

## NORTH YORKSHIRE COUNTY COUNCIL

### EXECUTIVE

6<sup>TH</sup> SEPTEMBER 2011

## NORTH YORKSHIRE EXTRA CARE HOUSING AND REGENERATION PROGRAMME

### Report of the Corporate Director Health and Adult Services

#### **1.0 PURPOSE**

**1.1 To advise members of the mechanism for selecting a partner to enable the delivery of the North Yorkshire Extra Care Housing and Regeneration Programme and seek Members' approval to launch the first stage of this process.**

**1.2 To approve the initial funding for legal advisors.**

#### **EXECUTIVE SUMMARY**

#### **2.0 ISSUES**

2.1 The County Council currently operates 11 Elderly Person's Homes (EPHs) and 6 EPHs as Resource Centres – the Resource Centres are to be retained. The decision of the Council is that the 11 remaining EPHs should be re-provided with extra care housing. In the Joint Strategic Needs Assessment published in 2008 (refreshed in 2010) and in 'Our Future Lives' it states that the 'majority of the Council's EPHs will be re-provided by around 800 units of extra care housing by 2011'. This has not yet been achieved.

2.2 We currently have 14 extra care housing schemes in operation across the County with a further scheme in development with anticipated completion early September 2011 (Richmond to re-provide Richmond House reducing EPHs to 10), one awaiting start on site having just achieved planning consent (Settle to re-provide Lower Greenfoot which has already closed reducing EPHs to 9) and another three in the pre-planning or appraisal stages that are outside of this procurement proposal (Scarborough and Harrogate x 2 to re-provide Braeburn House and Woodfield House respectively, reducing EPHs to 7). This will result in 19 extra care housing schemes across the County, 12 of which have re-provided County Council-owned EPHs, which puts North Yorkshire County Council ahead of most other local authorities in terms of meeting the demand for extra care housing. This will result in 7 EPHs remaining (Thirsk, Boroughbridge, Malton, Gargrave, Filey, Whitby and Leyburn). However, the demographic trends for North Yorkshire are of concern and the 'Housing Needs Analysis – Accommodation with Care' (<http://www.northyorks.gov.uk/extracare>) has identified a need for at least a further 30 extra care housing schemes across the County by 2020 to meet existing and future demand.

- 2.3 The existing schemes have been developed utilising a traditional funding model of a combination of County Council-owned sites transferred at discounted or nil consideration, capital grant from the County Council, central government via the Homes & Communities Agency and sometimes District/Borough Council and/or Department of Health investment. Most of these usual funding routes are no longer available.
- 2.4 The County Council has a financial and aspirational need to cease direct provision of its EPHs and to re-provide them with extra care housing. The alternative of simply closing the EPHs could result in a negative response from the communities affected, however, the lack of availability of capital grant raised concerns that these needs could not both be met. Therefore, an alternative way of ensuring the continued development of extra care housing was sought.
- 2.5 By putting together a programme of schemes that will meet existing and future need and conducting a competitive dialogue procurement process to select one partner, economies of scale are achieved that enable development without the need for capital grant. Similar projects by other local authorities have been provided on a partnership basis utilising land assets to achieve investment.
- 2.6 In May 2010, this need was presented to the specialist extra care housing provider and developer market and resulted in market testing in two stages and it is clear from the market testing that solutions are available that will meet current and future need. The meetings with potential partners were followed by submission of initial proposals from 7 organisations containing a varying level of detail. These were considered by a project board consisting of senior officers who also sought legal advice regarding specific aspects of some of the proposals. An additional outcome of the robust market testing has been that the County Council has been able to be much more demanding in its requirements and desired outcomes. Developers and specialist extra care housing providers are keen to increase their offer in order to secure development business within the poor market conditions that currently exist.
- 2.7 It is clear from the results of the market testing that this process would generate a number of benefits for North Yorkshire County Council far and above just meeting the needs of Health and Adult Services and evidence is that the project would not just be self-financing but would also generate capital and revenue income to the County Council and would result in a viable project being delivered that, for an up-front investment of approximately £1m, could deliver receipts for land and possible revenue income with potential to deliver the whole programme at nil cost to the County Council or even to generate surplus. Projected income from maintenance services can also be considered as future income with which to front-fund development. From an investor's point of view, this project is viewed positively because it is based on land assets that achieve rental and sales income from the older population that has three main benefits:-
- It is a growing market
  - It is positive and non-contentious
  - It is a reliable market in terms of income

2.8 It is an ambitious programme that would ensure North Yorkshire County Council remains a national lead in the provision of extra care housing and its related services, therefore a staged approach will be taken to the decision making process of this project ensuring that all parties are fully aware of both the benefits and implications of a project of this size and nature.

## 2.9 Procurement Process

It is proposed that a procurement exercise be undertaken utilising a competitive dialogue process that would result in a partner working with the County Council to enable the delivery of the required extra care housing programme by April 2020. It is likely that the process will result in a Special Purpose Vehicle (SPV) being entered into to deliver the programme with the County Council potentially providing the asset base by detailing sites that are surplus to its requirements (eg the 7 remaining EPHs) that the partner can review and select from, with the partner providing expertise in design, development, site acquisition and management, financial modelling and funding, partnership working with a strategic, holistic vision and ultimately, managing and operating the resultant extra care housing schemes.

The key milestones from the procurement timetable are:-

- OJEU Notice issued September 2011
- PQQ responses by November 2011
- Open competitive dialogue January 2012
- Close competitive dialogue August 2012
- Final tender submitted by October 2012
- Recommendation for preferred partner November 2012
- Contract award January 2013

This draft timetable will be reviewed by the external legal specialist and may be amended accordingly. Reports will be presented to Executive Members at each decision-making stage of the process and at these key milestones, emerging issues, progress, next steps and associated finances will be reported.

## 2.10 Governance Arrangements

This process, both during procurement of a partner and for the lifetime of the partnership, will require robust governance arrangements. The County Council will require a controlling seat in the SPV with strong links to the governance arrangement that will control development of the strategy, allocation of funding, asset management, revenue income and sales including the production of a robust Sales and Marketing Strategy. The diagram attached at Appendix 1 is illustrative of the procurement governance structure and related detail.

## 2.11 Self-Financing Model

All the discussions with potential partners to date have been on the understanding that the County Council will expect its up-front investment of £1m to be repaid. This is considered to be possible by some of the potential partners and has been proven possible elsewhere (see Appendix 2). Bidders will want to negotiate during the competitive dialogue process the amount and timing of payments to the County Council.

There is of course a risk that the procurement process does not achieve a self-financing model either in whole or part and, in this case, the County Council's up-front investment would not be recouped, however, as long as the extra care programme goes ahead, the investment would still provide good value. The 14 existing extra care housing schemes have taken 8 years to achieve and required County Council investment of £11.8m – this programme could deliver 30 schemes in 7 years for an investment of £1m in up-front costs.

In addition, it will cost experienced bidders around £1m to respond to this opportunity in terms of staff time, specialist advice and the production of documentation.

#### 2.12 County Council Investment

The County Council will be required to provide up-front funding for the costs of the procurement exercise and to make sites available as this is likely to be a model that is an asset-backed vehicle. A requirement of the procurement exercise is that capital receipt (at market value) is achieved for any County Council-owned sites and to date, a total of 13 sites have been identified as possibilities. Site valuations will be required for each if they are used for the project but, in the meantime, the Corporate Property Portfolio Manager has reviewed the 13 sites and estimates the potential values at a total of £7.5m. (These values have been arrived at without site inspections, condition surveys or a detailed analysis of local markets. A high-level broad brush approach of value per acre across the board has been applied. These figures are therefore only an indication and are not to be relied upon as representing market value or the receipt likely to be achieved if sold on the open market). It is not necessary at this stage to commit to the detail of which sites may be used as investment as the successful partner could review the sites that the County Council has surplus to requirements and evaluate their investment potential against identified opportunities. Some sites may not be suitable for extra care housing for instance but could be used for other regeneration purposes in a locality and that would generate capital and potentially revenue income or could be sold to generate further investment capacity. To protect such sites' future use and to ensure this use fits comfortably with County Council corporate objectives, the partnership agreement would clearly set out the County Council's parameters for site use and would include protection such as transferring sites on a leasehold basis with restrictive covenants in place. This method of site management and investment could provide solutions for unpopular sites or those that have been onerous to manage and resolve.

It is recognised that the Executive may wish to review any sites for inclusion in this process prior to their assessment by the partner.

#### 2.13 Regeneration

In order to attract a partner who can meet this need without the requirement for capital grant investment from either the County Council or central Government, it will be necessary to conduct a procurement process that has flexibility for regeneration opportunities, not just the direct provision of extra care housing as this relies on only one product. The financial market will require evidence of alternative income streams and other development opportunities in order to provide the necessary finance for this project. A regeneration project will enable a partner to maximise the asset base and

meet a variety of needs in a locality, such as housing, health, retail and leisure facilities amongst others. This is a model that has achieved successful development outcomes elsewhere that are self-financing and also has the potential to generate revenue income to the partnership during its lifetime. An example of how this model worked in another County Council is attached at Appendix 2.

#### 2.14 Protecting Residents

The main intention of this project is to provide extra care housing to re-provide the County Council's 7 remaining EPHs. One of the required outcomes is that the County Council secures Nomination Rights for every permanent resident of those EPHs so that they can move into the extra care housing scheme of their choice once it is built. This is a legal entitlement for residents as follows:-

##### Right to Access

This is where the extra care housing scheme has been built on a site other than that which the EPH sits on and the residents of the EPH have Right to Access the extra care housing scheme.

##### Right to Return

This is where residents of an EPH have been moved into alternative, temporary accommodation, the EPH has been demolished to allow the extra care housing scheme to be built on the EPH site and the residents of the closed EPH have Right to Return to the extra care housing scheme.

The County Council does not pay providers for nomination rights to extra care housing schemes and there will therefore be no additional cost for securing these rights for the residents of our EPHs. The remaining nominations will be offered to the District/Borough Councils as the bodies with statutory housing responsibility. The County Council would be a partner in the Allocations Panel which considers applications for extra care housing and would be part of the decision process for where offers of accommodation are made.

Again, because schemes will be built where demand evidence exists and, from experience gained from the existing extra care housing schemes (all 14 of which suffer no void problems and have people on the expression of interest list awaiting a vacancy), demand will be high and expressions of interest lists will develop once each scheme is filled. Design standards are improving with each scheme and, to protect the model into the future, it will be a requirement of the procurement process that the County Council's Design and Ethos Guide is used as a minimum standard (<http://www.northyorks.gov.uk/extracare>)

### **3.0 PERFORMANCE IMPLICATIONS**

3.1 This proposal provides for the re-provision of County Council-owned EPHs with extra care housing schemes to meet existing and future need, resulting in the order of 1500-1800 additional supported tenancies, thereby enabling:-

- More options for people to live independently in their own home thereby reducing the number of admissions to permanent residential care

- More people to live in their own home in the community and exercise choice and control over their accommodation and management of their finances
  - More younger people, such as people with a learning disability to access extra care housing
- 3.2 The proposal enables further regeneration opportunities in localities for housing, health, retail, leisure and therefore provides economic development opportunities and solutions.
- 3.3 See 'Extra care housing in North Yorkshire – the facts for people considering a move to extra care housing' <http://www.northyorks.gov.uk/extracare>

#### **4.0 POLICY IMPLICATIONS**

- 4.1 This proposal meets the challenges in delivering extra care housing in line with the County Council's 'Our Future Lives' policy and objectives within the Strategic Commissioning Plan.
- 4.2 Extra care housing development is a vital part of delivering sustainable communities for the future in line with the 'Lifetime Homes, Lifetime Neighbourhoods' Government policy and 'Sustainable Communities Strategy'.
- 4.3 The provision of extra care housing provides for the EPH re-provision programme and secures extra care housing with facilities and services for a range of ages and needs.
- 4.4 Extra care housing supports the County Council's overall approach to the delivery of affordable housing, particularly for vulnerable groups in the community.
- 4.5 This proposal would enable the County Council to meet a range of policy objectives including:-
- NYCC Housing Needs Analysis – Accommodation with Care May 2010
  - Our Future Lives
  - Valuing People Now
  - North Yorkshire Housing Strategy 2010-2015
  - Strategic Commissioning for Independence, Wellbeing & Choice 2007-2022
  - North Yorkshire Joint Strategic Needs Assessment 2009 (refreshed 2010)
  - National Dementia Strategy 2009
  - National End of Life Strategy 2008
- 4.6 It enables the County Council to be a commissioner rather than a provider of accommodation and related services.

#### **5.0 OPTIONS**

A range of options were considered before proposing this solution and the analysis of the relative strengths and weaknesses relating to these options is attached at Appendix 3.

## 6.0 FINANCIAL IMPLICATIONS

### 6.1 Procurement Cost and Funding

In order to conduct a safe procurement process that achieves the County Council's required outcomes and ensures a successful project overall, the process will need to be appropriately resourced including appointing a legal specialist. The total cost for this is considered to be no more than £1m. A process is underway for sourcing a legal specialist and requesting an idea of the cost they would charge to support us through this process. Our internal legal team has provided an indicative cost of £750,000 based on a provisional assessment of the likely number of hours a firm may allocate to the project, the staff they are likely to dedicate to it and the hourly rates they are likely to charge, however, we have received a response to a tender exercise for an external legal partner which can be contained within this estimate.

A breakdown of the £988,000 is as follows:-

Staffing costs for 4.5 fte posts over a 16 month period:	£238,000
External legal specialist:	£750,000

These costs would only be expended at the end of this project and if the project ceases at any stage, only the costs up to that stage would require funding.

6.2 In order to gauge the level of market interest and to reach PQQ stage, an up-front allocation of £50,000 is requested which will be used to engage the specialist legal advisor. This will be sourced from the Pending Issues Provision on the basis that this programme will deliver service transformation and assist in delivering required HAS savings from the re-provision of EPHs in 2013-2015.

6.3 If this proves positive, a further Report will be brought to Executive outlining the nature of the proposals and a request for further resources.

### 6.4 Potential Flows within the SPV

The diagrammatic example attached at Appendix 4 illustrates the possible contractual flows between the independent sector and NYCC through a contractual relationship. This could be one of a variety of mechanisms such as:-

- Limited Liability Partnership
- Contract
- Joint Venture Company
- Community Interest Company
- Limited by Guarantee

Through the market testing that has been conducted and various media stories – such as RSLs offering bonds for sale that front-fund development – it is clear that the market is considering innovative and new models that may be offered as part of the procurement tender responses and resulting competitive dialogue.

The diagram also illustrates the inter-dependencies between the partner and NYCC, sets out the responsibilities of each partner as well as where the main risks lie within

the different organisations, such as planning, construction, raising of investment capital as well as ongoing profitability through housing rental income streams. A vital component is the customer base providing financial stimulus and ongoing financial viability.

#### 6.5 Financial Benefit for HAS/NYCC

The EPH model is a wholly Council funded and managed service and residents' welfare benefits offset the costs. In contrast, extra care housing is owned and managed by a Registered Social Landlord (RSL) and the tenant or leaseholder pays rent and service charge directly to that RSL. This enables the tenant or leaseholder to access welfare benefits (depending upon their personal financial circumstances) which they are unable to do in a residential setting.

6.6 In addition, by extra care housing being owned and managed by an RSL who has the financial responsibility, this removes the financial liability for maintaining the fabric of buildings. The backlog maintenance for the 7 EPHs is currently estimated at £3.7m although this investment still would not achieve buildings that meet modern day standards and aspirations.

6.7 This project would deliver positive economic development benefits as follows:-

- Facilitate the stimulation of a market that is currently in decline
- Enable organisations that are currently reducing their development programmes to kick-start development across the County and provide training and employment opportunities
- Enable social enterprise opportunities to provide training and employment to people who can't access these through traditional routes such as people with a learning or physical disability or people in isolated rural communities
- The extra care housing schemes will be much larger than the existing EPHs and will therefore offer higher numbers of employment opportunities than currently available
- Undertaking this project would identify the County Council as a national lead in enabling development to continue by utilising an innovative and creative model

Further information about the potential for economic development is attached at Appendix 5.

## 7.0 LEGAL IMPLICATIONS

7.1 The value and importance of this project underpins the need for legal support to ensure that a fair and transparent procurement process is undertaken. The use of a competitive dialogue procedure and the variety of possible solutions to meet the Council's outcomes highlights the necessity of ensuring that an open and transparent dialogue process is used with fair and robust evaluation processes being applied. For this reason, specialist external legal support would be both sought and relied upon to fully protect the Council's interests and to ensure the procurement process would withstand any possible challenge made against it.



## **8.0 CONSULTATION UNDERTAKEN AND RESPONSES**

- 8.1 Since November 2007, the Extra Care Team members have periodically visited each EPH to talk with residents (and their relatives) and staff about the extra care housing agenda and ethos and the 'Our Future Lives' policy.
- 8.2 As a follow up to this past work, a programme of meetings is underway with the residents (and their relatives) and staff of each EPH to update them on the extra care housing programme proposals. Beverley Maybury – Assistant Director Social Care Operations is hosting each meeting with support from other officers related to the project.
- 8.3 Should the project go ahead, the Extra Care Team will lead a formal consultation exercise at each EPH in partnership with the local Operations and Assessment Teams, Human Resources and Unison.
- 8.4 It is anticipated that 2 of the remaining 7 EPHs will possibly be re-provided prior to the development of their replacement extra care housing scheme.

This is because the EPH site will be required for the construction of the extra care housing scheme and these two sites are not large enough to enable a phased build. For these schemes, the consultation process will lead into the management of a project plan to meet with all residents and their relatives on an individual basis to assess their needs and preferences for their temporary, alternative accommodation and care and support service. Every effort will be made to ensure people are supported prior to, during and after their move and people will be kept informed by regular newsletter as to the progress of the development of the new scheme. These residents will have the legal Right to Return to the extra care housing scheme once it is completed (see 2.14).

- 8.5 Once a partner is appointed, they will work together with the Extra Care Team, the local operations and strategic commissioning teams and other partners such as voluntary organisations and will use the opportunity of this new build to engage with the wider local community, the local schools and interested groups to create opportunities to explore such topics as planning for the future, building for an older population, the role of older people and those with a disability in our communities, careers in the building and housing sectors etc. This process has been successfully implemented for existing extra care housing schemes and the objective will be to gain wider ownership of not only the proposed schemes but also how we shape our society to better support vulnerable adults.

## **9.0 IMPACT ON OTHER SERVICES/ORGANISATIONS**

### **9.1 Planning**

Meetings have been held with each District/Borough Council (both housing and planning officers) to present the need for extra care housing across the County and the draft North Yorkshire Housing Strategy supports this need. Previous and current partnership working has shown that extra care housing can deliver across a range of needs such as the partnerships in Richmond and Harrogate which are providing extra

care housing, general needs affordable housing and local employment opportunities. The successful partner will be expected to have strong planning expertise in consultation, information, site assessments, review of local priorities and partnership working to ensure early decisions on site status and usage but also to provide advice on likely alternative site use to ensure maximum value for the partnership from each site.

9.2 There is already an impact on services within EPHs because these services, such as day and respite services, are subject to a County-wide review. This is being driven by central Government's Personalisation Agenda and the County Council's aim to provide choice and control to individuals. Due to the timetable for the selection of a partner for this proposal, it is likely that service delivery within EPHs will have been addressed through this review.

9.3 There will be 6 Resource Centres across the County that will provide respite, rehabilitation and other community-based services and these are not affected by this proposal, these are:-

- Station View, Harrogate
- 101 Prospect Mount, Scarborough
- Carentan House, Selby
- Ashfield, Skipton
- Benhill Lodge, Bedale
- 5 Whitby Road, Pickering

These will however require significant capital investment to meet modern day standards. A separate report will be brought to Executive for consideration and approval.

9.4 An initial equality impact analysis for day and respite services has been undertaken in the context of a larger EIA on future direction of travel and a specific EIA is being produced to be completed by December 2011.

## **10.0 RISK MANAGEMENT IMPLICATIONS**

10.1 The County Council's Risk Assessment Tool as part of the Gateway process used for procurements of this size and complexity has been completed.

