

Equality Impact Assessment (EIA)

Document control

| | |
|-----------------------------------|--|
| Title of activity: | Integration of Reablement and Rehabilitation |
| Type of activity: | <p>A proposal to implement a new joint Reablement and Rehabilitation service to replace the current Reablement service.</p> <p>The new service will be contracted with the North East London Foundation NHS Trust and will run from February 2017.</p> |
| Lead officer: | Laura Osborn, Commissioning Programme Manager |
| Approved by: | John Green, Head of Commissioning |
| Date completed: | 21 November 2016 |
| Scheduled date for review: | The contract will have an annual review, the first being February 2018. |

The Corporate Policy & Diversity team requires **5 working days** to provide advice on EIAs.

| | |
|---|-----|
| 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 |

1. Equality Impact Assessment Checklist

The Equality Impact Assessment (EIA) is a tool to ensure that your activity meets the needs of individuals and groups that use your service. It also helps the Council to meet its legal obligation under the [Equality Act 2010 and the Public Sector Equality Duty](#).

Please complete the following checklist to determine whether or not you will need to complete an EIA. Please ensure you keep this section for your audit trail. If you have any questions, please contact the Corporate Policy and Diversity Team at diversity@havering.gov.uk

About your activity

| | | |
|---|--------------------------|---|
| 1 | Title of activity | Integration of Reablement and Rehabilitation |
| 2 | Type of activity | <p>A proposal to implement a new joint Reablement and Rehabilitation service to replace the current Reablement service.</p> <p>The new service will be contracted with the North East London Foundation NHS Trust and will run from February 2017.</p> |
| 3 | Scope of activity | <p>The London Borough of Havering (LBH) have worked in partnership with Havering Clinical Commissioning Group (CCG) and North East London Foundation NHS Trust (NELFT) to design a new integrated Reablement and Rehabilitation service. This is an excellent opportunity to re-design how reablement and rehabilitation are delivered to remove duplication in the system and ensure a joined up approach for the service user. The new model is expected to enhance the quality and effectiveness of the service and therefore be of benefit to service users, supporting them to remain independent in their own home.</p> <p>BHR CCGs commission the Intensive Rehabilitation Service (IRS) as a part of the large block contract with NELFT and the specification is detailed within the 'intermediate services' section. It has been agreed by Havering CCG Governing Body that the reablement service can be integrated into the IRS specification via a contract variation process.</p> <p>This assessment considers the potential impact on residents of introducing the new integrated service.</p> |

| | | |
|----|--|---|
| 4a | Is the activity new or changing? | Yes |
| 4b | Is the activity likely to have an impact on individuals or groups? | Yes |
| 5 | If you answered yes: | <i>Please complete the EIA on the next page.</i> |
| 6 | If you answered no: | <i>Please provide a clear and robust explanation on why your activity does not require an EIA. This is essential in case the activity is challenged under the Equality Act 2010.</i> <i>Please keep this checklist for your audit trail.</i> |

| | |
|---------------|--|
| Completed by: | Laura Osborn, Commissioning Programme Manager 01708 431729 laura.osborn@haverling.gov.uk |
| Date: | 21 November 2016 |

2. Equality Impact Assessment

The Equality Impact Assessment (EIA) is a tool to ensure that your activity meets the needs of individuals and groups that use your service. It also helps the Council to meet its legal obligation under the [Equality Act 2010 and the Public Sector Equality Duty](#).

For more details on the Council's 'Fair to All' approach to equality and diversity, please visit our [Equality and Diversity Intranet pages](#). For any additional advice, please contact diversity@haverling.gov.uk

Please note the Corporate Policy & Diversity Team require **5 working days** to provide advice on Equality Impact Assessments.

Please note that EIAs are public documents and must be made available on the Council's [EIA webpage](#).

Understanding the different needs of individuals and groups who use or deliver your service

In this section you will need to assess the impact (positive, neutral or negative) of your activity on individuals and groups with **protected characteristics** (this includes staff delivering your activity).

Currently there are **nine** protected characteristics (previously known as 'equality groups' or 'equality strands'): age, disability, sex/gender, ethnicity/race, religion/faith, sexual orientation, gender reassignment, marriage/civil partnership, and pregnancy/maternity/paternity.

