

Equality Impact Assessment (EIA):

| | | | |
|--|---|-----------------------|--|
| Name of Report/Proposal/Strategy: | Care Home Fee Setting 2012-2014 | | |
| Name (Key Officer/Author): | Frances Mason | Business Unit: | Adult Social Care and Supporting People Commissioning Department |
| Position: | Interim Head of Adult Social Care and Supporting People Commissioning | Tel: | 01803 208424 |
| Date: | 28 th January 2013 | Email: | Fran.mason@nhs.net |

Since the Equality Act 2010 came into force the council has continued to be committed to ensuring we provide services that meet the diverse needs of our community as well as ensure we are an organisation that is sensitive to the needs of individuals within our workforce. This Equality Impact Assessment (EIA) has been developed as a tool to enable business units to fully consider the impact of proposed decisions on the community.

This EIA will evidence that you have fully considered the impact of your proposal / strategy and carried out appropriate consultation with key stakeholders. The EIA will allow Councillors and Senior Officers to make informed decisions as part of the council's decision-making process.

Relevance Test – ‘A Proportionate Approach’

Not all of the proposals or strategies we put forward will be ‘relevant’ in terms of the actual or potential impact on the community in relation to equality and vulnerable groups. For instance, a report on changing a supplier of copier paper may not require an EIA to be completed whereas a report outlining a proposal for a new community swimming pool or a report proposing a closure of a service would.

Therefore before completing the EIA please answer the following questions. If you answer ‘yes’ to any of the questions below you must complete a full EIA.

| | | | |
|----|---|--|--|
| 1) | Does this report relate to a key decision? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 2) | Will the decision have an impact (i.e. a positive or negative effect/change) on any of the following: <ul style="list-style-type: none"> • The Community (including specific impacts upon the vulnerable or equality groups) • Our Partners • The Council (including our structure, ‘knock-on’ effects for other business units, our reputation, finances, legal obligations or service provision) | Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> | N <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/> |

Section 1: Purpose of the proposal/strategy/decision

| No | Question | Details |
|-----|---|---|
| 1. | Clearly set out the purpose of the proposal | <p>This is a proposal to set Local Authority fee rates for residential and nursing care for older people for the 2 year period 1 April 2012 – 31 March 2014</p> <p>Torbay Council commissions Torbay and Southern Devon Health and Care NHS Trust (TSDHCT) to provide residential and nursing care to people with assessed needs. This care is purchased from the private market for people who do not self-fund.</p> <p>The proposal arises following a review of fee rates to ensure that the 'usual cost' the council pays for its social care placements in residential and nursing homes is set at the appropriate level having regard to the actual costs of care and accommodation .</p> <p>The proposal represents an overall increase in the budget the Council makes available for care homes including funding provision for transitional protection of current fee rates until 31st March 2014. As we are currently in the period for which we are setting the fee rates then if implemented any increase will be backdated to 1st April 2012. If the review determines that the usual cost of care is less than that currently in payment then the current fee levels will be maintained until 31st March 2014 or until the resident leaves the service.</p> <p>The detailed proposal is in Appendix 1.</p> |
| 2. | Who is intended to benefit /who will be affected? | <p>People aged 65 and over who are assessed as requiring residential or nursing care in Torbay Local Authority area and who meet Local Authority funding eligibility criteria.</p> <p>It is noted that these people are directly affected by the decision and have protected characteristics under the 2010 Act in respect of;</p> <hr/> <p>(a) Age, because those affected are elderly (b) Disability, in particular as a result of age.</p> <hr/> <p>Care home providers are significant stakeholders in this decision, and the outcome will have an impact upon their businesses. The providers have been extensively consulted throughout the consideration of this matter.</p> |
| a3. | What is the intended outcome? | <p>The intended outcome is an approach to setting fees which;</p> <ul style="list-style-type: none"> • Ensures that care home fees are sufficient to cover the costs of care, so as to ensure that individuals' needs are properly met; • Ensures that care home fee rates are appropriately banded to reflect differing levels of need; |

| No | Question | Details |
|----|----------|--|
| | | <ul style="list-style-type: none"> • Ensures that care needs in Torbay are met in an efficient and sustainable Provider market which is the right size for the demand available • Enables the council to make best use of public resources <p>The proposal maintains by virtue of the transitional protection and in some cases increases Local Authority fees for residential/nursing care for older people aged 65 and over. As a result it will maintain or improve current service levels. The proposal does not affect eligibility for these services.</p> <p>Fees will be set so that they meet the assessed care needs of individuals and cover the cost of care.</p> |

Section 2: Equalities, Consultation and Engagement

Torbay Council has a moral obligation as well as a duty under the Equality Act 2010 to eliminate discrimination, promote good relations and advance equality of opportunity between people who share a protected characteristic and people who do not.

See also:

Joint equality strategy for Torbay, and

Joint equality strategy action plan- 2011-14

This is a joint equality strategy for partners.

<http://www.torbay.gov.uk/equalopportunities.htm>

Equality Objectives 2012-16:

<http://www.torbay.gov.uk/equalityobjectives.htm>

Supporting the Equality Duty- Report on Equality Information, January 2012

<http://www.torbay.gov.uk/equalityinformation.pdf>

The **Equalities, Consultation and Engagement** section ensures that, as a council, we take into account the Public Sector Equality Duty at an early stage and provide evidence to ensure that we fully consider the impact of our decisions / proposals on the Torbay community.

It is essential that we consider, and demonstrate that we have considered within this impact assessment how individuals will be affected (eg service users and their carers).

The Equality Act 2010 requires that we must take into account the protected characteristics of age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, sexual orientation, race, and religion and belief (where relevant).

This duty means that we have to ensure that individuals with different needs get the different treatment they need, to ensure that they are not disadvantaged, and to ensure that services/facilities are available to them on an equal basis in order to meet their needs.

We need to ensure that we are advancing the equality of opportunity by recognising any disadvantages to which protected groups are subjected, and considering how these can be overcome.

In addition we also need to ensure that the human rights of individuals are protected. This means we have to ensure that fee levels enables service users to have;

- An appropriate level of care which provides dignity and respect,
- An appropriate level of care which ensures their protection from torture and ensures their freedom of thought, belief and religion within the Human Rights Act 1998.

- An appropriate level of care which ensures the elimination of discrimination and the promotion of good relations under the Equality Act 2010),
- A reasonable level of choice in where and how they live their life and interact with others.
- A right to life (ensuring that nothing we do results in unlawful or unnecessary/unavoidable death).

