

COUNTY COUNCIL FULL EQUALITY IMPACT ASSESSMENT TEMPLATE

Extra Care Housing Strategy 2012-26

Stage of EIA	Description of Step	Checklist	Checklist
	Is this a new or an existing policy?	<p>This is a new strategy that sets out a framework for the future of extra care housing in Worcestershire. It takes the Worcestershire Housing and Support Needs of Older Persons Assessment that was carried out in 2009/10 as a starting point and uses the information captured and analysed as part of that work. This strategy is part of a wider set of recent housing and social care policies within Worcestershire.</p> <ul style="list-style-type: none"> <li>• Worcestershire Housing Strategy</li> <li>• Ageing Well 2011-16</li> <li>• Worcestershire Dementia Strategy 2011-16</li> </ul>	
Stage 1	Defining policy objectives and how they will be achieved	The main objective of this strategy is to set out a framework for the future development of extra care housing in Worcestershire.	<p><i>How will the outcomes be achieved?</i></p> <p>The strategy identifies that there are a number of ways in which extra</p>

		<p>Another objective of developing this strategy was to seek a consensus on what extra care housing should mean in Worcestershire.</p> <p>Another objective is that though this strategy extra care housing will become an increasingly well known and chosen form of specialist accommodation in every District of the County.</p>	<p>care housing will be developed and delivered in the future including:</p> <ul style="list-style-type: none"> <li>• Identifying existing sheltered housing schemes that could be upgraded through capital investment to enhance the building to provide the necessary infrastructure to deliver extra care, or a more limited form of extra care.</li> <li>• Identifying suitable development sites for new build of both extra care schemes and 'village' type development.</li> <li>• Encouraging private development of extra care housing.</li> <li>• Identifying the potential for 'core and cluster' models of service delivery in the vicinity of existing extra care schemes, potentially providing care to the wider local community and making the catering and social activity provision within extra care available to the wider local community.</li> </ul> <p>The local authorities will work</p>
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			<p>actively with developers, extra care providers, and housing organisations, both social and private; to identify potential sites that are suitable and viable for extra care schemes and village type developments particularly as some of these types of schemes will only be viable on larger sites.</p> <p>An extra care delivery programme will be developed with every District/Borough Council</p> <p>At a County level the Joint Commissioning Unit will:</p> <ul style="list-style-type: none"> <li>• Oversee an overall delivery programme based on the agreed extra care housing strategy and an aggregation of the local District/Borough delivery plans.</li> <li>• Develop detailed service specifications for proposed extra care housing models (based on local delivery plans).</li> <li>• Produce any changes to specifications to existing extra care schemes.</li> </ul>
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			<ul style="list-style-type: none"><li>• Support development of 'specialist' specifications, e.g. for people with dementia and people with learning disabilities and oversee the delivery of different types of extra care housing that are appropriate to these more specialised requirements.</li><li>• Facilitate with the Districts an initial event for extra care providers (countywide or at District level) to promote extra care strategy.</li><li>• Hold/facilitate meetings with individual housing and extra care providers to promote delivery of the strategy.</li><li>• Work with colleagues at the County Council, the Districts and the NHS to consider the possibilities of releasing public sector land at reduced value where the overall cost benefit in doing so can be demonstrated.</li><li>• Develop a model for cost</li></ul>
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			<p>comparison and the potential for savings between care provided within extra care housing and alternative models of care, including residential care.</p> <ul style="list-style-type: none"><li>• Develop a revenue funding approach for new extra care development based on a majority of older people funding their own care/support costs and using a proposed care cost 'comparison model'.</li><li>• Develop with Districts an extra care information and resource guide for local older people and their families that could be published jointly by all the local authorities in Worcestershire. This to be part of the JCU's overall approach to information and advice provision.</li><li>• Work with extra care housing providers to develop an effective extra care marketing approach to</li></ul>
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			<p>owner occupiers.</p> <ul style="list-style-type: none"> <li>Establish an extra care 'reference group' to include local older citizens with a strong interest in extra care housing to help 'reality test' development proposals and funding models.</li> </ul>
<p>Stage 2</p>	<p>Information gathering/consultation Detail existing data/research/consultation sources you will use.</p>	<p>Existing data sources that were used:</p> <ul style="list-style-type: none"> <li>Housing and Support Needs of Older Persons assessment (2009/10)</li> <li>ONS 2008-based Subnational Population Projections</li> <li>2001 census</li> <li>More Choice, Greater Voice, Housing LIN/CLG (2008)</li> <li>EAC database</li> </ul> <p>Consultation:</p> <ul style="list-style-type: none"> <li>A focus group meeting was held with a range of providers of extra care housing and other types of housing. Attendees were from national housing</li> </ul>	<p><i>What do these sources show you?</i> Data used: The data used shows that: In England, over the next 23 years alone those aged over 60 years will increase from 11.3 million in 2008 to 16.7 million in 2031, a 47% growth in this cohort of the overall population. Those aged 85 and over will more than double from 1.1 million to 2.4 million (114%). That in Worcestershire there will be an increase of 42% in the number of people aged 60 and over and by 2031 the oldest group of those over 85 will have increased by 136%.</p> <p>Rates of growth vary between Districts with higher growth in Wychavon and Malvern Hills. In absolute terms, Wychavon and</p>

