Appendix A Equality Impact Assessment (EqIA)

STEP 1: Responsibility and involvement

	Ten Year Supported Accommodation Strategy 2017 – 2027	**Head of Service or Business Manager**	Kulbir Lalli, Head of Integrated Accommodation Commissioning
Names of those involved in completing the EqIA:	Kristian Tizzard	**Lead officer contact details:**	Kristian Tizzard, Deputy Head of Service 01438 845023 Kristian.tizzard@hertfordshire.gov.uk
Date completed:	14 June 2017	**Review date:**	14 June 2018

STEP 2: Objectives of proposal and scope of assessment – what do you want to achieve?

Proposal objectives: −what you want to achieve −intended outcomes −purpose and need	The Supported Accommodation Strategy ("the Strategy") is intended to support the commissioning of supported accommodation for adults with care and support needs in pursuance of Hertfordshire's duties under the Care Act 2014 including the duties to: • Promote **wellbeing** including around people's accommodation. • Consider supported accommodation access as part of an assessment process to **prevent, reduce or delay** in adult social care need. The Strategy is needed to ensure: • Effective long term planning and investment in the right models of supported accommodation; • Effective joint planning with District and Borough Councils and the NHS. The strategy will be supported by a delivery plan for each Hertfordshire District/Borough council, to be agreed locally by the relevant district/Borough supported accommodation strategy Board.

Appendix A Equality Impact Assessment (EqIA)

STEP 3: Available data and monitoring information

Relevant equality information For example: Community profiles / service user demographics, data and monitoring information (local and national), similar or previous EqIAs, complaints, audits or inspections, local knowledge and consultations.	What the data tells us about equalities
The Strategy is concerned with the commissioning of supported accommodation for older people and disabled younger adults including those with learning disabilities, mental health issues, physical disabilities, autism and Asperger's. The Hertfordshire's Joint Strategic Needs and Herts LIS Assessment Summary 2014 showed detailed demography on relevant to the strategy: http://jsna.hertslis.org/ http://www.hertslis.org/ In summary: **Learning disability** In 2015 were 21,109 people over 18 with a learning disability within Hertfordshire and 4447 people with a Severe to Moderate Learning disability. This is 1.8% of the total population of Hertfordshire. The number of people over 18 with a learning disability is predicted to increase 9% by 2025. The largest projected growth areas over the next 10 years are the ages 75-84 and 85+ with projected increases of 32% and 47% respectively. 6958 people are predicted to be on the Autistic Spectrum. **Physical disability** It is estimated that the current number of adults within Hertfordshire aged 18-64 with a moderate or serious physical disability is 71,010. This equates to 6% of the population of the County and also	It is expected that Hertfordshire will experience sustained increases in the needs of its population linked to increasing prevalence of disability/long term care conditions and age related conditions including physical frailty and dementia. As the current population of disabled younger adults' ages, there will be an increased prevalence of dementia and other conditions that will drive need for support. This will impact particularly on adults with learning disabilities who are currently supported services that have not developed to address need linked aging. Within the general population (including within BAME population). Increasing age and frailty will require increased accessibility of enabling services that prevent or delay escalation of need.

includes adults that are predicted to have a moderate or serious sensory need.

<u>Mental Health</u>

Within Hertfordshire there are an estimated 172,558 adults aged 18-64 experiencing some form of mental ill health in Hertfordshire. In 2016 428 people accessed mental health accommodation placements through Hertfordshire Partnership NHS Foundation Trust (HPFT).

<u>Older people</u>

It is estimated that there are currently 195,000 (15% of population) people over the age of 65 in Hertfordshire. It is projected that the elderly population in Hertfordshire will increase by 23% over the next 10 years to 240,000.

The rate of increase in people over 85 is particularly pronounced as projections estimate an increase of 45% by 2025 (29,000 to 42,000).

