

You will need to produce an Equality Impact Assessment (EqIA) if:

- You are developing a new policy, strategy, or service
- You are making changes that will affect front-line services
- You are reducing budgets, which may affect front-line services
- You are changing the way services are funded and this may impact the quality of the service and who can access it
- You are making a decision that could have a different impact on different groups of people
- You are making staff redundant or changing their roles

Guidance notes on how to complete an EqIA and sign off process are available on the Hub under Equality and Diversity. You must read the <u>guidance notes</u> and ensure you have followed all stages of the EqIA approval process (outlined in appendix 1). Section 2 of the template requires you to undertake an assessment of the impact of your proposals on groups with protected characteristics. Equalities and borough profile data, as well as other sources of statistical information can be found on the Harrow hub, within the section entitled: <u>Equality Impact Assessment</u> - sources of statistical information.

| | | act Assessmen | / | |
|---|---------------------------------------|--|------------------|--|
| Type of Decision: | Cabinet | Portfolio holder | Other (state) | |
| Title of Proposal | Extra Care Housin | g for Older People | | Date EqIA created 04/07/2018 |
| Name and job title of completing/lead Officer | Mital Vagdia, Com Meghan Zinkewich | missioner, People -Peotti, Housing Projec | t Manager, Commu | nity |
| Directorate/ Service responsible | Community- Housi | ng and People- Adult S | ocial Care | |
| Organisational approval | | | | |
| EqIA approved by Directorate Equality Task Group (DETG) Chair | | | | \bowtie |
| Dave Corby, Head of Service- Community Directorate | | | | Tick this box to indicate that you have approved this EqIA |
| | | | | Date of approval 06/11/2018 |

1. Summary of proposal, impact on groups with protected characteristics and mitigating actions (to be completed after you have completed sections 2 - 5)

a) What is your proposal?

Harrow Council's Housing and Adult Social Care departments are working together to explore ways to increase the supply of Extra Care Housing for Older People in the borough, through a combination of options such as new development and re-commissioning existing older persons housing schemes owned by the council and housing association partners. The aim is to meet the housing, care and support needs of older people as an alternative to domiciliary care and residential care which are not the most appropriate or cost effective approaches to meet needs and maintain health and wellbeing. This is particularly important in the context of an ageing population, increasing demand for services and budget challenges in local government.

b) Summarise the impact of your proposal on groups with protected characteristics

The impact on older people would be positive in that extra care housing would offer a more suitable housing option with support and care to meet their needs in a more appropriate and cost effective manner.

Our proposal includes:

- Significantly increasing the supply of Extra Care Housing for Older People in Harrow as an alternative to costly domiciliary care and residential care services which may not be the most appropriate method to provide housing, support and care
- Determining a robust revenue funding strategy to ensure long term viability of this type of housing
- Ensuring a long term strategy is in place between the council and primarily its housing association partners which enables independent living for as long as practically possible and quality care and support when it is genuinely needed
- Contributing to better integration between Health, Adult Social Care and Housing
- Having a positive impact across wider public services, such as reducing pressure on health services locally.

b) Summarise any potential negative impact(s) identified and mitigating actions

Our proposal to give priority consideration in terms of Planning Applications for Extra Care Housing could have a negative impact on the supply and availability of new housing stock for other client groups such as homeless households in temporary accommodation or general needs social/council tenants on the housing waiting list who need to move to a different property.

As a consequence of building more Extra Care Housing however, there will be some social housing properties becoming available for letting if the tenants move into Extra Care Housing which will mitigate the impact of this proposal.

| 2. Assessing | impact | | | | | |
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| protected chara information, co explain what im | ed to undertake a detailed analysis of the impact of your proposals on groups with acteristics. You should refer to borough profile data, equalities data, service user insultation responses and any other relevant data/evidence to help you assess and inpact (if any) your proposal(s) will have on each group. Where there are gaps in data, the this in the boxes below and what action (if any), you will take to address this in the | impact y with pro relevant proposa | our propos tected chai box to inc will have | dence tell you cal may have racteristics? licate whethe a positive im ajor), or no i | on groups Click the or your pact, | |
| Protected characteristic | For each protected characteristic, explain in detail what the evidence is suggesting and the impact of your proposal (if any). Click the appropriate box on the right to | | | jative pact | | |
| | indicate the outcome of your analysis. | Positive impact Minor | | Major | pact | |
| Age | Profile of Harrow residents at 2011 Census: In 2011 Harrow had a usual resident population of 239,056. 48,060 (20.1%) were aged 0-15, 157,330 (65.8%) were aged 16-64 and 33,670 (14.1%) were aged 65+. 18% of Harrow's households are comprised solely of residents aged 65 and over. Harrow has an ageing population and the number of people aged 65+ is projected to increase by 25% over the next 12 years. Dementia rates are projected to increase significantly over the next twelve years by an estimated 37%, from 2500 to just less than 4000. POPPI data indicates that the number of people aged 65 and over will increase significantly, and as such any contracts tendered will need to account for the increase in population size and be able to cope with an increasing number of referrals. Over 6 years to 2025 between 33 and 94 older people who are adult social care clients could be suitable for nomination to extra care housing for older people, or up to 16 clients per year on average. The impact on these clients would be positive in that it would be a more suitable housing option with support and care to meet their needs in a more appropriate and cost effective manner. By 2025 we might expect a maximum of around 199 new clientrs to be suitable for nomination to extra care housing, or up to 20 clients per year on average, and up to 590 people referred to the local authority could be catered for by extra care housing depending | | | | | |

