



## Equality Impact Assessment for Service changes / Budget proposals

An EIA is a tool which will help you assess whether there are any positive or negative equality impacts on people affected by proposed changes requiring formal decision.

Service change involves redesigning or reshaping, (and in some cases the removal of) current service provision – whether directly provided by Council officers or commissioned by the Council for provision by an external provider.

Budget proposals should arise from service changes that you are considering throughout the year in light of the current financial climate. The EIA for budget proposals should cover the same issues as considered for service changes.

Our public sector equality duty requires us to ensure that we do not discriminate against any protected group or person with protected characteristics (see below) covered by the Equality Act 2010 when taking decisions that affect them. Potential negative impacts that we disregard or ignore could mean discrimination. We also have a duty to actively promote positive impacts that advance equality of opportunity. The protected characteristics covered by the Equality Act 2010 are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

**What to do:** The service change / budget proposal EIA contains 3 steps:

### **Step 1 The proposal**

This part of the EIA examines the proposed change to the service and potential equality impacts takes place at the start of the planning process.

### **Step 2 Consultation**

This part of the EIA covers the outcome of the consultation with service stakeholders about service change proposals.

### **Step 3 The recommendation**

The final part of the EIA presents the recommendation for decision along with potential positive and negative equality impacts of the recommended action.

Any issues identified in the above EIA process requiring action should be addressed in a SMART EIA action plan.

Remember to keep your supporting information and analysis as your evidence base (including any needs assessments informing the start of the planning process) in case

of challenge to the contents of your EIA, your interpretation of the evidence used to support the EIA, or your interpretation of protected groups affected.

1.1 **Equality Impact Assessment for service changes / budget proposals**

<b>Name of service</b>	<b>Adult Social Care – Older People’s Services</b>
------------------------	--

**Date of assessment:** **October 2011**

<b>Start date</b>	<b>Completion date</b>
__ - __ - ____	__ - __ - ____

<b>Lead officer and Contact details</b>	<b>Angela Sutaria</b> <b>0116 256 5291</b>
<b>List of other(s) involved</b>	<b>In House Project Team. Joseph Michael, Sukhi Birring, Gurjit Minhas.</b>

**What is this EIA about?**

- Budget proposal for existing service or service contract to achieve savings
- Budget proposal for new or additional service expenditure
- Budget proposal for capital expenditure
- Commissioning a new service or service contract
- Changing or removing an existing service or service contract

**Step 1: The proposal (how you propose to change the service)**

**Question 1:**

<b>What is the proposal/proposed change?</b>
<p>There are three proposals under consideration:</p> <ol style="list-style-type: none"> <li>1) Close all or some of the residential care homes and develop intermediate care services. If this was agreed the Council would work with individuals and their families to find alternative high quality services in the independent or voluntary sectors</li> <li>2) To sell or lease all or some of the homes to a voluntary or independent sector provider. This would mean that one or more organisations would take over the care of residents, the employment of staff and the maintenance of the buildings. Residents would be able to stay in the homes, but the plan would be for the new organization(s) to develop and modernize the homes in the future.</li> <li>3) Reduce the number of homes by closing those with (or when they have) low occupancy, and not having any more new admissions to the homes. This proposal recognizes the fact that homes with low occupancy are less cost effective and can impact on the morale of residents and the workforce. It allows a phased approach to closure over time.</li> </ol>

The population of Great Britain is getting older and Adult Social Care Services across the country are facing greater demand. People are living longer often with complex needs. According to the Wanless Social Care Review, 'In the next twenty years, the number of people aged 85 in England is set to increase by two thirds, compared with a ten per cent growth in the general population'. Older people with complex needs are also set to increase which will significantly put pressure on available resources and funding. In the light of this, Councils across the country are looking very carefully at making sure that they are able to meet the needs of older people across a range of services, within the resources available to them.

The national policy direction for adult social care services as outlined in Putting People First 2007, emphasises the need for personalisation and places a strong emphasis on the importance of establishing services to help people live in their own homes and retain independence dignity and choice. It stresses the need to ensure that older people have the best possible quality of life and that equality of independent living is fundamental to a just society.

