HARINGEY COUNCIL

EQUALITY IMPACT ASSESSMENT FORM

Service: Urban Environment

Directorate: Strategic and Community Housing Service

Title of Proposal: Older People's Housing Strategy 2011-2021

Lead Officer (author of the proposal): Rosie Green, Housing Strategy and Partnerships Manager

Names of other Officers involved: Paul Dowling, Cleo Andronikou, Christine Joseph

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Step 1 - Identify the aims of the policy, service or function

State what effects the proposal is intended to achieve and who will benefit from it.

We have identified three main outcomes for the Older People's Housing Strategy 2011-2021:

1. to enable Haringey's older people to live independently for as long as possible
2. to improve the quality of older people's housing
3. to offer real housing choices to meet the needs of today's and tomorrow's older people

To deliver these outcomes a number of key priorities have been developed:

Develop a range of housing options that enable people to live independently for as long as possible

Key actions are to:

- Develop a range of models of housing for older people which offer choice, such as extra care housing, across all tenures that are affordable.
- Develop the use of assistive technology to enable people to stay in their own homes
- Make sure homes are as energy efficient as possible to reduce those households in fuel poverty
- Assist people who want to 'downsize' from a family home into smaller homes
- Adopt minimum space standards for new developments
- Agree minimum property specifications for council sheltered stock
- That older people can access practical support to get repairs done

Support the development of lifetime neighbourhoods

Key actions are to:

- Through the strategic commissioning pilot for extra care agree criteria for the development of new housing
- Influence planning and remodelling projects to take into account the housing and support needs of older people

Ensure specialist housing and support is targeted to those in most need

Key actions are to:

- Review eligibility criteria for supported housing to ensure Supporting People funding used appropriately and potentially redirecting resources to cater for other unmet needs
- Develop services to help sustain independent living for those with dementia
- Undertake further work in respect of BME elders and other minority groups to understand more fully their housing and support needs
- Consider the needs of the growing number of older people with learning disabilities
- Increase rehabilitation or 'step down' provision

Improve partnership working to provide joined up   services

Key actions are to:

- Develop an integrated model to provide a seamless service
- Work with housing providers to develop new services

Provide comprehensive advice and advocacy to help older people make choices about their housing and support

Key actions are to:

- Contribute to the Personalisation agenda so that older people are guided and supported to make their own choices
- Review literature about housing options and support services for older people
- Through older people's forums and groups explain the different options available

Ensure this strategy supports the wider Council agenda for older people

Key actions are to:

- Ensure current and future older people have a voice and can influence decisions
- Contribute to the Supported Housing Review
- Contribute to and influence the extra care commissioning pilot
- Support the implementation of Experience Still Counts
- Support the implementation of the safeguarding adult partnership

- Work with the NHS to ensure older people's housing meets the world class commissioning aim of 'add years to life and life to years'

It is intended that current and future older people and their family/carers who live in the Borough or aspire to do so will benefit from this strategy. The strategy is intended for all tenures of accommodation, from social rented to owner occupiers.

Step 2 - Consideration of available data, research and information

1.   Data Sources

For this strategy we have taken data from many sources including the Borough Profile, Joint Strategic Needs Assessment for Older People Phase 1 and 2, SPOCC (Supporting People's contract database), national ONS data as well as POPPI and PANSI (national database that provides projections based on ONS data) and the Ridgeway report on Haringey's Older People's Housing and Support needs analysis 2005.

