

## Decision Report - Executive Decision

Forward Plan Reference: FP/24/10/07

Decision Date – 02/12/2024

Key Decision – yes

Confidential Information – Appendix B



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### Older People's Mental Health Block Beds, Lead Member and Officer Key Decision

Executive Member(s): Lead Member for Adult Services

Local Member(s) and Division: Countywide

Lead Officer: Mel Lock, Director of Adult Social Care

Author: Candy Worf, Senior Commissioning Officer

Contact Details: candy.worf@somerset.gov.uk

#### Summary:

1. Adult Social Care Commissioning is seeking approval to award 6 Block Bed Contracts in care homes following a competitive tender exercise.
2. Appendix A details the 'Tender Evaluation Report'. It concludes that we have made the decision to award 5 contracts following the procurement exercise consisting of, 78 Older Peoples Mental Health Block Beds, at the cost of £1,083.60 per bed per week, costing approximately £4.407m per year. No bids were received in the Taunton area and commissioners will now work with the care home market to explore the opportunity to direct award a further 10 beds to meet demand. These additional beds would cost a further £0.565m per year leading to a total cost of £4.972m per year.
3. The exercise has been conducted in line with a comprehensive evidence-based specification and against an up to date needs analysis which has indicated the necessity for provision in the following areas:

Glastonbury	06 beds
Bridgwater	32 beds
Yeovil	10 beds
Chard/Ilminster/Crewkerne	03 beds
Wellington	27 beds
Taunton	10 beds (Direct Award)

This will enable us to continue to deliver services vital to our older population while securing affordable rates in line with our budget, supporting market sustainability in Somerset.

Please note: *Older People's Mental Health in this instance refers to a classification of advanced dementias where people present with behavioural challenges which require specialist interventions and mental health nursing. In this report this will be referred to as OPMH.*

## Recommendations

4. The Executive approves:
  - a. The procurement of 5 contracts in Care Homes, securing 78 Older Peoples' Mental Health Block Beds.
  - b. Commissioners to work with the care home market to explore a direct award for a further 10 beds.
  - c. The case for applying the exempt information provision as set out in the Local Government Act 1972, Schedule 12A and therefore to treat the attached confidential Appendix B in confidence, as it contains commercially sensitive information, and as the case for the public interest in maintaining the exemption outweighs the public interest in disclosing that information.
  - d. To exclude the press and public from the meeting where there is any discussion at the meeting regarding the confidential tender evaluation report (Appendix B) (to be treated as exempt information).

## Reasons For Recommendations

5. **Rising prevalence of dementia:** The escalating prevalence of dementia in Somerset necessitates secure and sustainable bedded provision that grows as our population ages. In January 2023, NHS England estimated that over 10,000 people in Somerset have a diagnosis of dementia and found that the rate of diagnosis among those aged over 65 in Somerset is outpacing the national average. Further to this, projections indicate an anticipated surge of an up to 85% increase in diagnoses of dementia by 2035 in Somerset. In light of this scenario, the sourcing and block booking of OPMH beds in nursing homes in Somerset emerge as a crucial action in order to ensure we can meet the growing needs of people living with dementia in our county. By securing these OPMH block beds, we can strategically address the immediate challenges posed by the growing prevalence of dementia while future-proofing our capacity to cater to the anticipated surge in diagnoses, ensuring a resilient and adaptable response to the evolving needs of our community.
6. **Statutory responsibility:** Further to this, Somerset Council is bound by various statutory responsibilities, including meeting the eligible care needs of service users, and promoting health and wellbeing as stipulated in the Care Act 2014. The procurement of OPMH Block Beds in Care Homes is integral to fulfilling these legislative requirements. Failure to tender, commission, and procure these beds could result in Somerset Council falling short of its legal obligations, emphasising the critical importance of this decision in meeting the care needs of our community.
7. **Market Forces:** We currently Block Contract 74 OPMH nursing block beds which consistently operate at 99.8% occupancy. These are paid for at a fixed rate of £1,083.60 and help commissioners to control price and shape our care home market. Our proposal to increase our Block Bed stock from 74 to 88 will help us to provide greater equity across Somerset, to reduce spend in

higher cost areas and homes and contribute to lower spot contracting fees in our wider market.