Evidence at a national and local level shows that most people want to live at home for as long as possible. The Wanless Social Care Review cites 'Most older people prefer to receive care at or close to home, and there is evidence that greater emphasis on respite care, day care and social work would improve outcomes. For people with a low level of need, there is some evidence that social care often provided in the community , can delay the use of more intensive services such as nursing home care'

The most recent research undertaken locally 'A qualitative Assessment of the Housing Needs and Aspirations of Older People in Leicestershire 2010' highlights as an emerging theme that, 'There is a general desire for older people to remain living in their own home, often due to sentimental attachment and familiarity with the area of the availability of a range of social networks, irrespective of the extent to which their own home no longer meets their housing or support needs".

The national policy direction and, aspiration of people locally are reflected in key council strategies such as the Strategic Commissioning Strategy for Adult Social Care and The Early Intervention and Prevention Strategy 2012/2012

The vision within Leicester's Strategic Commissioning Strategy is to :

'Provide integrated, high quality local services so that:  
People can exercise choice, retain their independence and have equality of access  
Communities are active and shape local services to meet their characteristics and needs.'

A key part of the strategy is to redesign services to enable people to remain independent and continue to live in the community for as long as possible and to minimise admission to hospital and long stay residential care.

The kind of services Leicester needs to develop for older people include early intervention and preventative services such as re-ablement services, intermediate care and Extra Care schemes.

It is within this context, that Leicester City Council has undertaken a statutory consultation exercise to look at proposals for change in relation to its eight in house elderly persons'

homes. This ran from 14<sup>th</sup> March to 14<sup>th</sup> June, and was extended from 4<sup>th</sup> July to 26<sup>th</sup> September to look at a broader range of consultation proposals. Many councils across the country have undertaken similar consultation exercises as part of considering the approach to reshaping services for older people. Examples include Birmingham City Council, Warwickshire County Council, Leicestershire County Council and Lincolnshire County Council.

Throughout the consultation process, the consultation team has explained the rationale for change in the context of needing to develop preventative services for older people.

**Who will it affect and how will they likely be affected?**

There are currently 141 permanent residents who live in the Elderly Persons Homes.

The current and future population of older people in Leicester City who would potentially benefit from the reshaping of services for older people. In Leicester, the number of people aged 65 and over is estimated to increase by 17% (from 35,500 to 41,000) by 2020 with a sharp increase in the rate of growth from 2012 onwards. Approximately 5,000 people over 65 have been in receipt of adult social care services from Leicester City Council each year over the last three years.

Residents living in the home are predominantly White British and Female. 96% of residents are White and 4% are from BME Communities.

71% of residents are 86 years old and over.

40% of residents have dementia, 12% have mental health needs and 27% have physical disabilities.

Five BME residents speak Gujarati as their first language, and one resident speaks English. All have cultural needs relating to their care provision.

There is widespread concern about the impact of closures on individual well-being in the event of a decision being made which requires residents to move out of their home.

There is a widely held perception that the independent sector does not offer high quality accommodation and care. All residents are equally affected by the proposed changes to services. However residents from BME communities feel that they are disproportionately affected as a result of their race.

**Question 2:**

**Will the proposal have an impact on people because of their protected characteristic? Tick the anticipated impact for those likely to be affected by protected characteristic.**

	No impact	Positive impact	Neutral impact	Negative impact	Impact not known
Age				<input checked="" type="checkbox"/>	
Disability		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Gender reassignment	<input checked="" type="checkbox"/>				
Pregnancy and maternity	<input checked="" type="checkbox"/>				
Race				<input checked="" type="checkbox"/>	
Religion or belief	<input checked="" type="checkbox"/>				
Sex (gender)	<input checked="" type="checkbox"/>				
Sexual orientation	<input checked="" type="checkbox"/>				

**Question 3:**

**For those likely to receive a positive impact, describe the likely positive impact for each group sharing a protected characteristic. How many people are likely to be affected?**

**Profile of residents by protected characteristics:**

**Age:** 55 to 65 – 0.06%; 66 to 75 – 4.3%; 76 to 85 – 24.5%; 86 and over – 70.6%.

**Gender:** Female: 78%; Male: 22%.

**Disability:** Dementia: 40%; Frailty: 12%; Mental Health needs – 20%; Other Vulnerable People – 1%; Physical Disability – 27%.

**Ethnicity:** 96% White (includes white British, white Irish/Others and 1 Polish) and 4% BME, (Includes Asian/White, Asian – Indian, Asian other origin, Black or Black Caribbean).

**Religion:** Baptist – 0.70%; Christian – 81.12%; Declined to Say – 3.50%; Hindu - 3.50%; Jehovah's Witness – 0.70%; Methodist – 3.50%; No Religion or other – 6.98%.

