/> Understanding Communities | <input type="radio"/> Workforce Diversity | <input checked="" type="radio"/> Leading the city in celebrating & promoting inclusion | <input type="radio"/> Break the cycle and improve life chances |
|---|---|--|--|

Portfolio, Service and Team**Lead Portfolio**

People

Is this Cross-Portfolio?

- Yes
- No

Is the EIA joint with another organisation (eg NHS)?

- Yes
- No

Please specify

Consultation**Is consultation required?**

- Yes
- No

If consultation is not required please state why**Are Staff who may be affected by these proposals aware of them?**

- Yes
- No

Are Customers who may be affected by these proposals aware of them?

- Yes
- No

If you have said no to either please say why

Initial Impact

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

For a range of people who share protected characteristics, more information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Identify Impacts

Identify which characteristic the proposal has an impact on tick all that apply

<input checked="" type="radio"/> Health	<input checked="" type="radio"/> Transgender
<input checked="" type="radio"/> Age	<input checked="" type="radio"/> Carers
<input checked="" type="radio"/> Disability	<input type="radio"/> Voluntary/Community & Faith Sectors
<input type="radio"/> Pregnancy/Maternity	<input checked="" type="radio"/> Partners
<input checked="" type="radio"/> Race	<input type="radio"/> Cohesion
<input checked="" type="radio"/> Religion/Belief	<input type="radio"/> Poverty & Financial Inclusion
<input checked="" type="radio"/> Sex	<input type="radio"/> Armed Forces
<input checked="" type="radio"/> Sexual Orientation	<input type="radio"/> Other

Cumulative Impact

Does the proposal have a cumulative impact?

- Yes No

<input type="radio"/> Year on Year	<input type="radio"/> Across a Community of Identity/Interest
<input type="radio"/> Geographical Area	<input type="radio"/> Other

If yes, details of impact

Does the proposal have a geographical impact across Sheffield?

- Yes No

If Yes, details of geographical impact across Sheffield

Local Area Committee Area(s) impacted

- All Specific

If Specific, name of Local Committee Area(s) impacted

Initial Impact Overview

Based on the information about the proposal what will the overall equality impact?

The focus is on qualitative contracting arrangements and market sustainability, which is intended to have general beneficial impacts for care home residents. Through the introduction of new 'good care home principles', it is aimed for there to be measurable benefit not only for older people and disabled people but also for those sharing other protected characteristics.

Is a Full impact Assessment required at this stage? Yes No

If the impact is more than minor, in that it will impact on a particular protected characteristic you must complete a full impact assessment below.

Initial Impact Sign Off

EIAs must be agreed and signed off by an Equality lead Officer. Has this been signed off?

Yes No

Date agreed 06/01/2023

Name of EIA lead officer Ed Sexton

Part B

Full Impact Assessment

Health

Does the Proposal have a significant impact on health and well-being (including effects on the wider determinants of health)?

Yes No *if Yes, complete section below*

Staff

Yes No

Customers

Yes No

Details of impact

The COVID 19 pandemic had a devastating impact. The most notable was the impact of COVID 19 on the ageing population especially those who receive care and support. The [State of Sheffield 2020 report](#) identified the largest disparity in communities because of COVID was age. Twice as many people over 80 with COVID were likely to die than someone under 40 and most deaths in the city in the community were in care homes. All this had a significant impact on both the ageing population and their families, their fears, anxieties, and confidence but also on the market on providers and on staff teams who witnessed the loss of people they care for. The recovery from this will take time and may have already impacted on or suppressed demand which will become more apparent over the next few years.

Despite the difficulties that communal living can present Care Homes are there to recognise and support individuality, culture and difference, to allow people choice and control over their life, support people to have a purpose and be able to contribute and support the person to continue with their network of contacts and embrace their position as part of a local geographical or community of interest.

All too often however Care Homes are not seen in this way, they are perceived as places of illness not wellness where privacy and independence are not possible due to communal living and where people lose identity and control.

We know most people would prefer to stay in their own home, but we also know there are ways to improve how people perceive and experience care in a Care Home by working with providers and individuals/families/friends. The commissioning plan starts a journey of improvement to enable Care Homes in Sheffield to be the best that they can be for the people who live there.

To deliver such improvements, however, change cannot be only on the part of Care Homes, there must be a sustainable market of provision and this commissioning plan will also acknowledge the need to support the Care Home sector and workforce if we are to reach our goal to make positive change.

