

KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)
This document is available in other formats, Please contact
Jennie.kennedy@Kent.gov.uk or telephone on 01622 694260

You need to start your Equality Analysis and data collection when you start to create or change any policy, procedure project or service

When developing high-level strategies under which other policies will sit, if those policies are jointly owned by KCC and partner organisations, they will need to take the partnership approach to EqIAs.

Directorate: Social Care, Health and Wellbeing - KCC

Name of policy, procedure, project or service

Kent County Council Accommodation Strategy

What is being assessed?

The Accommodation Strategy

Responsible Owner/ Senior Officer

Christy Holden, Head of Strategic Commissioning (Accommodation Solutions)

Date of Initial Screening

June 2013

Date of Full EqIA :

Update each revised version below and in the saved document name.

Version	Author	Date	Comment
1	Rebecca Smith	June 2013	Commenced
2	Rebecca Smith	Oct 2013	Met with Janice Hill for advice, guidance and amendments
3	Rebecca Smith	Feb 2014	Review, updated against progress of the Strategy
4	Janice Hill	May 2014	E & D Team Comments
5	C Holden	May 2014	Review and comments
6	Janice Hill	May 2014	E & D Team Comments
7	C Holden	May 2014	Final review

New April 2013
Screening Grid

Characteristic	Could this policy, procedure, project or service affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age	<p>No, The Accommodation Strategy will identify a firm direction of choice for all accommodation solutions (housing and care home provision), providing more choice not less across each of the adult social care client groups.</p> <p>This strategy will not focus upon young people but will reference the cross over between the children and adult social care responsibility and provision of accommodation and care solutions.</p>	HIGH	None	<p>a) Yes – KCC Social Care, Health and Wellbeing, need to continue dialogue with the District and Borough Councils, Housing Associations/Registered Providers and Care Home provider. Continued dialogue will ensure that the delivery of suitable models of housing and care home accommodation is provided in the right place and is the right type and number to meet the projected need for each client group.</p> <p>The strategy is focused upon the adult social care client groups but there is recognition that the accommodation solutions agreed across the County going forward will impact upon clients who move from Children to adult services, with the aim to enable choice about where, what and when accommodation solutions are received.</p> <p>With an ageing population the process of continued review, assessment and support as clients age is necessary, to ensure that commissioning of services and placements into accommodation is flexible to meet the changing needs of clients.</p> <p>b) Yes – District and Boroughs, along with other key partners in the public and private sector will be consulted prior to publication of the strategy and evidence base (needs analysis).</p>	<p>Yes – This strategy will challenge providers of housing and care homes to ensure that investment into the remodelling of existing or provision of new accommodation meets the needs of the adult social care client groups. This investment will be through partnership working and through detailed workshops, where all key partners are invited to carry out a review and progress to an options appraisal for identified areas across the County, developing business cases, where appropriate, for how accommodation solutions can assist in delivering better outcomes for clients.</p> <p>The strategy will also advise those from outside the county looking to invest in terms of provision a picture of need, both current and predicted and provide the accommodation and care in the right places. The strategy (Phase 3) will clearly identify where there are gaps, over or under provision of accommodation types/services and this will enable KCC to plan more effectively where revenue and capital resources will be spent, enabling only appropriately placed developments.</p> <p>With the introduction of the Care Bill and the personalisation agenda the commissioning of services will become more effective, to respond to the changing needs of the client groups, working will all partners to enable</p>

