

Name of Committee:	Healthy Living and Social Care Scrutiny Committee
Date of Meeting:	05/02/2019
Relevant Scrutiny Committee:	Healthy Living and Social Care
Report Title:	Draft Joint Specification for Residential and Nursing Care and Support Services
Purpose of Report:	To inform the committee of pending consultation
Report Owner:	Head of Resource Management and Safeguarding
Responsible Officer:	Director of Social Services
Elected Member and Officer Consultation:	Operational Manager, Commissioning and Information
Policy Framework:	This is a matter for Executive Decision
<p>Executive Summary:</p> <p>Part 9 of the Social Services and Well-being (Wales) Act 2014 (SSWWA 2014) requires local authorities and the local health board for each region to establish a regional service specification and common contract for use between the care home providers and the statutory bodies, in relation to care home accommodation functions. This region consists of Cardiff & Vale University Health Board (UHB), together with Cardiff Council and the Vale of Glamorgan Council as the statutory bodies.</p> <p>Regional consultation on the draft regional service specification will begin 11/02/19 and close 25/03/19.</p>	

1. Recommendation

Scrutiny committee is requested to:

- 1.1** Note the progress regarding meeting the Part 9 requirements which includes the development of a regional service specification and common contract.
- 1.2** Note the intention to conduct a regional consultation with stakeholders.

2. Reasons for Recommendations

- 2.1** A draft regional service specification focusing on care accommodation for older people (over 65), including those whose care is funded by NHS Continuing Health Care (NHS CHC), Funded Nursing Care (FNC) and local authority funded long term care home placements has been developed.
- 2.2** Regional consultation on the draft regional service specification is intended to begin 11/02/19 and close 25/03/19.
- 2.3** Following consultation the final draft regional service specification and common contract will be developed, then taken to Cabinet for approval, July 2019

3. Background

- 3.1** Part 9 of the Social Services and Well-being (Wales) Act 2014 (SSWWA 2014) requires local authorities and the local health board for each region to establish a regional service specification and common contract for use between the care home providers and the statutory bodies, in relation to care home accommodation functions. The region consists of Cardiff & Vale University Health Board (UHB), together with Cardiff Council and the Vale of Glamorgan Council as the statutory bodies.
- 3.2** As part of the work of the Cardiff and Vale of Glamorgan Regional Partnership Board (C&VGRP) , a Joint Commissioning Board has been established to deliver greater alignment between the ways that each organisation commissions the same services. Whilst it is recognised that there are different commissioning practices, processes and structures in each organisation, the agencies have worked together to share information and experiences in developing the draft service specification and contract.
- 3.3** It is important to recognise that, whilst the C&VGRP oversees the development of this regional work, decision making responsibilities and implementation rests with the respective organisations, namely Cardiff County Council, the Vale of Glamorgan Council and Cardiff and Vale University Health Board.
- 3.4** A task and finish group was formed in September 2016, which developed the initial draft of the service specification. Given the Welsh Government's

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consultation on Phase 2 of the implementation the Regulation and Inspection of Social Care (Wales) Act 2016, the decision was taken to pause the development in order for the outcome of the consultation to be reflected in the final document.

- 3.5 Providers were involved during the initial planning phase and provided useful insights into the individual outcomes for residents which have been incorporated into the service specification. These outcomes will support the development of an integrated approach to quality assurance.
- 3.6 Legal Representation on the documentation has been provided via the Vale of Glamorgan Council, and a draft form of common contract is being prepared.

4. Key Issues for Consideration

- 4.1 In order to progress the work to develop the draft service specification a working group of commissioning managers from the three partner organisations has been meeting on a regular basis.
- 4.2 The existing service specification and common contract are regional documents in use by Cardiff & Vale University Health Board (UHB), together with Cardiff Council and the Vale of Glamorgan Council, and were last reviewed April 2005.
- 4.3 The draft service specification (Appendix 1) will be consulted on, the terms and conditions will not (see point 3.6 above).

5. How do proposals evidence the Five Ways of Working and contribute to our Well-being Objectives?

- 5.1 An Equality Impact Assessment (Appendix 2) has been conducted by Cardiff and Vale University Health Board, Cardiff Council and the Vale of Glamorgan Council, this has been attached for information.
- 5.2 The joint specification for residential and nursing care services and contract will enable providers, Cardiff & Vale University Health Board, Cardiff Council and the Vale of Glamorgan Council to have a joint set of values and principles in the provision of residential and nursing care services to citizens across the partnership area.

6. Resources and Legal Considerations

Financial

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6.1 There are no financial considerations on this matter.

Employment

6.2 There are no employment considerations on this matter.

Legal (Including Equalities)

6.3 Part 9 of the Social Services and Well-being (Wales) Act 2014 (SSWWA 2014) requires local authorities and the local health board for each region to establish a regional service specification and common contract for use between the care home providers and the statutory bodies, in relation to care home accommodation functions.

6.4 An Equality Impact Assessment is attached as Appendix 2.

7. Background Papers

Cardiff Council, Vale of Glamorgan Council and Cardiff and Vale University Health Board

DRAFT Joint Specification for Residential and Nursing Care & Support Services



GIG
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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



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Glossary

TERM	DEFINITION
Advocacy	<p>Services that help residents to:</p> <ul style="list-style-type: none"> – access information and services – be involved in decisions about their lives – explore choices and options – defend and promote their rights and responsibilities – speak out about issues that matter to them – make a complaint about the care that they or someone else has received
Care and Support Plan	
Commissioners	<p>The term will be used as a generic reference to all three commissioning organisations involved in this Service Specification, which are:</p> <ul style="list-style-type: none"> – Cardiff Council – Vale of Glamorgan Council – Cardiff and Vale University Health Board.
Cardiff Council (CC)	
Citizen	<p>This describes the general population, which includes people living in care homes.</p>
Deprivation of Liberty Safeguards (DoLS)	<p>This is part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.</p>
Expected	<p>This word appears throughout the document. Where it does, it indicates something that the provider must always seek to deliver or make happen. However, it is accepted that there may be exceptional circumstances that mean this cannot happen or is not possible or appropriate. This word may be used in relation to an action that a provider is expected to take, or may refer to an outcome the provider is expected to meet.</p> <p>Depending on the context of the sentence, it may be more appropriate to use different words, such as 'should' or 'expectation'. If these words are used they will have the same meaning and place the same expectation on the provider as the term 'expected'.</p> <p>This will be different to a 'requirement' (also included in this glossary) which the provider must always meet or deliver.</p>
Local Authority	<p>This refers to either Cardiff Council or Vale of Glamorgan Council. This does not refer in any way to Cardiff and Vale University Health Board.</p>

	The term 'Council(s)' may also be used to refer to the Local Authority.
Provider	This term refers to the organisation that delivers the services described in this Service Specification. It is recognised that organisations own more than 1 care home and so this term will be used to describe individual care homes and the organisation that owns them.
Required	<p>This word appears throughout the document. Where it does, it indicates something that must happen in order to comply with the Specification. This word may be used in relation to an action that a provider is required to take, or may refer to an outcome the provider is required to meet.</p> <p>Depending on the context of the sentence, it may be more appropriate to use different words, such as 'must' or 'requirement'. If these words are used they will have the same meaning and place the same expectation on the provider as the term 'required'.</p> <p>This will be different to something that is 'expected' (also included in this glossary), which will be used where something is not always possible or appropriate.</p>
Resident	<p>This term will be used to make specific reference that live in a care home that operates under this Service Specification.</p> <p>The term 'citizen' may also appear in this document and refers to the general population, which includes the people living in the care home and in the local area.</p>
Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA)	
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	
Social Services and Well-being (Wales) Act 2014	
Specific	This term is used in relation to the sharing of information. Where this term is stated, it places a clear responsibility on the party giving the information (which may be the commissioner or provider) to do so in the way they consider to be the most helpful given its intended use. This will relate to the level of information, the content of the

	information and the way it is provided.
Specification / Service Specification / This document /	<p>The full title for this document is 'Cardiff Council, Vale of Glamorgan Council and Cardiff and Vale University Health Board – Joint Service Specification for Residential and Nursing Care & Support Services'</p> <p>The document may also be referred to as the Specification, Joint Specification.</p> <p>In simple terms, this document contains the standards, requirements and outcomes a provider must meet in relation to how it; i) operates and ii) delivers services commissioned by any of the three organisations.</p>
Staff	<p>This refers to anybody employed by the care home. This term will be used to make reference to all staff that are employed and paid by the care home to undertake any form of work (this will also include agency and temporary workers).</p> <p>Where the reference is specific to groups, these will be described in the way that most accurately explains who they are, e.g. 'care staff'.</p>
The Cardiff and Vale University Health Board (UHB)	<p>This is the full title of the 'Cardiff and Vale University Health Board' that will be referred to throughout this document as 'UHB'.</p> <p>If the term 'Health Board' is used this will be a generic reference to all Health Boards and not a specific reference to UHB.</p>
Vale of Glamorgan Council (VoGC)	

1 Purpose of this document

This document is the Service Specification for all care home provision that is commissioned by any or all of the following organisations; Cardiff Council, Vale of Glamorgan Council and Cardiff and Vale University Health Board. This document describes the standards, requirements and outcomes a provider will need to meet in terms of how it operates and how it provides services to its residents.

