



Equality Impact Assessment (EIA)

Document control

Title of activity:	Care for People living in Extra Care Schemes in Havering
Type of activity:	Re-Commissioning Care & Support Services in Extra Care Schemes
Lead officer:	Daren Mulley, Senior Commissioning Manager, Joint Commissioning Unit
Approved by:	<i>Ben Campbell</i>
Date completed:	14 th July 2017
Scheduled date for review:	This will be reviewed in October 2018

Did you seek advice from the Corporate Policy & Diversity team?	Yes
Does the EIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?	No

About your activity

1	Title of activity	Care for People living in Extra Care Schemes in Havering
2	Type of activity	Re-Commissioning Care & Support Services for people living in Extra Care Schemes in Havering

3	Scope of activity	<p>The overall scope relating to providing care in the Extra Care schemes are:</p> <ul style="list-style-type: none"> a) To provide or arrange quality personal social care services, within the resources made available, to those people who most need them (or may need them shortly) in ways that are acceptable to service users and their informal carers. b) To enable older people to remain as independent as possible c) The Department's Portfolio Plan has 4 key outcomes which relate to "supporting Independence" for older people. These are, d) Secure better health and quality of life outcomes for vulnerable people through closer partnership working e) Enable vulnerable people to participate actively in their local communities and provide access to employment opportunities (paid and voluntary) f) Enhancing opportunities for all to have greater access to information and services and the ability to make choices to exercise control over their own lives
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Completed by:	Daren Mulley, Senior Commissioning Manager, Joint Commissioning Unit
Date:	14 th July 2017

Background/context:

The aim of extra care housing is to provide high quality housing, support and care services which enable, support and encourage people to live independently for as long as they wish to and are able to. Extra Care Housing provides self-contained accommodation with care available on site and offers cost savings to the Council as households maintain independence and therefore do not require residential care.

In Havering, there are three extra care schemes of varying size and tenure. Dreywood Court in Gidea Park is the largest scheme with 98 apartments, Paines Brook in Harold Hill has 64 apartments and St Ethelburga in Harold Wood is the smallest scheme with 33 apartments. All schemes offer a range of communal facilities including restaurant, beauty salons, libraries and meeting rooms. The delivery of care and support to residents of these schemes is contracted by the Council for those who have been assessed as meeting the National Eligibility Criteria for Council funded support). These are the services covered in this EIA that are provided to eligible residents living within these schemes.

The current three contracts for the provision of care and support services at the three Extra Care Schemes in Havering end on 31st March 2018. The services need to be re-commissioned as it provides care and support to vulnerable adults whom otherwise would need to be placed in more expensive residential care placements. Before commencing the tender, a review was conducted to inform the Council's future plans for the commissioning of care in the Extra Care Schemes.

The review brought together a range of information about the commissioned support services in order to assess and evaluate the current service model and whether it is providing good value for money to the Council. The review report provided an overview of the current schemes, analyses current activity and performance of the services and presented an analysis of the views of key stakeholders including structured group interviews with service users in each of the three Extra Care Schemes.

Once approved by the Director of Adult Services, the Council will commence a full EU compliant tender process for a five contract that will be delivered by a single provider at Paines Brook, St Ethelburga & Dreywood Extra Care Housing Schemes.

Age: Consider the full range of age groups	
<i>Please tick (✓) the relevant box:</i>	
Positive	<input checked="" type="checkbox"/>
Neutral	<input type="checkbox"/>
Negative	<input type="checkbox"/>
Overall impact: The service is generally for older people and so re-commissioning this type of service provision for older people will have a positive impact on this protected characteristic. In particular, the specific age criteria of 55 years of age upwards is to ensure that people with specific related disabilities are not discriminated against i.e. younger adults with dementia or someone with a learning disability nearing old age.	