10.2 To ensure that the County Council achieves what it needs from this process, a list of required outcomes has been drawn up and this will be considered as part of the evaluation process of the successful bidder. The main points are:-

- Nomination rights via Right to Return or Right to Access
- Capital receipt for any County Council-provided sites
- Meet specialist need ie for people living with dementia
- NYCC to share any revenue income generated by the project

10.3 Whilst the market testing suggests that this project will be self-financing, there is a risk that this procurement exercise may not achieve this outcome, or does not

achieve it in full. There is a range of evaluation criteria that the successful bidder must meet and there is a possibility that the successful bidder scores strongly in other areas but negotiates a different outcome in this area.

- 10.4 The financial risk of the procurement is up to £1m of the procurement and dedicated project officer time delivering no benefit.

## **11.0 HUMAN RESOURCES IMPLICATIONS**

- 11.1 There are significant staffing implications for the staff working within the County Council's EPHs with this project and a formal consultation process will be required with staff and Unison if proposals are approved and implemented.

- 11.2 Further details will be provided in the next stage of this Report.

## **12.0 EQUALITIES IMPLICATIONS**

- 12.1 To ensure that this proposal meets the Public Sector Equality Duty, equalities analysis has formed an integral part of the considerations and has been drawn together to form the Equality Impact Assessments (EIAs) for the overarching 'Our Future Lives' policy (the provision of extra care housing), the replacement and therefore closure of an EPH that is specific for each EPH and the extra care housing future delivery programme. The Equality Impact Assessments are appended to this Report (Appendix 6 and 7 respectively) and have already been applied to existing projects such as Lower Greenfoot in Settle and Woodfield House in Harrogate. For services that are currently delivered from an EPH such as respite and day services, an initial equality impact analysis has been carried out and a detailed Equality Impact Assessment is being drafted. The EIA has identified that whilst there is potential for some impact on people currently in receipt of building-based day services, this will be mitigated via planned transition to a new, personalised approach over a phased period; use of personal budgets to support individual choice and control; access to community facilities and trained social care staff within the new extra care housing schemes.
- 12.2 The initial findings of the equality analysis indicate that although there may be some adverse impacts on current residents, some of which cannot be avoided, some adverse impact can be mitigated through following the outcomes of the EIAs referred to in 12.1. The main concern arising from the EIAs is how we consult with residents about the possibility that an extra care housing scheme is built on the same site as the EPH and that therefore the EPH would need to close prior to the extra care housing scheme being built, resulting in current residents of the EPH being moved twice; firstly into alternative, temporary accommodation and then back to the extra care housing scheme once it is complete. The EIAs make clear that it is vital that people are informed and supported as much as possible and specific to their needs about the range of options available to them in this process. Of the remaining 7 EPHs, this only applies to 2. Lessons learned from conducting this process at Lower Greenfoot in Settle have been included in the EIAs now in operation.

12.3 Overall, we anticipate that the impact will be positive for those residents who choose to move into the extra care housing schemes as they will receive higher quality accommodation, a service that is focused on developing and maintaining independence and an active role in their communities, in line with the principles of 'Our Future Lives' and best practice. In addition, the drive to provide a more personalised approach, supported by personal budgets, should have a positive impact on disabled people from diverse backgrounds (some of whom are currently under-represented in services) as it will allow them to more easily access culturally appropriate support. Evidence from the existing extra care housing schemes in North Yorkshire shows that residents who have transferred from an EPH to an extra care housing scheme live successfully and happily in their new home and, whilst the transition was a challenge, they felt it had been worthwhile.

### **13.0 ENVIRONMENTAL IMPACTS/BENEFITS**

13.1 The first stage of our procurement process ensures that the partner would be responsible for ensuring negative environmental impacts are reduced and sustainability ensured wherever possible. There is a range of industry standard systems that the partner would need to meet as a minimum.

### **14.0 COMMUNITY SAFETY IMPLICATIONS**

The construction partner will be responsible for health and safety related to construction sites.

### **15.0 REASONS FOR RECOMMENDATIONS**

15.1 The County Council has a proven record of enabling the provision of extra care housing and these schemes have proved popular and successful.

15.2 The traditional funding model of delivering schemes is no longer viable and, in order to meet current and future growing need, a more innovative way of ensuring extra care housing development is required.

15.3 This proposal provides evidence that the market is keen to respond to such an opportunity and that the project is likely to be at least self-financing.

## **16.0 RECOMMENDATIONS**

Members are asked to:-

- 16.1 Note the contents and appendices of this Report.
- 16.2 Approve the first stage of the procurement process to select a partner to enable the delivery of the North Yorkshire Extra Care Housing and Regeneration Programme.
- 16.3 Approve the initial funding of £50k towards the costs of specialist legal advisors.
- 16.4 Receive further reports on the nature of the emerging proposals and funding requirements to support the procurement.

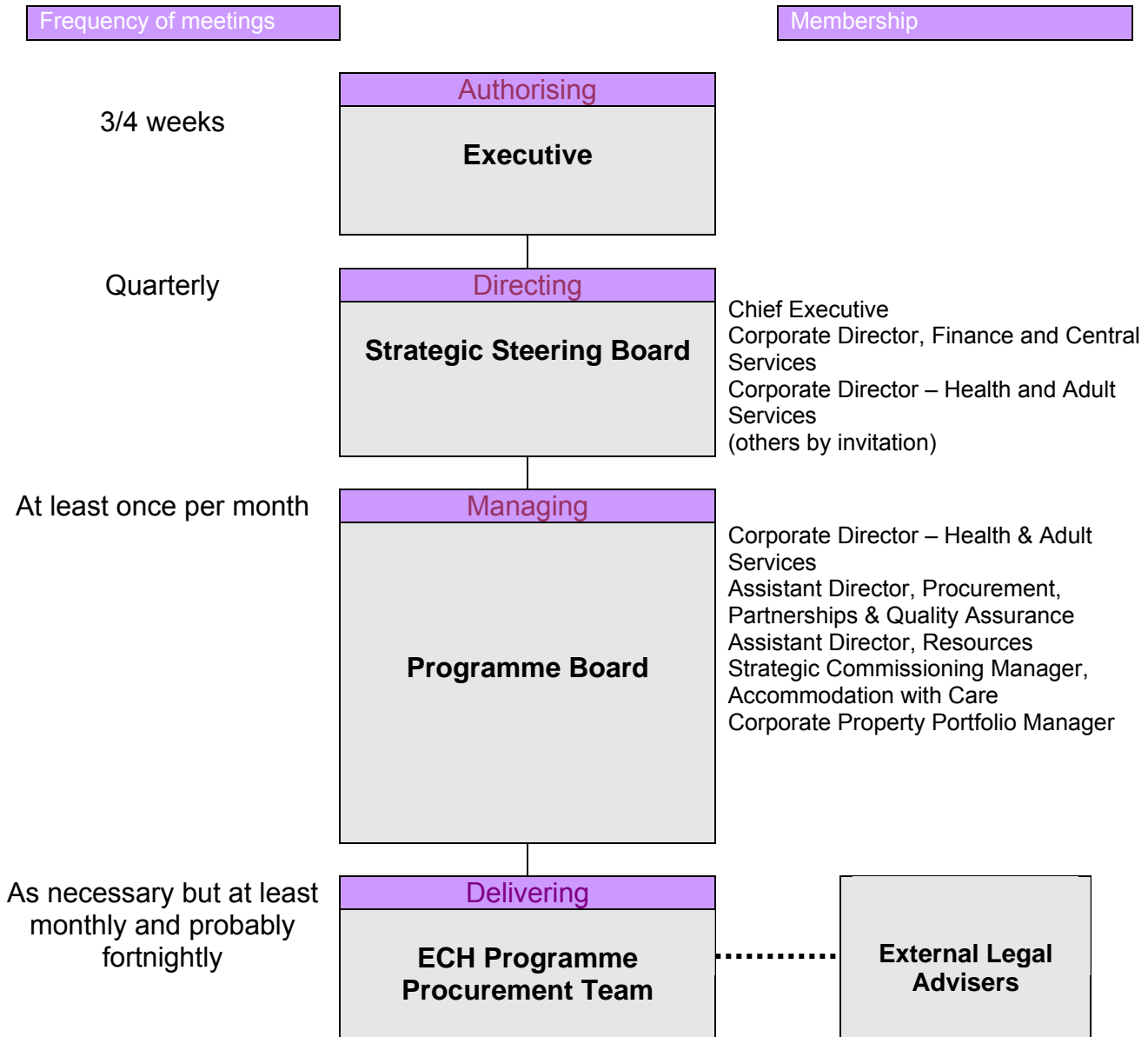
Corporate Director – Health & Adult Services  
County Hall  
Northallerton  
24<sup>th</sup> August 2011

Author of Report: Juliette Daniel, Strategic Development Manager – Accommodation with Care

Background Documents:-  
Appendices:-

- 1 Proposed Governance Process
- 2 County Council Model Example
- 3 Options
- 4 Example Possible Partnership Model
- 5 Economic Development
- 6 Equality Impact Assessment - Overarching
- 7 Equality Impact Assessment - Delivery

## Appendix 01: Proposed Governance Structure



### Terms of Reference Executive

The Executive is the body by which relevant decisions, not delegated to officers or bodies of that Council, shall be taken in accordance with NYCC's Constitution. Without limiting the responsibilities of the Executive, the role shall include the:-

- approval of the Programme
- approval of certain key stages arising within the Programme e.g. approval of a shortlist of bidders
- approving the Preferred Bidder

### Terms of Reference Strategic Steering Board

A Strategic Steering Board will be established for the Programme. Without limiting the responsibilities of the Strategic Steering Board, the role of the Strategic Steering Board will be to:-

- ensure that the Executive is kept briefed as to the progress of the Programme
- review the progress of the Programme at key stages
- ensure strategic direction and alignment of the Programme as a whole within the corporate objectives of the Council
- ensure that adequate resources are made available for the Programme
- Provide direction and guidance to the Programme Board in the delivery of the key Programme objectives

The Strategic Steering Board shall meet at such times at the members may agree but normally every three months and not less than once every six months until such time as the Contract achieves Financial Close.

### Terms of Reference Programme Board

The Constitution includes a Delegated Officer's Scheme which provides some decision making powers to certain key officers within the Council. The Chair of the Programme Board will be North Yorkshire County Council's Corporate Director Health and Adult Services who is authorised to make certain decisions on behalf of the Council in accordance with the Constitution. Certain decisions relating to financial and legal matters will have to be made in consultation with the Corporate Director – Finance and Central Services or the Assistant Chief Executive (Legal and Democratic Services) as appropriate.

Subject to reporting to the Strategic Steering Board, the Programme Board will have the power to deal with all Programme-specific issues including but not limited to:-

- approval and publication of the OJEU Notice
- selection and evaluation of Bidders at all stages of the procurement – to be taken by the Director of Health and Adult Services in accordance with his delegated authority
- issue of all Tender documents
- management of all stages of the procurement
- appointment of the Preferred Bidder and issue of the Preferred Bidder letter - to be taken by the Director of Health and Adult Services in accordance with his delegated authority

The Programme Board shall meet at least once each month.

## **Appendix 02: Other County Council Model Example**

### **Report on Visit to County Council**

**1 December 2010**

The meeting offered the opportunity to meet with the Head of Housing at a County Council and also the former Chief Executive of the Council. The purpose of the meeting was to discuss the delivery model used by them when constructing a significant amount of affordable housing as part of their regeneration programme.

The delivery model used was a public private partnership formed to deliver the aims of the Council. This in turn led to the formation of a company between the Council and its private partner to act as the steering vehicle for delivery of their affordable housing. Two companies have been used for this purpose to date. The Council stands as minority shareholder, with 19% of the shares in the first company and has a 49% shareholding in the second company but holds equal representation on the Board of Directors. There is also a clear and binding agreement that the objectives and purpose of the Company cannot be changed without the consent of the Council. It was suggested that the Council appointed prominent members of the Council as Company Directors and the feedback is that this supported good governance.

In summary terms, the concept is that the Council transfer land at full market value into the Company. When the company receives the land they grant a licence to the private partner for development into new and affordable housing. The private partner leads on the sale of the properties and recoups its own development costs (for each plot) from capital receipts. Any additional profit generated from the sale is fed back into the company and shared equally between the Council and the private partner.

The private partner takes full responsibility for procuring the design and construction costs and the development risk lies with them. A tender process is used to select the construction partner.

If land is not developed following transfer into the company, then it is returned to the Council.

The attraction of this model is potentially to receive full market value for all land transferred into the company and receive an equal share of profit arising from its development. The private partner chosen by the Council also took responsibility for all costs associated with formation of the company etc leaving the Council with little capital outlay.

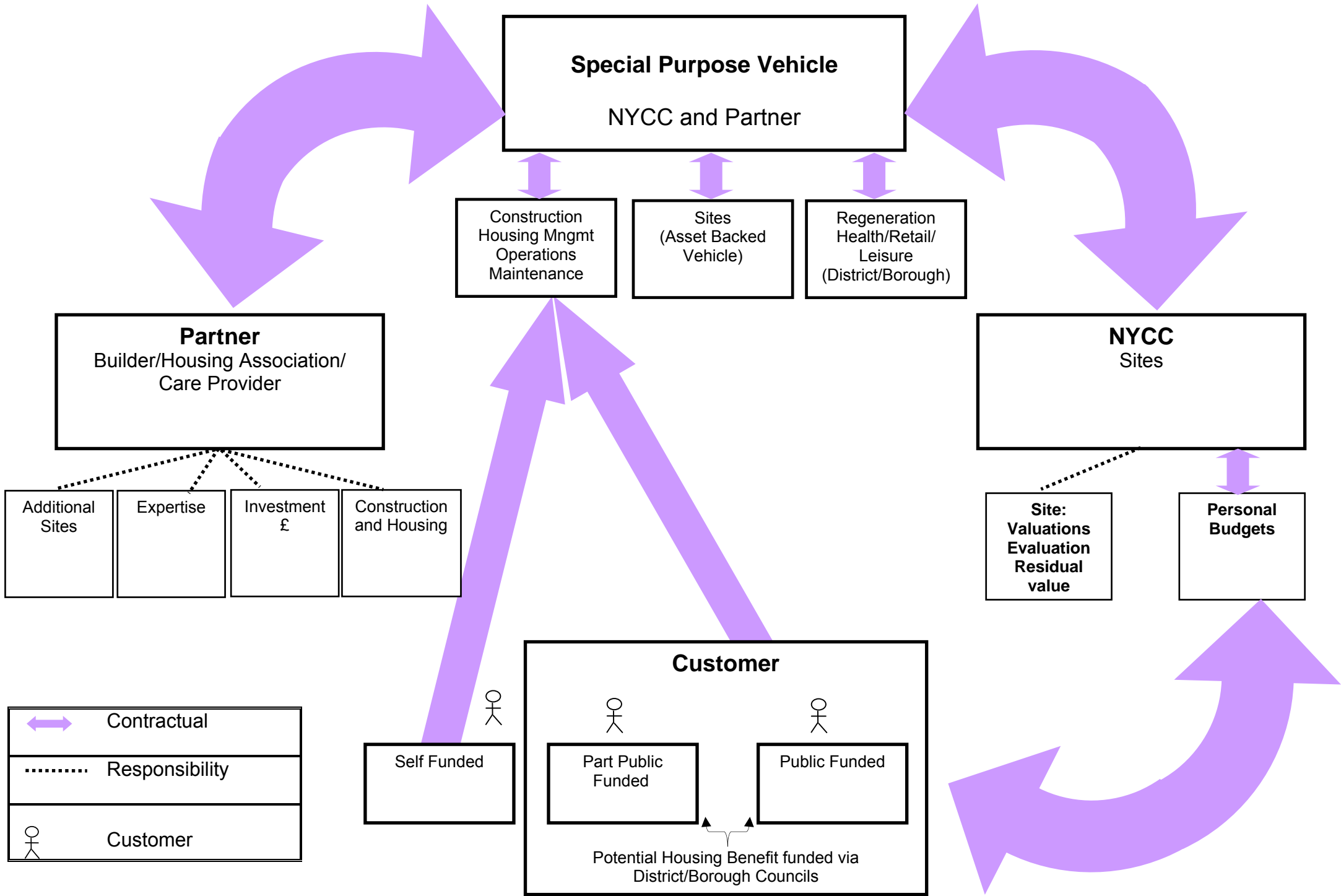
It was also mentioned that the Council had never received any legal challenge to their actions.



### Appendix 03: Re-provision of EPHs - v - Extra Care option appraisal

Option 1 Re-provide all 9 EPHs and re-provide current residents in the private sector		Option 2 Re-provide the 9 EPHs		Option 3 Conduct procurement exercise to meet demand of 30 schemes		Option 4 Stimulate the independent market to meet the expected demand	
Strengths	Weaknesses	Strengths	Weaknesses	Strengths	Weaknesses	Strengths	Weaknesses
<ul style="list-style-type: none"> <li>▪ budget saving</li> <li>▪ removes capital and maintenance requirements</li> <li>▪ strong partnership with independent sector</li> <li>▪ efficient contract arrangements</li> <li>▪ capital receipts</li> </ul>	<ul style="list-style-type: none"> <li>▪ reduces “mixed economy” of care</li> <li>▪ reduces choice and options</li> <li>▪ redundancy / pension costs</li> <li>▪ adverse publicity due to EPH re-provision</li> <li>▪ possible lack of availability of private sector provision</li> <li>▪ NYCC exposed to market forces as a result of monopoly position</li> <li>▪ reputational risk</li> <li>▪ risk of Judicial Review</li> <li>▪ no equity of provision</li> <li>▪ reliance on independent sector and inability to provide service in the event concerns over safety or safeguarding issues</li> <li>▪ safety net of provision will no longer be available</li> </ul>	<ul style="list-style-type: none"> <li>▪ enables the County Council to re-provide 9 EPHs</li> <li>▪ less problems in terms of project management etc</li> <li>▪ affordable</li> <li>▪ attractive because of guaranteed land availability (some)</li> <li>▪ improved quality of life</li> <li>▪ easier to “sell” politically in terms of closures</li> <li>▪ makes sense to public</li> <li>▪ developments offer more than just care/ accommodation – community benefits</li> <li>▪ mitigation of adverse publicity</li> <li>▪ minimises impact of EPH re-provision</li> <li>▪ aspirational accommodation</li> <li>▪ no capital requirements or ongoing maintenance of EPHs</li> <li>▪ enhances reputation of County Council</li> </ul>	<ul style="list-style-type: none"> <li>▪ same procurement cost but fails to take account of future need</li> <li>▪ provider market will not respond positively to such a small number of schemes</li> <li>▪ will need a further procurement within five years</li> <li>▪ redundancies/ pension costs</li> <li>▪ will not achieve same level of anticipated revenue savings as Option 1</li> <li>▪ adverse publicity due to EPH re-provision</li> <li>▪ rest of project may never be achievable</li> <li>▪ extra care is seen as exclusively “wedded” to re-provision</li> <li>▪ will not address need only opportunity</li> <li>▪ forego capital receipts</li> </ul>	<p>All of option 2 strengths plus:-</p> <ul style="list-style-type: none"> <li>▪ meets existing and all projected need in one programme</li> <li>▪ potential partners expressed strong interest in investing</li> <li>▪ County Council becomes an influential partner in the programme</li> <li>▪ NYCC not responsible for living expenses for residents</li> <li>▪ quality of life opportunities</li> <li>▪ potential revenue</li> <li>▪ opportunity of participating in regeneration vehicle (peripheral ad-ons)</li> <li>▪ seen to address national government agenda of new partnership with private sector</li> <li>▪ positive publicity as national lead drawing in hundreds of millions for North Yorkshire</li> <li>▪ will contribute to local economy</li> </ul>	<p>As Option 2 plus:-</p> <ul style="list-style-type: none"> <li>▪ procurement cost</li> <li>▪ scale of delivery may delay timetable</li> <li>▪ process may not produce desired outcome or suitable provider</li> <li>▪ high profile if process fails or is challenged</li> <li>▪ publicity around costs</li> <li>▪ may inadvertently stimulate demand for ordinary residence out of county applicants</li> </ul>	<ul style="list-style-type: none"> <li>▪ no capital investment required from County Council</li> <li>▪ no land required from County Council</li> <li>▪ mixed economy</li> <li>▪ meets needs of self funders</li> <li>▪ offers choice and makes use of people’s assets</li> <li>▪ may stimulate wider care market including hard to reach areas</li> <li>▪ economic advantages</li> <li>▪ may increase range/ quality of providers</li> </ul>	<ul style="list-style-type: none"> <li>▪ unlikely to deliver in next ten years</li> <li>▪ County Council not an influencing partner</li> <li>▪ unlikely to be security of tenure</li> <li>▪ unlikely to provide affordable model</li> <li>▪ unable to access WB and all other positives provided by ECH</li> <li>▪ usually a room rather than an apartment with own front door</li> <li>▪ safeguarding issues identified in some current private sector provision</li> <li>▪ market hasn’t provided the service required</li> <li>▪ adverse publicity due to EPH re-provision</li> <li>▪ not known if private sector would respond positively likelihood that existing and future demand is not met</li> <li>▪ NYCC has less influence over cost of placements to County Council</li> <li>▪ high level needs/ dementia may not be met</li> </ul>

