

Bristol City Council Equality Impact Assessment Form

(Please refer to the Equality Impact Assessment guidance when completing this form)



Name of proposal	Better Lives at Home – Care and Support in new Extra Care Housing schemes
Directorate and Service Area	Adults, Children and Education, Strategic Commissioning Team.
Name of Lead Officer	Sarah Evens

Step 1: What is the proposal?

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

1.1 What is the proposal?

We are seeking approval for the following:

1. New Fosseway Extra Care Housing - Approval to undertake a process to secure a partner and delegate authority to the Executive Director for ACE (in consultation with the Director for Housing) to determine the procurement approach and award the contract, with annual updates to Cabinet.

The proposal for Extra Care Housing at the New Fosseway Road site was included in the full EQIA, reviewed and approved by Cabinet in April 2014 (attached).

2. Haberfield House - Approval to award the care and support contract to a provider chosen by the Landlord, with delegation of the detail of the contract to the Executive Director ACE.
3. Redhouse - Approval to award the care and support contract to a provider chosen by the Landlord with delegation of the detail of the contract to the Executive Director ACE.

4. Blake Centre - Approval to delegate responsibility to Executive Director ACE, in consultation with the Director of Housing, to secure an organisation to build, develop and operate a new ECH scheme on this site and to deliver Care and Support within the site.

The proposals to build Extra Care Housing at Haberfield House, Redhouse and Blake Centre were included in a full EQIA which was reviewed and approved by the Health and Wellbeing Board as part of Phase 3 of the Bristol Retirement Living Programme in June 2015 (attached).

The development of Extra Care Housing aims to:

- Increase the supply of housing with care and free up general need social housing
- Reduce the need for more expensive residential care
- Maximise the number of people living in their own home
- Offer sector leading accommodation that provides the spatial requirements for:-
 - Care and Support to be delivered for a wide range of physical, sensory and cognitive impairment
 - Lifestyle alternatives and degree of communality that offers social engagement and active retirement as an alternative to increasing isolation in one's own home.
 - Housing that is unencumbered by maintenance and management issues, providing security at a time in life when we are most vulnerable.
 - Housing that is conveniently located for easy access to the range of facilities that we require in order to retain independence and enjoy healthy and fulfilled lives for as long as possible.

The need for Extra Care Housing in Bristol is currently being analysed by the Adult Care Commissioning Team and will be available in the Autumn 2018. The outcome of this analysis will inform the nomination process into new and existing Extra Care Housing Schemes.

Step 2: What information do we have?

Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

2.1 What data or evidence is there which tells us who is, or could be affected?

The proposal will impact on people with protected characteristics, especially older and disabled people, in the following ways:

- Access to specialist housing for older people (Extra Care scheme)
- Access to a service (Care and Support within the Extra Care Housing setting)
- Impact on quality of life (Health, Wellbeing, Independence, Social Isolation)

Bristol City Council currently has nomination rights into 11 Extra Care Housing Schemes within Bristol; a total of 465 flats. These schemes are situated throughout the city (Please see appendix A to the Cabinet Report for a map).

A Care and Support Contract is commissioned at each scheme and the majority of ECH residents requiring care and support use these services. A small number choose another care and support provider to provide their care, usually by Direct Payment.

The following analysis provides evidence of who may be affected by the development of new Extra Care Housing:

1. People who currently live within Extra Care Housing Schemes in Bristol
2. People who are currently waiting for Extra Care Housing in Bristol
3. People who are currently receiving Homecare services (and could potentially move to an ECH scheme in the future)

1. People who currently live with Extra Care Housing Schemes in Bristol.

According to the Liquid Logic Adults System (LAS) there are 400 people receiving care and support with Extra Care Housing schemes in Bristol in August 2018.

Age

The largest majority of people currently living with ECH are between 80-89yrs old (37.3%), followed by 70-79yrs olds (21.5%) and those 90yrs and over (20.8%). Only 15.6% of people are 60-69yrs old and just 5% are under 60yrs.

Disability

The vast majority of people nominated from Bristol City Council into ECH schemes have eligible care and support needs (over 90% - the rest were nominated under a previous housing policy).

Race

The data on ethnicity within the LAS system is often incomplete, with 7.5% of people reported as their ethnicity 'Not yet Obtained'. However, over 88.7% of people currently receiving care and support within ECH schemes are reported as White (White British, White Irish and Any other White background) with just 3.75% of people reported as Black and Minority Ethnic. Given that 16% of Bristol's population are from BME groups, these people are currently under represented within Bristol's Extra Care Housing schemes.