Evidence, Consultation and Engagement

| No | Question | Details |
|----|---|--|
| 4. | Have you considered the available evidence? | <p>Information on the cost of care</p> <p>The process involved detailed analysis of the local market. The document entitled ‘Assessing the Usual Cost of Care in Torbay (October 2012) details the methodology and information that was considered in developing the fees proposal, and the document entitled ‘Care Home Fees Review- Analysis of Consultation Responses and Changes Arising due to Consultation.’ updates the position following the conclusion of the consultation period, which details how the proposal has been amended in light of the consultation responses received.</p> <p>As part of the review of fee rates a Torbay cost model (a methodology for determining the usual cost of care in Torbay) has been developed. This comprises four care categories (each with a usual cost of care, or fee, attached) that take into account the differing care needs of those within that category. These are Standard Residential, Standard Residential Plus, Standard Nursing and Standard Nursing Plus. The two standard plus categories take account of the increased care needs of some residents including, for example, those diagnosed with dementia.</p> <p>The majority of care home residents in Torbay do not fall within the banded fee rates covered by this proposal. These fee rates are set in order to provide choice of accommodation in accordance with Department of Health guidance known as ‘The Choice Directive’. Local Authorities are required to provide residential care for people over the age of 18 who are in need of care and attention, which is not otherwise available to them. In providing this care the Local Authority has to comply with the National Assistance Act 1948 (Choice of Accommodation) Directions, which requires Local Authorities to provide such accommodation at the place of the clients’ choosing provided that,</p> <p>“the cost of making arrangements for him at his preferred accommodation would not require the authority to pay more than they would usually expect to pay having regard to his assessed needs.”</p> |

| No | Question | Details |
|----|----------|---|
| | | <p>Some care homes offer facilities that may be desirable to some but are not required to fulfil the care needs of an individual such as sea views, very large rooms, concierge and other non-care services. If a prospective resident were to choose a home offering such facilities then there is provision for third parties to “top up” the usual costs payments from the Council. It is important to note that these third party payments are over and above the cost of care which is covered by the Council fee. Therefore, the usual cost or banded fee rate is a parameter in a user’s choice but, by design, these rates reflect the differential needs of different groups of users.</p> <p>Furthermore, where an individual’s assessed care needs fall outside those that can be adequately described by the banding assessment criteria then these individuals will be assessed within the exceptional needs banding, for individual packages of care which will be individually negotiated with the care fees being set outside of the banded rates therefore falling outside the scope of this decision.</p> <p>Information and research has been taken into account in order to formulate the fees proposal including inter alia;</p> <ul style="list-style-type: none"> • Research by Laing and Buisson (2012), • Research by Bishop Fleming (2011) • Information from ADASS (Association of Directors of Adult Social Services) • Health and social care professionals have provided advice on the cost of care in Torbay • Information has been sought from and given by care home providers in Torbay • Feedback from providers in meetings, 1-1s and in response to a structured questionnaire. <p>TSDHCT have used the above research and information to give careful consideration of how this proposal could affect the parameters within which older people have a choice of residential accommodation and if this will have differential effects upon people with different needs. and with protected characteristics.</p> <p>TSDHCT have also given careful consideration to the market supply of beds. It is clear there is an oversupply of beds in Torbay, particularly residential care beds. There is also good evidence to suggest that both private and public sector demand for residential care will continue to fall. The market will have to adjust and resize and this may include some homes choosing to close. We have looked at these risks specifically. It is important to note that if care homes do cease trading, TSDHCT has a process in place to assist homes in difficulty and to manage the necessary relocation of all residents (both public and privately funded).</p> <p>It is not possible to forecast which care homes might close as the market adjusts. It is however, likely to be those with high rates of bed vacancies (relative to the rest of the market) and any that have made unwise commercial decisions for example, to increase provision in a declining market, distribute profits rather than retain them and to buy into a market</p> |

