

Appendix 1

Equality Impact Analysis (EIA) Resident/Service User

Please refer to the guidance and initial Equality Impact Analysis before completing this form.

1. Details of function, policy, procedure or service:	
Title of what is being assessed: Procurement of care and support at Moreton Close Extra Care Housing Scheme	
Is it a new or revised function, policy, procedure or service? New service	
Department and Section: Commissioning Group	
Date assessment completed: October 2016	
2. Names and roles of people completing this assessment:	
Lead officer	Karina Vidler, Commissioning Lead Older People
Stakeholder groups	Adults & Communities Delivery Unit The Barnet Group
Representative from internal stakeholders	Teresa Gravett-Smith, title, Adults & Communities Delivery Unit
Representative from external stakeholders	Julie Riley, Director of Care & Support, The Barnet Group
Delivery Unit Equalities Network rep	
Performance Management rep	
HR rep (for employment related issues)	
3. Full description of function, policy, procedure or service:	
What is proposed	
It is proposed that the council enters into an agreement with The Barnet Group for the provision of a care and support service at Moreton Close Extra Care Housing (ECH) Scheme. Moreton Close ECH Scheme is a new build 53-unit scheme in Mill Hill, NW7 due to open in November 2017. The scheme will have a dementia focus; residents will have a housing need together with	

a care need arising from dementia, disability or other factors.

The agreement is being established under the Teckal exemption, in line with the council's Contract Procedure Rules. Subject to approval by the Adults and Safeguarding Committee, it is proposed to enter an agreement for five years from 1 November 2017 – October 2020, with the option of a two year extension.

The council will fund care and support subject to eligibility for adult social care and financial assessment.

Extra Care Housing

Extra Care Housing is designed primarily for frailer older people and some younger people with disabilities who are able to live safely on their own. The aim is to maximise independence and choice for residents and it is a popular alternative to residential care. Residents at Moreton Close will have their own self-contained flat and security of tenure, renting via assured shorthold tenancy.

The scheme will provide care and support for people with varying levels of need and this will be available on site at all times. The care and support service will be registered as a domiciliary care provider with the Care Quality Commission (CQC).

The scheme will provide a range of community facilities including a communal lounge, dining area, kitchen facilities, laundry, hairdressing, assisted bathroom and guest rooms and meals from a café style facility. For couples where just one person has care needs, they will be able to continue living together at Moreton Close in a safe and caring environment.

Why the service is needed

The provision of flexible, person centred care and support is an intrinsic element of any ECH scheme. It is vital that this service is put in place for Moreton Close ECH Scheme to function.

The development of Moreton Close supports the council's Corporate Plan 2015 – 2020 and the Joint Health and Wellbeing Strategy 2015 - 2020. It also supports implementation of the Dementia Manifesto for Barnet. The scheme will meet a number of strategic objectives in:

- addressing the current shortfall in Extra Care dwellings within the housing stock
- addressing the demographic trend within the borough of an ageing population that will require Extra Care Housing
- addressing the Adults and Safeguarding commissioning priority of diversifying Barnet's accommodation offer to help more people live independently
- increasing the opportunities for individual with disabilities to live as independently as possible and have choices about how they want to live their lives
- providing more housing choice for older people with care and support needs, particularly those with dementia
- increasing the number of affordable homes for households in housing need thus reducing the need for such households to remain in unsuitable housing.
- contributing to savings by making available an alternative to residential care. The scheme will deliver £380,000 of savings to Adults and Communities service budget in 2017/18 compared to use of more costly residential care. The savings will be ongoing as the

properties will continue to meet these needs.

- enabling residents to remain in their own home as long as possible as care can be adjusted to respond to changing needs, reducing the need for costly residential care.
- achieving the positive benefits reported by Barnet residents living in existing schemes which include feeling secure, having access to help when needed and inclusion rather than isolation.

It is estimated that there are currently over 4,000 people with dementia in Barnet and by 2021 this figure is expected to increase by 24%. Dementia presents a significant health and social care challenge to the borough. Moreton Close ECH scheme will contribute to ensuring that appropriate housing and support is available for people with dementia in Barnet.

Aims and objectives

The aim is to procure a care and support service which will:

- support people who have been assessed as being eligible for a required amount of supervision and assistance with their personal care, practical and domestic tasks, in order to maximise their independence and ability to maintain their tenancy.
- support people to continue to live in their own homes in safety and comfort.
- ensure support is provided in ways that are enabling and maintain, maximise and promote mental and physical health, well-being and an active life - thus maximising independence and minimising dependency.
- provide services to people in accordance with individual support plans and to consult with people wherever possible regarding support they receive.
- minimise the risk of social isolation.
- encourage, maintain and develop people's existing skills.
- provide flexibility, recognising that people's physical ability and emotional capacity to cope may vary from day to day.
- meet people's cultural, ethnic and faith needs appropriately.

