



North

Yorkshire County Council

## Equality Impact Assessment (EIA): Evidencing Paying Due Regard to Protected Characteristics

# Care and Support Where I Live Strategy

Revised post-consultation v1 @ 1st December 2014<sup>i</sup>

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যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔



Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Health and Adult Services, Extra Care Housing
Lead Officer and contact details	Juliette Clark
Names and roles of other people involved in carrying out the EIA	Victoria Marshall Tim Smith
How will you pay due regard? e.g. working group, individual officer	Working group
When did the due regard process start?	May 2014
Sign off by Assistant Director (or equivalent) and date	Kathy Clark Assistant Director, Commissioning January 2015

Under the Equality Act 2010 it is unlawful for any person with a protected characteristic to be treated less favourably than others, because of that protected characteristic.

As a Local Authority the Council must comply with its Public Sector Equality Duty which is set out in S149 of the Equality Act 2010. It states that the Council must have due regard to the following three aims:

- a. Eliminate discrimination, harassment, victimisation and other conduct
- b. Advance equality of opportunity between persons who share a 'protected characteristic' and persons who do not share it
- c. Foster good relations between persons who share a protected characteristic and persons who don't share it.

**Section 1. Please describe briefly what this EIA is about.**

The Care and Support Where I Live Strategy sets out proposals for how Health and Adult Services will transform services to ensure people can remain safe and independent in their own homes, improve the amount and quality of accommodation with care and support across the County by 2020 and meet financial savings.

The Strategy builds on the Council's current work with providers to develop Extra care housing schemes and will incorporate a wider range of other accommodation solutions such as Homeshare and Supported Living.

This range of housing options aims to provide people with more choice and control over their care and support, help protect the most vulnerable people in the community and deliver value for money for the residents of North Yorkshire.

Between 2003 and the end of 2015, the Council will have supported the construction of twenty specialist Extra care housing developments providing 949 apartments and

bungalows as well as five new Supported Living Schemes providing 24 apartments with housing support to adults, mainly for people with a learning disability. The Care and Support Where I Live Strategy details how the Council will build on this to deliver further schemes in identified locations of need across North Yorkshire.

It is not the intention of the Council that a single 'model' of scheme design be developed, but that each scheme is developed in response to local circumstances and requirements, to provide a diversity of accommodation across the County.

In addition to Extra care housing, this Strategy outlines the range of other Care and Support Where I Live options which may be developed to enable people to maximise their independence and remain in their own homes.

The Strategy is intended to address the needs of adults who require housing-based support including older people, people with learning disabilities, people with mental health issues and people with physical and sensory impairments.

The Strategy does not intend to suggest that Extra care housing and other accommodation with support options are a panacea for the needs of people who need support. Some people's support needs will continue to be met in permanent residential and nursing care placements where this is appropriate.

## **Section 2. Why is this being proposed?**

People in North Yorkshire have told us that they want to live independent, healthy and fulfilling lives, based on choices that are important to them. We understand that people's needs are best met in their own homes and from within their own communities. By accelerating our plans to develop accommodation, services and support through market development, it is the Council's aim that people will be able to stay more independent and be part of their local communities for longer. The Council needs to achieve this aim within decreasing budgets.

People's expectations of accommodation with care and support have changed and the number of people needing accommodation with care and support is likely to increase.

Demographic information shows that the number of older people; especially those living with dementia will continue to grow. According to the Office of National Statistics, the population of North Yorkshire is projected to see the following increases between 2012 and 2020:

- An additional 6,100 people aged 85 (who are most likely to have dementia,

multiple long-term conditions and require the highest levels of care)

- An additional 11,514 people aged 65 and over with a long-term illness
- An additional 2,642 people aged 65 and over living with dementia
- An additional 561 people aged 65 and over with a learning disability

PANSI (Projecting Adult Needs and Service Information) data show there will also be a small increase in the numbers of people with early onset dementia by 2020 and there is also a small rise predicted in the numbers of working age adults with physical disabilities and sensory impairments over the same period. Some of these people may require housing-based support.