The document also describes the actions that will be taken by the Commissioners, and the implications for a care home that does not meet the standards and requirements set out in this document.

This document will use language that makes it accessible to all stakeholders, with plain English being used instead of jargon wherever possible. It will also seek to make clear and distinguish between i) something the provider must always do (i.e. a requirement) and something a provider should seek to do wherever possible (i.e. an expectation). The glossary provided at the beginning of this document will also help bring further clarity by describing the exact meaning given to terms where they are used within this document.

2 Approach of this document

This document is structured around the key areas of service provision, delivery and provider infrastructure. Each care home is required to meet the key standards for each area. Each home is also required to also ensure that all aspects of their overall approach complement each other to meet the wide range of standards included within this document. As an example, these include but are not limited to, the following points:

- 2.1.1 Where there is a clear connection or overlap between different areas of care provision, the home must ensure their approach to these connected areas complements each other to provide the resident with the best and most appropriate care and support. This is expected to apply in relation to the requirement to meet i) an individual's care needs and ii) the standards under 'provision of care and support' and 'needs of the individual'.
- 2.1.2 All aspects of the homes overall approach to service provision must complement and inform the specific approach taken by staff. As an example, a policy on manual handling must be consistent with the training staff receive, the support and equipment they have available and the way they undertake such tasks. It is not sufficient to either i) have the right policy which is then not put into practice, or ii) have an incorrect policy but for staff to ignore this and do things in the right way. To be compliant with this document, the i) policy must state the right things, ii) the staff must do the right things and iii) the two things must marry up. This is about ensuring consistency of approach and application between the policies and procedures of the home and the practice and actions of the staff.
- 2.1.3 The home must ensure that it provides appropriate support to the

resident group as a whole and also that the needs and wishes of individual residents are respected. For instance, the home may give residents choice by asking them what activities they would like to undertake and doing what the majority want. However, the home must also ensure that individual residents who want to do something different are supported to do so.

3 Key areas and Key standards

The key areas are:

- 3.1.1 **Accessing the service** – This area relates to what happens in the lead up to a person moving into a care home and mostly relates to the assessment of the individual's care needs and their financial situation.
- 3.1.2 **Admission** – This area relates to all aspects of the practice, processes and actions that are undertaken by the care home and its staff in the period immediately before and immediately after the person moves into the care home. This section will cover all aspects of the interaction between the care home staff, the resident and other key people, such as the resident's family, ambulance staff etc.
- 3.1.3 **Discharge** – This area relates to all aspects of the practice, processes and actions that are undertaken by the care home and its staff in the period immediately before and immediately after the person leaves the care home. This section will cover all aspects of the interaction between the care home staff, the resident and other key people, such as the resident's family, ambulance staff etc.
- 3.1.4 **Provision of personal care** – This area relates to all aspects of the practice, processes and actions that are undertaken by the care home and its staff, in relation to the direct provision of personal care to the residents whilst they are living in the care home. This area must be considered alongside those of 'Care and Support Plan' and 'Needs of each individual resident'.
- 3.1.5 **Needs of each individual resident** – This area relates to how the home deals with all aspects of the resident's needs and specifically those not already addressed under the 'provision of personal care'. This will include anything that relates to the individual's quality of life and could relate to their bedroom and living environment, their daily routine, the food they eat and the way care home staff treat them, interact with them and communicate with them.
- 3.1.6 **Health Care** – This area relates to how the home deals with all aspects of resident's health needs and healthcare. This will include, but not be limited to the; external health provision the home has in place (e.g. GP's, specialist nurses and therapists) use and administering of medicines, the availability and use of things such as continence aids, and where appropriate, the nursing provision that is directly employed by the home.
- 3.1.7 **Staff** – This area relates to all aspects of staffing. This includes all aspects of how the care home recruit staff, any induction and ongoing

training programme, the terms and conditions, career development, disciplinary procedures and any other HR-related practice, policy and processes. This is not limited to care staff and also includes anyone directly or indirectly (i.e. agency staff or contract staff) employed by the home / provider.

- 3.1.8 **Accommodation, premises and environment** – This area relates to all aspects of the physical building and environment of the home. This may relate to a person's bedroom (and must complement the 'needs of the each individual' area), the layout, décor and facilities of the home, any communal areas or outside space and will also incorporate 'back office' areas, such as the kitchen and appropriate office space.
- 3.1.9 **Quality Assurance and Service Improvement** – This area relates to all aspects of work done by the home to; ensure its services are of the required standard, identify where improvements can be made and deliver these improvements.
- 3.1.10 **Organisation Infrastructure** – This area relates to all aspects of how the organisation is set up and the ongoing operation of the care home. This will include, but not be limited to, how the home; deals with accidents and the preparation and precaution they take in relation to fire, business continuity and emergency planning.

Under each key area, there will be **key standards** of the provider, which are set out under the following headings.

- 3.2.1 **Standards** – This document sets out the standards and requirements that a care home provider is **required** to meet and those that they are **expected** to meet, in the way they operate and deliver care home services. Please refer to the glossary for a description of the meaning given to the terms 'required' and 'expected' in this document.
- 3.2.2 **Outcomes** – This document will describe the outcomes that care home providers must work towards and are expected to deliver to all residents that live in the home. By their nature, outcomes will typically describe the situation that must be created, rather than state the specific actions or inputs that a provider must put in place. The words 'required' and 'expected' will be used throughout this section, please refer to the glossary to ensure clarity over what is meant by these words when used in this document.
- 3.2.3 **Care and Support Plans** – Every individual that lives in care home commissioned by C&V UHB, CC or VoG will have a Care and Support Plan, which states their specific needs, requirements and outcomes. The provider must seek to deliver this Plan in the most appropriate way.
- 3.2.4 **Legislation and Guidance** – This document will make reference to some key legislation and guidance that providers must comply with. However, this document **will not** refer to all legislation related to the provision of care home services and it is the providers responsibility to ensure they are compliant with all legislative requirements, whether

they are stated in this document or not.

Unless explicitly stated otherwise within this document, **all providers** are required to **fully comply** with **all requirements** under each area.

- 3.3.1 A provider cannot state that because they meet the legislation, they therefore do not need to also meet the standards and / or the outcomes. If a provider followed this approach, they would be operating legally but they would be in breach of their contract with the commissioner. By way of example, under the 'staffing' area, providers must meet all **legislative** requirements in RISCA and also all providers standards and outcomes in relation to how they recruit and retain staff.

4 Legal Basis of this Document

The legal basis of this document is the responsibility on the Local Authorities and Health Boards to meet the needs of individuals. In that regard, services must be provided within the requirements of the Social Services and Well-being (Wales) Act, 2014 and all other relevant legislation.

Each Local Authority, in partnership with Cardiff and Vale University Health Board, have a responsibility to provide services for the residents who have needs arising from their; physical or mental ill-health, age, disability, dependence on alcohol or drug or other similar circumstances, and have been assessed as being entitled to have those needs met.

- 4.2.1 Each Local Authority is required to prepare a Care and Support Plan for people whose needs meet the eligibility criteria, or their needs must be met for another reason (such as protection from abuse), where that person is unlikely to achieve their personal outcomes unless the local authority provides or arranges care and support to meet an identified need.
- 4.2.2 The eligibility criteria of the Social Services and Well-being (Wales) Act 2014 states that, should assessed need(s) arises, due to the adult's physical or mental ill-health, including:
- i age,
 - ii disability,
 - iii dependence on alcohol or drugs
 - iv or other similar circumstances which mean that the person is unlikely to achieve one or more of their personal outcomes unless the local authority provides or arranges care and support to meet the need; or the local authority enables the need to be met by making direct payments

All aspects of specific issues will be guided by and meet the appropriate regulations, standards and guidance as laid down by the Regulatory Authority's documentation in force at the time including current Nursing and Midwifery Council Guidance. Any commissioner may set additional

requirements above the Regulations. These will either be set within this Service Specification, the related contractual documents or added as an appendix or by letter of agreement, with the provider having been given written notice of such addition.