		<p>associations, locally based housing associations and local authority housing providers. Telephone conversations were held with two private sector retirement homes providers unable to attend the focus group meeting.</p> <ul style="list-style-type: none"> <li>• Meetings were held with relevant commissioning staff within the County Council and Joint Commissioning Unit (JCU), including commissioners for older people, people with physical disabilities, people with learning disabilities and Supporting People commissioners.</li> <li>• Meetings were held with relevant housing and planning staff at all District and Borough councils in Worcestershire to discuss the scope and nature of extra care housing provision required in Worcestershire.</li> <li>• A focus group with 20 older people who are residents of Worcestershire was held</li> </ul>	<p>Wyre Forest have the largest populations of older people.</p> <p>Although life expectancy has increased the period of poor health in later life when care may be needed has also risen, 4.3 years for men and 5.9 years for women. Those with dementia are likely to increase from 7,724 now to around 10,145 by 2020; a 31% increase. The number of people who need help with one or more daily activities like going to the toilet or getting out of bed is predicted to rise from 15,728 to 25,632 by 2025.</p> <p>Levels of owner occupation amongst older people in Worcestershire are very high at over 80% in the 55-74 age range underlining the importance of planning for all tenures but also the possible role of equity schemes.</p> <p>There are currently up to 244 individuals living in residential care services for whom alternative extra care types of housing may be an attractive alternative.</p>
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		<p>to seek their views and perspectives in relation to extra care housing and specifically the necessary elements that are required in future developments.</p> <ul style="list-style-type: none"> <li>• The Worcestershire Housing and Support Needs of Older Persons assessment (2009/10) included 7 focus groups held with older people across the county. This provided considerable relevant information about the future desirability of extra care housing as well as a wide range of other issues related to housing, care and support for older people.</li> </ul>	<p>About three out of four of those now retiring are home owners. Most own their property outright.</p> <p>The total estimated number of extra care units required across Worcestershire by 2026, taking into account current provision, is 4,651 units. Of these, 3,417 units are suggested as being required for sale (including shared ownership) and 1,234 units are suggested as being required for rent.</p> <p>Focus groups, meetings etc:</p> <p>Key messages from housing and planning leads:</p> <ul style="list-style-type: none"> <li>• Extra care housing needs to be a part of broader 'vision' for housing, care and support for older people as part of wider 'offer' to the growing older persons population in Worcestershire, including 'aspirational' housing aimed at older people that is separate to extra care</li> </ul>
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			<p>provision.</p> <ul style="list-style-type: none"><li>• Need to have mixed tenure schemes to reflect that in the future their will need to be a shift towards greater numbers of units for sale and/or shared ownership in order for schemes to be financially viable.</li><li>• Given the need for greater number of units for sale, there is recognition that local authorities have an interest in seeing future extra care being attractive to the full spectrum of older people.</li><li>• Within a countywide 'vision' for extra care, there will need to be flexibility in the scale and design of future extra care developments to reflect that potential sites within different local authority areas will affect development opportunities.</li><li>• Future extra care developments should include provision for people with dementia although the</li></ul>
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			<p>specification for this will need to be considered carefully.</p> <ul style="list-style-type: none"> <li>• The quality and design of future schemes need to be of a sufficiently high quality to attract self funders, however this level of quality needs to be sustained across all tenures.</li> <li>• In planning terms extra care housing should be classified as 'C3', rather than 'C2' to reflect that the housing units should be fully self contained including a kitchen and a bath/shower room.</li> <li>• Housing delivery partners need to be drawn from across the housing association, charitable and private sectors, particularly given the significant reduction in capital funding available through the Homes and Communities Agency (HCA).</li> <li>• There is recognition that partnerships with private</li> </ul>
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			<p>sector developers/providers will be necessary and there is a need for dialogue with private providers regarding delivery of affordable rented units as part of new extra care developments.</p> <ul style="list-style-type: none"> <li>• There needs to be a pragmatic approach to developing additional extra care provision, for example some existing sheltered schemes may be suitable for 'conversion' to extra care but may not meet an 'ideal' extra care specification.</li> </ul> <p>Key messages from extra care housing providers:</p> <ul style="list-style-type: none"> <li>• The local authorities in Worcestershire need to provide a clear position to housing providers as to the 'vision' for extra care in Worcestershire and the level of need.</li> <li>• The development of additional extra care capacity needs to include consideration of 'remodelling' some existing</li> </ul>
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			<p>sheltered schemes to accommodate some extra care 'features' but possibly not to the same specification as new build development, however it needs to be attractive to a wide range of potential customers.</p> <ul style="list-style-type: none"><li>• New development needs to include a mix of types of units including bungalows where the size of the site allows for this.</li><li>• A majority of providers who were involved favoured a 'C3' rather than 'C2' planning designation for extra care housing, in part because this provides a better 'exit strategy' if that becomes necessary in the future, however a private provider consulted viewed a 'prescriptive' approach to defining extra care development as 'C3' as restrictive.</li><li>• Housing associations are planning future</li></ul>
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			<p>developments on a mixed tenure basis, in recognition that there is going to be significant reductions in the level of public subsidy available through the HCA.</p> <ul style="list-style-type: none"><li>• Most of the housing associations consulted expected their new developments to be based on between 60-70% of units being for outright sale or for sale on a shared equity basis to fund future developments.</li><li>• Housing providers, particularly housing associations, recognise that any new development will need to appeal to a much wider market than has historically been the case as the majority of residents will be purchasing either outright or through a shared equity route.</li><li>• Most providers are either considering or are interested in models of</li></ul>
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			<p>equity release that allow an older person to fund their care costs, or potential care costs. There is a need for the County Council to ensure that the communications it provides to the older persons population about eligibility for publicly funded or part funded care are linked with 'messages' about options for older people to self fund their care, such as through equity release.</p> <ul style="list-style-type: none"><li>• All housing providers consulted want to see a more flexible approach to the delivery and provision of housing and care, i.e. that a local authority does not insist on separate organisations providing the care and housing; this is viewed as increasingly less the prerogative of the local authority if future new developments will be predominantly for self funders.</li></ul>
