

Equality and health analysis

Gateway 2 - Contract Award
Approval
Nursing Care Provision at Tower
Bridge Care Centre (TBCC)

Guidance notes

Things to remember:

Under the Public Sector Equality Duty (PSED) public authorities are required to have due regard to the aims of the general equality duty when making decisions and when setting policies. Understanding the affect of the council's policies and practices on people with different protected characteristics is an important part of complying with the general equality duty. Under the PSED the council must ensure that:

- Decision-makers are aware of the general equality duty's requirements.
 - The general equality duty is complied with before and at the time a particular policy is under consideration and when a decision is taken.
 - They consciously consider the need to do the things set out in the aims of the general equality duty as an integral part of the decision-making process.
 - They have sufficient information to understand the effects of the policy, or the way a function is carried out, on the aims set out in the general equality duty.
 - They review policies or decisions, for example, if the make-up of service users changes, as the general equality duty is a continuing duty.
 - They take responsibility for complying with the general equality duty in relation to all their relevant functions. Responsibility cannot be delegated to external organisations that are carrying out public functions on their behalf.
 - They consciously consider the need to do the things set out in the aims of the general equality duty not only when a policy is developed and decided upon, but when it is being implemented.

Best practice guidance from the Equality and Human Rights Commission recommends that public bodies:

- Consider all the [protected characteristics](#) and all aims of the general equality duty (apart from in relation to marriage and civil partnership, where only the discrimination aim applies).
- Use equality analysis to inform policy as it develops to avoid unnecessary additional activity.
- Focus on the understanding the effects of a policy on equality and any actions needed as a result, not the production of a document.
- Consider how the time and effort involved should relate to the importance of the policy to equality.
- Think about steps to advance equality and good relations as well as eliminate discrimination.
- Use good evidence. Where it isn't available, take steps to gather it (where practical and proportionate).
- Use insights from engagement with employees, service users and others can help provide evidence for equality analysis.

Equality analysis should be referenced in community impact statements in Council reports. Community impact statements are a corporate requirement in all reports to the following meetings: the cabinet, individual decision makers, scrutiny, regulatory committees and community councils. Community impact statements enable decision makers to identify more easily how a decision might affect different communities in Southwark and to consider any implications for equality and diversity.

The public will be able to view and scrutinise any equality analysis undertaken. Equality analysis should therefore be written in a clear and transparent way using plain English. Equality analysis may be published under the council's publishing of equality information, or be present with divisional/departmental/service business plans. These will be placed on the website for public view under the council's Publications Scheme.

Equality analysis should be reviewed after a sensible period of time to see if business needs have changed and/or if the effects that were expected have occurred. If not then you will need to consider amending your policy accordingly. This does not mean repeating the equality analysis, but using the experience gained through implementation to check the findings and to make any necessary adjustments.

Engagement with the community is recommended as part of the development of equality analysis. The council's Community Engagement Division and critical friend, the Forum for Equality and Human Rights in Southwark can assist with this (see section below on community engagement and www.southwarkadvice.org.uk).

Whilst the equality analysis is being considered, Southwark Council recommends considering health and wellbeing implications, as health and health inequalities are strongly influenced by the environment we live and work in. As a major provider of services to Southwark residents, the council has a legal duty to reduce health inequalities and this is reflected in its values and aims. For this reason, the council recommends considering health & wellbeing impacts in all equality analyses, not forgetting to include identified potential mitigating actions.

Section 1: Equality analysis details

Proposed policy/decision/business plan to which this equality analysis relates		Gateway 2 - Contract Award Approval Nursing Care Provision at Tower Bridge Care Centre			
Equality analysis author		Genette Laws, Director of Commissioning			
Strategic Director:		David Quirke-Thornton			
Department		Children and Adult Services	Division		Commissioning, Integrated Health and Care Department
Period analysis undertaken		February 2024 to June 2024			
Date of review (if applicable)		Not applicable			
Sign-off		Position		Date	

Section 2: Brief description of policy/decision/business plan

1.1 Brief description of policy/decision/business plan

Contract award decision delegated by Cabinet to the Strategic Director of Children and Adult Services.

The decision is for a block contract to support 95 people with nursing care in Tower Bridge Care Centre for an initial term of ten years with the option to extend for a further five years.