In addition to this, you should also consider **socio-economic status** as a protected characteristic, and the impact of your activity on individuals and groups that might be disadvantaged in this regard (e.g. carers, low income households, looked after children and other vulnerable children, families and adults).

When assessing the impact, please consider and note how your activity contributes to the Council's **Public Sector Equality Duty** and its three aims to:

- eliminate discrimination, harassment and victimisation;
- advance equality of opportunity, and
- foster good relations between people with different protected characteristics.

Guidance on how to undertake an EIA for a protected characteristic can be found on the next page.

Guidance on undertaking an EIA

| Example: Background/context | | | |
|---|---|--------------------------|--------------------------|
| <p><i>In this section you will need to add the background/context of your activity. Make sure you include the scope and intended outcomes of the activity being assessed; and highlight any proposed changes.</i></p> <p style="text-align: right;"><i>*Expand box as required</i></p> | | | |
| Example: Protected characteristic | | | |
| <p>Please tick (✓) the relevant box:</p> | <p>Overall impact: <i>In this section you will need to consider and note what impact your activity will have on individuals and groups (including staff) with protected characteristics based on the data and information you have. You should note whether this is a positive, neutral or negative impact.</i></p> <p>It is essential that you note all negative impacts. This will demonstrate that you have paid ‘due regard’ to the Public Sector Equality Duty if your activity is challenged under the Equality Act.</p> <p style="text-align: right;"><i>*Expand box as required</i></p> | | |
| <table border="1"> <tr> <td>Positive</td> <td><input type="checkbox"/></td> </tr> </table> | | Positive | <input type="checkbox"/> |
| Positive | | <input type="checkbox"/> | |
| <table border="1"> <tr> <td>Neutral</td> <td><input type="checkbox"/></td> </tr> </table> | Neutral | <input type="checkbox"/> | |
| Neutral | <input type="checkbox"/> | | |
| <table border="1"> <tr> <td>Negative</td> <td><input type="checkbox"/></td> </tr> </table> | Negative | <input type="checkbox"/> | |
| Negative | <input type="checkbox"/> | | |
| <p>Evidence: <i>In this section you will need to document the evidence that you have used to assess the impact of your activity.</i></p> <p><i>When assessing the impact, please consider and note how your activity contributes to the three aims of the Public Sector Equality Duty (PSED) as stated in the section above.</i></p> <p><i>It is essential that you note the full impact of your activity, so you can demonstrate that you have fully considered the equality implications and have paid ‘due regard’ to the PSED should the Council be challenged.</i></p> <ul style="list-style-type: none"> - <i>If you have identified a positive impact, please note this.</i> - <i>If you think there is a neutral impact or the impact is not known, please provide a full reason why this is the case.</i> - <i>If you have identified a negative impact, please note what steps you will take to mitigate this impact. If you are unable to take any mitigating steps, please provide a full reason why. All negative impacts that have mitigating actions must be recorded in the Action Plan.</i> <p style="text-align: right;"><i>*Expand box as required</i></p> | | | |
| <p>Sources used: <i>In this section you should list all sources of the evidence you used to assess the impact of your activity. This can include:</i></p> <ul style="list-style-type: none"> - <i>Service specific data</i> - <i>Population, demographic and socio-economic data</i> <p><i>Suggested sources include:</i></p> <ul style="list-style-type: none"> - <i>Service user monitoring data that your service collects</i> - Havering Data Intelligence Hub - London Datastore - Office for National Statistics (ONS) <p><i>If you do not have any relevant data, please provide the reason why.</i></p> <p style="text-align: right;"><i>*Expand box as required</i></p> | | | |

The EIA

Background/context:

Reablement services are provided under a statutory duty in Section 2 of the Care Act 2014 which stipulates that Local Authorities must provide or arrange services, resources or facilities that maximise independence for those already with such needs, for example, interventions such as rehabilitation/reablement services.

Reablement in Havering has been provided by Family Mosaic since 2012 when the service was transferred from direct Council provision. The contract is let by the London Borough of Havering (LBH) and funded jointly by LBH and Havering CCG via the Better Care Fund (BCF) section 75 agreement.