| No | Question | Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|------------------------------|---|--------------|-------------------------------|------------------|--------------|-------------------------------|--------|---------------|-----|----|-----|-------------|---|---|---|-------------------------|----|---|----|----------------------------|----|---|----|------------------------|----|---|----|------------------------------|---|---|---|----------------------|------------|-----------|------------|------|---------------|-----|----|-----|-------------|----|----|----|----------------------------|----|----|----|--|--|--|--|------------------------|----|----|----|------------------------------|----|----|---|--------------------|------------|-----------|------------|--------------------------------|--|------------|-----------|------------|
| | | <p>which is in oversupply. These factors, and others, indicate that any home closures will not fall on a particular type of home and more specifically a particular type of resident. Therefore no differential impact is envisaged or foreseen.</p> <p>Below is a summary of clients in long-stay residential and nursing care placed by Torbay so includes out of area placements. There are also short stay placements but these are not included in the table. The table shows there are 564 clients- the majority are women who are White British.</p> <p>Table 1: Long stay care home placements as on 13 December 2012 (excluding fully self funded)</p> <table border="1"> <thead> <tr> <th data-bbox="562 453 703 493">Gender</th> <th data-bbox="703 453 1122 493">Ethnicity</th> <th data-bbox="1122 453 1391 493">Residential care</th> <th data-bbox="1391 453 1615 493">Nursing care</th> <th data-bbox="1615 453 2047 493">Total residential and nursing</th> </tr> </thead> <tbody> <tr> <td data-bbox="562 493 703 812" rowspan="7">Female</td> <td data-bbox="703 493 1122 533">White British</td> <td data-bbox="1122 493 1391 533">333</td> <td data-bbox="1391 493 1615 533">47</td> <td data-bbox="1615 493 2047 533">380</td> </tr> <tr> <td data-bbox="703 533 1122 572">White Irish</td> <td data-bbox="1122 533 1391 572">9</td> <td data-bbox="1391 533 1615 572">0</td> <td data-bbox="1615 533 2047 572">9</td> </tr> <tr> <td data-bbox="703 572 1122 612">White and Black African</td> <td data-bbox="1122 572 1391 612"><5</td> <td data-bbox="1391 572 1615 612">0</td> <td data-bbox="1615 572 2047 612"><5</td> </tr> <tr> <td data-bbox="703 612 1122 652">Any other White background</td> <td data-bbox="1122 612 1391 652"><5</td> <td data-bbox="1391 612 1615 652">0</td> <td data-bbox="1615 612 2047 652"><5</td> </tr> <tr> <td data-bbox="703 652 1122 692">Any other ethnic group</td> <td data-bbox="1122 652 1391 692"><5</td> <td data-bbox="1391 652 1615 692">0</td> <td data-bbox="1615 652 2047 692"><5</td> </tr> <tr> <td data-bbox="703 692 1122 732">Information not yet obtained</td> <td data-bbox="1122 692 1391 732">8</td> <td data-bbox="1391 692 1615 732">0</td> <td data-bbox="1615 692 2047 732">8</td> </tr> <tr> <td data-bbox="703 732 1122 812">Total females</td> <td data-bbox="1122 732 1391 812">356</td> <td data-bbox="1391 732 1615 812">47</td> <td data-bbox="1615 732 2047 812">403</td> </tr> <tr> <td data-bbox="562 812 703 1131" rowspan="7">Male</td> <td data-bbox="703 812 1122 852">White British</td> <td data-bbox="1122 812 1391 852">120</td> <td data-bbox="1391 812 1615 852">29</td> <td data-bbox="1615 812 2047 852">149</td> </tr> <tr> <td data-bbox="703 852 1122 892">White Irish</td> <td data-bbox="1122 852 1391 892"><5</td> <td data-bbox="1391 852 1615 892"><5</td> <td data-bbox="1615 852 2047 892"><5</td> </tr> <tr> <td data-bbox="703 892 1122 932">Any other White background</td> <td data-bbox="1122 892 1391 932"><5</td> <td data-bbox="1391 892 1615 932"><5</td> <td data-bbox="1615 892 2047 932"><5</td> </tr> <tr> <td data-bbox="703 932 1122 971"></td> <td data-bbox="1122 932 1391 971"></td> <td data-bbox="1391 932 1615 971"></td> <td data-bbox="1615 932 2047 971"></td> </tr> <tr> <td data-bbox="703 971 1122 1011">Any other ethnic group</td> <td data-bbox="1122 971 1391 1011"><5</td> <td data-bbox="1391 971 1615 1011"><5</td> <td data-bbox="1615 971 2047 1011"><5</td> </tr> <tr> <td data-bbox="703 1011 1122 1051">Information not yet obtained</td> <td data-bbox="1122 1011 1391 1051"><5</td> <td data-bbox="1391 1011 1615 1051"><5</td> <td data-bbox="1615 1011 2047 1051">5</td> </tr> <tr> <td data-bbox="703 1051 1122 1131">Total males</td> <td data-bbox="1122 1051 1391 1131">129</td> <td data-bbox="1391 1051 1615 1131">32</td> <td data-bbox="1615 1051 2047 1131">161</td> </tr> <tr> <td colspan="2" data-bbox="562 1131 1122 1171">Total Males and females</td> <td data-bbox="1122 1131 1391 1171">485</td> <td data-bbox="1391 1131 1615 1171">79</td> <td data-bbox="1615 1131 2047 1171">564</td> </tr> </tbody> </table> <p>Source: TSDHCT</p> | Gender | Ethnicity | Residential care | Nursing care | Total residential and nursing | Female | White British | 333 | 47 | 380 | White Irish | 9 | 0 | 9 | White and Black African | <5 | 0 | <5 | Any other White background | <5 | 0 | <5 | Any other ethnic group | <5 | 0 | <5 | Information not yet obtained | 8 | 0 | 8 | Total females | 356 | 47 | 403 | Male | White British | 120 | 29 | 149 | White Irish | <5 | <5 | <5 | Any other White background | <5 | <5 | <5 | | | | | Any other ethnic group | <5 | <5 | <5 | Information not yet obtained | <5 | <5 | 5 | Total males | 129 | 32 | 161 | Total Males and females | | 485 | 79 | 564 |
| Gender | Ethnicity | Residential care | Nursing care | Total residential and nursing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Female | White British | 333 | 47 | 380 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | White Irish | 9 | 0 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | White and Black African | <5 | 0 | <5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Any other White background | <5 | 0 | <5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Any other ethnic group | <5 | 0 | <5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Information not yet obtained | 8 | 0 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total females | 356 | 47 | 403 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male | White British | 120 | 29 | 149 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | White Irish | <5 | <5 | <5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Any other White background | <5 | <5 | <5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Any other ethnic group | <5 | <5 | <5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Information not yet obtained | <5 | <5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total males | 129 | 32 | 161 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Males and females | | 485 | 79 | 564 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No | Question | Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|------------------------------------|--|-----------------------|------------------------------------|-----------|-----------------------|-----------|-----------|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|-----|-------|-------|------------------|---------------|---------------|---------------|--------------|------------|------------|-------------|-----------|------------------------------------|--|--|------------------------------------|--|--|--|--|--|---------|---------|---------|------|------|------|------|------|------|-------|---|---|---|---|---|---|---|---|---|-------|---|---|---|---|---|---|---|---|---|-------|----|---|---|---|---|---|---|---|---|-------|----|----|----|---|---|---|---|---|---|-----|----|----|----|----|----|----|----|---|---|------------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | | <p data-bbox="562 181 1469 209">Table 2: Census 2011, Number of people resident in Torbay aged 65+</p> <table border="1" data-bbox="562 212 1348 560"> <thead> <tr> <th>Age</th> <th>Male</th> <th>Female</th> <th>Total Male and Female</th> </tr> </thead> <tbody> <tr> <td>65-69</td> <td>4,213</td> <td>4,381</td> <td>8,594</td> </tr> <tr> <td>70-74</td> <td>3,339</td> <td>3,631</td> <td>6,970</td> </tr> <tr> <td>75-79</td> <td>2,643</td> <td>3,161</td> <td>5,804</td> </tr> <tr> <td>80-84</td> <td>1,786</td> <td>2,629</td> <td>4,415</td> </tr> <tr> <td>85-89</td> <td>1,114</td> <td>2,076</td> <td>3,190</td> </tr> <tr> <td>90+</td> <td>522</td> <td>1,359</td> <td>1,881</td> </tr> <tr> <td>Total 65+</td> <td>13,617</td> <td>17,237</td> <td>30,854</td> </tr> <tr> <td>% 65+</td> <td>44%</td> <td>56%</td> <td>100%</td> </tr> </tbody> </table> <p data-bbox="562 596 2128 727">56% of the population aged 65+ are female according to the 2011 census. This compares to 71% of care home residents aged 65+ being female (table 1). The total population of people aged 65+ has increased slightly from the 29,360 registered in the 2001 census. The biggest increase can be seen in the 65-74 age group with an increase of 1737 people between 2001 and 2011. There is a decrease of 448 people in the 75-84 age group.</p> <p data-bbox="562 767 2128 930">The tables below show new placements made in residential and nursing care by TSDHCT over a 3 year period. The right hand side of the table shows estimated demand for care home places based on the 3 years data. There is an expected reduction in new long term nursing and residential care placements but table 5 gives an expected increase in Intermediate Care placements (these are short term). The estimated demand is based on population only and is not adjusted to account for deprivation or health conditions.</p> <p data-bbox="562 938 663 965">Table 3</p> <table border="1" data-bbox="573 968 1955 1316"> <thead> <tr> <th rowspan="2">Age group</th> <th colspan="3">New nursing placements - Long term</th> <th colspan="6">Anticipated new nursing placements</th> </tr> <tr> <th>2009/10</th> <th>2010/11</th> <th>2011/12</th> <th>2013</th> <th>2014</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> </tr> </thead> <tbody> <tr> <td>65-69</td> <td>5</td> <td>3</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>70-74</td> <td>8</td> <td>6</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>75-79</td> <td>13</td> <td>4</td> <td>8</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>2</td> <td>1</td> </tr> <tr> <td>80-84</td> <td>21</td> <td>12</td> <td>12</td> <td>8</td> <td>6</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> </tr> <tr> <td>85+</td> <td>49</td> <td>37</td> <td>30</td> <td>22</td> <td>17</td> <td>14</td> <td>11</td> <td>9</td> <td>7</td> </tr> <tr> <td>Total 65+</td> <td>105</td> <td>67</td> <td>63</td> <td>39</td> <td>30</td> <td>23</td> <td>18</td> <td>14</td> <td>11</td> </tr> </tbody> </table> <p data-bbox="562 1321 2007 1348">Source: NHS Torbay; Office of National Statistics (ONS) Interim 2011 based sub national population projections</p> | Age | Male | Female | Total Male and Female | 65-69 | 4,213 | 4,381 | 8,594 | 70-74 | 3,339 | 3,631 | 6,970 | 75-79 | 2,643 | 3,161 | 5,804 | 80-84 | 1,786 | 2,629 | 4,415 | 85-89 | 1,114 | 2,076 | 3,190 | 90+ | 522 | 1,359 | 1,881 | Total 65+ | 13,617 | 17,237 | 30,854 | % 65+ | 44% | 56% | 100% | Age group | New nursing placements - Long term | | | Anticipated new nursing placements | | | | | | 2009/10 | 2010/11 | 2011/12 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 65-69 | 5 | 3 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 70-74 | 8 | 6 | 4 | 3 | 2 | 1 | 1 | 1 | 1 | 75-79 | 13 | 4 | 8 | 5 | 4 | 3 | 2 | 2 | 1 | 80-84 | 21 | 12 | 12 | 8 | 6 | 5 | 4 | 3 | 2 | 85+ | 49 | 37 | 30 | 22 | 17 | 14 | 11 | 9 | 7 | Total 65+ | 105 | 67 | 63 | 39 | 30 | 23 | 18 | 14 | 11 |
| Age | Male | Female | Total Male and Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65-69 | 4,213 | 4,381 | 8,594 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70-74 | 3,339 | 3,631 | 6,970 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75-79 | 2,643 | 3,161 | 5,804 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80-84 | 1,786 | 2,629 | 4,415 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85-89 | 1,114 | 2,076 | 3,190 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90+ | 522 | 1,359 | 1,881 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total 65+ | 13,617 | 17,237 | 30,854 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % 65+ | 44% | 56% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age group | New nursing placements - Long term | | | Anticipated new nursing placements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2009/10 | 2010/11 | 2011/12 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65-69 | 5 | 3 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70-74 | 8 | 6 | 4 | 3 | 2 | 1 | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75-79 | 13 | 4 | 8 | 5 | 4 | 3 | 2 | 2 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80-84 | 21 | 12 | 12 | 8 | 6 | 5 | 4 | 3 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85+ | 49 | 37 | 30 | 22 | 17 | 14 | 11 | 9 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total 65+ | 105 | 67 | 63 | 39 | 30 | 23 | 18 | 14 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No | Question | Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------|---|------------|--|--------------|--------------|--------------|--------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|-----------|---------|---------|---------|------|------|------|------|------|------|-------|----|----|---|---|---|---|---|---|---|-------|----|----|----|---|---|---|---|---|---|-------|----|----|----|----|----|----|----|----|----|-------|----|----|----|----|----|----|---|---|---|-----|-----|-----|-----|-----|-----|----|----|----|----|------------------|------------|------------|------------|------------|------------|------------|------------|-----------|-----------|----------------------------------|--|--|--|--|--|--|--|--|--|-----------|---------|---------|---------|------|------|------|------|------|------|-------|----|----|----|----|----|----|----|----|-----|-------|----|----|----|----|----|----|----|-----|-----|-------|----|----|----|-----|-----|-----|-----|-----|-----|-------|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|-------|------------------|------------|------------|------------|------------|--------------|--------------|--------------|--------------|--------------|
| | | <p>Table 4</p> <table border="1"> <thead> <tr> <th colspan="4" data-bbox="573 181 1189 217">New residential placements - Long term</th> <th colspan="6" data-bbox="1189 181 1944 217">Anticipated new residential placements</th> </tr> <tr> <th data-bbox="573 217 752 252">Age group</th> <th data-bbox="752 217 891 252">2009/10</th> <th data-bbox="891 217 1030 252">2010/11</th> <th data-bbox="1030 217 1189 252">2011/12</th> <th data-bbox="1189 217 1301 252">2013</th> <th data-bbox="1301 217 1440 252">2014</th> <th data-bbox="1440 217 1579 252">2015</th> <th data-bbox="1579 217 1718 252">2016</th> <th data-bbox="1718 217 1856 252">2017</th> <th data-bbox="1856 217 1944 252">2018</th> </tr> </thead> <tbody> <tr> <td data-bbox="573 252 752 287">65-69</td> <td data-bbox="752 252 891 287">17</td> <td data-bbox="891 252 1030 287">16</td> <td data-bbox="1030 252 1189 287">8</td> <td data-bbox="1189 252 1301 287">7</td> <td data-bbox="1301 252 1440 287">4</td> <td data-bbox="1440 252 1579 287">3</td> <td data-bbox="1579 252 1718 287">2</td> <td data-bbox="1718 252 1856 287">1</td> <td data-bbox="1856 252 1944 287">1</td> </tr> <tr> <td data-bbox="573 287 752 322">70-74</td> <td data-bbox="752 287 891 322">29</td> <td data-bbox="891 287 1030 322">14</td> <td data-bbox="1030 287 1189 322">13</td> <td data-bbox="1189 287 1301 322">8</td> <td data-bbox="1301 287 1440 322">5</td> <td data-bbox="1440 287 1579 322">4</td> <td data-bbox="1579 287 1718 322">3</td> <td data-bbox="1718 287 1856 322">2</td> <td data-bbox="1856 287 1944 322">1</td> </tr> <tr> <td data-bbox="573 322 752 357">75-79</td> <td data-bbox="752 322 891 357">50</td> <td data-bbox="891 322 1030 357">36</td> <td data-bbox="1030 322 1189 357">34</td> <td data-bbox="1189 322 1301 357">27</td> <td data-bbox="1301 322 1440 357">22</td> <td data-bbox="1440 322 1579 357">18</td> <td data-bbox="1579 322 1718 357">15</td> <td data-bbox="1718 322 1856 357">12</td> <td data-bbox="1856 322 1944 357">10</td> </tr> <tr> <td data-bbox="573 357 752 392">80-84</td> <td data-bbox="752 357 891 392">89</td> <td data-bbox="891 357 1030 392">38</td> <td data-bbox="1030 357 1189 392">43</td> <td data-bbox="1189 357 1301 392">24</td> <td data-bbox="1301 357 1440 392">17</td> <td data-bbox="1440 357 1579 392">12</td> <td data-bbox="1579 357 1718 392">9</td> <td data-bbox="1718 357 1856 392">6</td> <td data-bbox="1856 357 1944 392">4</td> </tr> <tr> <td data-bbox="573 392 752 427">85+</td> <td data-bbox="752 392 891 427">208</td> <td data-bbox="891 392 1030 427">155</td> <td data-bbox="1030 392 1189 427">158</td> <td data-bbox="1189 392 1301 427">125</td> <td data-bbox="1301 392 1440 427">109</td> <td data-bbox="1440 392 1579 427">95</td> <td data-bbox="1579 392 1718 427">84</td> <td data-bbox="1718 392 1856 427">74</td> <td data-bbox="1856 392 1944 427">65</td> </tr> <tr> <td data-bbox="573 427 752 462">Total 65+</td> <td data-bbox="752 427 891 462">505</td> <td data-bbox="891 427 1030 462">301</td> <td data-bbox="1030 427 1189 462">315</td> <td data-bbox="1189 427 1301 462">191</td> <td data-bbox="1301 427 1440 462">159</td> <td data-bbox="1440 427 1579 462">133</td> <td data-bbox="1579 427 1718 462">112</td> <td data-bbox="1718 427 1856 462">96</td> <td data-bbox="1856 427 1944 462">82</td> </tr> </tbody> </table> <p>Source: NHS Torbay; ONS as above</p> <p>Table 5</p> <table border="1"> <thead> <tr> <th colspan="4" data-bbox="573 632 1189 667">New intermediate care placements</th> <th colspan="6" data-bbox="1189 632 1944 667">Anticipated new intermediate care placements</th> </tr> <tr> <th data-bbox="573 667 752 702">Age group</th> <th data-bbox="752 667 891 702">2009/10</th> <th data-bbox="891 667 1030 702">2010/11</th> <th data-bbox="1030 667 1189 702">2011/12</th> <th data-bbox="1189 667 1301 702">2013</th> <th data-bbox="1301 667 1440 702">2014</th> <th data-bbox="1440 667 1579 702">2015</th> <th data-bbox="1579 667 1718 702">2016</th> <th data-bbox="1718 667 1856 702">2017</th> <th data-bbox="1856 667 1944 702">2018</th> </tr> </thead> <tbody> <tr> <td data-bbox="573 702 752 737">65-69</td> <td data-bbox="752 702 891 737">11</td> <td data-bbox="891 702 1030 737">20</td> <td data-bbox="1030 702 1189 737">20</td> <td data-bbox="1189 702 1301 737">32</td> <td data-bbox="1301 702 1440 737">42</td> <td data-bbox="1440 702 1579 737">55</td> <td data-bbox="1579 702 1718 737">72</td> <td data-bbox="1718 702 1856 737">87</td> <td data-bbox="1856 702 1944 737">110</td> </tr> <tr> <td data-bbox="573 737 752 772">70-74</td> <td data-bbox="752 737 891 772">18</td> <td data-bbox="891 737 1030 772">27</td> <td data-bbox="1030 737 1189 772">28</td> <td data-bbox="1189 737 1301 772">36</td> <td data-bbox="1301 737 1440 772">46</td> <td data-bbox="1440 737 1579 772">60</td> <td data-bbox="1579 737 1718 772">78</td> <td data-bbox="1718 737 1856 772">105</td> <td data-bbox="1856 737 1944 772">134</td> </tr> <tr> <td data-bbox="573 772 752 807">75-79</td> <td data-bbox="752 772 891 807">35</td> <td data-bbox="891 772 1030 807">69</td> <td data-bbox="1030 772 1189 807">66</td> <td data-bbox="1189 772 1301 807">103</td> <td data-bbox="1301 772 1440 807">141</td> <td data-bbox="1440 772 1579 807">194</td> <td data-bbox="1579 772 1718 807">261</td> <td data-bbox="1718 772 1856 807">358</td> <td data-bbox="1856 772 1944 807">503</td> </tr> <tr> <td data-bbox="573 807 752 842">80-84</td> <td data-bbox="752 807 891 842">92</td> <td data-bbox="891 807 1030 842">130</td> <td data-bbox="1030 807 1189 842">144</td> <td data-bbox="1189 807 1301 842">181</td> <td data-bbox="1301 807 1440 842">232</td> <td data-bbox="1440 807 1579 842">297</td> <td data-bbox="1579 807 1718 842">380</td> <td data-bbox="1718 807 1856 842">486</td> <td data-bbox="1856 807 1944 842">619</td> </tr> <tr> <td data-bbox="573 842 752 877">85+</td> <td data-bbox="752 842 891 877">197</td> <td data-bbox="891 842 1030 877">281</td> <td data-bbox="1030 842 1189 877">335</td> <td data-bbox="1189 842 1301 877">430</td> <td data-bbox="1301 842 1440 877">562</td> <td data-bbox="1440 842 1579 877">735</td> <td data-bbox="1579 842 1718 877">968</td> <td data-bbox="1718 842 1856 877">1,279</td> <td data-bbox="1856 842 1944 877">1,688</td> </tr> <tr> <td data-bbox="573 877 752 912">Total 65+</td> <td data-bbox="752 877 891 912">365</td> <td data-bbox="891 877 1030 912">547</td> <td data-bbox="1030 877 1189 912">616</td> <td data-bbox="1189 877 1301 912">782</td> <td data-bbox="1301 877 1440 912">1,025</td> <td data-bbox="1440 877 1579 912">1,341</td> <td data-bbox="1579 877 1718 912">1,758</td> <td data-bbox="1718 877 1856 912">2,315</td> <td data-bbox="1856 877 1944 912">3,055</td> </tr> </tbody> </table> <p>Source: NHS Torbay; ONS as above</p> <p>Based on Office of National Statistics population projections, it is projected that the number of people aged 65+ with a limiting long term illness is 15,098 in 2012 increasing to 20,878 by 2030 (Source: Projecting Older People Population Information- POPPI- www.poppi.org.uk)</p> <p>Also based on Office of National Statistics population projections- the number of people aged 65+ with dementia in Torbay is estimated to be 2,633 in 2012, 2,767 in 2015 and increasing to 4,210 in the year 2030. The source of this is Dementia UK (2007), presented by POPPI- www.poppi.org.uk</p> | | | | | | | | | | New residential placements - Long term | | | | Anticipated new residential placements | | | | | | Age group | 2009/10 | 2010/11 | 2011/12 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 65-69 | 17 | 16 | 8 | 7 | 4 | 3 | 2 | 1 | 1 | 70-74 | 29 | 14 | 13 | 8 | 5 | 4 | 3 | 2 | 1 | 75-79 | 50 | 36 | 34 | 27 | 22 | 18 | 15 | 12 | 10 | 80-84 | 89 | 38 | 43 | 24 | 17 | 12 | 9 | 6 | 4 | 85+ | 208 | 155 | 158 | 125 | 109 | 95 | 84 | 74 | 65 | Total 65+ | 505 | 301 | 315 | 191 | 159 | 133 | 112 | 96 | 82 | New intermediate care placements | | | | Anticipated new intermediate care placements | | | | | | Age group | 2009/10 | 2010/11 | 2011/12 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 65-69 | 11 | 20 | 20 | 32 | 42 | 55 | 72 | 87 | 110 | 70-74 | 18 | 27 | 28 | 36 | 46 | 60 | 78 | 105 | 134 | 75-79 | 35 | 69 | 66 | 103 | 141 | 194 | 261 | 358 | 503 | 80-84 | 92 | 130 | 144 | 181 | 232 | 297 | 380 | 486 | 619 | 85+ | 197 | 281 | 335 | 430 | 562 | 735 | 968 | 1,279 | 1,688 | Total 65+ | 365 | 547 | 616 | 782 | 1,025 | 1,341 | 1,758 | 2,315 | 3,055 |
| New residential placements - Long term | | | | Anticipated new residential placements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age group | 2009/10 | 2010/11 | 2011/12 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65-69 | 17 | 16 | 8 | 7 | 4 | 3 | 2 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70-74 | 29 | 14 | 13 | 8 | 5 | 4 | 3 | 2 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75-79 | 50 | 36 | 34 | 27 | 22 | 18 | 15 | 12 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80-84 | 89 | 38 | 43 | 24 | 17 | 12 | 9 | 6 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85+ | 208 | 155 | 158 | 125 | 109 | 95 | 84 | 74 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total 65+ | 505 | 301 | 315 | 191 | 159 | 133 | 112 | 96 | 82 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New intermediate care placements | | | | Anticipated new intermediate care placements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age group | 2009/10 | 2010/11 | 2011/12 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65-69 | 11 | 20 | 20 | 32 | 42 | 55 | 72 | 87 | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70-74 | 18 | 27 | 28 | 36 | 46 | 60 | 78 | 105 | 134 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75-79 | 35 | 69 | 66 | 103 | 141 | 194 | 261 | 358 | 503 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80-84 | 92 | 130 | 144 | 181 | 232 | 297 | 380 | 486 | 619 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85+ | 197 | 281 | 335 | 430 | 562 | 735 | 968 | 1,279 | 1,688 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total 65+ | 365 | 547 | 616 | 782 | 1,025 | 1,341 | 1,758 | 2,315 | 3,055 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No | Question | Details |
|----|--|---|
| 5. | How have you consulted on the proposal? | <p>The following consultation and engagement has taken place:</p> <ul style="list-style-type: none"> • Stakeholder consultation and information events on 31 May 2012, 9 July 2012, 6 September 2012 and 25 October 2012 for the 108 care home owners and staff. • Request for providers to submit information to the TSDHCT in September 2012 • Questionnaire to the 108 care home providers on consultation process on 24 July 2012 • Consultation on the fees proposal 11th October 2012 to 7th December 2012- Consultation pack and questionnaire to care home providers • 1:1 meetings and telephone interviews with care home providers in October and November 2012 • Report to Council on 6th February 2013 with final recommendations on care home fee rates for 2012-2014 • Care home provider and TSDHCT operational staff had detailed involvement in revising banding tool in September 2012 • Briefings and meetings with Social Workers, nurses and other staff who have clients who may enter residential care • Involvement of health and social care staff in identifying cost of care in Torbay |
| 6. | Outline the key findings | <p>31 May 2012 stakeholder (consultation and information) event: Attendees- 13 from Torbay Council and TSDHCT, 36 representing 29 care homes in Torbay</p> <p>Key feed back:</p> <ul style="list-style-type: none"> • Need to revise banding tool together • Would like regular meetings with all care homes in the evening and involvement of care homes in wider discussion and review of fee setting • Concern about ability to deliver quality within current level of funding • Concerns about increase in complexity of need • Plan fees uplift over a longer period – 2/3year rolling basis • Need to address some of the issues raised in the Bishop Fleming report • Bi-monthly evening meetings • Actions from meetings to be followed up <p>Questionnaire sent to 108 care homes on 24 July 2012. These questions were also asked at the stakeholder event on 9 July 2012. There were 26 questionnaire responses and 1 combined questionnaire by Torbay Quality Care Forum (TQCF) representing approximately 25 providers.</p> <p>Feedback from questionnaire and stakeholder event were combined. Key feedback:</p> <ul style="list-style-type: none"> • Banding tool does not take into account individual needs of client base |