# Appendix 04: Example Possible Partnership Model



## **Appendix 05: Economic Development Benefits**

### Economic Development Opportunities

The provision of specialist supported housing can have a large, positive impact on localities and related public services as detailed in a report commissioned by the Homes & Communities Agency 'Financial Benefits of Investment in Specialist Housing for Vulnerable and Older People' Frontier Economics September 2010, as follows:-

#### Health

- *evidence for certain groups that the provision of specialist housing would return the use of health services to levels that are either at, or are much closer to, the levels of health service use in the general population*
- *there is evidence that better housing has a positive impact on older people's quality of life and reliance on services. For example:*
  - *Watson & Crouther (2005) show that following major adaptation of their homes, 89% of older people report a "major impact" on quality of life*
  - *Thomson et al (2001) show that home improvements are linked to improved physical and mental health and lower use of health services*
  - *Poole (2001) estimates that adaptive equipment in the home reduces reported falls by as much as 60%*

#### Social care

*As previously discussed, one large impact of specialist housing on the use of social care services is that it results in residential or nursing care (previously provided in homes) not being used at all. They are replaced by a package of community-based services.*

*Evidence for the older people client group comes from Bradford's Partnership for Older People Project (POPP). Bradford's POPP provides intensive support to older people with mental health problems at risk of institutional care. The programme found:*

- *26% of users were prevented from being admitted to a care home*
- *a further 13% of users had hospital admission avoided or delayed*
- *a 29% reduction in homecare hours following the intervention*

*At full capacity it was estimated the programme would save £550,000 each year.*

*(Department of Health, 2009).*

*Other studies on the impact of specialist housing on the use of social care services (for example comparing the use of services in general needs and specialist housing) tend to be qualitative rather than quantitative. Some other sources we have used include:*

- *Communities and Local Government DCLG English House Condition Survey 2007: Annual Report – indicates that specialist housing may*

*prevent or deter entry into residential care, but may not have any impact on the level of home care*

- *Lansley, McCreddie & Tinker (2004) also find that up-front investment in adaptive and assistive technology is often recouped through subsequently lower care costs for older people*
- *Heywood and Turner (2007) “Better Outcomes, Lower Costs” – for the mental health client group indicates a reduced need for home care services in specialist housing*

### Crime

*The impact of housing on crime can be inferred from a combination of survey data and published reports. Data from the British Crime Survey shows that upgrading the security on your home can reduce the incidence of burglary. Moving from basic security (assumed for general needs housing and other forms of accommodation) to enhanced security (assumed for specialist housing) can reduce the rate of burglaries by 45%. Moving from having no or less than basic security to enhanced security can reduce the number of burglaries by more than 85%. There are fewer sources of information on the impact of housing on the incidence of violent crime.*

### Older People

*National Statistics population forecasts indicate significant growth of the older people population over the next two decades. In particular:*

- *the number of individuals aged 60-74 is expected to rise by 43% between 2006 and 2031, from 8.3m to 11.8m*
- *the number of individuals aged over 74 is expected to rise by 76% between 2006 and 2031, from 4.7m to 8.2m. (see also, Porteus, February 2008)*
- *under the National Affordable Housing Programme (NAHP) 2008-11, £370m (59.8% of the allocation for specialist housing) has been allocated for accommodation for older people (HCA, 2010)*
- *Older people typically live in privately rented or owned homes, or in social housing, if they are not accommodated in specialist housing. The CORE database indicates that, prior to entering specialist housing, around 33% of the older people client group lived in private homes, with 37% in social housing. A further 13% were living with family or friends, and 10% were housed in residential care*
- *Older people may need assistance with various tasks in the home. Evidence from the General Household Survey shows that:*
  - *of those aged 65 to 74, 6% need help climbing the stairs, 5% need help bathing, 2% with dressing and 2% with bed transfers;*
  - *of those aged 75 to 84, 12% need help climbing the stairs, 11% need help bathing, 4% with dressing and 2% with bed transfers*
  - *of those aged 85 or over, 30% need help climbing the stairs, 24% need help bathing, 8% with dressing and 4% with bed transfers.*

### Evidence

*In the absence of the support that specialist housing can provide those in these age groups are much more likely to suffer falls and other accidents with their associated costs. For example:*

- *the Department of Health estimates that between 2008 and 2025 falls related A&E admissions for older people will rise from 515,000 to 735,000 each year*
- *the number of emergency readmissions for people aged 75+ in English hospitals in 2006-07 was 148,922, a rise of 69% since 1998-99 (NHS Information Centre quoted in National Housing Federation, 2010)*
- *Help the Aged have estimated that NHS expenditure on falls is around £1bn annually (Porteus, February 2008)*

*There is evidence from a number of local efforts to reduce the costs of older people on wider public services. For example, Brent Council faced a challenge in 2004 that many hospital discharges were being delayed because older people's homes needed to be made suitable before they could return. Support for these clients provided by Willow Housing cost around £41,000 each year, achieving savings of around £420,000 by helping clients to sustain independence and reducing reliance on hospital services (Department of Health, 2009). There is also wider evidence about the lost benefits should older people be incapacitated due to accidents in the home. For example, five million people aged 50 or over take part in voluntary work. This age group provides around half of all unpaid care, worth £87bn each year. At least 500,000 people aged over 65 remain in the workforce in paid employment and this is likely to rise with the planned increase in the retirement age (Porteus, February 2008). Finally, there are estimates of the demand for adaptations required to avoid injuries. For example, over 750,000 people aged 65+ need specially adapted accommodation because of a medical condition or disability (CLG, "Housing in England 2006-07", 2008 quoted in National Housing Federation, 2010). The number of older people is increasing over time. Particularly, the number of disabled older people is expected to double over the next 30 years (PSSRU, "Thirty-five years on: Future demand for long-term care in England", 2006 quoted in National Housing Federation, 2010).*

### North Yorkshire Example

An example of the economic development opportunities that were delivered as a result of the development of our newest extra care housing scheme is as follows:-

- 50 apartments with usual associated communal facilities that enabled the replacement of a County Council-owned elderly person's home
- total scheme cost of £7.2m
- development programme period of 14 months
- £1.8m worth of orders placed from main contractor with local sub-contractors (equating to 50.2% of the total spend on sub-contractors)
- two apprenticeships offered to local people (1 x bricklayer, 1 x joiner). Both now in permanent positions with the main contractor
- a team of 70 construction staff who supported local businesses such as cafes, supermarkets etc for refreshments
- 2 housing management jobs
- 8 domestic and catering jobs
- 12 care and support jobs (assumes full-time)
- 3 grounds maintenance
- a bus shelter part-funded by the construction company

In another instance, when working on the appraisal for the Harrogate Place Shaping project which will deliver extra care housing as well as meeting the Borough's needs for affordable housing (by strong partnership working utilising sites as assets), the main contractor made clear that this project can be the base for future consideration that where there is the potential for a strong and sustainable future pipeline of similar developments, an off-site manufacturing base could be sited within North Yorkshire. A similar factory is already established in Birkenhead the set-up of which included over £500,000 worth of investment in machinery and the refurbishment of an otherwise empty factory space. This resulted in 85 job placements.

Communities and Local Government's definition of sustainable communities:-

*'A sustainable community must meet the diverse needs of existing and future residents, are sensitive to their environment, and contribute to a high quality of life. They are safe and inclusive, well planned, built and run, and offer equality of opportunity and good services for all.'*

#### North Yorkshire Specifics

- Population of 599,700
- 374,200 people of working age
- Unemployment rate of 5.8%
- 10.8% of population without qualifications

(Sourced from <https://www.nomisweb.co.uk/reports/lmp/la/1967128602/report.aspx#tabrespop>)

To address these issues as part of the procurement exercise a requirement of the County Council will be that the preferred partner works with us to develop a Joint Employment and Training Strategy which will ensure that future developments have a positive impact on communities and support local economic development.

## Appendix 06 – Equalities Impact Assessment - Overarching

Function	Sub-Function  (Function, Policy, Procedure, Project, Initiative, Service)	Relevance to Equality & Diversity  (High, Medium, Low)	Evidence of relevance  (legislation, anecdotal/statistical evidence etc)	Priority  (high = 1, Low = 3)	Timescale  (Date for completion)
Is there any evidence – formal or otherwise – that religious groups are affected by these developments	Extra Care Programme Delivery	Low	Anecdotal – the current facilities in extra care housing schemes do not proactively encourage applicants from ethnic religious groups	3	Jan 2011
Is there any evidence – formal or otherwise – that people with learning/physical, sensory impairment or disabilities are affected by these developments	Extra Care Programme Delivery	High	Anecdotal – through the mapping exercise a need has been identified for accommodation and support for people with physical and learning disabilities. Current eligibility criteria disadvantage these groups where people are under 55.	1	Jan 2011
Is there any evidence – formal or otherwise – that people’s sexual orientation is affected by these developments	Extra Care Programme Delivery	Med	The current information available i.e. leaflet and DVD does not actively encourage applicants from gay or lesbian couples.	2	Jan 2011
Is there any evidence – formal or otherwise – that people with accommodation and care	Extra Care Programme Delivery	High	Evidence in the mapping exercise identifies that there are not enough extra care housing units	1	Jan 2011

<p>needs are affected by these developments?</p>			<p>countywide and these are required because people's opportunities are enhanced by the delivery of extra care housing. As peoples care needs develop – assessment teams are responsible for reviewing care packages and arranging higher support as required. ECH in theory, can support high dependency levels.</p>		
<p>Is there any evidence – formal or otherwise – that people's financial status is adversely affected by these developments?</p>	<p>Extra Care Programme Delivery</p>	<p>High</p>	<p>North Yorkshire County Council has identified there is insufficient opportunities for self funders to access advice and information on housing care and support services. The opportunity to purchase extra care housing units has diminished due to the current economic downturn as people are unable to sell their properties to purchase extra care housing accommodation. However, once in extra care housing, there is evidence to say that people's financial status is enhanced as they are not required to utilise as</p>	<p>1</p>	<p>Jan 2011</p>



			much of their savings as they would have done by purchasing a residential place as well as their care.		
Is there any evidence of public concern that this programme of delivery is causing discrimination?	Extra Care Programme Delivery	Med	Anecdotal – through the referral and allocations process. It has been identified that younger people with physical and learning disabilities are not able to apply for extra care housing due to the limitations of most of the eligibility criteria which currently specify 55+. Evidence to support the need for younger people being able to access ECH is based on experience of applications in the past as well as one direct communication from a lady of 40 yrs with cerebral palsy who felt she is discriminated against because of her age.	2	Jan 2011

<b>Name of the Directorate and Service Area</b>	Adult And Community Services		
<b>Name of the service being assessed</b>	Delivery of Extra Care Housing in North Yorkshire		
<b>Is this the area being impact assessed a</b>	<b>Policy &amp; its implementation?</b>		<b>Service?</b> ✓
	<b>Function</b>		<b>Initiative?</b>
	<b>Project?</b>		<b>Procedure &amp; its implementation?</b>
<b>Is this an Equality Impact Assessment for a</b>  (Note: the Equality Impact Assessment (EIA) is concerned with the policy itself, the procedures or guidelines which control its implementation and the impact on the users)	<b>Existing service or a policy and its implementation?</b>		✓
	<b>Proposed service or a policy and its implementation?</b>		
	<b>Change to an existing service or a policy and its implementation?</b>		
	<b>Service or Policy carried out by an organisation on behalf of NYCC?</b>		
<b>How will you undertake the EIA?</b>  Eg team meetings, working party, project team, individual Officer	EIA to be completed by individual officers, discussions with project team in team meetings,		
<b>Names and roles of people carrying out the Impact Assessment</b>	Rebecca Dukes – Project Officer ECH Marion Dennis – Project Support Officer ECH		
<b>Other officers involved in the assessment</b> Eg taking part in peer review, challenge, quality assurance	Quality Assurance Group.		
<b>Lead Officer and contact details</b>	Rebecca Dukes – Project Officer ECH – 01609 535173 Marion Dennis – Project Support Officer ECH – 01609 532600		
<b>Date EIA started</b>	Jan 2010		
<b>Date EIA Completed</b>	19.5.10		

<b>Sign off by Service Head/ Business Unit Head</b>	<b>Seamus Breen, Assistant Director - Commissioning and Partnerships</b>
<b>Date:</b>	21 <sup>st</sup> October 2010
<b>Presented at Directorate Equality and Diversity Working Group</b>	July 2010
<b>Date and place of Publication of EIA</b>	
<b>Monitoring and review process for EIA</b>	ECH Team – ongoing review process.

# 1. Operating Context

Please consider issues around impacts (positive or negative) raised for **Disability, Age, Sexual orientation, Faith, Race and Gender** and show your evidence

## **1.1 Describe the service/policy**

What does the service/policy do and how? What are its intended outcomes? Who is affected by the policy? Who is intended to benefit from it and how? Who are the stakeholders? How would you describe the policy to someone who knows very little about Council Services?

Does the policy, plan or service reflect relevant legal frameworks (including equality legislation) and national and local performance targets? Does the service/policy adhere to the principles of the [social model of disability](#)?

Are there any other policies or services which might be linked to this one? Are they being impact assessed?

How will the policy be put into practice? Who is responsible for it?

The national drivers for developing Extra Care Housing are

- Our Health Our Care Our Say
- Putting People First
- Our Future Lives
- Strategic Commissioning Strategy for independence, wellbeing and choice
- Dignity in care agenda
- Lifetime Homes Lifetime Neighbourhoods

North Yorkshire County Councils strategy for developing ECH dates back to 1999. The development of ECH provides opportunities for all adults in need of care and support to live an independent lifestyle in a non institutionalised setting.

ECH offers people who need accommodation with support and/or care options to meet their changing needs by promoting personalisation, independence and choice

ECH is a housing solution to a care need which includes:

- Private apartments for rent or sale for people aged 55 and over
- Each apartment has its own front door with letterbox and doorbell and residents have security of tenure
- Each extra care housing scheme will have a range of facilities on site such as shop, hair/beauty salon, café/restaurant, lounge, hobbies room, library etc
- The building will be staffed 24 hrs/7 days by housing management, care and support staff
- Care and support will be delivered to individual residents according to assessed needs and in line with a written and agreed care and support plan

## 1. Operating Context

Please consider issues around impacts (positive or negative) raised for **Disability, Age, Sexual orientation, Faith, Race and Gender** and show your evidence

- Enables independent living

The delivery of extra care housing in North Yorkshire is linked to the replacement of Elderly Persons Homes. (EPH)

Existing residents of North Yorkshire's EPH's are directly affected due to the replacement of their current accommodation with extra care housing. When an existing EPH is earmarked for closure, residents are either given the option of transferring over to ECH or to be placed in another residential establishment.

The Extra Care Housing Team within Adult and Community Services works in partnership to deliver accommodation and services to a variety of partners. The team will be able to influence the inclusion of equality and diversity issues, but we cannot direct policy or procedure, as the schemes will be managed by other outside agencies. However, these agencies have the same responsibilities under equalities legislation as the North Yorkshire County Council's (NYCC) and service level agreements are currently being drawn up which include equality and diversity issues.

The service will be developed by the Extra Care Housing team working alongside selected partners to expand the extra care provision, where there is an identified need. The overall responsibility for developing the service and delivering future schemes lies with the Strategic Development Manager, Accommodation with Care.

Although current residents in EPH's are directly affected they also benefit in terms of having the opportunity to move into more appropriate accommodation with facilities and support to suit their needs as well as giving security of tenure and the opportunity to

## 1. Operating Context

Please consider issues around impacts (positive or negative) raised for **Disability, Age, Sexual orientation, Faith, Race and Gender** and show your evidence

maximise their financial status. Extra care housing is able to support people with changing care and support needs, in partnership with health and housing partners. Due to the design layout of the schemes and the use of telecare technology, people with very high support needs are able to stay in their accommodation for longer.

People living in the local community benefit from being given the opportunity of an alternative housing option with care support rather than institutional type residential care. Extra care housing enables couples (including same sex couples) where one has a care need, to stay together rather than being separated under current practices.

The local community benefits by the provision of the facilities within the scheme with the opportunity to utilise the communal space for social events and activities. This also benefits the people living in the scheme and enables them to continue to feel part of their local community.

The service will be proposing to introduce a training solutions document to support training within extra care housing facilities. The document highlights the necessity to reflect the Directorate's strategies relating to equality and diversity.

### **1.2 Is the policy/service you are impact assessing physically accessible?**

Is the policy/service delivered in the right locations? Are locations welcoming and appropriate for its function and customer needs? Are the opening times accessible? Have you carried out an [access audit](#)? Do you provide specialist equipment to help people access your services if it is needed? Do you consider customer needs when arranging the timing and venues of meetings or events?

Historically extra care housing schemes have been built where an opportunity has arisen rather than where there is an identified need.

The schemes are designed to comply with the Habinteg 2<sup>nd</sup> Edition 2006 Wheelchair Design Guide and to full wheelchair accessibility standards.

Consideration is given to appropriate signage and colour schemes to support orientation of the people living in and visiting ECH schemes. Consideration is given to the location of the scheme and being able to

## 1. Operating Context

Please consider issues around impacts (positive or negative) raised for **Disability, Age, Sexual orientation, Faith, Race and Gender** and show your evidence

<p>Does the policy/service promote or further enable access to services?</p>	<p>access local facilities or to provide local facilities where these don't exist.</p> <p>The physical design and the environment within the building is designed to support a range of needs ie mobility, sensory, cognitive impairment etc.</p> <p>Access to services and facilities is a key priority, when considering the development of ECH schemes. Design options and inclusion of technology to support accessing facilities, for all groups of people, are included in the early planning of the scheme.</p> <p>The extra care housing team is in the process of developing a Design and Ethos Guide which focuses on the physical environment to ensure that the schemes meets the needs of the people hoping to live there. In addition the ECH team is developing a process for reviewing extra care housing schemes, which includes a physical walk round with the housing partner to ensure that the environment is designed and built to NYCC's recommended Design and Ethos Guide.</p> <p>A diverse range of events are organised within the schemes throughout the week, which includes evening and weekends to allow opportunity for people to access social events. Previous ECH developments have identified and fed back some concerns regarding access and participation in social events. Residents ultimately have the choice in what social events they participate in, however some people are reliant on staff to support them to do this and staffing levels do impact on residents being able to participate in some activities. There is also concern amongst some residents who feel they are being charged to "use the lift" because if they can't attend a social event without escort from their apartment to the activity space, it is included as a need in their care plan and they are charged for it</p>
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## 1. Operating Context

Please consider issues around impacts (positive or negative) raised for **Disability, Age, Sexual orientation, Faith, Race and Gender** and show your evidence

(subject to the Fairer Charging Policy). The move to personalisation and indicative budgets will potentially help to solve some of these issues. The issue of isolation has been raised up on several occasions, particularly where people do not want to participate in group type social activities: again personalisation and indicative budgets could resolve some of these issues, by enabling staff to carry out one to one activities more suited to the individual.

Most ECH schemes operate resident committees, who are involved in arranging and deciding on the type of activities provided; however there are examples where the more vocal residents have played a bigger part in making decisions. This requires careful monitoring by all partners involved, to ensure that decisions about social events include all residents' opinions and suggestions.

Recent scheme reviews undertaken, indicated that extra care housing schemes do not have diverse religious services, although they do provide a non-denominational type service. If this was identified as a need for specific individuals, arrangements could be put in place to support access to faith-based activities e.g. via community liaison. For some individuals, this might form part of their support plan.

People and groups from local communities are actively encouraged to utilise the facilities and to participate in events or social activities organised in the scheme. There are many examples where community social groups utilise the facilities for events, clubs or other activities, which the residents can then join in with, supporting the ethos of enabling residents to feel like active members of their local community.