Age and gender

In 2001, there were 48,295 people aged 50+ in Haringey which is approximately 22% of the total population. 45% (21,841) were male and 55% (26,454) were female (2001 Census).
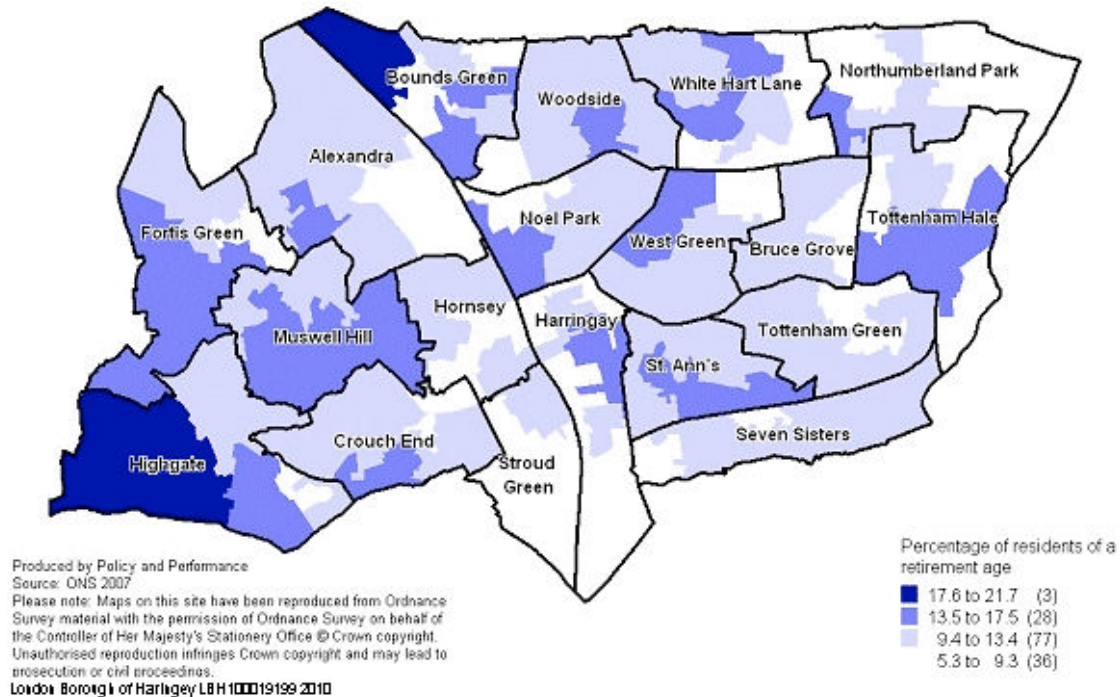
In 2009 it was estimated that there were 21,200 people aged 65+ which is approximately 9.4% of the total population (2009 Mid Year Population Estimates). About 43% (9100) were male and 56% (12,100) were female.

These numbers are similar to our neighbouring boroughs of Camden, Hackney, Islington and Newham. As with the rest of London the population over 65 declined slightly between 2001 and 2007 as a proportion of the total population. There is a marked difference in the number of older people living in the inner and outer London boroughs, with greater percentages of older people in the outer boroughs.

Map 1 shows the spread of older people across Haringey with highest proportion of residents of retirement age in Highgate and Bounds Green.

Map 1. Percentage of residents of retirement age

Percentage of residents of a retirement age (Women 60+, Men 65+)
Haringey Lower Level Super Output Areas
2007 Mid Year Estimates

Percentage of residents of a
retirement age

- 17.6 to 21.7 (3)
- 13.5 to 17.5 (28)
- 9.4 to 13.4 (77)
- 5.3 to 9.3 (36)

Produced by Policy and Performance
Source: ONS 2007
Please note: Maps on this site have been reproduced from Ordnance
Survey material with the permission of Ordnance Survey on behalf of
the Controller of Her Majesty's Stationery Office © Crown copyright.
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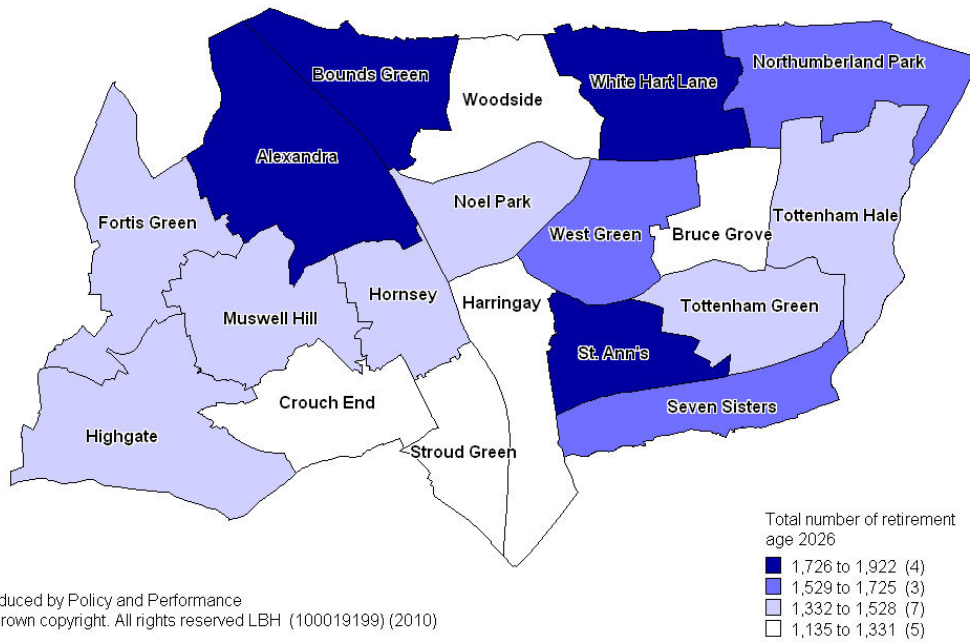London Borough of Haringey LBH 100019199 2010

