**APPENDIX 2**

# Equality & Health Impact Assessment (EqHIA)

## Document control

| | |
|---|---|
| **Title of activity:** | Private Housing Health Assistance Policy |
| **Lead officer:** | Alan Grierson, Project Manager, Adult Social Care & Health |
| **Approved by:** | Barbara Nichols, Director of Adults Social Care & Health |
| **Date completed:** | 27/03/2019 |
| **Scheduled date for review:** | March 2024 |

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

# 1. Equality & Health Impact Assessment Checklist

Please complete the following checklist to determine whether or not you will need to complete an EqHIA and ensure you keep this section for your audit trail. If you have any questions, please contact EqHIA@havering.gov.uk for advice from either the Corporate Diversity or Public Health teams. Please refer to the Guidance in Appendix 1 on how to complete this form.

## About your activity

<table>
<tr><td>1</td><td>Title of activity</td><td colspan="3">Private Housing Health Assistance Policy</td></tr>
<tr><td>2</td><td>Type of activity</td><td colspan="3">New Housing Grants Policy</td></tr>
<tr><td>3</td><td>Scope of activity</td><td colspan="3">The new policy describes what the Council already does to deliver mandatory Disabled Facilities Grants (DFGs) to help older and disabled people (adults & children) make sure their homes are accessible. The new policy also enables the Council to provide discretionary Housing Assistance Grants (HAGs) in a more flexible way to increase the types of housing grants available to help older and disabled people (adults & children) maximise their independence, keep safe, and keep healthy in their own homes.</td></tr>
<tr><td>4a</td><td>Are you changing, introducing a new, or removing a service, policy, strategy or function?</td><td>Yes</td><td rowspan="3">If the answer to <u>any</u> of these questions is ‘YES’, please continue to question 5.</td><td rowspan="3">If the answer to <u>all</u> of the questions (4a, 4b & 4c) is ‘NO’, please go to question 6.</td></tr>
<tr><td>4b</td><td>Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?</td><td>Yes</td></tr>
<tr><td>4c</td><td>Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people’s health and wellbeing?</td><td>Yes</td></tr>
<tr><td>5</td><td>If you answered YES:</td><td colspan="3">Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.</td></tr>
<tr><td>6</td><td>If you answered NO:</td><td colspan="3">Not applicable</td></tr>
</table>

| | |
|---|---|
| **Completed by:** | Alan Grierson, Project Manager, Adult Social Services Housing and Health |
| **Date:** | 27/03/2019 |

## 2. The EqHIA – How will the strategy, policy, plan, procedure and/or service impact on people?

**Background/context:**

Funding for DFGs and discretionary housing grants now comes through the Better Care Fund. In combination with powers in the Regulatory Reform Order 2002 (the RRO) this gives the Council the opportunity to use DFG funding more flexibly in the future through the use of discretionary housing grants. However, to provide discretionary housing grants the Council must have an RRO complaint policy which confirms the types of discretionary grants that will be provided and the conditions attached to these. The Private Housing Health Assistance Policy (the policy) is compliant with the RRO and will enable the Council to use it's discretion to provide discretionary housing grants to vulnerable people and people with chronic health conditions.

The policy is steered by objectives within the Barking, Havering and Redbridge Better Care Fund Plan 2017-19, the Care Act 2014 and the Housing Grants, Construction and Regeneration Act 1996. The main aims of the policy are to ensure the homes of vulnerable people are improved so that they can regain or retain their independence and carry on living in their own home in the community, and to live in homes that are safe and healthy. The delivery of the policy will benefit vulnerable people living in Havering and reduce pressures on local health and social care services.

The provision of discretionary housing grants is particularly relevant for people living in Havering given the population of the Borough is significantly older in comparison with other London Boroughs. In addition to this up to 19% of working age people (16 – 64 years) living in Havering have a disability or long term illness. The estimated proportion of people aged 18 – 64 in Havering living with moderate physical disabilities (e.g. unable to manage stairs and need aids or assistance to walk) is one of the highest among London Local Authorities, and the number of young people with learning disabilities and challenging behaviour is set to rise. Further evidence of the needs of the population in Havering is set out in the relevant sections of this EqHIA below.

The policy sets out what the Council already does to provide mandatory Disabled Facilities Grants (DFGs) to older people, and disabled adults and children, to help them make their homes more accessible. DFGs are restricted by national eligibility criteria, they are limited to helping people make their home more accessible, and they are all subject to formal means testing. The new policy also enables the Council to provide housing grants to vulnerable people in a more flexible way through the use of discretionary Housing Assistance Grants (HAGs) in addition to the current mandatory DFGs. There are 7 discretionary grant schemes within the new policy:

- DFG Top-Up
- Discretionary Disabled Adaptation Assistance
- Moving On Assistance
- Hospital Discharge Assistance
- Safe, Warm and Well
- Dementia Aids, Adaptations, and Assistive Technology
- Sanctuary Scheme

These discretionary grants will increase the level and range of assistance the Council can provide through housing grants to vulnerable people to help them make improvements to their home to ensure they have a safe, secure, and healthy place to live that meets their individual complex needs (alongside the provision of person centred support if they have unmet eligible care needs for social care). This will help more vulnerable people to:

- continue to live independently in their own home for as long as possible by adapting it to meet their individual complex needs;
- reduce the risks of having to receive long term care or move into a care home, or delay these outcomes for as long as possible;
- live in a safe and warm home to reduce the risk of ill health;
- reduce hazards in their home and minimise the risk of injury, e.g. through falling;
- avoid the need for acute hospital care and facilitate quick discharge from hospital;
- move to a more suitable place to live if their current home cannot be adapted to meet their individual needs.