Extra care housing facilities support applications from people, regardless of their disability, faith, sexual orientation, race or gender.



## 1. Operating Context

Please consider issues around impacts (positive or negative) raised for **Disability, Age, Sexual orientation, Faith, Race and Gender** and show your evidence

NYCC is an equal opportunity organisation and has a Fair Access to Care Policy. The current eligibility criterion is usually 55 and over which is often linked to agreed planning applications. Any decisions to change the eligibility criteria for a particular scheme would be on an individual basis and would be included in the planning stages. Any changes to existing eligibility agreements would have to be discussed and agreed with the housing providers and district/borough Council partners.

Partner organisations will have their own equality and diversity policies and procedures in place, which are monitored through the Quality Assessment Framework documentation (QAF) managed by Supporting People.

*Standard C1.4.1 of the Quality Assessment Framework states “Fair access, fair exit, diversity and inclusion are embedded within the culture of the service and there is demonstrable promotion and implementation of the policies.” The evidence listed in this section is detailed by breaking it down into Level A/B/C requirements. Level A/B meaning indicative evidence and Level C meaning an essential requirement. These requirements includes the collection of equalities data on successful and unsuccessful applicants, reviews the equalities data, sets targets to address gaps or weaknesses and monitors performance against these.*

Equality and Diversity procedures are covered in staff induction programmes and integrated into staff management practices. And are reviewed on a regular basis. The evidence in this documentation also highlights whether equality access targets are set for under represented groups and how these targets will be monitored and actioned. Section C1.4.2 of the QAF investigates the procedures and processes that monitor the allocation and eligibility criteria for access

# 1. Operating Context

Please consider issues around impacts (positive or negative) raised for **Disability, Age, Sexual orientation, Faith, Race and Gender** and show your evidence

ECH schemes and how the information and decisions are communicated to applicants, and whether under represented groups are identified and relevant information is actively distributed to these groups.

## **1.3 Is the information and communication provided accessible to everyone?**

Is information and correspondence [accessible](#) and does it use appropriate language? Do your documents include an Accessibility Statement ([link to Accessibility Statement](#)) and will you provide information in other formats on request (or prepared in advance where necessary)? Remember to think about the needs of people who are disabled or people whose first language is not English. Can customers contact your service easily and accessibly in a range of different ways? Do people know how to contact you?

Does information avoid the use of stereotypical language, or negative images of different groups of people? Does the information adhere to the principles of the [social model of disability](#)?

NYCC Information related to ECH is provided in several formats inc leaflets (large print copy available), DVD, information cards. We are in the process of developing a web page on the NYCC website. The team has discussed providing easy read versions of our written information – this work is ongoing. Usually alternative formats would be available on request, however we do have a small amount of large print copies of our information available if required.

All literature contains reference to contact NYCC Customer Service Centre, by either telephone or online. Literature available in other languages such as Braille, Large print or audio on request. – tel number and email address contact details on reverse of leaflet.

Literature pictures do focus on images of older people which does tend to suggest that extra care housing is a service predominantly for older people. However we are in the process of developing an updated version our leaflet which will include images which are not specifically focussed on older people. The team's vision is to open up ECH to all vulnerable people; therefore the literature would require updating to incorporate images of other groups of people, to raise awareness to all vulnerable people, that ECH is available to them.

## **1.4 How is your service/policy delivered?**

Do you charge for your services? Do these charges affect everyone equally? Do some customers incur greater costs or get 'less for their money'? Are there eligibility criteria for the service/policy?

The Council delivers the service in partnership with housing associations and district/borough councils. Housing associations allocate the extra care housing units under eligibility criteria which is agreed by steering groups who manage the projects.

## 1. Operating Context

Please consider issues around impacts (positive or negative) raised for **Disability, Age, Sexual orientation, Faith, Race and Gender** and show your evidence

Does the Council deliver this policy in partnership or through contracts with other organisations? How do you ensure that external bodies comply with the Council's equality requirements?

Is the policy delivered with volunteers? Does this raise any implications e.g. training needs? Are volunteer opportunities available to all?

All people are assessed with a Needs Assessment Questionnaire – under Fair Access to Care – and their contributions for services are calculated through a financial assessment which is stipulated by government legislation.

The charges relate to the accommodation and care services. The rent, service charge and lease, if purchased, relate to the property and not the person living in that property. The charges for individual properties are set by the housing providers based on affordable housing guidelines. The ratio of rental and purchase units is dependent on the size of the scheme to be built, typically there would be 5-15 to purchase units in a 40-50 unit scheme, giving people the option of the type of tenure they require. Often there is an expression of interest register with people waiting to move into properties with all the tenure types. The ECH team has recently identified an organisation that supports people with physical and learning disabilities that are reliant on state benefits, to purchase properties, and have now extended this service to older people looking to purchase ECH units. This would enable people, regardless of their financial circumstances, to either purchase or rent an ECH unit, depending on their preference

The care costs are dependent upon financial assessments. People who are more financially secure may end up paying higher rates for care services. People's financial circumstances, may impact on participation in activities, as some organised events may involve payment. The Partners involved in the scheme ensure there is a variety of social events and activities to suit everyone's needs. This may involve liaising with voluntary and community groups to support unpaid activities within the scheme. The ECH team and its partners are very keen to ensure there is a programme of activities set up, from the opening of the scheme. Community engagement work is already

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underway regarding activity provision for a scheme due to be opened spring 2011.

## 2. Data, Monitoring, Consultation and User Involvement

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### **2.1 What data do we use now? Is it broken down by equality and diversity categories?**

How current is the data? Where is it from? Is it relevant? Are the equality and diversity categories consistent across all the data used?

Strategic Commissioning for Independence, Wellbeing and Choice Databook 2007 – 2022 shows the breakdown in population of BME communities as a whole for North Yorkshire and also for the 7 individual District/Boroughs within North Yorkshire. It is also broken down into age, gender and disability profiles. The data is available relating to BME communities however there are no statistics relating to sexual orientation.

The mapping exercise highlights the need for additional extra care housing schemes across the county. There is a need to cross reference identified accommodation needs with the data relating to BME communities to establish if there is a need to actively market this type of accommodation to minority groups in specific areas.

Between June and September 2009 reviews of existing Extra Care Housing schemes were carried out. Information regarding ethnicity was captured and highlighted that there are no tenants from BME groups living in extra care housing schemes at present.

There are a large number of different groups across the County which cater for specific client group's ie older people, physical and sensory etc. These can be difficult to access at the right time to discuss the relevant issues for each scheme. Currently schemes are designed taking into account best practice guidelines and national experiences of what works

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and doesn't work in ECH. The Housing Learning Improvement Network (Housing LIN) provides information collated from all council/housing and other organisation regarding best practice in ECH, including fact sheets on specific issues. However we acknowledge that consultation and service user involvement needs improvement and we will address these issues in the future. Surveys and questionnaires are carried out with current residents regarding all the services and facilities available to them and the ECH will be introducing an evaluation process with schemes, 6-8 months after they have opened. This evaluation process will include residents, their relatives, staff and management as well as other partners involved in the scheme i.e. health professionals. It will also include the design layout and the facilities available. This evaluation process is being piloted in April 2010 for a scheme that opened in October 2009.

The ECH Team acknowledges that there is a statutory requirement to consult with all groups of people and this will be imbedded in the decision-making process and a robust Consultation Procedure is currently being researched and written.

## **2.2 Are there areas where we need more information? How could we get this information?**

What data is available? Do other directorates, partners or other organisations hold relevant information? Is there relevant information held corporately eg compliments and complaints? Are there national datasets that would be useful? Is there relevant census data? Do you need to collect more data? How could you do this?

At present the extra care housing team does not have information relating to the sexual orientation of the population of North Yorkshire.

The assumption is that it will be between 5-7% of the county's population, in line with national / Stonewall estimates: for more info – [www.stonewall.org.uk](http://www.stonewall.org.uk)

## **2.3 What analysis have you carried out on the data?**

Does analysis include general demographic and local specific trends such as ageing, migration and the nature of minority ethnic

Census information shows that just under 98% of the population of North Yorkshire is white British with only 1.1% of people in BME groups which is considerably lower than the national average of 9.1%. Within the County the proportion of the population within BME groups is lowest

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communities and other diverse groups? Does it include trends about specific sectors as appropriate eg education, transport, housing, retail and business opportunities?

in Ryedale and highest in Richmondshire. The individual District/Borough profiles indicate that the percentage of BME groups compared to the overall population is very low which may therefore make it difficult for extra care housing to target specific groups or provide specific facilities for BME groups. However more emphasis on marketing to BME groups may result in them applying for ECH.

All ECH units - except some specialist dementia apartments - are now built with 2 bedrooms, to allow for family or visitors to stay with their relative, they also provide guest suites for hire at a nominal charge. The option to extend the size of the properties further would create higher rental and service charges for the residents as well as additional build costs for the organisations involved, the sustainability of the scheme is very much dependent on the amount of units being built, which is dependent on the land available. Larger apartments would usually mean fewer units available, which in turn might question the sustainability of the scheme and the affordability of the properties, to keep them in line with affordable housing guidelines.

In terms of extended family members, any persons applying to live in the scheme would have to meet the agreed eligibility criteria, most eligibility criteria for ECH suggest the applicant has some care/support needs; this may cause issues where extended family members live with their relatives. When the original applicant dies, the family member may not be eligible to remain in the property and they would not be issued with a tenancy agreement for that property. Currently partners are able to remain in the properties as long as they meet the age criteria.

Demographic data indicates that the population of people aged 65+ is expected to increase in all Districts/Boroughs across North Yorkshire. The largest percentage increases are expected to increase in Hambleton, Richmondshire and Selby. The mapping exercise has identified further need for accommodation, with support for all vulnerable

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	<p>adults in these specific areas as well as generally across North Yorkshire.</p> <p>Demographic data shows that there are approx 11,538 Carers</p>
<p>Does it identify the level of take-up of services by different groups of people? Does it identify how potential changes in demand for services will be tracked over time, and the process for service change?</p> <p>Is it free of generalisations or stereotypical notions about people of different groups? Does it reflect the diversity of North Yorkshire? Does it identify the equality profiles of users/beneficiaries and staff?</p>	<p>The mapping exercise has indicated the need to review and redirect the way in which services are delivered.</p> <p>The Extra Care Housing Team's Programme Delivery Register captures and predicts current and future need for accommodation, facilities and services within a locality. Once a scheme has been in management for at least 6 months the proposed evaluation tool will help to capture data relating to the residents' disability, age, faith, race and gender and sexual orientation. This will help us to evaluate which groups of people are applying for the schemes and where and how we might need to provide additional services or facilities or support people to access out in the wider community to ensure all their needs are being met.</p>
<p><b>2.4 What does the analysis of the data show?</b></p> <p>Does the data show any differences in outcome for different groups? Eg differences in take up rates or satisfaction levels across groups. Is it what you expected? Does it change earlier assumptions?</p>	<p>The mapping exercise shows evidence that there is a need for future extra care housing to meet a range of needs and ages rather than concentrating on supporting one particular client group. Evidence from current. ECH allocation groups across North Yorkshire, suggests there is a need to expand the eligibility criteria to include other groups of people. Often people below the age criteria apply, and although applicants are discussed on an individual basis, there are concerns about placing younger adults in predominantly older people's facilities, particularly where the type of social activities are generally decided by the residents, who would be, at this moment, an older age group and with probably a different type of social life to a younger adult.</p> <p>There are schemes in other parts of the country that are for younger adults with learning and physical disabilities. The ECH team's vision is to provide our ECH services to a mixed group of people.</p>

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	<p>Anecdotal evidence also shows that North Yorkshire County Council's own assessments teams often refer younger applicants for ECH, unaware of the full eligibility criteria, which support the suggestion that there is a need for this type of accommodation for younger adults. The market has recognised the need to provide extra care housing for other vulnerable people within the last 2-3 years and this has been considered in the design guide for the future.</p>
<p><b>2.5 What are the mechanisms for the ongoing monitoring of progress on your policy/service, or monitoring take-up of your service?</b></p> <p>Given the information above do monitoring mechanisms need to be altered to make sure that all the required data is captured? What monitoring techniques would be most effective?</p> <p>What performance indicators or targets would be used to monitor the effectiveness of the policy/service?</p> <p>How often does the policy/service need to be reviewed? Who would be responsible for this?</p>	<p>The Extra Care Housing Team's Programme Delivery Register captures and predicts current and future need for accommodation facilities and services within a locality.</p> <p>The proposed evaluation tool will support NYCC and our housing providers to identify issues with the service. The tool includes consultation with residents, relatives and other people involved in the services provided within the scheme. The piloting of the evaluation tool is due to take place at a scheme which opened September 2009. The outcome of this evaluation will influence the final documentation for this process.</p>
<p><b>2.6 Does your service meet the needs of all customers?</b></p> <p>How do you know? How do you check?</p> <p>Do some needs/priorities 'miss out' because they are a minority not the majority? Is there a better way to provide the service to all sections of the community?</p>	<p>At present extra care housing is primarily focussed on accommodation for older people usually 55 plus.</p> <p>The need for accommodation with care for people with learning and physical disabilities has also been identified through the mapping and nomination and allocation process. The current nomination and allocation process is based on the panel members considering whether the applicant's physical, emotional and social wellbeing would be met by moving into the scheme. It is sometimes deemed not appropriate for a</p>



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younger person to move into a scheme which is fully occupied by older people even though the physical layout of the building is appropriate to their needs.

Our future vision is to give all vulnerable adults the opportunity to access extra care housing where it is their wish to do so. It is acknowledged that a range of housing options needs to be available to people. It is intended that the extra care housing programme be delivered without Homes & Communities Agency grant, thereby enabling any available grant to be used to fund other housing types. A need has been identified through the mapping process for accommodation for other groups and consideration will need to be given to consultation with these people.

### **2.7 What consultation have you already done that you can use to inform this impact assessment? Please summarise the main findings from the consultation**

Can you analyse the results of this consultation by social identity eg race, gender, age, disability, faith, Sexual orientation. Who did you consult and how? What are the main findings? Are there differences in response between different groups? Are more findings to come?

If this is an update please say when this information has been added. Did you find that some groups felt that they were adversely affected by the policy/service? Did you feedback the findings of the consultation to those who were involved?

Some reviews of current schemes were carried out in mid 2009. The questionnaire identified people's race, gender, ethnicity and the level of support they required, however it did not identify people's sexual orientation. The questionnaire was designed for people already living in an extra care schemes, it was not broken down into different social identities and was not distributed to a wider community.

In Jan 2008 a report called "A Measure of Success" was produced by the Care Services Improvement Partnership in conjunction with The Housing Learning and Improvement Network. The report entailed an evaluation of housing for people with learning disabilities. The report focuses on the lessons learnt from 10 projects to provide extra care housing specifically for people with a learning disability and was linked to measures stipulated in the "Valuing people, Independence Well-being and Choice, and Our health Our Care, Our Say" papers. The main points of these strategic papers state that local authorities should extend the range of housing choices to people with learning and physical disabilities and highlighted the key issues as being:

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- Housing was important – the aim is for a choice of where and how you live
- The Government wants people living with their families to be able to plan for a home of their own
- People with learning disabilities can live successfully in many types of housing from individual self-contained properties, housing networks, group homes and shared accommodation schemes, through to village and other forms of intentional community. They can cope with the full range of tenures, including ownership.
- Local authorities should expand the range and choice of housing, care and support services, and
- Draw up a housing strategy by 2003 addressing the aims of Valuing People.

The report suggests that *“Housing Needs surveys commissioned by local authorities could be stronger in their measurement of the housing requirements of disabled people and quite possibly other, numerically smaller, vulnerable needs groups.”*

Section 1.1 of the “Socially excluded adults Public Service Agreement (PSA 16) states that *“In October, as part of the Comprehensive Spending Review, the Government announced a new single set of 198 national indicators for English local authorities and local authority partnerships. These indicators, which flow from the priorities identified in Public Service Agreements (PSAs) and Departmental Strategic Objectives (DSOs), include eight indicators which underpin the socially*

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*excluded adults PSA (PSA 16).*

Section 3.1 states “*The socially excluded adults PSA aims to ensure that the most socially excluded adults are offered the chance to get back on a path to a more successful life, by increasing the proportion of at-risk individuals in:*

- *settled accommodation; and*
- *Employment, education or training.*

Settled accommodation: Refers to accommodation arrangements where the occupier has security of tenure/residence in their usual accommodation in the medium- to long-term, or is part of a household whose head holds such security of tenure/residence. The accommodation types that represent settled accommodation for the purpose of this indicator are:

- Owner Occupier / Shared ownership scheme (where tenant purchases percentage of home value from landlord)
- Tenant – Local Authority / Arms Length Management Organisation / Registered Social Landlord / Housing Association
- Tenant – Private Landlord
- Settled mainstream housing with family/friends (including flat-sharing)
- Supported accommodation / Supported lodgings / Supported group home (accommodation supported by staff or resident caretaker)
- Approved premises for offenders released from prison or under probation supervision (e.g., Probation Hostel)
- Sheltered Housing / Extra care sheltered housing / Other sheltered housing
- Mobile accommodation for Gypsy/Roma and Traveller community

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### **The 2001 Government White paper 'Valuing People' -**

*States that "each individual should have the support and opportunity to be the person he or she wants to be; " and they shall have:-*

1. *EQUAL RIGHTS*
2. *INDEPENDENCE*
3. *CHOICE*
4. *THE RIGHT TO BE INCLUDED*

To make this happen, North Yorkshire and the City of York developed 4 Partnership boards. The Government said it is they who should agree any future plans which could affect people with a learning disability.

The 4 boards are:

Craven and Harrogate  
Scarborough, Whitby and Ryedale  
Hambleton and Richmondshire  
York and Selby

One of the key points is to update the list of accommodation needs to identify future supported accommodation requirements in partnership with housing providers and Supporting People.

Based on the recommendations in these strategic papers, evidence suggests that extra care housing is suited to people with learning and physical disabilities and that although more consultation is required between local authorities and these groups of people, that extra care housing is a viable option for them. The Extra Care team will be pursuing this option through its service level agreements with housing providers and recommending the use of the Design and Ethos Guide when developing future schemes.

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## **2.8 What is the communication strategy to advertise and promote your plan, policy or service?**

Due to the proposed changes in the delivery of this service the Extra Care Housing team has arranged for a stakeholder launch event to inform partners of our future vision for extra care housing, and our expectations and recommendations for providing services in schemes in the future. This will form the basis of our future communication strategy.

We have produced an Extra Care Design and Ethos Guide which focuses on the expected specification for future schemes; the design and ethos guide illustrates our minimum requirements and will be shared with potential partners. The design and ethos guide has been developed from good practice recommendations collated nationally. This is a living document that will evolve as schemes are developed and we will in future ensure that the focus group has involvement in the development of the Guide.

## **2.9 Is there any more consultation that you need to do to inform this impact assessment?**

Have you identified information in other sections of this EIA that you need to assess the impact on different groups of people?

We acknowledge that we need to carry out further consultation with all vulnerable people, specifically minority groups, to understand why we do not receive applications for extra care housing from these people, and to consult with younger disabled people to establish the type of housing options available to them and if ECH is what they want.

At present we do not have sufficient information relating to the gay or lesbian community in North Yorkshire to understand why we do not receive applications from same sex couples. We are aware that there are some schemes specific to these groups of people in other areas and further investigation regarding the ethos and facilities provided in these schemes may help us to support our North Yorkshire gay and lesbian community to access extra care housing. The paperwork regarding the application process inc North Yorkshire's Needs Assessment Questionnaire (NAQ) and the housing providers' application forms, do not directly capture information regarding a person's sexuality therefore

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we are currently not aware of the percentage of applicants from this group. All we know is that currently there are no same sex couples living in our extra care housing schemes.

Due to the limited concentration of people with different faiths it is difficult for extra care housing in North Yorkshire to provide facilities specific to one faith however we do acknowledge the need for multi-faith facilities to be provided within the schemes to enable people to continue practising their own faith when moving into one of our extra care housing schemes. There would also be a need to provide training to the staff in the schemes, so that they can be informed and prepared to support people of different faiths to live in extra care housing.

Catering for different faiths in extra care housing is included in the specification for the catering providers The specification states that provision for all medical and cultural needs should be met, however this does not mean that the majority of schemes would build features such as two kitchens into the schemes, but that management processes would be put in place to facilitate different catering requirements, such as storage and preparation of food, unless a specialist scheme, particularly catering for a specific faith, was being developed.