The positive impacts for people in relation to each proposal are as follows:

**Proposal One ( Re-investing in intermediate care through closing some or all of the homes**

The opportunity to move into homes which offer modern standards of accommodation. This includes larger rooms to meet the needs of those who require hoisting because of their disability and accessible bathrooms. The Council cannot afford to modernise its homes to meet long term needs.

Six residents have been identified as needing to move to alternative accommodation in order to more effectively meet their needs, regardless of the cabinet's decision on the proposals.

**Proposal Two (Selling or leasing all or some of the homes as going concerns to voluntary, independent or social enterprise providers**

The positive impacts include continuity of care for all protected groups since the workforce would transfer under TUPE legislation

Reduced risk of anxiety caused by the process of moving as the residents would be able to remain in their home

**Proposal 3 Reduce the number of homes by closing those with (or when they have) low occupancy**

This would have a positive impact on the following homes:

Herrick Lodge (5 residents), Nuffield House (13 residents) and Elizabeth House (11 residents)

Low numbers of residents can impact on morale and well-being. A positive impact could be achieved by moving people either into vacancies in other Council homes or in the independent and voluntary sectors.

**Question 4:**

**For those likely to receive a neutral impact, describe the likely impacts (both positive and negative) for each group sharing a protected characteristic and how they result in a neutral finding. How many people are likely to be affected?**

There are no neutral impacts in relation to the consultation proposals since they all suggest an element of change. It should be acknowledged that all of the consultation proposals are likely to result in increased anxiety in the short term, which is a common natural consequence of change. However much can be done to reduce anxiety from a person centred management approach. This is outlined in 'The review of public literature'.

- The Review of Published Literature on the Experience of Closure of Residential Care Homes in the UK- The Institute of Applied Social Studies.
- The University of Birmingham and Care Home Closure- Social Care Association.

**Question 5:**

<p><b>For those likely to receive a negative impact, describe the likely negative impact for each group sharing a protected characteristic. How many people are likely to be affected?</b></p>
<p>If people are required to move into the independent and voluntary sectors this is likely to cause worry and concern amongst some residents and relatives particularly in the short term.</p> <p>Equally, raised anxiety is possible if a decision is made to sell all or some of the homes. This will take time and there is a risk that buyers may not be found.</p> <p>(Numbers affected will depend on the nature of decisions made for each home). Six people from BME communities may experience increased anxiety from a perception that their needs cannot be met elsewhere.</p>
<p><b>How can these negative impacts be reduced or removed?</b></p>
<p>Negative Impacts can be managed through a person centred approach based on good practice. See Appendix 5A which describes how people would be supported in the event of a move. A dedicated team would support all residents. Workers fluent in Gujarati would work closely with those in Herrick Lodge to reduce anxiety.</p>

**Question 6:**

<p><b>Is there other alternative or comparable provision available in the city? Who provides it and where is it provided?</b></p>
<p>There is evidence of sufficient alternative capacity in the market to meet the needs of existing residents in our homes. There are currently a total of 28 independent and voluntary sector homes within the city which have a total of 127 vacancies. There are 31 vacancies in homes which market themselves as ‘Asian Lifestyle Homes’. (Vacancies as at 18 10 11).</p>
<p><b>Can this alternative or comparable provision reduce or remove the negative impacts identified in Question 5? If not, why not?</b></p>
<p>If managed well in the context of good practice in supporting those moving.</p>
<p><b>Would service users negatively affected by the proposal be eligible to use this alternative or comparable provision, and would it meet the service users’ identified needs?</b></p>
<p>Yes, they would be eligible. The alternative provision will be matched to service users’ individual needs, via a person centred re-assessment.</p>

**Question 7:**

<p><b>Will any particular area of the city be positively or negatively affected by the proposal, compared to other parts of the city? Describe where this is likely to take place, and why.</b></p>
---

**The eight residential care homes for older people are situated in various parts of the City as follows:**

Residential Homes	Wards
Abbey House	New Parks Ward
Arbor House	Evington Ward
Cooper House	Eyres Monsell Ward
Elizabeth House	New Parks Ward
Herrick Lodge	Latimer Ward
Nuffield House	Western Park
Preston Lodge	Charnwood Ward
Thurn Court	Thurncourt Ward

It should be noted that there is an oversupply of independent and voluntary sector provision in the City and a good network of public transport to enable people without cars to travel to them to visit relatives in the event of some or all of the homes being closed.