The Commissioners may choose to change aspects of this Service Specification during the course of the contract, in response to revised legislative requirements or where changing National or local priorities or Policy necessitate this. Providers will be consulted on any proposed change to the requirements in this Service Specification which will include discussion regarding how those changes are implemented in practice. Please note, where there is a legislative change, the consultation may not consider what will change as this will be set out in the legislation, but the consultation will seek to reach agreement on how this change will be implemented and reflected in the Service Specification.

The provider(s) will support residents to be as independent, active and safe as possible whilst promoting and protecting their human rights and affording them the very best quality of life.

4.5.1 The provider will help residents to meet the outcomes that matter to them using a person centred approach.

4.5.2 The service provided will meet with the assessed needs of the resident(s) receiving care, and manage risks appropriately to achieve the agreed outcomes for the quality of life enjoyed by the residents living in the home

Intervention must be consistent with the resident(s) human rights and their need for assistance, but must recognise that their choice may have to be subject to the requirements of the law and be within the constraints and obligations, which apply in society. In particular, the outcomes of intervention will be dependent upon any given service, resident(s) and family resource

4.6.1 All care and support is offered on the basis of the overarching value principle of the Social Services and Well-being (Wales) Act 2014, which are that, residents will enjoy their basic human rights by being treated in a way, which enables:

- i **Voice and Control** – putting the individual and their needs at the centre of their care and support and giving them a voice in and control over reaching the outcomes that help them achieve well-being
- ii **Prevention and Early Intervention** – increasing preventative services within the community to minimise the escalation of critical need
- iii **Well-being** – supporting residents to achieve their own well-being and measuring the success of care and support
- iv **Co-production** – encouraging individuals to become more involved in the design and delivery of service

To provide opportunities for residents(s) and carers to have access to services which flexibly respond to their needs, which are sensitive to their wishes and appropriately reflect their preferences as laid out in the SSWBA.

Individuality, dignity and potential for independence must always be the overriding consideration when planning service delivery for resident(s).

These will include a range of options and be given adequate information in an accessible format (and supported by Advocacy services where appropriate to enable them to make informed choices about their future).

5 Accessing the Service

Assessment of Needs

- 5.1.1 The assessment of a person's needs before they move into the care home will be conducted by staff from the commissioning organisations. Exactly who undertakes this assessment, the organisation they work for and the focus of this assessment will vary, but the outcome will be an agreed Care and Support Plan.
- 5.1.2 No planned placements will be accepted until the Local Authority and/or Health Board's assessment and relevant plans have been completed.
- 5.1.3 The assessment shall form the basis of the Individual Client Contract and Service Delivery Plan and will also outline any details of the health component of the package of care

Standards

- 5.1.4 The assessment must be completed prior to admission to the care home. This assessment will, amongst other things, seek to confirm; i) the person's care and support needs, ii) if the person needs to move into a care home and iii) what type of care and support they require in the care home.
- 5.1.5 In the event of an emergency admission, the commissioner assessment must take place within 10 working days on notification of admission.
- 5.1.6 Providers must also undertake an assessment prior to the person moving into their care home. This assessment will seek to establish, amongst other things; i) if the home is able to meet the needs of the individual and ii) if the home will be an appropriate place for that individual to live, given their circumstances and those of the home's current residents.
- 5.1.7 Providers are required to:
 - i Undertake their assessment **no more than 48 hours** after they have confirmed to the commissioner that they intend to undertake this assessment.
 - ii Confirm the outcome of the assessment **no more than 24 hours** after it has taken place. I.e. State if they are able to take the resident or not.

- 5.1.8 The assessment and decision must always been done as soon as possible and this timescale should only be breached due to:
- i **Unexpected factors affecting the home** – E.g. unusually high levels of sickness that mean nobody is available to undertake the assessment
 - ii **The needs or circumstances of the resident or their family** – E.g. The family wish to attend the assessment but cannot do this within 48 hours
 - iii **Delays caused by the commissioner** - E.g. They have not provided the home with all the relevant paperwork in time.
- 5.1.9 If a home undertakes an assessment and is unable to take the resident, they are required to notify the commissioner in writing of the **specific** reasons why. The commissioner cannot challenge this decision, but the information provided by the care home could inform and influence the commissioner’s future commissioning actions and intentions.

Outcomes

- 5.1.10 All parties involved in the assessment process must take all reasonable actions to ensure this process is undertaken in a way that:
- i **Respects and supports the potential resident and their family** – In all aspects of the assessment process, the needs and feelings of the potential resident and their family are the priority. All actions by all parties should recognise that this will be a difficult and unsettling time for these people.
 - ii **Delivers the best outcome** – This process is seeking to decide where the potential resident will live and be cared for. All actions by all parties should seek to ensure that the most appropriate decisions are made. It is recognised that this will include, in some situations, a decision that the person cannot move into the home and this should be handled in an appropriate way.
 - iii **Is timely** – It should not be rushed, but nor should it take any longer than the required timescales as stated in **5.1.6 and 5.1.7** or than it needs to.

Financial Agreements

- 5.2.1 Each resident whose service is paid for wholly or in part by the Local Authority shall be assessed prior to admission by, or on behalf of, the Local Authority in accordance with the SSWBA.
- 5.2.2 Where any residents present with Continuing NHS Health Care or NHS Funded needs (including the need for NHS Funded Nursing Care), these needs shall be assessed by or on behalf of Cardiff and Vale University Health Board in accordance with the Continuing NHS Health Care or NHS Funded Nursing Care policy document and “*Paying For NHS Funded Nursing Care in Nursing Homes*”, “*National Assembly for Wales Circular 34/01*”.
- 5.2.3 NHS Funded Nursing Care will only be paid in respect of those residents whose eligibility for Registered Nursing Care needs has been assessed by a suitably qualified NHS Nurse

- 5.2.4 In respect of NHS Funded Registered Nursing Care and Continuing NHS Healthcare, all individuals must be assessed irrespective of financial arrangements.
- 5.2.5 In terms of Continuing NHS Healthcare, Cardiff and Vale University Health Board funding will only be available if the multi-disciplinary assessment establishes that the residents meets the eligibility criteria for Continuing NHS Health Care.

6 Admission

Pre Admission Arrangements

Standards

- 6.1.1 The provider must arrange for the residents (and / or their representative) to visit the home prior to admission, if this is what they want to do.
- 6.1.2 The home, in conjunction with the resident and / or their representative, must create an accurate record of the possessions of the resident when they move into the home. This record must be regularly and accurately maintained and updated throughout the time the person lives in the care home.
- 6.1.3 If the resident does not have all the essential belongings when they move into the home, the home must provide these to the resident free of charge. This is limited to low cost and essential items such as a toothbrush, toothpaste etc. The highest cost item the home may be required to provide is clothing where the resident does not have a change of clothes, but this will only be required in exceptional circumstances and no more than at present.

Outcomes

- 6.1.4 The provider should take the required action to be able to assess and accept new residents any day of the week (including weekends). This does not relate to the same resident (i.e. a home will not be expected to assess a person and admit them the same day). This requirement is that the home takes steps to be in a position to do this, but it is recognised that it is not always currently viable for homes to admit residents on weekends and will not be until commissioners have the correct practice, procedures and support in place.
- 6.1.5 The provider must facilitate a person's move into the home in a way that best reflects that person's needs and circumstances and that helps them settle in to their new environment as well as possible. The primary requirement is for the home to take a person-centred and flexible approach to the individual and their needs. This should be the opposite of a 'one size fits all' approach, or an approach that is rigid, process driven and takes no account of the individual's situation.
- 6.1.6 As part of this person-centred approach, the provider must; communicate effectively with all parties (e.g. the person's family, the commissioner), be involved in discussions about a person's care and support and act in a timely way.