Over the past few years, we have amassed a body of evidence and feedback about what a good care home should look like, not least more recently a Heathwatch report specifically on this subject [What matters to us: Older people's experiences of living in a care home | Healthwatch Sheffield](#).

Rather than search for more feedback it is important to now collate, recognise and reflect on this and start to plan how we will respond. Consolidating the evidence base and feedback we can identify a set of overarching/guiding principles that

suggest what elements/activities constitute a good care home. These will be utilised in developing any agreements/contractual arrangements with providers and also used to develop the quality and performance toolkit. It is important to note that quality and safeguarding are themes running through all of the principles and adopting the principles is likely to improve quality and safety.

NB:- These principles should not detract from the expectations of the regulator CQC and what care homes are already expected to achieve.

1. Information sharing

2. Community connectedness and meaningful relationships

3. Choice and control and shared decision making

4. Promoting independence and maintaining identity

5. Person centred and outcome focused

6. Strong leadership culture and workforce

7. Promoting Equality and inclusiveness

8. Adopting Innovation

Comprehensive Health Impact Assessment being completed

Yes No

Please attach health impact assessment as a supporting document below.

Public Health Leads has signed off the health impact(s) of this EIA

Yes No

**Name of Health
Lead Officer**

Age

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The impact on customers living in care homes will be positive. This is the first time for many years that we have articulated our vision for care homes. The plans to transform care homes are based on feedback from customers about what is important to them. The 8 key principles which will be used in specification and quality monitoring processes are directly lifted from feedback received and the evidence base

[What matters to us: Older people's experiences of living in a care home | Healthwatch Sheffield.](#)

[A place we can call home | SCIE](#)

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Many of the people living in care homes will live with a long-term disability, in particular dementia. The vision and 8 key principles we are working towards should enhance their experience of living in a care home and ensure that peoples ability is recognised not their disability

Race

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

One of the 8 principles relates solely to equality and inclusiveness.

We know that the majority of care homes residents are from the White British population and there has long been assumptions about why this is the case. The principles we adopt will ensure that people with differing cultural needs are supported with what matters to them and therefore the impact will be positive.

Further work will be undertaken to understand the needs of people from different ethnic minority backgrounds to understand why care homes are not a chosen option.

Sex

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

By nature of the demographic make-up of care homes, there is likely to be a disproportionate impact for women.

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The 8 principles which will be adopted specifically raise the issue of inclusivity.

“Promoting Equality and inclusiveness”

Therefore, the impact is likely to be positive in responding to the needs of differing communities.

The needs analysis of current residents indicated that a significant number did not want to disclose their sexual orientation, but further work will be undertaken to understand the needs of this groups and whether these are being met by introducing different requirement of care homes.

As part of the delivery plan care homes will be offered differing types of support to access resources that help educate them in the delivery of more culturally appropriate support, for example [Culturally Appropriate Care \(skillsforcare.org.uk\)](http://skillsforcare.org.uk)
[CUR_inclusive-eng.pdf](#)

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The impact will be positive. Often carers feel a care home is a last resort for a loved one but the commissioning plan is all about improvement and developments to make care homes more inclusive, more person centred and more of a place to live thrive and work. Carers have fed into the development through the Healthwatch report and previous engagement sessions

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Partners in the NHS are fully signed up to the commissioning and delivery plan and have been instrumental in agreeing the developments. Further work will be done with partners over the next 2 years to develop a more joined up development plan for care homes

Action Plan and Supporting Evidence

What actions do you need to take following this EIA?

We will aim to achieve the aim to "Better understand the experiences of older people from black and minority ethnic groups" through:

- Incorporate actions relating to this into the equalities strategy
- Continue to collate the voice of those in care homes through the regular monitoring arrangements
- Actively work with patient experience teams in order to raise awareness and engage with older people from black and minority ethnic groups as part of our health inclusion programme of work

What evidence have you used to support the info in the EIA?

[Culturally Appropriate Care \(skillsforcare.org.uk\)](https://skillsforcare.org.uk)

[CUR_inclusive-eng.pdf](#)

[What matters to us: Older people's experiences of living in a care home | Healthwatch Sheffield.](#)

[A place we can call home | SCIE](#)

Detail any changes made as a result of the EIA

Following mitigation is there still significant risk of impact on a protected characteristic. Yes No

If yes, the EIA will need corporate escalation? Please explain below

Sign Off

EIAs must be agreed and signed off by an Equality lead Officer. Has this been signed off?

Yes No

Date agreed 06/01/2023

Name of EIA lead officer Ed Sexton

Review Date

07/07/2023

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