

Appendix 1 - Equality Impact Assessment (EqIA)

STEP 1: Responsibility and involvement

Title of proposal/ project/strategy/ procurement/policy	Future Development of Care Homes in Hertfordshire	Head of Service or Business Manager	Kulbir Lalli
Names of those involved in completing the EqIA:	Rosa Manning, Ted Maddex	Lead officer contact details:	Ted.Maddex@hertfordshire.gov.uk
Date completed:	03/05/2017	Review date:	3/5/2019

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

<p>Proposal objectives: –what you want to achieve –intended outcomes –purpose and need</p>	<p>A proposal has been made to Members regarding the future development of care homes in Hertfordshire, to allow a greater range of options to Integrated Accommodation Commissioning Team’s accommodation strategy to deliver a range of suitable modern accommodation options for all client groups taking into account need, diversity and value for money.</p> <p>This equalities impact assessment considers the impact should this proposal result in closure or replacement of a care home.</p> <p>Hertfordshire County Council (‘the council’) is committed to achieving diversity and equality of opportunity both as a large employer of people and as a provider and commissioner of services. The Council is committed to promoting equality and diversity across the delivery of services.</p>
<p>Stakeholders: Who will be affected: the public, partners, staff, service users, local Member etc</p>	<ul style="list-style-type: none"> • Hertfordshire County Council’s Adult Care & Health commissioning department, • Hertfordshire County Council’s Property department, • Local Members, • Care home providers, • Care home staff • Current and new service users and carers (including day centre clients) • Herts Valleys and East & North Herts Clinical Commissioning Groups • Hertfordshire Partnership Foundation Trust • District Councils • Local residents

