

Equality Analysis

(Health Inequalities, Human Rights, Social Value)

POLICY FOR PERFORMANCE MANAGEMENT OF CONTINUING HEALTH CARE, FUNDED NURSING CARE AND ADULT SOCIAL CARE NURSING HOME SERVICES.

Before completing this equality analysis it is recommended that you:

- ✓ Contact your equality and diversity lead for advice and support
- ✓ Take time to read the accompanying policy and guidance document on how to complete an equality analysis

1. Background

EA Title	POLICY FOR PERFORMANCE MANAGEMENT OF CONTINUING HEALTH CARE, FUNDED NURSING CARE AND ADULT SOCIAL CARE NURSING HOME SERVICE'S.		
EA Author	J.Chopra-Povall	Team	Nursing
Date Started	25 th May 2019	Date Completed	25 th May 2019
EA Version	V 8	Reviewed by E&D	
What are the intended outcomes of this work? Include outline of objectives and function aims			
<p>This policy has been in place between Birmingham CCG's and Birmingham Council since 2016. This policy is revised and updated to now include Solihull homes that are part of BSOL CCG. Solihull Metropolitan Borough Council (SMBC), are in agreement to align to Birmingham and are in process of simultaneously seeking approval to this policy.</p> <p>Through the implementation of the guidance contained in the policy care homes will be able to be monitored and managed on performance in a consistent way, jointly by Health and Social Care Services. The approach aims to continue to develop and align care homes to the approaches already used for assurance and monitoring performance similarly to national reporting requirements already adopted for acute, community and mental health trusts.</p>			
Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.			
Nursing homes and their staff – within the coverage of NHS Birmingham and Solihull CCG. Commissioners within NHS Birmingham and Solihull CCG, Birmingham City Council and Solihull metropolitan borough council (SMBC).			

2. Research

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.		
Research/Publications	Working Groups	Clinical Experts
ASCOF 17-18	Selection of Nursing home representatives	Medicines management (BSOL CCG)
The Health Act 2006	CQC committee	MacMillan and Hospices re end of life
NHS Standard Contract	Birmingham City Council	Infection Prevention team (BSOL CCG)
NHS Domains	Solihull Metropolitan Borough Council	Safeguarding Adults teams (BSOL, BCC, SMBC)
National Care Act 2014		Patient Safety Team (BSOL CCG)
CQC regulations for service providers and managers		

National Quality Board – how to ensure right people, right skills and right care		
Francis, Berwick, Winterbourne, Saville reports		

3. Impact and Evidence:
In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.
<p>Age: Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:</p> <p>It is expected that the policy will ultimately provide benefits to service users through improvements in practice, policy and management as a result of consistency or monitoring performance. The joint health and social care approach to managing poor performance will offer homes guidance towards a unified approach that is inclusive for all age groups within nursing homes.</p> <p>Through the singular approach all parties work together to assure quality and safety to all patients within nursing homes across BSOL. The policy impacts those individuals who are in Nursing homes within BSOL CCG area which also aligned to BCC and SMBC. Therefore, the types of individuals this relates to are older adults and elderly who have varying degrees of dementia levels, mental health needs and physical health needs from basic to complex. These residents can be frail and vulnerable with variable levels of physical or mental capacity where in most cases they are vulnerable with liberties being deprived to maintain safety.</p> <p>The CCG and Councils will undertake regular monitoring of providers in conjunction with other measures such as reported quality concerns, safeguards and serious incidents, dashboard metrics and CQC ratings. All parties will share intelligence as part of the information sharing meetings held between all parties on a monthly basis and more frequently if concerns are serious.</p> <p>This policy is concerned with the processes and procedures involved in the performance management of nursing homes and as such no direct or indirect adverse impacts have been identified from the policy itself. It aims to support safety collaboratively across BSOL for all vulnerable patients of varying ages within nursing homes.</p>
<p>Disability: Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:</p> <p>No adverse impacts identified. See statement in ‘Age’ above for further information.</p>

