

Equalities Comprehensive Impact Assessment v3 - Head of service review

Reference: ECIA584823099

Submitted: 15 February 2024 15:59 PM

Executive summary

Title of policy / decision: Procurement of the on-site care and support services at four existing extra care schemes

Policy / decision type: Cabinet Decision

Overview of policy / decision: Under the Care Act 2014, the Council has a statutory duty to meet eligible needs. Providing access to suitable accommodation with care and support, including extra care schemes, is one way to meet those needs.

Extra Care schemes are defined as accommodation that provides access to 24-hour, 7 day (24/7) on-site support for residents, many of whom, may also have care and support needs met by Adult Social Care as part of our duties under the Care Act 2014.

Extra care schemes are for people who would benefit from a home environment with 24-hour on-site care and support that enables their continued independence. It means living in a safe property, with self-contained apartments in a well-maintained scheme in the heart of the community that is purpose built and tailored to the needs of the residents. Extra care schemes are a relatively small but important part of a wider accommodation pathway of care, support and housing solutions, enabling people to live as independently as possible, playing full and active roles in their local communities.

The Council currently has contracts with the on-site care and support providers at 14 extra care schemes across Essex, at which placements are made by Adult Social Care.

The contracts for the on-site care and support services provided at four of these extra care schemes will expire between October and December 2024. The landlords' have confirmed that they do not want to take on or continue the responsibility of providing the on-site care and support service within these four schemes.

The Cabinet Paper and this Equality Comprehensive Impact Assessment (ECIA) relate to the proposed approach to procure and award contracts to the successful bidder/s for the on-site care and support services within these existing extra care schemes.

All of the schemes are existing schemes and are not new services or developments. The procurement of the care contracts will ensure the continuation of these existing services. There will be no changes to the extra care buildings and the landlords of the buildings are different organisations to the on-site care and support providers, the ECIA has been completed on this basis.

Information on the schemes is as follows:

- Dobsons House is a 30-apartment extra care scheme in Rayleigh. 29 of the apartments have one bedroom and the other two apartments have two bedrooms The Council has nomination rights into all 30 of the apartments within the scheme.
- Canters Meadow is a 30-apartment scheme in Clacton. 29 of the apartments have one bedroom and the other

apartment has two bedrooms. The Council does not currently have a nomination agreement in place with the landlord, but placements are being made by Adult Social Care into the scheme.

- The Cannons is a 38-apartment extra care scheme in Colchester. All the apartments are one-bedroom apartments. The Council does not currently have a nomination agreement in place with the landlord, but placements are being made by Adult Social Care into the scheme.
- Sumners Farm is a 42-apartment extra care scheme in Harlow. All the apartments are one-bedroom apartments. The Council does not currently have a nomination agreement in place with the landlord, but placements are being made by Adult Social Care into the scheme.

What outcome(s) are you hoping to achieve?: Extra care schemes are an important part of a wider accommodation pathway of care, support and housing solutions, enabling independence and positive outcomes for adults. They can, prevent and delay a move into less independent settings such as residential care.

The recommended procurement approach will ensure that the schemes continue as extra care and adults within these schemes continue to receive appropriate on-site care and support services to meet their needs.

The on-site support provided within these extra care schemes ensures a 24/7 on-site presence and a person to call who can respond to any unplanned care needs and/or emergencies, for example if a resident has a fall or is unwell. It includes the provision of personal care, regulated by the Care Quality Commission (CQC) as required, and can be accessed as needed rather than in a scheduled way. This 24/7 on-site support must be in place for a scheme to be designated as extra care, both in Essex and nationally.

It is proposed to undertake a single stage competitive tender, with individual lots for each scheme, to award a five-year contract to the successful bidder/s who achieve the highest overall score using a split and evaluation criteria of: 60% price, 40% quality, with 10% of the quality score assessing social value and climate. It is intended that the on-site care and support contracts at each scheme will commence between October and December 2024.

The Council will block fund 84 hours per week at each scheme, with no adults living in the extra care schemes being asked to contribute towards the cost of this, as it falls outside of Adult Social Care charging arrangements. This will ensure sustainability of the 24/7 on-site support and equity in the approach to funding this across all 14 schemes in Essex. The funding approach for the 24/7 on-site support service will ensure that, at any one time, there is at least one member of staff awake on-site and one member of staff local to the scheme on-call. The landlords and current on-site care and support providers at each of the schemes have confirmed that this level of support will be sufficient to meet unplanned care needs and emergencies within the schemes. This level of support is also consistent with the approach taken in other extra care schemes across the country.