					assessment and review, allowing clients to have more choice about the type of accommodation and service they access.
Disability	No – the key strategic messages and recommendations within the strategy will affect people with a physical or sensory disability in a positive manner. The objectives of the strategy include a clear understanding of the accommodation available in Kent to provide more choice and access to it when required.	HIGH	NONE	a) Yes – continued liaison with partner agencies regarding how clients with physical and or sensory disabilities access appropriate housing or care home accommodation. Use mapped information from the needs analysis to plan, where possible, additional provision of accommodation can be provided. b) No – this assessment could be updated if and when a decision about the introduction of a disability housing register is considered and implemented across Kent, through the Choice Based Lettings system, Kent Homechoice.	No further action required
Gender	No	NONE	NONE	No further action required	No further action required
Gender identity	No	NONE	NONE	No further action required	No further action required
Race	No	NONE	NONE	a) No further action required b) Yes – further assessment maybe required/updated if language needs of the client groups accessing housing or care home accommodation increases (English may be a second or additional language)	No Further action required
Religion or belief	No	NONE	NONE	No further action required	Neither housing nor care home providers will discriminate directly or indirectly against a person as a result of their religious belief
Sexual orientation	NO – the strategy will aim to ensure that provision of housing and care home solutions are LGBT friendly	Medium – High	Medium	a) Yes – continue to work with partner agencies to ensure that all accommodation (housing and care home environments) are LGBT friendly, that relationships between clients are not perceived as negative. To work with service providers to ensure that the wishes of an individual client is met where possible, i.e. the sex of a carer providing care services.	Neither housing nor care home providers will discriminate directly or indirectly against any person accessing accommodation or care and support services because of their sexual orientation.

				b) Not at the current time.	
Pregnancy and maternity	No	NONE	NONE	No further action required	No further action required
Marriage and Civil Partnerships	Yes – an outcome of the strategy is to enable a client to remain in their own home and support independent living. However, this is coupled with the recognition that a current place of residence for a client “their home” is the appropriate to meet their needs and therefore a more suitable option is required. This may impact upon this category in terms of accommodating the family or support network composition and whether a client can be encouraged to consider an alternative housing or care home solution.	MEDIUM	MEDIUM	<p>a) There is no qualitative or quantitative data to suggest the proposals within the strategy will have a greater or lesser effect on the client groups identified on account of their Marriage & Civil Partnerships. However, it is recognised that marriage and civil partnerships may prevent the strategy from achieving its desired outcome if provision of accommodation and care and support does not take this into account, especially around the design of accommodation (making an alternative housing or care home option attractive to an individual client)</p> <p>b) Not a the current time</p>	
Carer's responsibilities	No – the accommodation strategy could support carers by moving people together, previously people would be split up if one needed residential care. Also providing support to carers in housing schemes with care on site as and when they require a break, whether formally or informally	LOW	LOW	<p>a) Yes, to ensure that where possible consideration is given to a family dynamic and suitable placements to allow people to remain together, working with providers to enable development of flexible attractive accommodation solutions with care available.</p> <p>b) Not at the current time, this will need to be reviewed once the strategy is implemented.</p>	Not at the current time

Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid the weighting is described to this function as **Medium**.

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

It is considered Medium as, although there is unlikely to be any adverse effect on individuals resident in some of the schemes, there will be a shift from one type of service to another and this will require a) the availability of services so people can move directly into the new services in place of traditional services and b) a change in the knowledge and understanding of service offers from professionals, individuals and their families.

Context

The Accommodation Strategy will set the strategic direction for, and help to enable delivery of, suitable housing and care home provision for all KCC Adult Social Care Client Groups. These clients groups are older people, people with a physical disability, people with a sensory disability, people with mental health needs, people with learning disabilities and people with autism.

Kent County Council Social Care Health and Wellbeing (KCC SC) have a statutory duty to financially support vulnerable adults that meet the Council's eligibility criteria. Over a number of years the care market in Kent has grown with a consistent stream of planning applications for new care homes, this is coupled with business changes in existing homes and re-modelling or new build housing schemes for all vulnerable groups.

The development of this Accommodation Strategy is to ensure that the provision of accommodation solutions across Kent is the right number in the right locations and accessible for the appropriate amount of time. This strategy will also enable KCC to plan adequately for future capital and revenue expenditure.

Aims and Objectives

The overarching objectives of the Accommodation Strategy will be to:

- Provide a detailed understanding of the existing housing and care home accommodation provision across the County for each client group;
- Using current service user data and projected population growths within each client group, provide a detailed understanding of the predicted housing, care and support needs of each client group;
- Using projected data on need to help plan appropriately for housing and care home provision in the future years (to 2021 and 2031);

- To help shape the housing and care home markets in Kent, to ensure the range of accommodation solutions are available for each of the client groups to access, enabling them to remain in their own home or within their local community, where possible
- To enable KCC to plan adequately for any future capital and revenue expenditure for housing and care home provision, and to work in partnership with the 12 local housing authorities in Kent, who have responsibility for the provision of Housing in the County.