Evidence:

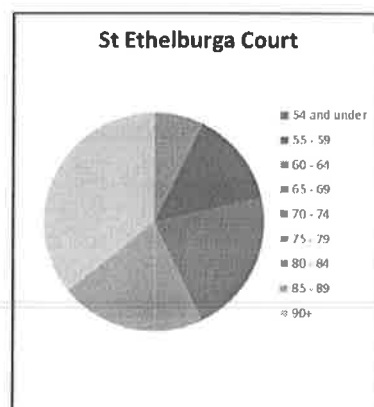
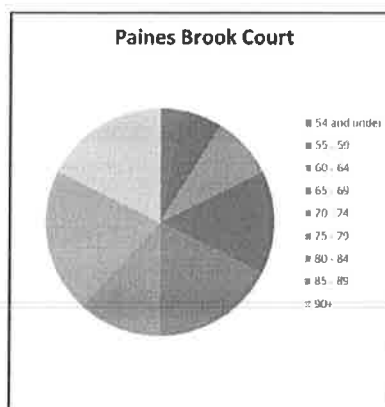
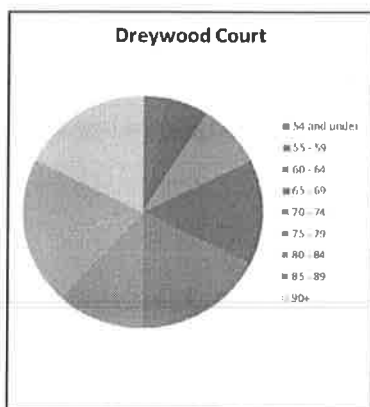
Havering has the oldest population in London with a median age of approximately 40 years old and it is projected that the largest increases in population will occur in children (0-17 years) and older people age groups (65 years and above) up to 2032. The below shows the breakdown of current (mid-2015) population by gender and five-year age bands;

Table 1: Estimated population of residents in Havering by gender and five-year age group

AGE BAND (YEARS)	MALE	FEMALE	PERSONS
0-4	8,273	7,893	16,166
5-9	7,720	7,450	15,170
10-14	7,021	6,863	13,884
15-19	7,485	7,244	14,729
20-24	7,616	7,414	15,030
25-29	8,119	8,877	16,996
30-34	7,974	8,734	16,708
35-39	7,504	8,247	15,751
40-44	7,554	8,040	15,594
45-49	8,297	9,108	17,405
50-54	8,423	9,094	17,517
55-59	7,779	7,647	15,426
60-64	6,248	6,602	12,850
65-69	6,423	7,049	13,472
70-74	4,460	5,377	9,837
75-79	3,654	4,892	8,546
80-84	2,791	4,209	7,000
85-89	1,608	2,946	4,554
90+	687	1,763	2,450
All Ages	119,636	129,449	249,085

Data source: Mid-year population estimates 2015; Office for National Statistics (ONS);
Produced by Public Health Intelligence

The service are for people aged over 55 and the chart below shows a balanced mix and range of ages at the Extra Care Schemes;



Sources used:

Havering Council, Extra Care Performance Management Data (2017)

Havering Council, This is Havering; A Demographic and Socio-economic Profile (2017)

Disability: Consider the full range of disabilities; including physical mental, sensory and progressive conditions

Please tick (✓) the relevant box:

Positive

Neutral

Negative

Overall impact:

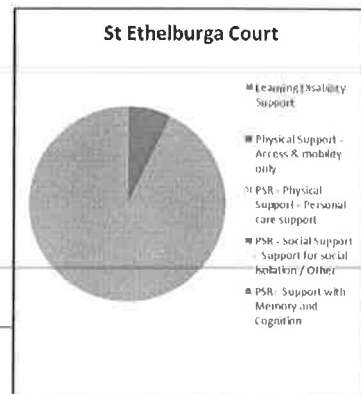
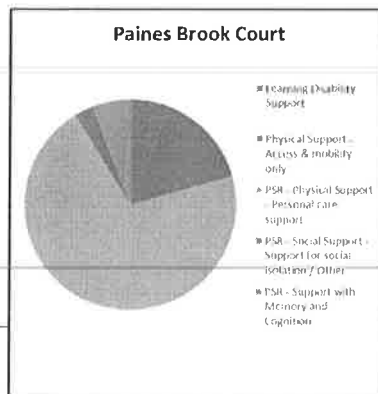
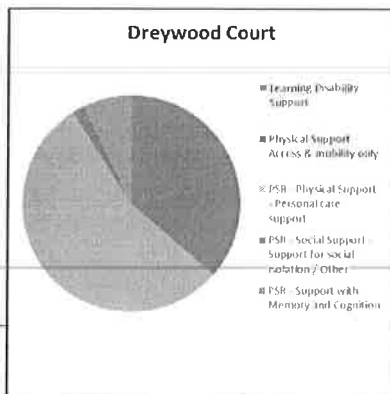
In particular, the specific age criteria of 55 years of age upwards is to ensure that people with specific related disabilities are not discriminated against i.e. younger adults with dementia or someone with a learning disability nearing old age. Providing the service will therefore have a positive impact as care is provided to many people who have mobility problems, physical disabilities and mental health/dementia issues. All services must strive to meet the needs of all users, including those who are disabled. The Council requires the new Provider to act in accordance with the Equality Act 2010 and ensure that their staff are trained and competent in equality and diversity issues within a care setting.

Evidence:

Generally in Havering, according to the latest ONS Annual Population Survey (Jan 2014-Dec 2014), 18% of working age people living in Havering have disclosed that they have a disability or long term illness. This is a similar proportion to England (19%). The estimated number of people in Havering aged 18-64 living with moderate physical disabilities was 11,592 in 2015 – a rate of 7,779 per 100,000 population aged 18-64 years. This rate is one of the highest among London local authorities. It is statistically similar to England but significantly higher than the London average. Furthermore, 3,380 adults (aged 18-64 years) were estimated to be living with serious physical disabilities in Havering in 2015.

Havering (2,297 per 100,000 population aged 18-64 years) is similar to England but significantly higher than London average and one of the highest rates of London local authorities. About 817 adults (aged 18-64 years) are estimated to be living with moderate or severe learning disabilities in Havering in 2015 and hence likely to be in receipt of health and social care services. The 2015 estimated rate of moderate or severe learning disabilities in Havering (548 per 100,000 persons aged 18-64 years) is similar to London and England. Havering is estimated to have the 3rd lowest rate of moderate or severe learning disabilities among London local authorities.

In terms of the Extra Care Schemes, the charts below shows the primary needs of clients. At both Dreywood and Paines Brook, there is a mix of needs with the majority of clients having physical support needs whilst St Ethelburga only has clients with physical support needs. In terms of learning disability needs, Dreywood has a higher proportion than Paines Brook whilst St Ethelburga currently has no clients with learning disability needs.



Sources used:

Havering Council, Extra Care Performance Management Data (2017)
Havering Council, This is Havering; A Demographic and Socio-economic Profile (2017)

Sex/gender: Consider both men and women

Please tick (✓) the relevant box:

Positive	<input checked="" type="checkbox"/>
Neutral	<input type="checkbox"/>
Negative	<input type="checkbox"/>

