Equality impact assessment is a legal requirement for all strategies, plans, functions, policies, procedures and services under the Equalities Act 2010. We are also legally required to publish assessments.

Section 1: Description

| Department   | Childrens, Families and Adults   |                                     | Lead officer responsible for assessment            |        | Jon Wilkie |         |
|--|--|-------------------------------------|--|--------|------------|---------|
| Service  | Adult Services   |                                     | Other members of team undertaking assessment       |        | Nik Darwin |         |
| Date   | 20-08-14   |                                     | Version  |        | 3          |         |
| Type of document (mark as appropriate)   | Strategy   | Plan                                | Function   | Policy | Procedure  | Service |
|  | X  |                                     |  |        |            | X       |
| Is this a new/existing/revision of an existing<br>document (mark as appropriate)   | Ne   |                                     | Exis   | sting  | Rev        | ision   |
| Title and subject of the impact assessment   | Proposal to Provide Older People and Dementia Residential Respite in the Independent Sector  |                                     |  |        |            |         |
| (include a brief description of the aims,<br>outcomes , operational issues as appropriate and<br>how it fits in with the wider aims of the | Corporate priority 2 (Developing affordable models of sustainable local models of care for vulnerable children and adults).  |                                     |  |        |            |         |
| organisation)  | •  | •                                   | ns for the future of all<br>Inditions. These propo | •      | • •        | • • •   |
| Please attach a copy of the<br>strategy/plan/function/policy/procedure/service   | with dementia and other long term conditions. These proposals mean that some services currently provided at Lincoln House (CSC) in Crewe may no longer be provided. These options will be informed by a consultation with service users, carers and other key stakeholders and will result in a decision paper being presented to cabinet. |                                     |  |        |            |         |
| Who are the main stakeholders?<br>(eg general public, employees, Councillors,  | <ul> <li>service use</li> <li>staff at Line</li> </ul>   | rs and their carers a<br>coln House | at Lincoln House                                   |        |            |         |

Section 2: Initial screening

| Who is affected?<br>(This may or may not inclu<br>stakeholders listed above)   |                                 |          | All stakeholders listed above     | e potentially | /                              |                |               |                          |          |      |
|--|---------------------------------|----------|-----------------------------------|---------------|--------------------------------|----------------|---------------|--------------------------|----------|------|
| Who is intended to benefit and how? Service users and carers could be supported to identify more personalised service options w better serve their needs   |                                 |          |                                   |               | options which                  | offer more cho | pice and      | that                     |          |      |
| Could there be a different impact or outcome for some groups?       Yes, Lincoln House currently delivers respite and day care service to the following groups each older People with dementia         • Older People with dementia       • Older people         • People with Long Term Conditions and Physical Disabilities       • Carers - These respite services provide key support for carers so that they can continue member in the community |                                 |          |                                   |               |                                |                |               | :                        |          |      |
| Does it include making decisions based<br>on individual characteristics, needs or<br>circumstances? All social care services are offered on the basis of assessed eligible need. This work does not change to<br>individual assessment decisions, these are in care plans. It may result in different support options be   |                                 |          |                                   |               | -                              |                |               |                          |          |      |
| Are relations between diff<br>or communities likely to be<br>(e.g. will it favour one part<br>deny opportunities for oth   | e affecte<br>ticular gi         | ed?      | No<br>r                           |               |                                |                |               |                          |          |      |
| Is there any specific target<br>promote equality? Is there<br>unequal outcomes (do you<br>evidence to prove otherwi  | ed actio<br>a histor<br>have er | ry of    | No – all decision and solution    | ns will be b  | ased on a fully personalised a | approach       |               |                          |          |      |
| Is there an actual or poten  | tial neg                        | ative in | npact on these specific characte  | eristics? (Pl | ease tick)                     |                |               |                          |          |      |
| Age  | Y                               |          | Marriage & civil<br>partnership   | N             | Religion & belief              | N              | Carers        |                          | Y        |      |
|  | +                               |          | Pregnancy & maternity             | N             | Sex                            | N              | Socio-econo   | mic status               | N        |      |
| Disability   | Y                               |          |                                   |               |                                |                |               |                          |          |      |
| Disability<br>Gender reassignment  | Y                               | N        | Race                              | ТВС           | Sexual orientation             | N              |               |                          |          |      |
| Gender reassignment  | ve to sup                       | oport ye | our findings? (quantitative and o |               |                                |                | t you wish to | Consultation carried out | /involve | ment |