The same data set also shows a marginal fall in the overall numbers of working age adults with mental health issues, and a small fall in the numbers of people with learning disabilities. Further exploration is needed to check whether the overall support needs of these two groups are higher than at present.

The Strategy will work towards future construction of additional schemes meeting the increased need outlined above.

As highlighted by The Dilnot Commission, moving into more suitable accommodation earlier can offer benefits to people's health and wellbeing, and the Commission hoped that in future more people will be aware of Extra care housing and be able to consider it as an option to meet their needs.

Care and Support Where I Live options can provide environments in which people's needs are met with the appropriate level of care, whilst supporting them to maintain their independence and providing them with more choice regarding their care. It should be noted, however, that some people's needs may not be able to be met in this way and there may continue to be a requirement for residential and nursing placements.

Over the last four years, the Council's budget has been reduced by £94m and further reductions totalling £74m are anticipated in the years up to 2020. Value for money savings driven through this Care and Support Where I Live Strategy will contribute to meeting overall Directorate savings targets.

The Council intends to continue to undertake assessment and care management services through its own staff. It may continue to be a direct provider of services such as care homes, day services and short breaks services where appropriate. Over time, however, it is likely that its share of the provider market will reduce and other organisations, including staff mutual and community ownership arrangements, will deliver these services instead.

The proposals contained within the Strategy may affect the way in which people's care and support needs will be supported. We will continue to work with people to assess their needs, including the needs of their carers, present their options to them and assist people to make the right choice for them. Where appropriate, the Council will conduct a consultation process with those likely to be affected and other key stakeholders. A 12 week County-wide consultation to seek people's views on the Care and Support Where I Live Strategy took place between August and November 2014, following which this EIA was updated to reflect the consultation findings. There will also be a consultation for each County Council-owned Elderly Persons' Home as and when proposals for its future are developed.

People will also have the opportunity through the local planning authority process to comment on the location, design and size of any proposed developments.

### **Section 3. What will change? What will be different for customers and/or staff?**

The Strategy describes an acceleration of the move away from reliance on permanent residential and nursing placements and towards a wider range of Care and Support Where I Live solutions, accessible to a wider range of client groups.

As previously detailed, between 2003 and the end of 2015, the Council will have supported the building of twenty specialist extra care housing developments and five new supported living schemes and, in addition to these, the Council plans to support and facilitate the development of further solutions to provide accommodation with care and support for those who need it.

The Council has also been working to develop and redevelop supported living schemes for younger people with learning disabilities, autism, physical disabilities and people with mental health issues. It is intended that this work will continue and be extended to develop small schemes based on local need around the County.

The Strategy will explain that for some people, other options such as a Homeshare arrangement may be the best solution. With Homeshare, a person with care and support needs provides accommodation for another person, in exchange for help and support in their home.

For all potential accommodation solutions it is intended that there will be a greater emphasis on working with other partners for joint solutions, such as extra care housing schemes incorporating a GP surgery, community library, respite care and specialist accommodation for people living with dementia and people with other complex needs.

The Council aims to work with partners with a view to ensuring that any Care and Support Where I Live options chosen are designed to maximise people's independence wherever possible.

Extra care housing schemes may also operate as a community hub for local people who will be able to access the advice and information available as well as the services, including respite, day support, lunch clubs, Telecare (equipment in people's homes that helps them to remain independent such as pendants and smoke detectors amongst others) and social and lifelong learning opportunities.

The aim is to ensure that more people are able to stay in their own homes for as long as possible and remain independent. It is intended to offer people more choice about where they live, more choice regarding the type of accommodation and more choice about who provides their care.

Where extra care housing replaces a County Council-owned Elderly Persons' Home, the care provision for people living in the schemes will be offered to residents by the Registered Care Provider and not the Council, and therefore the application of the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) will need to be considered on a case by case basis, dependent upon the approach to be taken as a result of each opportunity. The possible outcomes are either staff are redeployed, made redundant or transfer to the new provider. In these circumstances formal consultation would need to be conducted with staff and UNISON.