First 28 Days of the Placement

Standards

- 6.2.1 For each resident that moves into the home, the provider must have started to produce the:
- i Service Provider Plan
 - ii Personal Plan
 - iii Service Delivery Plan, which will be based on the care and Support Plan provided by the commissioner.
- 6.2.2 The provider must ensure that each of the documents referred to in 6.2.1 is
- i Completed within 28 days of the person moving into the home.
 - ii Produced with the full involvement of the resident / family members / advocates and a designated officer from the commissioning organisation.
 - iii Based on the content of the 'Care and Support Plan' provided by the Commissioner, but contain the appropriate level of detail to include all of the resident's individual requirements.
 - iv Created and approved in a timely way
 - v Subject to ongoing review and amendment to ensure they always reflect the needs and circumstances of the resident.
- 6.2.3 The resident's adjustment to their new environment shall be monitored by both the Officer/Designated Case Manager and the Provider throughout the first 28 days of the placement. Particular attention shall be given to the following areas:-
- i The residents relationship with Staff and other residents
 - ii Success in meeting the residents personal needs in accordance with the Statement of Aims and Service Provider / Personal Plans
 - iii Need for the provision and adjustments of any equipment/adaptations required by the resident to meet with their assessed care and support needs.
- 6.2.4 Following this initial 28-day period the Provider, residents (where capacity does not allow for resident input), family members or advocates / Officer/Designated Case Manager and any other person requested by the resident shall meet and/or agree consent to on-going future care and support arrangements which, must be suitable to both parties.

Outcomes

- 6.2.5 In the period immediately after a person has moved in, the home must ensure the person is welcomed into the home and is settled and comfortable. Whilst acknowledging that people will not always immediately settle into a new environment, this requirement places the onus on the provider to do all they can to support the resident in this respect.

- 6.2.6 The exact actions taken by the provider will be dependent on the person's needs and circumstances, but could relate to how their care should be administered, any preferences in relation to their lifestyle (e.g. foods, daily routine etc) and must reflect their wishes in relation to getting to know, and interact with, other resident's.
- 6.2.7 In the initial period after a person moves into a home, the home must proactively look for signs that the person is not settling in well (e.g. are tensions between them and other residents) and identify any changes that need to be made to address this and follow through on this action.

Respite Placements

- 6.3.1 Where the provider offers respite care beds, these will be used for short term care only and not for permanent, long-term placements.
- 6.3.2 Following assessment of need, the Case Manager will establish whether or not the resident meets the required threshold and that their respite needs can be met in the home setting. These beds will operate in accordance with the terms of this agreement.
- 6.3.3 The provider must follow all aspects of this Service Specification in relation to the provision of respite placements. It is accepted by the commissioner's that the way this is done may be different for respite placements, as opposed to permanent placements, but the provider shall take no less care or pay no less attention to the needs of the resident, regardless of the circumstances or expected duration of the placement.
- 6.3.4 To illustrate the point made in 6.3.3, here are two examples of how the provider may act differently with a respite placement than with a permanent placement:
- i If the respite placement is planned to happen in 2 months' time, then the home's assessment period may be slightly longer, especially if this allows the resident or their family to visit the home.
 - ii Given that respite stays are likely to be very short, typically 1-2 weeks, the home may not complete all care planning documents, but those which are completed should be done much quicker than for a permanent placement and ideally completed before the resident moves into the home.

Emergency Admissions

- 6.4.1 The placement status following an emergency admission shall be confirmed or refused within 14 days by the commissioner.

7 Discharge

Notice Periods

Standards

Within the first 28 days of the placement

- 7.1.1 The provider must give a minimum of 7 working days written notice to the commissioner of their intention to discharge the resident.

Subsequent Period after 28 days

- 7.1.2 The provider must give a minimum of 28 calendar day's written notice to the commissioner of their intention to serve notice on a resident. This will not constitute formal notice, but will formally alert the commissioner that the provider is unable to continue with the placement under the current circumstances. This notification **must** set out:
- i Clear and specific reasons why the home does not wish to / is unable to continue with the placement
 - ii Any available evidence that supports the homes decision
 - iii Reasonable actions that could be taken by any party that could lead the home to continue with this placement.
- 7.1.3 The commissioner can only refuse to accept the notification if it does not contain the specific information requirements set out in **7.1.2**
- 7.1.4 During this 28 day period, all parties should take all reasonable steps to ensure the person can continue to live in their current home.
- 7.1.5 After this 28 day period elapses, the home can provide formal written notice to the commissioner to confirm that they wish to end the contract. This must be in writing and give a further 28 calendar days' notice. This can only be done if the conditions described in **7.1.2iii** have not been met in full.
- 7.1.6 All parties must expect that by the end of the formal 28-day notice period, the resident will have moved out of the home. All reasonable actions should be taken by all parties to achieve this.
- 7.1.7 The exceptional circumstance where they person may still be living in their current home after the 28 day period finishes, is if the commissioner cannot find alternative appropriate provision for the resident. In these circumstances, the commissioner must write to the home at least 7 calendar days before the end of the notice period and set out:
- i Clear and specific reasons why no alternative accommodation has yet been found, with any relevant supporting evidence. For instance, evidence that the commissioner has contacted all alternative homes and they have no vacancies is appropriate. Evidence that this delay is because a member of staff is off sick is NOT appropriate.
 - ii The extension to the notice period that is being sought to the notice period.
- 7.1.8 The maximum extension that can be requested is 14 days and the home is expected to approve this as long as the commissioner has followed the steps above and the risk of moving the resident to unsatisfactory accommodation is not outweighed by an imminent risk to the resident, other residents or staff in the home.
- 7.1.9 The commissioner must have made alternative arrangements during this period. If not, it is at the provider's discretion if they wish to

continue to care for the resident in the home.

Emergency Admission

7.1.10 The notice period during the 14 days confirmation period will be agreed by negotiation between the Officer/Designated Case Manager and the Provider

Following the death of a resident

7.1.11 The notice period, i.e. the period for which the commissioner will continue to pay for the placement, is 2 days.

Discharge Process

7.2.1 The Provider shall notify the Officer/Designated Case Manager or where appropriate the Nursing Home Co-ordinator when notice to discharge the resident is given including:

- i Where the Home, in conjunction with other community based resources, is unable to provide the care required as a result of the irreversible deterioration in the health of the resident, or
- ii Where confirmation has been given by the Officer/Designated Case Manager, and/or medical personnel, that the residents behaviour is persistently having a negative impact on other residents within the home.

7.2.2 The Provider will not evict or withdraw support services without prior alternative arrangements for accommodation being made and agreed with the Officer/ Designated Case Manager.

7.2.3 On discharge of the residents all personal aids, medicines, monies, property, clothing and other possessions shall be returned by the Provider to the resident, Proxy or Officer/Designated Case Manager as appropriate.

7.2.4 On death of a resident, the Provider shall dispose of all medicines in line with the Registering Authority's regulations.

8 Care and Support Plan

Review

8.1.1 Care and Support Plan reviews may be requested by the resident, the Commissioner or the provider. The commissioner is responsible for deciding if this is needed, when this will be undertaken and by whom. This decision must consider the urgency of need and the date of the last formal review. The commissioner may also consider the urgency of this review alongside the urgency of others reviews that need to be undertaken.

8.1.2 The review will consider the resident's current circumstances and the extent to which the current provision of care and support is meeting their needs and any agreed outcomes.

8.1.3 The commissioner or their designated representative may visit the home at any time to undertake a review of resident's care. This may

include visits that are unannounced and / or take place outside of standard business hours.

Standards

- 8.1.4 A formal review will be held at least annually.
- 8.1.5 The review must, where possible, involve the resident (and / or their family or advocate), the provider or designated representative and the commissioner or designated representative. Other people may be invited by, or on behalf of the resident. Once all attendees are known, due consideration will be given to ensure convenience and adequate notice for all participants.
- 8.1.6 The residents Care and Support Plan must be amended by the commissioner as appropriate following this review.
- 8.1.7 The provider must immediately advise the commissioner of any significant change in the resident's circumstances or care and support needs, which is likely to affect the achievement of the agreed outcomes (e.g. deterioration in health etc.). This may result in a review if, in the opinion of the commissioner, the care & support needs of the resident or their personal outcomes have significantly changed or can no longer be met.
- 8.1.8 Following any review, the provider must immediately update the resident's Service Delivery Plan and ensure that all staff are aware of the changes.

9 Provision of personal care

Standards

■ The Provider is required to ensure that the resident the resident is consulted throughout their stay in the home:

- 9.1.1 On all aspects of their care and support.
- 9.1.2 And consent is obtained, on any occasion before any personal care is provided.
- 9.1.3 On their needs and wishes
- 9.1.4 In the completion of relevant care planning documents

Outcomes

■ The Provider is required to ensure that:

- 9.2.1 All assistance provided must seek to maximise the resident's comfort and avoid or minimise any distress or discomfort
- 9.2.2 All aspects of the care and support provided to a resident must give full regard to, and prioritise, that person's health, safety, dignity and wishes above all other considerations
- 9.2.3 The home seeks to best understand the resident's needs, preferences and wishes. These must be recorded in a way that ensures all care staff are always aware of this information and any changes to it.