| No | Question | Details |
|----|---|--|
| | | <ul style="list-style-type: none"> • Email, open meetings and letters are good methods of communication • Most wanted a quicker conclusion to the current review process to confirm fee levels • A small fund for capital/ development grants would be welcome • Preference for a flat rate increase <p>6 September 2012 stakeholder consultation and information event: Attendees-8 from Torbay Council and TSDHCT, 40 providers representing 26 care homes in Torbay</p> <p>Key feedback from consultation on the fee proposal sent on 11 October 2012:</p> <ul style="list-style-type: none"> • Fees were not high enough • Banding structure and assessment tool is simpler and meets diverse needs although others said it was not flexible enough • Concern at accepting only parts of the Bishop Fleming report • Some comments indicated that homes rely on the public sector for a large percentage of their clients • Torbay homes are smaller than the national average of larger homes that figures are based on so issues of economies of scale and less buying power • Concern over low % included in model and the application of abatement to capital • Staff rates considered too low, problems retaining staff and agency rates high • Allowance for management and admin costs was insufficient • Concern raised that no specialist band for EMI (elderly mentally infirm) or dementia and rising need and complexity of residents <p>For full feedback refer to the report- 'Care Home Fees Review- Analysis of Consultation Responses and Changes Arising due to Consultation', January 2013</p> |
| 7. | What amendments may be required as a result of the consultation? | <ul style="list-style-type: none"> • Restructuring fees is a direct result of consultation • Simplifying of residential care assessment tool and fee banding structure was requested during consultation. Reducing from 12 bands to 4 and fees directly linked to the bands. • Social Workers, nurses and other staff who have clients who may enter residential care, and care home providers met and went through in detail the 2 current residential care assessment tools and combined them into one comprehensive residential assessment tool. Due to this- <ul style="list-style-type: none"> ○ Interventions within each range of a care domain (e.g. behaviour or continence etc) were removed, amended, expanded or added to better reflect the needs of an individual ○ Wording to represent times and frequencies of the interventions that individuals required were amended to better |