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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 tell us about equalities																																																																																																
Sources of data: - Census 2011 - Community Profiles - Contract Monitoring data - National sources	Legislation places a public duty on Hertfordshire County Council. We strive to embed diversity and equality in everything we do. Against a background of tough economic times and a changing demography we need to be even more aware of the diverse needs of communities and how we can support them. All contracted providers are required to demonstrate effective equalities policies and procedures as part of IACT's contract due diligence and monitoring processes. Complaints are monitored for equalities issues and any issues are addressed and actions plans monitoring through contract monitoring visits and quarterly contract meetings.																																																																																																
Please see below detailed from the Hertfordshire's Joint Strategic Needs Assessment Summary 2014 http://jsna.hertslis.org/ and Herts LIS http://www.hertslis.org/ Population <table border="1" data-bbox="177 1563 751 1809"> <thead> <tr> <th></th> <th colspan="3">Numbers of People</th> <th>2001-11</th> <th>2011-21</th> </tr> <tr> <th></th> <th>2001</th> <th>2011</th> <th>2021</th> <th>Increase</th> <th>Increase</th> </tr> </thead> <tbody> <tr><td>Broxbourne</td><td>87,100</td><td>93,700</td><td>102,200</td><td>6%</td><td>10%</td></tr> <tr><td>East Hertfordshire</td><td>128,900</td><td>138,200</td><td>152,300</td><td>7%</td><td>10%</td></tr> <tr><td>North Hertfordshire</td><td>116,900</td><td>127,800</td><td>140,800</td><td>9%</td><td>10%</td></tr> <tr><td>Stevenage</td><td>79,700</td><td>84,200</td><td>88,300</td><td>6%</td><td>5%</td></tr> <tr><td>Welwyn Hatfield</td><td>97,500</td><td>110,700</td><td>133,500</td><td>14%</td><td>21%</td></tr> <tr><td>East & North Herts CCG</td><td>510,100</td><td>554,300</td><td>617,100</td><td>9%</td><td>11%</td></tr> <tr><td>Dacorum</td><td>137,800</td><td>145,300</td><td>155,300</td><td>5%</td><td>7%</td></tr> <tr><td>Hertsmere</td><td>94,500</td><td>100,400</td><td>112,500</td><td>6%</td><td>12%</td></tr> <tr><td>St. Albans</td><td>129,000</td><td>141,200</td><td>154,600</td><td>9%</td><td>9%</td></tr> <tr><td>Three Rivers</td><td>82,800</td><td>87,900</td><td>99,300</td><td>6%</td><td>13%</td></tr> <tr><td>Watford</td><td>79,700</td><td>90,700</td><td>95,300</td><td>14%</td><td>5%</td></tr> <tr><td>Herts Valleys CCG</td><td>523,800</td><td>565,500</td><td>617,000</td><td>8%</td><td>9%</td></tr> <tr><td>Hertfordshire</td><td>1,034,000</td><td>1,116,000</td><td>1,234,100</td><td>8%</td><td>11%</td></tr> <tr><td>England</td><td>49,138,800</td><td>53,107,200</td><td>57,687,800</td><td>8%</td><td>9%</td></tr> </tbody> </table> <p style="font-size: small; text-align: center;">Table 1: Numbers of people living in Hertfordshire 2001-21</p> Ageing Population Nearly 15% of Hertfordshire residents are over 65. This is projected to increase by nearly 12.1% by 2020.		Numbers of People			2001-11	2011-21		2001	2011	2021	Increase	Increase	Broxbourne	87,100	93,700	102,200	6%	10%	East Hertfordshire	128,900	138,200	152,300	7%	10%	North Hertfordshire	116,900	127,800	140,800	9%	10%	Stevenage	79,700	84,200	88,300	6%	5%	Welwyn Hatfield	97,500	110,700	133,500	14%	21%	East & North Herts CCG	510,100	554,300	617,100	9%	11%	Dacorum	137,800	145,300	155,300	5%	7%	Hertsmere	94,500	100,400	112,500	6%	12%	St. Albans	129,000	141,200	154,600	9%	9%	Three Rivers	82,800	87,900	99,300	6%	13%	Watford	79,700	90,700	95,300	14%	5%	Herts Valleys CCG	523,800	565,500	617,000	8%	9%	Hertfordshire	1,034,000	1,116,000	1,234,100	8%	11%	England	49,138,800	53,107,200	57,687,800	8%	9%	The population of Hertfordshire is growing faster than the England average. Increasing growth in the numbers of older people will place greater demands on health and care services in all areas of Hertfordshire. This will be realised particularly in areas where older people live alone or where transport links are poor and therefore people will be at risk of being isolated from their communities.
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<p>By 2021 the district with the largest proportion of people aged over 85 is likely to be Three Rivers (4.1%) and the districts with the lowest are Stevenage and Watford (2.4%). For people aged 75-84 the largest proportion is likely to be in North Herts (6.6%) and the lowest proportions in Welwyn Hatfield (4.4%). For people aged 60-74 the districts with the largest proportions are likely to be North Herts and East Herts (15.2%) and the lowest proportion will be Watford (11.8%).</p> <p>One out of every five households in Hertfordshire contains only residents that are 65+. Of these 59% contains one person living alone.</p>	
<p>Age</p> <p>It is estimated that there are currently 174,000 people age 65 and over in Hertfordshire. The number of people over 65 years of age is set to increase by 22.4% in Hertfordshire between 2011 and 2021; this is slightly lower than the projected increase across England (23.6%).</p> <p>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).</p>	<p>Research suggests that 2017 will be a 'tipping point': the demand from older people needing care will outstrip family members able to meet that need. This 'care gap' will increase rapidly over the next two decades.</p> <p>Increasing demand versus limited resources means that we need to develop a stronger focus on using already existing community resources, using commissioned care home services as effectively as possible, put a stronger emphasis on prevention and build resilient communities.</p>
<p>Ethnicity</p> <p>Approximately 96% of Hertfordshire citizens age 65 and over are White British, compared to 87.6% of the whole Hertfordshire population. Proportions of other ethnic groups vary between districts:</p>	<p>Ethnicity of the population is changing. This means that in the future we will have more care home service users and already have many care staff from a different ethnic background.</p> <p>The proportion of people from minority ethnic groups living in Hertfordshire has increased over the past decade across all age groups. However, the number in people over 65 is less than in 18-64. This does mean however that we can expect as the population ages the over 65 population will become increasingly diverse. District tenders will need to represent the cultural diversity of the local community and have capacity to meet a range of cultural, religious and language needs in delivery of care. Hertfordshire do not currently</p>