3. Impact and Evidence:
<p>Gender reassignment (including transgender): Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:</p> <p>No adverse impacts identified. See statement in ‘Age’ above for further information.</p>
<p>Marriage and civil partnership: Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:</p> <p>No adverse impacts identified. See statement in ‘Age’ above for further information.</p>
<p>Pregnancy and maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:</p> <p>No adverse impacts identified. See statement in ‘Age’ above for further information.</p>
<p>Race: Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:</p> <p>No adverse impacts identified. See statement in ‘Age’ above for further information.</p>
<p>Religion or belief: Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:</p> <p>No adverse impacts identified. See statement in ‘Age’ above for further information.</p>
<p>Sex: Describe any impact and evidence on men and women. This could include access to services and employment:</p> <p>No adverse impacts identified. See statement in ‘Age’ above for further information.</p>
<p>Sexual orientation: Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:</p> <p>No adverse impacts identified. See statement in ‘Age’ above for further information.</p>

3. Impact and Evidence:
<p>Carers: Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:</p> <p>No adverse impacts identified. See statement in 'Age' above for further information.</p>
<p>Other disadvantaged groups: Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)</p> <p>No adverse impacts identified. See statement in 'Age' above for further information.</p>

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	No	
Is there any impact for groups or communities living in particular geographical areas?	No	
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	No	
How will you ensure the proposals reduce health inequalities?		

5. FREDA Principles/ Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	All residents receiving care within nursing homes (private, social funded or health funded) will be fairly and equally managed in accordance with the directions in this policy where any concerns have been raised. It is a health and social agreed policy approach for all BSOL residents in nursing homes. This approach aims to develop and align the homes to the approaches already in place for reporting within all acute, mental health and community health care

		services; against the national contract requirements.
Respect – right to have private and family life respected	How will the person’s right to respect for private and family life, confidentiality and consent be upheld?	The policy demands compliance with duty of candour in all cases and processes. Adherence to GDPR is advocated and all communication where patient details are required is shared through secure networks with relevant individuals only. This allows for confidentiality and respect for privacy to be maintained throughout in such instances where safe and well reviews may be required.
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	See comments above. All residents will have the policy applied fairly and equally..
	How will this affect a person’s right to freedom of thought, conscience and religion?	Where able or required input from resident and family will be included to ascertain equality in needs were met. Where issues are identified in terms of capacity, best interest considerations are applied as per national requirements of the mental health act.
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	The process described above and the monitoring and management of provider performance will evidence improvements made and sustainability. The policy directs any concerns of ill treatment towards safeguarding pathway of investigation which incorporates police intervention if needed. Poor performance will be managed as per contract expectations.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	As described above and in ‘equality’

Right to Life	Will or could it affect someone's right to life? How?	No impact to this should be seen. There needs will continue to be met according to care planned needs.
Right to Liberty	Will or could someone be deprived of their liberty? How?	Some individuals in the home will require a DOLs to be in place and this is assessed and observed through review processes. Actions will be taken accordingly to assure that only approved restrictions are adhered to and in place.

6. Social Value

Consider how you might use the opportunity to improve health and reduce health inequalities and so achieve wider public benefits, through action on the social determinants of health.

Marmot Policy Objective	What actions are you able to build into the procurement activity and/or contract to achieve wider public benefits?
Enable all people to have control over their lives and maximise their capabilities	Compliance with the national contracts for both health and social care is encouraged through this policy. The policy ensures through reviews and performance monitoring that people have control over their lives and maximises their capabilities in the nursing homes in BSOL.
Create fair employment and good work for all	As detailed above and this is assured through the reviews
Create and develop health and sustainable places and communities	As detailed above and this is assured through the reviews
Strengthen the role and impact of ill-health prevention	As detailed above and this is assured through the reviews

7. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
PREVIOUSLY		
Provider engagement for feedback		February 2016 Followed by ongoing updates.
Commissioner engagement throughout includes Birmingham City Council, BSC CCG, BCC CCG, CSU, Solihull CCG and Sandwell CCG.		From beginning September 2015 to date.
CURRENTLY		
Provider engagement for feedback		From April 2018 with Solihull nursing homes