The discretionary grants will enable a higher level of assistance to be provided to facilitate more complex adaptations to the homes of vulnerable people such as extensions. Eligibility for discretionary grants is subject to less restrictive financial assessments than DFGs making housing grants available to people who are asset rich but cash poor, as well as people whose financial circumstances mean they may not meet eligibility criteria for a mandatory DFG but would be subject to financial hardship if they had to fund the adaptations they need themselves.

A number of other local authorities have already developed an RRO compliant policy and are starting to deliver discretionary housing grants. However, the provision of discretionary housing grants across the country is patchy and still in early stages of development. The Council has engaged with local authorities who have already started to deliver discretionary housing grants as well as Foundations (a Government sponsored agency to provide support to agencies in the delivery of DFGs) to ensure the Private Housing Health Assistance Policy is based on legislative requirements and current best practice.

| **Who will be affected by the activity?** |
|---|
| The new discretionary grants will benefit older people living in Havering as well as adults and children with disabilities and chronic health conditions as set out above. |

| **Protected Characteristic – Age:** | | |
|---|---|---|
| *Please tick (✓) the relevant box:* | | **Overall impact:** |
| **Positive** | ✓ | The discretionary grants made available by the Private Housing Health Assistance Policy will have a positive impact on older people living in Havering by broadening the range of grants and types of adaptations available in a more flexible way. The grants will:<br><br>• improve the homes of older people to make them warmer and help avoid exacerbating chronic health conditions;<br>• reduce the risk of falls;<br>• reduce the risk of ill health and injuries that lead to hospital admissions; |
| **Neutral** | | |
| **Negative** | | |

| | | |
|---|---|---|
| | | • ensure the homes of older people, are adapted to their changing needs to help them maintain their independence, live at home for longer, and avoid/delay the need for long term care and/or admission to a residential care service;<br><br>Children and young people will also benefit from the policy in similar ways, in particular young children who have chronic health conditions that may be exasperated by poor housing conditions (see disability section for the benefits to disabled children and young people). |

**Evidence:**

The population in Havering is significantly older in comparison with other London Boroughs with an estimated 47,000 people over the age of 65. Over the next 25 years it is estimated that the number of people aged over 65 will increase by nearly 50%, by 2043 the estimated number of people aged 65+ living in the Borough will be nearly 70,000. In this period the number of people between 65 – 80 years old is predicted to rise by 12,600 to 46,500, an increase of 37.2%. It is also estimated that the number of people aged 81 and over will increase by 10,100 to 23,200, an increase of 77%. *(GLA Intelligence Unit: Central Trend Population Projections).* POPPI data shows that, of the whole population in Havering, the number of people aged 65 and over will increase by 41.6% between 2017 and 2035. *(Projecting Older People Population Information [POPPI] System statistics, Institute of Public Care).*The projected increase in the number of older people in Havering is reflected in national population estimates. Nationally by 2066 there is projected to be 8.6 million more people aged 65 years and over, this will then represent 26% of the population. The fastest increase will be seen in the 85 years and over age group. *(Population estimates: Principle Population Projections, 2016 based, Office for National Statistics).*

Havering has one of the highest proportions of the population in the country with dementia and it is estimated that around half of people living with dementia are as yet undiagnosed *(Havering JSNA 2017)*.

Many chronic health conditions experienced by people, particularly older people, have a causal link to, or are exacerbated by, poor housing. Frail and older people experience poorer physical and mental health and higher risk of mortality, while babies and young children have an increased risk of respiratory problems. It is estimated that the annual cost to the NHS of treating disease due to cold private housing is over £850 million per year (*Cost of Poor Housing to the NHS, Briefing Paper, Building Research Establishment on behalf of the BRE Trust, 2015*). This does not include additional spending by social services, or economic losses through absences from work. Health risks associated with cold homes include: increased respiratory illness, worsening of asthma, chronic obstructive pulmonary disease, worsening of arthritis, increased blood pressure, and risks of heart attack and stroke. A cold home also increases the risk of falls and accidents as strength and dexterity decreases at lower temperatures. Making homes weather safe, wind and weather proof, alongside ensuring suitable indoor temperatures can be maintained could reduce symptoms or instances of illness.

The House of Commons, Communities and Local Government Committee has recognised the well evidenced link between poor quality housing and a number of health issues including the risk of falls*. (Source: "Housing for Older People", House of Commons, Communities and Local Government Committee, February 2018).*

For the last three years where records are available, the London Borough of Havering had the highest number of excess winter deaths of any London Borough

2013/14: Havering = 130, Outer London Borough Average = 78
2014/15: Havering = 200, Outer London Borough Average = 151
2015/16: Havering = 160, Outer London Borough Average = 64

*(Source: Office of National Statistics on Excess Winter Deaths 2018).*

Using the data available *(from GLA Intelligence Unit, Havering JSNA, and NICE)* it is estimated that the number of falls for people over 65 will increase from an estimated 16,720 in 2018 to 25,550 in 2043. This means that the number of serious injuries caused by falls is estimated to increase from 4,180 in the current year to 6,388 per year in 25 years' time, an increase of nearly 53%. Other data *(from POPPI System statistics, Institute of Public Care)* predicts the number of people aged 65 and over admitted to hospital as a result of falls between 2017 – 2035 will increase by 26%, with the biggest increase being in the 75 years and over age group.