As each person's financial circumstances are unique to them, we cannot predict whether or not people will be financially disadvantaged by this Strategy. However, because the developments we are proposing are a housing model, people who are eligible may qualify for welfare benefits such as Local Housing Allowance, Housing Benefit, Council Tax Benefit etc.

Although housing is not registered as a building, the care and support service offered within it is registered and will continue to be monitored by the Care Quality Commission, the County Council's Quality Assurance Team and the County Council's Extra Care Team.

#### **Section 4. What impact will this proposal have on Council resources (budgets)?**

**Cost neutral?** No

**Increased cost?** No

**Reduced cost? Yes**

As stated in section one, value for money efficiencies driven through the Strategy will contribute to County Council savings.

Evidence suggests that a housing model of care and support can offer the dual benefit of improved outcomes for people, as well as a better financial position for both Local Authorities and customers. This assertion should be further explored as the Strategy progresses.

*Improving Housing with Care Choices for Older People; An Evaluation of Extra Care Housing;* (Personal Social Services Research Unit - 2011) demonstrates that extra care housing in particular is associated both with a lower uptake of in-patient hospital beds and fewer falls. Additional evidence has also suggested that the size of people's care packages tends to reduce from the initial transfer level as people become more confident in the extra care setting. In addition to benefiting Council resources, this would also have a positive impact on NHS budgets.

The Care and Support Where I Live solutions intended in the Strategy will be owned and managed by a Provider and not the Council, and therefore the Council is not financially liable for the operation and maintenance of the schemes.

<b>Section 5. Will this proposal affect people with protected characteristics?</b>	<b>No impact</b>	<b>Make things better</b>	<b>Make things worse</b>	<b>Why will it have this effect? State any evidence you have for your thinking.</b>
The procurement of the solutions identified in the Strategy will only award contracts to providers who can meet the Directorate's need and standard in regards to the quality of support delivered. It will be inherent in contracts that providers pay full attention to the specific needs of people with the following protected characteristics:				
Age		X		We know that the number of older people in North Yorkshire is growing and that many of them will be diagnosed with dementia and/or a long-term illness at some stage.  People with learning disabilities are living longer, many of whom will experience dementia and other long-term illnesses.  It is believed that supported accommodation options will contribute significantly to the needs of these older

			<p>people being met more effectively.</p> <p>It should be noted, however, that these options may not be appropriate for all older people as some people may develop needs that require specialist provision or may make a different choice.</p> <p>There is a well-established pattern of working age adults with learning disabilities, mental health issues and physical and sensory impairments living well in supported environments. It is not clear at this stage whether extra care housing is likely to be as appropriate to their needs. The Council should aim to explore this further. Consultation results should be carefully considered to identify any issues raised in relation to impact on particular age groups of residents, family and friends and other interested parties. The Council must ensure that any age-related considerations are fully taken into account.</p> <p><b>Updated post consultation @ December 2014:</b> Comments were received from respondents to the questionnaire that due to people's changing needs as they get older there needs to be a range of services with some specialist provision e.g. dementia services, care homes.</p>
Disability		X	<p>In comparison to traditional models of care, alternative Care and Support Where I Live solutions can provide more independence and choice for disabled people.</p> <p>It is to be noted, however, that some disabled people may still require access to permanent residential and nursing placements to ensure that their care and support needs are effectively</p>

			<p>met.</p> <p>Individual schemes will need to ensure that they could meet the needs of people with a range of disabilities including those with learning disabilities, mental health issues and physical and sensory impairments.</p> <p>The consultation process should be an opportunity to ask disabled people their views on how schemes should be designed.</p> <p><b>Updated post consultation @ December 2014:</b> 32% of respondents considered themselves to be disabled or have a long-term, limiting condition. Only one specific comment was received around the design of accommodation – requesting wheelchair accessibility.</p> <p>Comments were made regarding the need for specialist services and/or accommodation e.g. for those with autism, complex needs.</p>
Sex (Gender)		X	<p>We know that there is a higher proportion of older female residents living in EPHs and ECH schemes than male residents, in line with national demography.</p> <p>The impact of any proposed changes set out in the Strategy is not intended to affect male and females differently provided that all service users have an equal choice of alternative options and that alternative services are of comparable quality and do not result in residents being less well provided for. However, demography means that females are likely to be most affected positively and/or negatively.</p> <p>We also know that people with learning disabilities are more likely to be male. The impact of this requires further</p>

