EQUALITY IMPACT AND NEEDS ANALYSIS

Directorate	Adult Social Care and Public Health
Service Area	Commissioning
Service/policy/function being assessed	Richmond Care Homes Re-Procurement
	(Service EINA)
Which borough (s) does the service/policy apply to	Richmond
Staff involved in developing this EINA	 Di Manning, Assistant Director Commissioning (Market Shaping) Dawn Patrick, Commissioning Officers – Policy and Projects Abdul Muktadir, Policy and Projects Officer, Commissioning Trudy Jones, Interim Programme Manager
Date approved by Directorate Equality Group (if applicable)	Tuesday 22 nd October 2024
Date approved by Policy and Review Manager All EINAs must be signed off by the Policy and Review Manager	Monday 18 th November 2024
Date submitted to Directors' Board	Thursday 14 th November 2024

1. Summary

Background

This report and associated enclosure provides information on the development of Adult Social Care and Public Health's residential, nursing and dementia care Commissioning and Procurement strategy, which aims to provide long-term quality, accessible and sustainable care home provision for Richmond residents with residential, nursing and dementia needs. Care UK, a national care operator, is the incumbent provider, contracted by the Council to manage all 3 care homes on behalf of the Council. When the PFI contract expires on 31st March 2026 (extended to 30 June 2026) the homes will revert to the Council and care and facility maintenance services will cease to be provided by the incumbent provider.

This change is unavoidable - there is a priority need for members to take a decision now so that officers can implement the necessary commissioning and procurement actions to protect these important services. This EINA will be continuously reviewed and updated throughout the programme's lifecycle via an Implementation Action Plan, which will include equalities monitoring and performance setting undertaken by the relevant Commissioning Team.

Summary findings

- The PFI care homes cater specifically for older people aged 65 and above. There is a larger proportion of current service users within the care homes that are 85 and above (59%), compared to the population of those who are 85 and above in Richmond (13%). Therefore, service users require the specific care associated with residential and nursing care.
- All service users have limiting conditions, such as dementia and physical support needs. Therefore, any new service contract will need to ensure that these specific conditions are supported.
- 61% of PFI care home residents are female, which closely reflects the same proportion as of the 85+ population of Richmond.

• There are significant data gaps in terms of religion and sexual orientation. Currently 75% of care home residents' religion and 55% of their sexual orientation is unknown. Current work with providers and the future service design is working on improving recording and monitoring of these protected characteristics to ensure that services are personalised and best suit individual needs.

2. Evidence gathering and engagement

a. What evidence has been used for this assessment? For example, national data, local data via DataRich or DataWand

Evidence	Source
Service use data	Mosaic
Local population data, ONS Census, 2021	ONS
Immigration system statistics data tables	Home Office
Richmond JSNA 2021	DataRich

b. Who have you engaged and consulted with as part of your assessment?

Individuals/Groups	Consultation/Engagement results	Date	What changed as a result of
			the consultation
Care Home residents and	To follow	November	To follow but it is anticipated
their relatives - a joint		2024	that the engagement will be
Communication and			'low-key' - residents and
Engagement Strategy and			relatives are reassured their
Plan between Richmond			care will not be impacted in
Council and, the incumbent			any way.
provider Care UK, has been			The key message is that the
approved and will be			residents will experience
implemented mid-November.			continuity of high quality
No direct communications			care and any future physical
are being undertaken prior to			upgrades to the
this date as agreed by the			fabric/design of the homes
partners, to ensure stability			will be completed with
of the workforce and protect			minimal disruption to
home residents.			support their needs.
Monthly meetings between			
Council officers and the 3			
home managers have been			
set up as a forum to share			
updates on the re-			
procurement process and			
answer any questions arising.			
Our Coproduction group			
consisting of members with			
Lived Experience of Care			
Homes and carers and the			
voluntary sector are engaged			

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and will continue to support			
the journey to the new			
contracting arrangement.			
Internal stakeholders –	Operational teams including social	January	The results of the
engagement through the PFI	workers, front door staff,	2024	engagement has ensured
Expiry Programme Board and	commissioning, referral team,	onwards	those with a vested interest
associated project	Public Health, Property Services,		in care home services are
workstreams and 'task and	and Communications and		kept informed and aware of
finish' groups.	Engagement teams are all		progress. Given that this is a
	engaged, and representation on		re-procurement of care
Elected Member Sponsor	the PFI Expiry Programme Board is		home provision, the relevant
Board	balanced.		experts are involved from
			finance, procurement, legal
	Effective engagement in the future		and property services. T)
	service specifications is in place.		Complex modelling and
			commercial insight to the
			market and future
			requirements for these
			services have been applied
			to ensure a sound basis is
			proposed for the
			recontracted services.
External stakeholders –	At this stage of the re-	February	To follow but anticipated
statutory health and care	procurement external stakeholder	2025	that this will be with
partners	engagement is limited to statutory	onwards	statutory health and care
	health and care partners.		partners who will work
	Informative briefings have been		closely with the incoming
	given to the Richmond Co-		provider.
	Production Group (people with		
	lived experience) and to the		
	Richmond Place-Based Partnership		
	(LA, NHS and Voluntary and		
	Community Sector).		
	The joint Communication and		
	Engagement Strategy sets out a		
	timeline for wider engagement		
	which will take place in 2025/26 in		
	the time leading up to contract		
	commencement. After contract		
	commencement the key		
	stakeholders will be the Council		
	and the provider.	1	1