National data indicates about 30% of people older than 65, and 50% of people older than 80, will fall at least once a year. Up to a quarter of people who fall will sustain a serious injury: (*Falls Assessment & Prevention of Falls in Older People, National Institute for Health & Care Excellence, [NICE]. June 2013*).

Falls are one of the major reasons for people to move from their own home to residential care, this has a significant impact on the independence of older people and increases social care costs. A package of relatively low cost adaptations could reduce falls and may delay hospital admissions. Research conducted in 2016 indicated adapting homes to minimise the risk of falls could save the NHS over £400 million per annum. *(Source: BRE Report 2016).*

Alongside the ageing population there is also a rise in the proportion of the population diagnosed with dementia. Dementia alongside other chronic health conditions presents more challenges to ensure people's accommodation remains suitable to avoid the need for residential care. Figures released by Alzheimer's Research UK indicate there has been a 56% rise in the number of people diagnosed with dementia from 2010/11 to 2015/16. *(Source: Alzheimer's Research UK).*

Work to quantify the number of dwellings in Havering that have "Category 1 Hazards" (i.e. hazards that may present a serious threat to the health and safety of people living in or visiting the home) is underway. Nationally a report by *Care & Repair England in March 2016 "Off The Radar, Housing disrepair and health impact later in life"* concluded:

- 1.2 million (approximately 1 in 5) households occupied by at least one person aged 65 or over failed to meet the Decent Homes Standard in 2012;
- the vast majority of households (79%) occupied by at least one person aged 65 or over that failed to meet the Decent Homes Standard were owner occupiers;
- the main reason for homes failing the Decent Homes Standard was the presence of category 1 hazards, the two most common category 1 hazards were falls risks and excess cold;
- 731 thousand households occupied by at least one person aged 65 or over lived in a home with a category 1 hazard, 85% of these were owner occupied homes.
- The majority of older people (85%) with a long term illness or disability living in non-decent homes are owner occupiers.

**Sources used:**

- GLA Intelligence Unit: Central Trend Population Projection;
- Projecting Older People Population Information [POPPI] System statistics, Institute of Public Care;
- Population estimates: Principle Population Projections, 2016 based, Office for National Statistics;
- Havering JSNA 2017;
- Cost of Poor Housing to the NHS, Briefing Paper, Building Research Establishment on behalf of the BRE Trust, 2015;
- Housing for Older People, House of Commons, Communities and Local Government Committee, February 2018;
- Office of National Statistics on Excess Winter Deaths 2018;
- GLA Intelligence Unit, Havering JSNA, and NICE;
- Falls Assessment & Prevention of Falls in Older People, National Institute for Health & Care Excellence, [NICE], June 2013;
- BRE Report, 2016;
- Alzheimer's Research UK;
- Care & Repair England in March 2016 "Off The Radar, Housing Disrepair and Health Impact Later in Life.

| **Protected Characteristic - Disability:** | | |
|---|---|---|
| *Please tick (✓) the relevant box:* | | **Overall impact:** |
| **Positive** | ✓ | The Private Housing Health Assistance Policy will have a positive impact on people with a broad range of disabilities (adults and children) including but not necessarily limited to: people with moderate and severe physical disabilities, sensory disabilities, people with learning disabilities or autism with challenging needs (in particular children and young people with these needs who live in the family home), people with progressive conditions whose needs may change over time.<br><br>The policy will broaden the range of grants and types of adaptations available to disabled people in a more flexible way. The grants will:<br><br>• ensure the homes of disabled people, are adapted to their changing needs to help them maintain their independence, live at home for longer, and avoid/delay the need for long term care and/or admission to a residential care service or residential school;<br>• improve the homes of disabled people to make them warmer and help avoid exacerbating chronic health conditions;<br>• reduce the risk of falls;<br>• reduce the risk of ill health and injuries that lead to hospital admissions; |
| **Neutral** | | |
| **Negative** | | |

**Evidence:**

Up to 19% of working age people (16 – 64 years) who live in Havering have a disability or long term illness. *(Source ONS Population Survey 2015)*.

The estimated number of people in Havering aged 18-64 living with moderate physical

disabilities (e.g. unable to manage stairs and need aids or assistance to walk) was 11,870 in 2017, a rate of 7,865 per 1000,000 population aged 18 – 64 years. This rate is one of the highest among London local authorities. Furthermore 3,506 adults (16 - 64 years) were estimated to be living with serious physical disabilities. The rate is 2,323 per 100,00) which is again much higher than the London rate. (*Source; Havering JSNA: Projecting Adult Needs and Service Information System (PANSI 2017), and mid-year population estimates 2017, Office for National Statistics (ONS).*

Chronic health conditions have a causal link to, or are exacerbated by, poor housing. Frail people experience poorer physical and mental health and a higher risk of mortality, babies and young children have an increased risk of respiratory problems *(Source Cost of Poor Housing to the NHS, Briefing Paper, Building Research Establishment on behalf of the BRE Trust, 2015).* Nationally in 2016 20% of dwellings (4.7M homes) failed to meet the Decent Homes Standard. The private rented sector had the highest proportion of non-decent homes (27%) while the social rented sector had the lowest (13%). Among owner occupied homes, 20% failed to meet the Decent Homes Standard in 2016. Damp problems were more prevalent in the rented sectors. Some 8% of private rented dwellings had some type of damp problem, compared with 5% of social rented dwellings and 3% of owner occupied dwellings. Private rented dwellings were, on average, older and therefore more likely to have defects to the damp proofing course, roof covering, gutters, or down pipes, which could lead to problems with rising or penetrating damp affective at least one room in the property.