At present, the reablement service is contracted until November 2017 but for a variety of reasons the service is not operating effectively and both parties are keen to mutually terminate the contract early.

The reablement service provides personal care, help with daily living activities and other practical tasks, for up to six weeks, which encourages service users to develop the confidence and skills to carry out these activities themselves and continue to live at home.

Referrals for reablement are predominantly received from the Joint Assessment and Discharge (JAD) team as part of the hospital discharge planning process. The JAD social worker establishes the reablement potential and will undertake an assessment detailing the outcomes and required levels of support.

As part of the 'Intermediate Care' BCF scheme, work has begun to integrate some elements of the services but there are limitations on what can be achieved within current contracting arrangements.

It has become evident that there is a significant overlap between the reablement service and the Intensive Rehabilitation Service (IRS) provided by North East London Foundation NHS Trust (NELFT). Analysis of a sample of 500 Havering reablement service users has shown that 37% also had an intervention from IRS during the same period. The two services do not currently work in partnership but have separate assessment, care planning and review processes resulting in duplication and fragmentation in service delivery.

NELFT are commissioned by Havering CCG to provide community based rehabilitation services; this is part of a much larger contract for all community services across Barking & Dagenham, Havering and Redbridge.

The Care Act 2014 (Part 1, Section 3) requires that Local Authorities exercise their functions with a view to ensuring the integration of care and support provision with health provision and health-related provision where it considers that this would:

- (a) promote the well-being of adults in its area with needs for care and support and the well-being of carers in its area,

- (b) contribute to the prevention or delay of the development by adults in its area of needs for care and support or the development by carers in its area of needs for support, or
- (c) improve the quality of care and support for adults, and of support for carers, provided in its area (including the outcomes that are achieved from such provision).

LBH have been working in partnership with havering CCG and NELFT to develop an alternative service model whereby Reablement and Rehabilitation are integrated and delivered as a single service by NELFT as a single provider. Workshops involving LBH, FM, NELFT and staff from Queens Hospital have been held to define the design and delivery of a new integrated rehab and reablement service.

Principles of the re-design

- Service user/patients benefit from a more streamlined service with rehab and reablement goals aligned. Care will be coordinated and delivered focused on achieving outcomes.
- Access to the service would be via hospital discharge AND from the integrated locality teams as a preventative model
- Single assessment for rehab and reablement that would result in a single goal orientated rehabilitation care plan
- Service delivered by a range of staff with a varied skill set – rehab assistants, therapists, reablement staff, health care assistants. There will be opportunity for continuous multi-disciplinary team (MDT) discussion and review and links with community social workers will be strengthened.
- Review at the end of the reablement period would be carried out jointly with therapy staff and social workers
- Stronger links with the community locality teams, care will be transitioned from the ‘intermediate care’ tier to the community.
- Support a move towards a more preventative model in the community ensuring people have the opportunity to receive effective rehab and reablement in their own home prior to decisions being made about long term care
- Support discharge to assess model but allowing immediate access to rehab and reablement once people have been identified as medically fit for discharge.
- Improvement of service is the major driver for this re-design. Service efficiencies will be sought wherever possible in the design process to ensure the service is capable of meeting increasing demand.

**Expand box as required*

| Age: Consider the full range of age groups | |
|--|---|
| <i>Please tick (✓) the relevant box:</i> | |
| Positive | ✓ |
| Neutral | |
| Negative | |
| Overall impact: | |
| The new joint service will continue to deliver reablement services to the same range of adults who currently receive them. | |
| The introduction of the joint service will reduce duplication of assessments and the number of different professionals involved in the care of those people who receive both services currently. | |

The criteria for entry to the service are unchanged.

**Expand box as required*

Evidence:

Reablement services are used by vulnerable adults over the age 18 years, evidence on AIS shows the majority of service users using reablement are over the age of 65 years. The current average age of a reablement service user is 82 years.