- 9.2.4 All care staff must provide care and support in a way that best reflects the resident's needs, preferences and wishes and maximises their quality of life. For instance, this may relate to the gender of the care staff providing the personal care or the environment in which this is done.

It is accepted some Citizens will not be able to communicate their wishes and also that there will be times and circumstances, especially in an emergency, where it may not be possible to meet these preferences or requirements. Where any of these factors apply, the home is required to document this appropriately.

10 Needs of each individual resident

Basic Needs

Standards

- 10.1.1 The Provider must ensure that the service provided in care home accommodation must include:
- i A single room, unless residents explicitly state a wish to share
 - ii Access to toilet facilities whose location and accessibility make them appropriate for each resident (i.e. it would not be appropriate for the only toilet available to a resident with mobility issues to be a long walk away).
 - iii Full board
 - iv Personal care, as required, including nursing care where appropriate
 - v Supervision on a 24 hour basis
 - vi The resident has his / her personal toiletries for their sole use. These include but are not limited to; a flannel, sponge, towels, shaving equipment, toothbrush, hairbrush/comb.

Outcomes

- 10.1.2 The home must take all reasonable efforts to identify and achieve the person's outcomes in relation to the way they live their life. This may relate to wanting to do particular things (e.g. have time to pray on a Friday) or relate to how things are done (e.g. always want to have a shave first thing in a morning).

Food

Standards

- 10.2.1 Each resident must have choice and control over their diet, which must take consideration of (in order of importance):
- i Any allergies
 - ii The person's nutrition and hydration needs
 - iii Any specific dietary requirements (e.g. vegetarian),
 - iv A varied and healthy diet.
 - v How and when they eat
- 10.2.2 The home should balance the requests and preferences of individual residents in relation to what, when and how they eat, with the

operational needs of the home. This is to say that the while the home must seek to meet individual requests, it cannot be expected to cook an entirely different meal for residents to eat at entirely different times, or anything close to this.

- 10.2.3 All food preparation, handling and storage must conform to Food Hygiene and Safety Standards established by statute and advised by the Environmental Health Officer.
- 10.2.4 Menus must be prepared in advance on no less than a four weekly menu cycle to ensure an adequately varied diet. Menus shall be reviewed regularly and consideration given to suitable choices and alternatives at mealtimes.
- 10.2.5 Adequate time must be allowed for the resident to eat their meals at their own pace. Sufficient support or guidance must also be provided.
- 10.2.6 Food and drink will be available 24 hours a day, with fruit, snacks and light meals on request.
- 10.2.7 Providers are expected to achieve and maintain a level 4 Food Hygiene Rating as minimum. Should the rating fall below this at any time, the Provider must draw up an action plan for improvement and request a re-inspection within appropriate timescales.

Outcomes

- 10.2.8 The home must take all reasonable efforts to identify and achieve the person's outcomes in relation to food, meal times and all aspects of nutrition and hydration.
- 10.2.9 This may relate to how things happen (e.g. some people may want to eat alone in their own room). It may also relate to what may be thought of as special occasions or treats. Examples of this could include:
 - i Inviting a resident's family to come and eat with them, preferably in a private area, on their birthday
 - ii Getting the resident their favourite meal (which may be from the local chip shop) either on a special occasion (e.g. their birthday) or to mirror a routine they had earlier in their life (e.g. on a Friday evening)

Activities and things to do

Standards

- 10.3.1 This includes all actions taken by the home that seek to keep people active, engaged or interested in what is going on around them. This could range from an organised game or live performance, through to residents 'downtime' in the living room or other communal space. The 'activity' may be; a resident helping staff fold laundry, a radio being on in the background whilst people are eating, or a member of staff having a quiet conversation with a resident in their room.
- 10.3.2 As a specific point, the home must not consider that sitting all residents in a circle in a large living room facing a television screen for a significant length of time is a meaningful activity for them. This is especially, but not only, true where residents do not have the ability to

move to another environment or the option of partaking in any alternative activities. There may be times where it is appropriate for this scenario, such as after lunch where people wish to relax and maybe sleep, but the environment should be set up to support this. For instance, if this is the rationale, then residents should be offered the option of moving to a quieter area and it would be inappropriate for the television to be on at high volume.

- 10.3.3 The home must have a varied and fulfilling programme of activities. This must be informed by the residents and demonstrably reflect their needs, wishes and preferences. Decisions about activities and things to do must not be based on stereotype (e.g. all older people like watching war films) or ease (e.g. put the residents in the lounge whilst we clean up after a meal). However, the operational needs of the home can be taken into account when planning activities and the daily routine of the residents. For instance, it is accepted that activities may not take place whilst medication rounds are taking place.

Outcomes

- 10.3.4 The resident day should consist of a range of activities and routine which support their choice and the way in which they wish their days to be structured

Clothing

Standards

- 10.4.1 The residents clothing and footwear is to be retained for his / her sole use and may be discreetly labelled if necessary. There must be no 'pool system', or anything similar, for clothing or footwear.
- 10.4.2 Residents must be assisted with the adjustment of clothing and their personal hygiene needs must be met, whilst maintaining the resident's personal dignity.

Outcomes

- 10.4.3 As with all other aspects of how the home operates, all residents must have a say in what they wear and the home should seek to understand the resident's preferences in regard to this. For instance, a person may wish to wear particular clothing on certain days or a times of day (e.g. dress in a shirt and tie for dinner). The home must take all reasonable efforts to understand these preferences and to support them.

Meeting Residents Outcomes

- 10.5.1 This section describes some key outcome areas that relate to the daily lives of everyone, including and maybe especially, those people living in a care home. The requirement on each care home is to seek to understand what is important to people in these areas and take all reasonable steps to introduce or incorporate these things into the person's life and routine.
- 10.5.2 Each of these outcomes must be supported by all care homes for all residents, without exception. However, what is at the discretion of the home is how this happens. The home will be assessed against the extent to which they take reasonable steps to understand and meet

these outcomes. It is acknowledged that there will be practical issues that affect how able a home is to meet a particular outcome. For instance, a home in a suburb with a lot of shops, pubs and other amenities close by will find it easier to take people to these places than a home in a rural setting. However, that rural home may have a lot of outside space and so find it easier to create a garden that resident can use to grow things. The commissioner will consider all of these factors when assessing a home, as this approach must exist within a mature provider /commissioner relationship.

- 10.5.3 **Religious / spiritual beliefs or non-beliefs** – The home must seek to understand and meet individual resident's outcomes in relation to any aspect of religion or spirituality. This is not confined to the 'standard' religions that are known and understood, but this should be taken in the broadest sense. The way the home approaches this subject must recognise, and be respectful of the fact, that some residents will have no specific religious belief or may object to all forms of religion or spirituality. In meeting this outcome for individual residents, the home should seek to understand specific things the residents want to do (e.g. go to church) or not do (e.g. celebrate particular religious festivals). The home should also consider the outcome may relate to how a person wants to be treated or any other aspect of their life (e.g. the food they eat). Providers are required to take all reasonable steps to understand and act on these matters.
- 10.5.4 **Social needs** – The home must seek to understand and meet individual resident's outcomes in relation to their social needs. The home's approach should seek to understand any friendships or social circles the resident has within, or outside of, the home. The ability of the home to meet this outcome will depend on their ability to obtain knowledge and information about a resident's past, present and future life and interests.
- 10.5.5 **Emotional needs** – The home must seek to understand and meet individual resident's outcomes in relation to their emotional needs. This is separate to any specific medical conditions or mental illness, but relates to the emotional feelings and wellbeing of an individual. As an example, the home may identify important dates for the resident and ensure they take appropriate measures, such as the birthday of a deceased partner. In such circumstances, some residents may want to be kept busy so they don't dwell on it, others may want to visit the grave, whilst others may want to be left alone in their room. These are very different, but understandable, responses to the same situation and homes must seek to understand and act on individual wishes in this, and other, situations.
- 10.5.6 **General wellbeing** – The home must seek to understand and meet individual resident's outcomes in relation to their general wellbeing and quality of life. This covers many different areas and things we all do in our daily life that give us some happiness, contentment, peace or fun. They do not have a specific label, but as with other aspects of this section, they will play a key part in a resident's general quality of life

and happiness. This will range from the very simple things that the home is fully expected to get right all of the time (e.g. how the resident likes their cup of tea) to daily routines that the home should seek to follow (e.g. what newspaper the person likes to read or that they have had a drink of beer every Friday night for the last 50 years). This may also be something the home arrange on a special occasion, such as a visit to the residents favourite pub or to the cinema.