| Age                          | In respect of the respite services provided at Lincoln House the key characteristic of customers is that they are older (although some of these customers also have dementia). As such, the proposals could have a number of potentially negative impacts on people of this protected group. These include level of disability, accessibility of alternative services and the ability to cope with a change in location of the service that is being accessed. These aspects will need to be mitigated in alternative options considered for individuals.   | Yes, a full consultation is<br>to be conducted with<br>service users |
|------------------------------|---|--|
| Disability                   | Dementia users currently use Lincoln House provision for respite and day care. As<br>such, the proposals could have a number of potentially negative impacts on people<br>with disabilities and long term conditions. The extent of these impacts will depend on<br>the type and level of their disability. Examples include; accessibility and availability of<br>alternative services that can be accessed locally, ability to cope with a change in<br>location of the service that is being accessed. A change in the provision of a service<br>could be detrimental to those people with dementia and other long term conditions.<br>These will need to be mitigated in alternative options considered. Some current<br>customers have a physical disability as a secondary client type. | Yes, a full consultation is<br>to be conducted with<br>service users |
| Gender reassignment          | No recording of gender reassignment takes place on the Council's social care record<br>system as such data on this will be unavailable. However, there is no known element<br>in these proposals which is likely to lead to discrimination of the basis of this<br>protected characteristic. There will also be the opportunity to feedback any impacts<br>relating to this during the consultation process   | Yes, a full consultation is<br>to be conducted with<br>service users |
| Marriage & civil partnership | There is the potential for a change in day/respite service to impact on married couples, or couples in civil partnership, where one partner uses services as a result of the relocation of services. There are also impacts listed under the carers section. There will be the opportunity to feedback any impacts relating to this during the consultation process   | Yes, a full consultation is<br>to be conducted with<br>service users |
| Pregnancy & maternity        | No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. However, there will be the opportunity to feedback any impacts relating to this during the consultation process  | Yes, a full consultation is<br>to be conducted with<br>service users |

| Race                  | The current customers of Lincoln House are likely to be predominantly White British<br>given local characteristics. Data analysis on customers' characteristics will be<br>conducted to understand this in full detail. However, there will be the opportunity to<br>feedback any impacts relating to this during the consultation process.   | Yes, a full consultation is<br>to be conducted with<br>service users |
|-----------------------|---|--|
| Religion & belief     | The current customers of Lincoln House are likely to be predominantly Christian. Data<br>analysis on customers' characteristics will be conducted to understand in full detail.<br>There is no known element in these proposals which is likely to impact on customers<br>as a result of their religion. However, there will be the opportunity to feedback any<br>impacts relating to this during the consultation process.  | Yes, a full consultation is<br>to be conducted with<br>service users |
| Sex                   | There is no current known element in this proposal which will directly or indirectly discriminate on the basis of gender. Although there is likely to be a much larger ratio of females to male service users using the services given the characteristics of social care users which can largely be explained by the differences in life expectancy between the sexes. As such a greater proportion of female service users are likely to receive day and respite services (although this will be clarified by data analysis). The proposals themselves are not deemed to have disproportionate effects for either gender. However, there will be the opportunity to feedback any impacts relating to this during the consultation process.  | Yes, a full consultation is<br>to be conducted with<br>service users |
| Sexual orientation    | Data is not routinely recorded related to this protected characteristic for customers.<br>However, there is no known evidence to suggest an impact is likely for this group.<br>Nevertheless, there will be the opportunity to feedback any impacts relating to this<br>during the consultation process.  | Yes, a full consultation is<br>to be conducted with<br>service users |
| Carers                | The Office of National Statistics estimates that 10% of the population are likely to be<br>carers i.e. 36,500 people in Cheshire East. Respite services are provided to support<br>carers as well as customers. As such, the proposals are likely to have an impact on a<br>defined group of carers; those who care for people using respite or day services<br>within the Crewe area. Particular identifiable concerns would be; changes to service<br>location and the accessibility of alternative provision, increased pressure brought<br>about on the caring role as a result of the changes in services for customers. These<br>will need to be mitigated in alternative options considered. There will be the<br>opportunity to feedback any impacts relating to this during the consultation process | Yes, a full consultation is<br>to be conducted with<br>service users |
| Socio-economic status | There is no current known element in this proposal which will directly or indirectly  | Yes, a full consultation is  |

|  | proposal, for customers who are as<br>care at Lincoln House, they would p<br>care home that they choose. For cu<br>support from the council, it is expect | of customers' socio-economic status.<br>sessed to pay the maximum charge fo<br>otentially pay less depending on the r<br>istomers who are assessed as needing<br>cted that they will pay the same as the<br>the opportunity to feedback any impa<br>ess. | r the respite<br>esidential<br>g financial<br>ey are paying | to be conducted with<br>service users |
|--|---|--|---|---------------------------------------|
| Proceed to full impact assessment? (Please tick) | Yes   |  | Date: 30/09/  | 11.0                                  |

