Executive Summary

Title of policy/decision:

Re-procurement of the on-site care and support services at four extra care schemes

Date

Enter date submitted to Equalities & Partnerships Team 7 March 2023

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, seven 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.

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 and agreements for the on-site care and support services provided at four of these extra care schemes will expire in September 2023. 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 the schemes.

The Cabinet Paper and this Equality Comprehensive Impact Assessment (ECIA) relate to the proposed approach to re-procure and award contracts to the successful bidder/s for the on-site care and support services within these four existing extra care schemes. As well as how the 24/7 on-site support will be funded.

All four schemes are existing schemes and are not new services or developments. The re-procurement of the care contracts will ensure the continuation of these existing services and there will be no changes to the extra care buildings, the ECIA has been completed on this basis.

Information on the four schemes is as follows:

Cornell Court is a 73-apartment scheme in Saffron Walden. The Council has nomination rights into the 40 extra care apartments within the scheme, these are a mixture of oneand two-bedroom apartments. The remaining 33 apartments within the scheme are sheltered housing. All 73 apartments are provided by the same landlord.

Poplar House is a 65-unit extra care scheme in Basildon. The Council has nomination rights into 50 of the apartments within the scheme, 11 of these have two bedrooms. The remaining 15 apartments are shared ownership. Adults within these shared ownership apartments may also have assessed eligible care and support needs.

Freeman Court is a 65-apartment extra care scheme in Chelmsford. The Council has nomination rights into all 65 of the units within the scheme, 19 of these have two bedrooms.

Montbazon Court is a 26-apartment extra care scheme in Brentwood. The Council does not currently have a nomination agreement in place with the landlord but placements into the scheme are being made by Adult Social Care in the same way as the other three schemes. 10 of the apartments have two bedrooms.

What outcomes is the policy/decision hoping to achieve

Describe what difference the decision will make on people, communities, localities.

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

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 in September 2023.

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 four schemes over the life of the contract.

The Council is also using this opportunity to address longstanding inconsistencies in funding arrangements for the 24/7 on-site support that have arising from the ad hoc development of schemes over many years. It is proposed that the Council will block fund 84 hours per week at each scheme, with no adults living in the four 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. The Council will ensure that no residents are disadvantaged as part of this process.

The contractual arrangements for the provision of on-site care and support services across the four 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.

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 all four schemes, with the ageing population this potential demand is likely to continue to increase over time.

			Suitability		
District	High	Medium	Standard	None	Total
Chelmsford	150	110	190	200	650
Basildon	183	400	99	154	836
Brentwood	53	58	69	130	310
Uttlesford	47	16	141	44	248

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

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

Delete as applicable

Nick Presmeg (Adult Social Care)

Cabinet Member responsible for policy/decision

Delete as applicable

Cllr John Spence (Health and Adult Social Care)

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

Delete as applicable

Yes

How will the impact of the policy/decision be monitored and evaluated?

Factors to consider include the systems set up to monitor any resulting Impact; timetable for action; how the findings will influence policy, practice and delivery.

The impact of the re-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 the four 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 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 needed by the on-site care and support providers for the four schemes. These standards detail the minimum set of criteria that is needed to meet the Council's quality 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 three of the four schemes (Cornell Court did not open until 2020 after the engagement was completed). 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 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 ECC's Independent Living team have developed a nominations and voids dashboard to start collecting data from the 14 extra care schemes, including these four schemes. These dashboards will be regularly reviewed by the Independent Living Team to ensure that the quantitative data collected helps identify trends for schemes.

Nominations into extra care schemes, the occupancy of schemes and the end of tenancy data are all now in the process of being collected and monitored on a regular basis. The data will help 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.

The intention is for there to be a nomination panel in place for each of the 14 extra care schemes by the end of March 2023. 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; each panel is coordinated by the most appropriate member to do so. 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 will be collated, going forward this will help to improve the data and evidence base that we have for all 14 extra care schemes, including these four schemes.

