

Section Three: Equality Impact Assessment Templates

Template 1

Function	Sub-Function (Function, Policy, Procedure, Project, Initiative, Service)	Relevance to Equality & Diversity (High, Medium, Low)	Evidence of relevance (legislation, anecdotal/statistical evidence etc)	Priority (high = 1, Low = 3)	Timescale (Date for completion)
Is there any evidence – formal or otherwise – that religious groups will be affected by the closure process	Planned Closure of a Residential Home (Adults) Procedure	M	<p>The implementation of this procedure should not adversely affect residents specifically in terms of their ethnicity, gender, financial status or ability as everyone is assessed under the same ‘Fair Access to Care Policy’ and their choices and opinions will be included in any re assessments, where closures of Elderly Persons Home’s (EPH) are proposed.</p> <p>At present there is no statutory legislation regarding the planned closure of a residential home, however, existing guidance produced by The Department of</p>	2	As identified in Project Plan and Communication Strategy

			<p>Health states: The responsibility of local authorities to assess vulnerable people; Advice that it is sensible for local authorities to draw up plans and protocols in the event that a nursing home closes or a resident is evicted.</p> <p>The requirement that care home providers apply to the Care Quality Commission (CQC) to close and should do so not less than three months before the proposed closure date. Notification to service users should be not more than seven days after application to the Commission; The requirement that residents should be given a written contract that includes a period of notice, and the opportunity of trial visits to new homes.</p>		
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<p>Is there any evidence – formal or otherwise – that people with dementia or cognitive impairments will be affected by the closure process inc those who may require support under the Mental Capacity Act 2005</p>	<p>Planned Closure of a Residential Home (Adults) Procedure Mental Capacity Act 2005</p>	<p>H</p>	<p>As above</p> <p>Specialist advice or advocacy services should be sought regarding the consultation process to ensure that people with dementia, limited capacity or cognitive impairments are fully included in the process and understand what is being proposed – consideration to providing information in different formats should be given.</p> <p>Residents who have dementia could be adversely affected due to the limited numbers of establishments who offer dementia services.</p> <p>In rural areas identifying suitable placements may be more difficult than in urban areas, meaning that the residents may have to move away from the local community in which they live at present as well as</p>	<p>1</p>	<p>As identified in Project Plan and Communication Strategy</p>
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			<p>relatives of these people having to travel further distances to visit their relative.</p> <p>Brokerage services collate data regarding vacancies in their localities as well as having a central data base for vacancies across the county – this data is regularly updated and can support care assessors/coordinators to identify suitable placements.</p>		
Is there any evidence – formal or otherwise – that people’s sexual orientation will be affected by the closure process	Planned Closure of a Residential Home (Adults) Procedure	M	As above	2	As identified in Project Plan and Communication Strategy
Is there any evidence – formal or otherwise – that people with accommodation and care needs will be adversely affected by the closure process	Planned Closure of a Residential Home (Adults) Procedure	H	<p>As above</p> <p>Anecdotally–opinions suggest that moving older people into other accommodation and closing a care home is particularly stressful at their time of life, however experience from projects where Extra Care Housing (ECH) has directly replaced an EPH</p>	1	As identified in Project Plan and Communication Strategy

			<p>suggests this is not always the case, For example: ECH scheme opened in 2004 – 10 of the 13 residents transferred from an EPH, lived on average 3 years after moving.(The age ranges being 73-99 years- One lady residing in ECH for 4 years, living to 103 years.)</p> <p>People living in the EPH could be disadvantaged by the limited availability of alternative placements in the local community.</p>		
Is there any evidence – formal or otherwise – that people’s financial status will be adversely affected by the closure process	Planned Closure of a Residential Home (Adults) Procedure	H	<p>As above</p> <p>There could be financial implication both for the County Council and self funders, who may have to pay more for private residential care, if no alternative North Yorkshire County Council (NYCC) accommodation is available. Residents will under go a full financial assessment prior to Decision’s being made about future</p>	1	As identified in Project Plan and Communication Strategy

			accommodation.		
Is there any evidence of public concern that the closure process will cause discrimination?	Planned Closure of a Residential Home (Adults) Procedure	H	As above	1	As identified in Project Plan and Communication Strategy
Is there any evidence formal or otherwise that the staff team will be adversely affected by the closure process	Planned Closure of a Residential Home (Adults) Procedure	H	<p>As above</p> <p>The implementation of this policy may adversely affect staff in terms of loss of employment.</p> <p>Members of staff in redeployment situations will be treated equally regardless of their gender, age, race, disability etc .Normal HR and unison consultation will take place to minimise impact.</p> <p>The EPH's staff group are predominantly made up of women of all age groups</p> <p>NYCC, Human Resources and Workforce Development will support staff to find alternative employment and staff will be given the opportunity of</p>	1	As identified in Project Plan and Communication Strategy

			participating in interview skills training to enhance their opportunities.		
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Template 2