The contractual arrangements for the provision of on-site care and support services across the schemes will not tie the Council or residents into having to purchase planned personal care from the on-site care and support provider. Residents and the Council will be able to choose another care provider or carer to provide their planned personal care as required.

All planned personal care hours provided to residents in the schemes, irrespective of who provides this care, will be assessed, and charged for in the usual way by the Council, following Adult Social Care charging policy. Individual arrangements will be set out in an adult's support plan in line with their assessed needs in the usual way.

Increased flexibility in the suitability criteria has also been implemented across all extra care schemes in Essex, in terms of both the care needs and the age of prospective residents, including adults with disabilities, who may be under or over 55, where extra care is deemed suitable to meet need. This is a positive progression of the extra care model in Essex and means that a more diverse range of adults can benefit from living within an extra care scheme. This approach will continue to be promoted in these schemes over the life of the contract.

During 2022 extensive work was completed to better understand potential demand for extra care schemes for adults who have their personal care through Adult Social Care. This demand data (November 2022) for the four local authority housing areas that the schemes are within is shown below for wider context. This demand data

shows that there is a good potential demand for each of the schemes, with the ageing population this potential demand is likely to continue to increase over time.

- Colchester – 377 adults have high, medium or standard suitability for extra care. With 133 adults with no suitability. 510 adults in total.
- Harlow – 363 adults have high, medium or standard suitability for extra care. With 26 adults with no suitability. 389 adults in total.
- Rochford – 161 adults have high, medium or standard suitability for extra care. With 202 adults with no suitability. 363 adults in total.
- Tendring – 505 adults have high, medium or standard suitability for extra care. With 269 adults with no suitability. 774 adults in total.

Demand is based on:

All domiciliary care service users known to ASC who are:

- Aged 45 and over
- From Older People, Learning Disability & Autism and Physical and sensory impairment cohorts

And who have a high, medium, standard number of suitability factors for extra-care. Suitability factors are based on characteristics of existing extra-care occupants, including:

- Living alone
- Poor health and/or limiting illness
- Deprivation and poor-quality housing, including renting property, low energy efficient housing, older property

Please note, this does not mean that people without these suitability factors cannot move into extra care schemes as they can do, it just means that people with these suitability factors may be more likely to consider moving into a scheme.

Suitability is a sliding scale, with high suitability including households that have/are likely to have all of the characteristics and medium suitability will have almost all the characteristics and those with standard suitability slightly fewer factors. We also measure those with no suitability for context and because they may still choose to move into extra-care housing if the accommodation meets their care and support needs. Likewise, adults deemed to have a high, medium or standard suitability may not want to move into an extra care scheme, personal preference and the choice of the adult will ultimately be the deciding factor.

Executive Director responsible for policy / decision: Nick Presmeg (Adult Social Care)

Cabinet Member responsible for policy / decision: Cllr John Spence (Health, Adult Social Care and ICS Integration)

Is this a new policy / decision or a change to an existing one?: New policy / decision

How will the impact of the policy / decision be monitored and evaluated?: The impact of the procurement of the on-site care and support contracts will be monitored and evaluated through the following:

1. Through the procurement approach

To ensure the right providers are chosen to deliver the on-site care and support services at each of the schemes the quality criteria that will be evaluated will be based on a set of technical questions. These questions focus on bidders proposed service model for the delivery of the on-site care and support service within the scheme, including ability to meet a range of care and support needs and providing enablement focussed care and support, mobilisation of the contract, the promotion of social inclusion, innovative practice, and use of technology. We will also ensure that bidders will engage residents at the scheme in how the service is mobilised to ensure their views are considered and acted upon. For each of the technical questions, minimum quality criteria must be met. Bids below these quality criteria will fail and be discounted.

There will also be a minimum standard requiring bidders to evidence previous experience of extra care or a

similar provision and must be registered with the CQC. Any bidder that cannot evidence this will fail and be discounted.