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Local area	Age 65 and over (Percent)				
	White	Mixed/multiple	Asian/Asian British	Black/African/Caribbean/Black British	Other
Broxbourne	97.3%	0.5%	1.1%	1.0%	0.2%
Dacorum	97.5%	0.3%	1.7%	0.3%	0.1%
East Hertfordshire	98.9%	0.2%	0.6%	0.1%	0.1%
Hertsmere	95.4%	0.4%	3.1%	0.6%	0.4%
North Hertfordshire	95.4%	0.5%	2.5%	1.3%	0.2%
St Albans	95.9%	0.4%	2.7%	0.8%	0.2%
Stevenage	96.1%	0.4%	2.2%	0.9%	0.3%
Three Rivers	94.2%	0.5%	4.6%	0.6%	0.2%
Watford	89.7%	0.6%	7.2%	2.1%	0.3%
Welwyn Hatfield	96.9%	0.3%	2.0%	0.6%	0.2%
Hertfordshire	96.1%	0.4%	2.5%	0.8%	0.2%

Over 160 languages are being spoken as first languages in Hertfordshire. Polish, Urdu (including dialects – Pahari, Mirpuri, Azad Kashmiri and Punjabi), Bengali (Sylheti), Gujarati, Chinese, Italian, Punjabi Gurmukhi, Portuguese and Tagalog are the most frequently spoken languages in Hertfordshire after English.

commission cultural specific providers, but providers in all areas will need to ensure their workforce either reflect the needs of the local community or demonstrates cultural competency to deliver effective, compassionate and culturally sensitive care.

On our future design and commissioning of care home services cultural needs need to be accommodated in how we support vulnerable people in the community and how we support care staff to work successfully in the care industry. Equally we need to acknowledge that there will be a growing community that speaks a language other than English as their first language. Within local communities this does also offer the opportunity to recruit paid care home staff who speak multiple languages and are able to support older people in another language.

Religion

After Christians, Hindu, Muslim and Jewish are the largest religious groups in Hertfordshire.

The religion that is most presented in the population of Hertfordshire is Christianity. 58% of the entire population of Hertfordshire, but 78% of Hertfordshire citizens 65+ are Christian.

Local area	Age 65 and over (Percent)									
	C	B	H	J	M	S	OR	NO	NS	
Broxbourne	83%	0%	0%	0%	1%	0%	0%	7%	8%	
Dacorum	79%	0%	1%	1%	1%	0%	0%	11%	8%	
East Hertfordshire	82%	0%	0%	0%	0%	0%	0%	10%	7%	
Hertsmere	67%	0%	1%	14%	1%	0%	0%	8%	9%	
North Hertfordshire	79%	0%	0%	0%	0%	1%	0%	10%	8%	
St Albans	78%	0%	1%	1%	1%	0%	0%	11%	8%	
Stevenage	80%	0%	0%	0%	1%	0%	0%	10%	7%	
Three Rivers	76%	0%	2%	2%	1%	0%	0%	10%	8%	
Watford	76%	0%	2%	1%	3%	0%	0%	9%	8%	
Welwyn Hatfield	78%	0%	1%	1%	1%	0%	0%	11%	8%	
Hertfordshire	78%	0%	1%	2%	1%	0%	0%	10%	8%	

C - Christian
B - Buddhist
H - Hindu

Within the support sector it is already clearly established that vulnerable people should be supported with their religious needs regardless of what religion the care staff are following.

It is evident from the data that Christianity has a stronger follow amongst people 65 and older than in younger generations. Although there appears to be no dramatic shift to other religions, the number of non-religious citizens appear to increase in Hertfordshire.

The position in relation to services reaching people from religions other than Christianity is similar to that of ethnicity. There is a clear opportunity for services to develop to improve access to people from different faith and cultural backgrounds.

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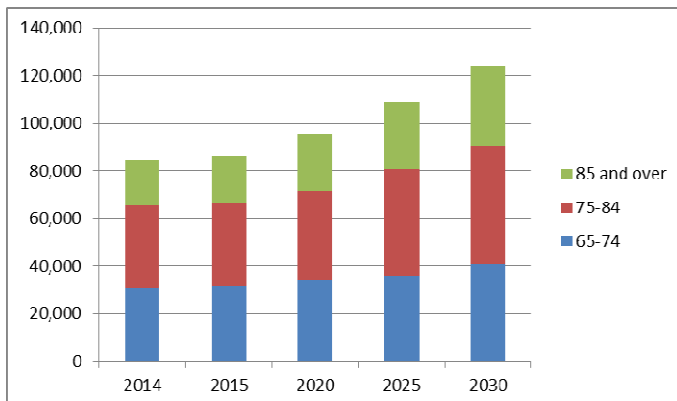
J - Jewish
M - Muslim
S - Sikh
OR - Other religion
NO - No religion
NS - Religion not stated

Disability

Research^{1 2} has highlighted that by 2030 people with a learning disability aged 50+ will increase by 30%.