The development and implementation of the strategy will be undertaken in a three phase approach:

Phase One – production of the Accommodation Strategy and supporting documents using the evidence base to develop market position statements and the aim to provide better outcomes for the identified adult social care client group.

Phase Two – using the evidence base, current and future demands upon services and working with all partners to establish the requirement for additional provision, where there is excess provision and the types of accommodation required to support the overall vision of the strategy – the right service, for the right amount of time in the right location. This will identify candidate projects and are so known as this until correct approval has been received to develop, through business cases and options appraisals, into Projects.

Phase Three – implementation of the strategies objectives, working with partners on each identified Candidate Project and considering options appraisals and business cases. Candidate Projects are likely to be selected by client group type.

Beneficiaries

The residents of Kent, particularly those who are eligible to access services from KCC, District and Borough Councils, Registered Providers and Care Home providers.

Information and Data

To support the development of this strategy an external consultant was appointed to undertake a needs analysis, the brief was to develop an evidence base to support the Kent Adult Accommodation Strategy, including to:

- Estimate the need for accommodation for the agreed client groups, understanding current and future need, and what the variation of needs is and will be across the County;
- Estimate availability of accommodation for each client group, identify gaps and how these may change;
- Identify the need for accommodation to meet the needs of vulnerable people

The needs analysis has included using information provided by the district and borough councils, housing association partners, Swift (KCC Social Care, Health and Wellbeing, Internal Data Base), UK Health Statistics 2010, GP Practice Data 2009/10, KCC Research & Intelligence Strategy Forecast, Department for Works and Pensions, Joint Strategic Needs Assessments, localised surveys and housing strategies.

The following tables provide information about the current levels of housing and care home provision across Kent, and the current and projected future needs for accommodation solutions to 2031.

Table 1:

Headline summary of the number of people receiving a service from KCC

2013	Learning Disabilities	Mental Health	Physical Disabilities	Older People
Population (estimated)	44,000	10,400	43,100	262,300
Service from KCC	5,010	3,500	6,000	20,700
<i>In residential care</i>	1,210	225	210	2,850
<i>In nursing care</i>	10		70	1,500
<i>supported accommodation</i>	840	240	180	260
<i>mainstream housing</i>	2,950	3,040	5,540	16,090

Table 2:

Information about the growth in population for each district and Kent total

	2011	2016	2021	2026	2031	% change 2011-2021	% change 2011-2031
Ashford	118,400	133,700	149,700	165,600	170,100	26%	44%
Canterbury	150,600	158,000	162,600	168,100	173,700	8%	15%
Dartford	97,600	107,500	120,500	130,400	135,800	23%	39%
Dover	111,700	117,800	125,900	134,000	134,700	13%	21%
Gravesham	101,800	103,300	105,100	107,100	108,200	3%	6%
Maidstone	155,800	159,200	161,100	162,700	167,800	3%	8%
Sevenoaks	115,400	115,000	115,500	115,400	115,800	0%	0%
Shepway	108,200	109,800	112,100	114,100	116,100	4%	7%
Swale	136,300	140,100	144,200	148,000	151,700	6%	11%
Thanet	134,400	136,800	139,000	140,400	141,700	3%	5%
Tonbridge & Malling	121,100	123,900	127,200	130,300	133,500	5%	10%
Tunbridge Wells	115,200	114,300	115,500	116,000	116,600	0%	1%
Kent	1,466,500	1,519,700	1,578,300	1,632,100	1,665,700	8%	14%

Table 3:

Estimated projection of older people who will need support in the future (based upon forecast population of older people in the future years and the current proportion of older people who receive support)