3. Analysis of need

Potential impact on this group of residents and actions taken to mitigate impact and advance equality, diversity and inclusion

Where figures are asterisked (*), they are small numbers (below 5), or are totals that contain
sections that have figures below 5

Protected group	Findings				
Age	Data				
	Table 1: Care home residents age	d 65+ by age group. April 20.	22 - Julv 2024		
		65-74	75-84	85+	Totals
	Numbers of Richmond reside	ents in PFI care homes			
	Nursing general	11 (17%)	21 (33%)	34 (54%)	63
	Nursing dementia	5 (9%)	20 (37%)	32 (59%)	54
	Residential general	9 (15%)	20 (33%)	34 (57%)	60
	Residential dementia	5 (5%)	35 (38%)	54 (59%)	91
	Totals	26 (11%)	86 (35%)	143 (59%)	243
	Numbers of Richmond reside				
	Nursing general	10 (13%)	29 (37%)	41 (52%)	79
	Nursing dementia	16 (11%)	58 (39%)	82 (55%)	150
	Residential general	25 (35%)	19 (27%)	30 (42%)	71
	Residential dementia	13 (8%)	58 (35%)	99 (60%)	164
	Totals	60 (14%)	157 (36%)	239 (54%)	440
	Percentage of placements in				
	Nursing general	52%	42%	45%	44%
	Nursing dementia	24%	26%	28%	26%
	Residential general	26%	51%	53%	46%
	Residential dementia	28%	38%	35%	36%
	Totals	30%	35%	37%	36%
	Percentage of all older Richn Census 2021 (65+)	54%	33%	13%	
	 36% of care home pla over time. The key v in the 65-74 age grou general residential ca just 9 people and is t Over half the residen the general Richmon 	rice is older people aged 6 acements of Richmond res ariable factor is more likel up are due to the lower nu are, only 26% of the place herefore not statistically s ts of the PFI homes (59%) d population where 54% are 85-	sidents are in the P ly to be type of pla imbers of placeme ments are in the Pl significant). are aged 85 plus c are aged 65-74. Ho	PFI care homes, ho cement than age, nts of people in th FI homes, however or over which is dir	wever this varies the variances seen ose groups (e.g. in this equates to ectly inverse to
	future needs – foreca 2038 is forecasted by 2028 and 2038 is fore • An improved process management and mo	e reprovisioning will bene asting shows a rise in 65+ the ONS to be 38%. The r ecasted by the ONS to be of recording key indicato ponitoring processes so the each protected characteri	year olds in Richmo rise in 85+ year old 46%). rs will be built into service can consis	ond borough betw Is in Richmond bor the new contract, tently report on po	een 2028 and ough between including closer ositive and
Disability	Data				

Protected group	Findings						
	Table 2: Care home residen	ts aged 65+ by p	rimary need cat	egory, April 202.	2 - July 2024		
		Memory &	Mental	Physical	Sensory	Social	Totals
		Cognition	Health	Support	Support	Support	
	Numbers of Richmond	residents in PFI	care homes				
	Nursing general		*	62 (98%)			*
	Nursing dementia	45 (83%)		24 (44%)			54
	Residential general		*	59 (98%)			6
	Residential dementia	71 (78%)		46 (51%)		*	*
	Totals	110 (45%)	*	175 (72%)		*	24
	Numbers of Richmond	residents in oth	ner care home	placements			
	Nursing general		6 (8%)	72 (91%)	*	*	*
	Nursing dementia	126 (84%)	5 (3%)	60 (40%)	*	*	*
	Residential general		24 (34%)	45 (63%)	*		*
	Residential dementia	134 (82%)	9 (5%)	76 (46%)	*	*	*
	Totals	252 (57%)	43 (10%)	245 (56%)	5 (1%)	*	*
	Percentage of placeme	nts in PFI home	?S				
	Nursing general		14%	46%	0%	0%	449
	Nursing dementia	26%	0%	29%	0%	0%	26%
	Residential general		4%	57%	0%		46%
	Residential dementia	35%	0%	38%	0%	50%	36%
	Totals	30%	4%	42%	0%	20%	36%

All service users are receiving the service because of the limiting effect of their long-term condition(s) so would be counted as disabled under the Equalities Act.

Memory and cognition

- Memory and cognition is the primary support reason (PSR) for 45% of all PFI care home placements and 57% of all Richmond residents placed elsewhere.
- All residents with a PSR of memory and cognition are in residential or nursing dementia placements. 30% of these are in the PFI care homes, less than the average 36% of all placements.

Physical disability

- In the PFI care homes, 175 people (72% of placements) have a PSR of physical support. In the general residential or nursing placements this percentage increases to 98% in is the norm that general care home placements are designed to cater for
- 70 people in dementia placements in the PFI care homes have a PSR of physical disability. While these people will also have some form of dementia, this means that their physical needs are the main reason for their placement.

Mental health

- None of the PFI care homes are registered to provide services to people placed under section 117 of the Mental Health Act 1983
- All 3 of the PFI care homes are registered to provide services for people with mental health needs but there have been only 2 residents in the PFI care homes whose PSR is mental health, and 43 residents placed outside the PFI contract.
- There may be other residents who have mental health needs on top of their physical health need but the data records primary support reason.