| No | Question | Details |
|----|----------|---|
| | | <p>reflect the individuals needs for example in 'Incontinence management and toileting – daily, weekly etc</p> <ul style="list-style-type: none"> ○ The section on skin care was added and care home providers contributed extensively to the wording in that section ○ Care home providers contributed extensively to the section on 'Support with medication' ○ Changes were also made to the sections: 'Mobility and transfers', 'Eating and nutrition', 'Sleeping', 'Wandering' and 'Mood' ○ The term 'Perception' was changed to 'Psychotic episodes' <ul style="list-style-type: none"> ● Representatives from care homes met with TSDHCT staff to look at and discuss at which points on the assessment of individual care needs the care becomes more complex. Further discussion is taking place on the point when Standard Plus is appropriate based on an individual's overall needs <p>An extension of the consultation period until 7 December 2012 and proposed a revised banding structure in response to feedback. Key amendments made to the fees proposal due to feedback were:</p> <ul style="list-style-type: none"> ● Agreed to use an average of fees advertised on web for nursing care and Laing and Buisson South West rates for residential because the over supply of residential care and low demand keeps private fees unnaturally low ● A revised figure for return on capital invested was agreed ● Allowance for staff costs in the areas of management, admin, pensions and wages was increased ● Staffing ratios/ hours revised at a meeting with manager in Older Persons' Mental Health Team on 5 December and they are now within 10% of those published in revised Laing and Buisson survey ● Agreed to identify lead commissioners and contract managers and continue with bi-monthly meetings with care home owners ● A quality framework is being piloted with providers and will inform a future approach that meets the needs of both providers and commissioners <p>For full amendments due to consultation refer to the report- 'Care Home Fees Review- Analysis of Consultation Responses and Changes Arising due to Consultation', January 2013</p> |