### **Other options considered**

8. We have explored de-commissioning our OPMH Block Bed Contracts and moving to a spot purchasing arrangement however, the following significant consequences were identified:
9. **Unacceptable Escalation in Cost:** Moving from a block to spot arrangement is especially costly. In the case of OPMH, our existing block contracts for 74 beds maintain an impressive average occupancy rate of 98%. At a council cost of £1,083.60 per week per bed, these contracts represent a valuable financial commitment. In contrast, the average spot price for similar care services is £1,118 per week, with some rates as high as £1,308 per week. Therefore, transitioning all our OPMH block beds to spot placements would escalate our weekly expenditure. This substantial increase in costs could strain the council's budgetary allocations, undermining our financial sustainability and impacting other essential services and initiatives. Securing our block contracting arrangements will significantly reduce the risk of this happening.
10. **Life or Death:** Transitioning from block contracts to spot contracting arrangements could result in people having to move to homes more affordable for Somerset Council. This would cause significant disruptions for resident living with frailty and dementia, a vulnerable population requiring specialised care and consistent environments. Research indicates that relocating elderly people with dementia can lead to increased stress, confusion, and potential health complications, which may, in turn, shorten life expectancy. Therefore, any abrupt relocations due to the lack of approved contracts could jeopardise the well-being and possibly the lives of the people we support.
11. **Limited Market Access:** There is limited market access for Somerset Council in OPMH settings. Currently, Somerset Council has secured access to only 232 out of 823 OPMH beds in Somerset at our approved rates for adult social care-funded individuals, with block contracts covering 74 of these beds. It is crucial to retain these allocations to ensure consistent and high-quality care for our residents. Allowing these beds to transition to self-funding arrangements risks reducing our market access, potentially compromising our ability to secure adequate care placements in the future.

### **Links to Council Plan and Medium-Term Financial Plan**

12. The recommendation to approve the block bed contract for OPMH Nursing provision within care homes links with: The Somerset Adult Social Care Strategy 2024-2027 the key priorities being: Right Support, Right Place, Right Time, and Future Focused. The Medium-Term Financial Plan has been based upon key assumptions in line with up-to-date design and cost

modelling including demand increases in adults' services and significant increases in placement costs.

- The proposed decision supports the Councils priorities and impacts on the delivery of these priorities positively. The contract has been designed and based upon data led commissioning, financial analysis and research surrounding the development of Dementia, including how best to support those with assessed eligible needs due to their Dementia. The contract has been created whilst experiencing the impact of the care home crisis which has impacted social care considerably. Due to this there is the inclusion of regular contract review and commissioning oversight, ensuring the service is working as expected and flexible to demand changes therefore offering future planning, ensuring the right support in the right place and at the right time.

### Financial and Risk Implications

- No additional funding is being requested because of this decision as the cost is covered within the existing budget. Moving from a block to spot arrangement is especially costly. In the case of OPMH, our existing block contracts for 74 beds maintain an impressive average occupancy rate of 98%. At a council cost of £1,083.60 per week per bed, these contracts represent a valuable financial commitment. In contrast, the average spot price for similar care services is £1,118 per week, with some rates soaring as high as £1,308 per week. Therefore, transitioning all our OPMH block beds to spot placements would escalate our weekly expenditure. This substantial increase in costs could strain the council's budgetary allocations, undermining our financial sustainability and impacting other essential services and initiatives. Securing our block contracting arrangements will significantly reduce the risk of this happening.

**Please enter risk description**

In the instance that the new contracts are not agreed, we risk destabilisation of the market, including the loss of guaranteed capacity, incurring significant additional financial cost.

There is also risk implications of ensuring sufficient continuity of care placements for existing residents who could face a traumatic and sudden move. Not only would this be damaging for individual placements, it could also risk impacting Somerset Council's reputation.

<b>Likelihood</b>	<b>4</b>	<b>Impact</b>	<b>5</b>	<b>Risk Score</b>	<b>20</b>
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**Please enter mitigation here**

Approving the decision to contract Block Beds.

### Legal Implications

- The procurement process for awarding contracts to nursing homes has been conducted in accordance with all relevant legal frameworks, including but not limited to the Public Contracts Regulations 2015 and the council's internal

procurement policies. Due process has been followed throughout the exercise to ensure fairness, transparency, and equal treatment of all bidders.