	Population Aged 65+	Growth from 2011			
	2011	2016	2021	2026	2031
Ashford	20,190	22%	40%	61%	84%
Canterbury	28,660	15%	26%	38%	55%
Dartford	14,060	14%	28%	45%	66%
Dover	22,720	19%	35%	53%	72%
Gravesham	16,440	11%	18%	27%	40%
Maidstone	26,850	16%	26%	38%	56%
Sevenoaks	21,890	14%	21%	30%	42%
Shepway	22,710	14%	24%	37%	53%
Swale	22,870	17%	28%	41%	59%
Thanet	28,590	10%	18%	27%	40%
Tonbridge & Malling	20,680	15%	25%	38%	55%
Tunbridge Wells	19,260	13%	21%	33%	50%
Kent	264,930	15%	26%	39%	55%

Table 4:

Estimated prevalence of people with a learning disability in the population, who may require support from KCC

	Prevalence of LD in Population (3%)				
	2011	2016	2021	2026	2031
Ashford	3,550	4,010	4,490	4,970	5,100
Canterbury	4,520	4,740	4,880	5,040	5,210
Dartford	2,930	3,230	3,620	3,910	4,070
Dover	3,350	3,530	3,780	4,020	4,040
Gravesham	3,050	3,100	3,150	3,210	3,250
Maidstone	4,670	4,780	4,830	4,880	5,030
Sevenoaks	3,460	3,450	3,470	3,460	3,470
Shepway	3,250	3,290	3,360	3,420	3,480
Swale	4,090	4,200	4,330	4,440	4,550
Thanet	4,030	4,100	4,170	4,210	4,250
Tonbridge & Malling	3,630	3,720	3,820	3,910	4,010
Tunbridge Wells	3,460	3,430	3,470	3,480	3,500
Kent	44,000	45,590	47,500	49,000	50,000

Table 5:

Estimated prevalence of people with a mental health need in the population, who may require support from KCC in the future

	Prevalence of MH in Population (0.7%)				
	2011	2016	2021	2026	2031
Ashford	830	940	1,050	1,160	1,190
Canterbury	1,050	1,110	1,140	1,180	1,220
Dartford	680	750	840	910	950
Dover	780	830	880	940	940
Gravesham	710	720	740	750	760
Maidstone	1,090	1,110	1,130	1,140	1,180
Sevenoaks	810	810	810	810	810
Shepway	760	770	790	800	810
Swale	950	980	1,010	1,040	1,060
Thanet	940	960	970	980	990
Tonbridge & Malling	850	870	890	910	940
Tunbridge Wells	810	800	810	810	820
Kent	10,270	10,640	11,050	11,430	11,660

Table 6:

Estimated prevalence of people with a physical disability in the population, who may require support from KCC in the future

	Prevalence of PD in Population (3%)				
	2011	2016	2021	2026	2031
Ashford	3,460	3,810	4,180	4,550	4,560
Canterbury	4,550	4,660	4,690	4,780	4,840
Dartford	2,990	3,260	3,630	3,870	3,960
Dover	3,230	3,270	3,380	3,500	3,390
Gravesham	3,040	3,000	3,010	3,040	3,020
Maidstone	4,660	4,610	4,560	4,530	4,590
Sevenoaks	3,340	3,160	3,080	3,010	2,960
Shepway	3,120	3,030	2,990	2,940	2,910
Swale	4,050	4,010	4,020	4,050	4,060
Thanet	3,770	3,710	3,660	3,630	3,590
Tonbridge & Malling	3,550	3,520	3,550	3,570	3,560
Tunbridge Wells	3,410	3,230	3,180	3,130	3,110
Kent	44,000	43,300	43,900	44,600	44,600

Table 7:

An overview of the current accommodation provision across the client groups (number of beds)

2013	Learning Disabilities	Mental Health	Physical Disabilities (including sensory)	Older People
Residential care home	2,130	510	390	8,200
Nursing care home	-	-	50	3,700
Extra care	-	-	-	400
Intermediate Care*				770
Sheltered housing	-	-	-	17,900
Supported housing**	570	240	180	260
Adapted properties in mainstream housing	16,600 adapted properties (minimum estimate) 1,400 Life Time Homes standard new build properties (minimum estimate)			

Table 8 and 9:

These two tables provide an overview (at February 2014) of the pipeline schemes with planning permission (by accommodation type) and the pipeline of schemes with planning permission by district, by the number of beds.