## If yes, please proceed to Section 3. If no, please publish the initial screening as part of the suite of documents relating to this issue

## Section 3: Identifying impacts and evidence

This section identifies if there are impacts on equality, diversity and cohesion, what evidence there is to support the conclusion and what further action is needed

| Protected       | Is the policy (function etc) likely to have | Are there any positive impacts of    | Please rate the impact  | Further action                           |
|-----------------|---|--------------------------------------|-------------------------|--|
| characteristics | an adverse impact on any of the groups?     | the policy (function etc) on any     | taking into account any | (only an outline needs to be included    |
|                 |   | of the groups?                       | measures already in     | here. A full action plan can be included |
|                 | Please include evidence (qualitative &      |                                      | place to reduce the     | at Section 4)                            |
|                 | quantitative) and consultations             | Please include evidence (qualitative | impacts identified      |  |
|                 |   | & quantitative) and consultations    | High: Significant       |  |
|                 |   |                                      | potential impact;       |  |
|                 |   |                                      | history of complaints;  |  |
|                 |   |                                      | no mitigating           |  |
|                 |   |                                      | measures in place;      |  |
|                 |   |                                      | need for consultation   |  |
|                 |   |                                      | Medium: Some            |  |
|                 |   |                                      | potential impact; some  |  |
|                 |   |                                      | mitigating measures in  |  |
|                 |   |                                      | place, lack of evidence |  |
|                 |   |                                      | to show effectiveness   |  |
|                 |   |                                      | of measures             |  |
|                 |   |                                      | Low: Little/no          |  |

|              |  |  | identified impacts;<br>heavily legislation-led;<br>limited public facing<br>aspect |  |
|--------------|--|--|--|--|
| consultation | s in this section of the EIA have been developed b   | oth through knowledge of the changes   | as well as by using feedba   | ck received from respondents to the  |
| Age          | <ul> <li>Note: Customers of affected respite<br/>services at Lincoln House are in the older<br/>age groups.</li> <li>Localness of services: Providing respite<br/>services from different locations may result<br/>in accessibility issues for some<br/>customers/carers. This may be a particular<br/>issue for the 16 current customers receiving<br/>day services at Lincoln House dependant on<br/>the location of alternative services. 3<br/>customers or their carers raised concerns<br/>about accessing respite services which were<br/>further away from their home than Lincoln<br/>House.</li> <li>Also see Disability as many issues of<br/>relevance to older people are also picked<br/>up here.</li> </ul> | Localness of services:<br>There is the potential for customers<br>to be able to access services nearer<br>to where they live. This would result<br>in reduced costs and travelling time<br>for them as well as a greater<br>potential for visits from<br>family/friends. One carer reported<br>that they saw the opportunity to<br>access services closer to their home<br>under the proposal as an advantage.<br>There may be similar benefits<br>provided by the alternatives to<br>current day services may include<br>independent/voluntary sector day<br>care provision or the usage of home<br>care, shared lives or direct<br>payments etc. | Medium   | To ensure that accessibility for customers<br>and their carers is taken into account<br>when planning the provision of respite<br>stays. This should include both in the care<br>arranging process but also in deciding<br>which homes should have beds blocked<br>booked with them.<br>To ensure that support is available to<br>work with customers and their carers to<br>make sure that alternative respite<br>provision and day services are local and<br>accessible. |
| Disability   | Dementia:<br>There is established evidence that<br>customers with dementia value continuity<br>of care. Services being transferred from<br>Lincoln House may mean the potential for<br>this to be lost in the short term. This was a<br>concern advanced by 13 customers or their<br>carers during the consultation.   | Dementia:<br>The increased choice of services<br>including residential care homes<br>available for customers affected by<br>this consultation means that there is<br>the potential for the customer to<br>access homes which meet more<br>specific needs. This might include<br>facilities, staff training and social  | Medium   | There needs to be a sufficient allocation<br>of beds within the independent sector for<br>Council customers so that they are able to<br>book consistent respite with the same<br>residential home. This may be less easy to<br>achieve in emergency situations,<br>however, care planning should be<br>sensitive to this requirement.  |