Will this policy/decision impact	on:	Yes	No	
Tick as appropriate				
Service Users		V		
Employees			V	
Wider community or groups of u	sers		V	
What strategic priorities will this	s policy/decision	support?		
Delete as applicable				
Strong, inclusive and sustainable	economy / High	quality of life and envir	onment / Healt	h, well-being
and independence for all ages				
What geographical areas of Esse	x will the policy	decision affect?		
Tick as appropriate				
All Essex		Epping Forest		
Basildon	V	Harlow		
Braintree		Maldon		
Brentwood	V	Rochford		
Castle Point		Tendring		
Chelmsford	V	Uttlesford		V

Equalities - Groups With Protected Characteristics

For more information on protected characteristics <u>https://www.equalityhumanrights.com/en/equality-</u>act/protected-characteristics

Nature of impact

Select whether the policy / decision will have a positive or negative impact, or if there is no expected impact

Characteristic	Positive	Negative	None
Age	v		
Disability (including learning disability, mental health issues, physical impairment and sensory impairment)	v		
Gender reassignment			٧
Marriage / Civil Partnership			٧
Pregnancy / maternity			V
Race			٧
Religion / belief			V
Sex	V		
Sexual orientation			٧
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Extent of impact

Select whether the extent of impact of the policy / decision will be high, medium or low e.g.

- Scale of the activity - does it affect a large number of the population?

- Scale of the impact - does it affect people in one or more important aspects of their lives?

- Severity of the impact (even if it affects only a small number of people) - can it put some people in the community at a severe disadvantage?

If no impact identified above, select N/A for that characteristic.

Characteristic	High	Medium	Low	N/A
Age	V			
Disability (including learning disability, mental health issues, physical impairment and sensory impairment)		v		
Gender reassignment				V
Marriage / Civil Partnership				V
Pregnancy / maternity				٧
Race				V
Religion / belief				٧
Sex			V	
Sexual orientation				٧

Rationale for assessment, including data used to assess the impact

Outline how the assessments relating to impact were made. Describe the approach to the consultation and research: the methods used; who was consulted, why and how; and sources of data/evidence collected. What does the data tell you?

Across the four schemes Essex has nomination rights into 181 apartments, current occupancy levels are at 91% across the four schemes.

Mosaic data shows that there are currently 100 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 100 residents within the four schemes:

• < 54 years 12%

- 55 64 = 23%
- 65 74 = 20%
- 75 84 = 26%
- 85+ =19%

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 re-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 12% 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 61% of residents are female with the remaining 39% 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 re-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 52% of the 100 residents have a primary support reason of being an older adult, 29% learning disability or autism, 18% physical and/or sensory impairment and the remaining 1% 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 reprocurement 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.

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

If any negative impacts have been identified, it is important to outline the steps that been have put in place to mitigate against these impacts. If no mitigation is practicable and the changed policy /decision will inevitably affect some group(s) more than the population in general, you must seek advice on the legality of the change.

N/A

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

Levelling Up - Priority Areas & Cohorts

For more information on Levelling Up Plans and strategies <u>click here</u>.

Nature of impact

Select whether the policy / decision will have a positive or negative impact, or if there is no expected impact

input	r	1	
Cohort / Area	Positive	Negative	None
Children and adults with SEND, learning disabilities or mental			-1
health conditions (taking an all-age approach)			v
Children on Free School Meals			V
Working families			٧
Young adults (16-25 who have not been in education, training or			-1
employment for around 6-12 months			v
Harlow			V
Jaywick and Clacton			V
Harwich			٧
Basildon (Town) housing estates			٧
Canvey Island			٧
Colchester (Town) - Housing Estates			٧
Rural North of the Braintree District			٧

Extent of impact

Select whether the extent of impact of the policy / decision will be high, medium or low e.g.

- Scale of the activity - does it affect a large number of the population?

- Scale of the impact - does it affect people in one or more important aspects of their lives?

- Severity of the impact (even if it affects only a small number of people) - can it put some people in the community at a severe disadvantage?

If no impact identified above, select N/A.

Cohort / Area	High	Medium	Low	N/A
Children and adults with SEND, learning disabilities or				-/
mental health conditions (taking an all-age approach)				V
Children on Free School Meals				V
Working families				V
Young adults (16-25 who have not been in education,				-/
training or employment for around 6-12 months				V
Harlow				V
Jaywick and Clacton				V
Harwich				V
Basildon (Town) housing estates				V
Canvey Island				V
Colchester (Town) - Housing Estates				V
Rural North of the Braintree District				V

Rationale for assessment, including data used to assess the impact

Outline how the assessments relating to impact were made. Describe the approach to the consultation and research: the methods used; who was consulted, why and how; and sources of data/evidence collected. What does the data tell you?

The extra care schemes and the on-site care and support services do not specifically target the levelling up priority 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. However, there may be Essex residents from some of these levelling up priority areas who could/have moved into one of the four extra care schemes and would benefit from the re-procured on-site care and support services.