The number of children with special educational needs and disabilities is growing year on year with average increases of between 40% - 50% between 2012 and 2015. Increases are particularly marked in respect of children with the most severe and complex needs *(Havering JSNA 2017).*

Research commissioned by Adult Social Services indicates that in the immediate future there will be between 2 - 4 young people with learning disabilities who have challenging behaviour coming through transition into adulthood in each Borough including Havering. This is an increase compared to previous years. Some of these children and their families may need adaptations to their home to provide a home environment that is safe and sustainable for the child with disabilities and the rest of the family to help avoid the need for early admission into a residential care service or residential school.

**Sources used:**

- ONS Population Survey 2015;
- Havering JSN;
- Projecting Adult Needs and Service Information System (PANSI 2017);
- Mid-year population estimates 2017, Office for National Statistics (ONS);
- Research commissioned by Adult Social Services, this was informed by: The Transforming Care Partnership Report (2016) [a tripartite report for Barking & Dagenham, Redbridge, and Havering], PANSI predictive model, Adults and Children's data systems;
- The Cost of Poor Housing to the NHS, Briefing Paper, Building Research Establishment on behalf of the BRE Trust, 2015).

<table>
<tr><th colspan="3">Protected Characteristic - Sex/gender:</th></tr>
<tr><td colspan="2">Please tick (✓) the relevant box:</td><td rowspan="4">Overall impact:<br><br>The policy makes housing grants available to vulnerable people based on their need to adapt their homes according to their individual needs and health conditions not their sex or gender. The policy explicitly states that people will be treated fairly as required by the Equalities Act 2010 and that people’s rights are protected.<br><br>The availability of housing grants through the policy is not be affected by the sex or gender of the applicant, the policy has a neutral impact dependent on gender.<br><br>It is likely that more housing grants will be provided to provide assistance to women because the life expectancy for women compared to men in the Borough is higher and they are more likely to eligible to apply for a housing grant adaptation in older age.</td></tr>
<tr><td>Positive</td><td></td></tr>
<tr><td>Neutral</td><td>✓</td></tr>
<tr><td>Negative</td><td></td></tr>
<tr><td colspan="3">Evidence:<br><br>According to the latest available three years aggregated data (2015-17) from Office for National Statistics (ONS) The life expectancy at birth15 for people living in Havering is 79.6 years for males and 84.2 years for females.<br><br>A report by Care & Repair England “Off The Radar” indicated 52% of people aged 65 or over report as having a long term illness or disability that limits activities of daily living. 47% of women and 39% of men over 65 reported difficulty walking even moderate distances.</td></tr>
<tr><td colspan="3">Sources used:<br><br>This is Havering 2019: Havering Joint Strategic Needs Assessment.<br><br>Off The Radar: Care & Repair England.</td></tr>
</table>

<table>
<tr><th colspan="2">Protected Characteristic - Ethnicity/race:</th></tr>
<tr><td>Please tick (✓) the relevant box:</td><td>Overall impact:<br><br>As a result of the policy housing grants will be available to vulnerable people and people with chronic health needs irrespective of their race or ethnicity. The policy explicitly states that people will be treated fairly as required by the Equalities Act 2010 and that people’s rights are protected.<br><br>The availability of adaptations will not be affected by the ethnicity or race of the applicant, the policy will have a neutral impact on people in this category.</td></tr>
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| | | |
|---|---|---|
| **Positive** | | Havering has one of the least ethnically diverse populations in London. It is therefore likely that more housing grants will be given to white people than people form the BAME community. However, there is some evidence nationally that there are higher levels of long term illness amongst older Black, Asian, and minority ethnic (BAME) groups compared to the white population in England. If this is the case people from the BAME population in Havering may be proportionately more eligible to seek a housing grant under the new policy than white people. However, overall impact on this category of people remains neutral. |
| **Neutral** | ✓ | |
| **Negative** | | |
| **Evidence:**<br><br>An estimated 83% of the people living in Havering are white British.<br><br>The role of home adaptations in improving later life", BRE, November 2017, indicates there are higher levels of long term illness amongst older Black, Asian, and minority ethnic (BAME) groups than in the white population in England. | | |
| **Sources used:**<br><br>Havering Data Intelligence Hub, March 2019.<br><br>The Role of Home Adaptations In Improving Later Life: BRE Report, November 2017. | | |

| **Protected Characteristic - Religion/faith:** | | |
|---|---|---|
| *Please tick (✓) the relevant box:* | | **Overall impact:**<br><br>The policy makes no distinction about the availability of housing grants to people from any particular religion or faith. Older people, people with disabilities, and people with long term medical conditions who have different faiths, or who have no faith at all, will all benefit in the same way. |
| **Positive** | | |
| **Neutral** | ✓ | |
| **Negative** | | |
| **Evidence:**<br><br>There is insufficient evidence to indicate the policy will have a positive or negative impact on people who have different faiths. | | |
| **Sources used:**<br><br>There is insufficient evidence to indicate the policy will have a positive or negative impact on people who have different faiths. | | |