Sensory support

- During the period data was supplied (as above) the 5 people whose PSR was sensory support were placed in homes outside the PFI contract and none in the PFI care homes.
- National prevalence rates show:
 - Moderate to severe visual impairment
 - Aged 65-74: 5.6%
 - Aged 75+: 12.4%
 - Some hearing loss / Severe hearing loss

 Aged 65-70: 36.8%/2.2% Aged 71-80: 60.3%/4.0% Aged 30: 93.4%/22.3% It is likely, therefore, that many of the care home residents have some sensory impairment as well as their physical support and/or memory and cognition needs. Social support There were only 5 people with a PSR of social support is often seen as an additional need for older people, with 14 million older people national yestimated to be socially isolated¹. However, as with sensory support (above) social support is often seen as an additional need for older people, with 14 million older people nationally estimated to be socially isolated¹. Autism There is no record on Mosaic of whether residents have a diagnosis of autism. National estimates suggest that the number of people with autism living fix homod in 2020 was approximately 1,530 (0.98% of the population)¹. Estimates suggest this will increase by 1.8% by 2030. However, the proportion of the population decreases with age. This is due to: An increase in diagnosis in childhood over time, either due to an increased prevalence of the condition or better diagnostic or tarien anow compared to the 20th century Lower life expectancy of people with autism The difficulties Communication Sensory difficulties Paterns of behaviour Social isolation Social isolation Some other conditions, e.g. learning disabilities, some physical or mental health conditions do have a higher co-morbidity rate with autism than that of neurotypical people. Data on autism is not currently recorded on Mosaics ot he number of care home residents with autism is allow with all people heat as a some point. Implications for the new service Forecasting sh	Protected group	Findings
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Sex Data	Sex	Data

¹ Loneliness research and impact | Age UK

² <u>Richmond JSNA 2021</u>

³ GLA population projections

⁴ Dementia UK: Update (2014) prepared by King's College London and the London School of Economics for the Alzheimer's Society

⁵ GLA projections & Dementia UK: Update (2014) prepared by King's College London and the London School of Economics for the Alzheimer's Society

Protected group	Findings				
	Table 3: Care home residents age	d 65+ by gender, April 2022	- July 2024		
		Female	Male	Unknown	Totals
	Numbers of Richmond reside	nts in PFI care homes			
	Nursing general	37 (59%)	26 (41%)		63
	Nursing dementia	32 (59%)	22 (41%)		54
	Residential general	35 (58%)	25 (42%)		60
	Residential dementia	56 (62%)	35 (38%)		91
	Totals	148 (61%)	95 (39%)		243
	Numbers of Richmond reside				
	Nursing general	53 (67%)	25 (32%)	*	*
	Nursing dementia	81 (54%)	69 (46%)	*	*
	Residential general	42 (59%)	29 (41%)	*	*
	Residential dementia	114 (70%)	50 (30%)	*	*
	Totals	276 (63%)	163 (37%)	*	*
	Percentage of placements in		103 (3770)		
	Nursing general	41%	51%		44%
	Nursing dementia	28%	24%		269
	Residential general	45%	46%		46%
	Residential dementia	33%	40%		36%
	Totals	35%	37%		36%
	Percentage of all older Richm		5770		307
	Census 2021 aged 65-74	53%	47%		
	Census 2021 aged 03-74 Census 2021 aged 75-84	55%	47%		
	Census 2021 aged 75-84 Census 2021 aged 85+	63%	37%		
		e residents and 63% of ot lation of Richmond that			
	An improved process management and mo	service ct for this protected cha of recording key indicate nitoring processes so the each protected character	ors will be built inte e service can consis	o the new contra stently report on	ct, including closer positive and
ender assignment	Data There is currently no data avai	lable on the trans or nor	-binary status of c	are home reside	nts.
	Key findings				
	reassignment. You ca undergoing a process applied for or obtaine change of a person's) says that you must not an be at any stage in the of reassignment, or hav ed a Gender Recognition legal sex. However, som eassignment. This sectio	transition process, ing completed it. It Certificate, which i e people identify a	from proposing does not matter is the document s trans without f	to reassign your sear whether you have that confirms the alling under the leg