Refer to previous evidence regarding positive and negative impacts.

**Question 8:**

**Is it likely that there may be additional negative impacts arising over the next three years that need to be considered? Describe any additional negative impacts over time that could realistically occur.**

Individual needs are likely to change, as is consistent with the age profile of residents. Whilst deteriorating health is a normal part of the ageing process, the review of published literature on care home closures shows no causal link between moving and deteriorating health.

**Question 9:**

**What data/information/analysis have you used to inform your equality impact findings?**

A full data analysis is available with this report regarding the composition of residents in the homes. In addition a number of key documents have informed this equalities impact assessment:

Securing Good Care for Older People Taking a Long Term View- Kings Fund Summary March 2006

Putting People First 2007

Think Local Act Personal 2011

A Qualitative Assessment of the Housing Needs and Aspiration of Older People in Leicestershire- University of Salford May 2010

The Review of Published Literature on the Experience of Closure of Residential Care Homes in the UK- The Institute of Applied Social Studies



**Date completed** .....

## Step 2: Consultation on the final proposal

### Question1:

#### What consultation on the final proposal has taken place?

##### When, where and who with?

There were 2 periods of consultation: 14 March to 14 June 2011 and 4 July to 26 September 2011.

**Letters** were sent to all residents living in the eight care homes and their relatives including various documents:-

- A leaflet explaining why we need to change the way we manage the residential care homes, and the proposals we are looking at;
- A questionnaire for people to complete and return in a stamped addressed envelope,
- Answers to frequently asked questions (FAQs), and
- Details of meetings that the residents and their relatives could attend to talk through the proposals.

**Individual 1 to 1 interviews** were offered to all the residents in the homes and their relatives. The purpose of the interviews was to discuss, in a private setting, individual concerns and issues about the ideas for change.

**A programme of meetings** was set up to visit each of the residential care homes to meet with residents and their relatives. The format for these meetings involved providing an explanation of why the Council needs to change the way it delivers services to older people in the City and the different ideas being consulted on.

**A questionnaire** was developed to find out people's views about the proposals affecting the residential care homes. A paper copy of the questionnaire was sent to residents and their relatives with the letter referred to in paragraph a. above. Other recipients of letters were advised about the availability of the questionnaire in paper form or electronically on the Council's public website.

**A generic e-mail address** ([residentialcare@leicester.gov.uk](mailto:residentialcare@leicester.gov.uk)) was set up for people to ask questions and submit their comments. Letters were sent out to organisations that support older people, asking them to consider letting us have their views on the proposals affecting the City Council's homes and to use their networks to ensure that as many people as possible were made aware of the proposals and how they could make their views known.

Refer to Consultation report for detailed findings.

### Question 2:

#### What potential impacts did consultation stakeholders identify?

The negative impacts perceived by those involved in the consultation fall into three broad categories. The first being negative impacts as a result of having to move accommodation, and the second fears of negative impacts as a result of perceptions about private sector provision. The third negative impact is about a gap in service provision for people in ethnic

<p>minority provision.</p> <p>These are summarised as follows:</p> <p>Closing the homes could affect people’s health and well-being. Impacts are perceived as physical and mental ill-health and in a worse scenario premature death.</p> <p>If people moved to a home in the private sector, residents could be affected. Perceived impacts include poorer standards of care impacting on health and well-being, and the need for residents and families to cover increased costs.</p> <p>Residents at Herrick Lodge in particular are concerned that their cultural needs may not be met in another sector.</p>
<p><b>What positive impacts were identified? For people with which protected characteristics?</b></p>
<p>No positive impacts were identified, as the overriding message in the consultation was that people would prefer not to move.</p> <p>However, people perceive less negative impacts in relation to proposal 2. This is because there would be continuity of care if staff transferred to a new provider, and residents did not have to move to another residential care home.</p> <p>People did acknowledge that the development of intermediate care was positive for older people generally; however they noted that, residents were not likely to benefit from this.</p>
<p><b>What negative impacts were identified? For people with which protected characteristics?</b></p>
<p>See above</p>

**Question 3:**

<p><b>Did stakeholders indicate how positive impacts could be further promoted? How?</b></p>
<p>No applicable.</p>
<p><b>Did stakeholders indicate how negative impacts could be reduced or removed? How?</b></p>
<p>Negative impacts could be reduced through a no change option or mitigated by selling the homes as going concerns.</p>

**Date completed** .....

**Step 3: The recommendation (the recommended decision on how to change the service)** (At this point it is not appropriate to make recommendations as the cabinet needs to consider the way forward on each of the proposals).