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

If any negative impacts have been identified, it is important to outline the steps that been have put in place to mitigate against these impacts. If no mitigation is practicable and the changed policy /decision will inevitably affect some group(s) more than the population in general, you must seek advice on the legality of the change.

N/A

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

Equalities - Inclusion Health Groups and Other Priority Groups

For more information on health inequalities and health inclusion groups

https://www.england.nhs.uk/ltphimenu/definitions-for-health-inequalities/

Nature of impact

Select whether the policy / decision will have a positive or negative impact, or if there is no expected impact

Group	Positive	Negative	None
Refugees / asylum seekers			V
Homeless / rough sleepers			V
Offenders / ex-offenders			V
Carers	v		
Looked after children			V
Veterans			V
People who are unemployed / economically inactive			V
People on low income	٧		V

Extent of impact

Select whether the extent of impact of the policy / decision will be high, medium or low e.g.

- Scale of the activity - does it affect a large number of the population?

- Scale of the impact - does it affect people in one or more important aspects of their lives?

- Severity of the impact (even if it affects only a small number of people) - can it put some people in the community at a severe disadvantage?

If no impact identified above, select N/A.

Group	High	Medium	Low	N/A
Refugees / asylum seekers				V
Homeless / rough sleepers				V
Offenders / ex-offenders				V
Carers		V		
Looked after children				V
Veterans				V
People who are unemployed / economically inactive				V
People on low income		V		

Rationale for assessment, including data used to assess the impact

Outline how the assessments relating to impact were made. Describe the approach to the consultation and research: the methods used; who was consulted, why and how; and sources of data/evidence collected. What does the data tell you?

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 re-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 onsite 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 reprocurement 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 that 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 that remaining in their previous home.

For carers we have also assessed the re-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 re-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.

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

If any negative impacts have been identified, it is important to outline the steps that been have put in place to mitigate against these impacts. If no mitigation is practicable and the changed policy /decision will inevitably affect some group(s) more than the population in general, you must seek advice on the legality of the change.

N/A

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

Equalities - Geographic	cal Grou	ps			
Deprivation: The Index of Multiple Deprivation (IMD) is the			e of re	lative depriv	ation in
England and is part of a suite of outputs that form the Indic				•	
established methodological framework in broadly defining		•			
individual's living conditions. People may be considered to	•		•		-
resources to meet their needs, whereas people can be rega	arded as	deprive	d if the	ey lack any k	ind of
resources, not just income. Across Essex an estimated 123,	640 resid	dents liv	e in th	e most depr	ived
quintile (20%) nationally, equivalent to 8.6% of the total					
population. https://data.essex.gov.uk/dataset/2w89n/indi	ices-of-m	ultiple-	depriv	ation-imd-2	019-full-
report					
Rural/Urban: The Rural-Urban definition (DEFRA) introduce					
of over 10,000 people. Other settlements are defined as on					
or hamlet, and dispersed. https://www.gov.uk/government					
Coastal: ONS provides the following definition: Seaside tow					
associated visitor attractions while the other coastal towns		those to	cused	on other ac	tivities sucr
as being a port town or industrial town. For further information of the second se		(datac)		actaltauracia	anglandan
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Rationale for assessment, including data used to assess the impact

People living in coastal areas

People living in urban or over-populated areas

Outline how the assessments relating to impact were made. Describe the approach to the consultation and research: the methods used; who was consulted, why and how; and sources of data/evidence collected. What does the data tell you? Ensure that reference is made to each protected characteristic [link to data repository]

٧

v

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 four extra care schemes and would benefit from the re-procured on-site care and support services.

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

If any negative impacts have been identified, it is important to outline the steps that been have put in place to mitigate against these impacts. If no mitigation is practicable and the changed policy /decision will inevitably affect some group(s) more than the population in general, you must seek advice on the legality of the change.

N/A

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

Families

Nature of impact

Select whether the policy / decision will have a positive or negative impact, or if there is no expected impact

input			
Group	Positive	Negative	None
Family formation (e.g. becoming or living as a couple, the ability to live with or apart from children)	V		
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)	v		
Family members' ability to play a full role in family life (e.g. fulfilling parenting and other caring responsibilities)	v		
Families before, during and after couple separation			٧
Families most at risk of deterioration of relationship quality and breakdown			٧

Extent of impact

Select whether the extent of impact of the policy / decision will be high, medium or low e.g.

- Scale of the activity - does it affect a large number of the population?

- Scale of the impact - does it affect people in one or more important aspects of their lives?