Table 8:

Type	Total
Residential Care Beds	2648
Sheltered	797
Nursing Care Beds	449
Extra Care (including Dementia) Beds	966
Supported Living Beds	131

Table 9:

District	Total
Ashford	572
Canterbury	219
Dartford	65
Dover	124
Maidstone	215
Shepway	271
Sevenoaks	83
Swale	258
Thanet	103
Tonbridge and Malling	78
Tunbridge Wells	268
Kent	2559

In relation to clients with a diagnosed Autism Spectrum Disorder there are 14,700 people in Kent (children and adults) as at 2011. This figure is set to rise to 15,800 in 2021 and rise again to 16,700 by 2031.

Potential Impact

Adverse Impact:

There is potential for there to be an adverse impact upon clients when the Candidate Project areas are identified, this may be as a result of the options appraisal and the outcome for any current service provision or accommodation type, which may impact upon those receiving a service or residing in a particular type of accommodation. For instance, the outcome might be that some services are not suitable for the future and are either hard to let or have many vacancies. The provider may have already highlighted that the service needs to be remodelled. Should a service be decommissioned or closed there would be an immediate adverse impact on that person living in that environment.

Adverse impacts will be mitigated through better commissioning of services that support independent living where appropriate, and ensure that an individual is receiving the right service in the right place for the right amount of time, with an agreed period of review. The correct consultation route would be selected and worked through with the provider.

Positive Impact:

Age

This strategy's primary focus is about the adult social care client groups and will seek to ensure supporting the independence and better outcomes for those who are eligible and access services in Kent.

The strategy will contain recommendations about providing a range of choices and attractive housing and care home options, providing people with real choices about their future housing, care and support needs going forward. One client group identified is Older People; the strategy will make recommendations about how Older People can make more informed choices about accessing appropriate and affordable housing and care, including both rented and homeownership models.

The strategy also identifies the transition from children to adult services and how information about the eligible services and provision is critical to preventing unnecessary and inappropriate placements across all client groups once a child is eighteen.

Disability

The Strategy has a strong focus to ensure that housing and care home accommodation solutions meet the needs of those adult social care clients who have a physical and or sensory disability. The spectrum of the disabilities may range and therefore the type and location of the provision for these clients will be mapped to determine what accommodation is available currently and the requirements going forward, based on the findings of the needs analysis.

The strategy does highlight that there is a lack of co-ordination about how housing need is recorded for those with a physical and or sensory disability, highlighting a collective effort across all providers to agree a more formal approach to recording such information. This will benefit this client group as it will clearly identify where adapted property is located across the County and where there are potential gaps.

Beneath this strategy will sit a Physical and Sensory Disability Protocol, this will consider further how appropriate accommodation can be adapted or remodelled or new stock can be provided to meet current and predicted need. This protocol will consider how to use a variety of funding options for specialised accommodation and present some clear design standards.

General

The Strategy will be the catalyst for an important piece of work within KCC, working with partners to identify and plan what and where housing and care home accommodation solutions are required across the County. There is recognition that implementation of this Strategy must and will assist KCC with the overall Transformation agenda, ensuring that commissioning and expenditure of services is right, whilst also ensuring that the clients have better outcomes.

The Strategy recognises that the delivery of the outcomes will rely on partnership working across the public and private sector and will result in quality accommodation solutions for those who require them.

The Strategy will also have consideration of the potential impacts that may arise as a result of the implementation of welfare reform from Central Government and the introduction of the Care Bill.

JUDGEMENT

Option 1 – Screening Sufficient	NO
Option 2 – Internal Action Required	YES
See completed Action Plan attached	
Option 3 – Full Impact Assessment	YES

The Strategy is a strategic-level document that will set out key messages for each of the identified adult social care client groups, providing the market with a clear message about what provision is required now and in the future and where this provision is needed. This Strategy will therefore have a positive impact for the district and borough councils who have a statutory obligation to provide housing to those in need. It should help inform and support development of Local Plans in each district or borough.