11 Health Care

Health equipment within care homes

Standards

11.1.1 The Provider must ensure that:

- i There are the type and number of mobility devices, appropriate for the needs of the residents.
- ii All mobility devices are well-maintained, in a good state of repair and that all checks and maintenance are undertaken at the necessary intervals.
- iii No appliance which they know, or suspect, to be in need of replacement / repair is used or accessible to staff or residents until such time as appropriate repairs have been undertaken.
- iv Any changes to the sensory abilities of the Citizen shall be recorded by the Provider in the Citizen's personal file and after consultation with the Citizen, arrangements made to obtain, as appropriate, medical advice or treatment, registration as partially sighted or blind, registration as deaf or hard of hearing and sensory aids from outside agencies.
- v Sensory aids used by Citizens are regularly checked and are in good working order.

Health Service provision within Care Homes

11.2.1 The Provider shall enable and make arrangements for the resident to have access to such health services as are available within the area of the care home, including; the provision of district nursing and other specialist nursing services (e.g. tissue viability, continence advice, palliative care advice) as well as the provision, where necessary, of continence and nursing aids, physiotherapy speech and language therapy, podiatrists and such other services as may be available to residents living in their homes or in sheltered accommodation

11.2.2 Details of on-going health provision (e.g. Continuing NHS Health Care or Funded Nursing Care) shall be outlined in the Statement of Purpose.

11.2.3 The costs of providing health services shall not be borne by the Local Authority. The Provider shall not charge the resident for health services so provided where no charge is levied.

Medicines

11.3.1 The Provider shall comply with the requirements of the Registering Authority concerning the Custody, Administration and Disposal of

Medicines. All medication administered by the Provider shall be kept in a secure and lockable location, accessible only to approved members of staff.

- 11.3.2 The Provider's Medicines Policy must meet with the requirements of the Registering Authority in relation to the recording, security, administration and disposal. Apart from simple household remedies as agreed by the Registering Authority, only drugs and medicines prescribed by the resident's Doctor and administered in accordance with the instructions given by the Doctor shall be given to the resident.
- 11.3.3 The Provider shall, if he/she feels this is appropriate following assessment enable the resident to retain and administer his/her own prescribed medicines and provide him/her with facilities to secure the drugs.
- 11.3.4 Resident's shall not be forced to take drugs/medicines. Failure to take prescribed medication shall be reported to the Doctor and recorded on the resident's personal file.
- 11.3.5 Any appropriate charges for medication shall be borne by the resident.
- 11.3.6 The administration of medicines shall comply with the current guidance issued by the Nursing and Midwifery Council.

Nursing Care Services

- 11.4.1 In providing nursing care the provider will:
 - i Provide general nursing care services to meet the assessed needs of the residents including continence services and those continence supplies, which are not available on N.H.S. prescription.
 - ii Have sufficient medical, surgical and nursing equipment including treatment room facilities commensurate with the size of the Home and that comply with any legal requirements, and those of the Registering Authority. The Care Home is required to provide the equipment necessary for the delivery of care it identifies in its "Statement of Purpose" for which it is registered.
 - iii Make all necessary arrangements in accordance with the requirements of the Registering Authority, for the disposal of clinical waste including swabs, soiled dressings, incontinence pads, instruments and similar substances and materials and shall seek appropriate advice from the relevant Environmental Services Department.

12 Staff

Standards

Recruitment

- 12.1.1 All recruitment must be done in line with appropriate legislation. This includes but is not limited to:
 - i Recruitment and probation processes must be fair, robust and transparent to all involved

- ii The checking of appropriate references
 - iii Fully investigating any gaps in employment history and where this person is then recruited, clearly and fully documenting the supporting evidence
- 12.1.2 The home must focus recruitment activity on staff living in the area local to the care home. It is accepted that with the challenges of recruitment, that 'the local area' may mean the city in which the home is based or even further afield. For the sake of clarity, both of the two examples that will now be described are real and both would be unacceptable under this Service Specification:
- i Recruiting staff directly from abroad with little evidence that all local routes have been exhausted
 - ii Transporting staff by bus from London where they work in another of the care homes owned by the organisation
- 12.1.3 Recruitment practices should be values based and seek to employ staff who demonstrate the values and behaviours incorporated into the SSWB Act

Terms and conditions

- 12.2.1 The home must offer terms and conditions that support the recruitment, and retention of a committed local workforce.
- 12.2.2 The homes should strive to offer a wide variety of contractual arrangements to ensure that people with a variety of personal circumstances could seek employment within the home. For instance, only offering 37 hour contracts would prevent many people applying, due to their personal circumstances (e.g. childcare needs).

13 Accommodation, premises and environment

Standards

The physical features of the home must comply with the Regulatory Authority's Regulations.

The provider must take all reasonable steps to ensure the décor, layout, fixtures and fittings and furnishings support the resident's quality of life and the achievement of their outcomes. It is recognised that some care homes are old buildings and the layout of these cannot easily be changed. However, the home should focus on what it can do, in the short, medium and long term, to improve the environment for the residents. There are also minimum standards that the home must achieve in relation to the environment. For instance all homes should have appropriate signage that helps residents and staff navigate around the home.

Outcomes

The provider must use available assets to support a resident to enhance their quality of life and meet their outcomes. This will include their direct living environment (e.g. their bedroom), other areas of the building (e.g. recreation areas), outdoor space (e.g. garden) and the surrounding area (e.g. access to local shops and amenities).

14 Quality Assurance Systems in Care Homes

Standards

The Provider must have in place a robust system of quality assurance that must:

- 14.1.1 **Identification of areas for improvement** – This must prioritise areas that have fallen below the minimum required standards, but must also reflect a culture of continuous improvement and a focus on outcomes. The actions that should form part of this approach include, but are not limited to; robust staff supervisions, spot checks of care plans, resident feedback etc.
- 14.1.2 **Identify changes to be made** – These will typically come as the result of identifying issues and or where improvements can be made. There must be a robust system of considering and deciding the best remedial or improvement action to be taken. This should not just seek a quick fix. For instance, suspending a member of staff for not completing records and assuming this is a one off, when in fact this reflects a culture in the home and indicates more systemic issues around record keeping.
- 14.1.3 **Ensure change is fully implemented and embedded** – Where changes are made, the process to implement these should be robust and ensure that all aspects of the care home operation, and all staff involved within it, are better as a result. For instance, re-training day care staff but not those on the night shift will not fully embed the change.
- 14.1.4 **Ongoing review and monitoring** – There must be an ongoing process of audit and quality assurance that ensures previous changes continue to be applied and also proactively seeks to identify areas where practice can, or needs to, be improved.

15 Organisational Infrastructure

Monies and possessions of the citizen

- 15.1.1 The Provider shall request a review of the Citizen's Care and Support Plan if the resident appears incapable of managing his/her financial affairs.
- 15.1.2 The Provider shall have a system of recording sums of the residents money kept in safe keeping and shall nominate who will have access to storage facilities for money and valuables when such are requested by the Citizen. The system shall have the prior approval of the Officer/Designated Case Manager. All documents kept by the Provider

in relation to the residents monies and possessions shall be open for inspection by the Officer/Designated Case Manager or proxy with the authorisation of the resident.

- 15.1.3 The Provider shall advise the resident to obtain advice from an independent organisation such as the Citizens' Advice Bureau, Age Connects or an independent solicitor (with an advocate if necessary) before making a Will.
- 15.1.4 On the death of a resident, the Provider shall only release or return a resident's possessions or property to an Executor of the Estate. If the resident has not left a valid will, the Provider shall ensure that a Form of indemnity is obtained for property so released or returned to any person, such as Next of Kin. The list of resident's possessions shall be referenced within these forms of indemnity.

