

Equalities Screening Record Form

Date of Screening: October 2017	Directorate: ADULT SOCIAL CARE, HEALTH & HOUSING	Section: Adults and Joint Commissioning
1. Activity to be assessed	Procurement of up to 4 Nursing Block Contracts for people over 65	
2. What is the activity?	<input type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input checked="" type="checkbox"/> Service <input type="checkbox"/> Organisational change	
3. Is it a new or existing activity?	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	
4. Officer responsible for the screening	Jon Richardson, Joint Commissioning Officer	
5. Who are the members of the EIA team?	Alison Cronin, Contracts and Procurement Manager Neil Haddock, Chief Officer: Commissioning and Resources Mira Haynes, Chief Officer: Adult Social Care	
6. What is the purpose of the activity?	The primary aim of issuing 1-4 block contracts for nursing care services is to increase the number of affordable beds in the local area for people over 65 who require care and support in a long term nursing setting. This will include personal care, support with medication and nursing needs, keeping in touch with family where possible. The service must be registered by the Care Quality Commission. The conditions of registration can be found at http://www.cqc.org.uk/content/regulated-activities Conditions of registration are lengthy and involved, covering areas from condition of buildings, leadership of the registered manager and equalities. Regulation 9 addresses Person Centred Care.	
7. Who is the activity designed to benefit/target?	People who are 65 years and over who are eligible for nursing care paid for by Adult Social Care.	

Protected Characteristics	Please tick yes or no		Is there an impact?	What evidence do you have to support this? E.g. equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members' decision making, include consultation results/satisfaction information/equality monitoring data.																				
8. Disability Equality	Y <input checked="" type="checkbox"/>	N	Yes. The impact is expected to be positive.	<p>The estimated number of people with particular health conditions and disabilities in the local area is:</p> <table border="1" data-bbox="797 472 1626 1174"> <thead> <tr> <th>Disability or health condition</th> <th>Estimated Number of people</th> </tr> </thead> <tbody> <tr> <td>Common mental disorder (18-64)</td> <td>12000</td> </tr> <tr> <td>Psychotic disorder (18-64)</td> <td>300</td> </tr> <tr> <td>Dual sensory need</td> <td>600</td> </tr> <tr> <td>Hearing support needs (moderate/severe or profound)</td> <td>9900</td> </tr> <tr> <td>Visual support needs (some level of sight loss/VI)</td> <td>1400</td> </tr> <tr> <td>Limiting long-term illness (65+)</td> <td>7400</td> </tr> <tr> <td>Dementia</td> <td>1150</td> </tr> <tr> <td>Physical disability (moderate or severe, aged 18-64)</td> <td>7500</td> </tr> <tr> <td>Older people (65+)</td> <td>17000</td> </tr> </tbody> </table>	Disability or health condition	Estimated Number of people	Common mental disorder (18-64)	12000	Psychotic disorder (18-64)	300	Dual sensory need	600	Hearing support needs (moderate/severe or profound)	9900	Visual support needs (some level of sight loss/VI)	1400	Limiting long-term illness (65+)	7400	Dementia	1150	Physical disability (moderate or severe, aged 18-64)	7500	Older people (65+)	17000
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9. Racial equality	Y <input checked="" type="checkbox"/>	N	Yes.	<p>The 2011 Census shows that the majority of the population in Bracknell Forest describes themselves as White British/English/Welsh/Scottish/ Northern Irish (84.9%) followed by Asian/Asian British (5%), then other white (4.8%), mixed (2%), Black African/Caribbean/Black British (1.9%), white Irish (0.9%) and finally other ethnic group (0.4)%.</p> <p>The BFC performance information for 2015/16 evidences the ethnicity for people being supported through residential and nursing care services who describe themselves as white British/English/Welsh/Scottish/ Northern Irish are the largest cohort of individuals and of a higher ratio in comparison to their population size. This may be due a variety of reasons</p> <ul style="list-style-type: none">- lack of understanding of how to access adult social care services due to language barriers- the cultural approach by BME groups to supporting family members within the family home <table><tr><th>Ethnicity by team</th><th>ACT</th><th>CMHT</th><th>CMHT OA</th><th>CTPLD</th><th>Total</th></tr><tr><td>Asian Indian</td><td>2</td><td></td><td></td><td></td><td>2</td></tr><tr><td>Asian Other</td><td>1</td><td></td><td></td><td></td><td>1</td></tr><tr><td>Black Caribbean</td><td>1</td><td></td><td>1</td><td></td><td>2</td></tr><tr><td>English etc.</td><td>71</td><td>2</td><td>107</td><td>6</td><td>186</td></tr><tr><td>Ethnic other</td><td>2</td><td></td><td></td><td></td><td>2</td></tr><tr><td>White Irish</td><td></td><td></td><td>2</td><td></td><td>2</td></tr><tr><td>White other</td><td>4</td><td></td><td>8</td><td></td><td>12</td></tr><tr><td>Total</td><td>81</td><td>2</td><td>118</td><td>6</td><td>207</td></tr></table>	Ethnicity by team	ACT	CMHT	CMHT OA	CTPLD	Total	Asian Indian	2				2	Asian Other	1				1	Black Caribbean	1		1		2	English etc.	71	2	107	6	186	Ethnic other	2				2	White Irish			2		2	White other	4		8		12	Total	81	2	118	6	207
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				Work is recommended to promote access to services to people from BME communities. Expectations around having a diverse workforce will be specified within the contractual agreement. Staff training requirements will also be specified within the contractual agreements.																								
10. Gender equality	Y <input checked="" type="checkbox"/>	N	Neutral impact is expected	<p>The BFC performance information for 2015/16 evidences the gender for people being supported through residential and nursing services as follows:-</p> <table><tr><th>Gender by team</th><th>ACT</th><th>CMHT</th><th>CMHT OA</th><th>CTPLD</th><th>Total</th></tr><tr><td>Female</td><td>47</td><td></td><td>86</td><td>2</td><td>135</td></tr><tr><td>Male</td><td>34</td><td>2</td><td>32</td><td>4</td><td>72</td></tr><tr><td>Total</td><td>81</td><td>2</td><td>118</td><td>6</td><td>207</td></tr></table> <p>The gender difference is a national trend. There is no envisaged impact upon an individual as a result of their gender.</p>	Gender by team	ACT	CMHT	CMHT OA	CTPLD	Total	Female	47		86	2	135	Male	34	2	32	4	72	Total	81	2	118	6	207
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11. Sexual orientation equality	Y <input checked="" type="checkbox"/>	N	Yes.	<p>There is no envisaged negative impact upon an individual as a result of their sexual orientation</p> <p>Expectations around service accessibility, having a diverse workforce will be specified within the contractual agreement. Staff training requirements will also be specified within the contractual agreements.</p>																								
12. Gender re-assignment	Y <input checked="" type="checkbox"/>	N	Neutral impact is expected	<p>BFC do not gather information on this equalities strand. At this time there is no evidence to suggest an adverse or positive impact upon an individual as a result of gender reassignment.</p> <p>Nursing services are available to anyone who is eligible, regardless of any gender re-assignment.</p> <p>Expectations around service accessibility, having a diverse workforce will be specified within the contractual agreement. Staff training requirements will also be specified within the contractual agreements.</p>																								