Appendix A Equality Impact Assessment (EqIA)

STEP 4: Impact Assessment – Service Users, communities and partners (where relevant)

Guidance on groups of service users to consider within each protected group can be found here

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
Age	It is expected that Hertfordshire will experience large, sustained increases in the number of older people with long term care conditions and disability linked to age, including physical frailty and dementia. It will not be possible to for supported accommodation services to meet expected service user need with the current model and market configuration. A failure to prevent or delay escalation of need or to provide sufficient levels of service will directly and disproportionately impact on the human rights of frail older people. We need to ensure that there is appropriate accommodation for young people as they move through transition to adult care. Currently there is limited information about need which impacts on future planning and commissioning.	The Strategy will respond to this by: Prioritising the development of models of care that prevent or delay escalation of needs, including those who are at risk of long term care or hospital admission; Increasing the availability of nursing home care and specialist residential/dementia care for frail older people; Increasing the availability of community supported housing for older adults with disabilities. Management information on individual needs will need to be available to support better commissioning, Targeted engagement with people and their carers who require accommodation will be needed to ensure effective commissioning.
Disability Including Learning Disability	In 2015 were 21,109 people over 18 with a learning disability within Hertfordshire and 4447 people with a Severe to Moderate Learning disability. This is 1.8% of the total population of Hertfordshire. The number of people over 18 with a learning disability is predicted to	The strategy will respond to this by: Prioritising the development of models of care that prevent or delay escalation of needs, including those who are at risk of long term care or hospital admission;

Appendix A Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	increase 9% by 2025. The largest projected growth areas over the next 10 years are the ages 75-84 and 85+ with projected increases of 32% and 47% respectively. 6958 people are predicted to be on the Autistic Spectrum. **Physical disability** It is estimated that the current number of adults within Hertfordshire aged 18-64 with a moderate or serious physical disability is 71,010. This equates to 6% of the population of the County and also includes adults that are predicted to have a moderate or serious sensory need. It is expected that Hertfordshire will experience sustained increases in the needs of its population linked to increasing prevalence of disability/long term care conditions and age related conditions including physical frailty and dementia. As the current population of disabled younger adults' ages, there will be an increased prevalence of dementia and other conditions that will drive need for support. This will impact particularly on adults with learning disabilities who are currently supported services that have not developed to address need linked aging. Within the general population (including within BAME population). Increasing age	Increasing the availability of nursing home care and specialist residential/dementia care for adults with disabilities, including learning disabilities. Increasing the availability of community supported housing for adults with disabilities. Addressing integration of health, housing and care services in future models.

Appendix A Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	and frailty will require increased accessibility of enabling services that prevent or delay escalation of need. Evidence suggests that prevalence of long term care conditions is higher in the population of people with physical disabilities than in the non-disabled population, an association that increases with age. In light of expected future demand, a failure to address access to models of supported accommodation that prevent or delay escalation of need will impact negatively and disproportionately on people with physical and learning disabilities.	
Race	Almost 20% of people in Hertfordshire belong to an ethnic group other than White British. 12% of Hertfordshire residents were born outside the UK or Ireland, and 6% do not have English as a first language (Hertfordshire's Equality and Diversity JSNA. 2014). Nearly 10,000 people in Hertfordshire (1%) say that they are not proficient in English (Hertfordshire's Equality and Diversity JSNA. 2014). In Hertfordshire, 6% of people have a main language that is not English, the highest proportion being in Watford (13%) and the lowest in East	The diverse needs of this group will be identified as part of the review and care management process. Care management practice will ensure that race is taken into account as part of the design of individual care packages. Ensuring the availability of nursing home care and specialist residential/dementia care accessible for adults from BAME populations. Ensuring the availability of community supported housing for adults from BAME populations.