Protected group	Findings
	 According the 2021 census, In Richmond, 0.39% of the population identify as a different gender to that they were assigned at birth. This is lower than England and Wales in general (0.55%) and the London (0.91%) and outer London (0.85%) averages. However an additional 5.6% in Richmond (7.7% in outer London, 7.9% in London as a whole and 6.0% in England) did not answer the question. While these are relatively small numbers, they are not a negligible percentage and it is possible that past, current or future care home residents may identify with a gender that had not been assigned at birth. Specific needs⁶
	There is no relevant routine national monitoring data for gender reassignment status by local
	authority.
	• There are legal protections which prevent anyone with knowledge of someone's trans status to "out"
	 them without permission. Trans people face discrimination, harassment, social exclusion, increased risk of facing violence or hate crimes, regular attacks by the media and greater health inequalities.
	Older people may have concerns about disclosing their trans status.
	 Coming out as trans may disrupt existing relationships and social networks. Trans people often report past experiences of discrimination.
	• Some people transition in later life, this may be due to increased freedom and acceptance, retirement or the death of a partner or spouse.
	 There are still unanswered questions about what later life and health are like for the first generation of trans people in their 60s and over who have taken hormone therapy for 40 years or more. Many trans people may be living with gender reassignment surgeries performed using different techniques of the 1960s and 70s and knowledge of any impact of this as people age is still in the early stages. There are health and care issues that specifically affect older trans people, some of these are recently known as the first generation of people who have been through hormone therapy and possible surgery age. Both trans men and trans women may have health issues relating to long-term hormone treatment, to organs relating to their birth gender and to prosthetics or implants. Both trans men and trans women may also have body issues that impact on the provision of personal care. These may be psychological, emotional or physical and may be related to whether or not they have had any surgery. There are some issues around the process of aging that trans people may find especially challenging. Particular issues may be of concern over the loss of identity associated with dementia.
	 Trans people may have concerns about respect for identity as they age (e.g. being called by the correct name or dressed in appropriate clothing) and for respectful provision of personal care.
	• The transition process can take many years and someone who starts the process in later life may have not completed the transition process on entry to a care home.
	Implications for the new service
	• An improved process of recording key indicators will be built into the new contract, including closer management and monitoring processes so the service can consistently report on positive and negative impacts on each protected characteristic, and be ready to address any gaps in support.
	Data

⁶ Trans issues and later life (ageuk.org.uk), Ensuring trans people in Wales receive dignified and inclusive health and social care in later life: The Trans Ageing and Care (TrAC) project, 2016-18 | PolicyBristol | University of Bristol & Working with older trans people pt web.pdf (researchinpractice.org.uk)

Protected group	Findings						
Marriage and	Table 4: Care home resid	lents aged 65+ by m	arital status April	2022 - Iuly 2024			
civil partnership		Married, civil partnership or cohabiting	Separated or divorced	Widowed	Single	Unknown	Total
	Numbers of Richmon	d residents in PFI	care homes				
	Nursing general	11 (17%)	9 (14%)	20 (32%)	13 (21%)	18 (29%)	63
	Nursing dementia	12 (22%)	6 (11%)	13 (24%)	14 (26%)	14 (26%)	54
	Residential general	13 (22%)	6 (10%)	21 (35%)	13 (22%)	15 (25%)	60
	Residential dementia	21 (23%)	7 (8%)	34 (37%)	19 (21%)	23 (25%)	91
	Totals	50 (21%)	25 (10%)	84 (35%)	52 (21%)	66 (27%)	243
	Numbers of Richmon	d residents in oth	er care home pla	icements	•	•	
	Nursing general	14 (18%)	8 (10%)	21 (27%)	21 (27%)	22 (28%)	79
	Nursing dementia	46 (31%)	14 (9%)	35 (23%)	32 (21%)	43 (29%)	150
	Residential general	7 (10%)	10 (14%)	18 (25%)	28 (39%)	24 (34%)	71
	Residential dementia	29 (18%)	26 (16%)	56 (34%)	29 (18%)	48 (29%)	164
	Totals	91 (21%)	55 (13%)	125 (28%)	104 (24%)	132 (30%)	440
	Percentage of placer	nents in PFI home	5				
	Nursing general	44%	53%	49%	38%	45%	44%
	Nursing dementia	21%	30%	27%	30%	25%	26%
	Residential general	65%	38%	54%	32%	38%	46%
	Residential dementia	42%	21%	38%	40%	32%	36%
	Totals	35%	31%	40%	33%	33%	36%
	Percentage of all old Census 2021 (65+)	<i>er Richmond resid</i> 54%	<i>ents</i> 16%	20%	11%	1	
Prognancy and	Care home re older residen Implications for th An improved management	e with a care hom esidents are less lil ts and more likely te new service process of record and monitoring p acts on each prote	kely to be marrie to be single or v ing key indicato rocesses so the	ed, in a civil par widowed. rs will be built in service can con	tnership or co nto the new co sistently repo	habiting than Ri ontract, includin rt on positive ar	g closer d
Pregnancy and naternity	At 65+ most female re this service.	sidents will be ove	er child-bearing	age and this cat	tegory is not r	elevant when cc	nsidering
Race/ethnicity	Data						
	Table 5: Care home resid						Tatal
	<u>р</u> В	Isian or Black Isian black Pritish British	Mixed	Other ethnic groups	White	Unknown	Total
	Numbers of Richmon	a residents in PFI		*	EE (070/)	9 /1 20/1	*
	Nursing general Nursing				55 (87%)	8 (13%)	
	dementia	*		*	50 (93%)	6 (11%)	*