Commissioner engagement throughout includes SMBC, BCC, BSOL CCG and CSU.		Continued from previous and as BSOL from April 2018
Contract and QAF training, and update delivered during nursing home forum to Solihull nursing homes and refreshed for Birmingham		January and March 2019
For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us So we will):		
<p>Feedback from SMBC required modifications to the policy that enabled the council to integrate the approach into their working pathways and align with those already in place between BSOL CCG and BCC.</p> <p>Nursing homes in Birmingham are already using the policy approach and have fed back annually on the quality tools used for reviews and monitoring. These have been modified annually with them and the new tools are now in use.</p> <p>Solihull nursing homes and SMBC will be advised and supported through the policy approach by existing teams within BCC and BSOL CCG.</p>		

8. Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work:

The policy will continue to have a positive impact as it provides robust, clear procedures and processes for performance monitoring and management of providers for all Birmingham and Solihull Nursing Care homes. It illustrates a collaborative health and social care approach that fairly and equitably aims to manage providers in an open and transparent manner in accordance with national contract specifications similar to acute trusts, mental health and community trusts.

9. Mitigations and Changes :

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

Recommendation:
The following paragraphs should be inserted into the policy relating to equality and equality analysis as they are the agreed content for all BSol CCG policies:

3. EQUALITY

3.1 The general quality duty requires public authorities (such as the CCG) to have a due regard to the aims of the general equality duty when making decisions and setting policies. To do this, it is decision making on different people. This can help to identify practical steps to tackle any negative impacts or discrimination, and to advance equality.

3.2	The CCG endeavors to challenge discrimination, promote equality and respect human rights and aims to design and implement policies, services and measures that meet the diverse needs of our population, patients and workforce, ensuring that non are placed at a disadvantage.
4.	EQUALITY & ANALYSIS
4.1	<p>The CCG undertakes an Equality Analysis of policies, strategies, service design and other relevant activities to assess the impact of decision making against:</p> <ul style="list-style-type: none"> • The nine protected characteristics (age, disability, ethnic origin, sex, sexual orientation, gender reassignment, religion and belief, marriage or civil partnership, pregnancy or maternity status); • Other groups or communities known to suffer disadvantage, such as the homeless, carers, migrants and sex workers; • Human Rights • Known health equalities <p>This analysis also explores the potential to support the Social Value Act.</p>
4.2	An equality analysis of this policy was undertaken on xxxx. This can be found on the members area .

10. Contract Monitoring and Key Performance Indicators
Detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract (refer to NHS Standard Contract SC12 and 13):
Monitoring of performance will be put in place and is referred to within the policy (section 6.2 'periodic monitoring and trend analysis by protected characteristic'). Should issues or trends become apparent in relation to individuals protected characteristics and/or human rights the CCGs will require providers to produce additional assurances detailing what actions have been taken locally in relation to the trends and timescales, for completion of these actions.

11. Procurement
Detail the key equality, health inequalities, human rights, and social value criteria that will be included as part of the procurement activity (to evaluate the providers ability to deliver the service in line with these areas):
NA

12. Publication

<p>How will you share the findings of the Equality Analysis?</p> <p>This can include: reports into committee or Governing Body, feedback to stakeholders including patients and the public, publication on the web pages. All Equality Analysis should be recommended for publication unless they are deemed to contain sensitive information.</p>
<p>Policy to be reviewed and signed off by Birmingham and Solihull CCG's policy group and Quality and Safety Committee.</p> <p>Equality analysis to be published on CCG web pages.</p>
<p>Following ratification all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: bsol.comms@nhs.net</p>

13. Sign Off		
<p>The Equality Analysis will need to go through a process of quality assurance by the Senior Manager for Equality and Diversity, Senior Manager for Assurance and Compliance or Equality and Human Rights Manager and signed-off by a delegated committee</p>		
	Name	Date
Quality Assured By:	<i>M K Dunne</i>	8 th May 2019
Which Committee will be considering the findings and signing off the EA?	Clinical Policy Sub Group	June 2019
Minute number (to be inserted following presentation to committee)		

Please send to Balvinder Everitt or Michelle Dunne, Equality, Diversity and Inclusion for Quality Assurance.

Once you have committee sign off, please send to Caroline Higgs, Communications & Engagement Team for publication: bsol.comms@nhs.net