Please note that

1. The home accommodates about 125 people
2. There are 86 residents in the home who are funded by the council and the subject of this EIA
3. There are 177 members of staff in the home with direct or indirect responsibility for the care of the residents in the home.

Section 3: Overview of service users and key stakeholders consulted

2. Service users and stakeholders	
Key users of the department or service	<ul style="list-style-type: none">• A Partnership Evaluation Panel volunteered to represent the residents who use the services, the loved ones of the residents and the staff who will be the subject of TUPE in relation to the contract award decision.
Key stakeholders were/are involved in this policy/decision/business plan	<ul style="list-style-type: none">• Strategic Director of Children and Adult Services• Adult Social Care management• Commissioning, including procurement, programme management and contract management• Head of Property

Section 4: Pre-implementation equality analysis

This section considers the potential impacts (positive and negative) on groups with 'protected characteristics', the equality information on which this analysis is based and any mitigating actions to be taken.

The first column on the left is for societal and economic issues (discrimination, higher poverty levels) and the second column on the right for health issues, physical and mental. As the two aspects are heavily interrelated it may not be practical to fill out both columns on all protected characteristics. The aim is, however, to ensure that health is given special consideration, as it is the council's declared intention to reduce health inequalities in the borough. The Public Health Team can assist with research and data.

<p>Age - Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).</p>																			
<p>Potential impacts (positive and negative) of proposed policy/decision/business plan</p>	<p>Potential health impacts (positive and negative)</p>																		
<p>Our data shows that the age profile of residents is slightly older than the general population in (residential and nursing) care homes in Southwark. 80% of residents in the home are over 75 years old as opposed to 68% in the general population in care homes reflects the fact that the majority of placements in the home are for nursing care whereas the majority of registered rooms in the borough for care homes are for residential care.</p> <p>HC One data shows that the age profile of staff is broadly representative of the Southwark care workforce in care homes population with a slightly larger representation of 25 to 64 year olds.</p> <p>The successful bidder for the care home has fully accepted the specification for supporting the needs of those with general nursing or dementia nursing as well as continued compliance with Southwark's Residential Care Charter.</p>	<p>The transfer of the service means that residents can continue to receive the care they need in the borough with access to the dedicated GP service and dementia care service from SLAM.</p> <p>Additionally, the loved ones of the residents can travel relatively locally to maintain regular contact with the person they love and thereby support positive emotional/mental wellbeing for both parties.</p> <p>The continued compliance with Southwark's Residential Care Charter means that staff experience positive financial wellbeing and as a wider determinate of health this is a positive impact of the recommendation.</p>																		
<p>Equality information on which above analysis is based</p>	<p>Health data on which above analysis is based</p>																		
<p>The age profile of residents in TBCC (Home) is:</p> <table border="1"> <thead> <tr> <th>Resident Age range</th> <th>Home's Percentage</th> <th>Southwark's care home Percentage</th> </tr> </thead> <tbody> <tr> <td>< 55 years</td> <td>0%</td> <td>6%</td> </tr> <tr> <td>55-64 years</td> <td>4%</td> <td>13%</td> </tr> <tr> <td>65-74 years</td> <td>16%</td> <td>13%</td> </tr> <tr> <td>75-84 years</td> <td>41%</td> <td>31%</td> </tr> <tr> <td>> 85 years</td> <td>39%</td> <td>37%</td> </tr> </tbody> </table>	Resident Age range	Home's Percentage	Southwark's care home Percentage	< 55 years	0%	6%	55-64 years	4%	13%	65-74 years	16%	13%	75-84 years	41%	31%	> 85 years	39%	37%	<p>Information in Mosaic about the residents in the home and the PowerBI dashboard for all care home placements.</p> <p>Information from HC One, current employer of staff at the home and the latest Skills for Care report for 2022/23.</p>
Resident Age range	Home's Percentage	Southwark's care home Percentage																	
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<p>The age profile of staff in TBCC (Home) is:</p> <table border="1"> <thead> <tr> <th>Staff Age range</th> <th colspan="2">Home's Percentage</th> <th>London's Percentage</th> </tr> </thead> <tbody> <tr> <td>19 - 24 years</td> <td>3%</td> <td>3%</td> <td>5%</td> </tr> <tr> <td>25 - 34 years</td> <td>18%</td> <td rowspan="3">70%</td> <td rowspan="3">65%</td> </tr> <tr> <td>35 - 44 years</td> <td>31%</td> </tr> <tr> <td>45 - 54 years</td> <td>21%</td> </tr> <tr> <td>55 - 64 years</td> <td>22%</td> <td rowspan="2">27%</td> <td rowspan="2">29%</td> </tr> <tr> <td>> 65 years</td> <td>5%</td> </tr> </tbody> </table>			Staff Age range	Home's Percentage		London's Percentage	19 - 24 years	3%	3%	5%	25 - 34 years	18%	70%	65%	35 - 44 years	31%	45 - 54 years	21%	55 - 64 years	22%	27%	29%	> 65 years	5%	
Staff Age range	Home's Percentage		London's Percentage																						
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<p>Mitigating actions to be taken</p>																									
None		Not applicable																							