Through the tender process we will ensure that bidders have up to date equality and diversity policies and procedures and that there is the correct training in place for staff as well as asking the following question: "In the last three years, has your organisation had a complaint upheld following an investigation by the Equality and Human Rights Commission or its predecessors (or a comparable body in any jurisdiction other than the UK), on grounds or alleged unlawful discrimination?" This will be a pass/fail question.

The service providers must be able to provide the right care and support to meet a range of needs, so schemes provide a home for life as far as is practically possible, supporting residents as their needs change. Bidder responses to the relevant technical quality tender questions will ensure that the service provided is on this basis and that staff have the correct training, support, access to resources, including access to 'champions' within the organisation such equality and diversity, dementia champions as well as being able to signpost to and access specialist support from recognised organisations to be able to effectively support residents with a range of needs.

2. Through contract management

As part of the contract management the service specification and performance standards contained within the care and support contract documents, provides details of the requirements that need to be met by the on-site care and support providers. The service specification and performance standards require that the on-site care and support providers, as a minimum, continue to meet the Council's quality standards, adhere to the CQC regulatory standards and adhere to the service delivery model for extra care. Also included are Key Performance Indicators and Management Information for the Provider to report on and for the Council to monitor.

In 2019, Healthwatch Essex engaged with a total of 188 people across 13 Extra Care schemes, which included each of these schemes. The aim of this engagement was to understand what was working well and what could be improved with the extra care approach in Essex to improve the lived experience for residents and for staff working within extra care schemes. Several recommendations were made. These recommendations ranged from; having a linked social worker associated to a scheme to help the referral process, to developing joint and consistent approaches to activities provided within schemes. These recommendations are all reflected in the current extra care service specification that the on-site care and support providers must adhere to, the nomination panel approach for each scheme and have also been used in developing the tender questions and evaluation criteria.

The service specification also makes it clear that the eligibility criteria for the service, the care and support provided, and the general ethos of the scheme must be inclusive for all, and that adults should not be excluded from the service based on their diagnosis or impairment. The on-site care and support providers must accept adults with a range of needs including adults living with; sensory impairments, learning disabilities, autism, dementia and mental health issues where extra care is deemed to be the most appropriate service to meet their need.

3. Through data collection and nomination panels

We recognise the need for accurate and disaggregated data to inform our decisions and during 2022 the Council's Independent Living team developed a nominations and voids dashboard to collect data from the 14 extra care schemes, including these schemes. These dashboards are regularly reviewed by the Independent Living Team to ensure that the quantitative data collected helps identify trends for schemes.

The scheme data is obtained from Mosaic as well as collected by the nomination panels and the scheme landlords and submitted to the Council on a regular basis. The data includes nominations into extra care schemes, the occupancy of schemes and profile of residents in the schemes including age, gender, primary support reason as well as the end of tenancy data and where people moved onto. The data helps us to understand how schemes are operating and to identify trends for new initiatives to be introduced and/or piloted within schemes. For example, the data is helping us to monitor the impact of schemes being more flexible in terms of adults that can be considered for a move into extra care.

There is a nomination panel, coordinated by the Council, in place for each of the schemes. The nomination panel ensures timely and efficient identification and processing of nominations for each scheme, ensuring all adults have care and support needs that can be met through a move into extra care. There is consistently good utilisation at all four schemes, driven by the creation of the nomination panels, with currently an average utilisation of 94%. The nomination panel includes members from the Council's Independent Living Team and Adult Social Care, the Local Housing Authority, landlord and on-site care and support provider. Panel members work together to collectively agree the suitability of all nominations on a case-by-case basis; prioritising those most in need, most likely to benefit and to ensure obligations to vulnerable groups are met. Moreover, it provides a platform for any member of the panel to discuss any successes or concerns in relation to the scheme; allowing the group to share information or resolve problems in a multidisciplinary fashion. Through the nomination panel robust information on nominations is collated, helping to improve the data and evidence base that we have for all 14 extra care schemes, including these schemes.