Personal Records

- 15.2.1 The Provider shall maintain a Personal File for the resident which shall comply with the requirements of this specification and the current legislative requirements.
- 15.2.2 The Provider will ensure that a copy of any Lasting Power of Attorney/Enduring Power of Attorney or Deputy arrangements are kept on file or noted as being seen.
- 15.2.3 The file shall be kept in a secure place and access shall be limited to those staff with overall responsibility for the day-to-day care of the resident.
- 15.2.4 The Provider shall ensure that anyone authorised to have access to the contents of the file is instructed in the proper handling of confidential information.
- 15.2.5 The file shall be open to inspection by the Officer and/or the Designated Case Manager.
- 15.2.6 The resident's reasonable rights of access to his/her personal file shall be allowed by the Provider.
- 15.2.7 Personal files and related resident's records shall be held by the Provider for a minimum of seven years after the last entry

Records in relation to the administration of medicines

- 15.3.1 The Provider shall record details of and action taken with regard to any medical complaint or symptoms of the resident observed by the Home staff.
- 15.3.2 Medication records shall be available for inspection by the Officer/Designated Case Manager and shall normally be available to the resident.
- 15.3.3 All record keeping must comply with the guidelines for records and record keeping issued by the Nursing and Midwifery Council.

General

- 15.4.1 Information relating to the resident shall be treated as confidential. It

shall not be disclosed to anyone except for appropriate staff, the resident, the Officer/Designated Case Manager, the Proxy or any other person authorised by the resident.

Accidents

- 15.5.1 The Provider must comply with legislative requirements of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- 15.5.2 Any accidents to the resident must be recorded in his/her personal file together with records of any treatment received. Notifications will be sent to the commissioning organisation and other appropriate authorities.
- 15.5.3 If the accident results in serious injury or death, the Provider must immediately report the incident to the Health and Safety Executive and ensure that the Doctor is informed and that the resident's next of kin is notified without delay or in accordance with the requirements of the next of kin.

Fire Precautions and Preparedness

- 15.6.1 Building design, fire regulations and drill shall conform to requirements of the Chief Fire Officer, of the local Fire Authority and the Registering Authority
- 15.6.2 The Provider will follow relevant recommendations and guidance to conform with the requirements of Regulatory Reform (Fire Safety) Order 2005
- 15.6.3 The Provider will have a Personal Emergency Plan in place for the citizen, to be reviewed annually or when changes occur
- 15.6.4 The Provider shall ensure that all Staff (including casual and agency staff) are aware of, instructed and trained in the fire precautions applicable to the building, and the action to be taken in the event of fire. Staff fire precaution and preparedness training, and updates, shall be recorded.
- 15.6.5 The Provider shall record fire safety inspection and equipment maintenance schedules and record any defects, and their remedy
- 15.6.6 Fire drill exercises shall be held by the Provider. These shall test the capability of staff to react in a proper manner to an emergency and test evacuation plans in place
- 15.6.7 Following fire drill exercises, conclusions and remedial actions should be recorded and implemented

Visitors

- 15.7.1 The home must encourage visitors and make them welcome at all times, except where the operational implications outweigh the benefit of a visitor, such as when giving medication. The home must also take steps to facilitate and actively encourage visits from the friends and family of residents.
- 15.7.2 For residents with reduced capacity, and following a best interest

decision meeting, visitors may be excluded from visiting. The decision shall be added to the citizens DoLS report.

Access for Monitoring by the Local Authority and Health Board

- 15.8.1 The Provider must allow access to all parts of the Home and vehicles for the purposes of inspection by the Officer/Designated Case Manager.
- 15.8.2 In addition, the Officer/Designated Case Manager will also have access to any general records the Home is required to maintain and any specific records relating to the resident.

Monitoring and Review of the Home

- 15.9.1 The commissioner will, if deemed appropriate by them, review all inspection reports for the home. The provider will supply to the commissioner a copy of its annual self-assessment at the time of submission to the Care Inspectorate Wales (CIW).
- 15.9.2 Where any issues are raised that cause concern, these will be discussed with the Provider.

DRAFT

APPENDIX 1, CLAUSES

List of Standard Equipment provision to be available in care home establishments to meet the needs of the general client group

Non Nursing Care Establishment	Nursing Care Establishment
<p>A range of:</p> <p>Medication administration equipment (Pill Cutter, Tablet counter triangle, Chains to secure trollies, Pill Pots, Measuring Spoons, Labels, Pens, Sharps Box etc.)</p> <p>Bath/Shower seats</p> <p>Chairs (including Riser/recliner)</p> <p>Hoisting and manual handling equipment (including: a number of various sized slings, transfer boards, Rope ladders, slide sheets, Stand and Turn aid, Handling Belts, Hoists/Emergency Lifting Cushion etc.)</p> <p>Domestic Beds (including bed raisers and bedrails and bumpers)</p> <p>Back rests</p> <p>Call Bells</p> <p>Bed & Door Alarms/sensor mats (Assessed)</p> <p>Continance Management products (Commodes/bottles Incontinence pads)</p> <p>Toilet seat Risers</p> <p>Weighing scales (either integral with hoist or other)</p> <p>Attendant propelled wheelchairs (including cushions for transit within the home (only)</p> <p>Long Handled Shoe Horns</p> <p>Plate Accessories (Non Slip mats, spill lips)</p> <p>Feeding equipment (Suitable to address physical disabilities caused by various neurological impairments etc.)</p> <p>Sluice Equipment</p>	<p>A range of:</p> <p>Medication administration equipment (Pill Cutter, Tablet counter triangle, Chains to secure trollies, Pill Pots, Measuring Spoons, Labels, Pens, Sharps Box etc.)</p> <p>Bath/Shower seats</p> <p>Chairs (including for Postural/positional requirements, Riser/recliner Kirton, Tilt in Space, Winged and Bucket Seats*)</p> <p>Hoisting and manual handling equipment (including: a number of various sized slings, transfer boards, Rope ladders, slide sheets, Stand and Turn aid, Handling Belts, Hoists/Emergency Lifting Cushion etc.)</p> <p>Beds Standard Variable Height and postural adjustable – (Including bariatric provision)</p> <p>Electric Standard Profiling Beds (including bariatric and high/low rise provision)</p> <p>Pressure relieving mattresses/cushions</p> <p>Suction Units</p> <p>Resuscitation/airway maintenance equipment</p> <p>Drip stands</p> <p>Syringe Drivers</p> <p>Back rests</p> <p>Call Bells</p> <p>Bed & Door Alarms/sensor mats (Assessed)</p> <p>Continance Management products (Commodes/bottles, Incontinence pads)</p> <p>Catheter maintenance equipment</p> <p>Toilet seat Risers</p> <p>Weighing scales (either integral with hoist or other)</p> <p>Attendant propelled wheelchairs (including</p>

	<p>cushions for transit within the home (only)</p> <p>Long Handled Shoe Horns</p> <p>Plate Accessories (Non Slip mats, spill lips)</p> <p>Feeding equipment (Suitable to address physical disabilities caused by various neurological impairments etc.)</p> <p>Sluice Equipment</p> <p>Cleaning Support for Aseptic Equipment & Dressing</p>
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* Buckets/Tilt in Space Seats can only be used under strict individual risk assessment and justification protocols and is to be approved by a multi-disciplinary team of professionals before use. These seats are NEVER to be used for the prevention of free movement or as a standard provision of seating. The use of any restraint furniture is subject to a DoLS standard Application and notification to Care Inspectorate Wales (CIW)

DRAFT

Equality & Health Impact Assessment for

Joint Specification for Residential and Nursing Care & Support Services

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Cardiff Council:- Leon Godard, Vale of Glamorgan Council:- Gaynor Jones Cardiff and Vale University Health Board:- Anna Mogie
3.	Objectives of strategy/ policy/ plan/ procedure/ service	This document will be the Service Specification for all care home provision that is commissioned by any or all of the following organisations; Cardiff Council, Vale of Glamorgan Council and Cardiff and Vale University Health Board. This document will describe the standards, requirements and outcomes a provider will need to meet in terms of how it operates and how it provides services to its residents.