- Severity of the impact (even if it affects only a small number of people) - can it put some people in the community at a severe disadvantage?

If no impact identified above, select N/A.

Group	High	Medium	Low	N/A
Family formation (e.g. becoming or living as a couple, the ability to live with or apart from children)		v		
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)		٧		
Family members' ability to play a full role in family life (e.g. fulfilling parenting and other caring responsibilities)		v		
Families before, during and after couple separation				V
Families most at risk of deterioration of relationship quality and breakdown				v

Rationale for assessment, including data used to assess the impact

Outline how the assessments relating to impact were made. Describe the approach to the consultation and research: the methods used; who was consulted, why and how; and sources of data/evidence collected. What does the data tell you?

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 self-contained 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.

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

If any negative impacts have been identified, it is important to outline the steps that been have put in place to mitigate against these impacts. If no mitigation is practicable and the changed policy /decision will inevitably affect some group(s) more than the population in general, you must seek advice on the legality of the change.

N/A

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

Digital Accessibility

Accessibility regulations mean public sector organisations have a legal duty to make sure their websites and mobile applications meet accessibility requirements. Further guidance can be found in the council's <u>Digital Accessibility Policy</u>

Is the new or revised policy / decision linked to a digital service (website, system or application)? *Delete as applicable*

No

(If yes) What steps have you taken to meet the accessibility requirements?

Outline the specific actions taken to meet the digital accessibility requirements – for further information visit <u>https://accessibility.campaign.gov.uk/</u> or contact <u>accessibility@essex.gov.uk</u>

N/A

(If yes) How have you tested accessibility?

Outline the actions taken to test accessibility.

N/A

(If yes) How will you monitor and maintain accessibility once it has gone live

Outline how accessibility will be monitored and maintained

N/A

Climate			
For more information on Energy, Climate and the Environment visit			
https://www.essex.gov.uk/topic/energy-climate-environment			
Does your decision/policy involve elements connected to the built	environmer	nt / energy?	
Delete as applicable			
No			
(If yes) Do you know what products, materials, and qualified built	environmen	t professiona	ils you wil
be using?	Yes	No	N/A
Are you maximising the opportunity to source materials locally	163	NO	11/4
and maximise use of sustainable materials such as wood?			V
Are you using a qualified architect/design team/consultant with			
the experience and capability to design and secure planning			-
permission to deliver to the highest carbon zero building			V
standards?			
Are you clear that the builder, sub-contractor is qualified and			
capable of delivering climate resilient buildings (noting risks			v
including subsidence, flooding, overheating), to the highest net			v
zero carbon build quality?			
(If yes) Is your proposed development / building using the best pra	actice guidan	ce and advic	e on desig
quality, climate change and health?	· · · · · · · · · · · · · · · · · · ·		
Addressing the building quality, including addressing climate change		-	
future retrofit costs, it will also reduce the operational running costs and will directly reduce the impact on fuel poverty.	oj your scho	oi, nomes or	DUSITIESS
and win directly reduce the impact on juer poverty.	Mara		
		No	NI/A
Are you using the design quality and advice provided by the Essex	Yes	No	N/A
Are you using the design quality and advice provided by the Essex	Yes	No	N/A V
Design Guide?	Yes	No	
Design Guide? Are you using the Climate Change guidance and advice provide	Yes	No	
Design Guide? Are you using the Climate Change guidance and advice provide by the Essex Design Guide?	Yes	No	v v
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(If yes) Is your development resilient to climate risks including flo		1	1	
	Yes	No	N/A	
Is your site at risk of coastal erosion? Is there a plan in place to				
protect the coastline: if the coastline is being allowed to erode,			V	
this may impact the lifetime of your site?				
Have you reviewed environment agency to ascertain your flood				
risk? Do you need to put in place mitigation such as sustainable			V	
drainage?				
Water is scarce and needs to be absorbed into the land wherever				
possible. Are you prioritising nature based flood risk mitigations			-/	
such as sustainable drainage, water butts, planting and ponds		V		
which protect against water scarcity?				
Are you using external planting, green walls and green roofs to				
insulate the building and provide shading to cut risks of			v	
overheating?				
(If yes) Is your development supporting active travel and minimis	ing pollution) }		
	Yes	No	N/A	
Does your site allow connection to key public transport and	163	140		
Does your site allow connection to key public transport and active travel routes?	v			
Are you using Green Infrastructure to interrupt the pathway of				
carborne pollutants to the public e.g. use of hedges, shrubs and			V	
trees?				
Have you provided space for secure cycle parking, showering,			v	
cycle and walking pathways on site etc?			•	
Does the building have adequate space for recycling and waste			N	
Does the building have adequate space for recycling and waste separation? Does your decision/policy involve designing service provision and	•	nt to minimis	√ se freight ar	
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N/A			
(If yes) Do you know what products or materials you will be using	and whore t	hasa sama fra	m)
Materials and products all have different greenhouse gas impacts i	-		
the environmental performance when taking decisions.		important we	consider
	Yes	No	N/A
Are you maximising the opportunity to source locally?	163	NO	X
			V
Are you specifying goods or materials with a recycled/reused content?			٧
Are you able to utilise repurposed (second-hand) equipment when delivering this decision?			٧
Are the materials being used easy to recycle at the end of their life?			٧
Have you selected materials that minimise environmental			-1
impacts – e.g. minimising one use plastics?			۷
Are you purchasing in bulk to reduce the number of trips?			v
(If yes) How much waste are you expecting this activity to genera	te? Generall	y the more wa	ste
produced the greater the greenhouse gas impact. It is therefore in			
avoid waste when designing services, buying goods and deliverin	g infrastructu	ure.	
	Yes	No	N/A
Are you able to measure the amount of waste being generated			٧
and set targets to reduce?			v
Can the service be operated in a digital way or redesigned to			v
reduce the use of material resources?	-		•
If purchasing goods, are they durable and long lasting, and can			v
they be easily maintained and repaired?			•
Are you able to share goods and service with others to reduce			v
resource use?			
Are you avoiding over-packaged or difficult to recycle goods and			v
single use items? Can you donate or sell materials and products that are no longer			
required?			v
(If yes) Will any waste be generated by this decision?			
Delete as applicable			
N/A			
(If yes) Most of our activities will generate waste so it is importar	nt that this w	aste is manage	d prope
to reduce greenhouse gas emissions. What approaches are in pla		-	
composting of any waste generated by this decision?			0
N/A			
(If yes) Where is waste being treated and disposed of?			
Using local disposal points minimises the transportation of waste w	which is likely	to reduce GHG	emissior
N/A			
Nature of impact			
Select whether the policy / decision will have a positive or negative	e impact, or if	there is no exp	ected
	Positive	Negative	None
impact			
impact Group			v
impact Group Built Environment / Energy Sustainable Transport / Travel			√ √