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			<ul style="list-style-type: none"><li>• Most providers want to see a 'partnership' approach with the local housing and social care authorities from planning to scheme delivery and through to addressing 'selling' the concept of extra care more widely to the older persons population in Worcestershire.</li><li>• A majority view amongst providers was that if the local authorities want to maximise the proportion of affordable rented units within a scheme, where there is no or limited HCA grant subsidy, then the use of local authority land/sites at more favourable terms will need to be a part of the development 'mix'.</li><li>• Many providers see their current and future approach to the services provided within extra care as being based on a 'menu' type model, where there are a range of services as</li></ul>
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			<p>options for residents that they can purchase depending on their preferences and budget.</p> <ul style="list-style-type: none"> <li>• New schemes need to be sufficiently large in scale to accommodate a mix of needs, including dementia although the specification for this needs to be carefully planned.</li> <li>• For some providers essential features of extra care include catering/restaurant facilities, 24/7 on site staff including care provision and assisted bathing facilities.</li> </ul> <p>Key messages from WCC Commissioners</p> <ul style="list-style-type: none"> <li>• The role of supported accommodation in relation to dementia is seen as one part of an approach to 'living well' and being an option within 'pathways' of care that enable people with dementia to live well.</li> </ul>
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			<ul style="list-style-type: none"><li>• Extra care is viewed as being a potential 'step up' for a person with mild/moderate dementia as a planned move, perhaps from a family home.</li><li>• A key aim of the dementia strategy is to promote early diagnosis and subsequent early intervention to promote better quality of life in relation to living with dementia, which should include access to extra care housing.</li><li>• There is a requirement to make clear to individuals who will need to self fund their care that they should have access to good quality advice, such as through an Independent Financial Advisor, to help them to plan how to meet both their housing and care needs and costs.</li><li>• Extra care housing is a core part of the learning disability strategy as part of a wider objective to reduce the use of residential care services</li></ul>
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			<p>by 50% over the next 3 years.</p> <ul style="list-style-type: none"><li>• There are currently up to 244 individuals living in residential care services for whom alternative extra care types of housing may be an attractive alternative.</li><li>• The JCU is seeking to commission extra care housing specifically for people with learning disabilities but most likely separately from extra care provision for other older people.</li><li>• There is interest in a range of potential models of extra care housing that may be suitable for people with learning disabilities. Current commissioning intentions are towards schemes with up to 30 units but without the 'full range' of services and amenities found in extra care, such as restaurants.</li><li>• The key components include the provision of 24/7 support with some of the support being a minimum 'baseline'</li></ul>
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			<p>level with additional support personalised to individual's requirements.</p> <ul style="list-style-type: none"> <li>• There is interest in identifying whether current sheltered housing units can be suitably adapted to provide extra care housing specifically for people with learning disabilities.</li> </ul> <p>Key messages from older people in Worcestershire:</p> <ul style="list-style-type: none"> <li>• There is a need for 1, 2 and 3 bed apartments within any extra care scheme development.</li> <li>• Schemes need to allow for some apartments that are designed and built to full wheelchair accessibility standards, i.e. suitable for an individual who needs to use a wheelchair to mobilise, including for example people who have been paralysed through accidents or illness.</li> <li>• Some apartments need to</li> </ul>
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			<p>have 2 bathrooms; one suitable for a disabled person who is a full time wheelchair user and one bathroom for a partner/carer.</p> <ul style="list-style-type: none"> <li>• There is a need for mixed tenure extra care developments (as opposed to wholly social rented and wholly private schemes) which provide a mix of options from rented apartments at social rents through to 'shared ownership' and outright (leasehold) ownership units for sale. Within this spectrum of types of accommodation there is a big market for larger apartments and bungalows for some private purchasers.</li> <li>• In relation to the mix of residents and the level of their needs for care, there should be a balance of residents with differing levels of need for care.</li> </ul>
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			<ul style="list-style-type: none"><li>• The availability of a range of facilities within an extra care scheme is one of the 'components' that makes extra care housing an attractive proposition.</li><li>• Extra care schemes need to have sufficient car parking space available in relation to the likely needs of the potential residents. The loss of a car can be the biggest loss of independence and this must be considered as important.</li><li>• The senior community in Worcestershire need to be informed about extra care and the many benefits arising. Many people have no knowledge of extra care and its usage. Extra care needs to be publicised in community and Local Authority newsletters.</li><li>• The people who are the 'target market' for extra care housing schemes need to be made aware of the full up-front and on-going costs. Specifically this will need to</li></ul>
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			<p>cover purchase costs, service charges, personal apartment heating and lighting costs, ground rent, car parking/storage, costs of storage facility, and the cost of care (even if an individual does not currently need or have a significant need for care). Potential residents need to be able to understand and plan for the future costs of care and a point at which they may 'run out' of private means to fund their own care and may become eligible for state funded care</p> <ul style="list-style-type: none"> <li>• Providers of extra care housing need to address any inequality or variations in service charges that are levied on residents who fund their own care and residents who have their care funded by the local authority.</li> <li>• There is a need to ensure that local Councillors are fully supportive of the reasons for needing to develop extra care schemes</li> </ul>
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			and the subsequent delivery of such schemes to ensure there is a range of housing with care options available to older and disabled residents in Worcestershire in the future.
	Do you consider these sources to be sufficient? Y/N	<p><i>If data is insufficient, what will you do to gather the data you need?</i></p> <p>An exhaustive suite of data sources, research and linked strategy references have been used to help in the contribution of this strategy. No further sources are considered required.</p>	N/A
	<p>What further user engagement (if any) do you need to undertake?</p> <p>The County Council's Consultation Strategy will assist you in identifying the appropriate methods to use for your consultation.</p> <p>*Person, group or organisation that has a</p>	<p><i>Further consultation</i></p> <p>Further consultation on this strategy is not required but there will be a series of information sessions to explain the content of the strategy and how the objectives will be achieved:</p>	<p><i>How will you communicate the consultation results;</i></p> <p>N/A</p>