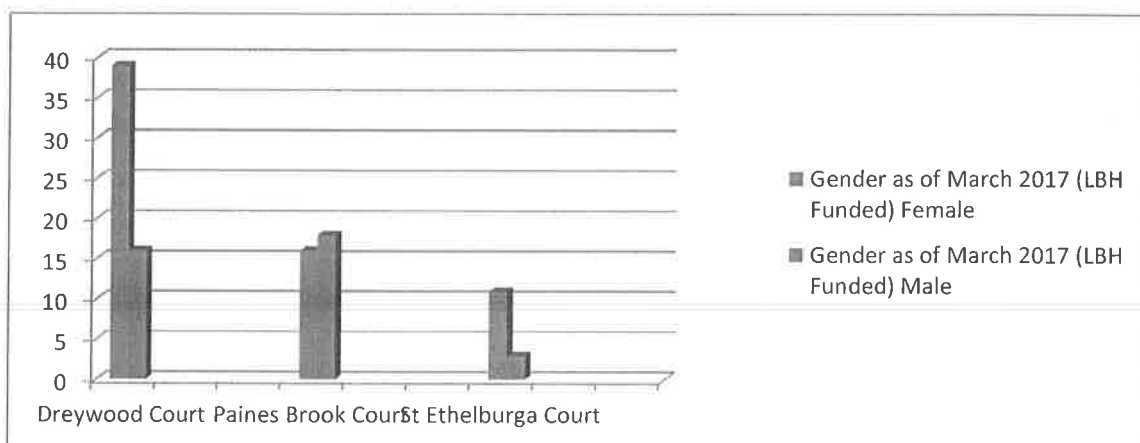
Overall impact:

This will have a positive affect on both men and women who are residents at the Extra Care Schemes and are in receipt of Council funded support. In particular, this positive impact will affect women more as they currently account for a higher proportion of residents receiving care.

**Expand box as required*

Evidence:

In terms of gender, the chart below shows that Dreywood and Ethelburga have a substantially larger proportion of females whilst there is an equal proportion of male and female clients at Paines Brook.



**Expand box as required*

Sources used:

Havering Council's Performance Management Data (2017)

**Expand box as required*

Ethnicity/race: Consider the impact on different ethnic groups and nationalities

Please tick (✓)
the relevant box:

Positive

Neutral

Negative

Overall impact:

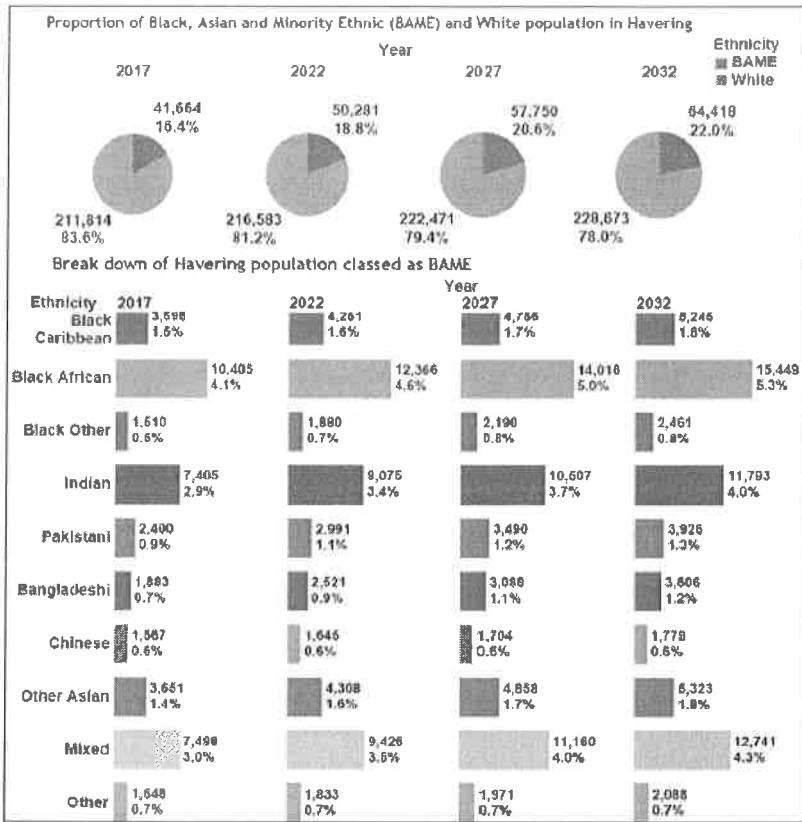
The service has a high proportion number of White British service users which is reflected in the wider ethnographic picture of Havering. As such, re-commissioning this service will have a positive impact on this group of people. All services must strive to meet the needs of all users, including those from BME or minority communities. The Council requires the new Provider to act in accordance with the Equality Act 2010 and ensure that their staff are trained and competent in equality and diversity issues within a care setting.