			<p>investigation.</p> <p><b>Updated post consultation @ December 2014:</b>          Whilst 73% of the respondents to the questionnaire were female there was no evidence gathered during the consultation to suggest that either gender would be adversely affected due to the proposals in the strategy.</p>
Race		X	<p>We know that approximately 2 % of the North Yorkshire population belong to BME groups. We also know that Harrogate, Skipton, Scarborough and Richmondshire are centres for the County's BME communities.</p> <p>The age profile of BME people in North Yorkshire shows that relatively fewer of them as a proportion are over the age of 60. We believe that as this proportion increases we will be required to meet the needs of a more diverse client base.</p> <p>We need to understand the impact of this on future provision. For example, no current schemes have halal or kosher compliant kitchens, no prayer rooms and it is not known whether current schemes' toilet facilities meet the requirements of all groups. (These issues apply jointly with Religion and Belief). We need to better understand how to meet BME needs regarding the types of accommodation with support that would best meet cultural and family needs, and that some solutions do not meet these needs.</p> <p><b>Updated post consultation @ December 2014:</b>          0.6% of those responding to the questionnaire identified themselves as belonging to an ethnic group other than 'White'. No issues were identified as having an impact on any particular</p>

				ethnic group.
Gender reassignment		X		<p>We currently do not collect data in relation to residents' gender reassignment status. All residents, however, will benefit from the outlined advantages of Care and Support Where I Live solutions, and in future people will be more able to remain within their community and social network due to the planned construction of additional schemes.</p> <p><b>Updated post consultation @ December 2014:</b> Data was not collected in relation to gender re-assignment, and no issues were identified as having an impact on any individual as a result of gender re-assignment.</p>
Sexual orientation		X		<p>We currently do not collect data in relation to residents' sexual orientation. All residents, however, will benefit from the outlined advantages of Care and Support Where I Live solutions, and in future people will be more able to remain within their community and social network due to the planned construction of additional schemes.</p> <p><b>Updated post consultation @ December 2014:</b> Data was not collected in relation to sexual orientation, and no issues were identified as having an impact as a consequence, although one respondent wanted to ensure staff were trained to support people from the LGBT community.</p>
Religion or belief		X		<p>We know that approximately 1.3 % of the North Yorkshire population belong to religious groups other than Christian and atheist and we will ask providers to pay attention to these various religious groups. (It should be noted that approximately 7 % of the population did not state a religion).</p>

			<p>It is believed that as choice increases, people from individual religious groups will be more able to remain within their community and social network due to the planned construction of additional schemes. (See Race).</p> <p>We need to understand the impact of this on future provision. For example, no current schemes have halal or kosher compliant kitchens, no prayer rooms and it is not known whether current schemes' toilet facilities meet the requirements of all groups. (These issues apply jointly with Religion and Belief). We need to better understand how to meet BME needs regarding the types of accommodation with support that would best meet cultural and family needs, and that some solutions do not meet these needs.</p> <p>The Council will seek to ask providers to pay attention to those with different religious beliefs.</p> <p><b>Updated post consultation @ December 2014:</b> Data was not collected in relation to religion or belief, and no issues were identified as having an impact on any religious group.</p>
Pregnancy or maternity	X		<p>ECH schemes are designed primarily for people aged 55 and over in need of accommodation with care and support. We have no evidence of impact in relation to pregnancy or maternity with regard to ECH schemes.</p> <p>As other solutions will be aimed predominantly at younger people, issues in regard to pregnancy and maternity may need to be taken into account.</p> <p><b>Updated post consultation @ December 2014:</b></p>

