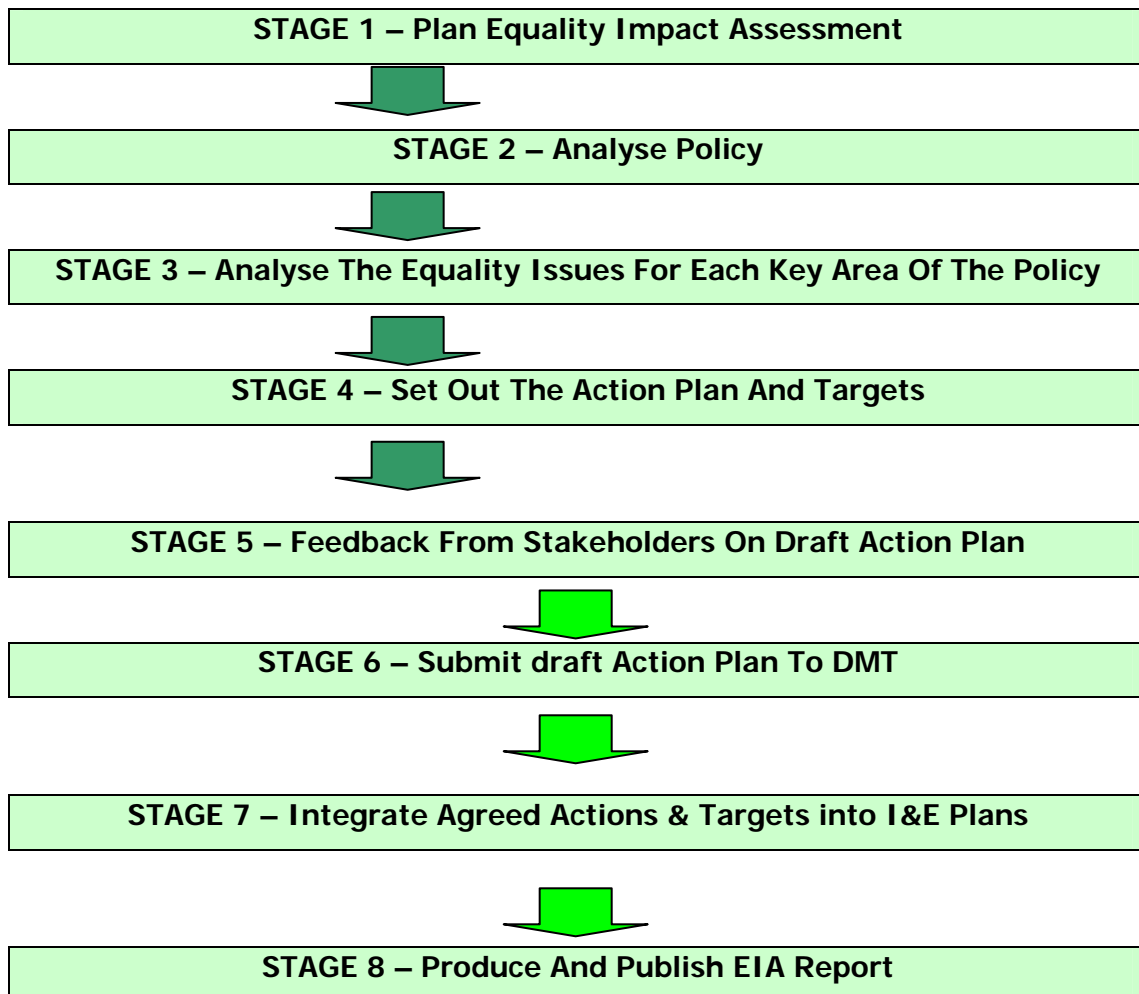


Pro forma for managing an Equality Impact Assessment



Human Resources Strategic Services
Chief Executive's Department

July 2007

STAGE 1 – PLAN EQUALITY IMPACT ASSESSMENT

1a. Title of the EIA:

Service Specification for care and support in Extra Care Housing

1b. What category of EIA is this? Please tick one of the following:

Part of planned work	<input type="checkbox"/>
Developing new policies	<input checked="" type="checkbox"/>
Changing/ updating existing policies	<input type="checkbox"/>

1c. Timetable for assessment:

Start Date	21.11.08
Projected end date	8.4.09 (amended version)

1d. Who will do the EIA? Please complete the following table:

Name	Job Title	Roles & Responsibilities within EIA Team
Joy Smith	Commissioning Project Officer	Joint working with Commissioning Officer to complete EIA
Jenny Stokes	Commissioning Officer	Joint working with Commissioning Project Officer to complete EIA
Debbie Johnson	Extra Care Housing Manager	Consulted with Manager prior to completing assessment
Gillian Pourou	Extra Care Housing Manager	Consulted with Manager prior to completing assessment

1e. Identify any other resources that are needed to support EIA:

NONE

STAGE 2 – ANALYSE THE POLICY

2a. Briefly describe the aim of the policy:

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. The care and support services covered by this Specification are those provided to Older People living within an Extra Care Scheme who require care and support to take part in the essential activities of daily living and access the social and leisure opportunities available to the general population. Some services will provide opportunities for social contact and will minimise the risk of social isolation. Services will be provided to maximise choice and control in living as full a life, as independently as possible, for as long as possible, whilst living in their own home.

2b. Set out the policy objectives:

The Adult and Community Services Department's overall objective and aims relating to social care are:

- 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.
- To enable older people to remain as independent as possible

The Department's Portfolio Plan has 4 key outcomes which relate to "supporting Independence" for older people. These are,

- Secure better health and quality of life outcomes for vulnerable people through closer partnership working
- Enable vulnerable people to participate actively in their local communities and provide access to employment opportunities (paid and voluntary)
- 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
- Securing a range of high quality, responsive, modernised services that respect and protect people from risk of abuse and danger.

2c. Break down the policy into its key areas:

The following is a summary and purpose of the Care and Support Specification

The Council's strategy for long-term care for Older People is to support independence by moving away from a reliance on residential care towards a new mix of services, marked by a greater emphasis on services to support independence. New Extra Care Housing Schemes are part of the vision for the future in Bromley. The Service Specification sets out a pro-active and preventative model of care centred on improved well-being, with greater choice and control for individuals. The emphasis is on enablement and early intervention to promote independence.

The Service specification is outcome focused, based on the outcome or result of a service for the user rather than the tasks undertaken. The outcomes can be measured by the degree of independence achieved as well as value for money.

WHAT DO WE WANT TO SEE FROM THE SERVICE SPECIFICATION

That the Service will provide reliable, care and support that helps service users increase control over their daily lives, achieve and maintain possible independence and prevent social isolation. Outcomes will include:

- Improved health and emotional wellbeing
- Improved quality of life
- Increased choice and control
- Freedom from discrimination and harassment
- Economic wellbeing
- Personal dignity and respect
- Making a positive contribution

2d. List the intended recipients of the policy:

The service will generally be for older people who have,

- **Mental health needs (includes those with dementia)**
- **Physical impairments**
- **Severe visual impairments**
- **Sensory impairments**
- **Learning disability**
- **Chronically sick**
- **Terminally ill**
- **Those who misuse alcohol and drugs**
- **Living with HIV**

2e. Identify partner organizations and any other departments involved in delivering the policy:

Providers

CSCI

PCT

Oxlees NHS trust

Voluntary Sector

2f Identify and list any stakeholders concerned with the delivery of the policy:

Service users, Carers, Older People's organisations, Staff from ACS, PCT, Oxleas, Housing Providers, Voluntary Organisations

STAGE 3 – ANALYSE THE EQUALITY ISSUES OF THE KEY AREAS OF THE POLICY

Category:	Age	Disability	Gender	Race	Religion/ Belief	Sexual Orientation
Considered in EIA?	X	X	X	X	X	X