**Question 1:**

<b>What changes are being recommended?</b>
<ul style="list-style-type: none"> <li>- <b>Proposal One</b> (Re-investing in intermediate care through closing some or all of the homes.</li> <li>- <b>Proposal Two</b> (Selling or leasing all or some of the homes as going concerns to voluntary, independent or social enterprise providers.</li> <li>- <b>Proposal 3</b> Reduce the number of homes by closing those with (or when they have) low occupancy.</li> </ul>
<b>Who will be affected by these changes?</b>
Permanent residents of the council's eight in-house residential care homes.

**Question 2:**

<b>What is the anticipated impact of these changes on people who share the following protected characteristics? Tick the anticipated impact below: Refer to previous section</b>
--

	No impact	Positive impact	Neutral impact	Negative impact	Impact not known
Age					
Disability					
Gender reassignment					
Pregnancy and maternity					
Race					
Religion or belief					
Sex (gender)					
Sexual orientation					

**Question 3:**

<b>For those likely to receive a positive impact, describe the likely positive impact for each group sharing a protected characteristic. How many people are likely to be affected?</b>
Refer to previous section

**Question 4:**

<b>For those likely to receive a neutral impact, describe the likely impacts (both positive and negative) for each group sharing a protected characteristic and how they result in a neutral finding. How many people are likely to be affected?</b>
Refer to previous section

**Question 5:**

<b>For those likely to receive a negative impact, describe the likely negative impact for each group sharing a protected characteristic. How many people are likely to be affected?</b>
---

Refer to previous section
<b>How can these negative impacts be reduced or removed?</b>
Refer to previous section

**Question 6:**

<b>Are there any actions required as a result of this EIA? If yes complete the EIA Action Plan on the next page. List up to 3 priority actions.</b>
---

**Date completed** .....

This EIA has been completed by:

Lead officer (signature)	Angela Sutaria
Date	28.10.11

The EIA has been signed off by the Equality Officer:

Equality officer (signature)	Gurjit Minhas
Date	3.11.2011

This EIA has been signed off by the Division Director:

Divisional Director (signature)	
Date	

**EIA Action Plan**

Please list all the equality objectives, actions and targets that result from the Equality Impact Assessment. These should be included in the relevant service plan for performance management purposes.

Equality Objective	Action required	Target	Officer responsible	By when?
To reduce potential for adverse impacts for protected groups moving.	Implement a person centred approach to minimise risk.	Make relatives aware of guidelines of 'How we would support people moving'.	Angela Sutaria	(Dependent on Cabinet decision)
Establish a dedicated moving on team.	Appoint a team	Team appointed and trained in best practice approaches	Angela Sutaria	Dependent on Cabinet decision)
To ensure BME groups are supported appropriately in any transition.	Assign workers with appropriate language skills.	Workers in place	Angela Sutaria	Dependent on Cabinet decision)
Ensure clearer understanding of how BME needs will be met.	Frontline workers to work closely with relatives and residents.	Common understanding on how BME needs can be met in mainstream settings or via <i>Asian lifestyle homes</i> in alternative sectors.	Naadira Nurgat	Dependent on Cabinet decision)

<p>Work with residents and families to reduce anxieties about private sector provision.</p>	<p>Produce user friendly information to explain how the council monitors the quality of other sectors.</p>	<p>Reduced anxiety as a result of clearer understanding of the council's statutory duties in this respect.</p>	<p>Naadira Nurgat</p>	<p>Dependent on Cabinet decision)</p>
<p>In the event of any procurement exercise involve residents and relatives in the selection process.</p>	<p>Design and implement a process to ensure meaningful participation.</p>	<p>Relatives and residents experience increased confidence in any new provider</p>	<p>Angela Sutaria</p>	<p>Dependent on Cabinet decision)</p>

### What to do next?

If this EIA has identified any issues that need to be addressed (such as plugging a data gap, or carrying out a specific action that reduces or removes any negative impacts identified), complete the attached EIA Action Plan to set out what action is required, who will carry it out, and when it will be carried out/completed.

Once your EIA has been completed, (signed by the equalities officer **and countersigned by your Director**) the equality officer will work with you to monitor this action plan.

Equality officers: Sonya Osborne 29 7738 Sukhi Biring 29 6954

EIAs will be made widely available and published on the Councils website and intranet.