Positive and Negative Equality Impacts

| No | Question | Details | | |
|----|---|---|---|---|
| 8. | Identify the potential positive and negative impacts on specific groups | | | |
| | | Positive Impact | Negative Impact | Neutral Impact |
| | <p>All groups in society generally</p> | | <p>It is in the nature of setting the “usual” cost that the figures mark the maximum that TSDHCT and the Council will pay for the care of an eligible, means tested and funded resident. Beyond that figure, funding would require a top-up payment by a third party. In that sense there is an economic impact on those third parties. However, assessed care needs are covered by the fees which TSDHCT and the Council will pay.</p> | <p>There are no perceived impacts on society in general. The proposal does not affect eligibility to these services</p> |
| | <p>Older people</p> <p>There were 564 people- who were Torbay placements- aged 65+ residing in long term residential and nursing care as on 13 December 2012 excluding fully self funding (Table 1). This is 1.8% of the number of over 65s in Torbay’s general population as recorded in the 2011 census. General population has slightly increased since the 2001 census</p> | <p>Continue to provide sustainable residential/nursing care to current and future residents to meet individual need.</p> <p>The Council and TSDHCT staff are working to enable older people to remain independent in their own homes or regain independence after a period in hospital or residential care, which most people prefer and enables personal choice.</p> | <p>TSDHCT and the Council has considered the following risks which would arise if the fees were set at an excessively low level.</p> <p>If the fee levels were not sufficient to cover the costs of care, then individuals’ needs arising from age might not be properly addressed.</p> <p>If fee levels did not properly differentiate between different levels of need, those with more intensive needs in particular might not have them properly addressed.</p> <p>Regard to costs of care might not sufficiently consider factors which particularly affect those with greater levels of dependency and/or cognitive</p> | <p>The proposal does not affect eligibility to these services as assessments centre on an individual’s personal needs. The banded levels of usual cost fee rates take into account differential needs. There are mechanisms in place to support those whose care needs fall outside the designated care bands. Therefore there is no differential impact on meeting the care needs of this group.</p> |