People with learning disabilities over 80 who need social care are expected to increase by 164%. Older people with learning disabilities experience poorer health, poorer housing and social exclusion.

Hertfordshire, population aged 65 and over with a limiting long term illness whose day-to-day activities are limited (little to a lot):



Older people's health

In 2014 about 45% of older people aged 65 and over have a limiting long-term illness, this is set to increase from 46,396 this year to 46,396 in 2030. Nearly 27% are predicted to have a fall and 2% are predicted to be admitted to hospital as a result. Almost 26% of people aged 65 and over are considered obese and just over 12% are diagnosed with diabetes

Dementia

The population of people 65 and older who live with illness or disability is growing. Services therefore need to offer wider support for a range of needs. Therefore we need to look into developing services that are not just specialised on one service user group but can offer support for various needs.

As a commissioning council we need to move away from thinking strictly in specific service user groups but focus on outcomes individuals want to achieve and on how support can be offered with a focus on these outcomes rather than on an individual diagnosis.

In order to meet future needs within reducing resources, health and social care services will need to:

- Identify and diagnose people with dementia early, providing the best advice and information to support them and their families to live well independently for as long as possible
- Ensure that every interaction with the health and social care workforce is respectful of the person, their family and the issues they face
- Change the services that are currently offered so that each one can be personalised for every individual's changing needs
- There will need to be a much greater focus on joined up preventative services to relieve pressure on acute hospital services.

¹ http://www.ndti.org.uk/uploads/files/9354_Supporting_Older_People_ST3.pdf

² www.bild.org.uk/EasySiteWeb/GatewayLink.aspx?allid=4337

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<p>Hertfordshire already has a well-developed National Dementia Strategy (NDS) implementation Plan, whose progress is managed through the NDS Implementation Group. The number of people living with dementia is projected to double by the year 2020. Dementia has been chosen as a priority in Hertfordshire's Health and Wellbeing Strategy for 2013-16.</p> <p>In 2014 13,913 people over 65 were recorded as having dementia, this is projected to increase to 22,645 people by 2030.</p>	<ul style="list-style-type: none"> • Ensure that services are able to meet the increased demand for services able to meet the needs of service users with dementia. • Ensure that future services are able to support service users living with multiple and complex health conditions, including providing bariatric services and managing health conditions such as diabetes.
<p>Sexual orientation, pregnancy/maternity, gender reassignment, marriage and civil partnership</p> <p>No meaningful data is held on the particular care needs of these groups and the extent to which they are accessing preventative services.</p> <p>0.70% of people Living in a couple (civil partnership or co-habiting) are in a same sex relationship compared to the national average of 0.88%</p>	<p>Anecdotal evidence suggests that those who are (Lesbian, Gay, Bisexual or Transgender) LGBT tend to have worse outcomes in terms of mental health, social isolation and physical health. It is important that services are inclusive and are able to meet the needs of our LGBT community.</p> <p>The position will continue to be monitored and appropriate action taken where necessary.</p>
<p>Carers</p> <p>All available data indicates that there is a very significant number of carers not currently receiving support or known to services.</p> <p>Just fewer than 10% of the Hertfordshire population are carers or have caring responsibilities.</p> <p>Whilst some carers may not want to receive support or be 'known', this data and information on the health and economic impacts of caring highlights the opportunity – and need – to identify and provide support and help to more carers in the county.</p>	<p>Carers need to be acknowledged in their own right. This principle does not just follow legislation under the Care Act but is also supporting the approach to build strong, resilient communities.</p> <p>We must consider the impact of any potential closure of homes on services that offer respite and short breaks to carers, including day services within the homes and any commissioned respite/ short stay/ emergency beds.</p>