Now that our future schemes will be needs led rather than opportunity led it will allow us to consult more robustly with the local communities prior to the schemes being developed. This will allow us to identify at an early stage if there are specific faith or gender issues within that locality which we will need to incorporate into our development.

North Yorkshire County Council need to develop the opportunity for people with dementia to be supported in ECH. Plans are already in place for a 'flagship' development in North Craven which will include a specialist dementia unit. North Yorkshire County Council is working

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	closely with partners and Dementia Voice to ensure that the facilities to be provided in this unit are fit for purpose and suitable to the needs of the people who will be supported there.
<p><b>2.10 How and when you will consult service users about this policy/service in the future?</b></p> <p>What do you want to find out? Who will you consult with? What method will you use; what are the potential or known barriers of your chosen method? How will you overcome this? Have you considered the accessibility of your consultation? (see <a href="#">consultation toolkit</a>)</p> <p>When will findings be available? Will the consultation/involvement be ongoing, regular or a one-off?</p>	<p>We need to establish that the proposals for future schemes are suitably located and that the facilities incorporated in the schemes meet the needs of the local people. Some localities have identified the need for accommodation with care for other groups of vulnerable people other than older people. These needs have been identified through a mapping exercise carried out by the extra care housing, Strategic Development Manager (Accommodation with Care) in conjunction with management from all business units across North Yorkshire. The development of further units would give all vulnerable people wider choices about where they live when they are in need of support or care services to enable them to live independently. The extra care facilities would not become their only option, but would be another option open to them. Through recent research, the extra care housing team has identified an organisation that supports older people and people with physical disabilities, who are reliant on state benefits for their income to obtain mortgages to purchase their own properties, both in extra care housing facilities and out in the community, giving people even more choices about either renting or purchasing their accommodation.</p> <p>We carried out some reviews of our current extra housing schemes in 2009. The data from these reviews indicates that there is no-one from any BME groups currently living in extra care housing schemes in North Yorkshire. This highlights the need for further work/consultation to establish why people from BME groups are not applying for extra care housing or if there is a need to target specific areas for extra care housing which might be appropriate for specific BME groups. We are currently putting together protocols for reviewing extra care housing schemes once they are up and running – outcomes and</p>

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recommendations from these reviews will feed into future extra care housing schemes and will feedback into the schemes being evaluated, to improve services or review any problems or issues.

In the future we need to consult further with people living in the scheme, relatives or representatives, court managers, care providers, partner organisations and any other persons involved in the delivery of the service. Most of the schemes do have residents' committees and forums that participate in making decisions related to the schemes. Regular committee meetings are held in each scheme, which gives the residents the opportunity to express any concerns or to make suggestions about the activity programmes. They are also consulted about any changes that may occur within the scheme. Some housing providers also have elected representatives from each scheme that attend area liaison meetings.

People with limited communication capacity could have difficulty participating in consultation exercises. Consideration should be given to how the review process is carried out and in what formats it would be provided.

The review process will be ongoing as more extra care schemes are developed.

### **2.11 Will you use existing consultation mechanisms?**

Will consultation utilise existing NYCC communication, consultation and engagement mechanisms rather than setting up new mechanisms? Eg the [Citizens panel](#), disability reference groups, the employee equality forum?  
If not please explain why

The extra care housing team has considered the option of developing a forum specifically related to the provision of extra care housing; however the logistics of this could be a challenge, given the size of the county, as we would want to include the views/opinions of people across the whole of the county. Further consideration is required to develop this option.

### **2.12 What do people from different groups want?**

At present extra care housing is primarily focussed on accommodation for older people. However our future vision is to give all vulnerable



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Have you asked people from different groups what they need or want? What was the outcome of this? Is this reflected in your policy/service

adults the opportunity to access extra care housing. A need has been identified through the mapping process for accommodation for other groups and consideration will need to be given to consultation with these people. The decision to expand the extra care delivery programme has been agreed with the Adult And Community Services Management Board, however consultation regarding the facilities and services provided within a scheme, will be carried out with the local community prior to the planning process.

## 3. Best Practice

Please consider issues around impacts (positive or negative) raised for **Disability, Age, Sexual orientation, Faith, Race and Gender** and show your evidence.

### **3.1 Is there a Lead Officer at a senior level for this service ?**

Is the Lead Officer fully aware of equality and diversity issues generally and those specific to this service? Are they regularly briefed/updated on equality and diversity?

The Strategic Development Manager (Accommodation with Care) is fully aware of equality and diversity issues specifically relating to the delivery of extra care housing. Regular briefings and updates are provided for senior managers.

### **3.2 Are staff training needs identified?**

Do staff understand wider equality and diversity issues and the issues specific to this policy? Are staff sufficiently aware of equality and diversity issues to allow them to signpost to information about this and other policies, plans or services - to promote better customer care?

If training needs identified contact your [Directorate representative](#).

Taking into consideration that extra care housing is primarily for older people at present, if other groups have the opportunity to access extra care housing there would be training needs for staff, and awareness raising for some of the residents, to enable people from diverse groups to live comfortably in extra care housing. The training would possibly need to focus more on faith and gender issues and the need to provide facilities for these groups of people within our schemes Training on social model of disability would also be required within the schemes. We would also need to consider whether our staff has sufficient knowledge to signpost people to the information and services available to those groups of people.

We will also ensure that the Age Concern resource guide 'The Whole of Me' is rolled out to social care staff working in extra care schemes. This

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	resource is aimed at developing awareness of older LGB people in residential and Extra Care accommodation, and has been shared with Registered Managers. We will make sure that it is part of ongoing staff training and supervision, and we will make housing association partners aware of it. We will also make sure scheme managers are aware of the Rainbow Sticker project, which is a visible symbol that a scheme is LGBT aware / friendly.
<b>3.3 Is the role of key partner organisations identified?</b>  Are key partners identified and their role in equality and diversity issues explained?	Due to the proposed changes in the delivery of this service the Extra Care Housing team has arranged for a stakeholder launch event to inform partners of our future vision for extra care housing. The outcome of this process will hopefully provide us with key partners who we will then be able to develop equality and diversity strategies with which may then be included within our Service Level Agreements.
<b>3.4 Does the policy/service link with and support the Council's <a href="#">Social Inclusion Strategy</a>?</b>	Yes
<b>3.5 Does the policy contribute to better <a href="#">community cohesion</a>?</b>  Does it promote good relations between different communities?	Yes. The ethos of extra care housing is to encourage community engagement and support community groups to utilise the facilities and to integrate people who live in the scheme into the local community.

## 4. Action Planning

Please consider issues around impacts (positive or negative) raised for **Disability, Age, Sexual orientation, Faith, Race and Gender** and show your evidence.

<b>4.1 Has an adverse impact been identified for one or more groups?</b>  Has the consultation or data analysis shown anything in the policy, plan or service that results in (or has the potential for) disadvantage or discrimination towards people of different groups? Which groups?	The information available does not identify direct discrimination towards any minority ethnic groups; however, what our current data shows is that there are no residents currently living in NYCC's extra care housing from BME groups. The data and information available does not capture whether there are any GLBT residents.
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	<p>The eligibility criteria for current extra care housing schemes does eliminate people less than 55 years of age from applying, which would include people with physical and learning disabilities, who require accommodation with support. Current practice would be to assess people on an individual basis, through the allocation panel, to ascertain a person's suitability to live in the scheme. This process does not encourage younger people to submit applications.</p>
<p><b>4.2 How could the policy be changed to remove the impact?</b></p> <p>Have you considered all the different options? If you feel that you don't have enough information to decide this, one of your actions may be around gathering more information.</p>	<p>As part of the launch of NYCC extra care delivery programme, a Design and Ethos Guide has been produced along with service level agreements, which includes the changing of the eligibility criteria to enable any person with care or support needs to apply.</p> <p>Further information is required regarding why people from BME groups are not living in extra care housing in North Yorkshire. There is a need to consult with these groups of people to establish whether the facilities and service provided in extra care housing can support their cultural and religious beliefs.</p> <p>Further data capturing methods are required to ascertain if people from GLBT groups are living in extra care housing in North Yorkshire and whether this information is appropriate to be including on applications for housing or support services. Unless we are aware and consult with these groups of people, we do not know that NYCC's extra care housing will support their needs and if people from these groups feel comfortable living within the extra care environment.</p>
<p><b>4.3 Are you planning to consult people on the outcome of this impact assessment?</b></p> <p>When and how will you do this? How will you incorporate your findings into the policy?</p>	<p>The intention is to consult with people regarding the outcome of this EIA, however, corporately, NYCC needs to improve its consultation process. If as a result of this EIA, something of significance is identified – it would trigger the need for consultation. This would be tailored to individual events.</p>

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### **4.4 Can any adverse impact be justified?**

If the adverse impact will remain, can this be justified in relation to the wider aims of the policy or on the grounds of promoting equality of opportunity for one target group?

None identified.

### **4.5 Are equality and diversity principles promoted and mainstreamed?**

Even if there isn't any adverse impact could action be undertaken to promote and mainstream equality and diversity principles? Is best practice being followed, and being disseminated to others?

The Extra Care Housing Team within Adult and Community Services works in partnership to deliver accommodation and services to a variety of partners and will therefore be able to influence the acknowledgement of equality and diversity issues, but we cannot instruct, as the schemes will be managed by other outside agencies. However, these agencies have the same responsibilities under equalities legislation as the County Council and service level agreements are currently being written which include equality and diversity issues.

Extra care housing facilities support applications from people, regardless of their disability, faith, sexual orientation, race or gender. NYCC is an equal opportunity organisation and everyone has fair access to services however the current eligibility criteria is usually 55 and over which is often linked to agreed planning applications. Any decisions to change the eligibility criteria for a particular scheme would be on an individual basis and would be included in the planning stages. Any changes to exiting eligibility agreements would have to be discussed and agreed with the housing providers and district/borough Council partners.

The organisations that we work with will have their own equality and diversity policies and procedures in place which are monitored through the Quality Assessment Framework documentation (QAF) managed by Supporting People.

The extra care housing team is proposing to introduce a training solutions document to support training within extra care housing facilities. The

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Please consider issues around impacts (positive or negative) raised for **Disability, Age, Sexual orientation, Faith, Race and Gender** and show your evidence

	document highlights the necessity to reflect the Directorate's strategies relating to equality and diversity.
<b>4.6 Are there any other equality issues that haven't been covered through this impact assessment?</b>  Are there any other sections of the community that are affected?	No
<b>4.7 Service Performance Planning</b>  Are equality issues addressed in your service performance plans? How will the issues raised in this Impact Assessment be incorporated into your mainstream planning?  How will equality issues be monitored?	<p>The extra care housing team is proposing to introduce a training solutions document to support training within extra care housing facilities. The document highlights the necessity to reflect the Directorate's strategies relating to equality and diversity and will be rolled out to all staff who will be involved in delivery support services to people in extra care housing.</p> <p>We will also ensure that the Age Concern resource guide 'The Whole of Me' is rolled out to social care staff working in extra care schemes. This resource is aimed at developing awareness of older LGB people in residential and extra care accommodation.</p> <p>Equality and Diversity procedures are covered in staff induction programmes and integrated into staff management practices, and are reviewed on a regular basis.</p>

## Equality Action Plan

<b>Issue</b> What are the key equality issues identified from the assessment and consultation and data analysis phases?	<b>Considerations</b> Are there any legal considerations/ implications? Can less favourable treatment be justified? Are there any other changes that need to be considered? Have you sought advice? Who from?	<b>Objective</b> What outcome would you want to achieve? Is it achievable?	<b>Action</b> What improvements could you make to achieve this outcome? What resources will your require to achieve this outcome?  <b>All actions identified here should be included in your Service Action Plan/ Equality &amp; Diversity Action Plan</b>	<b>Timescale &amp; Lead Officer</b>
Changes required to the eligibility criteria for extra care housing	Yes – current eligibility criteria is often linked to agreed planning applications. Any decisions to change the eligibility criteria for a particular scheme would be on an individual basis and would be included in the planning stages. Any changes to existing eligibility agreements would have to be discussed and agreed with the housing providers and district/borough Council partners.	Any vulnerable person would be eligible to apply for extra care housing as long as they are an adult ie over 18 years of age.	Design and Ethos Guide along with Service Level Agreements with housing providers, to support applicants from all vulnerable groups.  Training and solution document to include thorough training on equality and diversity issues.  Continue to monitor partner agencies equality and diversity data through the quality assessment framework	Extra Care Housing Team by January 2012  Extra Care Housing Team by January 2012  Extra Care Housing Team by January 2012

<p>Data capturing and marketing of extra care housing to minority groups</p>	<p>Further consultation with minority groups inc setting up an extra care housing Focus group.</p> <p>Identify where dedicated facilities to support different cultural and religious beliefs may be required when developing schemes.</p>	<p>To discuss with people from minority groups, how extra care housing can assist with their housing and care options.</p> <p>To discuss how extra care housing can support people with different cultural and religious beliefs.</p>	<p>Set up Extra Care Housing focus group.</p> <p>Link into other minority support groups.</p> <p>Local consultation when developing proposed schemes.</p>	<p>ECH Team Jan 2012</p>
<p>Develop training and awareness with extra care housing staff and partners to help support applicants from minority groups.</p>	<p>Social Model of Disability Training incorporated in mandatory training during the development of an extra care housing scheme.</p>	<p>Enable staff to have the required skills and knowledge to support people from minority groups to live in Extra Care Housing</p>	<p>Implement training solution document. Ensure that the Age Concern resource guide 'The Whole of Me' is rolled out to social care staff working in extra care schemes. This resource is aimed at developing awareness of older LGB people in residential and extra care accommodation.</p> <p>Promote message to partners via the ECH Providers' Forum</p>	<p>In partnership with Operations and Workforce Development</p> <p>January 2012</p>
<p>Rollout of the Extra Care Housing Design and Ethos Guide alongside the Service Level Agreement</p>		<p>To ensure consistency of design with partner agencies when developing extra care housing schemes.</p>	<p>Launch/Publicise design and Ethos Guide./Service Level Agreement.</p>	<p>ECH Team January 2012</p>

Insufficient data relating to some minority groups.	How / If data can be captured by current paperwork. Ensure that communication plans capture local minority groups – liaise with Equality and Community Engagement Officer about specific groups in localities.	Which / if any, minority groups are being supported in extra care housing. Is extra care housing what they want?, If it is, how can we support them better, if not, what can we do better to encourage them to feel comfortable in the extra care environment?	Investigate data capturing methods available.	ECH Team Jan 2012
We need to establish that the proposals for future schemes are suitably located and that the facilities incorporated in the schemes meet the needs of the local people.	Local consultation prior to developing schemes.  How we consult with people with limited capacity ie hearing/sight impairments.  Consider Duty To Involve Legislation	Ensure that the facilities provided within the schemes meet the needs of people living there as well as the local community.	Community consultation events.  Consultation through focus group.  Consultation with minority groups.	ECH Team - ongoing
Literature relating to extra care housing.	How and in what format literature can be provided	All people have access to extra care housing in a format to suit their needs.	Revision of current literature and formats. Development of the extra care web site.	ECH Team - ongoing
Evaluation process	data collection	Ensure that we are meeting the needs of local communities, the people living in the schemes and to identify if and where ECH accommodation is required by people with learning and physical disabilities.		ECH Team - ongoing



## **5. Publicity and Communication of the Equality Impact Assessment**

Please consider issues around impacts (positive or negative) raised for **Disability, Age, Sexual orientation, Faith, Race and Gender** and show your evidence.

	<b><u>Evidence</u></b>
<b>5.1 How will these results be published?</b>  Include reference to how results will be made accessible, plain English, summary/key points, who is the audience eg staff, community, service user etc.	Via the Internet



North

Yorkshire County Council

**Appendix 07: Equality Impact Assessment - Delivery**

<b>Name of the Directorate and Service Area</b>	Commissioning and Partnerships		
<b>Name of the service/policy being assessed</b>	ECH delivery programme		
<b>Is this the area being impact assessed a</b>	<b>Policy &amp; its implementation?</b>	x	<b>Service?</b>
	<b>Function</b>		<b>Initiative?</b>
	<b>Project?</b>		<b>Procedure &amp; its implementation?</b>
<b>Is this an Equality Impact Assessment for a</b>  (Note: the Equality Impact Assessment (EIA) is concerned with the policy itself, the procedures or guidelines which control its implementation and the impact on the users)	<b>Existing service or a policy and its implementation?</b>		
	<b>Proposed service or a policy and its implementation?</b>		
	<b>Change to an existing service or a policy and its implementation?</b>		
	<b>Service or Policy carried out by an organisation on behalf of NYCC?</b>		
<b>How will you undertake the EIA?</b>  Eg team meetings, working party, project team, individual Officer	Individual officer, in consultation with project teams and work colleagues.		
<b>Names and roles of people carrying out the Impact Assessment</b>	Rebecca Dukes Project Officer ECH Juliette Daniel Strategic Manager, Accommodation & Care.		
<b>Lead Officer and contact details</b>	Juliette Daniel : <a href="mailto:juliette.daniel@northyorks.gov.uk">juliette.daniel@northyorks.gov.uk</a> 01609798662		

<b>Date EIA started</b>	May 2011	
<b>Date EIA Completed</b>	Final draft for quality assurance: 24 June 2011	
<b>Sign off by Service Head/ Business Unit Head</b>		
<b>Sign off by Assistant Director (or equivalent)</b>		
<b>Date of Publication of EIA</b>		
<b>Monitoring and review process for EIA</b>		

# 1. Operating Context

Please consider issues around impacts (positive or negative) raised for all [protected characteristics](#) and show your evidence

## 1.1 Describe the service/policy

What does the service/policy do and how? How would you describe the policy to someone who knows very little about Council Services?

If there is a proposal to change the service or policy, describe what it looks like now and what it is intended to look like in the future. What are the drivers for this proposed change?

Who does it benefit? What are its intended outcomes? Who is affected by the policy? Who is intended to benefit from it and how? Who are the stakeholders? identify those protected characteristics for which this service is likely to have an impact (positive or negative)

Are there any other policies or services which might be linked to this one? Have you reviewed the EIA for these policies/services? What do they tell you about the potential impact?

How will the policy be put into practice? Who is responsible for it?

The County Council currently has 9 EPH's earmarked for potential closure although this reduces to 8 following the Executive decision (8 March 2011) regarding Harrogate extra care. The 'Housing Needs Analysis – Accommodation with Care' has identified a need for an additional 30 extra care schemes across the County by 2020 to meet existing and future demand.

In November 2010, officers presented to Executive Members four options for the future of elderly persons' accommodation in North Yorkshire. The main options were to close all 9 County Council-owned Elderly Persons' Homes (EPHs) without replacement, or to re-provide all 9 EPHs with extra care housing schemes. The outcome of that meeting was that Executive Members would prefer to re-provide the EPHs with extra care housing.

See Appendix 1 in main report for full options appraisal.

Option 3 of the appraisal suggested a procurement exercise be conducted to meet the demands as identified in the Housing Needs Analysis.

In March 2011, Executive Members agreed to pursue the procurement exercise option, to potentially deliver 30 additional schemes across North Yorkshire.

The County Council has a commissioning strategy that will ensure that older and vulnerable people across North Yorkshire have access to a range of accommodation and services, such as:-

- retaining 6 NYCC Resource Centres across the county
- providing extra care housing in each major service centre
- nursing home provision in the private sector
- specialist housing such as for people living with dementia, physical or learning

- disability in both the extra care schemes and in the private sector
- encouraging district and borough partners to ensure any new housing meets Lifetime Homes Standards so that people can remain in their home as their needs change
- supporting people to remain at home utilising Telecare

The availability of capital grant to support the delivery of extra care housing has diminished severely and there is a need to identify more innovative ways to enable extra care development to continue.

The Extra Care Team has undertaken market testing in the form of an open meeting with potential providers followed by submission of initial proposals. These were considered by a project board consisting of senior officers from NYCC who also sought legal advice regarding specific aspects of some of the proposals.

The market testing led to the development of a list of outcomes and a second round of market testing has led to the submission of 7 proposals with a varying level of detail. An additional outcome of the robust market testing that has been undertaken is the fact that the County Council has been able to be much more demanding in its requirements and desired outcomes.