| **Protected Characteristic - Sexual orientation:** | | |
|---|---|---|
| *Please tick (✓) the relevant box:* | | **Overall impact:**<br><br>The policy makes no distinction about the availability of housing grants to people with different sexual orientation. The policy explicitly states that people will be treated fairly as required by the Equalities Act 2010 and that people's rights are protected.<br><br>The policy will make more housing grants available more flexibly to older people, people with disabilities, and people with chronic health conditions irrespective of their sexual orientation. |
| **Positive** | | |
| **Neutral** | ✓ | |
| **Negative** | | |
| **Evidence:**<br><br>There is insufficient evidence to indicate the policy will have a positive or negative impact on people dependent on their sexual orientation. | | |
| **Sources used:**<br><br>There is insufficient evidence to indicate the policy will have a positive or negative impact on people dependent on their sexual orientation. | | |

| **Protected Characteristic - Gender reassignment:** | | |
|---|---|---|
| *Please tick (✓) the relevant box:* | | **Overall impact:**<br><br>The policy makes housing grants available to people who have re-assigned their gender or going through gender re-assignment in the same way as other people. The determining factors for eligibility to the housing grants are based on an individual's disability or chronic health need.<br><br>The availability of housing grants through the policy is not be affected by gender reassignment, the policy has a neutral impact on people who have re-assigned their gender or are in the process of doing so. |
| **Positive** | | |
| **Neutral** | ✓ | |
| **Negative** | | |
| **Evidence:**<br><br>There is insufficient evidence to indicate the policy will have a positive or negative impact on people dependent on gender reassignment. | | |
| **Sources used:**<br><br>There is insufficient evidence to indicate the policy will have a positive or negative impact on people dependent on gender reassignment. | | |

| **Protected Characteristic - Marriage/civil partnership:** | | |
|---|---|---|
| *Please tick (✓) the relevant box:* | | **Overall impact:**<br><br>The policy makes housing grants available to people irrespective of their marital status.<br><br>The policy will make more housing grants available more flexibly to older people, people with disabilities, and people with chronic health conditions irrespective of their marital status. |
| **Positive** | | |
| **Neutral** | ✓ | |
| **Negative** | | |
| **Evidence:**<br><br>There is insufficient evidence to indicate the policy will have a positive or negative impact on people dependent on their marital status. | | |
| **Sources used:**<br><br>There is insufficient evidence to indicate the policy will have a positive or negative impact on people dependent on their marital status. | | |

| **Protected Characteristic - Pregnancy, maternity and paternity:** | | |
|---|---|---|
| *Please tick (✓) the relevant box:* | | **Overall impact:**<br><br>The policy makes housing grants available to people irrespective of their maternity/paternity status. |
| **Positive** | | |
| **Neutral** | ✓ | |
| **Negative** | | |
| **Evidence:**<br><br>There is insufficient evidence to indicate the policy will have a positive or negative impact on people dependent on pregnancy, maternity or paternity. | | |
| **Sources used:**<br><br>There is insufficient evidence to indicate the policy will have a positive or negative impact on people dependent on pregnancy, maternity or paternity. | | |

| **Socio-economic status:** | | |
|---|---|---|
| *Please tick (✓) the relevant box:* | | **Overall impact:**<br><br>The discretionary grants available in the policy will have a positive effect on people with low incomes. It is known that people on low incomes are more likely to have multiple health conditions and disabilities, and will therefore benefit from having greater range of adaptations available through a more flexible approach.<br><br>The average cost of DFG adaptations has risen significantly over the past decade, whilst the means test and passporting arrangements (where some people receive a DFG automatically because of the benefits they receive) have remained the same since May 2008.<br><br>Whilst the cost of adaptations is increasing the policy will make it easier for people with low economic status to receive financial assistance to adapt their home to make it more accessible and safer. Although the policy has financial eligibility criteria for high cost discretionary grants to ensure assistance is provided to the people that need it most and not to people that can afford their own adaptations, the discretionary grants enable more people to receive grants without a formal means test to ensure assistance is provided to people who need adaptations to help them maintain their independence but can't afford them because of their low income and lack of savings. |
| **Positive** | ✓ | |
| **Neutral** | | |
| **Negative** | | |

**Evidence:**

Research completed by the Academy of Medical Sciences has shown that people with multiple health problems are more likely to be disabled, and that multiple health conditions are more common among people with low income.

In 2015 Marmot identified a strong relationship between low income, poor health, and fewer impairment free years, and in 2017 MICRA reported on evidence indicating that frailty (loss of muscle strength, falls, and confusion) occurs almost 10 years earlier in people that are in the lowest third in terms of wealth.

In areas with high proportions of people on low incomes, people in their 60's may be experiencing health conditions that normally only appear in people when they reach their 70's. In 2016 NHS England developed an optimal pathway to try to ensure that people with frailty are supported to remain living independently, the External DFG Review in December 2018 concluded that adaptations could play a much bigger role in this process.

The average cost of grants is rising. In 2009/10 the average cost was just over £7,000, this rose to nearly £9,000 in 2016/17 (LOGASnet and Foundations FOI 2018). This reflects increases in building costs as well as a possible increase in the level of complexity of needs. In addition to this the average cost of DFGs is higher in London than elsewhere in the UK (DFG External Review, 2018).