<p>Disability - A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.</p>	
<p>Potential impacts (positive and negative) of proposed policy/decision/business plan</p>	<p>Potential health impacts (positive and negative)</p>
<p>All residents are eligible for adult social care support and their individual care plans will reflect the range of disabilities and diagnosis that led to this eligibility.</p> <p>Nearly 95% of employees in the home chose to not declare if they considered themselves to have a disability, 5% confirmed that they did not. The high rate of non-disclosure means that assessing the impact for employees with disabilities is not possible.</p>	<p>The transfer of the service means that residents can continue to receive the care they need in the borough with access to the dedicated GP service and dementia care service from SLAM.</p> <p>Additionally, the loved ones of the residents can travel relatively locally to maintain regular contact with the person they love and thereby support positive emotional/mental wellbeing for both parties.</p>
<p>Equality information on which above analysis is based</p>	<p>Health data on which above analysis is based</p>
<p>See opposite.</p>	<p>Information from HC One, current employer of staff at the home and the latest Skills for Care report for 2022/23.</p>
<p>Mitigating actions to be taken</p>	

Not applicable	Not applicable
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Gender reassignment - The process of transitioning from one gender to another.	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
No data is available about the profile of gender reassignment in relation to residents or staff. The contract award will not disproportionately affect people – residents or staff - based on their gender identity.	The contract award will not disproportionately affect people – residents or staff - based on their gender identity.
Equality information on which above analysis is based.	Health data on which above analysis is based
Not applicable.	Not applicable.
Mitigating actions to be taken	
Not applicable.	Not applicable.

Marriage and civil partnership – In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples and must be treated the same as married couples on a wide range of legal matters. (Only to be considered in respect to the need to eliminate discrimination.)	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
No data is available about the marital status of residents. 97% of staff did not disclose their marital status, 2% shared that they are married and 1% shared they are single. The Skills for Care report does not include marital status to enable a comparison with these figures.	The contract award will not disproportionately affect people – residents or staff - based on their marital status.
Equality information on which above analysis is based.	Health data on which above analysis is based

Not applicable.	Information from HC One, current employer of staff at the home.
Mitigating actions to be taken	
Not applicable.	Not applicable.

<p>Pregnancy and maternity - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</p>	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>In terms of staff, TUPE legislation protects their current employment terms and conditions in relation to maternity leave.</p> <p>The contract award will not disproportionately affect people – residents or staff - based on whether they are pregnant or on maternity leave.</p>	<p>The contract award will not disproportionately affect people – residents or staff - based on they are pregnant or on maternity leave.</p> <p>.</p>
Equality information on which above analysis is based.	Health data on which above analysis is based
Not applicable.	Not applicable.
Mitigating actions to be taken	
Not applicable.	Not applicable.

Race - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. N.B. Gypsy, Roma and Traveller are recognised racial groups and their needs should be considered alongside all others

Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
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Our data shows that the ethnicity profile of residents is slightly different between the general population in (residential and nursing) care homes in Southwark and TBCC. 57% of residents in the home are white compared to 64% in the general population in care homes by contrast there are 51% of borough's population who describe themselves as white. The profile of white and global majority residents in the home are closer to that of the borough's ethnicity profile.

HC One data shows that the ethnicity profile of staff has a higher percentage of global majority or multiple-ethnicities staff (93%) when compared to the care workforce in London (71%) and in terms of the borough's population (49%).

The successful bidder for the care home has fully accepted the specification for supporting the needs of those with general nursing or dementia nursing as well as continued compliance with Southwark's Residential Care Charter.