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<p>Research³ has shown that carers are more likely to have health problems than those who do not have a caring responsibility.</p>	
<p>End of life The principal causes of death in Hertfordshire are: heart disease and stroke, dementia and Alzheimer’s disease, cancers, and respiratory diseases. These conditions are also principal causes of disability and ill-health. Feedback from service users, carers and professionals, that given the choice, a large majority of people would choose their end of life care and support differently and where possible would choose to die at home.</p>	<p>Given the principle causes of death in Hertfordshire, there is a need for care home services that can support people with specific health conditions appropriately. Services also need provide an end of life care that is in line with peoples’ needs and wishes.</p>
<p><u>Other</u> The Care Act required local authorities to meet a number of requirements. In particular, the Care Act introduces a wide ranging definition of wellbeing. Current financial strain put a higher pressure on developing services that are good value for money. The financial situation presents a challenge for the council as well as for our providing services.</p>	<p>This strengthens the need for care home services to support people in a way that is embedded in our communities and to increase our focus on prevention. We must consider the financial impact of any re-provision of services on service users and their families and that a potential move to a new home could see a change in care home fees. This includes self-funded clients or families who are paying a top up. A change in service could result in a change in care home costs for these service users.</p>

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

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
Age	The care homes impacted by the proposal cater for older	The review of the person’s care needs prior to any potential

³ See e.g. Supporting Carers: An action guide for general practitioners and their teams, Royal College of General Practitioners

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Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	<p>people, over the age of 65, with a range of care and support needs (including dementia), although this may include some younger people under the age of 65 with physical disabilities/ early onset dementia.</p> <p>As these services mainly cater to the needs of older people, we must also consider any service users nearing the end of their life. Feedback from service users and carers indicates that where possible, people would choose to die at home or in a home environment. We must consider that the care homes affected are 'home' to the service users, and moving home to a new or unfamiliar environment can be particularly distressing for service users reaching the end of their life.</p> <p>A negative impact may occur if the process of developing new services or amending existing service will mean change in the support routine people receive, or where a closure of a home requires service users to move to a new home/ locality. This change may see an improvement in the living conditions/ quality of care service users receive but may also cause anxieties for some people who are accustomed and happy with the services they receive.</p>	<p>move provides an opportunity to enhance or improve equality of opportunity. The details of this will be captured and reviewed in the individual's care plan developed by the operations team with the person. This should also cover End of Life care planning. This action will be kept under constant review throughout and after the transition process.</p> <p>Any developments and changes are communicated to service user groups in an appropriate format. The council has recently started a new process to enable a focus on co-producing services. Co-production means service users and stakeholders are part of the developments and are informed all the way and ensure service users have choice and control over their future care.</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
<p>Disability Including Learning Disability</p>	<p>The number of people in Herts with a physical disability (PD) & sensory Impairment (SI) is</p>	<p>Any tenders for new services/developments will ensure that any new homes/</p>

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	<p>set to increase by 7% to 77,992 people by 2025. There is also an increase of children born with PD and learning disability (LD) surviving into adulthood and old age. This means there is an increase in the population of people with PD, SI and LD. This will have an impact on providers needing to provide more services for an increasing population.</p> <p>The current buildings are not suitable for people with a complex physical disability, as bedrooms are small with some shared shower facilities. This is one of the reasons as to why they may need to be re-provided.</p>	<p>buildings are commissioned/ built with en-suite rooms that are “home for life” standards. Therefore this can foster more opportunity for people whose support or disability needs increase or who cannot currently be accommodated in the local area to remain in the home rather than having to move on.</p> <p>We must also ensure that any communications with service users about the proposed closure are accessible to service users with a learning disability or dementia and mental capacity issues considered (where appropriate)</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
Race	<p>The increasing proportion of people from minority ethnic groups living in Hertfordshire has implications for the design and delivery of services.</p> <p>There is the potential for a positive impact as future services and current and new Providers will be required to develop plans to make the service more accessible to under-represented groups and to accommodate specific needs regarding ethnic backgrounds (e.g. language, dietary or cultural requirements).</p>	<p>A paper commissioned from the IPC supported the council’s decision to provide ‘culturally competent’ services rather than specific services for minority groups. This is addressed through all development and new commissioning.</p> <p>The council can require any new provider to ensure its workforce either reflects the needs of the local community or demonstrates cultural competency to deliver effective, compassionate and culturally sensitive service.</p> <p>This issue will be monitored prior, during and following any potential service user move on to ensure that any new staff involved in the provision of care</p>