The financial thresholds for mandatory DFGs have been unchanged since May 2008, whilst actual prices have increased by nearly 30% since then. In some local authorities the percentage of DFG applicants who receive a full grant has reduced by 15% over the

last decade. Passporting arrangements in the current regulations are out of date, not taking into account changes in the benefits system over recent years including Universal Credit. Anecdotal evidence from front line staff indicates a number of disabled local people have been unable to receive a DFG over recent years because the formal means test (required for a mandatory DFG) excluded them from this type of assistance, a number of these people were unable to fund the adaptation themselves because to do so would have caused them financial hardship. The national External Review on DFGs (UWE 2018) confirms that on a national basis the biggest identifiable reason for adaptations not proceeding is because individuals are not deemed eligible for full financial assistance for their adaptation due to the means test (DFG External Review 2019).

**Sources used:**

- Disabled Facilities Grant and Other Adaptations – External Review, University of West England, December 2018;
- Multimorbidity: a priority for global health research, The Academy of Medical Sciences, April 2018;
- The Health Gap, Marmot, M., 2015;
- The Golden Generation, Wellbeing and Inequalities in Later Life, Manchester Institute for Collaborative Research on Ageing, 2017;
- The variation between standard and optimal pathways – Janet's story: Frailty, RightCare scenario, 2016;
- LOGASnet and Foundations FOI 2018.

**Health & Wellbeing Impact:** Consider both short and long-term impacts of the activity on a person's physical and mental health, particularly for disadvantaged, vulnerable or at-risk groups. Can health and wellbeing be positively promoted through this activity? Please use the Health and Wellbeing Impact Tool in Appendix 2 to help you answer this question.

| *Please tick (✓) all the relevant boxes that apply:* | |
|---|---|
| **Positive** | ✓ |
| **Neutral** | |
| **Negative** | |

**Overall impact**:

The Private Housing Health Assistance Policy enables the Council to use discretionary powers to deliver a broader range of housing grant assistance to vulnerable people (adults and children) in a much more flexible way. Mandatory Disabled Facilities Grants are already provided by the Council, these are mainly used to make homes more accessible for older and disabled people to help them live independently at home for as long as possible. The new housing grant schemes in the policy will broaden the types of housing grants available, this will have a positive impact on the health and wellbeing of older people, adults and children with physical, mental, sensory or multiple disabilities, and/or chronic health conditions by making discretionary housing grants available that will:

- improve their housing conditions;
- reduce hazards in their home that could be detrimental to their health.

There are 6 discretionary housing grant schemes in the policy that will have particular benefits for health and wellbeing as outlined below;

| Discretionary Scheme | Benefits |
|---|---|
| DFG Top-Up | Enable people to make larger adaptations to their home than can be delivered though a mandatory DFG alone, e.g. extensions, garage conversions etc. to facilitate access to critical facilities at home, reduce risk of injury, ill health and maintain health & wellbeing. |
| Discretionary Disabled Adaptation Assistance | More assistance to a broader range of people who need financial assistance to make their homes more accessible to reduce risk of injury, ill health, and maintain health & wellbeing. |
| Moving On Assistance | Assistance to enable people to move (if they want) to another home that can meet their needs (when it is not possible for them to adapt their own home with the other grants available) to help maintain their health & wellbeing. |
| Hospital Discharge Assistance | Quick access to small adaptations in their home that will minimise the time they need to spend in an acute hospital. |
| Safe, Warm and Well | Essential repairs and home improvements to help people keep safe, warm, and healthy at home by reducing hazards that present a health and safety risk to people living in the home. |
| Dementia Aids, Adaptations, and Assistive Technology | Enable people with a diagnosis of dementia to manage their surroundings and retain their independence. |

**Do you consider that a more in-depth HIA is required as a result of this brief assessment?** Please tick (✓) the relevant box

**Yes** ☐ **No** ☑

Although the policy has a positive impact overall tenants in private lets may be distressed if their landlord refuses permission for their property to be adapted. This can be mitigated by the provision of a Move On Grant to enable the person move to more suitable accommodation.

**Evidence:**

**The increasing needs of older people living in Havering:**

The increasing needs of older people living in Havering is as outlined in the “Protected Characteristic – Age” section of this document.

**Avoiding falls:**

Falls are one of the major causes of injury for older people. It leads to avoidable hospital admissions and is one of the major reasons for older people losing their independence.

The bulk of the evidence in relation to avoiding falls is outlined in the "Protected Characteristic – Age" section of this document.

In addition to the evidence already outlined, according to data from POPPI the number of people in Havering aged 65 and over predicted to be admitted to hospital as a result of falls is predicted to rise by 26% between 2017 and 2035. The number of people predicted to be admitted to hospital as a result of falls over this period is shown below:

2017: 1,015 people
2020: 1,066 people
2025: 1,208 people
2030: 1,330 people
2035: 1,488 people

The percentage increase in predicted falls is highest in the 75 and over age group. The percentage increase in age groups over this period is shown below;

Aged 65 – 69: 27% increase
Aged 70 – 74: 30% increase
Aged 75 and over: 50% increase

**Addressing poor housing conditions**

Chronic health conditions are exacerbated by poor housing, particularly cold and damp housing conditions. The bulk of the evidence about how the policy will have a positive impact on the health and wellbeing of older people, people with disabilities, and people with chronic health conditions by addressing poor housing conditions is outlined in the "Protected Characteristic – Age" section of this document.