Developers and specialist extra care housing associations are keen to increase their offer in order to secure development business within the poor market conditions that currently exist.

It is clear from the results of the market testing that this process would generate a number of benefits for North Yorkshire County Council far and above just meeting the needs of Adult & Community Services. As well as re-providing the County Council's EPHs and delivering extra care housing to meet existing and future need, the project would deliver:-

#### Economic development

- this project would facilitate stimulation of a market that is currently in decline
- it would enable organisations that are currently reducing their development programmes to kick-start development across the county and provide training and employment opportunities
- it would enable social enterprise opportunities to provide training and

	<p>employment to people who can't access these through traditional routes such as people with a learning or physical disability or people in isolated rural communities</p> <ul style="list-style-type: none"> <li>▪ the extra care housing schemes will be much larger than the existing EPH' s and will therefore offer higher numbers of employment opportunities than currently available</li> <li>▪ undertaking this project would identify NYCC as a national lead in enabling development to continue by utilising an innovative and creative model</li> </ul> <p>An overarching EIA has been completed for the delivery of ECH in North Yorkshire and also, where an EPH is identified for closure, an EIA has been undertaken, which is included in The Planned Closure of a Residential Home Procedure.(Available through intranet)</p> <p>Where the identified EPH's are considered for closure, the above mentioned procedure and EIA will be adopted.</p> <p>Regardless of which option Executive Members agree to continue with, i.e. whether to work in partnership to deliver 30 further schemes or to only re provide the 8 EPH's with ECH, the decision to close these EPH's has already been ratified.</p> <p>The development programme for 30+ schemes will enable people in North Yorkshire to access ECH in wider locations, than if NYCC only developed ECH linked to the 9 EPH's.</p>
<p><b>1.2 How do people use the policy/service?</b></p> <p>How is the policy/service delivered? How do people find out about the policy/service? Do they need specialist equipment or information in different formats? How do you meet customer needs through opening times/locations/facilities? Can customers contact your service in different ways? How do you demonstrate that your service/policy is welcoming to all groups within the community?</p> <p>Does the policy/service support customers to</p>	<p>Please refer to extra care housing EIA sections 1.2 &amp; 1.3 &amp; 1.4</p> <p>Where the re provision of other services are linked to the closure of an EPH, The Closure of a Residential Home EIA will be adopted and the impact identified on people in terms of their protected characteristics.</p> <p>When considering changes to other community services, equality analysis for that specific service will be carried out to identify the impact on people using those services.</p> <p>There is currently a project team reviewing other NYCC services. Any proposals to change these services will prompt consultation and discussion with the people using those services, to establish how best to re provide them, taking into consideration people's needs and choices.</p>

access other services? Do you charge for your services? Do these changes affect everyone equally? Do some customers incur greater costs or get 'less for their money'? Are there eligibility criteria for the service/policy?

How do you ensure that staff/volunteers delivering the service follow the Council's equality policies? Does the Council deliver this policy in partnership or through contracts with other organisations? How do you monitor that external bodies comply with the Council's equality requirements?

## **2. Understanding the Impact (using both qualitative and quantitative data)**

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence

### **2.1 What information do you use to make sure the service meets the needs of all customers?**

What data do we use now? Is it broken down across protected characteristics (and are these categories consistent across all data sets)? How current is the data? Where is it from? Is it relevant?

What engagement work have you already done that can inform this impact assessment? Who did you talk to and how? What are the main findings? Can you analyse the results of this consultation across the protected characteristics? Are there differences in

For locality specific data, people aged 18-64 years and 65 years and over, including gender, ethnicity, religion (65 years+), dementia, learning disability, physical disability, hearing impairment, sight impairment, age profiles, distribution of population by ward and long term limiting illness by ward – see appendix 2

To date, the allocation processes for existing schemes and the housing needs analysis for extra care housing in North Yorkshire show that there is a demand for additional ECH schemes to meet the housing and care needs of local communities. The data collated from the mapping exercise carried out in 2010 is captured in the Housing Need Analysis document at: <http://www.northyorks.gov.uk/CHttpHandler.ashx?id=11269&p=0>

Generally the schemes have full occupancy levels with considerable waiting lists. The waiting list often includes people who are applying to a scheme from out of area, where there is no ECH scheme available to them, highlighting that the proposal to deliver 30 further schemes will mean that people are more likely to be able to access ECH in the communities in which they live, without having to move away from family and friends. Eligibility criteria to the current

<p>response between different groups? How has this changed the plans for the policy/service?</p>	<p>schemes prioritises local people and then people with a local connection, therefore these people are limited in their options and often do not get the opportunity to be allocated an apartment. It also presents a challenge to the allocations panel when trying to prioritise people's needs.</p> <p>Scheme reviews undertaken in 2009 indicated that extra care housing schemes do not have diverse religious services, although they do provide a non-denominational type service. If this was identified as a need for specific individuals, arrangements could be put in place to support access to faith-based activities e.g. via community liaison. For some individuals, this might form part of their support plan.</p> <p>Information regarding ethnicity was captured in the reviews carried out in 2009, and highlighted that there are no tenants from BME groups living in extra care housing schemes at present.</p>
<p><b>2.2 What does the information tell you?</b></p> <p>Are there any differences in outcome for different groups e.g. differences in take up rates or satisfaction levels across groups? Does it identify the level of take-up of services by different groups of people? Does it identify how potential changes in demand for services will be tracked over time, and the process for service change?</p>	<p>Demographic data indicates that the population of people aged 65+ is expected to increase in all Districts/Boroughs across North Yorkshire. (see appendix 2)</p> <p>Taking into consideration the expected rise in the older population over the next 10 years and the increase in other people requiring support services from NYCC, as well as changes in legislation regarding how services should be delivered to people, NYCC need to be proactive and innovative when considering how its services are provided to people.</p> <p>NYCC need to ensure that its services meet the needs of the population, including any equality and diversity factors, and that the services they provided are accessible and offer value for money for both the organisation and the people using the services.</p> <p>The recent spending review and the financial restraints imposed by the government presents challenges to the delivery of all services, particularly when considering the size of the county and the rural nature, with many isolated communities and hard to reach people. Traditional methods of delivering services are no longer viable, in terms of finances and people's expectations.</p> <p>At present extra care housing is primarily focussed on accommodation for older people usually 55 plus. The mapping exercise carried out in 2010 shows evidence that there is a need for future extra care housing to meet a range of needs and ages rather than concentrating on</p>



supporting one particular client group. Evidence from current ECH allocation groups across North Yorkshire suggests there is a need to expand the eligibility criteria to include other groups of people. Often people below the age criteria apply, and although applicants are discussed on an individual basis, there are concerns about placing younger adults in predominantly older people's facilities, particularly where the type of social activities are generally decided by the residents, who would be, at this moment, an older age group and with probably a different type of social life to a younger adult.

The need for accommodation with care for people with learning and physical disabilities has been identified through the mapping exercise as well as the nomination and allocation process. The current process is based on the panel members considering whether the applicant's physical, emotional and social wellbeing would be met by moving into the scheme. It is sometimes deemed not appropriate for a younger person to move into a scheme which is fully occupied by older people even though the physical layout of the building is appropriate to their needs.

Our future vision is to give all vulnerable adults the opportunity to access extra care housing where it is their wish to do so. It is acknowledged that a range of housing options needs to be available to people. It is intended that the extra care housing programme be delivered without Homes & Communities Agency grant, thereby enabling any available grant to be used to fund other housing types. A need has been identified through the mapping process for accommodation for other groups i.e. people living with dementia and other cognitive impairment. Consideration will need to be given to how consultation will be carried out with these people.

The procurement process, for the delivery of 30 further schemes, if agreed by executive members, will continue over the next 12-18 months. The outcome of these proposals, with the appointment of a partner will be expected to be completed in Jan 2013. The development of these proposed schemes will deliver in total 1,500 units, maximising the number of units on each site, whereas NYCC residential homes currently provide approx 315 beds. The wider availability of specialist accommodation will be of benefit to vulnerable people living in the identified locations, giving them more choice about their housing and care needs as well as benefitting the local community, with facilities for them to utilise in the schemes.

The delivery of extra care housing in North Yorkshire is directly linked to the replacement of

the County Council's Elderly Persons' Homes, therefore existing residents of North Yorkshire's EPHs are directly affected due to the replacement of their current accommodation with extra care housing. When an existing EPH is earmarked for closure, residents are either given the option of transferring over to ECH, with either a right to return or right to access, or to be placed in another residential establishment, usually in the private sector.

Along with our partner organisations, we make sure that our marketing and allocations process is inclusive of all people from diversity groups. Any issues relating to the closure of a specific EPH would be identified through the application of the Closure of A Residential Home procedure.

Although current residents in EPH's are directly affected they also benefit in terms of having the opportunity to move into more appropriate accommodation with facilities and support to suit their needs as well as giving security of tenure and the opportunity to maximise their financial status. Extra care housing is able to support people with changing care and support needs, in partnership with health and housing partners.

Due to the design layout of the schemes and the use of Telecare technology, people with very high support needs are able to stay in their accommodation for longer than may have been the case in traditional residential care. People living in the local community benefit from being given the opportunity of an alternative housing option with care support rather than institutional type residential care.

It is clear that the EIA for this project cannot be and should not be completed in isolation from other projects or activities that are taking place within the Directorate. Consideration needs to be given to these projects and activities and their associated EIAs to ensure that any inter-dependencies are taken into account. Some examples of these activities are:

- Personalisation
- Domiciliary Care
- EPH Closures
- Night Service
- LD transformation
- Housing Related Support

	<ul style="list-style-type: none"> <li>▪ Day Care</li> <li>▪ Short Stay</li> </ul>
<p><b>2.3 Are there areas where we need more information? How could we get this information?</b></p> <p>What data is available? Do other directorates, partners or other organisations hold relevant information? Is there relevant information held corporately e.g. compliments and complaints? Are there national datasets that would be useful? Is there relevant census data? Do you need to collect more data? How could you do this?</p> <p>Do you need to do more engagement work to inform this impact assessment? Have you identified information in other sections of this EIA that you need to assess the impact on different groups of people? What do you want to find out? Which existing mechanisms can you use to get this information?</p> <p>Please refer to the Community Engagement toolkit on the NYCC intranet</p>	<p>More information is required to inform the reviewing of services, which is currently underway, establishing how changes to the delivery of services will impact on the people using these services. Equality analysis will need to be completed for each of these services to consider issues around the impacts (positive or negative) raised for all protected characteristics.</p> <p>Census data available at <a href="http://www.statistics.gov.uk/census2001/profiles/36-A.asp">www.statistics.gov.uk/census2001/profiles/36-A.asp</a> as well as information provided through the POPPI <a href="http://www.poppi.org.uk/">http://www.poppi.org.uk/</a> and PANSI <a href="http://www.pansi.org.uk">http://www.pansi.org.uk</a> websites can be utilised to consider where engagement is required with people from the protected characteristics groups both for the delivery of ECH and where services are being reviewed. We will continue to engage with local community groups and make use of local knowledge.</p> <p>For ECH delivery, it will support the team to consider what type of facilities might be needed in specific locations i.e. support for people living with dementia. This will take place on an individual basis for each scheme and be specific to each locality. Community information events will take place, which will give people the opportunity to feed back comments and issues, and make suggestions about facilities which would help the local community.</p> <p>For proposed changes to other services, collection of data will support the team to identify where higher concentrations of people from the protected characteristics groups are located and how best to re provided services to those people. We understand that the information these data sources can provide is limited, particularly where there are very small numbers of people from some groups (e.g. minority ethnic people, Lesbian, Gay and Bisexual people, or people of non-Christian faiths). We will make sure that our approaches are inclusive of people from protected characteristics groups who may be in small numbers or living in comparative isolation (e.g. in rural areas), and who are therefore harder to identify via quantitative data sources.</p> <p>The inclusion of existing community groups and forums would be beneficial to both projects and paramount to ensuring that services are delivered to the right people and in the right locations and give people the option of telling us how they wish their services to be provided.</p>
<p><b>2.4 How will you monitor progress on your</b></p>	<p>The NYCC design and Ethos Guide will provide NYCC's identified partner with our ambitions</p>

<p><b>policy/service, or take-up of your service?</b></p> <p>What monitoring techniques would be most effective? What performance indicators or targets would be used to monitor the effectiveness of the policy/service? How often does the policy/service need to be reviewed? Who would be responsible for this?</p>	<p>for future ECH schemes and the level of service expected to be provided to people living in North Yorkshire. By adopting this guide, we will ensure that ECH schemes will deliver services suitable to a community's needs.</p> <p>Evaluation processes are incorporated into project delivery plans and will be carried out by the ECH team.</p> <p>A Quality Assurance Framework is in the process of being developed, by the review project team, for regulated services (see appendix 3).</p> <p>The Quality Assurance Framework (QAF) requires the provider to evidence their practice against a range of objectives and outcomes. This will be undertaken as a self assessment audit by the provider on an annual basis.</p> <p>The review team are also producing a Statement of Intent (see appendix 4), covering objectives and principles for purchasing domiciliary care services to ensure that providers are able to demonstrate an acceptable level of quality initially through CQC ratings and then a sustained level of quality validated by the Quality Assurance Framework (QAF).</p>
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### **3. Assessing the Impact**

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence.

<p><b>3.1 Has an adverse impact been identified for one or more groups?</b></p> <p>Has this assessment shown anything in the policy, plan or service that results in (or has the potential for) disadvantage or discrimination towards people of different groups? Which groups?</p> <p>Do some needs/ priorities 'miss out' because they are a minority not the majority? Is there a</p>	<p>The option to close NYCC EPH's will have an impact on older people, effectively reducing their options for residential care support directly provided by NYCC. The group most affected and who may experience some adverse impact would be those older people currently resident in NYCC directly-provided care homes and people in rural areas where independent residential care provision is limited.</p> <p>However, the option to re provide with ECH will benefit older people by providing them with better access to an improved 'accommodation with support' option, and those people who are currently resident in care homes that are marked for closure will have choice of alternative accommodation options and their individual needs considered (see 3.2 below).</p>
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<p>better way to provide the service to all sections of the community?</p>	<p>If approved, the wider programme of development of ECH would have a positive impact on a wider group of people from the protected characteristics i.e. people with physical and learning disabilities or dementia, by providing them with more choices around housing and care support. The more ECH schemes that are developed across the county, the more people will benefit.</p> <p>It has been acknowledged that changes to eligibility criteria are essential to ensure that all vulnerable people have the option to access ECH and that the ECH design and Ethos guide are adopted by partners to ensure that the environment in which these vulnerable people are living are suitable to their needs.</p> <p>The impact on staff from the protected characteristics will be addressed through equality analysis for EPH closures or through EIAs completed for other services being reviewed.</p>
<p><b>3.2 How could the policy be changed to remove the impact?</b></p> <p>Which options have been considered? What option has been chosen?</p>	<p>Any adverse impact would be mitigated or removed by a) re-providing the EPH's with extra care schemes which aim to provide a better quality of life; b) providing choice to individuals currently in EPHs for the type of accommodation that they prefer including right of return or access to the ECH; c) working with each individual to take account of their personal needs and wishes, including those relating to cultural requirements, in line with the Closure of a Residential Home procedure; d) providing the option of ECH to a larger and possibly wider group of people than previously available and e) ensuring that accommodation and care sourced from the independent sector are of good quality via procurement, contracting, monitoring and quality assurance processes (see 2.4).</p> <p>We acknowledge that there will be some concern, particularly amongst relatives, about the impact of moving on elderly and frail people. The Closure of a Residential Home procedure is in place to manage this transition carefully and sensitively to the highest standards. It is also the case that some people in residential care would have been required at some point to move to a facility that provides nursing care, which NYCC EPH's do not provide. People moving to ECH are able to stay in this accommodation for longer than might have been the case in traditional residential care.</p> <p>The condition of existing NYCC EPH's does not meet current standards and they are not the style of accommodation in which people wish to live. Even if NYCC invested in the required maintenance work to these buildings, they would not be sustainable in the medium to long</p>

	<p>term. Other local authorities in the same position have chosen to close their homes without replacement, however NYCC has made the decision that this is not the direction they wish to take, and this programme provides a replacement to which people in the EPH's being closed have a legal right to return or right to access.</p> <p>Where there are potential wider service changes (e.g. domiciliary care, day care, night service, respite care) each of these respective service areas will be undertaking equality analysis to establish the impact of the proposed changes and reference needs to be made to these as part of the programme delivery of ECH.</p> <p>In addition, if the proposal to provide 30 Extra Care Schemes is agreed and the eligibility criteria widened, there would be a positive impact on older people and other, younger people who would benefit from this type of housing with care provision.</p>
<p><b>3.3 Can any adverse impact be justified?</b></p> <p>If the adverse impact will remain, can this be justified in relation to the wider aims of the policy or on the grounds of promoting equality of opportunity for one target group?</p> <p><b>Please seek legal advice on whether this can be justified.</b></p>	<p>As above.</p>
<p><b>3.4 Are you planning to consult people on the outcome of this impact assessment?</b></p> <p>When and how will you do this? How will you incorporate your findings into the policy?</p>	<p>Yes – through existing consultation and communication strategies as well as any strategies developed as part of the reviewing of services process.</p> <p>Any changes to other services will incorporate consultation with the service users to establish how they would wish future services to be delivered and what other options would be available to them.</p>
<p><b>3.5 How does the service/policy promote equality of opportunity and outcome?</b></p> <p>Does the new/revised policy/service improve</p>	<p>At present extra care housing is primarily focussed on accommodation for older people. However our future vision is to give all vulnerable adults the opportunity to access extra care housing.</p> <p>A need has been identified through the mapping process for accommodation for other groups</p>

access to services? Are resources focused on addressing differences in outcomes?

of people with protected characteristics. It will also ensure that NYCC has an equitable ECH service across the whole county, giving North Yorkshire citizens more choice on housing options.

Where service delivery changes are proposed, people using the services will have more choice about how their services are delivered and a wider choice of service providers.

Services are monitored through a Quality Assessment Framework which includes fair access criteria and providers are accountable for the services they provide (see 2.4).

<b>Action Plan</b>					
<b>What are you trying to change (outcome)?</b>	<b>Action</b>	<b>Officer responsible</b>	<b>Deadline</b>	<b>Other plans this action is referenced in (e.g. Service Performance Plan, work plan)</b>	<b>Performance monitoring</b>
<p>NYCC withdrawing from providing its own residential care home services. Will impact on choices for residential care home placements for older people in North Yorkshire. Particularly in rural areas where private provision is limited.</p>	<p>Residents currently living in EPH's will be offered right to access/ right to return to ECH developments.</p>	ECH Team	Ongoing		
	<p>People being assessed as requiring residential care will be informed of the option of ECH.</p>	CSM/Team Managers	Ongoing		
	<p>Use of the brokerage services, to identify placements for residential care within the private sector.</p>	Brokerage Services	Ongoing		
	<p>Completion of domiciliary care review to establish alternative methods / providers of delivering care services to people, enabling</p>	Review project Team	TBC		



	<p>them to live in their own homes for longer.</p> <p>Encourage North Yorkshire residents to seek advice and support on care, support and housing options earlier so that they are aware of their options and can be supported to maintain their independence for longer – sign off and production of information booklet (Information about housing, support and care services)</p>	ECH Team	<p>Ongoing</p> <p>End July 2011</p>		
Through service level agreements and QAF's providers of services to become more accountable.	Completion and introduction of service level agreements and QAF's	Review Project Team	TBC		
Eligibility criteria to access ECH – all vulnerable people have the option of accessing ECH.	Partners adopting the NYCC Design and Ethos guide Changing eligibility criteria.	ECH Team/Housing Partner	Through procurement process		
Encourage people from all protected characterises to access housing and support services through ECH, by engaging with them and ensuring that ECH options support their	<p>Utilising existing groups/forums to discuss options/proposals/services with them.</p> <p>Providing ECH units specifically designed for</p>	<p>ECH Team/Housing Partner</p> <p>ECH Team/Housing</p>	<p>Ongoing</p> <p>Through procurement</p>		

needs.	<p>people living with dementia.</p> <p>Changes to eligibility criteria to allow all vulnerable people to access ECH.</p> <p>Ensuring that services meets the specific needs of people living in ECH and encouraging the use of community facilities and services to help support those needs.</p> <p>Information provided in a variety of formats.</p>	<p>Partner</p> <p>ECH Team/Housing Partner</p> <p>ECH Team/Housing Partner</p> <p>NYCC</p>	<p>process</p> <p>Through procurement process</p> <p>Through procurement process</p> <p>Ongoing</p>		
The perceived perception that residential care is the only option to people with care needs.	<p>Use of existing mechanisms to inform people.</p> <p>Utilising existing groups/forums to discuss options/proposals with them.</p> <p>Community consultation and information events.</p> <p>Information provided in a variety of formats.</p>	<p>ECH Team CSM Team Managers</p> <p>ECH Team</p> <p>ECH Team</p> <p>NYCC</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing through procurement process</p> <p>Ongoing</p>		

	Consultation and communication with existing residents and relatives.	ECH Team	Ongoing through procurement closedown process'		
Evaluate the impact on staff from protected characteristics	Include the impact on staff in the EIA relevant to the EPH that is closing.	ECH Team	Through closedown process.		