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		<p>continues to provide individual and enhanced level of care to cater for all people regardless of race/nationality.</p> <p>We must also ensure that any communications with service users or carers about the proposed closure are accessible to all service users in multiple languages, where appropriate.</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
Gender reassignment	<p>There may be a risk that those who are transgender are at higher risk of discrimination and do not use services because of this concern, which should be considered in any service user move on or reprovision of services.</p> <p>A recent Hertfordshire health needs assessment identified Trans people can experience barriers accessing health and social care services. However, engagement with providers did not identify this as having an impact.</p>	<p>All services are required to offer enabling support free from discrimination and stigmatisation and support individuals regarding their specific needs.</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
Pregnancy and maternity	<p>There is no one in the services currently with this protected characteristic due to the age of the group served.</p>	<p>The situations will be monitored and any identified action will be undertaken. Should the client group change this category will be considered</p>
Religion or belief	<p>Hindu, Muslim and Jewish are the three largest religious groups in Hertfordshire after religion. Hertfordshire has an increasing population that is faster than the national average so consequently there will be an increase in the number of people identifying</p>	<p>Steps will be taken to ensure that faith needs will continue to be met in the new home/ day facility and arrangements will be put in place to ensure people are continued to be taken to existing places of worship or see their faith leader at the home This will be reviewed prior , during and</p>

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	<p>themselves as other religions. This may be a barrier to people accessing services where a service user move is required.</p> <p>There is the potential for a positive impact as providers/services can be required to develop plans to make the service more accessible to under-represented groups.</p>	<p>following the move and the care plans and action plans updated</p> <p>Tenders, contracts and monitoring exercises will ensure that service providers will accommodate the diversity of the local community and provide culturally aware and religious sensitive support.</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
Sex	<p>As the majority of care home residents are female a change in home will affect more women than men. However data from the Office of National Statistics (ONS) released in 2014 reported that the gender gap in care homes has narrowed since 2001. Fewer women but more men aged 65 and over, were living as residents of care homes in 2011 compared to 2001; the population of women fell by around 9,000 (-4.2%) while the population of men increased by around 10,000 (15.2%).</p> <p>In 2011 there were around 2.8 women for each man aged 65 and over compared to a ratio of 3.3 women for each man in 2001.</p>	<p>We must consider and monitor the gender split of the care home population in any future re-provision of services and any identified action will be taken forward.</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
Sexual orientation	<p>There is a potential risk that those who are gay or bisexual are at higher risk of discrimination and do not use services because of this concern.</p>	<p>All commissioned services are required to offer enabling support free from discrimination and stigmatisation and support individuals regarding their specific needs and ensure staff training and recruitment values</p>

Appendix 1 - Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
		<p>reflect this. This will be monitored during contract monitoring visits.</p> <p>Steps will be taken to ensure that needs will continue to be met in the any new commissioned provision and arrangements will be put in place to review this issue prior, during and following the move. Care plans and the action plans will be updated. Training and appropriate marketing and use of images will be required.</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
<p>Marriage & civil partnership</p>	<p>Some services are specific to single people due to room size.</p> <p>Current care home residents may be married or in a civil partnership with other residents or a partner not living in the home. This will need to be considered in any service user move on.</p> <p>Reducing bus services will have an impact on older people who are dependent on public transport to visit a spouse in a care home</p>	<p>Larger bedrooms in new provision may mean there is opportunity for people to share accommodation in the new home thereby fostering enhanced opportunity for married people or those in a civil partnership.</p> <p>We must ensure that personal relationships are considered in any service user move on plan and that service users are supported to maintain these relationships.</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
<p>Carers (by association with any of the above)</p>	<p>There could be increased travelling distance and time for some people as a result of a potential move (but less for others) in order to visit friends and family.</p>	<p>Access by public transport and availability of car parking at any new provision must be considered.</p> <p>The review of the person's care</p>