See below breakdown of reablement service users age ranges:

| | Female | Male | Total | % |
|--------------|---------------|-------------|--------------|-------------|
| 18-64 | 36 | 52 | 88 | 7.7% |
| 65-74 | 73 | 40 | 113 | 9.9% |
| 75-84 | 251 | 142 | 393 | 34.4% |
| 85+ | 373 | 175 | 548 | 48.0% |
| Total | 733 | 409 | 1,142 | 100% |

Population Projections

- 65-74 age group projected to increase by 13% in 2025 and 24% in 2030
- 85+ age group projected to increase by 25% in 2025 and 40% in 2030

Havering demographics impacting Adult Social Care services

- 5.9% predicted increase from 2015 to 2020 in 18-64 age group with moderate or serious personal care disability (POPPI / PANSI)
- 4.6% predicted increase from 2015 to 2020 in 18 and over age group with a learning disability. (POPPI / PANSI)
- 8.9% predicted increase from 2015 to 2020 in 65 and over age group unable to manage at least one self care activity on their own. (POPPI / PANSI)

**Expand box as required*

Sources used:

AIS Homecare Services data

Projecting Older People Population Information (2015)

Havering JSNA – Demographic update

**Expand box as required*

| Disability: Consider the full range of disabilities; including physical mental, sensory and progressive conditions | | |
|---|-------------------------------------|--|
| <i>Please tick (✓) the relevant box:</i> | | Overall impact: Reablement services provide support to vulnerable adults with disabilities; this cohort includes people with physical, sensory, mental health and learning disabilities. The new service will continue to provide reablement to these cohorts. The introduction of the joint service is likely to have a positive impact on service users accessing reablement services through the reduction in the number of different assessments and care plans, enabling the professionals to work more closely with each other to work towards common goals and with greater support for the recovery of the individual. The reablement support workers will be integrated into a much wider, multi skilled team and will be supported by rehab therapists, occupational therapists and physiotherapists resulting in a more holistic experience for the service user. There will also be stronger connection to services such as the Community Treatment Team operated by NELFT that avoid hospital attendance and/or readmission. |
| Positive | <input checked="" type="checkbox"/> | |
| Neutral | <input type="checkbox"/> | |
| Negative | <input type="checkbox"/> | |

**Expand box as required*

Evidence:

As at 30 June 2016 there were 1142 service users using the reablement service. Almost 50% of these people do not have disability status recorded on AIS and the remaining 50% do not have a disability.

The table below shows the breakdown of the 'primary support reason' which gives an indication of area of disability

| Main category summary | |
|-----------------------------------|--------------|
| Physical - personal care | 842 |
| Physical - access & mobility | 245 |
| Memory & Cognition | 26 |
| Sensory - visual | 11 |
| Social support - social isolation | 6 |
| Mental Health | 4 |
| Social support - carer | 3 |
| Sensory - hearing | 2 |
| Learning Disability | 2 |
| Sensory - dual | 1 |
| Grand Total | 1,142 |

| |
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| |
| <p>Sources used:</p> <p>AIS Homecare Services data as at 30th June 2016</p> <p style="text-align: right;"><i>*Expand box as required</i></p> |

| Sex/gender: Consider both men and women | |
|--|--|
| <i>Please tick (✓) the relevant box:</i> | Overall impact: |
| Positive | <p>Reablement services are non-gender specific and both males and females benefit equally. The new joint service will continue to provide services to male and female clients with no change to the criteria for their entry to the service.</p> <p>The introduction of the new reablement service is likely to have a positive impact on males and females service users accessing these services as there will be stronger connection to services such as the Community Treatment Team operated by NELFT that avoid hospital attendance and/or readmission.</p> <p style="text-align: right;"><i>*Expand box as required</i></p> |
| Neutral | |
| Negative | |