| No | Question | Details | |
|----|----------|---------|---|
| | | | <p>difficulties. Thus dementia patients might not benefit from, for example, sufficient staffing levels to serve their socialisation needs.</p> <p>If low fee levels caused care home businesses not to be viable this could lead to home closures and consequently to disruption, distress and threat of life to residents. .</p> <p>If fee levels unduly restricted residents' choice of home (or caused their home of choice to close), this would reduce equality of opportunity and tend to increase isolation and segregation.</p> <p>Accordingly TSDHCT and the Council has set fee levels which cover the actual cost of care (using bandings to ensure sufficient provision for more difficult cases such as severe dementia) and provide a return on capital, so as to ensure that these risks are avoided.</p> <p>It is also noted that the decline in care home placements over the last few years is also driven by changing personal choice with people opting to remain at home and the improvements in services aimed at re-enabling and maintaining the independence of older people at home therefore increasing choice overall. TSDHCT and the Council is confident that the fee levels will not</p> |

| No | Question | Details | |
|----|---|---|--|
| | | | exacerbate the decline. |
| | People with caring responsibilities | There is no differential impact based on caring responsibilities. | There is no differential impact based on caring responsibilities. |
| | <p>People with a disability</p> <p>There are projected to be 2,633 people aged 65+ with dementia in Torbay in 2012. This Information and the work being carried out in Torbay to improve the quality of life for people with dementia is included in section 4.</p> <p>Based on the 2001 census, it was projected that the number of people aged 65+ with a limiting long term illness is 15,098 in 2012 (Source: POPPI)</p> | Continue to provide sustainable residential/nursing care to current and future residents to meet individual need. | <p>See under "Older people" above. This category of decision could give rise to the same risks as are listed there. Again, TSDHCT and the Council is confident that the fees have been set at levels which are sufficient to avoid these risks.</p> <p>The proposal does not affect eligibility to these services as assessments centre on an individual's personal needs. The banded levels of usual cost fee rates take into account differential needs. There are mechanisms in place to support those whose care needs fall outside the designated care bands. Therefore there is no differential impact on meeting the care needs of this group</p> |
| | <p>Women or men</p> <p>71% of the care home population (as in table 1) are female, compared to 56% of the general population recorded in the 2011 census</p> <p>The profile of the population shows that women tend to outlive men and therefore there are more women in older age so a higher proportion in care homes.</p> | | <p>There is no differential impact based on gender i.e. the effects of the decision will be the same for male residents and female residents.</p> <p>The proposal does not affect eligibility to these services as assessments centre on an individual's personal needs. The banded levels of usual cost fee rates take into account differential needs. There are mechanisms in place to support those whose care needs fall outside the designated care bands. Therefore there</p> |

| No | Question | Details | |
|----|---|---------|--|
| | <p>More women tend to work in the care industry. Therefore this policy will almost certainly affect more women</p> | | <p>is no differential impact on meeting the care needs of this group</p> |
| | <p>People who are black or from a minority ethnic background (BME)</p> <p>According to table 1, 93.8% of clients aged 65+ in long stay residential placements are White British. This compares to 94.8% in the general population (all ages) recorded in the 2011 census</p> | | <p>There is no particular impact by reason of ethnicity, although it is recognised that particular issues (e.g. the cultural needs of specific individuals) may have some effect on costs of care. Exceptional needs banding could be used if necessary.</p> |
| | <p>Religion or belief (including lack of belief)</p> | | <p>There is no particular impact by reason of religion, although it is recognised that particular issues (i.e. the needs of individuals) may have some effect on costs of care. Exceptional needs banding could be used if necessary.</p> |
| | <p>People who are lesbian, gay or bisexual</p> | | <p>There is no particular impact by reason of sexual orientation, although it is recognised that particular issues (i.e. the needs of individuals) may have some effect on costs of care. Exceptional needs banding could be used if necessary.</p> |
| | <p>People who are</p> | | <p>There is no particular impact by reason</p> |

| No | Question | Details | |
|----|---|--|--|
| | transgender | | of a person being transgender, although it is recognised that particular issues (i.e. the needs of individuals) may have some effect on costs of care. Exceptional needs banding could be used if necessary. |
| | People who are in a marriage or civil partnership | | There is no differential impact based upon people who are in a marriage or civil partnership. Exceptional needs banding could be used if necessary. |
| | Women who are pregnant / on maternity leave | | Given the age range of the client group, the proposals are unlikely to affect pregnancy and/or maternity |
| 9. | Is there scope for your proposal to eliminate discrimination, promote equality of opportunity and / or foster good relations? | TSDHCT and the Council is committed to ensuring that we meet the diverse needs of our community. The duty under the Equality Act reinforces our moral obligation to have 'due regard' to eliminating unlawful discrimination, advancing equality of opportunity and foster good relations between people who share a protected characteristic and people who do not. Setting care home fees at sufficient levels ensures that those with different needs get the different treatment they need and are not disadvantaged, and that facilities are available to them on an equal basis in order to meet their needs. In this way the decision advances equality of opportunity by recognising the disadvantages to which protected groups are subject and considering how they can be overcome. | |

Section 3: Steps required to manage the potential impacts identified

| No | Action | Details |
|-----|---|---|
| 10. | Summarise any positive impacts and how they will be realised most | <p>Positive impacts include:</p> <ul style="list-style-type: none"> simplifying the banding structure for residential and nursing care fee levels which are sufficient to cover the costs of care |