In addition to the evidence already outlined, in 2013 the GLA produced a report which set out what it considered were the specialist older persons' (age 65 and over) housing needs in London. This estimated that 50% of the affordable rented older persons' housing stock is not fit for purpose.

Also, a household is considered to be fuel poor if it has higher than typical energy costs and would be left with income below the poverty line if it spent the required money to meet those costs. Failure to provide acceptable levels of heating can contribute to properties becoming damp due to build-up of condensation. Evidence suggests the impact of living in a cold damp home can be severe, including impacts on respiratory and cardiovascular diseases, rheumatoid arthritis, and poor mental health. According to the Association for the Conservation of Energy the United Kingdom has the worst level of home energy efficiency in Europe (ACE March 2013). In addition the Department for Work and Pensions claim that 6% of pensioners do not have a damp free home with 3 % of these saying they can't keep their homes warm (Homes Below Average Income: DWP 2017).

In 2015 the National Institute for Health and Care Excellence (NICE) published "Excess Winter Deaths & Illness & the Health Risks associated with Cold Homes". One of the recommendations made was to improve the energy efficiency of homes.

The estimated cost of poor housing to the NHS is £1.4 billion (Care & Repair, "Off the Radar" March 2016: based on conservative modelling by BRE using NHS data and Housing Health & Safety Rating System data).

In 2016 20% of dwellings in the country (4.7M homes) failed to meet the Decent Homes Standard (down from 35% [7.7M homes] in 2006. The private rented sector had the highest proportion of non-decent homes (27%) while the social rented sector had the lowest (13%). Among owner occupied homes, 20% failed to meet the Decent Homes Standard in 2016. Damp problems were more prevalent in the rented sectors. Some 8% of private rented dwellings had some type of damp problem, compared with 5% of social rented dwellings and 3% of owner occupied dwellings. Private rented dwellings were, on average, older and therefore more likely to have defects to the damp proofing course, roof covering, gutters, or down pipes, which could lead to problems with rising or penetrating damp affective at least one room in the property.

In 2016, social stock had an average SAP rating (Standard Assessment Procedure for the Energy Rating of Dwellings) of 67, higher than private sector stock which had an average SAP rating of 61. The social sector was more energy efficient than the private sector. In particular there was a greater proportion of owner occupied homes in band D (52% compared with 49% of private rented sector dwellings). In the Social Sector 93% of dwellings were in EER bands A to D, with A being high energy efficiency). Among dwellings with solid walls, the social rented sector had a higher proportion with solid wall insulation (30%) than the private sector (7%). Among dwellings with cavity walls, the private rented sector had a lower proportion of dwellings with cavity insulation (55%) than the other tenures (for example 71% of owner occupied dwellings) (source: “The Cost of Poor Housing to the NHS”, BRE, 2015).

Nearly one in three of the oldest households in England (where the oldest person is aged 75+) live in housing which has failed the official decent homes standard (English Housing Survey Housing Stock Summary July 2011). Of the age 75+ households one in eight live in housing which fail the decent homes standard because of sub-standard heating and insulation. Older people in private rented housing are most at risk of living in non-decent homes.

The English Housing Survey 2014- 15 confirmed that:

- 3 in 10 households contain an adult aged 65 years or older;
- three quarters of households where the oldest person was aged 65 years or older are home owners;
- almost half (47%) of those aged 75 – 84, and 61% of those 85 and over, live alone;
- three million households containing an adult aged 65 or over report a long term illness or disability;
- the majority of older households live in pre-1980 housing not built to modern accessibility standards. A quarter of those aged 75 – 84, and a third of those aged 85 years or older live in homes built before 1945;
- 1 in 5 homes occupied by older people in England failed to meet the Decent Homes Standard 2014, and those aged 85 years or over were more likely to live in non-decent homes (29%) compared with all other age groups;
- 40% of households containing at least one adult aged 65 years or over with a long term illness or disability, self-reported the need for installation of at least one adaptation;
- very few people needing adaptations were aiming to move and desire to move declines with age;
- 4% of households that included an adult aged 65 years or over are living in homes with the most serious risk of falls and a further 7% live in homes where such risks and less serious but still higher than average.

**Sources used:**

- GLA Intelligence Unit: Central Trend Population Projection;
- Projecting Older People Population Information [POPPI] System statistics, Institute of Public Care;
- Population estimates: Principle Population Projections, 2016 based, Office for National Statistics;
- Havering JSNA 2017;
- Cost of Poor Housing to the NHS, Briefing Paper, Building Research Establishment on behalf of the BRE Trust, 2015;
- Housing for Older People, House of Commons, Communities and Local Government Committee, February 2018;
- Office of National Statistics on Excess Winter Deaths 2018;
- GLA Intelligence Unit, Havering JSNA, and NICE;
- Falls Assessment & Prevention of Falls in Older People, National Institute for Health & Care Excellence, [NICE], June 2013;
- BRE Report, 2016;
- Alzheimer's Research UK;
- Off The Radar, Housing Disrepair and Health Impact Later in Life, Care & Repair England, March 2016;
- ACE March 2013;
- DWP 2017).
- Excess Winter Deaths & Illness & the Health Risks Associated with Cold Homes, National Institute for Health and Care Excellence (NICE), 2015;
- English Housing Survey Housing Stock Summary July 2011);
- English Housing Survey 2014- 15.