Religion/belief

The data on religion/belief within the LAS system is also very incomplete, with 31.75% of people recorded with a religion/belief unknown. The majority of people are recorded as Christian (53.75%), followed by None (12.75%) and Other Religion (1.5%). 0.25% preferred not to say.

Sex

Within ECH, 130 people (32.5%) are reported as male and 270 people (67.5%) are reported as female. In the population of Bristol in general, 44.9% are male and 55.1% are female, therefore males are currently under represented in ECH.

Sexual Orientation

The data on sexual orientation within the LAS system is incomplete with 41% of people recorded as their sexual orientation 'Not known'. The majority of people are recorded as 'Heterosexual' (51%), with 5.25% of people recorded as 'Not disclosed' and 2.75% 'Not Certain'.

2. Analysis of Current ECH Waiting List (at May 2018)

As of May 2018, Bristol City Council currently has 178 service users waiting for Extra Care Housing. These people may be eligible to move into the new ECH schemes which are the subject of this proposal.

Age

The average age on the waiting list is 78.

The largest proportion of service users (34%) are between the ages of 85-94 years old. This is followed by 25% in the 75-84 age bracket and 22% in the 65-74 age bracket.

The majority (85%) of people on the waiting list are over 65. 15% of people on the waiting list are under 65 and working age.

Care and Support Hours

The majority of people on the waiting list require 5-10 hours of care and support. This is followed by 35% requiring 10+ hours and 4% have unknown support requirements.

Geography

The table below indicates the number of people on the waiting list who live in each Ward of Bristol.

Wards	
Unknown	24
Avonmouth & Lawrence Weston	18
Hartcliffe & Withywood	11
Stockwood	9
Frome Vale	9
Southville	8
Southmead	7
St George West	7
Henbury and Brentry	7
Easton	6
Westbury-on-Trym & Henleaze	6
Hengrove & Whitchurch Park	6
Lawrence Hill	6
Knowle	6
Bedminster	5
Central	4
Lockleaze	4
Eastville	3
Filwood	3
Horfield	3

Stoke Bishop	3
Clifton	3
Brislington East	3
St George Central	3
Hillfields	3
Windmill Hill	3
Bishopsworth	2
Bishopston and Ashley Down	2
Cotham	2
St George Troopers Hill	1
Brislington West	1
Clifton Down	1
Ashley	0
Hotwells and Harbourside	0
Redland	0

The majority of people on the waiting list live in the South of the City (67) closely followed by the North West of the City (51). The East of the City and the West of the City contain less people who are on the waiting list for an ECH scheme (35 and 25 people respectively).

Types of Current Housing/Accommodation

Social Housing

One third of people on the waiting list are currently living in social housing. Of these, people 48 are council tenants, 10 are housing association tenants and 1 unknown.

Private Housing

One third of people on the waiting list are currently in private housing.

Sheltered Housing

22 people on the waiting list are living in some form of sheltered housing. Of sheltered housing 10 people are council tenants, 9 are housing association tenants, 1 owner occupier and 2 unknown.

Nursing Home

13 people, (7%) are currently in a nursing home.

Residential Home

18 people (10%) are currently in a residential home.

Homecare

A larger proportion of people living in social housing receive homecare (59%) in comparison with people living in private housing (40%).

Of those in social housing 24 people (41%) did not have a package of homecare whilst 34 people do have a package of homecare.

Of those in private housing the majority of people (60%) do not have package of homecare whilst 23 people do have a package of homecare.

Sheltered Housing

Of those in sheltered housing, a 50/50 split of 11 people receiving a package of homecare and 11 not in receipt of a package of homecare.

The 9 people in 'Other' accommodation included people already living in ECH, supported living, hostel and temporary accommodation.

- Social Housing- receiving homecare package or not?
- Private Housing- receiving homecare package or not?
- Residential Home
- Nursing Home
- Other

3. People currently receiving Homecare in Bristol

The majority of homecare service users are female (62%), White British Ethnicity (81%), Christian (50%). 53% of service users are British, with 45% recorded as unknown. 47% of service users are Heterosexual, with 43% recorded as Not Known.