The specification for care and support will require an inclusive approach to individuals' needs and preferences allowing different demographic groups to live together. It will also consider carers' needs and personalised approaches to deliver a matrix of support for residents.

Housing management at Moreton Close ECH Scheme will be provided by Barnet Homes, which is part of The Barnet Group. The care and support provider function will have a close working relationship with the housing management function. Roles and responsibilities of each party will be documented in a protocol.

Who will benefit from the service?

All residents at Moreton Close will be able to access the care and support procured. Residents will be able to choose who delivers their support. They will be encouraged to obtain this from The Barnet Group, and supported if they choose to do otherwise.

The scheme allocations policy will be based on the following eligibility and allocations criteria:

Eligibility criteria

- Individual has housing need

- adult social care eligible client
- Age 55/ 60+ or registered disabled with assessed needs and lifestyle suited to living in community of older people

Allocations criteria

- Address currently unmet need
- Reflect scheme focus e.g.dementia
- Relocate people from residential care
- Focus on frail elderly with mental agility declining
- Achieve mixed community of residents with low, medium and high needs - ‘thirds principle’

Outcomes:

The care and support service will be designed and delivered to achieve specific **outcomes**. The following framework will be updated, working with The Barnet Group, service users and carers:.

Outcome	Measure (to be confirmed)
A good quality of life	<ul style="list-style-type: none"> • Satisfaction levels • Improvements in health and well being (e.g. exercise programmes, health checks, falls etc) • Freedom from discrimination • Maintenance of family relationships/social networks
An independent life	<ul style="list-style-type: none"> • % able to prepare meals • Unplanned hospital admissions • Number of tenants with dementia being supported • Income maximisation • Use of local universal services
A home for life	<ul style="list-style-type: none"> • % of those who die at home • % of tenants with dementia and other additional needs e.g learning disability being supported
An enjoyable life	<ul style="list-style-type: none"> • Annual report with calendar of events and numbers attending • Use of facilities by outside groups
High quality services	<ul style="list-style-type: none"> • Satisfactory performance information

How are the equality strands affected? Please detail the effects on each equality strand, and any mitigating action you have taken so far. Please include any relevant data. If you do not have relevant data please explain why.

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
1. Age	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Positive impact</p> <p>The majority of scheme residents will be older people (a significant proportion of whom will have dementia). For this age group, the scheme will have significant positive impact in that it will:</p> <ul style="list-style-type: none"> - maximise choice, offering an independent living option which is alternative to residential care - maximise independence, with residents being able to live in their own home, experience reduced social isolation and increased wellbeing. - provide a home for life, with flexibility in care and support to meet changing need. - enable couples to remain living together, whereas this can be difficult in residential care. <p>The scheme will have no impact on other age groups.</p> <p>Data</p> <p>The vast majority of people entering residential care are aged 65 plus:</p> <p><u>2014/15 – admissions to residential care in Barnet:</u></p> <p>Aged 65 plus: Over 600 people per 100,000 population</p> <p>Aged 18 – 64: under 20 people per 100,000 population</p> <p>(Source: The Right Home – Barnet’s Strategic Commissioning Plan for Adults</p>	N/A

Accommodation and Support)

Dementia incidence is much higher in older age groups, and increases markedly with age. Amongst the 65+ age group, estimated prevalence ranges from 7.8% to 8.7%, and amongst those aged 85 or over, prevalence is nearly 1 in 4.

(Source: Service Specification - Barnet Dementia Support Services 2015)

The Barnet over-65 population is forecast to grow three times faster than the overall population between 2015 and 2030, and the rate increases more in successive age bands. For instance, the 65+ population will grow by 34.5% by 2030, whereas the 85 and over population will increase by 66.6%.

(Barnet Joint Strategic Needs Assessment 2015 – 20)

Table 1

Extra Care Accommodation in Barnet Service Users by Age Band		
Age Band	Wood Court	Goodwin Court
45-54	< 5	< 5
55-64	< 5	7
65-74	12	12
75-84	13	10
85+	< 5	8
Total	31	39

Source: Barnet Council Adults and Communities Delivery Unit Analysis – 2016

2. Disability

Yes / No **Positive impact**

The scheme is designed for older people with various health conditions and frailty, and for younger people with disabilities.