| <p>Evidence:</p> <p>As at 30 June 2016 there were 1142 service users using homecare service. The table below shows the breakdown of sex/gender groups of Homecare service users on AIS;</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Female</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Total</th> <th style="text-align: center;">%</th> </tr> </thead> <tbody> <tr> <td>18-64</td> <td style="text-align: center;">36</td> <td style="text-align: center;">52</td> <td style="text-align: center;">88</td> <td style="text-align: center;">7.7%</td> </tr> <tr> <td>65-74</td> <td style="text-align: center;">73</td> <td style="text-align: center;">40</td> <td style="text-align: center;">113</td> <td style="text-align: center;">9.9%</td> </tr> <tr> <td>75-84</td> <td style="text-align: center;">251</td> <td style="text-align: center;">142</td> <td style="text-align: center;">393</td> <td style="text-align: center;">34.4%</td> </tr> <tr> <td>85+</td> <td style="text-align: center;">373</td> <td style="text-align: center;">175</td> <td style="text-align: center;">548</td> <td style="text-align: center;">48.0%</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">733</td> <td style="text-align: center;">409</td> <td style="text-align: center;">1,142</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table> <p style="text-align: right;"><i>*Expand box as required</i></p> | | Female | Male | Total | % | 18-64 | 36 | 52 | 88 | 7.7% | 65-74 | 73 | 40 | 113 | 9.9% | 75-84 | 251 | 142 | 393 | 34.4% | 85+ | 373 | 175 | 548 | 48.0% | Total | 733 | 409 | 1,142 | 100% |
|---|------------|------------|--------------|-------------|---|-------|----|----|----|------|-------|----|----|-----|------|-------|-----|-----|-----|-------|-----|-----|-----|-----|-------|--------------|------------|------------|--------------|-------------|
| | Female | Male | Total | % | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18-64 | 36 | 52 | 88 | 7.7% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65-74 | 73 | 40 | 113 | 9.9% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75-84 | 251 | 142 | 393 | 34.4% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85+ | 373 | 175 | 548 | 48.0% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 733 | 409 | 1,142 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p>Sources used:</p> <p>AIS Homecare Services data as at 30th June 2016</p> <p style="text-align: right;"><i>*Expand box as required</i></p> |
|--|

| Ethnicity/race: Consider the impact on different ethnic groups and nationalities | | |
|---|-------------------------------------|---|
| <i>Please tick (✓) the relevant box:</i> | | Overall impact: The current reablement service is available to people of all nationalities and ethnic groups. The new integrated service will continue to do so the same with no change to the criteria. The introduction of the new reablement service is likely to have a positive impact on service users of all nationalities and ethnic groups. There will be a reduction in the number of different assessments and care plans, enabling the professionals to work more closely with each other to work towards common goals and with greater support for the recovery of the individual. The reablement support workers will be integrated into a much wider, multi skilled team and will be supported by rehab therapists, occupational therapists and physiotherapists resulting in a more holistic experience for the service user. There will also be stronger connection to services such as the Community Treatment Team operated by NELFT that avoid hospital attendance and/or readmission. |
| Positive | <input checked="" type="checkbox"/> | |
| Neutral | <input type="checkbox"/> | |
| Negative | <input type="checkbox"/> | |

**Expand box as required*

Evidence:

As at 30th June 2016 there were 1142 service users using the reablement service. The table below shows the breakdown of service user ethnic groups on AIS;

| Ethnicity | |
|---|-------|
| White - British | 1,046 |
| White - English | 28 |
| White - Irish | 19 |
| White - Any Other White Background | 12 |
| Asian / Asian British - Indian | 7 |
| Asian / Asian British - Any Other Asian Background | 7 |
| Black / Black British - Caribbean | 6 |
| Black / Black British - Any Other Black Background | 4 |
| Mixed - Any Other Mixed/ Multiple Ethnic Background | 3 |
| Black / Black British - African | 2 |
| Other - Any Other Ethnic Group | 2 |
| Mixed - White And Black Caribbean | 1 |
| Asian / Asian British - Pakistani | 1 |
| No Data - Refused | 1 |
| White - Scottish | 1 |

| | |
|-------------------------------------|-------------|
| No Data - Not Stated | 1 |
| Asian / Asian British - Bangladeshi | 1 |
| Grand Total | 1142 |

**Expand box as required*

Sources used:

AIS Homecare Services data as at 30th June 2016

**Expand box as required*

| Religion/faith: Consider people from different religions or beliefs including those with no religion or belief | |
|---|-------------------------------------|
| <i>Please tick (✓) the relevant box:</i> | |
| Positive | <input checked="" type="checkbox"/> |
| Neutral | <input type="checkbox"/> |
| Negative | <input type="checkbox"/> |

Overall impact:

The current reablement service is available to people of all faiths, religions and beliefs. The new integrated service will be the same with no change to the criteria for entry into the service.