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Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	<p>Carers are impacted by the development of services that aids their care. Carers may be reliant on day services or short break provision for respite for a variety of reasons, including age, health problems, other caring responsibilities, ability to work. A reduction in the availability of respite may impact on their ability to continue to care.</p>	<p>needs prior to any potential move will include their carer and provides an opportunity to enhance or improve equality of opportunity. Consultation with carers will also include group and individual meetings. This action will be kept under constant review.</p> <p>Identify whether alternative support is needed and available before any changes to provision, and in particular for the following:</p> <ul style="list-style-type: none"> - carers over 70 years or those in poor health - carers whose ability to work is supported by the day service and or short breaks/respite provision - carers with additional caring responsibilities. <p>Ensure people have information about their rights for a carer's assessment.</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
<p>Carers and CARE ACT 2014</p>	<p>From April 2015, carers will be entitled to an assessment of their own needs in the same way as those they care for. If the focus of your EqIA relates to care and support, consider carers' new rights and see the Care Act pages on Compass for more guidance</p>	
<p>Opportunity to advance equality of opportunity and/or foster good relations (Please refer to the guidance for more information on the public sector duties)</p>		
<p>The accommodation strategy seeks to enhance equality of opportunity by ensuring sufficient quality accommodation with for people with any type of needs for care or support. While the potential closure of some homes may result in challenges for people with protected characteristics it may also give the opportunity to choose a move to more modern services, or those which can more closely meet needs.</p>		

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Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	<p>A study conducted by University of Birmingham stated: 'If moves to other care homes are planned and conducted well, this guide suggests that care home closures might be able to improve outcomes for older people (if they were in a poor environment before) and might be able to support people through very difficult changes without making things very much worse for them in the meantime.' (2011) The potential reprovision of services in new homes that are more modern and fit for purpose could advance equality of opportunity and lead to improved living standards and wellbeing for current and future residents.</p> <p>The potential reprovision of services as a result of home closures also provides the council with an opportunity to redesign the service specification to better meet the needs of the current older people's population and in particular cater for service users with physical disabilities and other protected characteristics.</p> <p>There may be opportunities to develop closer links with other partner agencies and organisations in local areas.</p> <p>Further discussions will take place through the process with service users and carers to seek their views on how best to minimise the impact of a potential home closures or reprovision of services.</p>	

Impact Assessment – Staff (where relevant)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
Age	<p>This will not significantly change the support that care workers are required to deliver.</p> <p>However the potential closure or reprovision of services may put some care workers at risk of redundancy and potentially impact upon the culture, standards and expectations of workers and the way they deliver care.</p>	<p>Ensure all current care home staff are consulted and kept informed throughout the process.</p> <p>Given the current recruitment challenges in the care sector and the need to offer continuity of care to service users, every effort must be made to retain care staff where possible. This may include Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) arrangements to a new provider and support to find alternative employment to keep them in the care sector.</p> <p>There may be the opportunity for early retirement for some staff.</p>

Appendix 1 - Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
		<p>The values and standards that the contract terms and conditions and service standards demand of any provider will ensure that individual staff's requirements are considered and staff' rights are protected.</p> <p>Tender processes and discussions and communications with Providers will focus on the need to train and support staff and acknowledge their individual circumstances in a way that ensures appropriate service delivery.</p> <p>Positive support of staff will be considered in tender evaluations and ongoing contract monitoring.</p>
Disability Including Learning Disability	Consider the needs of staff that may have disclosed a disability – this may include physical disability, learning disability or mental health problem	<p>Ensure all communications include people absent due to ill health and is in an accessible format.</p> <p>Managers to ensure people have the opportunity for a face to face meeting to discuss if necessary or requested.</p> <p>Further support available in second stage of consultation process e.g. for interviews.</p>
Race	There should be no differential impact	Monitor who is directly impacted to ensure there is no difference because of race
Gender reassignment	There should be no differential impact	Monitor who is directly impacted to ensure there is no difference because of gender reassignment.
Pregnancy and maternity	<p>There may be care home staff on maternity or paternity leave or with specific flexible working arrangements due to family/child care commitments.</p> <p>Staff on maternity leave may not be</p>	<p>Ensure all communications include people absent due to maternity or paternity leave or related absences.</p> <p>Ensure that flexible working arrangements are respected and</p>