Protected group	Findings								
	Residential	*	*	*		FF (05		(4.00())	*
	general	*	Ŧ	Ť		55 (92	%) 6	(10%)	Ŧ
	Residential	*	*	-	*	82 (90	0() 10	(110/)	*
	dementia		•			82 (90	%) 10	(11%)	•
	Totals	7 (3%)	*	*	5 (2%)	220 (91	%) 28	(12%)	*
	Numbers of Richm	ond residents	in other care	home place	ements				
	Nursing general	*			*	73 (92	%)	5 (6%)	*
	Nursing dementia	*	*	5 (3%)		135 (90		4 (9%)	*
	Residential general	*	*		*	61 (86	%) 11	(15%)	*
	Residential dementia	6 (4%)	*	*	5 (3%)	147 (90	%) 25	(15%)	*
	Totals	16 (4%)	5 (1%)	*	12 (3%)	393 (89	%) 52	(12%)	*
	Percentage of pla				\-· /	(. ,	
	Nursing general	50%	100%	100%	50%	43	3%	62%	44
	Nursing dementia	0%	40%	0%	100%		7%	30%	26
	Residential general	33%	50%	100%	0%	47	7%	35%	46
	Residential dementia	40%	33%	0%	17%	36	5%	29%	36
	Totals	30%	44%	67%	29%	36	5%	35%	36
	Percentage of all	older Richmon	d residents						
	Census 2021			10/) 0/	01	1%		
	(65+) Key findings • A slightly h	6% higher percent	1%			lack, Asiar			
eligion and	(65+) Key findings • A slightly h groups that population • Older peop population Implications for • Culturally • An improv management	6% higher percent in in the popu h). ple from Asiar h (3% compare	1% age of care he lation (12% of or Asian Briti ed to 6%). ervice rovision will b recording key oring process	ome resider f those whe ish groups a e embedde indicators es so the se	nts are from B re ethnicity is re slightly und d in the new o will be built ir rvice can cons	lack, Asiar recorded derreprese contract. nto the new sistently re	n, and Minori compared to ented compa w contract, ir eport on posi	9% in th red to th ncluding itive and	ne ne old closer
elief, including	(65+) Key findings • A slightly h groups that population • Older peop population • Older peop population • Culturally • An improve management negative in • Data Table 6: Care home reference	6% higher percent in in the popu ble from Asian (3% compare the new se appropriate p ed process of ent and monit npacts on eac	1% age of care ho lation (12% of o or Asian Briti ed to 6%). ervice rovision will b recording key oring process h protected c	ome resider f those whe ish groups a e embedde indicators es so the se haracteristic	nts are from B re ethnicity is re slightly und d in the new o will be built ir rvice can cons c, and be reac	lack, Asiar recorded derreprese contract. nto the new sistently re dy to addre	n, and Minori compared to ented compa w contract, ir eport on posi ess any gaps	9% in th red to th ncluding itive and in suppo	ne oldi closei rt.
elief, including	(65+) Key findings • A slightly k groups that population • Older peol population Implications for • Culturally • An improve management negative in	6% higher percent in in the popu ble from Asian (3% compare the new se appropriate p ed process of ent and monit npacts on eac	1% age of care ho lation (12% of or Asian Briti ed to 6%). ervice rovision will b recording key oring process h protected c 5+ by religion, A Buddh	ome resider f those whe ish groups a e embedde indicators es so the se haracteristic	nts are from B re ethnicity is re slightly und d in the new o will be built ir rvice can cons c, and be reac	lack, Asiar recorded derreprese contract. nto the new sistently ro dy to addro	n, and Minori compared to ented compa w contract, ir eport on posi	9% in th red to th ncluding itive and	ne oldi closei rt.
elief, including	(65+) Key findings • A slightly h groups that population • Older peop population • Older peop population • Culturally • An improve management negative in • Data Table 6: Care home reference	6% higher percent in in the population ole from Asian (3% compare the new se appropriate p ed process of ent and monit mpacts on eac esidents aged 63	1% age of care ho lation (12% of o or Asian Briti ed to 6%). ervice rovision will b recording key oring process h protected c	ome resider f those whe ish groups a e embedded r indicators t es so the se haracteristic April 2022 - Ju ist Chris 51 (ots are from B re ethnicity is re slightly und d in the new of will be built ir rvice can cons c, and be read <i>Ily 2024</i> tian Hindu (21%)	lack, Asiar recorded derreprese contract. nto the new sistently re ly to addre	n, and Minori compared to ented compa w contract, ir eport on posi ess any gaps Jewish	9% in the red to the necluding itive and in suppo	ne oldi closei rt.
elief, including	(65+) Key findings • A slightly h groups that population • Older peoly population Implications for • Culturally • An improve management negative in Data Table 6: Care home reference (a) PFI care home	6% higher percent in in the population ole from Asian (3% compare the new se appropriate p ed process of ent and monit mpacts on eac esidents aged 63	1% age of care ho lation (12% of or Asian Briti ed to 6%). ervice rovision will b recording key oring process h protected c 5+ by religion, A Buddh	ome resider f those whe ish groups a e embedded r indicators t es so the se haracteristic April 2022 - Ju ist Chris 51 (nts are from B re ethnicity is re slightly und d in the new o will be built ir rvice can cons c, and be reac uly 2024 tian Hindu	lack, Asiar recorded derreprese contract. nto the new sistently ro dy to addro	n, and Minori compared to ented compa w contract, ir eport on posi ess any gaps	9% in th red to th ncluding itive and in suppo	ne oldi closei rt.
elief, including	(65+) Key findings • A slightly h groups that population • Older peoly population Implications for • Culturally • An improve management negative in Data Table 6: Care home reference (a) PFI care home	6% nigher percent in in the popu ble from Asian (3% compare the new se appropriate p ed process of ent and monit mpacts on eac esidents aged 6.	1% age of care ho lation (12% of or Asian Briti ed to 6%). ervice rovision will b recording key oring process h protected c 5+ by religion, A Buddh	ome resider f those whe ish groups a e embedded r indicators t es so the se haracteristic April 2022 - Ju ist Chris 51 (ats are from B re ethnicity is re slightly und d in the new of will be built in rvice can cons c, and be read (1/2) 2024 tian Hindu (21%) (25%) 62%	lack, Asiar recorded derreprese contract. to the new sistently ro dy to addro	n, and Minori compared to ented compa w contract, ir eport on posi ess any gaps Jewish * 1%	9% in the red to the necluding itive and in suppo	ne oldi closei rt.
elief, including	(65+) Key findings • A slightly h groups that population • Older peol population Implications for • Culturally • An improve management negative in Data Table 6: Care home reference (a) PFI care hom Other care hom	6% nigher percent in in the popu ble from Asian (3% compare the new se appropriate p ed process of ent and monit mpacts on eac esidents aged 6.	1% age of care ho lation (12% of or Asian Briti ed to 6%). ervice rovision will b recording key oring process h protected c 5+ by religion, A Buddh * nts	ome resider f those whe ish groups a e embedde r indicators es so the se haracteristic April 2022 - Ju ist Chris 51 (111 (1%	ats are from B re ethnicity is re slightly und d in the new of will be built in rvice can cons c, and be read (1/2) 2024 tian Hindu (21%) (25%) 62%	lack, Asiar recorded derreprese contract. ito the new sistently re dy to addre	n, and Minori compared to ented compa w contract, ir eport on posi ess any gaps Jewish *	9% in the red to the necluding itive and in suppo	ne old closer rt.
elief, including	(65+) Key findings • A slightly F groups that population • Older peol population Implications for • Culturally • An improve management negative in Data Table 6: Care home real (a) PFI care hom Other care hom Census 2021	6% higher percent on in the population ole from Asian of (3% compare the new se appropriate p ed process of ent and monit mpacts on eac esidents aged 60 hes ome placeme . (65+)	1% age of care ho lation (12% of or Asian Briti ed to 6%). ervice rovision will b recording key oring process h protected c 5+ by religion, A Buddh * nts	ome resider f those whe ish groups a e embedde r indicators es so the se haracteristic April 2022 - Ju ist Chris 51 (1111 (1%	ats are from B re ethnicity is re slightly und d in the new of will be built in rvice can cons c, and be read uly 2024 tian Hindu (21%) (25%) 62% Other No r	lack, Asiar recorded derreprese contract. to the new sistently ro dy to addro	n, and Minori compared to ented compa w contract, ir eport on posi ess any gaps Jewish * 1%	9% in the red to the necluding itive and in suppo	ne old closer rt.
eligion and elief, including on-belief	(65+) Key findings • A slightly h groups that population • Older peol population • Older peol population • Culturally • An improve management negative in • Data Table 6: Care home reference (a) PFI care hom Other care h Census 2021 (b) PFI care hom	6% higher percent on in the population ole from Asian of (3% compare the new se appropriate p ed process of ent and monit mpacts on eac esidents aged 60 hes ome placeme . (65+)	1% age of care ho lation (12% of or Asian Briti ed to 6%). ervice rovision will b recording key oring process h protected c 5+ by religion, A Buddh * nts	ome resider f those whe ish groups a e embedde r indicators es so the se haracteristic April 2022 - Ju ist Chris 51 (1111 (1% Sikh (ats are from B re ethnicity is re slightly und d in the new of will be built ir rvice can com c, and be read (21%) (25%) 62% Other No r	lack, Asiar recorded derreprese contract. nto the new sistently re sistently re dy to addre 4 x a a * * 2% religion	n, and Minori compared to ented compa w contract, ir eport on posi ess any gaps Jewish * 1% Unknown	9% in the red to the network of the second s	ne old closer rt.