16. The Contracts and Procurement team has been involved throughout the process, ensuring compliance with all statutory requirements. We have been supported by one of Somerset Council's Contracts Solicitors, who has provided legal oversight and confirmed that all necessary steps have been taken to mitigate any potential risks. The Contracts Solicitor has formally signed off on the process, affirming that it meets the required legal standards.
17. Furthermore, the proposed contracts incorporate necessary legal provisions concerning safeguarding, data protection (in line with the UK GDPR), and compliance with relevant regulatory bodies, including the Care Quality Commission (CQC). These measures ensure that the council's interests are protected and that providers meet their statutory and contractual obligations.
18. There are no outstanding legal issues, and the risk of legal challenge has been assessed as low. Should any challenges arise, the Contracts Solicitor is confident that the process is robust and compliant with applicable laws.

### **HR Implications**

19. There are no relevant HR implications for Somerset Council.

### **Other Implications:**

### **Equalities Implications**

20. A full Equalities Impact Assessment Process and Report has been undertaken and signed off by Somerset Council's Equalities Officer. No negative outcomes were identified. The full report is included below.

### **Community Safety Implications**

21. The decision to award these contracts has no relevant community safety implications.

### **Climate Change and Sustainability Implications**

22. The location of specific care homes has been informed by local demand reducing the need for families and friends to travel for extended journeys. The contract also offers an element of sustainability for service providers and reduces the need for new building works, allowing for opportunities to meet targets set out in the Local Development Framework. Other potential positive sustainability implications include:

- Pollution to air, land and water
- Factors that contribute to Climate Change, including the whole-life carbon emissions of this Decision
- Protection of and access to the natural environment

- Travel choices that do not rely on the car, including active, public and other modes of more sustainable transport
- A strong, diverse and sustainable local economy
- Meet local needs locally

### **Health and Safety Implications**

23. The health and safety of staff and people in Care Homes is fundamental to the successful delivery of these contracts. Each successful bidder has their own Health and Safety plan and as part of the tender process successfully demonstrated how they incorporate health and safety considerations into their environment and work force plans.

### **Health and Wellbeing Implications**

24. The decision aims to have a positive impact on the health and well-being of the person being supported via the contract. The specification focuses on person centred care, strengthening links within the community, maintaining relationships, positive multi-agency working, continuity of care, unnecessary admissions to hospital and the avoidance of delayed discharges from hospital. All of which from research has been shown to positively influence the person's health and well-being. For each of the three priorities below from the Health and Wellbeing Strategy the proposal has

- significant positive impacts on health and wellbeing
- significant positive impacts on preventing ill-health (physical and mental health)
- significant positive impacts on reducing health and social inequalities

### **Social Value**

25. Social value is at the heart of the services provided through this contract and this will continue with the extension and the new contract when this commences in 2025. The following Priority areas are relevant to this service:

- Developing employment, skills, and training opportunities, particularly for hard-to-reach/disabled/target groups.
- Improving health and wellbeing, maintaining independence, and reducing inequalities of local residents and employees.
- Helping build community capacity and playing an active role in the local community, especially in those areas and communities with the greatest need.

### **Scrutiny comments / recommendations:**

26. This report will be shared with the Chair of the Scrutiny Committee and other members as listed below.

## **Background**

27. Over the past three years, Somerset Council has undertaken extensive efforts to recommission our contracts and secure our bed capacity. This process has been highly collaborative and transparent, involving colleagues from across the health and social care system. This includes, commercial and procurement colleagues, contract managers, solicitors, and finance managers, thus ensuring due diligence, securing ourselves against reputational risk or legal challenge, while optimising our delivery capabilities within our Adult Social Care emergency budget.
28. Commissioners led extensive market engagement exercises throughout 2023 to establish the markets' appetite to engage in block contracting with Adult Social Care in the next five to ten years and to co-produce a specification which aligned with best practice in dementia and older people's mental health more broadly. In these illuminating workshops and consultations providers indicated their commitment to working with Somerset, at an agreed Block Bed Rate of £1,083.60.

## **Background Papers**

29. N/A

## **Appendices**

A – Tender Evaluation Report

B – Tender Evaluation Report CONFIDENTIAL

## Assurance checklist

	Officer Name	Date Completed
Legal & Governance Implications	David Clark	04/10/2024
Communications	Peter Elliott	04/10/2024
Finance & Procurement	Nicola Hix	06/11/2024
Workforce	Dawn Bettridge	03/10/2024
Asset Management	Oliver Woodhams	07/10/2024
Executive Director / Senior Manager	Mel Lock	11/10/2024
Strategy & Performance	Alyn Jones	08/10/2024
Executive Lead Member	Cllr Sarah Wakefield – Lead member for Adult Social Care	08/10/2024
<b>Consulted:</b>	Councillor Name	
Local Division Members	Cllr Sarah Wakefield	08/10/2024
Opposition Spokesperson	Cllr Sue Osborne	26/09/2024
Scrutiny Chair	Cllr Gill Slocombe	Sent on the 26/09/2024 to Cllr Slocombe Sent to Cllr Duddridge on 01/11/2024 Sent to Cllr Scully on 05/11/2024