Appendix A Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	Herts (3%) (Hertfordshire's Equality and Diversity JSNA. 2014). A significant number of people report that their main language is from a country in Asia; the highest percentage can be found in Watford (7%), and the lowest in East Herts (>0.8%) (Hertfordshire's Equality and Diversity JSNA. 2014). Around 4% of clients in LD residential homes and supported living are from minority ethnic backgrounds. Research conducted by the Joseph Rowntree Foundation has found that Black and Minority Ethnic (BAME) communities tend to experience higher levels of inequality (Joseph Rowntree Foundation, 2011). ONS data for Hertfordshire has revealed that the proportion of individuals reporting that they are in 'Not Good Health' is significantly higher amongst service users who report that they are 'not proficient in English' compared with those who claim to be 'proficient in English' – the differential is most pronounced in North Herts where the former exceeds the latter by 400% (Hertfordshire's Equality and Diversity JSNA. 2014). In most south Asian languages, such as Tamil, there is no word for dementia (House of Commons All-Party	

Appendix A Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	Parliamentary Group on Dementia. 2013). Individuals from BAME groups are more likely to present later to services, often when dementia is more severe (Mukadam et al. 2011). The knowledge about dementia amongst BAME communities appears to be less than in non-BAME communities (Seabrooke & Milne. 2009). Stigma around dementia may be greater in some communities (LaFontaine. 2007)	
Gender reassignment	No data is available.	Individual needs in relation to gender reassignment will be taken into account across all care management practice. Models of supported accommodation will be commissioned to be accessible to around gender reassignment.
Pregnancy and maternity	No data is available.	Individual needs in relation to gender reassignment will be taken into account across all care management practice. Models of supported accommodation will be commissioned to be accessible to around pregnancy and maternity.
Religion or belief	Around 2% of clients follow faiths other than Christianity. The beliefs of 51% are unknown or not recorded.	The diverse needs of this group will be identified as part of the review and care management process. Care management practice will ensure that religion or belief is taken into account as part of the design of individual care packages. Ensuring the availability of

Appendix A Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
		nursing home care and specialist residential/dementia care accessible around religion or belief.

Ensuring the availability of community supported housing for around religion and belief. |
| **Sex** | A lack of access to specialist residential/nursing care services for frail older people/people with dementia is likely to impact disproportionately on women.

. | Needs related to sex will be identified as part of the review and care management process. Care management practice will ensure that sex is taken into account as part of the design of individual care packages.

Ensuring sufficient availability of nursing home care and specialist residential/dementia care.

Ensuring the availability of community supported housing. |
| **Sexual orientation** | No data is available. | The diverse needs of this group will be identified as part of the review and care management process. Care management practice will ensure that sexual orientation is taken into account as part of the design of individual care packages.

Ensuring the availability of nursing home care and specialist residential/dementia care accessible around r sexual orientation.

Ensuring the availability of community supported housing for around sexual orientation. |
| **Marriage & civil partnership** | No data is available. | Needs around marriage & civil partnership will be identified as part of the review and care management process. Care management practice will |

Appendix A Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
		ensure that marriage & civil partnership is taken into account as part of the design of individual care packages. Ensuring the availability of nursing home care and specialist residential/dementia care accessible around marriage & civil partnership. Ensuring the availability of community supported housing for around marriage & civil partnership.
Carers (by association with any of the above)	Around 10% of the Hertfordshire population have informal unpaid caring responsibilities.	The needs of carers will be identified as part of the review and care management process. Care management decisions will ensure that the role of carers is taken into account as part of the design of individual care packages. Ensuring the availability of nursing home care and specialist residential/dementia care accessible for adults from BAME populations and ensuring that services respond effectively around carers' issues. Ensuring the availability of community supported housing that responds to the role of carers.
Opportunity to advance equality of opportunity and/or foster good relations (Please refer to the guidance for more information on the public sector duties)		
The effective implementation of this strategy and further assessment of equality impact at service commissioning level will ensure equal access to services.		