The whole scheme is fully accessible to wheelchair users with:

- 100% wet-room bathrooms with shower only
 - two lifts to facilitate emergency exit
 - strengthened ceilings in bedrooms for hoists as required
 - other facilities compliant with life time homes.
- Kitchens can be adapted for wheelchair users.

For disabled people, the scheme will have

N/A

		<p>significant positive impact in that it will:</p> <ul style="list-style-type: none"> - maximise choice, offering an independent living option which is alternative to residential care - maximise independence, with residents being able to live in their own home, experience reduced social isolation and increased wellbeing. - provide a home for life, with flexibility in care and support to meet changing need. - enable couples to remain living together, whereas this can be difficult in residential care. <p>Data</p> <p>The prevalence of physical disabilities increases as the population becomes older, with the highest rates of both moderate and serious disabilities located within the 55-64 age group. It is likely that people aged 65 and over will have higher rates of moderate or serious physical disabilities. The majority of people living with dementia in the borough are age 65+.</p> <p>Due to the projected population increase in the 65 and overs, the number of people aged over 65 with moderate or severe learning difficulties is estimated to rise from 143 in 2015 to 187 in 2030; a rise of over 30%.</p> <p>Source: Barnet Joint Strategic Needs Assessment 2015 – 20</p>	
3. Gender reassignment	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	No foreseen impact on any resident based on their gender reassignment status.	N/A
4. Pregnancy and maternity	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	No foreseen impact on any resident based on their pregnancy or maternity status.	N/A
5. Race / Ethnicity	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Positive impact</p> <p>The service specification will require personalised care and support to be provided in a culturally appropriately manner to meet the needs of Barnet’s diverse communities.</p> <p>People of all ethnic groups will be admitted to the scheme, and this will be reflected in the</p>	N/A

allocations policy. Places will be allocated on the basis of need, and not on the basis of race / ethnicity.

The scheme will have positive impact on people from BME groups living with dementia. Barnet's ageing population will become increasingly diverse and thus a greater proportion of people with dementia in the borough will be from Black and Minority ethnic groups in the future.

Low levels of awareness of dementia and attitudes/stigma within BME communities can act as barriers to people accessing appropriate services. Under the scheme's allocations policy, a significant proportion of potential residents will be identified by health and social care practitioners. We will also work with local community groups to promote the scheme to ensure that extra care provision is promoted within these communities

Impact will be in terms of the factors described in 1 and 2 above.

Data

By age, in Barnet the highest proportion of the population from White ethnic backgrounds is found in the older age groups, whereas the highest proportion of people from Black, Asian and Minority Ethnic groups is found in the younger age groups. Barnet's population is projected to become increasingly diverse as the White British population is projected to decrease in proportion to the total population (from 61.3% in 2015 to 58.4% in 2021 and 56.4% in 2030)

Table 2

Barnet Population by Ethnicity 2015		
Ethnicity	No. of People	% of Population
All Ethnicities	367,264	100.0%
White	225,192	61.3%
Black, Asian and Minority	142,076	38.7%
Other Asian	34,296	9.3%
Indian	27,530	7.5%
Other	25,916	7.1%
Black African	21,174	5.8%

Black Other	11,588	3.2%
Chinese	8,804	2.4%
Pakistani	5,699	1.6%
Black Caribbean	4,615	1.3%
Bangladeshi	2,454	0.7%

Source: Barnet Joint Strategic Needs Assessment 2015 - 20

Table 3

Extra Care Accommodation in Barnet Service users by Ethnic Origin		
Ethnic Origin	Wood Court	Goodwin Court
Asian/Asian British Indian	< 5	< 5
Asian/Asian British Other	< 5	< 5
Asian/Asian British Pakistani	< 5	< 5
Black/Black British African	< 5	< 5
Black/Black British Caribbean	< 5	< 5
Black/Black British Other	< 5	< 5
White British	21	24
White Irish	< 5	< 5
White Other	< 5	9
Refused	< 5	< 5
Total	31	39

Source: Barnet Council Adults and Communities Delivery Unit Analysis – 2016

6. Religion or belief

Yes / No

Positive impact

The service specification will require personalised care and support to be delivered in a culturally sensitive way, taking into account each resident's religion or belief.

People of all faiths or none will be admitted to the scheme, and this will be reflected in the allocations policy. Places will be allocated on the basis of need, and not on the basis of religion or belief.

It is not possible to determine the proportion of

N/A

people of different religions / beliefs that will enter the scheme.