**Somerset Equality Impact Assessment**

Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer or [www.somerset.gov.uk/impactassessment](http://www.somerset.gov.uk/impactassessment)

<p><u>Organisation prepared for</u> (mark as appropriate)</p>	 <p align="center"><b>Somerset Council</b></p>	<p align="center"><u>X</u></p>				
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<p><u>Version</u></p>	<p>1</p>	<p><u>Date Completed</u></p>	<p>17.01.2024</p>
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**Description of what is being impact assessed**

In the accompanying Non-Key Decision Paper, Adult Social Care Commissioning have asked the Director of Adult Social Care to authorise a tender exercise to re-commission 74 Older People Mental Health Block Beds in Somerset in order to meet the needs of people living with a dementia in Somerset, who require a residential and nursing offer and who are funded via the local authority.

**Evidence**

**What data/information have you used to assess how this policy/service might impact on protected groups?** Sources such as the [Office of National Statistics](#), [Somerset Intelligence Partnership](#), [Somerset’s Joint Strategic Needs Analysis \(JSNA\)](#), Staff and/or [area profiles](#),, should be detailed here

The Somerset Dementia Needs Assessment, Health and Care Needs of the LGBT Population by Age UK, Reports issued from the Integrated Care System, Department for Education, Department for Health and Social Care and the Department for Levelling Up, Housing and Communities all outline the role that Local Authorities must play in supporting these Community Commissions. Somerset Intelligence Partnership, Office of National Statistics; Census 2021, Somerset’s Joint Strategic Needs Analysis, Equality Act 2010, Provider data.

**Who have you consulted with to assess possible impact on protected groups and what have they told you?** If you have not consulted other people, please explain why?

- We have consulted with the residential and nursing provider market via Monthly digital meetings. Our provider market has advised us that if we fail to re-commission our OPMH Block Beds and move to Spot Purchasing arrangements we will see an increase to cost as we will have to compete with self-funding individuals with dementia, and neighbouring Local Authorities whose rates are higher. This would also lead to an increase in administration and processing which could result in delays.

- We have consulted with our colleagues across Adult Social Care, including social workers through weekly digital ‘Lunch and Learn’ style sessions. Colleagues have advised us of geographical gaps in our provision which can mean people living with dementia become estranged from family and become isolated, causing distress and changes in behaviour which can add to placement costs through the need for 1-1. They also advised that some OPMH homes cannot provide staff to facilitate activities outside of the home and that this can lead to exclusion.
- We have not consulted with people living with a dementia surrounding the proposed tender exercise as this has more pertinence for the market, than people living with dementia in Somerset. However, if the commissioning exercise is authorised, we will consult with people with lived experience to design and deliver the new specification to underpin the contract.

Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

<b>Protected group Summary of impact</b>		<b>Negative outcome</b>	<b>Neutral outcome</b>	<b>Positive outcome</b>
<b>Age</b>	<ul style="list-style-type: none"> <li>• The commissioning of new OPMH block beds has a profound impact on the older population in Somerset, particularly those experiencing dementia. As the UK and Somerset’s population ages, the provision of specialised care for older adults becomes increasingly critical. These block beds aim to address the unique needs of older people, providing a supportive environment that caters specifically to the challenges associated with aging and dementia, ensuring dignified and appropriate care.</li> </ul>	☐	☐	☒
<b>Disability</b>	<ul style="list-style-type: none"> <li>• People living with learning disabilities have a greater risk of developing dementia than other people, and usually develop the condition at a younger age. This is particularly true of people with Down’s Syndrome, one in three of whom will develop Alzheimer’s disease in their 50s.</li> <li>• A gap in service has been identified for people living with learning disabilities and a dementia as finding a suitable residential and nursing offer which can meet more holistic or complex needs is difficult within our existing block bed contract.</li> </ul>	☐	☐	☒