	<p>direct or indirect stake in the policy because it can affect or be affected by the policy's actions or objectives.</p>		
<p>Stage 3</p>	<p>Assessing the equality impact of your policy from evidence gathered.</p> <p>Decision should be based on 4 factors:</p> <ul style="list-style-type: none"> <li>• Aims of the policy</li> <li>• Evidence collected</li> <li>• Results of both formal/informal consultation</li> <li>• Pros and cons of alternative approaches to delivering policy objectives</li> </ul> <p>*See 'what should be done if adverse impact is identified?' to help with your decision.</p>	<p><i>From the information gathered, could the policy unlawfully discriminate or have a less favourable impact?</i></p> <p>We do not anticipate that this strategy will unlawfully discriminate or have negative impacts for groups in society</p> <p><i>If discrimination is unlawful, what will you do?</i></p> <p>We do not anticipate there will be any unlawful discrimination.</p> <p><i>If adverse impact is found to exist, Please describe what this impact is:</i></p> <p>None identified at this stage</p> <p><i>What groups could potentially be disadvantaged?</i></p>	<p><i>If there is adverse impact could it be justified? Y/N</i></p> <p>Do not anticipate that there will be any adverse impacts for groups as a result of this strategy</p> <p><i>If 'yes', what are your reasons and what evidence did you base this decision on?(for example: positive action to target particular parts of community)</i></p> <p>N/A</p> <p><i>If adverse impact cannot be justified, what will you do to rectify the position? (for example - what alternative ways could you achieve the aims of your policy? )</i></p>