				Data was not collected in relation to pregnancy or maternity, and no issues were identified as having an impact on this particular group of women.
Marriage or civil partnership		X		<p>Within the traditional models of residential care there is no facility for couples to remain together. This is not the case with ECH schemes where the cared-for person is able to continue living with his or her spouse.</p> <p>As some solutions will be aimed at younger people, issues in regard to marriage and civil partnership may need to be taken into account.</p> <p><b>Updated post consultation @ December 2014:</b> Data was not collected in relation to marriage or civil partnership, and no issues were identified as having an impact as a result of marital status.</p>
<b>Section 6. Would this proposal affect people for the following reasons?</b>	<b>No impact</b>	<b>Make things better</b>	<b>Make things worse</b>	<b>Why will it have this effect? Give any evidence you have.</b>
Live in a rural area		X		<p>By aiming to provide an ECH in identified locations of need within the County, and providing other locally-based housing solutions for people in need, people will no longer have to move out of North Yorkshire to access accommodation to meet their needs, enabling them to remain closer to their community.</p> <p><b>Updated post consultation @ December 2014:</b> Comments were received regarding the desire to have locally based provision so that people could remain in their own communities. Concerns were raised about the accessibility of services, as transport was raised as an issue. Whilst the strategy proposes the</p>

			development of an ECH in major settlements throughout the County, people in rural areas will still need to leave their immediate local community to move into ECH. Delivery of home-based services to allow people to remain in their local community was seen to be a good idea, but concerns were raised around social isolation due to the lack of transport which prevents people from being able to access social activities.
Have a low income		X	<p>In addition to buying accommodation outright, it will also be possible to rent and part-buy accommodation with access to welfare benefits where people are eligible. The Council recognises that it is vital that the costs of Care and Support Where I Live are affordable for everyone and will ensure there is a range of tenure options that make Care and Support Where I Live an attractive option to all sections of the community regardless of their financial status. This will continue to be a key requirement in the specification and evaluation of proposals for new solutions.</p> <p><b>Updated post consultation @ December 2014:</b></p> <p>Concerns were raised about the cost and affordability of the proposals in the Strategy. People were concerned about the cost of both home care services and extra care housing. Those on a low income would be encouraged to access welfare benefits; however those just over the threshold for benefits could potentially be adversely impacted by the cost of living in extra care housing and/or the cost of domiciliary care services.</p>

**Section 7. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men?) State where this is likely to happen and explain what you think the effect will be and why**

**giving any evidence you have.**

There will be a cumulative impact as a result of the implementation of this strategy, for example for older disabled women. The strategy however, should be aiming to meet individual's needs and broadly speaking impacts should be positive. These issues will require further exploration which will be informed by the consultation process.

**Updated post consultation @ December 2014:**

Following the analysis of responses to the questionnaire no specific comments were received to indicate an adverse impact as a result of a combination of protected characteristics. Comments were received asking that consideration is given to specialist services for younger disabled people e.g. those with autism, or for older people with a long-term limiting condition e.g. dementia.

**Section 8. Only complete this section if the proposal will make things worse for some people. Remember that we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us.**

**Can we change our proposal to reduce or remove these adverse impacts?**

**Can we achieve our aim in another way which will not make things worse for people?**

**If we need to achieve our aim and can't remove or reduce the adverse impacts get advice from legal services. Summarise the advice here. Make sure the advice is passed on to decision makers if the proposal proceeds.**

**Section 9. If the proposal is implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)**

The implementation plan for this Strategy will include details of post-implementation evaluation and review.

**Section 10. List any actions you need to take which have been identified in this EIA**

<b>Action</b>	<b>Lead</b>	<b>By when</b>	<b>Progress</b>
Develop post-implementation evaluation and review process to	Dale Owens, Head of	June 2016	

include regard to protected characteristics	Accommodation, HAS		
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<sup>i</sup> Minor amendments to clarify post-consultation update, made 8.1.16