¹http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253.73860407.253_73860411&_dad=portal&_schema=PORTAL

4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³.</p>	<p>A joint, regional specification is a requirement under Social Services and Well-being (Wales) Act 2014. While the region already had a joint regional specification in place, best practice and legislative requirements have changed since its last review.</p> <p>The new regional specification will use the following as its foundations:-</p> <p>ICP Model Service Specification for Care Homes</p> <p>Parts 3 to 20 of The Regulated Services (Service Providers and Responsible Individuals) Wales Regulations 2017</p> <p>Social Services and Well-being (Wales) Act 2014</p> <p>Regulation and Inspection of Social Care (Wales) Act 2016</p>
5.	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p>	<p>Residents of care home provision. Providers of care home provision Commissioners in any or all of the following organisations; Cardiff Council, Vale of Glamorgan Council and Cardiff and Vale University Health Board</p>

² <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

³ <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.1 Age For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>The specification will lead to improved health and social outcomes for residents of care and nursing homes. This will lead to a healthier Wales, and a more equal Wales</p> <p>Under 18 – improved relationships with family members living in care and nursing homes.</p> <p>Between 18 and 65 – Improved relationships with family members living in care and nursing homes. Improved outcomes for residents of care and nursing homes.</p> <p>Over 65– Improved relationships with family members living in care and nursing homes.</p> <p>Improved outcomes for residents</p>	<p>Quality assure the services</p>	<p>Local Authority quality assurance processes to be followed.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	of care and nursing homes.		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	The specification will lead to improved health and social outcomes for residents of care and nursing homes, including those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions by focusing on outcomes for the individual. This will lead to a healthier Wales, and a more equal Wales.	Quality assure the services	Local Authority quality assurance processes to be followed.
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	The specification will lead to improved health and social outcomes for residents of care and nursing homes, including those who are men, women, and people undergoing gender reassignment by focusing on outcomes for the individual. This will lead to a healthier Wales, and a more equal Wales.	Quality assure the services	Local Authority quality assurance processes to be followed.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.4 People who are married or who have a civil partner.	The specification will lead to improved health and social outcomes for residents of care and nursing homes, who are married or who have a civil partner, by focusing on outcomes for the individual. This will lead to a healthier Wales, and a more equal Wales.	Quality assure the services	Local Authority quality assurance processes to be followed.
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	The specification will lead to improved health and social outcomes for residents of care and nursing homes, It is unlikely that this will impact directly on women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. It could lead to improved relationships between this group with family members living in care and nursing homes.	Quality assure the services	Local Authority quality assurance processes to be followed.
6.6 People of a different race, nationality, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	The specification will lead to improved health and social outcomes for residents of care and nursing homes, who are people of a different race, nationality, culture or ethnic	All staff of care and nursing homes could be impacted upon by the specification – recommendation that the regional training team assess training needs to improve the	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>origin including non-English speakers and gypsies/travellers This will lead to a healthier Wales, and a more equal Wales.</p> <p>The specification could impact on migrant workers who are staff within care and nursing homes. This impact could lead to a change in working conditions.</p>	ability of staff to meet the requirements of the specification.	
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	<p>The specification will lead to improved health and social outcomes for residents of care and nursing homes, including people with a religion or belief or with no religion or belief. This will lead to a healthier Wales, and a more equal Wales.</p>	Quality assure the services	Local Authority quality assurance processes to be followed.
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	<p>The specification will lead to improved health and social outcomes for residents of care and nursing homes, including people with are heterosexual, lesbian or gay, bisexual. This will lead to a healthier</p>	Quality assure the services	Local Authority quality assurance processes to be followed.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Wales, and a more equal Wales.		
<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>The specification will lead to improved health and social outcomes for residents of care and nursing homes, including people with communicate using the Welsh language.</p> <p>This will lead to a healthier Wales, and a more equal Wales.</p>	Quality assure the services	Local Authority quality assurance processes to be followed.
<p>6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>The specification will lead to improved health and social outcomes for residents of commissioned services within care and nursing homes. Due to the nature of the service, all people will be economically inactive, workless and people who are unable to work due to ill-health. People in receipt of a service commissioned by Local Authority will be of low income due to means testing.</p> <p>This will lead to a healthier Wales, and a more equal Wales</p>	Quality assure the services	Local Authority quality assurance processes to be followed.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p>	<p>The specification will lead to improved health and social outcomes for residents of commissioned services within care and nursing homes.</p> <p>People in receipt of a service commissioned by Local Authority will be of low income due to means testing.</p> <p>All people in receipt of the commissioned service will be in poor health, and be unable to access services and facilities</p> <p>This will lead to a healthier Wales, and a more equal Wales</p>	<p>Quality assure the services</p>	<p>Local Authority quality assurance processes to be followed.</p>
<p>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</p>	<p>NA</p>		

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>The specification will lead to improved health and social outcomes for residents of commissioned services within care and nursing homes.</p> <p>People in receipt of a service commissioned by Local Authority or the UHB will receive a service standard that is based on agreed outcomes and service principles.</p> <p>All people in receipt of the commissioned service will be in poor health, and be unable to access services and facilities</p> <p>This will lead to a healthier Wales, and a more equal Wales</p>	<p>Quality assure the services</p>	<p>Local Authority quality assurance processes to be followed.</p>
<p>7.2 People being able to improve /maintain healthy lifestyles:</p>	<p>The specification will lead to improved health and social outcomes for residents of</p>	<p>Quality assure the services</p>	<p>Local Authority quality assurance processes to be followed.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	<p>commissioned services within care and nursing homes.</p> <p>All people in receipt of the commissioned service will be in poor health, and have been unable to access services and facilities in the community. These services will be available to them in the care provision.</p> <p>This will lead to a healthier Wales, and a more equal Wales</p>		
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>All people in receipt of this service will be residents of care and nursing homes, and therefore not in work.</p>	<p>Quality assure the services</p>	<p>Local Authority quality assurance processes to be followed.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<p>All people in receipt of this service will be residents of care and nursing homes, so this does not apply.</p>	<p>Quality assure the services</p>	<p>Local Authority quality assurance processes to be followed.</p>
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity;</p>	<p>All people in receipt of this service will be residents of care and nursing homes. The specification lays out the importance of social networks and sense of belonging, and has included outcomes that the service will need to deliver relating to these. This will meet</p>	<p>Quality assure the services</p>	<p>Local Authority quality assurance processes to be followed.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>the wellbeing goal – A Wales of cohesive communities.</p>		
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>			

Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>The standards, requirements and outcomes a provider will need to meet in terms of how it operates and how it provides services will be clearly understood by commissioners, providers and citizens.</p> <p>Residents will be provided with the best and most appropriate care and support based upon an individual's needs.</p>
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.2 What are the key actions identified as a result of completing the EHIA?</p>	<p>Develop and implement a regional service specification</p>	<p>LG</p>	<p>June 2019</p>	<p>Implement</p>
	<p>Develop and implement regional terms and conditions</p>	<p>Vale Legal</p>	<p>June 2019</p>	<p>Implement</p>

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	No			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	Consult with providers to lay the foundation for an outcome based specification.	GJ	April 2018	Complete
	Develop a Draft Regional Specification	LG	Dec 2018	Complete
	Consult with providers, residents and advocacy groups	LG/GJ/AM	April 2019	Approve going to consultation & delegate implementation to Directors of Social Services
	Develop the terms and conditions	Vale Legal	April 2019	
	Publish and implement the Regional Specification and Terms and Conditions	LG/GJ/AM	July 2019	Implementation

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)⁴

This explicit consideration of the above will apply to strategies (e.g. Shaping Our Future Strategy, Estates Strategy), policies (e.g. catering policies, procurement policies), plans (e.g. Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g. developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)⁵
- Equality Act 2010⁶

⁴ <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

⁵ <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

⁶ <https://www.gov.uk/guidance/equality-act-2010-guidance>

- Well-being of Future Generations (Wales) Act 2015⁷
- Social Services and Well-being (Wales) Act 2015⁸
- Health Impact Assessment (non statutory but good practice)⁹
- The Human Rights Act 1998¹⁰
- United Nations Convention on the Rights of the Child 1989¹¹
- United Nations Convention on Rights of Persons with Disabilities 2009¹²
- United Nations Principles for Older Persons 1991¹³
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹⁴
- Welsh Government Health & Care Standards 2015¹⁵
- Welsh Language (Wales) Measure 2011¹⁶

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (ie their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues. They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health

⁷ <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

⁸ <http://gov.wales/topics/health/socialcare/act/?lang=en>

⁹ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

¹⁰ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

¹¹ <http://www.unicef.org.uk/UNICEFs-Work/UN-Convention>

¹² <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹³ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

¹⁴ <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

¹⁵ <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

¹⁶ <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information or if you require support to facilitate a session, please contact Susan Toner, Principal Health Promotion Specialist (susan.toner@wales.nh.uk) or Keithley Wilkinson, Equality Manager (Keithley.wilkinson@wales.nhs.uk)

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates¹⁷
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide¹⁸

¹⁷ <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

¹⁸ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

Appendix 2 – The Human Rights Act 1998¹⁹

The Act sets out our human rights in a series of ‘Articles’. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as ‘the Convention Rights’:

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

¹⁹ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

Appendix 3

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.