Name of the Directorate and Service Area	Adult & Community Services/ Adult Social Care		
Name of the service/policy being assessed	Planned Closure of a Residential Home(Adults)		
Is this the area being impact assessed a	Policy & its implementation?	/	Service
	Function		Initiative
	Project?		Procedure & its implementation? ✓
Is this an Equality Impact Assessment for a (Note: the Equality Impact Assessment (EIA) is concerned with the policy itself, the Procedures or guidelines which control its implementation and the impact on the users)	Existing service or a policy and its implementation?		
	Proposed service or a policy and its implementation?		
	Change to an existing service or a policy and its implementation?		
	Service or Policy carried out by an organisation on behalf of NYCC?		
How will you undertake the EIA? Eg team meetings, working party, project team, individual Officer	Individual Officer/ Input from other colleagues		
Names and roles of people carrying out the Impact Assessment	Rebecca Dukes – Project Officer – Extra Care Housing		
Other officers involved in the assessment Eg taking part in peer review, challenge, quality assurance	Juliette Daniel/ Jackie Bradfield/ Shanna Carrel / Norma Sutton		
Lead Officer and contact details	Rebecca Dukes – Project Officer – Extra Care Housing rebecca.dukes@northyorks.gov.uk Tel 01609 535173		
Date EIA started	June 2010		
Date EIA Completed	July 2010		

Sign off by Service Head/ Business Unit Head	Seamus Breen, Assistant Director - Commissioning and Partnerships
Date	21 st October 2010
Presented at Directorate Equality and Diversity Working Group	Via e mail 13.9.2010
Date and place of Publication of EIA	
Monitoring and review process for EIA	

Template 3

1. Operating Context

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

1.1 Describe the service/policy

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

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

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

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

The purpose of the proposed procedure is to cover all aspects which may occur or require addressing during the planned closure of a North Yorkshire County Council (NYCC) Residential Home (Adults).

The process will address planned closures by the local authority, and will include relevant documentation to highlight and demonstrate the need to follow a clear project plan, communication plan in order to promote understanding and minimise distress with the people affected by the closure.

The procedure aims to provide a consistent and structured approach to planned local authority residential home closures, to develop and improve the consultation process and to promote involvement with people affected by the closure.

The procedure aims to actively involve residents, their relatives, people who receive a service from the home and people in the local community, in both the consultation process prior to any decisions being made to close an Elderly Persons Home (EPH), and throughout the closure process, as well as identify any specialist support that people may require through these processes.

“At present there is no statutory legislation regarding the closure of a residential home, however, existing guidance produced by The Department of Health states:

- The responsibility of local authorities to assess vulnerable people;

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- Advice that it is sensible for local authorities to draw up plans and protocols in the event that a nursing home closes or a resident is evicted.
- The requirement that care home providers apply to the Care Quality Commission (CQC) to close and should do so not less than three months before the proposed closure date. Notification to service users should be not more than seven days after application to the Commission; The requirement that residents should be given a written contract that includes a period of notice, and the opportunity of trial visits to new homes.

Recommended principles for good practice include:

- Taking residents' social and personal needs into account (existing friendships with residents, preferred geographical location,
- Ability of family and friends to visit); maximising residents' ability to make an informed choice. “

(Ref Jacquetta Williams and Ann Netten PSSRU Discussion Paper 1861/2 October 2003)

“On the first of April 2009 a new Duty to Involve and Engagement Strategy came into force for local authorities and other best value organisations across England.”

This means that North Yorkshire County Council “has a duty to consult on ‘routine functions, as well as significant one-off decisions’;

1. Operating Context

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in short this means that there are few areas where the duty does not apply. Statutory guidance also makes it clear that 'Appropriate engagement and empowerment should be embedded as standard practice throughout authorities, central to service delivery, policy and decision making.'