Protected group	Findings						
		ge band	% in Richmond religion (Censu		Christian	Other	
	10	6-24		44%	34%	109	6
		5-34		41%	31%	109	
	3	5-49		54%	42%	129	6
	50	0-64		59%	51%	89	6
	6	5-74		65%	58%	79	6
	7	5-84		72%	66%	6%	6
	8	5+		76%	70%	6%	6
	 the figure Census da under 65, as the nur Religion c certain tir time to pr older age. CQC provi Implications for An improvi managem 	s uncertain a ata show that particularly mber of peop an affect mu nes of the ye ray. Support . This may pa ides some gu r new serv yed process o ent and mor	and only total fig t older people ir those aged 75 a ole reporting the ltiple aspects of ear), grooming a ing people to m articularly affect idance for best ice of recording key hitoring process	ion unknown rec gures are included Richmond are m nd older, howeve a person's life, e nd dress needs, r aintain any religio those with demo practice in care h indicators will be as so the service on haracteristic, and	d in the table ab nore likely to ha er this largely re of other religion .g. dietary restr eligious holiday ous observation entia. nomes ⁷ .	ove. ve religious be flects the Chri s decreases w ictions (that m 's and the nee they wish is v new contract, report on po	eliefs than those istian population ith age from 50+ nay change durin d for space and ital to dignity in including closer sitive and
Sexual	Data						
orientation	Table 8: Care home r	esidents aged	65+ by sexual ori	entation, April 2022	2 - July 2024		
		Bisexual	Gay or lesbian	Straight / heterosexual		Unknown	Total
	PFI care homes		resistan	117 (48%)		134 (55%)	243
	Other care home		*	216 (49%)		234 (53%)	*
	placements			===== (1070)			
		1.2%	1.9%	89.0%	0.3%	7.6%	

 ⁷ Examples of culturally appropriate care - Care Quality Commission (cqc.org.uk)
 ⁸ Safe to be me.pdf (ageuk.org.uk)

Protected group	Findings
	providers. However, sexual identity can also impact a person's interests and attitudes which is a key part of providing support to people to retain their independence as far as possible ⁹ .
	 Implications for new service An improved process of recording key indicators will be built into the new contract, including closer management and monitoring processes so the service can consistently report on positive and negative impacts on each protected characteristic, and be ready to address any gaps in support.