| There were concerns raised by 2 carers          | activities. It might also mean people | Customers with dementia, other long         |
|---|---------------------------------------|---|
| through the consultation that the person        | of similar age groups/disabilities.   | term conditions and physical disabilities   |
| they care for may refuse to attend              | Market development work would         | should be placed for respite in homes       |
| alternative services as a result of this        | need to take place to establish this  | which specialise in care which meets their  |
| disability. This could potentially impact on    | potential benefit.                    | specific needs including for their level of |
| both the carer and customer, increasing the     |                                       | complexity. This would include factors      |
| chance of carer breakdown, and reducing         | See also Localness of Services under  | such as type of clientele, training,        |
| the quality of care that it was possible for    | Age                                   | security, home layout, adaptations and      |
| them to offer.                                  |                                       | facilities.                                 |
| Lincoln House currently provides specialist     |                                       | Work should be conducted with               |
| dementia care. Alternative services would       |                                       | contracted residential homes to establish   |
| need to be able to offer similar dedicated      |                                       | good practice with regard to providing      |
| support.  |                                       | short term respite alongside long term      |
|   |                                       | residents, reducing the risk of impact on   |
| Other Issues                                    |                                       | both customers accessing respite and lon    |
|   |                                       | term residents.                             |
| Mixing: There is the potential for a mixing     |                                       |   |
| of long term and short term customers at        |                                       | The booking system for respite in the       |
| independent sector homes to impact              |                                       | independent sector should be simple and     |
| negatively on both sets of users. This may      |                                       | flexible to use and should accommodate      |
| include difficulties in making social links for |                                       | people with a range of disability related   |
| short stay customers and disturbance to         |                                       | needs.                                      |
| permanent residents due to customers            |                                       |   |
| using the services for short periods of time.   |                                       |   |
| As part of the consultation a carer stated a    |                                       |   |
| concern that a person accessing respite in      |                                       |   |
| the independent sector may not be treated       |                                       |   |
| as well by the staff as one of the permanent    |                                       |   |
| residents, stating that they could be treated   |                                       |   |
| as, "second class citizens".                    |                                       |   |
| Booking: The current booking system             |                                       |   |
| involves contacting a Care Manager or the       |                                       |   |
| home directly for a bed. Any revised way of     |                                       |   |

|                                    | doing this should maintain ease of use due<br>to carers/customers having a range of<br>needs which could potentially inhibit usage.  |  |     |   |
|------------------------------------|--|--|-----|---|
| Gender<br>reassignment             | No impacts on this protected characteristic w<br>consultation, likewise, there are no perceived<br>such, the impact is deemed neutral on this pr   | l impacts as a result of this policy. As   |     |   |
| Marriage &<br>civil<br>partnership | No impacts on this protected characteristic w<br>consultation, likewise, there are no perceived<br>such, the impact is deemed neutral on this pr   | l impacts as a result of this policy. As   |     |   |
| Pregnancy and maternity            | No impacts on this protected characteristic w<br>consultation, likewise, there are no perceived<br>such, the impact is deemed neutral on this pr   | l impacts as a result of this policy. As   |     |   |
| Race                               | No impacts on this protected characteristic w<br>consultation, likewise, there are no perceived<br>such, the impact is deemed neutral on this pr   | l impacts as a result of this policy. As   |     |   |
| Religion &<br>belief               | No impacts on this protected characteristic w<br>consultation, likewise, there are no perceived<br>such, the impact is deemed neutral on this pr   | here raised as a result of this<br>I impacts as a result of this policy. As  |     |   |
| Sex                                | Whilst arguably it is the case that, due to the<br>who are female, these proposals could have a<br>on this group, it is currently felt that any issue<br>of disability and age                           | a potential to disproportionally impact  |     |   |
| Sexual<br>orientation              | No impacts on this protected characteristic w<br>consultation, likewise, there are no perceived<br>such, the impact is deemed neutral on this pr   | l impacts as a result of this policy. As   |     |   |
| Carers                             | Quality of Care Services<br>13 responses to the consultation from<br>customers or their carers stated that the<br>quality of alternative care services was very<br>important to carers and families (for | <u>Choice of Services</u><br>The proposal would allow carers to<br>exercise a choice of care options.<br>This has the potential to reduce the<br>pressure on carers by enabling them | Low | Quality of Care Services – Block booking<br>of respite beds in the independent sector<br>and care arranging should be based on<br>Council quality assurance processes and<br>Care Quality Commission inspection |