Will this policy / decision impact on:

Service users: Yes

Employees: No

Wider community or groups of people: No

What strategic priorities will this policy / decision support?: Health, Independence and Wellbeing for All Ages

Which strategic priorities does this support? - Health: Healthy lifestyles, Promoting independence, Carers

What geographical areas of Essex will the policy / decision affect?: Colchester, Harlow, Rochford, Tendring

Digital accessibility

Is the new or revised policy linked to a digital service (website, system or application)?: No

Equalities - Groups with protected characteristics

Age

Nature of impact: Positive

Extent of impact: High

Disability - learning disability

Nature of impact: Positive

Extent of impact: Medium

Disability - mental health issues

Nature of impact: Positive

Extent of impact: Low

Disability - physical impairment

Nature of impact: Positive

Extent of impact: Medium

Disability - sensory impairment

Nature of impact: Positive

Extent of impact: Medium

Sex

Nature of impact: Positive

Extent of impact: Low

Gender reassignment

Nature of impact: None

Marriage / civil partnership

Nature of impact: None

Pregnancy / maternity

Nature of impact: None

Race

Nature of impact: None

Religion / belief

Nature of impact: None

Sexual orientation

Nature of impact: None

Rationale for assessment, including data used to assess the impact: Across all of the four schemes the Council can nominate into 140 apartments. The current occupancy levels are at 94% across all of the schemes.

Mosaic data shows that there are currently 93 residents living in the four schemes who have chosen to source their personal care through the Council. The other residents at the schemes will have chosen to source their own personal care to meet their needs, which could include both formal and informal care arrangements. This data shows the following age ranges for the 93 residents within the four schemes:

- < 54 years = 2%
- 55 – 64 = 23%
- 65 – 74 = 30%
- 75 – 84 = 22%
- 85+ = 21%

This data shows, that as expected most residents are over the age of 65, as schemes are primarily for adults over the age of 55. This data shows that the procurement and continuation of the on-site care and support service will have a positive impact on age. Due to the increased flexibility of the schemes 2% of residents are under the age of 55, which is a positive progression on who can be considered for a move into an extra care scheme.

This same data set shows that 56% of residents are female with the remaining 44% male; this is in line with the national trend of women living longer than men and may also show that more women are choosing to move into an extra care scheme than men or choosing to have their personal care sourced through the Council. Therefore,

this shows that the procurement of these four schemes will have an indirect positive impact on women even though the schemes are for both men and women.

The same data set shows that 66% of the 93 residents have a primary support reason of being an older adult, 10% learning disability or autism, 22% physical and/or sensory impairment and the remaining 2% mental health needs. This data also shows the positive progression of schemes and reflects the requirement that schemes must accept adults with a range of needs including adults living with; sensory impairments, learning disabilities, autism, dementia and mental health needs where extra care is deemed to be the most appropriate service to meet their need. This data shows that the procurement and continuation of the on-site care and support service will have a positive impact on both age and disability. Medium impact has been selected for disability as it is likely that most residents who choose to source their own care have a primary support need of older adult rather than disability, so overall the majority of residents within the schemes will have a primary support need of being an older adult.

Some characteristics in the impact grid have been marked as 'none' because schemes do not collect or report on this data and we do not readily have the data available on the additional protected characteristics. Therefore, there is no data available to indicate additional positive or negative impacts specifically in relation to those protected characteristics. However, the procurement process is structured in a way that ensures and promotes good practice in terms of equality, diversity, and inclusion overall.

With regard to the collection of additional data on protected characteristics, we recognise that this would be beneficial in monitoring trends and identifying any potential or unintended equality impacts. However, this needs to be balanced with being proportionate in the data that we request from schemes and the amount of time that it takes providers to collect and provide this data. Lengthy data requirements will increase the administration and time taken to provide this information and could incur higher contract rates for the Council. It may also have the unintended result of no data being provided by the schemes if it is felt to be too time intensive. We must also be mindful that when assessing the processing of personal data, proportionality requires that only the personal data which is adequate and relevant is collected and processed.

What actions have already been taken to mitigate any negative impacts?: N/A

How could you strengthen any positive impact(s)?: Continue to ensure increased flexibility in the suitability criteria for the schemes, in terms of both the care needs and the age of prospective residents, including adults with disabilities, who may be under or over 55, where extra care is deemed suitable to meet need.