The loved ones of the residents can travel relatively locally to maintain regular contact with the person they love and thereby support positive emotional/mental wellbeing for both parties. The continued operation of a local care home means that friends and families of residents from the global majority are more likely (than friends and family of their white counter parts) to rely on, and use, public transport to visit their loved ones in TBCC and such visits supports culturally competent care and emotional wellbeing.

The continued compliance with Southwark's Residential Care Charter means that staff experience positive financial wellbeing and as a wider determinate of health this is a positive impact of the recommendation. This positive outcome for Staff is important given the health outcomes for the global majority are often worse than their white counterparts.

Equality information on which above analysis is based

Health data on which above analysis is based

The ethnicity profile of residents in TBCC is:

Resident ethnicity	TBCC's Percentage	Southwark's care home %age
White	57%	64%
Black	31%	27%
Asian	0%	3%
Multiple	2%	1%
Other	8%	4%
Not stated	2%	1%

Information in Mosaic about the residents in the home and the PowerBI dashboard for all care home placements.

Information from HC One, current employer of staff at the home and the latest Skills for Care report for 2022/23.

The ethnicity profile of staff in TBCC (Home) is:		
Staff ethnicity	Home's Percentage	London's Percentage
White	7%	29%
Black	26%	47%
Asian	7%	18%
Multiple	1%	3%
Other	29%	2%
Undisclosed	30%	1%
Mitigating actions to be taken		
Not applicable		Not applicable

Religion and belief - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>Information about the religion of TBCC residents was not available and therefore no assessment can be made.</p> <p>77% of staff did not disclose their religion. Of those that did, 20% declared that they were Christians and 3% Muslims. There is no information about religion re London's care workforce.</p> <p>The specification and the tender exercise requires the successful bidder to be a culturally competent provider and equal opportunities employer. The method statement from the successful bidder provided examples of how they supported residents to practice their religion.</p>	<p>The contract award will not disproportionately affect people – residents or staff - based on their religion.</p>
Equality information on which above analysis is based	Health data on which above analysis is based
See opposite.	Information from HC One, current employer of staff at the home.
Mitigating actions to be taken	

Not applicable	Not applicable
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Sex - A man or a woman.

Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
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<p>Our data shows that the profile of residents is broadly similar between the general population in (residential and nursing) care homes in Southwark and TBCC. 49% of residents in the home are male compared to 44% in the general population in care homes by contrast there are 50% of the borough's population who are male.</p> <p>HC One data shows that 76% of staff are female. 79% of the care workforce in London are female and 50% of the borough's population are female. Whilst the home has a slightly large percentage of male staff than the London care workforce, the percentage in the home is much higher than within the borough's population.</p> <p>The successful bidder for the care home has fully accepted the specification for supporting the needs of those with general nursing or dementia nursing as well as continued compliance with Southwark's Residential Care Charter.</p>	<p>The continued compliance with Southwark's Residential Care Charter means that staff experience positive financial wellbeing and employment certainty in relation to the commitment to regulate the use of zero hour contracts; as a wider determinate of health this is a positive impact of the recommendation. This positive outcome for staff is important given the wider impact for families and their wider determinants of health.</p>
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Equality information on which above analysis is based	Health data on which above analysis is based
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<p>The profile of residents in TBCC is:</p> <table border="1"> <thead> <tr> <th>Resident's Gender</th> <th>Home's Percentage</th> <th>Southwark's Percentage</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>49%</td> <td>44%</td> </tr> <tr> <td>Female</td> <td>51%</td> <td>55%</td> </tr> <tr> <td>Unknown</td> <td>0%</td> <td>1%</td> </tr> </tbody> </table> <p>The profile of staff in TBCC is:</p> <table border="1"> <thead> <tr> <th>Staff's Gender</th> <th>Home's Percentage</th> <th>London's Percentage</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>24%</td> <td>21%</td> </tr> <tr> <td>Female</td> <td>76%</td> <td>79%</td> </tr> </tbody> </table>	Resident's Gender	Home's Percentage	Southwark's Percentage	Male	49%	44%	Female	51%	55%	Unknown	0%	1%	Staff's Gender	Home's Percentage	London's Percentage	Male	24%	21%	Female	76%	79%	<p>Information in Mosaic about the residents in the home and the PowerBI dashboard for all care home placements.</p> <p>Information from HC One, current employer of staff at the home and the latest Skills for Care report for 2022/23.</p>
Resident's Gender	Home's Percentage	Southwark's Percentage																				
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Male	24%	21%																				
Female	76%	79%																				