It is interesting to compare this with projections for 2026 where there is a projected overall increase to 24,200 aged 65 and over. By the same year, the number of residents aged 10-39 is projected to fall by 3.4% while the number of those aged 40-69 years will grow by 22.4%

In 2026 the wards with the highest number of residents of retirement age will be Alexandra, Bounds Green, St Ann's and White Hart Lane.

Map 2. Total number of retirement age population 2026, Haringey wards

Total number of retirement age poplulation 2026
Haringey Wards
GLA 2008 low projections

Bounds Green
Woodside
White Hart Lane
Northumberland Park
Alexandra
Fortis Green
Noel Park
Tottenham Hale
West Green
Bruce Grove
Hornsey
Harringay
Muswell Hill
Tottenham Green
St. Ann's
Crouch End
Seven Sisters
Highgate
Stroud Green

Total number of retirement
age 2026
■ 1,726 to 1,922 (4)
■ 1,529 to 1,725 (3)
□ 1,332 to 1,528 (7)
□ 1,135 to 1,331 (5)

Table 1 below breaks the total number of retirement age population into gender and age bands. As would be expected there is a greater number of women than men. By 2030 the overall number of people aged 65 and over will increase by 6,700 and of these, 1300 will be 85+. It is this age group that typically requires more support and care than younger age groups.

Table 1. Gender and age[1]

Gender/age group	2010	2015	2020	2025	2030
Males aged 65-69	2,700	2,900	2,800	3,400	4,200
Males aged 70-74	2,500	2,200	2,500	2,400	2,900
Males aged 75-79	2,000	2,000	1,800	2,000	2,000
Males aged 80-84	1,000	1,400	1,400	1,300	1,500
Males aged 85 and over	800	900	1,100	1,400	1,500
Females aged 65-69	3,300	3,700	3,600	4,200	4,800
Females aged 70-74	3,000	2,800	3,200	3,100	3,600
Females aged 75-79	2,400	2,500	2,300	2,700	2,600
Females aged 80-84	1,600	1,800	1,900	1,800	2,200
Females aged 85 and over	1,700	1,800	1,900	2,300	2,400
Total population aged 65+	**21,000**	**22,000**	**22,500**	**24,600**	**27,700**

Ethnicity

In 2007 the majority of older people were white (67%), which is close to the 65.6% across all ages. This ranks Haringey as the fifth most diverse borough in the country. Based on Greater London Authority population projections, by 2026 BME groups will account for 36% of our population. In actual numbers of people, the biggest increase will be Black African and Chinese residents.

The next table (2) details the breakdown by age and ethnicity of our older people in Haringey.

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[1] Office for National Statistics