North Yorkshire County Council "will need to demonstrate to regulators:

- That NYCC understand community interests
- That information, consultation and involvement opportunities are accessible and well targeted
- That NYCC coordinate engagement activities with partners where appropriate
- That local people know how to get involved and feel that you provide good engagement opportunities."

(Ref <http://www.involve.org.uk/assets/Docs-2/20090424-Duty-to-Involve-pager.pdf>)

The implementation of this procedure should not specifically affect residents in terms of their ethnicity, gender, financial status or abilities as everyone is assessed under the same 'Fair Access to Care Policy' and their choices and opinions will be included in any re assessments, where closures of EPH's are proposed.

The current residents affected by this procedure will be vulnerable older people living in the residential homes, usually aged 65+. They may include people who are from minority ethnic groups, people with disabilities and people who require support under The Mental capacity Act 2005.

1. Operating Context

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

North Yorkshire County Council need to ensure that people with diverse backgrounds maintain their social networks, particularly where this may be challenging due to rurality or lack of access.

The implementation of this procedure may adversely affect staff in terms of re deployment opportunities. The EPH's staff group are predominantly made up of women of all age groups.

Members of staff in redeployment situations will be treated equally regardless of their gender, age, race, disability etc. A full review of the staff team will be carried out by HR and Operational Management as required, if an EPH is identified to close. Other options may have to be considered including redundancy options.

Residents who have dementia could be adversely affected due to the limited numbers of establishments who offer dementia services.

In rural areas identifying suitable placements may be more difficult than in urban areas, meaning that the residents may have to move away from the local community in which they live at present as well as relatives of these people having to travel further distances to visit their relative. Some of these relatives may themselves have difficulties in travelling; therefore consideration will be given during the assessment processes when arranging alternative placements.

NYCC's brokerage services collate data regarding current vacancies in their localities as well as holding a central data base to monitor vacancies across the county, this data will support care assessors/coordinators to identify suitable alternative placements,

1. Operating Context

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Specialist advice will be sought during the consultation processes to ensure that people with dementia, cognitive impairments or those who require support under The Mental capacity Act 2005, have input into the consultation process, and if the decision is made to close an EPH, that they understand, as far as practicable, the processes involved, and that they are involved in decisions regarding alternative placements.

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

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

Does the policy/service promote or further enable access to services?

N/A

1.3 Is the information and communication provided accessible to everyone?

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

The procedure highlights the necessity to seek specialist advice for people with dementia, cognitive impairments and people with limited capacity, to ensure they receive the information in formats appropriate to their needs, and to ensure that they are fully included in the consultation process and during any proposed closure processes.

The procedure and corresponding documents identifies the need to provided information in both written and verbal formats, where consultation is taking place, as well as giving people the opportunity to respond electronically to a designated email address – consideration should be given to other available formats in which people may be

1. Operating Context

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

able to respond.

Other methods of communication are available and examples of this can be illustrated in the following document <G:\data\Shared\Extra Care\closedown Procedures\Duty To Involve Docs\armchair20involvement20guide2.pdf>

1.4 How is your service/policy delivered?

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

N/A

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

N/A

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

Don't forget to transfer any issues you have identified in this section to the [Equality Action Plan](#)

2. Data, Monitoring, Consultation and User Involvement

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

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

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

None at present.

Consideration could be given to commencing this data collection from EPH's as soon as possible to establish the breakdown of diversity and equality categories within the EPH's and to establish the breakdown of the staff group.

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

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

Information regarding the abilities of the residents from the EPH will be required to ascertain peoples ability to participate in the consultation processes – this information will be collated from the Registered Manager's/Assessment Team when required.

Information regarding the staff group will be required to identify which staff may be affected by the proposed closure ie Age ranges, genders etc.

NYCC's brokerage services collate data regarding current vacancies in their localities as well as holding a central data base to monitor vacancies across the county, this data will support care assessors/coordinators to identify suitable alternative placements. This data is regularly updated and may be beneficial to residents who are wishing to locate to alternative accommodation to be nearer to family or friends.

2.3 What analysis have you carried out on the data?

Does analysis include general demographic and local specific trends such as ageing, migration and the nature of minority ethnic communities and other diverse groups? Does it include trends about specific sectors as appropriate eg education, transport, housing, retail and business opportunities?

None at present – action in plan to collate data.