The introduction of the new reablement service is likely to have a positive impact on service users of all faiths, religions and beliefs. There will be a reduction in the number of different assessments and care plans, enabling the professionals to work more closely with each other to work towards common goals and with greater support for the recovery of the individual.

The reablement support workers will be integrated into a much wider, multi skilled team and will be supported by rehab therapists, occupational therapists and physiotherapists resulting in a more holistic experience for the service user.

There will also be stronger connection to services such as the Community Treatment Team operated by NELFT that avoid hospital attendance and/or readmission.

**Expand box as required*

Evidence:

As at 30th June 2016 there were 1142 service users using the reablement service. The table below shows the breakdown of service user religion on AIS;

| Religion | |
|-------------------|-----|
| Church Of England | 503 |
| Not Recorded | 243 |
| Not Stated | 215 |
| Catholic | 73 |

| | |
|--------------------|-------------|
| Christian | 42 |
| No Religion | 28 |
| Other Religion | 12 |
| Jewish | 10 |
| Hindu | 7 |
| Church Of Scotland | 5 |
| Sikh | 2 |
| Jehovah's Witness | 2 |
| Grand Total | 1142 |

**Expand box as required*

Sources used:

AIS Homecare Services data as at 30th June 2016

**Expand box as required*

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

Please tick (✓) the relevant box:

Positive

Neutral

Negative

Overall impact:

The current reablement service is available to all regardless of sexual orientation. The new service will continue to offer reablement support in the same way.

The introduction of the new reablement service is likely to have a positive impact on service users of all faiths, religions and beliefs. There will be a reduction in the number of different assessments and care plans, enabling the professionals to work more closely with each other to work towards common goals and with greater support for the recovery of the individual.

The reablement support workers will be integrated into a much wider, multi skilled team and will be supported by rehab therapists, occupational therapists and physiotherapists resulting in a more holistic experience for the service user.

There will also be stronger connection to services such as the Community Treatment Team operated by NELFT that avoid hospital attendance and/or readmission.

*Expand box as required

Evidence:

As at 30th June 2016 there were 1142 service users using the reablement service. The table below shows the breakdown of sexual orientation of reablement service users.

This information has not been recorded for a significant number of people, this could be due to them not wishing to disclose the information.

| Sexual Orientation | |
|---------------------------|--------------|
| Not Recorded | 1,027 |
| Prefer Not To Say | 84 |
| Heterosexual | 31 |
| Grand Total | 1,142 |

*Expand box as required

Sources used:

AIS Homecare Services data as at 30th June 2016

*Expand box as required

Gender reassignment: Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth

Please tick (✓) the relevant box:

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

Overall impact:

The new integrated reablement service will be available to all regardless of whether they are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth.

The introduction of the new reablement service is likely to have a positive impact on service users of all faiths, religions and beliefs. There will be a reduction in the number of different assessments and care plans, enabling the professionals to work more closely with each other to work towards common goals and with greater support for the recovery of the individual.

The reablement support workers will be integrated into a much wider, multi skilled team and will be supported by rehab therapists,

| | |
|--|--|
| | <p>occupational therapists and physiotherapists resulting in a more holistic experience for the service user.</p> <p>There will also be stronger connection to services such as the Community Treatment Team operated by NELFT that avoid hospital attendance and/or readmission.</p> <p style="text-align: right;"><i>*Expand box as required</i></p> |
| <p>Evidence:</p> <p>No data held</p> <p style="text-align: right;"><i>*Expand box as required</i></p> | |
| <p>Sources used:</p> <p style="text-align: right;"><i>*Expand box as required</i></p> | |