Data

Over the ten years between the 2001 and 2011 Census the religious makeup of Barnet has become increasingly diverse, with proportionate growth in most religions except Christianity and Hinduism. The largest increase was in the number of Muslims within the Borough, which increased by 4.2%, although people with no religion had the second highest rate of growth and now accounts for 16.1% of the population. After Christianity, Judaism was the second most common religion, with Barnet continuing to have the largest Jewish population in the country.

Table 4

Barnet Population by Religion 2011		
Religion	No. of People	% of population
Christian	146,866	41.2%
Buddhist	4,521	1.3%
Hindu	21,924	6.2%
Jewish	54,084	15.2%
Muslim	36,744	10.3%
Sikh	1,269	0.4%
Any other religion	3,764	1.1%
No religion	57,297	16.1%
Religion not stated	29,917	8.4%

Source: Barnet Joint Strategic Needs Assessment 2015 - 20

7. Gender / sex

Yes / No

Positive impact

The scheme will have positive impact on all potential residents regardless of gender. It will have a relatively greater positive impact on women as:

- There are more women than men in the older population in Barnet.
- As age increases, the ratio of women to men in the Barnet population increases, and dementia becomes more common

N/A

with age.

- More women than men are affected by health issues and therefore are more likely to have care needs.
- Women are more likely to develop dementia than men. This is mostly because women tend to live longer than men and as dementia becomes more common with age, more women develop the condition.

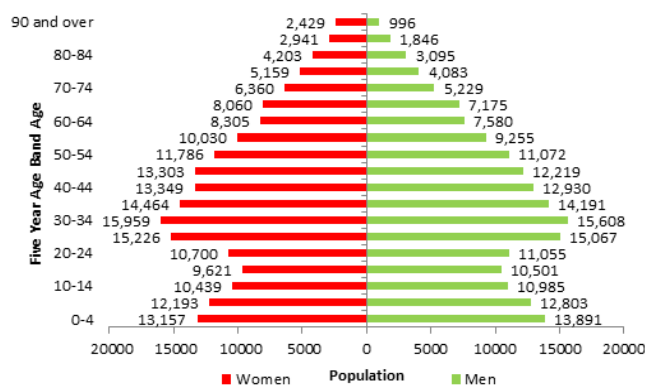
Impact will be in terms of the factors described in 1 and 2 above.

Data

By gender, women account for a larger proportion of the Barnet population than men. 51.1% (187,685) of the population are women and 48.9% (179,580) of the population are men. The proportion of men to women is roughly equal below 65, whereas above 64, women account for 56.5% of the population (29,152) compared to men who account for 43.5% (22,423). This reflects the longer lifespans of women.

Figure 1

Barnet Population by Age Band and Gender in 2015



Source: Barnet Joint Strategic Needs Assessment 2015 - 20

In the UK 61% of people with dementia are female and 39% are male.

Source: Dementia Consortium – Dementia

		<p>Facts</p> <p>Table 5</p> <table border="1"> <thead> <tr> <th colspan="4">Extra Care Accommodation in Barnet</th> </tr> <tr> <th colspan="4">Service users by Gender</th> </tr> <tr> <th>Gender</th> <th>Wood Court</th> <th>Goodwin Court</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>15</td> <td>27</td> <td>42</td> </tr> <tr> <td>Male</td> <td>16</td> <td>12</td> <td>28</td> </tr> <tr> <td>Total</td> <td>31</td> <td>39</td> <td>70</td> </tr> </tbody> </table> <p>Source: Barnet Council Adults and Communities Delivery Unit Analysis – 2016</p>	Extra Care Accommodation in Barnet				Service users by Gender				Gender	Wood Court	Goodwin Court	Total	Female	15	27	42	Male	16	12	28	Total	31	39	70	
Extra Care Accommodation in Barnet																											
Service users by Gender																											
Gender	Wood Court	Goodwin Court	Total																								
Female	15	27	42																								
Male	16	12	28																								
Total	31	39	70																								
8. Sexual orientation	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	No foreseen impact on any resident based on their sexual orientation.	N/A																								
9. Marital Status	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Positive impact</p> <p>Positive impact on married people, as couples will be able to live together whereas this is difficult in residential care.</p> <p>Positive impact on couples who are unmarried for the above reason.</p> <p>No impact on people who are unmarried and not in a couple relationship.</p>	N/A																								
10. Other key groups?	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	Yes – see below	N/A																								
Carers	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Positive impact</p> <p>The scheme will enable couples to remain living together, whereas this can be difficult in residential care. Where a carer is a partner / spouse this will have positive impact.</p> <p>The move to a safe environment where changing care needs can be met may result in a decreased caring responsibility.</p>																									
People with mental health issues																											
Some families and lone parents	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Positive impact: People with care needs arising from mental health issues will be able to access the scheme. Impact will be through the factors described in 1 and 2 above.</p>																									
People with a low income																											