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13. Age equality	Y <input checked="" type="checkbox"/>	N	Yes	<p>There is no envisaged negative impact upon an individual as a result of their age.</p> <table><tr><th>Age by team</th><th>ACT</th><th>CMHT</th><th>CMHT OA</th><th>CTPLD</th><th>Total</th></tr><tr><td>Age 65-74</td><td>10</td><td>2</td><td>11</td><td>4</td><td>27</td></tr><tr><td>Age 75-84</td><td>22</td><td></td><td>33</td><td>2</td><td>57</td></tr><tr><td>Age 85-94</td><td>35</td><td></td><td>62</td><td></td><td>97</td></tr><tr><td>Age 95+</td><td>14</td><td></td><td>12</td><td></td><td>26</td></tr><tr><td>Total</td><td>81</td><td>2</td><td>118</td><td>6</td><td>207</td></tr></table>	Age by team	ACT	CMHT	CMHT OA	CTPLD	Total	Age 65-74	10	2	11	4	27	Age 75-84	22		33	2	57	Age 85-94	35		62		97	Age 95+	14		12		26	Total	81	2	118	6	207
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14. Religion and belief equality	Y <input checked="" type="checkbox"/>	N	Yes The impact is expected to be positive	<p>Reflecting the ethnicity of people in residential and nursing homes, the BFC performance information for 2015/16 evidences the religion and belief for people being supported through residential and nursing care primarily describe themselves as Christian or no religion.</p> <p>This may be due to:</p> <ul style="list-style-type: none"> - lack of understanding of how to access adult social care services due to language barriers - the cultural approach by BME groups to supporting family members within the family home <p>Work is recommended to promote access to services to people from BME communities.</p> <p>Expectations around having a diverse workforce will be specified within the contractual agreement. Staff training requirements will also be specified within the contractual agreements.</p>
15. Pregnancy and maternity equality	Y	N <input checked="" type="checkbox"/>	Neutral impact is expected.	No evidence could be found to suggest an adverse or positive impact based on pregnancy or maternity alone.
16. Marriage and civil partnership equality	Y	N <input checked="" type="checkbox"/>	Neutral impact is expected.	No evidence could be found to suggest an adverse or positive impact based on marriage or civil partnership alone.

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17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders) and on promoting good community relations.			<p>Carers The 2011 census showed that there were approximately 9600 carers in the local area. The impact is expected to be positive for carers as there will be an increased supply of nursing care in the borough.</p> <p>People on lower incomes No evidence could be found to suggest an adverse impact based on low income alone.</p>		
18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?					
19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?					
20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?		Y	N <input checked="" type="checkbox"/>	No adverse impacts have been identified.	
21. What further information or data is required to better understand the impact? Where and how can that information be obtained?					
22. On the basis of sections 7 – 17 above is a full impact assessment required?		Y	N <input checked="" type="checkbox"/>		

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23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.			
Action	Timescale	Person Responsible	Milestone/Success Criteria
Key Performance Indicators (KPIs) will include equalities monitoring information to help measure and monitor for any potential inequalities across groups with protected characteristics.	Quarterly	JCOs/Contracts Team	Comprehensive equalities monitoring information will be included in regular monitoring reports within the contractual arrangements.
The Service Specification will ensure services are accessible and tailored to the needs of disabled and older people, and other groups with protected characteristics.	2017	JCOs/Contracts Team	The requirement will have been included in service specifications and/or service providers will provide evidence to commissioning organisations that they meet the agreed standard(s).
24. Which service, business or work plan will these actions be included in?	Service specification		
25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?	Redefining service specification		
26. Chief Officer's signature	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>Signature: </div> <div>Date: 3/10/2017</div> </div>		
27. Which PMR will this screening be reported in?			

When complete please send to abby.thomas@bracknell-forest.gov.uk for publication on the Council's website.