Table 2.
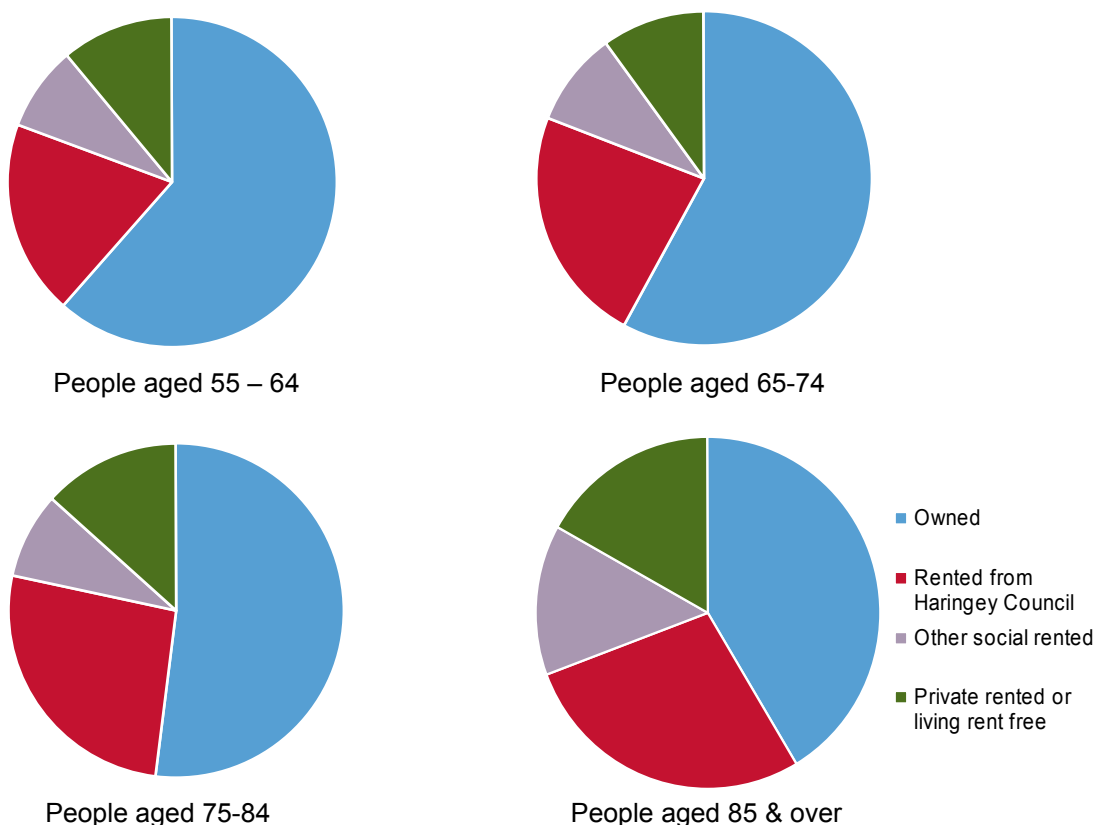*People aged 65 and over by age and ethnic group, year 2007[2]*

Ethnicity	People aged 65-74	People aged 75-84	People aged 85+
White (this includes British, Irish and Other White)	8,279	5,372	2,145
Mixed Ethnicity (this includes White and Black Caribbean; White and Black African; White and Asian; and Other Mixed)	236	101	21
Asian or Asian British (this includes Indian; Pakistani; Bangladeshi; and Other Asian or Asian British)	853	330	59
Black or Black British (this includes Black Caribbean; Black African; and Other Black or Black British)	2,184	876	124
Chinese or Other Ethnic Group	262	94	11
TOTAL	**11,814**	**6,774**	**2,361**

Tenure

The 2001 Census showed that 58% of people aged over 50 in Haringey were owner-occupiers. 73% of residents in Muswell Hill and 78% in Alexandra wards owned their own homes whilst only 38% in White Hart Lane and 40% in Northumberland Park do.

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[2] Figures are taken from Office for National Statistics (ONS) Table PEEGC163, Ethnic group of adults by custom age bandings, mid-2007. This table is a commissioned table from the Population Estimates by Ethnic Group. The Estimates, released in April 2009, are experimental statistics. This means that they have not yet been shown to meet the quality criteria for National Statistics, but are being published to involve users in the development of the methodology and to help build quality at an early stage.

Graph 1. Tenure and age[3]

People aged 55 – 64

People aged 65-74

People aged 75-84

People aged 85 & over

- Owned
- Rented from Haringey Council
- Other social rented
- Private rented or living rent free

The graphs above clearly show that there are greater numbers of owner occupiers in the younger age groups (61% people aged 55-64, 58% people aged 65-74 compared with 41% for people aged 85+). However we know that these figures are not evenly spread across the Borough. The requirements of the increasing numbers of home owners need to be reflected in the priorities of this strategy.

The health of our older people

Health significantly affects lives of older people and has a major impact on a person's ability to continue to live fulfilled d within their communities. Appropriate housing and location, with or without care and support, plays a key role in enabling people to live independently.
Life expectancy is rising generally, in line with national trends, but we remain below the national average for male life expectancy. Men in the west will live, on average, 6.5 years longer than those in the east[4] (Fortis Green 78.2 years and Tottenham Green 71.3 years).