<p>Unemployed people</p> <p>Young people not in employment education or training</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>Positive impact: The scheme will be available to adult social care clients. More adult social care clients have a low income than is the case for the general population.</p>	
--	---	---	--

<p>4. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of residents?</p>
<p>Moreton Close is a high quality new build Extra Care Housing Scheme owned by the council and managed by Barnet Homes. Increasing the availability of ECH homes is a priority for the council. Provision of care and support is essential to the operation of the scheme. Allocation of these homes to service users as an alternative to residential care should have a positive impact on satisfaction ratings.</p>
<p>5. How does the proposal enhance Barnet's reputation as a good place to work and live?</p>
<p>See 4 above: The development of Moreton Close ECH Scheme, intrinsic to which is the provision of quality, flexible, personalised care and support, will enhance the council's reputation.</p>
<p>6. How will members of Barnet's diverse communities feel more confident about the council and the manner in which it conducts its business?</p>
<p>Barnet's diverse communities are likely to feel more confident about the council as the new scheme will show the council's commitment to addressing housing, care and support needs by supporting the individual's independence, choice and control and providing an alternative to residential care. It will result in a reduction in support costs and residential placements.</p> <p>Barnet's diverse communities will be able to access the scheme, and this will be reflected in the allocations policy.</p>
<p>7. Please outline what measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact? <i>Include information about the groups of people affected by this proposal. Include how</i></p>

frequently the monitoring will be conducted and who will be made aware of the analysis and outcomes? This should include key decision makers. Include these measures in the Equality Improvement Plan (section 16)

The Adults and Communities Delivery Unit will monitor the service in line with existing procedures.

8. How will the new proposals enable the council to promote good relations between different communities? *Include whether proposals bring different groups of people together, does the proposal have the potential to lead to resentment between different groups of people and how might you be able to compensate for perceptions of differential treatment or whether implications are explained.*

The scheme will allow different demographic groups to live together in the community.

9. How have employees and residents with different needs been consulted on the anticipated impact of this proposal? How have any comments influenced the final proposal? *Please include information about any prior consultation on the proposal been undertaken, and any dissatisfaction with it from a particular section of the community. Please refer to Table 2*

The development of the service specification for care and support has involved the following consultation and engagement:

- Carer and service user representatives involved in research into good practice in care and support in ECH schemes:
 - in-borough visits
 - out of borough visits
 - focus group with residents at one of the borough's existing ECH schemes - co-facilitated by carer rep
 - drafting of good practice report
- Service user and carer involvement in service specification development
- Barnet Homes and council officers carried out a consultation meeting with the residents of the sheltered housing scheme at Moreton Close in September 2013. Further meetings took place to keep those residents informed and updated, and to address any concerns. All residents were met with individually to discuss individual housing needs and aspirations.
- Formal planning consultation has been undertaken on the development. Planning permission is in place.

- Overall Assessment

10. Overall impact			
Positive Impact	Negative Impact or Impact Not Known ¹	No Impact	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Scale of Impact			
Positive impact:	Negative Impact or Impact Not Known		
Minimal <input type="checkbox"/> Significant <input checked="" type="checkbox"/>	Minimal <input type="checkbox"/> Significant <input type="checkbox"/>		
12. Outcome			
No change to decision	Adjustment needed to decision	Continue with decision <i>(despite adverse impact / missed opportunity)</i>	If significant negative impact - Stop / rethink
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ 'Impact Not Known' – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.

13. Please give full explanation for how the overall assessment and outcome was decided.

As Moreton Close is a new scheme there is no data on existing users. Analysis has been based on residents who are likely to use the scheme, as defined by:

- the target group for which the scheme is designed and as will be reflected in the scheme's allocations policy
- the group served by residential care, for which the scheme is an alternative
- residents in the borough's existing ECH schemes, Wood Court and Goodwin Court

Analysis has been carried out with reference to::

- The draft service specification for care and support at Moreton Close ECH Scheme
- The Barnet Council Right Home Strategic Commissioning Plan
- Barnet Joint Strategic Needs Assessment (2015 – 20)
- Barnet Council Right Home Strategic Commissioning Plan 2016
- Barnet Joint Health and Wellbeing Strategy (2015 – 20)
- Report to Policy and Resources Committee 21 July 2014, which informed the committee's decision to approve capital funding of Moreton Close Extra Care Housing Scheme