Evidence:

Havering is one of the most ethnically homogenous places in London, with 83% of its residents recorded as White British, higher than both London and England. About 90% of the borough population were born in the United Kingdom. In addition, the GLA produce estimates of population change by ethnicity.

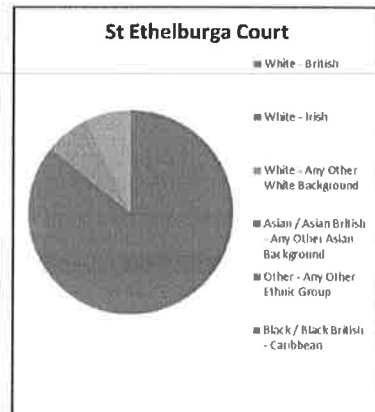
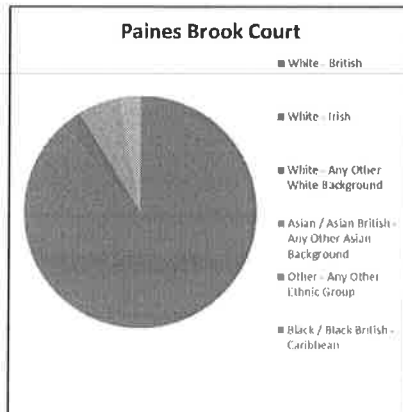
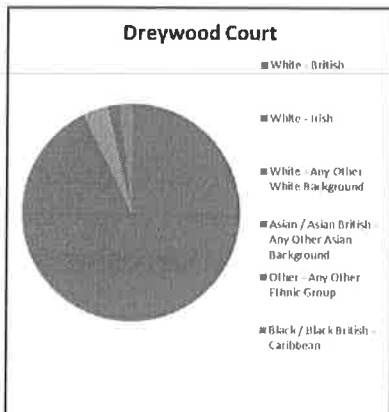
The projections from the 2015 Long-term migration based tool are presented in Figure 20. The white population is projected to decrease from 84% (in 2017) to 78% (in 2032) of the population. It is projected that the Black African population will increase from 4.1% in 2017 to 5.3% of the Havering population in 2032.

Figure 20: Projected proportion of Havering population by ethnicity



Data source: GLA 2015 Round Trend-based ethnic group projections, long-term migration scenario ; Greater London Authority (GLA); Produced by Public Health Intelligence

In terms of the Extra Care Schemes, the charts below show the breakdown in ethnicity with 90% of residents receiving care being White British.



Sources used:

Havering Council's Performance Management Data (2017)
Havering Council, This is Havering; A Demographic and Socio-economic Profile (2017)

Religion/faith: Consider people from different religions or beliefs including those with no religion or belief

Please tick (✓)
the relevant box:

Positive	<input type="checkbox"/>
Neutral	<input checked="" type="checkbox"/>
Negative	<input type="checkbox"/>

Overall impact:

At this stage, it is not anticipated that re-commissioning this service will have a differential impact on any religious or non-religious individual or group.

Evidence:

The current service does not record the religious status of service users.

Sources used:

Sexual orientation: Consider people who are heterosexual, lesbian, gay or bisexual

Please tick (✓)
the relevant box:

Positive	<input type="checkbox"/>
Neutral	<input checked="" type="checkbox"/>
Negative	<input type="checkbox"/>

Overall impact:

It is not anticipated that this service will have a differential impact on the grounds of sexuality. No robust data is available and indeed this is a generally under-reported characteristic where more information is required. All services must strive to meet the needs of all users, including those from the LGBT community. The Council requires the new Provider to act in accordance with the Equality Act 2010 and ensure that their staff are trained and competent in equality and diversity issues within a care setting.