Group	High	Medium	Low	N/A	
Built Environment / Energy				٧	
Sustainable Transport / Travel				V	
Waste				V	
Rationale for assessment, including data used to assess th	e impact				
Outline how the assessments relating to impact were made. Describe the approach to the consultation					
and research: the methods used; who was consulted, why a	nd how; and	d sources of a	lata/evider	се	
collected. What does the data tell you?		-			
re-procurement of the care contracts will ensure th services and there will be no changes to the extra procurement. However, we know that the extra ca schemes are likely to be more energy efficient tha also be a larger family house), this means that adu schemes are likely to have a lower energy consun previous home.	care build re scheme t an adult' ults movin nption thai	lings becau es, particula s previous g into one o n if they rer	use of this arly the no home (wh of the ext mained in	s re- ewer nich may ra care their	
(If negative impact assessed) What actions will be underta	ken to miti	gate negative	e impacts, i	ncluding	
timescales					
If any negative impacts have been identified, it is important to outline the steps that been have put in					
place to mitigate against these impacts. If no mitigation is practicable and the changed policy /decision will inevitably affect some group(s) more than the population in general, you must seek advice on the					
legality of the change.	ni ni yeneru	i, you must si		Un the	
N/A					
What actions have already been taken to mitigate any neg	ativo impar	+67			
			dertaken ta	address	
For certain decisions, activity will have been taken prior to this assessment being undertaken to addr any immediate issues. It's important to capture all actions taken to mitigate negative impacts.		4441233			
		gute negutiv	e inipuets.		

N/A

Sign Off					
ECIA Author					
Name	Jane Black				
Job Title	Senior Commissioning Officer				
Team	Older People Commissioning Team				
Function	Adult Social Care				
Delete as applicable					
ECIA Approver					
The ECIA approver needs to be a different person to the CIA author, ideally someone in a more senior					
position					
Name	Matthew Barnett				
Job Title	Head of Strategic Commissioning and Policy				
Team	Older People Commissioning Team				
Function	Adult Social Care				
Delete as applicable					