Across groups i.e. older LGBT	Data, key findings and implications for the new service
service users or Black, Asian & Minority Ethnic young men.	 Data across the groups has been examined in the previous section where available.

Socio-economic	Data					
status						
(to be treated as	Deprivation, low income groups and employment					
a protected				ant anntuileutian a		hla
characteristic	All service users are finance below is a snapshot of resi					
under Section 1	depend on the financial as		•		SVC 1200. Contin	Julions
of the Equality			· · · · · · · · · · · · · · · · · · ·			
Act 2010)		Nil cost	Contribution	Contribution	Full cost	Total
Include the			<£200	>=£200	Full Cost	
following groups:	Numbers of Richmond re	sidents in PFI care hon		1	1	
	Nulsing general	*	8 (35%)	8 (35%)	6 (26%)	*
Deprivation	Nursing dementia	5 (20%)	9 (36%)	9 (36%)	*	25
(measured	Residential general	*	6 (32%)	9 (47%)	*	*
by the 2019	Residential dementia	*	14 (36%)	20 (51%)	*	*
English	Totals	11 (10%)	37 (35%)	46 (43%)	12 (11%)	106
Indices of	Numbers of Richmond re	sidents in other care h				
Deprivation)	Nursing general	*	15 (43%)	15 (43%)	*	*
Low-income	Nursing dementia	13 (18%)	21 (29%)	30 (42%)	8 (11%) *	72 *
	Residential general	9 (21%)	27 (63%)	5 (12%)	*	*
groups &	Residential dementia	15 (18%)	22 (27%)	42 (51%)		-
employment	Totals	39 (17%)	85 (36%)	92 (39%)	17 (7%)	233
Carers	Percentage of placement		250	250	67 0(400/
Care	Nursing general	33%	35%	35%	67%	40%
experienced	Nursing dementia	28%	30%	23%	20%	26%
people	Residential general	25%	18%	64%	33%	31%
	Residential dementia Totals	12%	39% 30%	32% 33%	43% 41%	32% 31%
Single	Totais	22%	30%	55%	41%	51%
parents	Carers					
Health	No date available howeve	r this group will be imr	acted			
inequalities	Care experienced per	• • •				
	No data available however		nacted			
	Single parents	and Broad may be im	pucicu.			

•	Refugee	Not applicable to care home residents.		
	status	Health inequalities		
		Data available but to be assessed - this group will be impacted.		
		Refugee status		
			Richmond upon Thames ¹⁰	
		Homes for Ukraine - not including super sponsors (arrivals)	873	
		Afghan Resettlement Programme (total) (population)	26	
		interim	0	
		settled in LA housing	18	
		settled in PRS housing	8	
		Supported Asylum (total) (population)	22	
		Initial Accommodation	0	
		Dispersed Accommodation	11	
		Contingency Accommodation	0	
		Other Accommodation	0	
		Subsistence only	11	
		All 3 pathways (total)	921	
		Borough population	195,232	
		Per capita (%)	0.47%	
		 Deprivation, low income groups and employment There is no Mosaic data on socio-economic status of the care home placed in care homes by Richmond have undertaken a financial ass contributions towards their care. 10% of people in the PFI care home placements and 17% of people have no contribution meaning that their financial assessment show contribution threshold (August 2024.) The Indices of Multiple Deprivation shows that the 3 care homes and deprivation (with rankings of around 5 IMD¹¹) – however residents areas and are not necessarily local residents to either of the care homes are population (an estimated 14,054 residents)¹². A key aim of the re-procurement is to ensure that carers and families of supported throughout the process. 	essment which may result in in other care home placements vs their income and assets below the re located in areas of varying access the homes from different omes.	
		 Care experienced people There is no Mosaic data on whether Care Home residents are also on Most of the research and evidence relating to care experienced per under and there is little evidence about later life. Single parents No care home resident will be the sole carer for minor children. 		
		Refugee status		

 ¹⁰ <u>Home Office - Immigration system statistics data tables</u>
 ¹¹ https://data.cdrc.ac.uk/dataset/index-multiple-deprivation-imd, ONS Census 2021
 ¹² ONS Census 2021

• There is no specific data on Mosaic on the refugee status of care home residents. However, Richmond is a borough of sanctuary and is committed to supporting refugees and victims of violence. 0.47% of the borough's population is supported through the Homes for Ukraine, Afghan Resettlement Programme and Supported Asylum Programme which may include care home residents.
 Implications for new service To be confirmed