Evidence:		
<p>The current draft specification for the service states (S12.2);</p> <p><i>The Council's obligations and core commitment to equality and diversity are highlighted in its Corporate Equality in Service Provision policy. The Provider will be expected to adhere to this policy and ensure that it complies with the Public Sector Equality Duty, as set out in the Equality Act 2010. The Service Provider will not treat any customer less favourably than others on grounds of their age, colour, race, nationality, ethnic origin, disability, gender identity, marriage or civil partnership, pregnancy or maternity, religion or belief, sex or sexual orientation.</i></p>		
Sources used:		
<p>Havering Council, Extra Care Service Specification (Draft version 2.0; 2017)</p>		

Gender reassignment:		
<i>Please tick (✓) the relevant box:</i>		Overall impact: It is not anticipated that re-commissioning this service will have a differential impact on the grounds of gender reassignment. No robust data is available and indeed this is a generally under-reported characteristic where more information is required. However, the specification for the new service is considered to be neutral. It takes into account the needs and wishes of individuals with regard to their gender and that privacy and dignity must be maintained at all times.
Positive	<input type="checkbox"/>	
Neutral	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	

Evidence:

The current draft specification for the service states (S12.2);

The Council's obligations and core commitment to equality and diversity are highlighted in its Corporate Equality in Service Provision policy. The Provider will be expected to adhere to this policy and ensure that it complies with the Public Sector Equality Duty, as set out in the Equality Act 2010. The Service Provider will not treat any customer less favourably than others on grounds of their age, colour, race, nationality, ethnic origin, disability, gender identity, marriage or civil partnership, pregnancy or maternity, religion or belief, sex or sexual orientation.

Sources used:

Havering Council, Extra Care Service Specification (Draft version 2.0; 2017)

Marriage/civil partnership:

Please tick (✓)
the relevant box:

Positive

Neutral

Negative

Overall impact:

It is not anticipated that re-commissioning this service will have a differential impact on the grounds of gender reassignment. No robust data is available and indeed this is a generally under-reported characteristic where more information is required. However, the specification for the new service is considered to be neutral. It takes into account the needs and wishes of individuals with regard to their gender and that privacy and dignity must be maintained at all times.

Evidence:

The current draft specification for the service states (S12.2);

The Council's obligations and core commitment to equality and diversity are highlighted in its Corporate Equality in Service Provision policy. The Provider will be expected to adhere to this policy and ensure that it complies with the Public Sector Equality Duty, as set out in the Equality Act 2010. The Service Provider will not treat any customer less favourably than others on grounds of their age, colour, race, nationality, ethnic origin, disability, gender identity, marriage or civil partnership, pregnancy or maternity, religion or belief, sex or sexual orientation.

<p>Sources used:</p> <p>Havering Council, Extra Care Service Specification (Draft version 2.0; 2017)</p>

Pregnancy, maternity and paternity:		
<i>Please tick (✓) the relevant box:</i>		Overall impact: As the service users are aged 55 and over, it is not anticipated that re-commissioning this service will have a differential impact on the grounds of pregnancy, maternity and paternity.
Positive	<input type="checkbox"/>	
Neutral	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Evidence:		
Sources used:		

Socio-economic status: Consider those who are from low income or financially excluded backgrounds	
<i>Please tick (✓) the relevant box:</i>	Overall impact:

Positive	<input checked="" type="checkbox"/>	These proposals will have a positive impact on service users who experience socio-economic disadvantage as they will be receiving the care and support service as a result of their eligibility for Council funded support.
Neutral	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	

Evidence:

Sources used:

Action Plan

In this section you should list the specific actions that set out how you will address any negative equality impacts you have identified in this assessment.

Protected characteristic	Identified negative impact	Action taken to mitigate impact*	Outcomes and monitoring**	Timescale	Lead officer

* You should include details of any future consultations you will undertake to mitigate negative impacts

** Monitoring: You should state how the negative impact will be monitored; how regularly it will be monitored; and who will be monitoring it (if this is different from the lead officer).

Review

In this section you should identify how frequently the EIA will be reviewed; the date for next review; and who will be reviewing it.