A slightly higher proportion of homecare service users are White British (81%) compared with the Bristol population (78%), suggesting that BME groups are slightly unrepresented for those receiving a commissioned service. Looking at the profile of service users who receive a Direct Payment for homecare, a large majority are still White British (63%), however there is significantly more ethnic diversity.

The majority of the service users have a primary need associated with being physically frail or ill (37%), closely followed by physical disability (33%). There are also a significant number of service users with dementia (9%) and mental illness (6%) as a primary need.

Physical Disability and Physical Frailty are also prevalent when looking at secondary needs. A significant number of people have a secondary need as a Carer. Most carers are older people. The average age of a Carer in Bristol is 65.

There is a clear correlation between areas of high proportion of working age population whose day to day activities are limited (limiting long-term illness or disability) and the wards with the highest number of homecare packages.

The majority of service users are 81- 90 years of age followed by 71-80 years of age. A significant proportion (21%) of service users are between 51 and 70. The average age is 76.

The older population is growing and this will create more demand. Older people receiving homecare are more likely to have a primary need linked to physical frailty or dementia.

There are projected to be 7,700 more people 65 & over by 2024, a 13% rise (and potentially a 44% rise by 2039). The demand for homecare is thereby predicted to rise especially as we commission less residential care and more homecare to enable people to stay at home and be supported to be independent for longer.

2.2 Who is missing? Are there any gaps in the data?

There is a lack on data on Nationality and Sexual Orientation. There is no data on marriage and civil partnership, pregnancy and maternity and gender re-assignment.

2.3 How have we involved, or will we involve, communities and groups that could be affected?

As part of the overall development of the Bristol Retirement Living Strategy we carried consultation with providers, service users, potential service users, carers, health and social care practitioners and all other interested parties, which included the need for care and support within accommodation.

Going forward we will be carrying out a full needs analysis, market testing and public consultation regarding the implementation of these schemes.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?

We have not identified any potentially adverse impacts at this stage. However because of the nature of the service older people including those with Mental Health, Physical Disability and Learning Disability are particularly affected by the proposal, and some protected characteristics are over-represented within some ECH schemes. We will need to ensure that the needs of all equalities groups are met within a new service and that there is no indirect discrimination as a result of potential streamlining of provision.

We will continue to monitor the waiting lists and nominations process for people moving into ECH to ensure that all equality groups are proportionally represented and needs met in the new Extra Care Housing schemes. We will also consider how we advertise the new ECH schemes and work with providers to provide an equitable service.

3.2 Can these impacts be mitigated or justified? If so, how?

We will ensure that the service specification and tender evaluation quality questions include the requirement for providers to demonstrate their ability to deliver an inclusive service e.g. for residents who speak English as an additional language.

3.3 Does the proposal create any benefits for people with protected characteristics?

Age and Disability

The review of this service proposes the continued funding of and investment in Care and Support services within Extra Care Housing, which has clear benefits for older and disabled people, helping people to stay well and remain in their own home.

3.4 Can they be maximised? If so, how?

The commissioning process provides the opportunity to review service specifications and contracts with service providers. As per proposals in the Cabinet Report, this will include the addition of measures, or changes, to the way we ask providers to deliver services, and what measures we performance monitor.

Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

4.1 How has the equality impact assessment informed or changed the proposal?

This EqIA has highlighted the need for the Better Lives at Home Project Team to:

- Ensure our service specifications specify that needs assessments take into account any needs in relation to the Protected Characteristics.
- Ensure any tender process ensure providers' employment policies, procedures and practices are not discriminatory.
- Consider whether equalities service standards and targets should be used in the contract specification or Performance Management Frameworks.
- As part of Better Lives at Home, we will carry out specific engagement to identify why there is under representation in BME groups in ECH and develop models in our spectrum of provision to best reflect the needs and aspirations of older people and their families in these communities.

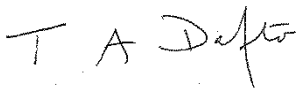

4.2 What actions have been identified going forward?

- Review and implement effective equalities service standards and targets as part of the performance management framework.
- Improve equalities monitoring of service users in ECH schemes.

4.3 How will the impact of your proposal and actions be measured moving forward?

The impact of this proposal and the actions will be measured through ongoing

contract management and quality assurance of the contracts. In addition the impact of the project will be measured to ascertain whether it has achieved its benefits.

Service Director Sign-Off: 	Equalities Officer Sign Off:  Duncan Fleming
Date: 6/9/2018	Date: 16/8/2018