KEY AREAS:	ALL ASSOCIATED DOCUMENTS: For example: statements, forms, supporting policies ect	EQUALITIES GAP ANALYSIS :
	<p>Associated Documents that reflect and supports the Care and Support Specification are,</p> <ul style="list-style-type: none"> i) Building a Better Bromley priorities – supporting independence. ii) Local Area Agreements (LAA) - Health Communities and Older People. iii) Department's Portfolio Plan 2008-09. iv) Fair Access to Care Services – eligibility criteria. v) Report on Consultation on service specification. <p>Each EIA category has been applied individually to the whole service specification to define the impact.</p>	
AGE	<p>Extra Care Housing has predominantly been made widely available for Older People although models of care for younger people are now materialising. Diverse communities can present greater management challenges. Research has found that not all social interactions in age-segregated communities are positive. From consultation with older people and from various studies, older people have indicated that they are already living in an age-segregated community as age can span from 65 to 100 years. Although dementia undoubtedly increases with age, it is certainly not a natural consequence of the aging process.</p> <p>The Specification took into account all issues raised during the consultation and involvement period and which have been reflected in the final care and support specification</p>	<p>Positive Impact: The Specification will generally be for older people, however, a specific age criteria has not been stated to ensure that people with specific related disabilities are not discriminated against i.e. Younger people with dementia or someone with a Learning disability nearing old age</p> <p>Dementia Strategy will form part of a broad focus on older people's mental health services.</p> <p>EIA action Map and analyse provision for younger Adults</p>
DISABILITY	<p>1. All relevant legislation has been taken into account with regard to Build, Design and Layout of the new scheme, as well as selected equipment. It meets all access and service requirements (internally and externally) for all individuals with varying disabilities.</p>	<p>Positive Impact: Design brief covers all disability requirements with regard to build, layout, access and selected equipment. In addition an audit</p>

KEY AREAS:	ALL ASSOCIATED DOCUMENTS: For example: statements, forms, supporting policies etc	EQUALITIES GAP ANALYSIS :
	<p>2. Individuals will be assessed for ECH through the FACS criteria and in addition will also need to fulfil the New Access criteria for this type of housing, care and support.</p> <p>3. Views and discussion on the specification were sought from older people including those from BME communities, Staff and Stakeholders. Input was invaluable and confirmed that we were projecting the right outcomes in respect of service provision to promote independence and well-being.</p> <p>The Specification took into account all issues raised during the consultation and involvement period and which have been reflected in the final care and support specification</p>	<p>tool named “design for people with dementia” has been purchased which will be used to audit and monitor the new scheme.</p> <p>EIA action: Training will be an essential factor both in the assessment and provider roles to the successful delivery of creating an enabling culture that promotes independence. Failure to do this will create replacement for residential care which could have an impact on dependency and higher costs.</p> <p>EIA action: New access criteria will have an impact on nominations to ECH in the future. Need to ensure all alternatives are explored for those not meeting the criteria.</p>
GENDER	<p>In our existing ECH schemes, current occupancy shows 31% males and 69% females. The percentage of males in ECH is greater than the Bromley% of men living alone. However, research is now indicating that men are living much longer and future projections are demonstrating that more men will access this type of provision in the future. Although new specification seeks to cater for males and females, this type of provision and service will need to be monitored with regard to male population future needs.</p> <p>The Specification took into account all issues raised during the consultation and involvement period and which have been reflected in the final care and support specification</p>	<p>Positive Impact: Meeting our target for males accessing this type of provision to date.</p> <p>EIA action: Mapping future provision for male population.</p> <p>EIA action: Analysis of male/female caregivers, taking account of their ability to cope in relation to depression, burden, stress etc.</p>
RACE/ ETHNICITY	<p>1. Information on BME older people has been taken from the GLA projections and as at 2008 the projection for older people over 65 years was 4%. Within our 6 ECH schemes the current proportion of BME service users is 4%.</p> <p>2. The consultation process involved older people currently in ECH and those not residing in this type of environment. It also included older people for BME communities to ensure that we captured their needs sufficiently in the specification to ensure equality and access. The main areas from the consultation were,</p> <ul style="list-style-type: none"> • Communication • Cultural and faith needs • Maintaining dignity • Dietary requirements • Assessment 	<p>Positive Impact FACS criteria is designed to ensure fair access based on an assessment of need.</p> <p>Monitoring of ethnicity will be gathered from Carefirst, Nominations and Allocations Panel, and joint working with Provider to inform future provision.</p> <p>EIA action: Increase in BME older population and need to ensure that the profile of occupiers matches the profile of the Borough as a minimum requirement.</p>