2. Data, Monitoring, Consultation and User Involvement

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

Does it identify the level of take-up of services by different groups of people? Does it identify how potential changes in demand for services will be tracked over time, and the process for service change?

Is it free of generalisations or stereotypical notions about people of different groups? Does it reflect the diversity of North Yorkshire? Does it identify the equality profiles of users/beneficiaries and staff?

2.4 What does the analysis of the data show?

Does the data show any differences in outcome for different groups? Eg differences in take up rates or satisfaction levels across groups. Is it what you expected? Does it change earlier assumptions?

Please include data and analysis as an Appendix

Not at present – action in plan to collate data

2.5 What are the mechanisms for the ongoing monitoring of progress on your policy/service, or monitoring take-up of your service?

Given the information above do monitoring mechanisms need to be altered to make sure that all the required data is captured? What monitoring techniques would be most effective?

What performance indicators or targets would be used to monitor the effectiveness of the policy/service?

How often does the policy/service need to be reviewed? Who would be responsible for this?

The project plan (see Appendix 1) includes the opportunity to evaluate and create a Lesson's Learned log (see Appendix 16) to capture how the process was handled and what can be done to improve the process for future closures.

Review of this procedure should be ongoing to ascertain if any amendments are required after its implementation.

2. Data, Monitoring, Consultation and User Involvement

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

2.6 Does your service meet the needs of all customers?

How do you know? How do you check?

Do some needs/priorities 'miss out' because they are a minority not the majority? Is there a better way to provide the service to all sections of the community?

N/A

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

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

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

None at present

2.8 What is the Communication Strategy to advertise and promote your plan, policy or service?

A full communication plan has been developed to support the proposed closure process and includes robust consultation suggestions with all parties affected by the potential EPH closures. (see Appendix 3)

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

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

The whole of voluntary closure of an EPH Policy including the appendices have been presented to and adopted by ACSMB on 8.9.2010.

Consultation with Equality and Diversity Group representatives was carried out and feedback collated via e mail.

2. Data, Monitoring, Consultation and User Involvement

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

2.10 How and when you will consult service users about this policy/service in the future?

What do you want to find out? Who will you consult with? What method will you use; what are the potential or known barriers of your chosen method? How will you overcome this? Have you considered the accessibility of your consultation? (see [consultation toolkit](#))

When will findings be available? Will the consultation/involvement be ongoing, regular or a one-off?

Consultation with the people who live in the EPH's, as well as their relatives, the local community and the staff could cause distress to them, by the nature of the policy; we would be consulting with them regarding the closure of their home or place of work.. However any information or good/bad would be collated during the process, and utilised to manage future home closures.

2.11 Will you use existing consultation mechanisms?

Will consultation utilise existing NYCC communication, consultation and engagement mechanisms rather than setting up new mechanisms? Eg the [Citizens panel](#), disability reference groups, the employee equality forum?

If not please explain why

Yes will take into account legislation around duty to involve.

2.12 What do people from different groups want?

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

If the residents of the elderly persons homes were to be asked what they want, the likely answer would be that they wished to remain in their current accommodation: however this may not be viable, therefore comprehensive assessment would take place prior to closure to ensure that appropriate accommodation is found for all residents, the assessments will take into account any issues around equality and diversity as well as personal choices.

Don't forget to transfer any issues you have identified in this section to the [Equality Action Plan](#)

<u>3. Best Practice</u>	
Please consider issues around impacts (positive or negative) raised for Disability, Age, Sexual orientation, Faith, Race and Gender and show your evidence.	
3.1 Is there a Lead Officer at a senior level for this policy/function? Is the Lead Officer fully aware of equality and diversity issues generally and those specific to this policy? Are they regularly briefed/ updated on equality and diversity?	Juliette Daniel – Strategic Manager, Accommodation with Care
3.2 Are staff training needs identified? Do staffs understand wider equality and diversity issues and the issues specific to this policy? Are staffs sufficiently aware of equality and diversity issues to allow them to signpost to information about this and other policies, plans or services - to promote better customer care? If training needs identified contact your Directorate representative .	N/A
3.3 Is the role of key partner organisations identified? Are key partners identified and their role in equality and diversity issues explained?	N/A
3.4 Does the policy/service link with and support the Council's Social Inclusion Strategy?	Yes: Examples include <ul style="list-style-type: none"> • Duty To Involve • Regeneration of Communities • Develop a range of well designed, accessible and affordable housing for older people, including extra care provision

3. Best Practice

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

- Providing access to suitable and safe accommodation: Increase the availability of specialist accommodation for older and disabled people and their carers.
- Meeting the challenges associated with an ageing population by improving the quality of life for older people
- Ensure the County Council prioritises target audiences to increase engagement.
- Encourage appropriate consultation to secure community involvement and implementation of key objectives.
- Maintaining personal dignity: Improve disability Equipment services (including electronic assistive technology/telecare)

3.5 Does the policy contribute to better [community cohesion](#)?

N/A

Does it promote good relations between different communities?