### Craven Locality Data

98.6% of the population are white (white British 97%, white Irish 0.5% and other white 1.1 %)

The ethnicity breakdown of people aged 18-64 years shows that this age group are predominantly White British (31,178) The 2001 census shows that there are approx 1,756 people aged 18-64 years from other ethnic groups, the main group being Asian or Asian British (inc Indian, Pakistani, Bangladeshi and Other Asian or Asian British.) that formed 0.3% of the population.

The ethnicity breakdown of people aged 65+ years shows that this age group are predominantly White British (11,587) The 2001 census shows that there are approx 118 people aged 65+ from other ethnic groups, the main group being Asian or Asian British (inc Indian, Pakistani, White and Black African; White and Asian)

The largest group from an ethnic minority were located in Skipton West ward and were of Asian or Asian Pakistani origin, which formed 0.5% of the population, followed by those of Chinese extraction (0.3%)

In the Craven locality, the highest concentration of people aged 65+ are in the Settle and Ribblesdale wards, followed by Glusburn and Gargrave and Malhamdale wards. The highest concentrations of people aged 85+ are in Glusburn, Settle & Ribblesdale and Gargrave & Malhamdale wards.

Adequate provision for older people living in these wards is paramount and the impact of a reduction in funding to services in these wards monitored.

The lowest concentrations of people aged 65+ are in the Cowling, Barden Fell and Hellifield and Long Preston wards. The lowest concentrations of people aged 85+ are in Penyghent, Cowling and West Craven wards.

The population of people aged 65+ is on average expected to rise by 29% in the Craven Locality by 2020.

Particular attention should be given as to how the reduction of funding will impact on people aged 65+ in the above mentioned areas.

The population of people aged 18-64 years is 32,700 (60.9%) with 16,400 males and 16,300 females.

The population of people aged 65+ years is 12,700 (23.6%), having 5,500 males and 7,000 females.

The religion breakdown of people aged 65 years+ shows that the dominant religion is Christian (9,497) which is almost 75% of the population of people aged 65+, with only 0.25% of the population being from other religious groups. The remaining percentages stated either no religion or were recorded as religion not known.

The religion breakdown of people aged 18-64 years is not available through POPPI.org.

Further information is required as to the religious breakdown of people aged 18-64 and if there will be a specific impact on particular religions.

There are predicted to be *(based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health research, Lancaster University, entitled Future Need/demand for Support for Adults with Learning Disabilities in England POPPI.org)* approximately 785 people aged 18-64 with baseline learning disabilities in 2010, 176 with moderate to severe and 46 people with severe disabilities in Craven, totalling 1.87% of the population of that locality.

The data for people aged 65+ years is 261 with baseline learning disabilities, and 3 moderate to severe, totalling 0.4 % of the population of that locality.

*(Figures taken from POPPI/PNSI.org based on prevalence data for moderate and serious disability by age and sex included in the Health Survey for England 2001, edited by Madhavi Bajekal, Paola Primatesta and Gillian Prior)*

People aged 18-64 predicted to have a physical disability in 2010:3,753 ranging from moderate to serious.

People with Physical disability data aged 65 years and over not available on POPPI.Org

In 2010 there are predicted to be 942 aged 65+ years with dementia *(POPPI.org)* which equates to 7.4% of the population of people aged 65+

In 2010 there were predicted to be 10 males and 7 females aged 30-64 years with early onset dementia. *(PANSI.org)*

In 2010 there were predicted 1,542 people aged 65+ with a visual impairment ranging from moderate/severe to registrable eye conditions equating to 12.1% of the population of people aged 65+.

In 2010 there were 21 people aged 18-64 predicted to have a severe visual impairment.

*(figures taken from the number of people in the UK with a visual impairment; the use of research evidence and official statistics to estimate and describe the size of the visually impaired population, Nigel Charles, RNIB, July 2006)*

People aged 18-64 predicted to have a hearing impairment 1,612 ranging from severe to profound.

People aged 65 + predicted to have a hearing impairment ranging from moderate/severe to profound is 5,514.

*(Figures taken from POPPI/PANSI.org based on the combined prevalence from two studies: Adrian Davis(Ed.), Hearing in Adults (1995), Whurr Publishers Limited and Adrian Davis et al. Health Technology Assessments 11(42):1-294 ( October 2007)*

Sexual Orientation: Locality specific data not available, the average percentage of the population across North Yorkshire, who are LGBT, is 1.5. %  
(Info from ONS- integrated household survey 2010)

Number of people using community based services:

Number of carers receiving services:

## Hambleton Locality Data

99.3% of the population are white (white British 98%, white Irish 0.39% and other white 0.87 %)

The ethnicity breakdown of people aged 18-64 years shows that this age group are predominantly White British (33,564) The 2001 census shows that there are approx 1,213 people aged 18-64 years from other ethnic groups, the main group being of Chinese origin that formed 0.2% of the total population

The ethnicity breakdown of people aged 65+ years shows that this age group are predominantly White British (16,842) The 2001 census shows that there are approx 101 people aged 65+ from other ethnic groups, the main group being Asian or Asian British (inc Indian, Pakistani, Bangladeshi and Other Asian or Asian British.)

The largest concentration from ethnic minority groups is located in the Osmotherly ward.

In the Hambleton locality, the highest concentration of people aged 65+ are in the Bedale, Sowerby and Northallerton (Broomfield) wards. The highest concentrations of people aged 85+ are in the Great Ayton, Stokesley and Easingwold wards.

Adequate provision for older people living in these wards is paramount and the impact of a reduction in funding to services in these wards monitored.

The lowest concentrations of people aged 65+ are in the Crakehall, Shipton, Morton on Swale and Brompton wards. The lowest concentrations of people aged 85+ are in the Osmotherley, Crakehall and Morton on Swale wards.

The population of people aged 65+ is on average expected to rise by 33% in the Hambleton Locality by 2020

Particular attention should be given as to how the reduction of funding will impact on people aged 65+ in the above mentioned areas.

The population of people aged 18-64 years is 51,400 (61.9%) with 25,700 males and 25,500 females.

The population of people aged 65+ years is 18,800 (22.3%), having 8,500 males and 10,300 females.

The religion breakdown of people aged 65 years+ shows that the dominant religion is Christian (13,159) which is 69.9% of the population of people aged 65+, with only 0.11% of the population being from other religious groups. The remaining percentages stated either no religion or were recorded as religion not known.

The religion breakdown of people aged 18-64 years is not available through POPPI.org.

Further information is required as to the religious breakdown of people aged 18-64 and if there will be a specific impact on particular religions.

There are predicted to be *(based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health research, Lancaster University, entitled Future Need/demand*

for Support for Adults with Learning Disabilities in England POPPI.org) approximately 1,236 people aged 18-64 with baseline learning disabilities in 2010, 278 with moderate to severe and 72 people with severe disabilities in Hambleton, totalling 1.87% of the population of that locality.

The data for people aged 65+ years is 390 with baseline learning disabilities, and 53 moderate to severe, totalling 0.5 % of the population of that locality.

*(Figures taken from POPPI/PNSI.org based on prevalence data for moderate and serious disability by age and sex included in the Health Survey for England 2001, edited by Madhavi Bajekal, Paola Primatesta and Gillian Prior)*

People aged 18-64 predicted to have a physical disability in 2010:5,809, ranging from moderate to serious.

People with Physical disability data aged 65 years and over not available on POPPI.Org

In 2010 there are predicted to be 1,239 aged 65+ years with dementia (POPPI.org) which equates to 6.8% of the population of people aged 65+

In 2010 there were predicted to be 16 males and 11 females aged 30-64 years with early onset dementia. (PANSI.org)

In 2010 there were predicted 2,195 people aged 65+ with a visual impairment ranging from moderate/severe to registrable eye conditions equating to 11.6% of the population of people aged 65+.

In 2010 there were 33 people aged 18-64 predicted to have a severe visual impairment.

*(figures taken from the number of people in the UK with a visual impairment; the use of research evidence and official statistics to estimate and describe the size of the visually impaired population, Nigel Charles, RNIB, July 2006)*

People aged 18-64 predicted to have a hearing impairment 2,449 ranging from severe to profound.

People aged 65 + predicted to have a hearing impairment ranging from moderate/severe to profound is 7,905

*(figures taken from POPPI/PANSI.org based on the combined prevalence from two studies: Adrian Davis(Ed.), Hearing in Adults (1995), Whurr Publishers Limited and Adrian Davis et al. Health Technology Assessments 11(42):1-294 ( October 2007)*

Sexual Orientation: Locality specific data not available, the average percentage of the population across North Yorkshire, who are LGBT, is 1.5. %

(Info from ONS- integrated household survey 2010)

Number of people using community based services:

Number of carers receiving services: 18-64 159  
65-74 74  
75-84 41  
75-85 41  
85+ 11

## Harrogate Locality Data

98.5% of the population are white (white British 94.8%, white Irish 0.6% and other white 3.1 %)

The ethnicity breakdown of people aged 18-64 years shows that this age group are predominantly White British (92,627) The 2001 census shows that there are approx 4,280 people aged 18-64 years from other ethnic groups, the main group being of 'other' ethnic origin ( census definitions i.e. not White, Black, Asian, Mixed or Chinese) that formed 0.75% of the population.

The ethnicity breakdown of people aged 65+ years shows that this age group are predominantly White British (28,461) The 2001 census shows that there are approx 292 people aged 65+ from other ethnic groups, the main group being Asian or Asian British (inc Indian, Pakistani, Bangladeshi and Other Asian or Asian British.)

The largest concentrations from ethnic minority groups are located in the Harlow Moor, Nidd Valley and Low Harrogate wards.

In the Harrogate locality the highest concentration of people aged 65+ are in the Rossett, Woodlands, Knaresborough King James and Hookstone Ward's The highest concentrations of people aged 85+ are in the Harlow Moor, Low Harrogate and Stray.

Adequate provision for older people living in these wards is paramount and the impact of a reduction in funding to services in these wards monitored.

The lowest concentrations of people aged 65+ are in the Marston Moor, Mashamshire and Wathvale wards. The lowest concentrations of people aged 85+ are in the Washburn, Claro and Bishop Monkston wards.

The population of people aged 65+ is on average expected to rise by 28% in the Harrogate Locality by 2020.

Particular attention should be given as to how the reduction of funding will impact on people aged 65+ in the above mentioned areas.

The population of people aged 18-64 years is 94,200 (62.2%) with 47,500 males and 46,700 females.

The population of people aged 65+ years is 30,600 (19.9%), having 13,300 males and 17,200 females.

The religion breakdown of people aged 65 years+ shows that the dominant religion is Christian (22,958) which is almost 75% of the population of people aged 65+, with only 0.5% of the population being from other religious groups. The remaining percentages stated either no religion or were recorded as religion not known.

The religion breakdown of people aged 18-64 years is not available through POPPI.org.

Further information is required as to the religious breakdown of people aged 18-64 and if there will be a specific impact on particular religions.



There are predicted to be *(based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health research, Lancaster University, entitled Future Need/demand for Support for Adults with Learning Disabilities in England POPPI.org)* approximately 2,272 people aged 18-64 with baseline learning disabilities in 2010, 510 with moderate to severe and 133 people with severe disabilities in Harrogate, totalling 1.9% of the population of that locality.

The data for people aged 65+ years is 631 with baseline learning disabilities, and 85 moderate to severe, totalling 0.5 % of the population of that locality.

*(Figures taken from POPPI/PNSI.org based on prevalence data for moderate and serious disability by age and sex included in the Health Survey for England 2001, edited by Madhavi Bajekal, Paola Primatesta and Gillian Prior)*

People aged 18-64 predicted to have a physical disability in 2010:10,160 ranging from moderate to serious.

People with Physical disability data aged 65 years and over not available on POPPI.Org

In 2010 there are predicted to be 2,242 aged 65+ years with dementia *(POPPI.org)* which equates to 7.3% of the population of people aged 65+

In 2010 there were predicted to be 26 males and 18 females aged 30-64 years with early onset dementia. *(PANSI.org)*

In 2010 there were predicted 3,681 people aged 65+ with a visual impairment ranging from moderate/severe to registrable eye conditions equating to 12% of the population of people aged 65+.

In 2010 there were 62 people aged 18-64 predicted to have a severe visual impairment.

*(figures taken from the number of people in the UK with a visual impairment; the use of research evidence and official statistics to estimate and describe the size of the visually impaired population, Nigel Charles, RNIB, July 2006)*

People aged 18-64 predicted to have a hearing impairment 2,449 ranging from severe to profound.

People aged 65 + predicted to have a hearing impairment ranging from moderate/severe to profound is 13,583

*(Figures taken from POPPI/PANSI.org based on the combined prevalence from two studies: Adrian Davis (Ed.), Hearing in Adults (1995), Whurr Publishers Limited and Adrian Davis et al. Health Technology Assessments 11(42):1-294 (October 2007)*

Sexual Orientation: Locality specific data not available, the average percentage of the population across North Yorkshire, who are LGBT, is 1.5. %  
(Info from ONS- integrated household survey 2010)

Number of people using community based services:

Number of carers receiving services:

## Richmondshire Locality Data

98.2% of the population are white (white British 96.7%, white Irish 0.5% and other white 1.0 %)

The ethnicity breakdown of people aged 18-64 years shows that this age group are predominantly White British (31,071) The 2001 census shows that there are approx 683 people aged 18-64 years from other ethnic groups, the main group being of Asian origin (not Bangladeshi, Pakistan or Indian) that formed 0.1% of the population.

The ethnicity breakdown of people aged 65+years' shows that this age group are predominantly White British (8,089). The 2001 census shows that there are approx 53 people aged 65+ from other ethnic groups, the main group being Asian or Asian British (Inc Indian, Pakistani, Bangladeshi: and Other Asian or Asian British)

The largest concentrations from ethnic minority groups are located in the Scotton ward with 10.5 BME in the population, the highest in North Yorkshire.

In the Richmond locality the highest concentration of people aged 65+ in the Leyburn, Richmond Central and Richmond East Ward's. The highest concentrations of people aged 85+ are in the Richmond Central, Leyburn and Brompton-on-Swale ward's.

Adequate provision for older people living in these wards is paramount and the impact of a reduction in funding to services in these wards monitored.

The lowest concentrations of people aged 65+ are in the Hipswell, Hornby Castle and Scotton wards. The lowest concentrations of people aged 85+ are in the same wards.

The population of people aged 65+ is on average expected to rise by 33 % in the Richmond Locality by 2020.

Particular attention should be given as to how the reduction of funding will impact on people aged 65+ in the above mentioned areas.

The population of people aged 18-64 years is 32,600 (69.3%) with 17,000 males and 15,300 females.

The population of people aged 65+ years is 9,000 (19.9%), having 4,100 males and 4,900 females.

The religion breakdown of people aged 65 years+ shows that the dominant religion is Christian (6,286) which is almost 70% of the population of people aged 65+, with only 0.3% of the population being from other religious groups. The remaining percentages stated either no religion or were recorded as religion not known.

The religion breakdown of people aged 18-64 years is not available through POPPI.org.

Further information is required as to the religious breakdown of people aged 18-64 and if there will be a specific impact on particular religions.

There are predicted to be *(based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health research, Lancaster University, entitled Future Need/demand for Support for Adults with Learning Disabilities in England POPPI.org)* approximately 794

people aged 18-64 with baseline learning disabilities in 2010, 177 with moderate to severe and 48 people with severe disabilities in Richmond, totalling 2.1% of the population of that locality.

The data for people aged 65+ years is 186 with baseline learning disabilities, and 25 moderate to severe, totalling 0.4 % of the population of that locality.

*(Figures taken from POPPI/PNSI.org based on prevalence data for moderate and serious disability by age and sex included in the Health Survey for England 2001, edited by Madhavi Bajekal, Paola Primatesta and Gillian Prior)*

People aged 18-64 predicted to have a physical disability in 2010 are 3,308 ranging from moderate to serious.

People with Physical disability data aged 65 years and over not available on POPPI.Org

In 2010 there are predicted to be 618 aged 65+ years with dementia (*POPPI.org*) which equates to 13.1% of the population of people aged 65+

In 2010 there were predicted to be 8 males and 6 females aged 30-64 years with early onset dementia. (*PANSI.org*)

In 2010 there were predicted 1,044 people aged 65+ with a visual impairment ranging from moderate/severe to registrable eye conditions equating to 11.6% of the population of people aged 65+.

In 2010 there were 21 people aged 18-64 predicted to have a severe visual impairment.

*(figures taken from the number of people in the UK with a visual impairment; the use of research evidence and official statistics to estimate and describe the size of the visually impaired population, Nigel Charles, RNIB, July 2006)*

People aged 18-64 predicted to have a hearing impairment are 1,266 ranging from severe to profound.

People aged 65 + predicted to have a hearing impairment ranging from moderate/severe to profound is 3,861

*(Figures taken from POPPI/PANSI.org based on the combined prevalence from two studies: Adrian Davis (Ed.), Hearing in Adults (1995), Whurr Publishers Limited and Adrian Davis et al. Health Technology Assessments 11(42):1-294 (October 2007)*

Sexual Orientation: Locality specific data not available, the average percentage of the population across North Yorkshire, who are LGBT, is 1.5. %  
(Info from ONS- integrated household survey 2010)

Number of people using community based services:

Number of carers receiving services:

## Ryedale Locality Data

99.5% of the population are white (white British 98%, white Irish 0.47% and other white 1.06%)

The ethnicity breakdown of people aged 18-64 years shows that this age group are predominantly White British (30,222). The 2001 census shows that there are approx 964 people aged 18-64 years from other ethnic groups, the main group being of Mixed Ethnicity (this includes White and Black Caribbean; White and Black African; White and Asian; and Other Mixed) that formed 0.16% of the population.

The ethnicity breakdown of people aged 65+ years' shows that this age group are predominantly White British (11,162). The 2001 census shows that there are approx 52 people aged 65+ from other ethnic groups, the main group being Asian or Asian British (Inc Indian, Pakistani, Bangladeshi; and Other Asian or Asian British)

The largest concentrations from ethnic minority groups are located in the Ampleforth ward with 2.9% BME in the population.

In the Ryedale locality the highest concentration of people aged 65+ is in the Malton, Thorton Dale and Pickering East Ward's. The highest concentrations of people aged 85+ are in the same wards.

Adequate provision for older people living in these wards is paramount and the impact of a reduction in funding to services in these wards monitored.

The lowest concentrations of people aged 65+ are in the Wolds Amotherby and Dales wards. The lowest concentrations of people aged 85+ are in the Wolds Amotherby and Copton wards.

The population of people aged 65+ is on average expected to rise by 28 % in the Ryedale Locality by 2020.

Particular attention should be given as to how the reduction of funding will impact on people aged 65+ in the above mentioned areas.

The population of people aged 18-64 years is 31,400 (61.7%) with 15,200 males and 15,900 females.

The population of people aged 65+ years is 12,100 (23.7%), having 5,600 males and 6,600 females.

The religion breakdown of people aged 65 years+ shows that the dominant religion is Christian (9,304) which is almost 76.8% of the population of people aged 65+, with only 0.17% of the population being from other religious groups. The remaining percentages stated either no religion or were recorded as religion not known.

The religion breakdown of people aged 18-64 years is not available through POPPI.org.

Further information is required as to the religious breakdown of people aged 18-64 and if there will be a specific impact on particular religions.