|           | example in providing reassurance).  | to access services which are an |     | reports.   |
|-----------|---|---------------------------------|-----|--|
|           | Measures should be put in place to ensure<br>that the homes customers are placed in for<br>respite are known to meet quality<br>standards.<br>There is the potential for carers to be<br>reluctant to take respite as a result of their<br>uncertainty about alternative options. This<br>could lead to future carer breakdown. | improved fit to their needs.    |     | Customers should have information made<br>available to them in regard to the quality<br>of independent sector options (including<br>care standards) in order to give them<br>greater reassurance and to ensure that<br>they utilise their respite allocation. They<br>should also be given further information<br>on Shared Lives which may benefit some<br>individuals. |
| Socio-    | Cost of Respite   |                                 | Low | Costs of respite beds should be a factor   |
| economics | One carer stated through the consultation   |                                 |     | when consideration is given to which   |
|           | that they would not be able to pay any  |                                 |     | independent sector homes are used for  |
|           | more for respite support than they do now.  |                                 |     | respite so that use of top-up fees is more   |
|           | Block booking of beds will need to ensure   |                                 |     | an exception than a rule. The Council  |
|           | that sufficient range of respite is available   |                                 |     | stated in the Consultation Information   |
|           | to avoid the need to use top-up fees which  |                                 |     | Pack that the amount that customers  |
|           | could potentially significantly disadvantage  |                                 |     | would pay for respite would most likely<br>be the same for customers who are   |
|           | people from lower socio-economic  |                                 |     |  |
|           | brackets.   |                                 |     | assessed as needing financial support  |
|           |   |                                 |     | from the council. Under the proposal, for  |
|           |   |                                 |     | customers who are assessed to pay the  |
|           |   |                                 |     | maximum charge for the respite care at   |
|           |   |                                 |     | Hollins View, they would potentially pay   |
|           |   |                                 |     | less depending on the residential care   |
|           | due to be carried out wholly or partly by contra  |                                 |     | home that they choose.   |

legislation (e.g. tendering, awards process, contract, monitoring and performance measures)

No – all work will be done internally

Section 4: Review and conclusion

## Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed

If the proposals to offer alternatives to existing services are implemented there are some potential negative impacts on customers and carers although they can be mitigated by following the prescribed actions listed.

Further engagement with customers and carers would be a crucial part of any transition process.

| Specific actions to be taken to reduce, justify or remove any  | How will this be monitored?                              | Officer responsible | Target date           |
|--|--|---------------------|-----------------------|
| adverse impacts  |  |                     |                       |
| To ensure that accessibility of alternative services is taken into<br>account when planning respite stays. This should include both in<br>the care arranging process but also in deciding which homes<br>should have beds blocked booked with them.  | During the normal project planning transition process    | Ann Riley           | Unknown at this stage |
| To ensure that alternatives for day services are local and accessible.   | During the normal project planning transition process    | Ann Riley           | Unknown at this stage |
| There should be sufficient allocation of beds within the<br>independent sector for Council customers so that they are able<br>to book consistent respite with the same residential home. This<br>may be less easy to achieve in emergency situations, however,<br>care planning should nevertheless be sensitive to this<br>requirement. Cost bands should be factored in when conducting<br>this review so that use of top up fees is more an exception than a<br>rule. | During the normal project planning<br>transition process | Ann Riley           | Unknown at this stage |
| Customers with dementia, other long term conditions and<br>physical disabilities should be able to access respite in homes<br>which specialise in care which meets their specific needs<br>including for their level of complexity. This would include factors<br>such as type of clientele, training, security, home layout,<br>adaptations and facilities.   | During the normal project planning transition process    | Ann Riley           | Unknown at this stage |
| Work should be conducted with contracted residential homes to<br>establish good practice with regard to providing short term<br>respite alongside long term residents, reducing the risk of impact<br>on both customers accessing respite and long term residents.   | During the normal project planning transition process    | Ann Riley           | Unknown at this stage |
| Quality of Care Services – Block booking of beds and care  | During the normal project planning                       | Ann Riley           | Unknown at this stage |

| arranging should take into account Council quality assurance processes and Care Quality Commission inspection reports.  | transition process                                    |           |                       |
|---|---|-----------|-----------------------|
| Customers should have information made available to them in<br>regard to the quality of independent sector options (including<br>care standards) in order to give them greater reassurance and to<br>ensure that they utilise their respite allocation. They should also<br>be given further information on Shared Lives which may benefit<br>some individuals. | During the normal project planning transition process | Ann Riley | Unknown at this stage |
| The booking system should be simple and flexible to use and should accommodate people with a range of disability related needs.   | During the normal project planning transition process | Ann Riley | Unknown at this stage |
| Please provide details and link to full action plan for actions   |   |           | I                     |
| When will this assessment be reviewed?  | 6 months after any decision is taken                  |           |                       |
| Are there any additional assessments that need to be  | N/A   |           |                       |
| undertaken in relation to this assessment?  |   |           |                       |
|   |   |           |                       |
| Lead officer signoff  | Jon Wilkie  | Date      |                       |
| Head of service signoff   | Ann Riley   | Date      |                       |

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