Levelling up - Priority areas & cohorts

Children and adults with SEND, learning disabilities or mental health conditions (taking an all-age approach)

Nature of impact: None

Children on Free School Meals

Nature of impact: None

Working families

Nature of impact: None

Young adults (16-25 who have not been in education, training or employment for around 6-12 months)

Nature of impact: None

Residents of Harlow

Nature of impact: Positive

Extent of impact: Low

Residents of Jaywick and Clacton

Nature of impact: Positive

Extent of impact: Low

Residents of Harwich

Nature of impact: None

Residents of Basildon (Town) housing estates

Nature of impact: None

Residents of Canvey Island

Nature of impact: None

Residents of Colchester (Town) - Housing Estates

Nature of impact: Positive

Extent of impact: Low

Residents of Rural North of the Braintree District

Nature of impact: None

Rationale for assessment, including data used to assess the impact: The extra care schemes are in the priority areas of Clacton, Harlow and Colchester Town, where positive impact has been selected. The schemes are all affordable rent schemes so enable people on lower incomes who have care and support needs to be able to access an alternative option to residential care or sheltered housing to meet their housing and care and support needs. To be considered for the schemes people must have a local connection to the local housing authority area that the scheme is in, ensuring people from the local community are prioritised and able to benefit from the scheme. Local connection includes the person either living in or having family members in the local housing authority area, enabling people to move closer to family if they would like to. The Local Housing Authority is responsible for determining what evidence is required to prove local connection, this can vary across the Authorities.

Low has been selected for the extent of impact as the size of the schemes, 140 apartments, and the average length, of stay of 3 years 7 months, mean that a small proportion of the overall population who are aged primarily over 55 (adults under 55 can be considered on a case by case basis when extra care is suitable to meet their needs) in the priority areas are able to benefit from the schemes at any one time.

What actions have already been taken to mitigate any negative impacts?: N/A

How could you strengthen any positive impact(s)?: Ensure that the nomination criteria into the schemes continues enabling people local to the schemes or with family members local to the schemes and in the priority areas to benefit where they have care and support needs that can be met within an extra care setting.

Equalities - Inclusion health groups and other priority groups

Refugees / asylum seekers

Nature of impact: None

Homeless / rough sleepers

Nature of impact: None

People who experience drug and alcohol dependence

Nature of impact: None

Offenders / ex-offenders

Nature of impact: None

Victims of modern slavery

Nature of impact: None

Carers

Nature of impact: Positive

Extent of impact: Medium

Looked after children / care leavers

Nature of impact: None

The armed forces community (serving personnel and their families, veterans, reservists and cadets)

Nature of impact: None

People who are unemployed / economically inactive

Nature of impact: None

People on low income

Nature of impact: Positive

Extent of impact: Medium

Sex workers

Nature of impact: None

Ethnic minorities

Nature of impact: None

Gypsy, Roma, and Traveller communities

Nature of impact: None

People with multiple complex needs or multi-morbidities

Nature of impact: None

Rationale for assessment, including data used to assess the impact: The extra care schemes and the on-site care and support services do not specifically target most of the health and other priority groups listed in this section. The schemes do not collect this level of data, whilst this level of data would be helpful to know we need to balance this with ensuring the data we request is proportionate and can be readily collated. So, we are unable to understand the profile in this way. Therefore 'none' has been selected in terms of impact for most of the groups listed. However, there may be Essex residents from these health and other priority groups who could/have moved into one of the four extra care schemes and would benefit from the procured on-site care and support services.

We do know that the four extra care schemes have rent levels that are affordable and are classed as social housing, benefiting adults on a low income, including those on welfare benefits. Welfare benefits (housing benefit) are available to support adults on a low income with their housing costs but this type of support with housing costs is not available and/or will not cover the cost for other forms of accommodation with 24/7 on-site support. It means that the four schemes can be less costly and more affordable than other types of accommodation with 24/7 on-site support. We have assessed the procurement as having a positive-medium impact as the impact will vary depending on the personal circumstances of the adults.

We also know that the extra care schemes, particularly the newer schemes are likely to be more energy efficient than an adult's previous home (which may also have been a larger family house), this means that adults are likely to have lower energy bills which helps to make the schemes a more affordable option than remaining in their previous home.

For carers we have also assessed the procurement of the on-site care and support service as having a positive-medium impact, again the impact will vary depending on the personal circumstances of the adults. The scheme and procured services could allow a family member or friend being cared for to live more independently and have a better quality of life. This could take significant pressure away from an informal carer knowing that their loved one is being safely cared for and supported. The apartments also mean that couples can continue living together when one or both have care and support needs, unlike in residential care where only the adult with care and support needs moves into the care home.