| | on the type of provision, financial arrangements and the ability of the service to meet diverse ethnic, religious and cultural needs. | | |
|------------------------|--|--|--|
| Disability | Profile of Harrow residents at 2011 Census: In 2011 Harrow had a usual resident population of 239,056. 34,850 (14.6%) of residents had a limiting long-term illness or disability which limited their day-to-day activities. For those older disabled people who are eligible to be nominated to extra care housing for older people an increase in the provision of this type of housing would be positivie in that in would be a more suitable housing options, built to modern accessibility standards, with support and care services to meet their needs in a more appropriate and cost effective manner. | | |
| Gender reassignment | Profile of Harrow residents: There is limited data held about this protected characteristic for the population and in relation to these groups and services. The England/Wales Census and Scottish Census have not asked if people identify as transgender. The charity GIRES estimated in their Home Office funded study in 2009 the number of transgender people in the UK to be between 300,000 and 500,000. The data available for this protected characteristic is limited. This is a nationally recognised issue when commissioning services, The Transgender Equality Report produced by the House of Commons Select Committee published that the Office for National Statistics (ONS) anticipate "some 650,000 people are likely to be gender incongruent to some degree". Any service commissioned must be prepared to work with people who have undergone gender reassignment as this figure is expected to rise in coming years. As there is limited data it is difficult to assess the likely impact on this protected characteristics but it is unlikely to be significant. | | |

| Marriage and Civil Partnership | Profile of Harrow residents at 2011 Census: In 2011 Harrow had a usual resident population of 239,056. Harrow had a very high percentage of married couples. 53.7 per cent of residents (aged 16+) were in a marriage. The borough had lower levels of people with other marital and civil partnership status. The proposal has limited impact on this protected characteristic, however in a small number of cases there would be a positive impact if a couple were able to continue to live together in extra care housing for older people where they would not be able to do this in residential care (particularly if only one person needed this level of care). | | |
|--------------------------------------|--|--|-------------|
| Pregnancy and Maternity | Profile of Harrow residents: ONS births figures show Harrow as having 3,585 live births in 2012. There is limited data held about this protected characteristic for the population and in relation to these groups and services. As the proposal concerns older people it will not have an impact on this protected characteristic. | | \boxtimes |

| Race/ Ethnicity | Profile of Harrow residents at 2011 Census: In 2011 Harrow had a usual resident population of 239,056. In 2011 44% of residents were Asian. Harrow's Indian group was the borough's largest minority ethnic group, with a population of 63,050 (26.4%). Other Asian groups accounted for 11.3% of Harrow's residents. Sri Lankans were the largest population group in this category in Harrow. 42.2% of residents were White, including 30.9% (73,830) White British. 8.2% of Harrow's residents were categorised in the Other White group, which comprised people from a large variety of backgrounds (mainly from other parts of Europe). 9.7% (23,105) of residents were Black, including Black African (3.6%) Black Caribbean (2.8%) and Other Black (1.8%). 4.1% of residents were included in the Arab and Other grouping. Approximately 67% of the population aged 65+ are White. The largest ethnic minority group is Asian/Asian British (27% of the 65+ population). Harrow will see an increase in the ethnic diversity of its older population. The number of people with dementia from Black and Minority Ethnic groups is also predicted to rise, due to the high incidence of high blood pressure, diabetes, stroke and heart disease within these communities, which are risk factors for dementia. For those older people from ethnic minorities who are eligible to be nominated to extra care housing for older people an increase in the provision of this type of housing would be positive in that in would be a more suitable housing options with support and care services to meet their needs in a more appropriate and cost effective manner, as it is the intention of commissioners to ensure through the procurement process that the providers have the ability to meet diverse ethnic and cultural needs in a meaningful way. | | | |
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| Religion or belief | Profile of Harrow residents at 2011 Census: In 2011 Harrow had a usual resident population of 239,056. Religious affiliation is very high in Harrow. In 2011 37.3% (89,168) of residents were Christians, 25.3% (60,410) were Hindus, 4.4% (10,530) were Jewish and 12.5% (29,880) were Muslims 2.5% (5,945) people were followers of Other Religions, including Sikhs, Buddhists, Jains and Zoroastrians 9.6% (22,870) of residents stated that they had no religion 6.2% didn't answer this question. | \boxtimes | | |