| | | |
|-------------------|---|--|
| | <p>effectively?</p> | <p>TSDHCT & the Council are confident that the fees sufficiently cover the costs of care at each level. Care was taken to refer to Laing & Buisson figures, Bishop Flemming figures, consultation and using local industry knowledge and expertise. The document 'Assessing the Usual Cost of Care in Torbay (October 2012) details how these were considered.</p> <p>TSDHCT and the Council are confident that the bandings properly differentiate between different levels and types of need. This decision is similarly the product of extensive consultation and consideration. The simplification of banding was requested by providers, and TSDHCT is confident that the fees are sufficient in all bands. The inclusion of the 'exceptional needs' banding ensures that need that does not fit within the other levels is appropriately provided for, and ensures that there is no adverse effect on the provision for those with greater needs.</p> <p>Specifically as a result of the work detailed above TSDHCT and the Council are confident that the need to ensure that particular residents' needs for stimulation and/or association e.g. in serious cases of dementia, has been appropriately considered and included in staffing costs. Each service user is the subject of a full assessment of need, on an annual basis, which ensures careful consideration of all types of need, including needs of this kind. As a result of the assessment, each service user is placed in the appropriate band, and if in any case the bands do not appropriately reflect the level of need, the exceptional need banding is used, and an individual contract, based on specific need will be entered into.</p> <p>The proposal represents an overall increase in the budget the Council makes available for care homes including funding provision for transitional protection of current fee rates until 31st March 2014.</p> <p>TSDHCT is proposing to improve guidance to assessors to ensure that every care home resident is placed in the right band for their needs.</p> <p>TSDHCT's use of multiple providers helps meet diverse needs e.g specific cultural needs and provides choice in the market.</p> <p>It is TSDHCT and the Council's considered opinion that the fees levels proposed are sufficient to avoid the closure of homes that are run efficiently, run at a good level of occupancy and which do not over rely on publicly funded placements.</p> <p>The proposal will therefore allow the continuation of the provision of a sustainable residential and nursing care home market to meet current and future demands, ensuring that those in need of residential care have a range of choice as to where they reside.</p> |
| <p>11.</p> | <p>Summarise any negative impacts and how these will be managed?</p> | <p>It is not possible for TSDHCT and the Council to set fees at levels that eliminate all risk of home closures, or that meet all the aspirations of all home owners to make substantial returns on their investments. There is an oversupply of bed spaces within Torbay, and the market will have to adapt to ensure efficiency. This may mean that some homes choose to close. As custodians of public money, Torbay Council and TSDHCT need to obtain value for money with its statutory duties, and</p> |

| | | |
|--|--|--|
| | | <p>cannot compensate for an oversaturated and/or inefficient market.</p> <p>It is important to note that closures are not anticipated to occur as a result of the level of fees paid.</p> <p>However, faced with a risk of home closures, TSDHCT mitigates against it by applying its policy “Care Home Closure – framework and checklist”, formulated having regard to guidance contained in ‘Achieving Closure’ (2011), published by the Health Services Management Centre, University of Birmingham and the Association of Directors of Adult Social Services, in association with the Social Care Institute for Excellence.</p> <p>Thus TSDHCT:</p> <ul style="list-style-type: none"> • is alert to, and responds to, indicators of a risk of a home closure; and • provides support and access to advice for homes that are experiencing difficulty to explore all options, <p>In the event of an anticipated or actual closure, TSDHCT would in particular;</p> <ul style="list-style-type: none"> • Put in place a dedicated and skilled assessment team to carry out assessments of individuals needs, • Involve all relevant parties in decisions about future placements/services, • Provide support to individuals and their families, • Plan the practicalities of any moves. |
|--|--|--|

Section 4: Course of Action

| No | Action | Details |
|-----|--|---|
| 12. | <p>State a course of action</p> <p>[please refer to action plan after section 5]</p> | <p>Amendments to the fees proposal have been made as a result of consultation. Transitional protection has been applied until 31 March 2013 so payments for existing placements will not change until after this date..</p> <p>See also the information re mitigation of the risk of home closures, albeit that closures are not anticipated to occur as a result of this decision.</p> |

Section 5: Monitoring and Action Plan

| No | Action | Details |
|-----|---|--|
| 13. | Outline plans to monitor the actual impact of your proposals | <p>Any impacts will be monitored as they emerge and the following measures will be taken to provide early alert to any unintended impacts and plan responses to any negative impacts::</p> <p>Identify risk indicators for potential home closure and agree how identified risks will be managed.</p> <p>Monitor home closures.</p> <p>Monitor rates of placement.</p> <p>Incorporate service user and carer feedback into quality assurance framework for care homes and monitoring feedback.</p> <p>Analyse national and local trends through Torbay's JSNA, Census information and POPPI (Projecting Older People Population Information).</p> <p>Review banding structure and assessment tool.</p> <p>Regular meetings with care home owners</p> <p>Regular liaison with CCG and health and social care professionals including, older persons mental health team and zone teams (as part of quality assurance framework).</p> <p>Monitor impact of new ways of working & alternatives to residential care such as, extra care housing, assistive technology, equipment, home improvements and community care and support .</p> <p>Monitor availability of social activities for people in care homes.</p> |

Action plan

| No. | Action | Reason for action / contingency | Resources | Responsibility | Deadline date |
|-----|---|---|--|----------------|------------------|
| 1. | Identify risk indicators for potential home closure and agree how identified risks will be managed | Early alert to problems to apply care home closure policy at an early stage enabling close work with provider including where appropriate independent | Contracts team and finance reports Business advice | TSDHCT | 18 February 2013 |

| No. | Action | Reason for action / contingency | Resources | Responsibility | Deadline date |
|-----|--|---|---|---|---|
| | | business advice. | | | |
| 2. | Monitor home closures | To consider trends and put in place mitigating actions where home closures affect TSDHCT ability to meet assessed care needs | Monthly reports from contracts team | TSDHCT | 28 February 2013 (monthly thereafter) |
| 3. | Monitor rates of placements (this may include revision to current data collection systems so that reports of placements by protected characteristics can be produced) | To keep demand and supply under review and identify any negative impacts to particular groups | Review of current data collection Quarterly reports from finance team | TSDHCT | 30 th June 2013 (quarterly) |
| 4. | Incorporate service user and carer feedback into quality assurance framework for care homes | To ensure feedback form service users and carers informs future service design and delivery and identifies any issues relating to implementation of the proposal early so that action can be taken to mitigate risk | Business Support and contracts team | TSDHCT | 1 st October 2013 |
| 5. | Analyse national and local trends through Torbay's JSNA, Census information and POPPI (Projecting Older People Population Information) | To identify trends and emerging or changing demand to inform future commissioning and service change | Analysis of information | Public Health and TSDHCT/Torbay Council | 31 st March 2014 |
| 6. | Review banding structure and assessment tool | To improve process | Business support, clinical/professional staff and care home providers | TSDHCT | 31 st December 2013 |
| 7. | Regular meetings with care home owners | To improve | Operational staff, contracts team & commissioners | TSDHCT, CCG & Torbay Council | 6 th March 2013 (bi-monthly) |

| No. | Action | Reason for action / contingency | Resources | Responsibility | Deadline date |
|-----|---|---|---------------------------------------|-----------------------|---|
| 8. | Regular liaison with CCG and health and social care professionals including, older persons mental health team and zone teams (as part of quality assurance framework) | To make sure all people with assessed care needs have access to a range of appropriate services | CCG, TSDHCT, Torbay Council | TSDHCT | 31 st March 2013 |
| 9. | Monitor impact of new ways of working & alternatives to residential care such as extra care housing, assistive technology, equipment, home improvements and community care and support | To ensure a range of options are available to maximise independence and choice for people with assessed care needs and to inform commissioning & service transformation | Strategic Development & commissioning | TSDHCT/Torbay Council | 31 st March 2013 (quarterly) |
| 10. | Monitor availability of social activities for people in care homes | To make sure service users have access to a range of activities | Contracts team and commissioners | TSDHCT/Torbay Council | 31 st March 2013 (quarterly) |