Don't forget to transfer any issues you have identified in this section to the [Equality Action Plan](#)

4. Action Planning

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

4.1 Has an adverse impact been identified for one or more groups?

Has the consultation or data analysis shown anything in the policy, plan or service that results in (or has the potential for) disadvantage or discrimination towards people of different groups? Which groups?

The proposed procedure does not directly impact on specific groups of people, however the methods in which information is provide to people both during and after the consultation process, may have an impact on people's inclusion in the processes. If the consultation process is carried out without providing different methods and levels of communication, people with dementia, cognitive impairment or limited capacity may not fully comprehend the proposals.

There could be financial implication both for the County Council and self funders, who may have to pay more for private residential care, if no alternative NYCC accommodation is available

Residents who have dementia could be adversely affected due to the limited numbers of establishments who offer dementia services.

In rural areas identifying suitable placements may be more difficult than in urban areas, meaning that the residents may have to move away from the local community in which they live at present as well as relatives of these people having to travel further distances to visit their relative.

The implementation of this policy may adversely affect staff in terms of re deployment opportunities. The EPH's staff group are predominantly made up of women of all age groups.

4.2 How could the policy be changed to remove the impact?

Have you considered all the different options? If you feel that you don't have enough information to decide this, one of your actions may be around gathering more information.

The procedure itself cannot be changed, however if guidance suggested in the procedure/Communication Strategy and Project Plan is followed, the impact on the people involved may be less than anticipated inc the following examples:

4. Action Planning

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

- Provision of information in formats suitable to peoples needs.
- Using specialist advisors to support people with dementia, cognitive impairments or limited capacity.
- Robust financial assessments during the process to identify which people may be financially disadvantaged by the proposed closure process
- Inclusion of people living in the EPH's, in the full consultation process and following good practice guidance suggested by the DH and Duty to Involve Guidance.
- Comprehensive assessments of staff teams to identify which staff may be affected by the closure process – in terms of redeployment opportunities.
- Comprehensive assessments of the residents living in and receiving services from the EPH's to identify which people may be affected by the closure process – in terms of choices about future accommodation.

4.3 Are you planning to consult people on the outcome of this impact assessment?

When and how will you do this? How will you incorporate your findings into the policy?

Due to the sensitive nature of this procedure, No

4. Action Planning

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

4.4 Can any adverse impact be justified?

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

Identified and mitigated for adverse impact from the application of this procedure – however this procedure is likely to be applied in the implementation of a wider strategy aimed at replacing NYCC residential homes with extra care housing, which is aimed at maximising independence for people who require this type of accommodation.

4.5 Are equality and diversity principles promoted and mainstreamed?

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

Alongside this EIA a general ECH EIA has been completed, which covers equality and diversity issues related to the provision of ECH

4.6 Are there any other equality issues that haven't been covered through this impact assessment?

Are there any other sections of the community that are affected?

N/A

4.7 Service Performance Planning

Are equality issues addressed in your service performance plans?
How will the issues raised in this Impact Assessment be incorporated into your mainstream planning?

How will equality issues be monitored?

Alongside this EIA a general ECH EIA has been completed, which covers equality and diversity issues related to the provision of ECH

Don't forget to transfer any issues you have identified in this section to the [Equality Action Plan](#)