Data gaps

Data gap(s)	How will this be addressed?
Gender reassignment: no data on Mosaic	Improved monitoring wherever possible and strive to be a responsive service
Autism: no data on Mosaic	Improved monitoring wherever possible and strive to be a responsive service
Additional support and care needs as well as the primary support reason: no data on Mosaic	Improved monitoring wherever possible and strive to be a responsive service
Marriage and civil partnership: incomplete data on Mosaic	Improved monitoring wherever possible and strive to be a responsive service
Religion: incomplete data on Mosaic	Improved monitoring wherever possible and strive to be a responsive service
Sexual orientation: incomplete data on Mosaic	Improved monitoring wherever possible and strive to be a responsive service
Socio-economic status: all groups may be impacted but there is no available data to analyse	Improved monitoring wherever possible and strive to be a responsive service

4. Impact

The 25-year PFI contract with the incumbent provider managing the 3 care homes in Richmond expires in March 2026. The Council must commission a new provider – this is an opportunity for the Council to do things differently and modernise the contract terms and how it will manage the contract in the future. Future services must meet people's needs – we know the older population as a whole, and the older population with disabilities, is set to increase by 34% by 2039¹³. Barriers to access Council's care home provision and address under-representation will be reviewed as part of the service re-procurement phase.

Any gaps in our equalities assessment will be addressed during the next stage of the programme. As mentioned above, as part of the re-procurement for the 3 care homes in Richmond an improved process of recording key indicators for equalities and diversity will be introduced, including a new equalities monitoring processes so that the service can proactively respond to changing trends and be ready to address any gaps in support. Following a positive response from Adult Social Services Health and Housing Committee in December, a comprehensive Action Plan for phased improvement works to the care homes will be implementation in partnership with the new provider.

¹³ Emerson & Hatton, Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, June 2004 - national prevalence rates and GLA Population Projections

There are no negative impacts arising from this equalities impact assessment – the re-procurement of the 3 care homes in Richmond is required but is an opportunity to review and redesign care home provision after 25 years of the PFI contract being in place – care home provision for people requiring resident, nursing and dementia care will be impacted positively on all the protected groups because it is an *improvement* programme, aimed to increase connectivity and encourage collaboration. The future service will ensure that all requirements of the Equality Act of 2010 will be upheld, ensuring that the commissioning strategy will protect residents from discrimination and promote positive outcomes regardless of a service user's background.

Protected group	Positive	Negative
Age	Improving access to care home	NONE
	provision in Richmond for older adults	
	with residential, nursing and dementia	
	needs	
Disability	Improving access to care home	NONE
	provision in Richmond for older adults	
	with residential, nursing and dementia	
	needs	
Sex	Improving access to care home	NONE
	provision for men	
Gender reassignment	Improving access to care home	NONE
	provision in Richmond for everyone	
Marriage and civil	Improving access to respite support	NONE
partnership	and short breaks in Richmond for	
	individuals who have their partner	
	residing in a care home	
Pregnancy and maternity	N/A	N/A
Race/ethnicity	Improving access to care home	NONE
	provision in Richmond by increasing	
	purposeful and culturally appropriate	
	activities	
Religion and belief,	Improving access to care home	NONE
including non-belief	provision in Richmond by increasing	
	purposeful and culturally appropriate	
	activities	
Sexual orientation	Improving access to care home	NONE
	provision in Richmond by increasing	
	purposeful activities	
Socio-economic status	Improving access to care home	TO BE DETERMINED
(to be treated as a	provision by increasing support to	
protected characteristic	unpaid carers	
under Section 1 of the		
Equality Act 2010)		
Include the following		
groups:		
Deprivation		
(measured by the		

2019 English Indices of	
Deprivation)	
• Low-income groups &	
employment	
Carers	
Care experienced	
people	
Single parents	
Health inequalities	
Refugee status	

5. Actions to advance equality, diversity and inclusion

Action	Lead Officer	Deadline
Richmond Care Homes Re-Procurement Action Plan with a section on	Di Manning	Current
equalities and diversity monitoring – to be developed to monitor the		
specific positive and negative impacts during the programme's lifecycle.		
Baseline data for all protected characteristics where available will be	Di Manning	Wherever
used to inform service improvements and improvements made to the		available
data collection will be done as part of the wider Mosaic work.		
The aim is to improve access to care home services for all relevant		
groups with a need for bedded care provision.		
Key performance targets have not yet been set; these are being	Di Manning	From December
developed as part of the contract specification documentation (building/		2024 and by the
FM and care) and will be signed off in December 2024 for inclusion in the		start of the
contract Invitation to Tender pack which will be issued in February 2025.		service
Mitigation factors for the impacts outlined above in the specification for		reprovisioning
the new service.		(March 2026)

6. Further Engagement

Engagement planned	Date of engagement
Internal and external engagement and communications activities with key stakeholders will continue throughout the programme lifecycle, for example, residents and their relatives will be periodically communicated with at key stages of the re-procurement exercise and beyond mobilisation post contract award in 2026. The incumbent provider is fully onboard with their plans to ensure residents and relatives are reassured. The Procurement Team will lead on the procurement activities with the Commissioning Team and there will be a requirement to retain subject experts on the programme from Finance, Legal and Property Services. Internal and external engagement with key frontline teams and statutory and voluntary community sector will continue. Wider comms with the general public will	Early 2025 through to 2026 post contract award.
be considered in 2025. This EINA will be kept in review and be updated following any relevant discussions from future communication or engagement sessions.	