There are predicted to be *(based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health research, Lancaster University, entitled Future Need/demand*

for Support for Adults with Learning Disabilities in England POPPI.org) approximately 754 people aged 18-64 with baseline learning disabilities in 2010, 169 with moderate to severe and 44 people with severe disabilities in Ryedale, totalling 1.9% of the population of that locality.

The data for people aged 65+ years is 250 with baseline learning disabilities, and 34 moderate to severe, totalling 0.5 % of the population of that locality.

*(Figures taken from POPPI/PNSI.org based on prevalence data for moderate and serious disability by age and sex included in the Health Survey for England 2001, edited by Madhavi Bajekal, Paola Primatesta and Gillian Prior)*

People aged 18-64 predicted to have a physical disability in 2010 are 3,619 ranging from moderate to serious.

People with Physical disability data aged 65 years and over not available on POPPI.Org

In 2010 there are predicted to be 858 aged 65+ years with dementia (POPPI.org) which equates to 7% of the population of people aged 65+

In 2010 there were predicted to be 10 males and 7 females aged 30-64 years with early onset dementia. (PANSI.org)

In 2010 there were predicted 1,430 people aged 65+ with a visual impairment ranging from moderate/severe to registrable eye conditions equating to 11.8% of the population of people aged 65+.

In 2010 there were 20 people aged 18-64 predicted to have a severe visual impairment.

*(figures taken from the number of people in the UK with a visual impairment; the use of research evidence and official statistics to estimate and describe the size of the visually impaired population, Nigel Charles, RNIB, July 2006)*

People aged 18-64 predicted to have a hearing impairment are 1,551 ranging from severe to profound.

People aged 65 + predicted to have a hearing impairment ranging from moderate/severe to profound is 5,314

*(Figures taken from POPPI/PANSI.org based on the combined prevalence from two studies: Adrian Davis (Ed.), Hearing in Adults (1995), Whurr Publishers Limited and Adrian Davis et al. Health Technology Assessments 11(42):1-294 (October 2007)*

Sexual Orientation: Locality specific data not available, the average percentage of the population across North Yorkshire, who are LGBT, is 1.5. %  
(Info from ONS- integrated household survey 2010)

Number of people using community based services:

Number of carers receiving services:

## Scarborough Locality Data

99.1% of the population are white (white British 97.7%, white Irish 0.4% and other white 1.0%)

The ethnicity breakdown of people aged 18-64 years shows that this age group are predominantly White British (61,188) The 2001 census shows that there are approx 964 people aged 18-64 years from other ethnic groups, the main group being of Asian or Asian British (Inc Indian, Pakistani, Bangladeshi: and Other Asian or Asian British) that formed 0.8% of the population, followed closely by people of Chinese or other ethnic origin.

The ethnicity breakdown of people aged 65+years' shows that this age group are predominantly White British (23,539). The 2001 census shows that there are approx 172 people aged 65+ from other ethnic groups, the main group being Asian or Asian British (Inc Indian, Pakistani, Bangladeshi: and Other Asian or Asian British)

The largest concentrations from ethnic minority groups are located is in the Woodlands ward with 2.4% BME in the population.

In the Scarborough locality the highest concentration of people aged 65+ in the Filey, Newby and Weapness wards. The highest concentrations of people aged 85+ are in the Filey, Newby and Ramshill wards.

Adequate provision for older people living in these wards is paramount and the impact of a reduction in funding to services in these wards monitored.

The lowest concentrations of people aged 65+ are in the Danby and Lindhead wards. The lowest concentrations of people aged 85+ are in the same wards.

The population of people aged 65+ is on average expected to rise by 24 % in the Scarborough Locality by 2020.

Particular attention should be given as to how the reduction of funding will impact on people aged 65+ in the above mentioned areas.

The population of people aged 18-64 years is 64,000 (60.2%) with 31,400 males and 32,500 females.

The population of people aged 65+ years is 24,900 (23.4%), having 11,000 males and 13,900 females.

The religion breakdown of people aged 65 years+ shows that the dominant religion is Christian (20,133) which is almost 80.8% of the population of people aged 65+, with only 0.2% of the population being from other religious groups. The remaining percentages stated either no religion or were recorded as religion not known.

The religion breakdown of people aged 18-64 years is not available through POPPI.org.

Further information is required as to the religious breakdown of people aged 18-64 and if there will be a specific impact on particular religions.

There are predicted to be (based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health research, Lancaster University, entitled *Future Need/demand for Support for Adults with Learning Disabilities in England POPPI.org*) approximately 1,545 people aged 18-64 with baseline learning disabilities in 2010, 346 with moderate to severe and 91 people with severe disabilities in Scarborough, totalling 1.8% of the population of that locality.

The data for people aged 65+ years is 514 with baseline learning disabilities, and 69 moderate to severe, totalling 0.5 % of the population of that locality.

*(Figures taken from POPPI/PNSI.org based on prevalence data for moderate and serious disability by age and sex included in the Health Survey for England 2001, edited by Madhavi Bajekal, Paola Primatesta and Gillian Prior)*

People aged 18-64 predicted to have a physical disability in 2010 are 7,148 ranging from moderate to serious.

People with Physical disability data aged 65 years and over not available on POPPI.Org

In 2010 there are predicted to be 1,804 aged 65+ years with dementia (*POPPI.org*) which equates to 7.2% of the population of people aged 65+

In 2010 there were predicted to be 19 males and 14 females aged 30-64 years with early onset dementia. (*PANSI.org*)

In 2010 there were predicted 1,966 people aged 65+ with a visual impairment ranging from moderate/severe to registrable eye conditions equating to 7.8% of the population of people aged 65+.

In 2010 there were 42 people aged 18-64 predicted to have a severe visual impairment.

*(figures taken from the number of people in the UK with a visual impairment; the use of research evidence and official statistics to estimate and describe the size of the visually impaired population, Nigel Charles, RNIB, July 2006)*

People aged 18-64 predicted to have a hearing impairment are 2,964 ranging from severe to profound.

People aged 65 + predicted to have a hearing impairment ranging from moderate/severe to profound is 10,447

*(Figures taken from POPPI/PANSI.org based on the combined prevalence from two studies: Adrian Davis (Ed.), Hearing in Adults (1995), Whurr Publishers Limited and Adrian Davis et al. Health Technology Assessments 11(42):1-294 (October 2007)*

Sexual Orientation: Locality specific data not available, the average percentage of the population across North Yorkshire, who are LGBT, is 1.5. %  
(Info from ONS- integrated household survey 2010)

Number of people using community based services:

Number of carers receiving services: Scarborough & Ryedale 18-64 2,212  
65+ 1,043

## Selby Locality Data

99.2% of the population are white (white British 98.2%, white Irish 0.4% and other white 0.6%)

The ethnicity breakdown of people aged 18-64 years shows that this age group are predominantly White British (61,188). The 2001 census shows that there are approx 964 people aged 18-64 years from other ethnic groups, the main group being of Asian or Asian British (Inc Indian, Pakistani, Bangladeshi: and Other Asian or Asian British) that formed 0.8% of the population, followed closely by people of Chinese or other ethnic origin.

The ethnicity breakdown of people aged 65+ years' shows that this age group are predominantly White British (23,539). The 2001 census shows that there are approx 172 people aged 65+ from other ethnic groups, the main group being Asian or Asian British (Inc Indian, Pakistani, Bangladeshi: and Other Asian or Asian British)

In the Selby locality the highest concentration of people aged 65+ is in the Selby North, Selby West and Sherburn in Elmet wards. The highest concentrations of people aged 85+ are in the Selby North, Selby West and Ricall with Escrick wards.

Adequate provision for older people living in these wards is paramount and the impact of a reduction in funding to services in these wards monitored.

The lowest concentrations of people aged 65+ are in the North Duffield and Appleton Roebuck wards. The lowest concentrations of people aged 85+ are in the same wards.

The population of people aged 65+ is on average expected to rise by 36% in the Selby Locality by 2020.

Particular attention should be given as to how the reduction of funding will impact on people aged 65+ in the above mentioned areas.

The population of people aged 18-64 years is 51,600 (62%) with 25,800 males and 25,800 females.

The population of people aged 65+ years is 15,400 (16.5%), having 6,200 males and 7,400 females.

The religion breakdown of people aged 65 years+ shows that the dominant religion is Christian (10,074) which is almost 89% of the population of people aged 65+, with only 0.2% of the population being from other religious groups. The remaining percentages stated either no religion or were recorded as religion not known.

The religion breakdown of people aged 18-64 years is not available through POPPI.org.

Further information is required as to the religious breakdown of people aged 18-64 and if there will be a specific impact on particular religions.

There are predicted to be *(based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health research, Lancaster University, entitled Future Need/demand for Support for Adults with Learning Disabilities in England POPPI.org)* approximately 1,245



people aged 18-64 with baseline learning disabilities in 2010, 280 with moderate to severe and 73 people with severe disabilities in Selby, totalling 2% of the population of that locality.

The data for people aged 65+ years is 283 with baseline learning disabilities, and 39 moderate to severe, totalling 0.4 % of the population of that locality.

*(Figures taken from POPPI/PNSI.org based on prevalence data for moderate and serious disability by age and sex included in the Health Survey for England 2001, edited by Madhavi Bajekal, Paola Primatesta and Gillian Prior)*

People aged 18-64 predicted to have a physical disability in 2010 are 4,287 ranging from moderate to serious.

People with Physical disability data aged 65 years and over not available on POPPI.Org

In 2010 there are predicted to be 884 aged 65+ years with dementia (*POPPI.org*) which equates to 6.4% of the population of people aged 65+

In 2010 there were predicted to be 15 males and 10 females aged 30-64 years with early onset dementia. (*PANSI.org*)

In 2010 there were predicted 1,572 people aged 65+ with a visual impairment ranging from moderate/severe to registrable eye conditions equating to 6.4% of the population of people aged 65+.

In 2010 there were 34 people aged 18-64 predicted to have a severe visual impairment.

*(figures taken from the number of people in the UK with a visual impairment; the use of research evidence and official statistics to estimate and describe the size of the visually impaired population, Nigel Charles, RNIB, July 2006)*

People aged 18-64 predicted to have a hearing impairment are 2,302 ranging from severe to profound.

People aged 65 + predicted to have a hearing impairment ranging from moderate/severe to profound is 5,691

*(Figures taken from POPPI/PANSI.org based on the combined prevalence from two studies: Adrian Davis (Ed.), Hearing in Adults (1995), Whurr Publishers Limited and Adrian Davis et al. Health Technology Assessments 11(42):1-294 (October 2007)*

Sexual Orientation: Locality specific data not available, the average percentage of the population across North Yorkshire, who are LGBT, is 1.5. %  
(Info from ONS- integrated household survey 2010)

Number of people using community based services:

Number of carers receiving services: 18-64 154  
65+ 88

# **North Yorkshire County Council**

## **Adult & Community Services**

### **Quality Assurance Framework for Regulated Services**

Contracting, Procurement & Quality Assurance  
November 2010 – v5.0

# Guidance Notes

The Quality Assurance Framework (QAF) requires the provider to evidence their practice against a range of objectives and outcomes. This will be undertaken as a self assessment audit by the provider on an annual basis.

There are two formats for the QAF, with one for services which are regulated by the Care Quality Commission (CQC) and another designed for the voluntary and community sector.

Providers will have an element of choice in which QAF to complete based on the nature of their service. For example, a voluntary and community services provider may provide residential respite which is registered with CQC. In this instance the provider would complete the QAF for regulated services. Where a voluntary and community services provider offers a respite sitting scheme and has chosen to register with CQC for the provision of domiciliary care as part of that service provision they may choose whether to complete the process as a regulated service or may feel they want to complete the voluntary and community services QAF so that they can evidence the diverse nature of their service provision.

A QAF quality visit may be undertaken by staff members from the Contracting, Procurement and Quality Assurance Team. The need for a QAF quality visit may be determined by the information supplied by the provider requiring further discussion or contract compliance issues. There will be random sampling with providers across the spectrum of service provision. Also, a QAF quality visit may be undertaken at the request of the provider.

Another function within the wider framework of looking at quality is the baseline assessment. This is an onsite visit, during which staff from the Contracting, Procurement & Quality Assurance Team can view evidence about service delivery. This will include viewing client files relating to people in receipt of the service/support and funded by North Yorkshire County Council, attendance statistics, etc. Providers are asked to seek permission from their staff, in advance of the visit, so that recruitment, training and other staffing related material can be viewed. The baseline assessment provides the Council with an understanding of how an organisation functions on a day to day basis. Sometimes the baseline assessment may focus on a particular area of work to assist a provider in achieving improvements. Safeguarding Officers, Care Services Managers or Care Quality Commission Inspectors may also be involved in the baseline assessment quality visit.

As a result of safeguarding concerns the Council may undertake a full QAF quality visit or a baseline assessment visit to identify areas of immediate improvement or to evidence good practice.

Where a QAF quality visit or baseline assessment is being undertaken as a result of information supplied by the provider or on a random basis, information viewed will be restricted to people supported by the Council. Where the visit is the result of a safeguarding alert, information may be viewed in relation to any person receiving a service who is involved in the safeguarding alert. Also, Contracting, Procurement & Quality Assurance staff may have already obtained consent from people in receipt of the service/support or, where appropriate, their representative to view their records. The provider will, in the majority of instances, be notified in advance of the purpose of the visit. The notification letter will include details of who will be attending, the reason for the visit and an outline of the information which may be required. If the provider is unsure if they can share information they can contact the Contracting, Procurement and Quality Assurance Team to discuss this further.

The size of the provider organisation, set up of the service, etc. will be taken into account when undertaking a QAF visit or baseline assessment. It will be proportionate and sensitive to the size of the premises and disruption will be kept to a minimum. However, the achievement of positive outcomes for people and the gathering of evidence to support this will be consistently applied.

While the Council is aiming to reduce duplication of effort of processes and paperwork with other agencies it is evident that this will be an interim process, on the basis that some of the information will not be available in its current form in the near future. Currently the information which providers will be asked to submit will include:

- Provider Compliance Assessment (PCA) completed for the Care Quality Commission;
- National Minimum Dataset for Social Care (NMDS-SC) information supplied to Care Quality Commission;
- Quality Risk Profile generated by the Care Quality Commission;
- Updated Safeguarding Adults Provider Self Assessment tool;
- Care Quality Commission Inspection Report;
- Additional data as identified later in this document.

The Council is unable to access this information direct from CQC as the information belongs to the provider and it is their responsibility to ensure that it is accurate and up to date.

As the Care Quality Commission develops new systems and process for providers to evidence their achievements the requirements detailed in this document will be reviewed. Once the new formats have been released the Council will consider whether the information gathered can be adapted and used for quality assurance purposes.

North Yorkshire County Council adopted the National Minimum Standards as its contract standards. Therefore, although the Care Quality Commission will be basing their assessments of providers on their performance against the Essential Standards in the main, the Council will require providers to continue to evidence to the Council that they meet the National Minimum Standards, until such a time as the contract standards are amended, as well as the Essential Standards. In order to do this the provider must be able to evidence how they meet all of the standards within the objectives and outcomes in that section. If the provider cannot satisfy a standard within the objective and outcome they must propose an action plan to achieve the standard and move forward to improve the service to achieve the objective and outcome.

If the provider fails to meet pre-agreed timescales for improvement or the supply of additional information further compliance action may be necessary. If appropriate, safeguarding alerts may be generated. A copy of the evaluation tool used by the Council is available from [www](#). (relevant link to the website)

Providers who are continuously striving for improvement can use this process as a tool to move to service excellence. In these circumstances the provider can submit an action plan which their service/support will be monitored against to assist them in continuous improvement.

On completion of the Quality Assurance Framework, whether as a self assessment or following a QAF quality visit or a baseline assessment, a summary report will be produced and shared with the provider in the first instance. This will detail what has been evidenced by the provider and, where applicable, observations made during visits to provider's premises. The provider will be given an opportunity to comment on the content of the summary report and request

factual changes. If the Contracting & Quality Assurance Officer/Manager and the Provider cannot agree the content of the summary form, the Provider may make representations to the Assistant Director - Contracting, Procurement & Quality Assurance who will consider the evidence. Providers may be required to provide documentation to support their objections to the content of the summary report.

In time it is envisaged that this information may be published on the Council's website so that it is accessible by the public and will state whether the judgements made are as a result of self assessment or following a QAF quality visit. However, further work will be undertaken in relation to confidentiality, report format, etc. before this is progressed.

Objectives and outcomes for services commissioned by the Council are based on those included in Independence, Wellbeing and Choice 2005: Our Vision for the Future of Social Care for Adults in England. These are:

- Improved health and emotional well-being and support in managing long term conditions
- Improved quality of life, including access to universal services, and safety and security inside and outside the home
- Making a positive contribution to the local community
- Being able to exercise choice and control
- Freedom from discrimination and harassment
- Economic well-being, taking account of social activities and special needs
- Personal dignity including comfort and cleanliness

Therefore, in submitting evidence as part of the QAF process providers need to ensure that these objectives and outcomes are covered in their working practices.

**Please indicate whether the following information has been attached to this submission:**

<b>Document</b>	<b>Attached</b>	<b>Not Attached and Reason</b>
Provider Compliance Assessment (PCA) completed for the Care Quality Commission		
National Minimum Dataset for Social Care (NMDS-SC) information supplied to Care Quality Commission		
Quality Risk Profile generated by the Care Quality Commission		
Care Quality Commission Inspection Report		
Updated Safeguarding Adults Provider Self Assessment tool		

In addition to the above documents providers are required to provide the following evidence. Copies of procedures and relevant paperwork can be provided to support the explanation given:

1.	<b>How do you ensure that the service provided meets the person's assessed needs? Please explain how you identify specific outcomes for each person receiving your service. How do you evaluate service delivery to ensure it meets peoples' individual outcomes? Please include how you</b>
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	<p><b>ensure people are assessed for and referred on to alternative provision, in a timely manner, i.e. if a person's needs change how do you ensure they are reassessed if you can no longer meet their needs?</b></p>
2.	<p><b>Please outline how your organisation works within the Deprivation of Liberties Safeguards. If you use a Deprivation of Liberties checklist or assessment tool please supply a copy.</b></p>
3.	<p><b>How do you comply with the Mental Capacity Act and ensure that people's capacity is appropriately assessed. If you have an assessment tool please provide a copy.</b></p>
4.	<p><b><i>For care homes (including nursing) only</i> – Have you completed the Safer Food, Better Business for Care Homes Supplement – Food Hygiene(England) Regulations 2006? If no, why? If, yes please explain how this information is updated and verified.</b></p>

5.	<b>How is dignity and respect promoted within you service? Do you have a Dignity Charter? If yes, please supply a copy. Do you have a Dignity Champion?</b>
6.	<b>How do you capture the views of users of your service? How do you ensure that people's views are listened to and influence service delivery and procedures?</b>
7.	<b>How do you engage agency staff? What checks or induction do you undertake?</b>
8.	<b>What aspect of your service/support are you most proud of? Please</b>

<p>provide an example of this and how it impacts on day to day practice within your service/support.</p>
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Please return this form and supporting documentation to;

[Socialservices.contractingunit@northyorks.gov.uk](mailto:Socialservices.contractingunit@northyorks.gov.uk)

Or

Contracting, Procurement & Quality Assurance Team  
Adult & Community Services  
North Yorkshire County Council  
White Rose House  
Thurston Road  
Northallerton  
North Yorkshire  
DL6 2NA



## Statement of Intent – Objectives and Principles for Purchasing Domiciliary Care

**Objectives** to be achieved through sourcing domiciliary care:

- To ensure that Providers deliver good quality services that can deliver and evidence outcomes identified in client support plans
- To ensure sufficient capacity in the market to provide the amount of quality domiciliary care needed, at the time needed.
- To simplify Provider rates and terms
- To establish cost effective rates for all support packages
- To build the market to meet the needs of self directed support, reablement and extra care

The Authority will apply a consistent and transparent approach when sourcing externally provided packages of care and support, both within areas and across the County. The following **principles** will apply:

### Quality

Providers will be required to demonstrate an acceptable level of quality initially through CQC ratings and then a sustained level of quality validated by the Quality Assurance Framework (QAF).

### Capacity

Provider organisations will be expected to advise brokerage staff on a weekly basis (Monday morning) of their current capacity and brokerage staff will ascertain capacity from Providers for a specific support package.

### Cost

Once capacity and quality have been ascertained and a number of Providers have been highlighted, the most cost effective rates for the individual package have been verified, the individual support package will be allocated.