We also know anecdotally that adults who have/do misuse drugs or alcohol have moved and could move into extra care schemes where it has been deemed that extra care would be suitable to meet their needs. This is normally a very small proportion of adults therefore none has still been selected for nature of impact.

What actions have already been taken to mitigate any negative impacts?: N/A

How could you strengthen any positive impact(s)?: Continue to ensure that schemes have rent levels that are affordable.

Equalities - Geographical Groups

People living in areas of high deprivation

Nature of impact: None

People living in rural or isolated areas

Nature of impact: None

People living in coastal areas

Nature of impact: None

People living in urban areas

Nature of impact: None

Rationale for assessment, including data used to assess the impact: The extra care schemes and the on-

site care and support services do not specifically target the geographical groups listed in this section. The schemes do not collect this level of data, whilst this level of data would be helpful to know we need to balance this with ensuring the data we request is proportionate and can be readily collated. So, we are unable to understand the profile in this way. Therefore 'none' has been selected in terms of impact. However, there may be Essex residents from these geographical groups who could/have moved into one of the extra care schemes and would benefit from the procured on-site care and support services.

What actions have already been taken to mitigate any negative impacts?: N/A

Families

Family formation (e.g. to become or live as a couple, the ability to live with or apart from children)

Nature of impact: Positive

Extent of impact: Medium

Families going through key transitions e.g. becoming parents, getting married, fostering or adopting, bereavement, redundancy, new caring responsibilities, onset of a long-term health condition

Nature of impact: Positive

Extent of impact: Medium

Family members' ability to play a full role in family life, including with respect to parenting and other caring responsibilities

Nature of impact: Positive

Extent of impact: Medium

Families before, during and after couple separation

Nature of impact: None

Families most at risk of deterioration of relationship quality and breakdown

Nature of impact: None

Rationale for assessment, including data used to assess the impact: Residents living in an extra care scheme can be part of community in purpose-built accommodation, with a range of communal facilities, social activities, safety and security features and access to 24/7 on-site support which can provide reassurance for partners and their families, supporting them with new or continued caring responsibilities. Another key benefit of extra care is that couples, where one or both have care needs, can continue living together with the option of living in either a one or two bedroomed apartment.

We do not currently collect data on the number of couples living at each scheme, but anecdotally we know that couples do choose extra care as an alternative to a move into a care home, for example, as it means they can continue living together. We will explore the benefits of collecting data on the number of couples and single people at each scheme, versus the time taken to ensure that we continue to ask for proportionate data from the nomination panels and scheme landlords.

What actions have already been taken to mitigate any negative impacts?: N/A

How could you strengthen any positive impact(s)?: Continue to ensure that couples are able to move into schemes.

Crime & Disorder

Crime and disorder

Nature of impact: None

The misuse of drugs, alcohol and other substances

Nature of impact: None

Re-offending

Nature of impact: None

Serious violence

Nature of impact: None

Rationale for assessment, including data used to assess the impact:

The extra care schemes and the on-site care and support services do not specifically target the areas listed in this section. The schemes do not collect this level of data, whilst this level of data would be helpful to know we need to balance this with ensuring the data we request is proportionate and can be readily collated. So, we are unable to understand the profile in this way. Therefore 'none' has been selected in terms of impact.

We know anecdotally that adults who have/do misuse drugs or alcohol have moved and could move into extra care schemes where it has been deemed that extra care would be suitable to meet their needs. This is normally a very small proportion of adults therefore none has still been selected for nature of impact.

(If negative impact assessed) What actions will be undertaken to mitigate negative impacts, including timescales:

What actions have already been taken to mitigate any negative impacts?:

N/A

How could you strengthen any positive impact(s)?:

Climate

Does your decision / policy involve development or re-development of buildings or infrastructure?: No

Does your decision / policy take place in, or make use of, existing buildings or infrastructure?: Yes

The use of existing buildings will always have a climate impact because it requires energy consumption.