Appendix 1 - Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
	present for communication briefings and discussions	taken into consideration in any reprovion of services.
Religion or belief	There should be no differential impact	Monitor who is directly impacted to ensure there is no difference because of religion or belief.
Sex	Given that more women than men work in the paid care sector, more women than men may be impacted by changes in services. However, the impact on the individual is not related to their gender.	We must consider an approach to encourage a diverse workforce, including a more balanced representation between genders.
Sexual orientation	There should be no differential impact	Monitor who is directly impacted to ensure there is no difference because of sexual orientation
Marriage & civil partnership	There should be no differential impact	Monitor who is directly impacted to ensure there is no difference because of marital status.
Carers (by association with any of the above)	<p>Staff who are carers may have flexible working arrangements which may need to be renegotiated in the result of a reprovion.</p> <p>Staff who are carers may find it more difficult to work flexibly – that is, they may need an assured consistency in their working arrangements.</p>	<p>Ensure all flexible working arrangements are identified early and included in individual staff consultations</p> <p>Determine criteria early in process as to what can be accommodated by future provision, and what fair process will look like.</p>
<p>Opportunity to advance equality of opportunity and/or foster good relations (Please refer to the guidance for more information on the public sector duties)</p>		
<p>It is expected that current and future providers treat their care staff appropriately, ensuring that wages are competitive for the local area and that staff have the right support from management within their organisation.</p> <p>We will also expect all staff to have received training in safeguarding and have up to date and appropriate policies in Safeguarding, Whistleblowing and Complaints. These will be checked through monitoring visits by checking training matrix's and policies and where these are not in place providers will be expected to make the required changes, through an action plan which will be followed up on through a follow up monitoring visit.</p>		

STEP 5: Gaps identified

Appendix 1 - Equality Impact Assessment (EqIA)

<p>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?</p>	<p>Consultation with service users, staff and carers regarding the implementation of any proposals to close a home will need to take place, with particular regard to the impact of the proposals on them as individuals. This will be provided within homes to and at convenient times to allow maximum involvements</p> <p>Further research would be required to identify suitable alternative services.</p>
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STEP 6: Other impacts

Consider if your proposal has the potential (positive and negative) to impact on areas such as health and wellbeing, crime and disorder and community relations. There is more information in the guidance.

While a change in care home can impact adversely on health and wellbeing this can be mitigated by giving full and timely information and careful planning with individuals and their carers.

Future tendering processes will seek to ensure ranges of community need are met by any new providers and that they can demonstrate strong knowledge of the diversity of communities in Hertfordshire.

STEP 7: Conclusion of your analysis

Select one conclusion of your analysis	Give details
<input type="checkbox"/> No equality impacts identified – No change required to proposal.	
<input type="checkbox"/> 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.	
<input checked="" type="checkbox"/> Potential equality impacts identified – Take 'mitigating action' to remove barriers or better advance equality. – Complete the action plan in the	<p>The County Council has significant experience in managing moves between care homes.</p> <p>We successfully managed the emergency</p>

Appendix 1 - Equality Impact Assessment (EqIA)

Select one conclusion of your analysis	Give details
<p>next section.</p>	<p>move on of 34 service users following a fire at a care home in April 2017. We have also recently worked with a care home provider to achieve successful merging of two care homes onto a single new site. National best practice guidance is used and practice which stems from conducting good quality care reassessments and formulating individual transfer plans should mitigate any negative impact and to remove barriers or better advance equality.</p> <p>The closure or re-provision of services is likely to result in improved outcomes, living conditions and facilities for service users, where they are moved to, or their care is re-provisioned in more modern, fit for purpose services that are able to better meet their needs, in particular those of individuals with protected characteristics.</p>
<p>Major equality impacts identified</p> <p><input type="checkbox"/> – Stop and remove the policy</p> <p>– The adverse effects are not justified, cannot be mitigated or show unlawful discrimination.</p> <p>– Ensure decision makers understand the equality impact.</p>	

STEP 8: Action plan

Issue or opportunity identified relating to:	Action proposed	Officer Responsible and target date
<p>–</p> <p>If the proposal leads to a care home deciding to close a home there is potential impact on service users who are mainly older people who are supported by carers</p>	<p>If a closure is planned the following mitigation will be put in place</p> <ol style="list-style-type: none"> 1. consultation designed to allow input by older people and their carers 2. individual assessment of needs and options which reflects peoples protected characteristics 3. Contracting of alternative services which require them to proactively meet equalities 	<p>Commissioning Manager for older people. Target date to commence within 1 week of any decision to close a home</p>