		<p><i>Describe the degree of negative impact and the number of people likely to be affected*:</i></p> <p>We do not anticipate there will be any negative impacts.</p>	
		<p><i>Will the policy have any positive impacts for particular groups?</i></p> <p>Yes – the majority of people over 50 years of age in the county who currently have limited access to or awareness of Extra Care housing will have more information to make more informed choices <u>s</u> about meeting their future accommodation needs. This strategy will also ensure that there will also in the future be more Extra Care housing options available for people to have access to if they wish.</p>	
Stage 4	<p>Action Planning and Time Frames</p> <p>Please complete your EIA Action Plan template (Annex E)</p>	<p><i>What equality objectives and targets have you developed?</i></p>	<p><i>Have these objectives/ targets been incorporated into your monitoring and performance management system? Y/N</i></p>

			<p><i>How often will they be monitored and by whom?</i></p> <p><i>Who will sign this off?</i></p>
Stage 5	<p>Publication</p> <p>This is a legal requirement so you <b>MUST</b> send your EIA results for publishing.</p> <p>*This is for accessibility purposes for lengthy EIA's.</p>	<p><i>Have you sent a copy of this assessment to the Corporate Equality and Diversity Team for publication on the website?</i></p> <p><i>Have you logged your EIA onto the Listening to our communities - consultation and community engagement webpage?</i></p>	<p><i>Have you sent a copy of this assessment to your Directorate Equalities Lead? Y/N</i></p> <p><i>Has an executive summary been prepared*?</i></p>
Stage 6	<p>Monitoring and Review</p>	<p><i>How will you monitor/evaluate the policy?</i></p> <p><i>Have you planned policy reviews? If so, how often?</i></p>	<p><i>Who will be responsible for monitoring?</i></p> <p><i>How will you use the monitoring results?</i></p>

Signed (Completing Officer)

Date

Signed (Lead Officer)

Date