Please outline how you will mitigate against this impact: The procurement is to select a provider to deliver the on-site care and support service within an existing building. The landlord of the building is a different organisation that ECC does not have a direct contractual relationship with for the building provision. There is however an extra care landlord expectations document that sets out the requirement for landlords to have an environmental energy plan to ensure that the impact of the building and its operations are well managed and that initiatives to reduce the impact on the environment and improve cost effectiveness are developed where required.

Does your decision / policy involve elements connected to transport, travel or vehicles? This includes travel needs / requirements of both service users and staff (including staff you're planning to recruit): Yes

Where are staff or service users coming from and how are they travelling?: A defining feature of Extra Care schemes is the 24/7 on-site support. This on-site care and support provider can also provide planned personal care to residents who choose to receive their personal care from it (this is not mandatory and is according to personal choice). Where residents choose to use the on-site care provider, carers are based on-site and can walk from one resident's apartment to another, eliminating any travel time and CO2 emissions.

Schemes are built near to key public transport and active travel routes to assist residents to support them access to their local communities. This also gives the opportunity for carers to use public transport to travel to and from work. We also know that anecdotally the majority of carers employed by the on-site care and support providers live locally to the schemes, some of whom do not drive and use public transport or active travel options to get to work.

If car travel is unavoidable, are you specifying electric cars and vehicles?: No

What is your transition plan to introduce electric vehicles?: N/A - carers based on-site with minimal travel.

Are you undertaking a procurement exercise?: Yes

Please confirm for purchase over £100k that you have a carbon reduction plan as part of your procurement: Yes

Please list which climate TOMS (Themes, outcomes & measures) you have included in your procurement and the weighting these have been given: There are 9 climate measures which will be included in the tender:

- Savings in CO2e emissions on contract achieved through de-carbonisation (i.e. a reduction of the carbon intensity of processes and operations, specify how these are to be achieved) against a specific benchmark
- Car miles saved on the project as a result of a green transport programme or equivalent (e.g. cycle to work programmes, public transport or car pooling programmes, etc.)
- Total volume of reduced plastics against a relevant benchmark
- Activities to influence staff, suppliers, customers and communities to support environmental protection and improvement
- Support provided internally and to MSMEs and VCSEs within the supply chain to adopt Circular Economy solutions - business case and leadership for circular economy
- Hard to recycle waste diverted from landfill or incineration through specific recycling partnerships (e.g. Terracycle or equivalent)
- Reduce waste through reuse of products and materials
- Support for suppliers to demonstrate climate change and carbon reduction training for all staff - e.g. SDGs Academy courses, Supply Chain Sustainability School bronze or higher or equivalent
- Fleet emissions monitoring programme on the contract, including data collection (miles, type of vehicle, engine type, emission standard)

The target with all 49 measures (including climate) is £0.25p in every £1 spend. The Bidder Guidance includes wording based on this target.

Does your decision / policy involve the purchase of goods or materials?: No

Will any waste be generated by this decision? This includes waste from construction, waste generated by service users / staff, and waste generated by replacing existing products / materials with new: No

Nature of impact

Built Environment / Energy: None

Sustainable Transport / Travel: None

Waste: None

Rationale for assessment, including data used to assess the impact: All four schemes are existing schemes and are not new services or developments. The procurement of the care contracts will ensure the continuation of these existing services and there will be no changes to the extra care buildings because of this procurement. However, we know that the extra care schemes, particularly the newer schemes are likely to be more energy efficient than an adult's previous home (which may also be a larger family house), this means that adults moving into one of the extra care schemes are likely to have a lower energy consumption than if they remained in their previous home.

What actions have already been taken to mitigate any negative impacts?: N/A

Action plan to address and monitor adverse impacts

Does your ECIA indicate that the policy or decision would have a medium or high adverse impact on one or more of the groups / areas identified?: No

Details of person completing the form

I confirm that this has been completed based on the best information available and in following ECC guidance: I confirm that this has been completed based on the best information available and in following ECC guidance

Date ECIA completed: 13/02/2024

Name of person completing the ECIA: Jo Grainger

Email address of person completing the ECIA: jo.grainger@essex.gov.uk

Your function: Adult Social Care

Your service area: Adult Social Care Commissioning

Your team: Older People Commissioning Team

Are you submitting this ECIA on behalf of another function, service area or team?: No

Email address of Head of Service: matthew.barnett@essex.gov.uk