## 3. Outcome of the Assessment

The EqHIA assessment is intended to be used as an improvement tool to make sure the activity maximises the positive impacts and eliminates or minimises the negative impacts. The possible outcomes of the assessment are listed below and what the next steps to take are:

Please tick (✓) what the overall outcome of your assessment was:

| | | | |
|---|---|---|---|
| ✓ | 1. The EqHIA identified no significant concerns OR the identified negative concerns have already been addressed |  | **Proceed with implementation** of your activity |
| | 2. The EqHIA identified some negative impact which still needs to be addressed |  | **COMPLETE SECTION 4:**<br>**Complete action plan** and finalise the EqHIA |
| | 3. The EqHIA identified some major concerns and showed that it is impossible to diminish negative impacts from the activity to an acceptable or even lawful level |  | **Stop and remove** the activity or **revise** the activity **thoroughly.**<br>**Complete an EqHIA on the revised proposal.** |

## 4. Action Plan

The real value of completing an EqHIA comes from the identifying the actions that can be taken to eliminate/minimise negative impacts and enhance/optimise positive impacts. In this section you should list the specific actions that set out how you will address any negative equality and health & wellbeing impacts you have identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; sets ambitious yet achievable outcomes and timescales; and is clear about resource implications.

| Protected characteristic / health & wellbeing impact | Identified Negative or Positive impact | Recommended actions to mitigate Negative impact* or further promote Positive impact | Outcomes and monitoring** | Timescale | Lead officer |
|---|---|---|---|---|---|
| Protected characteristics | No negative impacts identified | Implement the policy | Develop outcome measurements and methods | Outcome measurements and methods to be in place by October 2019. Review outcomes when the policy is reviewed in 2024 | Service Manager for the DFG Service |
| Health & Wellbeing Impact | Distress to a tenant if a landlord refuses permission for an adaptation | Move On Grant as appropriate | Monitor cases where permission refused | Measure alongside outcome measurements above | Service Manager for the DFG Service |

## 5. Review

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

**Review:** The Private Housing Health Assistance Policy will be reviewed in March 2024. This EqHIA will be reviewed alongside the policy review.

**Scheduled date of review:** March 2024

**Lead Officer conducting the review:** Service Manager, Private Housing Improvement Team

# Appendix: Health & Wellbeing Impact Tool

Will the activity/service/policy/procedure affect any of the following characteristics? Please tick/check the boxes below
The following are a range of considerations that might help you to complete the assessment.

| **Lifestyle** YES ☐ NO ☒ | **Personal circumstances** YES ☒ NO ☐ | **Access to services/facilities/amenities** YES ☐ NO ☒ |
|---|---|---|
| ☐ Diet | ☐ Structure and cohesion of family unit | ☐ to Employment opportunities |
| ☐ Exercise and physical activity | ☐ Parenting | ☐ to Workplaces |
| ☐ Smoking | ☐ Childhood development | ☐ to Housing |
| ☐ Exposure to passive smoking | ☐ Life skills | ☐ to Shops (to supply basic needs) |
| ☐ Alcohol intake | ☐ Personal safety | ☐ to Community facilities |
| ☐ Dependency on prescription drugs | ☐ Employment status | ☐ to Public transport |
| ☐ Illicit drug and substance use | ☐ Working conditions | ☐ to Education |
| ☐ Risky Sexual behaviour | ☐ Level of income, including benefits | ☐ to Training and skills development |
| ☐ Other health-related behaviours, such as tooth-brushing, bathing, and wound care | ☐ Level of disposable income | ☐ to Healthcare |
| | ☐ Housing tenure | ☐ to Social services |
| | ☒ Housing conditions | ☐ to Childcare |
| | ☐ Educational attainment | ☐ to Respite care |
| | ☐ Skills levels including literacy and numeracy | ☐ to Leisure and recreation services and facilities |
| **Social Factors** YES ☐ NO ☒ | **Economic Factors** YES ☐ NO ☒ | **Environmental Factors** YES ☒ NO ☐ |
| ☐ Social contact | ☐ Creation of wealth | ☐ Air quality |
| ☐ Social support | ☐ Distribution of wealth | ☐ Water quality |
| ☐ Neighbourliness | ☐ Retention of wealth in local area/economy | ☐ Soil quality/Level of contamination/Odour |
| ☐ Participation in the community | ☐ Distribution of income | ☐ Noise levels |
| ☐ Membership of community groups | ☐ Business activity | ☐ Vibration |
| ☐ Reputation of community/area | ☐ Job creation | ☒ Hazards |
| ☐ Participation in public affairs | ☐ Availability of employment opportunities | ☐ Land use |
| ☐ Level of crime and disorder | ☐ Quality of employment opportunities | ☐ Natural habitats |
| ☐ Fear of crime and disorder | ☐ Availability of education opportunities | ☐ Biodiversity |
| ☐ Level of antisocial behaviour | ☐ Quality of education opportunities | ☐ Landscape, including green and open spaces |
| ☐ Fear of antisocial behaviour | ☐ Availability of training and skills development opportunities | ☐ Townscape, including civic areas and public realm |
| ☐ Discrimination | ☐ Quality of training and skills development opportunities | ☐ Use/consumption of natural resources |
| ☐ Fear of discrimination | ☐ Technological development | ☐ Energy use: CO2/other greenhouse gas emissions |
| ☐ Public safety measures | ☐ Amount of traffic congestion | ☐ Solid waste management |
| ☐ Road safety measures | | ☐ Public transport infrastructure |