The development of this Accommodation Strategy has been supported by a Steering Group, which had representation from a cross section of

stakeholders who will each have responsibility for the implementation of the objectives within this Accommodation Strategy. The Steering Group has had continued involvement and consultation through the process of development.

Consultation of the document has also been to a wider selection of housing, planning, health and probation colleagues through regular briefing papers and verbal updates. District and Borough colleagues have had input in their District Profile documents, along with the Clinical Commissioning Groups, ensuring that local context and data is correct and will set an appropriate baseline for commencing Phases 2 and 3 of the strategy development.

The supporting documents 'Better Homes: Housing for the Third Age', 'Better Homes: Accessible Housing', 'Live it Well' and 'Valuing People Now' are documents that identified the needs, wants and views of user groups and undertook the user consultation element of this Strategy.


Monitoring and Review

The Action Plan below details the actions required. This will be monitored periodically against the overall Strategy. However, for each project that is developed through Options Appraisal and Business Case, an Equality Impact Assessment will be completed at the local level.

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer

Signed:  Name: Christy Holden
Job Title: Head of Commissioning Date: 17.06.14.

DMT Member

Signed:  Name: Mark Lobban
Job Title: Director of Commissioning Date: 20/06/14

Equality Impact Assessment Action Plan

Protected Characteristic	Issues Identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
<p>AGE</p>	<p>Provision and access to appropriate housing, care and support to meet the changing needs of an ageing population, across all client groups.</p>	<p>Continued dialogue through final two stages of Accommodation Strategy development and implementation.</p>	<p>A clear understanding of current provision across the County and a method to plan for expenditure of future Capital and revenue resources. Continued consistent working with all stakeholders to provide choice and access to accommodation solutions across the six client groups.</p>	<p>Christy Holden</p>	<p>March 2014 – on-going</p>	<p>TBC</p>
		<p>Use Candidate Project process to work at local level to address the anticipated demands upon services going forward.</p>				
		<p>Effective and flexible commissioning of services and use of existing resources to ensure those with multiple or challenging needs that change over time can be offered the appropriate range of options.</p>	<p>To ensure that all individuals are integrated within a community and socially or financially isolated as a result of the housing, care and support options available to them.</p>	<p>District/Borough Councils</p>		
		<p>Local authority housing departments, housing providers and</p>	<p>The evidence base can be used to support local housing</p>			

		other key partners in the public and private sectors to be consulted on the outcomes from the Evidence Base, this will set the baseline for options appraisals going forward.	strategies or policies which each local authority is responsible for producing to plan for future housing need.			
Disability	<p>A lack of quantifiable information about the potential future need for housing, care and support for those with physical and/or sensory disabilities.</p> <p>A lack of quality evidence about the amount of current adapted stock across Kent</p>	<p>To use the evidence base and mapping of existing provision for clients with a physical or sensory disability to identify the gaps in type, tenure, location and number of accommodation types.</p> <p>To develop a protocol about how to enable development of Accessible Housing in Kent.</p>	<p>To use the information about projected future need to plan appropriately for required accommodations.</p> <p>To enable more development of accessible homes that can be flexible to meet changing needs of the client group</p>	Christy Holden	<p>March 2014 – on going</p> <p>Completed December 2013</p>	TBC
Race	Provision of accessible information to clients when English may not be their first language	Provide information/signposting/application in alternative languages if requested by a client	All clients will be informed of their options as all information will be accessible	Christy Holden		TBC
Sexual	All accommodation types	To consider a LBGT	That clients feel secure		On-going	TBC

Orientation	are LGBT friendly and sensitive to the wishes of any individual client	policy for all accommodation types	and settled within their environment and relationship			
Marriage & Civil Partnerships	That housing and care home provision can accommodate those who are married or in a civil partnership, when only one person requires the housing or care home accommodation.	To consider the size and type of accommodation provision for those in need and how a lack of appropriate choice may prevent the best outcome for the individual.	To ensure that all clients are able to consider and maintain support from their existing family network	Christy Holden	On-going	TBC