KEY AREAS:	ALL ASSOCIATED DOCUMENTS: For example: statements, forms, supporting policies ect	EQUALITIES GAP ANALYSIS :
	<p>Research and projections in the BME older population are showing that there will be an increase over the next 5 years. Appropriate systems will need to be in place to inform the planning of future need.</p> <p>The Specification took into account all issues raised during the consultation and involvement period and which have been reflected in the final care and support specification</p>	<p>EIA action: Pro-active approach to marketing ECH to BME communities to ensure access to make informed choices.</p> <p>EIA action: Council and Departmental Policies need to continue monitoring and mapping service provision for this user group.</p>
RELIGION/ BELIEF	<p>Religion is closely associated with the cultural and ethnic differences and care provided for older people with either a physical or mental health disability, should respect religious and other beliefs. Feedback from the consultation told us that religion was important for a number of people.</p> <p>The Specification took into account all issues raised during the consultation and involvement period and which have been reflected in the final care and support specification</p>	<p>Positive Impact: The specification has stated that staff will be properly informed about the implications of cultural and religious beliefs or faiths and that they support service users to participate in religious, cultural and spiritual activities as well as keep in touch with their faith communities if they so wish.</p> <p>No EIA action</p>
SEXUAL ORIENTATION	<p>No robust data is available and indeed this is a generally under-researched topic where more information is required. However, initially the service specification is considered to be neutral. It takes into account the needs and wishes of individuals with regard to their sexual orientation and that privacy and dignity must be maintained at all times.</p> <p>The Specification took into account all issues raised during the consultation and involvement period and which have been reflected in the final care and support specification</p>	<p>Positive Impact: The specification states that service users will be treated with dignity and respect at all times and their individuality will be respected in all aspects of the service.</p> <p>EIA action: At present it is impossible to make an evidence based assessment. Further data will need to be collected to assess impact.</p>

Category:	Age	Disability	Gender	Race	Religion/ Belief	Sexual Orientation
Considered in EIA?						

KEY AREAS:	QUANTITATIVE DATA: For example: monitoring information, census data, performance indicators, Borough benchmark data, customer surveys	EQUALITIES GAP ANALYSIS :
<p>Summary of care and support Spec.</p> <p>Key Area/Outcomes 1 to 36 (appendix 1 attached)</p>	<p>A consultation exercise ran for 3 months. 182 individuals involved and consulted on the draft specification and outcomes. Copies of specification were also left in extra care housing schemes for carers and other residents to see, day centres, BME communities, Housing Provider forum for further comments.</p> <p>Summary of who was involved</p> <ul style="list-style-type: none"> • 108 tenants/service users (age range 56 to 100 yrs) • 3 interviews with service users • 18 Committee members from BME communities • 51 attended Workshop • 1 interview with chair of Counsel on Ageing • 1 written response from RSL Housing Provider. <p>Currently in Bromley the% of older people living alone equates to 75% females and 25% males. In our extra care housing schemes the % of males is 31% which is greater than the Bromley % of men living alone, therefore exceeding our target.</p> <p>An ageing population means numbers of people with dementia are set to rise to over 750,000 in England by 2020. Local indicators are projecting an increase in people with dementia over 65 years will increase by 16% by 2020</p> <p>Information on BME older people has been taken from the GLA projections and as at 2008 the projection for older people over 65 years of age is 4%. Within our 6 extra care housing schemes the current proportion of BME service users is 4%. And therefore meeting our target.</p> <p>Currently older people over 65 years of age from BME communities is 3.73% of the general older population and will increase to 5.66% by 2016.</p>	<p>EIA action Mapping future provision</p> <p>EIA action Care management staff will need to ensure that people with mild to moderate dementia who do not fulfil the access criteria are offered suitable alternatives</p> <p>EIA action Increase in the BME older population Over the next 5 years and need to ensure appropriate planned service provision to meet demand.</p>

Category:	Age	Disability	Gender	Race	Religion/ Belief	Sexual Orientation
Considered in EIA?	X	X	X	X	X	X