Mitigating actions to be taken

Not applicable	Not applicable
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Sexual orientation - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>Information about the sexual orientation of TBCC residents was not available and therefore no assessment can be made.</p> <p>57% did not disclose their sexual orientation, 3% explained that did not wish to disclose their sexual orientation and 38% declared that they were heterosexual. 0.5% (1 No) were asexual and 1% were Bisexual (2No).</p> <p>The Skills for Care data does not include sexual orientation.</p>	<p>The contract award will not disproportionately affect people – residents or staff - based on their sexual orientation.</p>
Equality information on which above analysis is based	Health data on which above analysis is based
See opposite.	Information from HC One, current employer of staff at the home.
Mitigating actions to be taken	
Not applicable	Not applicable
Socio-economic disadvantage – although the Equality Act 2010 does not include socio-economic status as one of the protected characteristics, Southwark Council recognises that this continues to be a major cause of inequality in the borough. Socio economic status is the measure of an area's, an individual's or family's economic and social position in relation to others, based on income, education, health, living conditions and occupation.	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>Those most likely to experience socio-economic disadvantage are likely to be women and those from the global majority</p> <p>For residents who are predominantly from the global majority, they are subject to a fairer charging policy which means that their contribution to a new contract price will be subject to their ability to pay under the guidance.</p> <p>For staff, who are predominantly female and from the global majority, they are the main beneficiaries of the</p>	<p>The continued compliance with Southwark's Residential Care Charter means that staff experience positive financial wellbeing and employment certainty in relation to the commitment to regulate the use of zero hour contracts; as a wider determinate of health this is a positive impact of the recommendation. This positive outcome for staff is important given the</p>

continued commitment to Southwark's Residential Care Charter.	wider impact for families and their wider determinants of health.
Equality information on which above analysis is based	Health data on which above analysis is based
See opposite.	Information in Mosaic about the residents in the home and the PowerBI dashboard for all care home placements. Information from HC One, current employer of staff at the home and the latest Skills for Care report for 2022/23.
Mitigating actions to be taken	
Not applicable	Not applicable

<p>Human Rights</p> <p>There are 16 rights in the Human Rights Act. Each one is called an Article. They are all taken from the European Convention on Human Rights. The Articles are The right to life, Freedom from torture, inhuman and degrading treatment, Freedom from forced labour , Right to Liberty, Fair trial, Retrospective penalties, Privacy, Freedom of conscience, Freedom of expression, Freedom of assembly, Marriage and family, Freedom from discrimination and the First Protocol</p>
<p>Potential impacts (positive and negative) of proposed policy/decision/business plan</p>
<p>The potential impacts are positive and related to emotional and financial wellbeing</p>
<p>Information on which above analysis is based</p>
<ul style="list-style-type: none"> • Mosaic – Council's case management system for those eligible for Adult Social Care support • PowerBI dashboard for all care home placements • Information from HC One, current employer of staff at the home • Skills for Care report for 2022/23
<p>Mitigating actions to be taken</p>
<p>None – all addressed as part of the service specification for care delivery, tender evaluation of the method statements, visit to a home currently run by the successful bidder, and negotiation meetings to ensure value for money in terms of quality and price.</p>

Section 5: Further actions and objectives

5. Further actions			
Based on the initial analysis above, please detail the key mitigating actions or the areas identified as requiring more detailed analysis.			
Number	Description of issue	Action	Timeframe
1			
2			
3			
4			
5			
6			
7			

5. Equality objectives (for business plans)				
Based on the initial analysis above, please detail any equality objectives that you will set for your division/department/service. Under the objective and measure column please state whether this objective is an existing objective or a suggested addition to the Council Plan.				
Objective and measure	Lead officer	Current performance (baseline)	Targets	
			Year 1	Year 2

5. Health objectives (for business plans)			
Based on the initial analysis above, please detail any health objectives that you will set for your division/department/service. Under the objective and measure column please state whether this objective is an existing objective or a suggested addition to the Council Plan.			
	Lead officer		Targets

Objective and measure		Current performance (baseline)	Year 1	Year 2