	<ul style="list-style-type: none"> <li>• Recommissioning our OPMH Block Bed contracts could improve access for people living with a dementia and residential and nursing needs, however this will need to be included as part of the tender exercise and specification as providers eligible to win the contract will need to register with the Care Quality Commission to enable them to meet the needs of those with learning disabilities.</li> </ul>			
<b>Gender reassignment</b>	<ul style="list-style-type: none"> <li>• People who have experienced Gender Reassignment are classified as being neutral or not being impacted by the proposed commissioning and procurement activity. However, it is important to note the following:</li> <li>• The Office for National Statistic tells us following the Census of 2021 that 0.5% of the population indicated that their gender identity was different from their sex at birth. It also identifies that the lowest percentage was the South- West with 0.42%.</li> <li>• More than 1,600 Somerset residents stated that their gender identity differs from their sex as registered at birth. This represents 0.35% of the Somerset population aged 16 and over.</li> <li>• At present, there's little UK research focusing on the health needs of older transgender adults. A US study, however, has found that transgender older people were at higher risk of poor physical health, disability and depression when compared to older people who do not identify as trans.</li> <li>• Our specification will align with and champion principles surrounding inclusivity for people who have experienced gender reassignment and their loved ones. This will be explicitly referenced with clear guidance for how to ensure each home reflects these values and creates spaces where people feel welcome and safe. This will be referenced in staff training and selection in terms of social inclusion, values, etc and in the environment and training.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Marriage and civil partnership</b>	<ul style="list-style-type: none"> <li>• Re-commissioning our Older People's Mental Health (OPMH) Block Bed Contract could have a positive impact on those who are married or in civil partnerships. The current geographical distribution of our</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<p>existing facilities is inequitable, often necessitating people from underserved areas to relocate to residential and nursing facilities situated far from their marital homes. This displacement not only places strain on relationships but also results in significant distress and isolation for couples forced by circumstance to live separately.</p> <ul style="list-style-type: none"> <li>Through the re-commissioning process, there is an opportunity to address this challenge and foster a more equitable landscape. By strategically locating and expanding our block bed facilities, we aim to provide better access to local provision, thereby supporting married couples in maintaining their relationships. This approach seeks to alleviate the emotional burden associated with separation, ensuring that couples can remain geographically closer and continue their lives together while receiving the necessary care and support.</li> </ul>			
<b>Pregnancy and maternity</b>	<ul style="list-style-type: none"> <li>Due to the advanced age of the majority of those accessing Older People’s Mental Health Block and Spot Beds under our existing contracts this commissioning and procurement exercise is unlikely to have an impact on pregnancy and maternity for our clients.</li> <li>Procurement has informed Adult Social Care that staff working under existing OPMH Block Bed contracts would be eligible for TUPE and so may move to new providers. This change in role, location, etc could impact on wellbeing in pregnancy and maternity and is a consideration. For the purpose of this assessment this risk is rated as neutral however, Adult Social Care will review this throughout the commissioning and procurement process.</li> </ul>	☐	☒	☐
<b>Race and ethnicity</b>	<ul style="list-style-type: none"> <li>The impact for race and ethnicity is neutral for this re-commissioning activity.</li> <li>The race and ethnicity profile of Somerset’s population which was recorded in the 2021 Census as being 94% White/British.</li> <li>However, it is notable that dementia is more common among Asian and black-Caribbean communities as this group are more prone to risk factors for vascular dementia such as cardiovascular disease,</li> </ul>	☐	☒	☐

	<p>hypertension and diabetes. Further to this, early-onset dementia (affecting people under 65) is more frequent among people from Black, Asian, and Minority Ethnic (BAME) groups.</p> <ul style="list-style-type: none"> <li>• People living with dementia who speak English as a second language may in some cases return to their mother tongue as their dementia progresses, causing barriers to communication which must be accommodated for by providers through translation and interpretation systems.</li> <li>• Providers must cater to the cultural food preferences of their residents as part of in Individualised Care Plan and as a cultural approach to inclusion to ensure residents from around the world feel at home and welcome.</li> </ul>			
<b>Religion or belief</b>	<ul style="list-style-type: none"> <li>• The impact on religion and belief is deemed neutral in the context of this re-commissioning activity. However, it's crucial that our nursing and residential care offer recognises the significance of religious practices in specific aspects of their work including end-of-life care and personal care. In light of this, securing up-to-date contracts underpinned by specifications which emphasise this importance and expectation becomes imperative to ensure that care practices align with the diverse beliefs held by people living and dying in our OPMH homes, promoting a culturally sensitive and supportive environment that upholds their dignity and values.</li> </ul>	☐	☒	☐
<b>Sex</b>	<ul style="list-style-type: none"> <li>• The impact of the OPMH recommissioning activity is likely to have a neutral impact on people on the basis of their sex, however, it is notable concerning dementia that:</li> <li>• In the UK 62% of those diagnosed with dementia are female this is a likely consequence of a longer life expectancy and dementia is a leading cause of death among women – higher than heart attack or stroke.</li> <li>• Women are more likely to be caring for someone with dementia or another condition, evidence shows this can lead to women</li> </ul>	☐	☒	☐