Equality Action Plan				
Issue	Considerations	Objective	Action	Timescale & Lead Officer
What are the key equality issues identified from the assessment and consultation and data analysis phases?	Are there any legal considerations/ implications? Can less favourable treatment be justified? Are there any other changes that need to be considered? Have you sought advice? Who from?	What outcome would you want to achieve? Is it achievable?	What improvements could you make to achieve this outcome? What resources will your require to achieve this outcome? All actions identified here should be included in your Service Action Plan/ Equality & Diversity Action Plan	
Provision of information in formats suitable to peoples needs.	No	Everyone affected by the proposed closure is provided with information in formats suitable to their needs.	Seek specialist advice Active involvement from the Steering Group established to manage projects.	As directed in Project Plan/Communication Strategy
Using specialist advisors to support people with dementia, cognitive impairments or limited capacity	Yes Mental capacity Act 2005	The Project Plan identifies the need to seek specialist advise for people with dementia, cognitive impairments or limited capacity	Identification of suitable advisors. Active involvement from the Steering Group established to manage projects.	As directed in Project Plan/Communication Strategy
Robust financial assessments during the process to identify which people may be financially disadvantaged by the proposed closure process	No	Minimal disadvantage is achieved related to people financial status	Sufficient time allocated to Assessment Teams to carry out the level of assessments expected	As directed in Project Plan/Communication Strategy

Inclusion of people living in, and using the service's provided in the EPH's, in the full consultation process and following good practice guidance suggested by the DH and Duty to Involve Guidance.	Yes	People feel that they have been consulted with throughout the consultation process	Active involvement from the Steering Group established to manage projects.	As directed in Project Plan/Communication Strategy
Ensuring people with diverse backgrounds maintain their social networks, particularly where there is limited access due to rurality.	No	North Yorkshire County Council need to ensure that people with diverse backgrounds maintain their social networks, particularly where this may be challenging due to rurality or lack of access.	Comprehensive assessments to ensure issue are picked up and acted upon.	Care Assessors/CSM
Comprehensive assessments of residents and people receiving services from the EPH to identify future accommodation and care needs.	No	To ensure that residents contribute to their assessments and have choices about their future accommodation	Comprehensive assessment to ensure that people are consulted with and that their options and choices are taken into consideration.	As directed in Project Plan/Communication Strategy
Use of brokerage services data to support care assessors/coordinators identify suitable placements.	No	To ensure that resident's choices are considered and that the placements are suitable for their accommodation and care needs.	Use of data through brokerage services.	As directed in Project Plan/Communication Strategy

Evaluation of staff teams to identify which staff may be affected by the closure process – in terms of redeployment opportunities.	Yes	To ensure that all staff regardless of equality or diversity categories, are given the same opportunities for alternative employment or other options.	Commence data collation of staff group.	As directed in Project Plan/Communication Strategy
Following the Communication Strategy to ensure that all those affected by the policy are included in the consultation process	Yes	To ensure a consistent approach with the consultation process across all localities, when an EPH has been identified for closure.	Active involvement from the Steering Group established to manage projects.	As directed in Project Plan/Communication Strategy
Following the Project Plan to ensure that a consistent approach is maintained when an EPH is identified for closure.	No	To ensure a consistent approach with the across all localities, when an EPH has been identified for closure.	Active involvement from the Steering Group established to manage projects.	As directed in Project Plan/Communication Strategy
Collating data about the equality and diversity categories of the resident and staff groups	Yes	To ascertain which people may be affected by the closure processes.	Active involvement from the Steering Group established to manage projects.	As directed in Project Plan/Communication Strategy
Evaluation of process and completion of Lessons learned log at the end of each closure process.	No	To capture ways of improving future home closure processes.	Active involvement from the Steering Group established to manage projects.	As directed in Project Plan/Communication Strategy
Collating Information regarding the abilities of the residents from the EPH, will be required to ascertain people's ability	No	To establish who may require specialist support to engage them in the consultation process.	Active involvement from the Steering Group established to manage projects.	As directed in Project Plan/Communication Strategy

to participate in the consultation processes as well as their physical ability to transfer to alternative accommodation.				
The whole of voluntary closure of an EPH Policy including the appendices require consultation with ACSMB, General Managers and operational Management.	No	To ensure that everyone is happy with the proposed Procedure and whether any amendments or additions to the policy are required.	Ratification of policy through ACSMB Completed 8.9.2010.	As directed in Project Plan/Communication Strategy

5. Publicity and Communication of the Equality Impact Assessment

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

	<u>Evidence</u>
<p>5.1 How will these results be published?</p> <p>Include reference to how results will be made accessible, plain English, summary/key points, who is the audience, eg staff, community, service user etc.</p>	<p>Through Implementation and distribution of the policy through usual Procedures, after ratification by ACSMB.</p> <p>Inclusion in General Procedure available on intranet</p> <p>Publication of Procedure & EIA on internet.</p>