| For those older people with needs associated to their religious affiliation who are eligible to be nominated to extra care housing for older people an increase in the provision of this type of housing would be positive in that in would be a more suitable housing options with support and care services to meet their needs in a more appropriate and cost effective manner, as commissioners intend to ensure through the procurement process that the providers have the ability to meet diverse religious and cultural needs in a meaningful way. | | | | |
|--|--|--|--|--|
| Profile of Harrow residents at 2011: Harrow had a usual resident population of 239,056. 49.4 per cent of residents were males and 50.6 per cent were females. The proposal to increase the provision of extra care housing for older people will have a positive impact on all genders, however in the eligible age group the percentage of women tends to be higher than men due to difference in life expentancy and mortality rates. | \boxtimes | | | |
| The ONS advises that in 2015, 1.7% of the UK population identified themselves as lesbian, gay or bisexual (LGB). In 2015, the population of London had the largest percentage who identified themselves as lesbian, gay or bisexual (LGB) at 2.6%. Profile of Harrow residents: There is limited data held about this protected characteristic for the population and in relation to these groups and services. As there is limited data it is difficult to assess the likely impact on this protected characteristics but it is unlikely to be significant. | | | | |
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| | ve impact on groups with protected cha | n the Council and Harrow as a whole, coaracteristics? | ould your | |
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| space below | | be affected and what is the potential impact? In | | |
| economic factors etc), coul Yes | ld your proposals have an impact on in | nally/locally (national/local/regional polic dividuals/service users, or other groups | | D- |
| If you clicked the Yes box, Inclu | de details in the space below | | | |
| 3. Actions to mitigate/remo | ve negative impact | | | |
| | your assessment (in section 2) suggests to ou have not identified any negative impact | hat your proposals may have a negative impos, please complete sections 4 and 5. | pact on gro | oups with |
| address and remove any negati implemented. | ve impacts identified and by when. Please als | mitigating actions and steps taken to ensure the so state how you will monitor the impact of you | r proposal c | once |
| State what the negative impact(s) are for each group, identified in section 2. In addition, you should also consider and state potential risks associated with your proposal. | Measures to mitigate negative impact (provide details, including details of and additional consultation undertaken/to be carried out in the future). If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation. | What action (s) will you take to assess whether these measures have addressed and removed any negative impacts identified in your analysis? Please provide details. If you have previously stated that you are unable to identify measures to mitigate impact please state below. | Deadline date | Lead Officer |
| | | | | |

4. Public Sector Equality Duty

How does your proposal meet the Public Sector Equality Duty (PSED) to:

- 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- 2. Advance equality of opportunity between people from different groups
- 3. Foster good relations between people from different groups

The proposal advances the equality of opportunity between people from different groups because it aims to meet the housing, care and support needs of older people in a more appropriate and cost effective manner through increasing the supply and availability of extra care housing for older people as a more suitable alternative to domiciliary care and residential care. This is particularly important in the context of an ageing population, increasing demand for services and budget challenges in local government.

The proposal also fosters good relations between people from different groups because commissioners intend to ensure through the procurement process that the providers have the ability to meet a range of diverse ethnic, religious and cultural needs in a meaningful way.

| 5. Outcome of t | he Equality | Impact Assessment (| (EqIA |) click the box | that applies |
|-----------------|-------------|---------------------|-------|-----------------|--------------|
|-----------------|-------------|---------------------|-------|-----------------|--------------|

| X | Outcome | 1 |
|------------------------|---------|---|
| $\mathbf{Z}\mathbf{A}$ | Outcome | |

| No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality of opportunity are being addressed |
|--|
| ☐ Outcome 2 |
| Adjustments to remove/mitigate negative impacts identified by the assessment, or to better advance equality, as stated in section 3&4 |
| Outcome 3 |
| This EqIA has identified discrimination and/ or missed opportunities to advance equality and/or foster good relations. However, it is still reasonable to continue with the activity. Outline the reasons for this and the information used to reach this decision in the space below. |
| Include details here |
| |