	<p>becoming isolated and depressed which is a risk factor for dementia.</p>			
<b>Sexual orientation</b>	<ul style="list-style-type: none"> <li>The impact of the OPMH recommissioning activity is likely to have a neutral impact on people on the basis of their sexual orientation, however it is notable that there are significant inequalities for LGBT Older People:</li> <li>For example, non-heterosexual men aged 50+ have lower life satisfaction and are more likely to have attempted suicide in their lifetime, and non-heterosexual women aged 50+ are more likely to smoke which is a determinant for dementia. Evidence also suggests that there is a higher prevalence of mental health in older LGBT+ people.</li> <li>Furthermore, there is evidence that some older LGBT+ people have worse experiences of accessing healthcare than their peers. In a recent Government survey of LGBT+ people of all ages, 16% had a negative experience while accessing (or trying to access) public health services. Meanwhile, at least 38% had a negative experience because of their gender identity. Poor experiences of health services can lead to people delaying treatment and in turn lead to worse health outcomes which could result in earlier requirements for bedded care.</li> <li>Our specification will align with and champion principles surrounding inclusivity for people who have experienced gender reassignment and their loved ones. This will be explicitly referenced with clear guidance for how to ensure each home reflects these values and creates spaces where people feel welcome and safe. This will be referenced in staff training and selection in terms of social inclusion, values, etc and in the environment and training.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Armed Forces (including serving personnel,</b>	<ul style="list-style-type: none"> <li>The impact of the OPMH recommissioning activity is likely to have a neutral impact on veterans. However, it is notable that:</li> <li>The 2021 Census reveals that there are 27,902 armed forces veterans living in Somerset.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>families and veterans)</b>	<ul style="list-style-type: none"> <li>The highest number of veterans live in the South Somerset district area, with 9,854, followed by Somerset West and Taunton with 7,923. This may need to be considered when commissioning new block provision in the South Somerset area.</li> </ul>			
<b>Other, carers, income, rurality/isolation, etc.</b>	<p><b>e.g. low</b></p> <ul style="list-style-type: none"> <li><b>Gypsies and Travelers:</b> Although life expectancy for Gypsies and Travellers is relatively short, there is growing evidence that they experience dementia at an earlier age. The discrimination they experience, inadequate living conditions, the travelling lifestyle, inability to access healthcare and the lack of culturally appropriate services make life more difficult for gypsies and travellers with dementia and those who care for them.</li> <li><b>Carers:</b> Much like in the section for marriage and civil partnerships, familial caregivers, often spouses or close relatives, may face challenges related to the strain on relationships when a person with dementia is supported to move into a care environment. This recommissioning activity could help to ensure there is more local provision, better, more up to date care models etc. It is important to note: There are estimated to be 670,000 people in the UK acting as primary carers for people with dementia, which saves the state £8 billion per year. Many of these carers are themselves in poor health and in need of support from health and social care services, it is estimated 39% of family carers spent 100 or more hours each week looking after or caring for a person with dementia, with 52 per cent spending 50 hours or more per week.</li> </ul>	□	☒	☒

**Negative outcomes action plan**  
Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
Ensure cultural preferences surrounding cuisine, routine, environment etc. Are reflected in the specification.	Select date	Candy Worf	Represented in the specification and	☒

			contract managed with the provider.	
Ensure principles of inclusivity are reflected in staff training and staff selection.	Select date	Candy Worf	Represented in the specification and contract managed with the provider.	<input checked="" type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
<b>If negative impacts remain, please provide an explanation below.</b>				
<b>Completed by:</b>	Candy Worf			
<b>Date</b>	30.07.2024			
<b>Signed off by:</b>	James Sangster			
<b>Date</b>	30.07.2024			
<b>Equality Lead sign off name:</b>	Tom Rutland			
<b>Equality Lead sign off date:</b>	01.08.2024			
<b>To be reviewed by: (officer name)</b>	Candy Worf			
<b>Review date:</b>	3 <sup>rd</sup> of February 2025			