Impact Assessment – Staff (where relevant)

Appendix A Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
Age	*It is not envisaged there will be any impact on staff as part of this strategy. This will be kept under review as this EQIA is reviewed	Review of EQIA on a regular basis.
Disability Including Learning Disability	As above	As above
Race	As above	As above
Gender reassignment	As above	As above
Pregnancy and maternity	As above	As above
Religion or belief	As above	As above
Sex	As above	As above
Sexual orientation	As above	As above
Marriage & civil partnership	As above	As above
Carers (by association with any of the above)	As above	As above
Opportunity to advance equality of opportunity and/or foster good relations (Please refer to the guidance for more information on the public sector duties)		
The effective implementation of this strategy and further assessment of equality impact at service commissioning level will ensure equal access to services.		

STEP 5: Gaps identified

Gaps identified Do you need to collect more data/information or carry out consultation? (A 'How to engage' consultation guide is on Compass). How will you make sure your consultation is accessible to those affected?	The ongoing impact of the proposed changes will need to be kept under review and the impact monitored. As above, more detailed equality impact assessment will be undertaken at service implementation level. Strategy implementation will include coproduction and citizen engagement on an ongoing basis.

STEP 6: Other impacts

Appendix A Equality Impact Assessment (EqIA)

STEP 7: Conclusion of your analysis

Select one conclusion of your analysis	Give details
☐ **No equality impacts identified** – No change required to proposal.	
☐ **Minimal equality impacts identified** – Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate). – Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality.	
☒ **Potential equality impacts identified** – Take 'mitigating action' to remove barriers or better advance equality. – Complete the action plan in the next section.	The potential for negative impacts have been identified.
☐ **Major equality impacts identified** – Stop and remove the policy – The adverse effects are not justified, cannot be mitigated or show unlawful discrimination. – Ensure decision makers understand the equality impact.	

STEP 8: Action plan

Issue or opportunity identified relating to: – Mitigation measures – Further research – Consultation proposal – Monitor and review	Action proposed	Officer Responsible and target date
There is an opportunity to ensure we fully assess and mitigate in detail against aspects of inequality identified across individual service areas for accommodation (from a service access and delivery perspective).	Individual EqiA's will be undertaken against the diverse range of accommodation service models as future accommodation is procured and/or transformation work is undertaken – this will ensure appropriate equalities scrutiny and mitigation is put into place against the full range of accommodation	Kulbir Lalli Ongoing

Appendix A Equality Impact Assessment (EqIA)

Issue or opportunity identified relating to: – Mitigation measures – Further research – Consultation proposal – Monitor and review	Action proposed	Officer Responsible and target date
	provision.	
Procurement opportunities are used to evidence how prospective service providers will evidence the needs of people with diverse and/or complex needs.	To ensure that equalities duties form part of all individual procurement exercises and evidence around how diverse needs will be met form part of the formal evaluation process. Information about protected characteristics is routinely collated and assessed from contract monitoring reports- mitigation controls are put into place where there is evidence of gaps in how needs are met.	Kulbir Lalli Ongoing
Management Information about service user requirements (covering 0-25 services and Adult Care) is used to assist commissioner's future plan for accommodation needs.	Commissioners engage with developments around the 'Future Planning Tool' to help ensure information provided articulates the needs of people in a timely way in order to actively inform future planning.	Kulbir Lalli Ongoing
Service User and stakeholder engagement informs service delivery and design.	Service user and stakeholder engagement is undertaken (as part or pre procurement activity and/or transformation work is undertaken to ensure their feedback influences how we design and deliver services.	Kulbir Lalli Ongoing
Locality approaches are developed to ensure housing options are maximised through partnership working at a district level including alongside district council partnerships	Service provision developments at a local level explore all opportunities to maximise options all potential options for housing in order to ensure people have access to accommodation types. that will best promote wellbeing and independence	Kulbir Lalli Ongoing

This EqIA has been reviewed and signed off by: Kulbir Lalli

Head of Service or Business Manager: **Date: 16.06.17**

Appendix A Equality Impact Assessment (EqIA)

Equality Action Group Chair: N/A   **Date:**