| Marriage/civil partnership: Consider people in a marriage or civil partnership | |
|---|---|
| <i>Please tick (✓) the relevant box:</i> | Overall impact: |
| Positive | <input checked="" type="checkbox"/> <p>The new service will continue to operate in the same way offering care to all who are eligible regardless of their partnership status.</p> |
| Neutral | <input type="checkbox"/> <p>The introduction of the new homecare framework is likely to have a positive impact on service users.</p> |
| Negative | <input type="checkbox"/> <p>The introduction of the new reablement service is likely to have a positive impact on service users of all faiths, religions and beliefs. There will be a reduction in the number of different assessments and care plans, enabling the professionals to work more closely with each other to work towards common goals and with greater support for the recovery of the individual.</p> <p>The reablement support workers will be integrated into a much wider, multi skilled team and will be supported by rehab therapists, occupational therapists and physiotherapists resulting in a more holistic experience for the service user.</p> <p>There will also be stronger connection to services such as the Community Treatment Team operated by NELFT that avoid hospital attendance and/or readmission.</p> |

**Expand box as required*

Evidence:

As at 30th June 2016 there were 1142 service users using the reablement service. The table below shows the breakdown of the marital status of reablement service users.

| Marital Status | |
|-----------------------|--------------|
| Not Recorded | 505 |
| Married | 262 |
| Widowed | 234 |
| Unknown | 70 |
| Single | 37 |
| Divorced | 17 |
| Other | 7 |
| Separated | 6 |
| Cohabiting | 4 |
| Grand Total | 1,142 |

**Expand box as required*

Sources used:

AIS Homecare Services data as at 30th June 2016

**Expand box as required*

Pregnancy, maternity and paternity: Consider those who are pregnant and those who are undertaking maternity or paternity leave

Please tick (✓) the relevant box:

Overall impact:

Positive

The new service will continue to operate in the same way offering care to all who are eligible regardless of whether they are pregnant or on maternity/paternity leave.

Neutral

Negative

The introduction of the new reablement service is likely to have a positive impact on service users of all faiths, religions and beliefs. There will be a reduction in the number of different assessments and care plans, enabling the professionals to work more closely with each other to work towards common goals and with greater support for the recovery of the individual.

| | | |
|--|--|--|
| | | <p>The reablement support workers will be integrated into a much wider, multi skilled team and will be supported by rehab therapists, occupational therapists and physiotherapists resulting in a more holistic experience for the service user.</p> <p>There will also be stronger connection to services such as the Community Treatment Team operated by NELFT that avoid hospital attendance and/or readmission.</p> |
| <i>*Expand box as required</i> | | |
| Evidence: | | |
| <p>There is insufficient data on pregnancy, maternity and paternity of homecare users at national or local level. As the majority of reablement service users are over 65 this cohort is likely to be small.</p> | | |
| <i>*Expand box as required</i> | | |
| Sources used: | | |
| <i>*Expand box as required</i> | | |

| | | |
|--|---|--|
| Socio-economic status: Consider those who are from low income or financially excluded backgrounds | | |
| <i>Please tick (✓) the relevant box:</i> | | Overall impact: |
| Positive | ✓ | <p>We do not hold data on the socio-economic status of service users. The new service will be available free of charge to all those considered to have reablement potential.</p> |
| Neutral | | |
| Negative | | <p>The introduction of the new reablement service is likely to have a positive impact on service users of all faiths, religions and beliefs. There will be a reduction in the number of different assessments and care plans, enabling the professionals to work more closely with each other to work towards common goals and with greater support for the recovery of the individual.</p> <p>The reablement support workers will be integrated into a much wider, multi skilled team and will be supported by rehab therapists, occupational therapists and physiotherapists resulting in a more holistic experience for the service user.</p> <p>There will also be stronger connection to services such as the</p> |

| | |
|--|---|
| | <p>Community Treatment Team operated by NELFT that avoid hospital attendance and/or readmission.</p> <p style="text-align: right;"><i>*Expand box as required</i></p> |
| <p>Evidence:</p> <p>Approximately 71% of Havering’s ‘working age’ (16-74) population were classified as economically active in the 2011 Census. This is similar to the national and regional picture.</p> <p>We do not hold data on the socio-economic status of homecare service users.</p> <p style="text-align: right;"><i>*Expand box as required</i></p> | |
| <p>Sources used:</p> <p>Havering JSNA – Demographic update</p> <p style="text-align: right;"><i>*Expand box as required</i></p> | |

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.