BARNET
LONDON BOROUGH

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: Development of an affordable Extra Care Housing scheme at Stag House
Is it a new or revised function, policy, procedure or service? New service
Department and Section: Commissioning Group
Date assessment completed: February 2018

2. Names and roles of people completing this assessment:	
Lead officer	Caroline Glover, Health and Social Care Commissioner

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 ☒ / No ☐	**Positive impact** The majority of scheme residents will be older people. For this age group, the scheme will have significant positive impact in that it will: - 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,	N/A This will be a positive impact

whereas this can be difficult in residential care.

The scheme will have no impact on other age groups.

Data

The vast majority of people entering residential care are aged 65 plus:

2014/15 – admissions to residential care in Barnet:

Aged 65 plus: Over 600 people per 100,000 population

Aged 18 – 64: under 20 people per 100,000 population

(Source: The Right Home – Barnet's Strategic Commissioning Plan for Adults 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**	N/A
		The scheme will be designed for older people with various health conditions and frailty, and for younger people with disabilities.	This will be a positive impact
		The whole scheme is fully accessible to wheelchair users with: - 100% wet-room bathrooms with shower only - Lift access to upper floors via one 8 person lift and one 13 Person Stretcher lift - Level access into gardens with suitable finishes - Gardens to include a choice of steps and ramp - Corridors of sufficient width to allow two wheelchairs/ - buggies to pass at regular intervals - Flats designed to be accessible with level access showers, - wheelchair turning circles etc. - other facilities compliant with life time homes. Kitchens can be adapted for wheelchair users.	
		For disabled people, the scheme will have significant positive impact in that it will:	
		- 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.	
		Data	
		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+.	
		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 154 in 2017 to 210 in 2030. **Source: POPPI Data**	
3.	Gender reassignment	Yes ☐ / No ☒	No foreseen impact on any resident based on their gender reassignment status.	N/A
4.	Pregnancy and maternity	Yes ☐ / No ☒	No foreseen impact on any resident based on their pregnancy or maternity status.	N/A
5.	Race / Ethnicity	Yes ☒ / No ☐	**Positive impact** 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. People of all ethnic groups 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 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: allocations will not rely on potential residents coming forward themselves. 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	N/A This will be a positive impact

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 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	N/A

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**	N/A
		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 with age.	
		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	

		Facts	
8. Sexual orientation	Yes ☐ / No ☒	No foreseen impact on any resident based on their sexual orientation.	N/A
9. Marital Status	Yes ☒ / No ☐	**Positive impact** Positive impact on married people, as couples will be able to live together whereas this is difficult in residential care. Positive impact on couples who are unmarried for the above reason. No impact on people who are unmarried and not in a couple relationship.	N/A
10. Other key groups?	Yes ☒ / No ☐	Yes – see below	N/A
Carers	Yes ☒ / No ☐	**Positive impact** 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. The move to a safe environment where changing care needs can be met may result in a decreased caring responsibility.	
People with mental health issues	Yes ☒ / No ☐	**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.	
Some families and lone parents	Yes ☐ / No ☒		
People with a low income	Yes ☒ / No ☐	**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.	
Unemployed people	Yes ☐ / No ☒		

Young people not in employment education or training	Yes ☐ / No ☒		

3. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of residents?

Stag House will be 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. Allocation of these homes to service users as an alternative to residential care should have a positive impact on satisfaction ratings.

4. How does the proposal enhance Barnet's reputation as a good place to work and live?

See 4 above: The development of Stag House ECH Scheme, intrinsic to which is the provision of good quality housing; flexible, personalised care and support and connected communities will enhance the council's reputation.

5. How will members of Barnet's diverse communities feel more confident about the council and the manner in which it conducts its business?

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.

Barnet's diverse communities will be able to access the scheme, and this will be reflected in the allocations policy.

6. 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? *Include information about the groups of people affected by this proposal. Include how 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)*

2.1. Monitoring of the design and construction of the Stag House scheme is undertaken by the Extra Care Project Board. Barnet Homes Development Team produces regular 'Highlight Reports' for the Extra Care Project Board. These documents set out the RAG-rated performance of the scheme, against the following categories:
- Time
- Cost
- Quality
- Cashable and non-cashable benefits
- Resources

The project will report upwards through the Extra Care Project Board and the Development

Pipeline Project Board and relevant strategic commissioning boards to communicate progress and for approval of all key decisions.

Once the service has mobilised and service users are being referred in to the scheme the Adults and Communities Delivery Unit will monitor the service in line with existing procedures.

7. 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.

8. 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 and design of Stag House Extra Care Scheme 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

- Consultation with local residents ahead of submission of planning application, and formal consultation as part of the planning process. At the time of writing, planning application is under consideration.

- **Overall Assessment**

9. Overall impact		
Positive Impact	Negative Impact or Impact Not Known[1]	No Impact
☒	☐	☐

10. Scale of Impact		
Positive impact:	Negative Impact or Impact Not Known	
Minimal ☐ Significant ☒	Minimal ☐ Significant ☐	

11. Outcome			
No change to decision	Adjustment needed to decision	Continue with decision *(despite adverse impact / missed opportunity)*	If significant negative impact - Stop / rethink
☒	☐	☐	☐

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[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.

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

As Stag House 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 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

13. Equality Improvement Plan

Please list all the equality objectives, actions and targets that result from the Equality Analysis (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer responsible	By when
N/A – no negative impact foreseen				

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1st Authorised signature (Lead Officer/Project Sponsor)	2nd Authorised Signature (Service lead/Project Manager)
Date:	