KEY AREAS:	QUALITATIVE DATA: For example: customer opinion surveys, staff forums, focus groups, "Getting it Right" feedback	EQUALITIES GAP ANALYSIS :
<p>Summary of care and support Spec.</p> <p>Key Area/Outcomes 1 to 36 (appendix 1 attached)</p>	<p>Response to Consultation:</p> <p>Overall the new service specification for care and support for extra care housing was positively received. The themes arising from the consultation have been compared against the "draft" service specification which was amended to reflect the views and points raised. The focus groups and the workshop prompted more generalised questions and changes have been made within the specification to reflect the feedback from the consultation. The following are some examples of quotes from the consultation.</p> <p>Information: "need good information about options to be able to make good choices"</p> <p>Autonomy/Independence/choice: "should be fully supported to exercise control and choice over their lives in all aspects of the service".</p> <p>Privacy/dignity: "some older people asked us to think about having same gender staff to provide intimate physical care"</p> <p>Healthcare: "access was important for older people"</p> <p>Evaluation of Workshop:</p> <ul style="list-style-type: none"> • 16% rated workshop very good • 75% " " good • 9% " " satisfactory <p>Comments:</p> <ul style="list-style-type: none"> • Excellent opportunity to raise concerns and give positive feedback • Being involved – feeling of ownership • Professionals from various organisations, sharing their knowledge and expertise. • A different approach to extra care housing and an opportunity to improve <p>Least useful areas of learning:</p> <ul style="list-style-type: none"> • Didn't feel anything wasn't useful although it was a big subject to get your head around in a morning <p>What will you do differently as a result of this workshop:</p>	

KEY AREAS:	QUALITATIVE DATA: For example: customer opinion surveys, staff forums, focus groups, "Getting it Right" feedback	EQUALITIES GAP ANALYSIS :
	<ul style="list-style-type: none"> • Be more detailed with our care plans • Liaise more with Managers in ECH regarding the assessment and see how assistive technology could be used to support independence. 	

STAGE 4 – SET OUT THE ACTION PLAN AND TARGETS

the equality action plan must be integrated into the performance centre improvement & efficiency plans/ service plans.

KEY AREA	EQUALITY CATEGORY	PROPOSED ACTION/TARGETS	KEY MILE STONES/TIMESCALE	WHO IS RESPONSIBLE?	RESOURCES & TRAINING REQUIRED?
Service Provision	AGE	Mapping and analyse of future provision for younger adults with a disability	2009/10	Commissioning/Partnership	Current Staff time
Enabling Culture	DISABILITY	All staff to be familiar with spec. and enabling approach.	By Dec 09	Head of Asses/Care Management.	Current Staff time Training
Eligibility and Access Criteria		Ensure Provider has staff who are competent, skilled and trained on a person-led approach	By Dec 09	New Provider	Resources within spec.
		Access criteria is fully understood and appropriate alternatives explored if needed	By Dec 09	Head of Asses/Care Management	
Research Service Provision	GENDER	Further mapping and analysis of male population to determine future service requirements	2009/10	Commissioning/Partnership	Current Staff time
		Analysis of male/females caregivers, taking account of their ability to cope in relation to depression, burden, stress	2009/10	" "	Current Staff time

KEY AREA	EQUALITY CATEGORY	PROPOSED ACTION/TARGETS	KEY MILE STONES/TIMESCALE	WHO IS RESPONSIBLE?	RESOURCES & TRAINING REQUIRED?
Building Capacity	RACE/ETHNICITY	Proactive approach in the marketing of ECH for BME older people, as well as engaging and involving them to inform future planning.	2009/10	Commissioning/Partnership and Providers	Current staff time
		Continued monitoring and mapping service provision	2009/10	Commissioning/Partnership and Strategy and Performance	Current staff time
		Ensure care managers are proactive at assessment stage and identify unmet need	2009		Current Staff time
Policy and Process	SEXUAL ORIENTATION	Gather and research further information from DOH to assist future planning. Establish a local system for gathering information	2009/10	Strategy and Performance	Current Staff Time

STAGE 5 – Feedback From Stakeholders On Draft Action Plan

Stakeholder	Date consulted	Feedback	Impact on Action Plan
See page 8 above for details of the consultation		Detailed responses made	See page 9 above

STAGE 6 – Submit Draft Action Plan To DMT

Date submitted:	9.05.09 final submission
Feedback:	Detailed feedback given on previous submissions
Changes made: (If required)	Changes made and incorporated into the text

STAGE 7 – Integrate Agreed Actions & Targets Into I&E Plans

Date complete:	June 2009
-----------------------	-----------

STAGE 8 – Produce And Publish EIA Report

Date published:	28 th August 2009
------------------------	------------------------------