Women's life expectancy is above the national average; while the east/west is divide is less apparent, the gap between the highest and lowest life expectancy has widened (Stroud Green, 86.5 years and White Hart Lane and Tottenham Hale, 76.8 years).

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[3] Office for National Statistics 2001 Census
[4] Haringey Borough Profile 2010

Data from the General Household Survey, carried out in 2004 indicated that by 2008, 6,947 people over 65 would be living alone. Of these, 4518 would have a limiting long term illness[5].

The number of people living alone is projected to rise to 9,096 by 2025, and of this number, those living alone with a limiting long-term illness is predicted to increase to 5,521 over the same period.
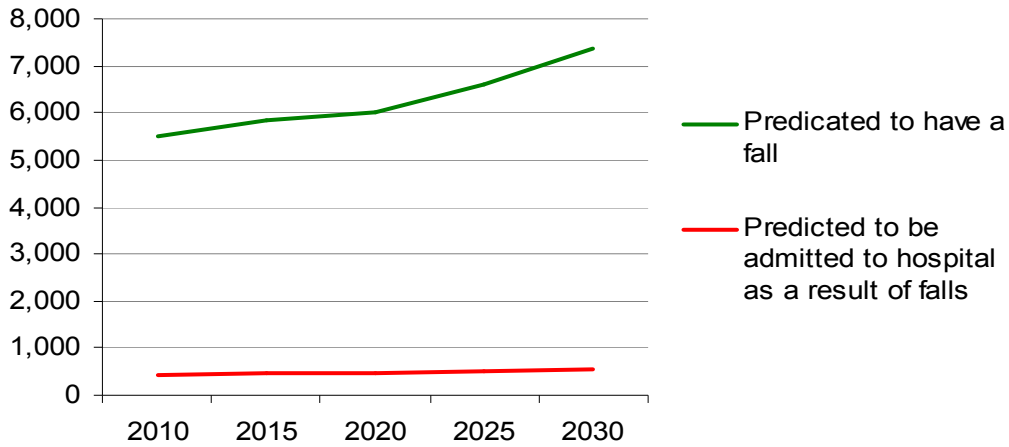
Graph 2 shows the projected numbers of older people likely to suffer from the top 5 health conditions[6]


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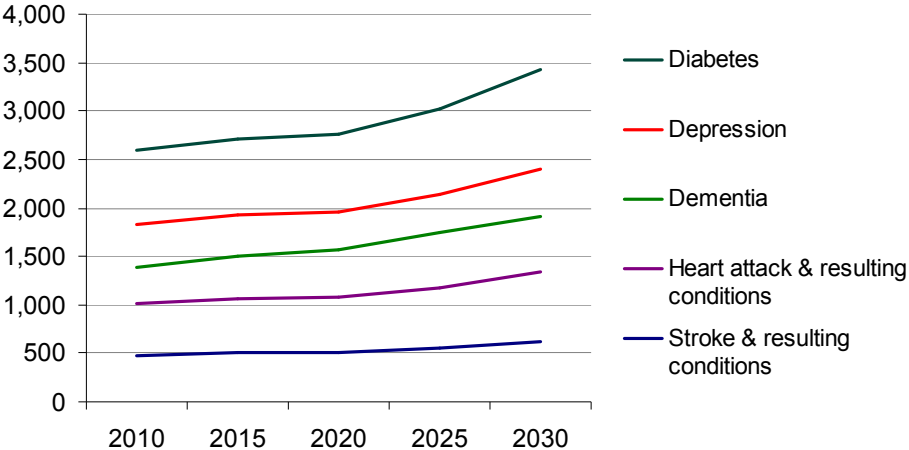
[5] (Figures are taken from Office for National Statistics (ONS) Table C0839, Age (65 and over in 5 year age groups) and Limiting long-term illness (LLTI) by household size, a commissioned table from ONS using information from the 2001 census. Numbers have been calculated by applying percentages to projected population figure)

[6] Projecting Older People Population Information System (POPPI) Department of Health

Graph 3 shows the projected numbers of older people likely to have a fall and admitted to hospital as a result. NB this does not include those taken to hospital for emergency but not admitted[7]

Graph 4 below shows the projected number of people likely to have mobility problems[8]
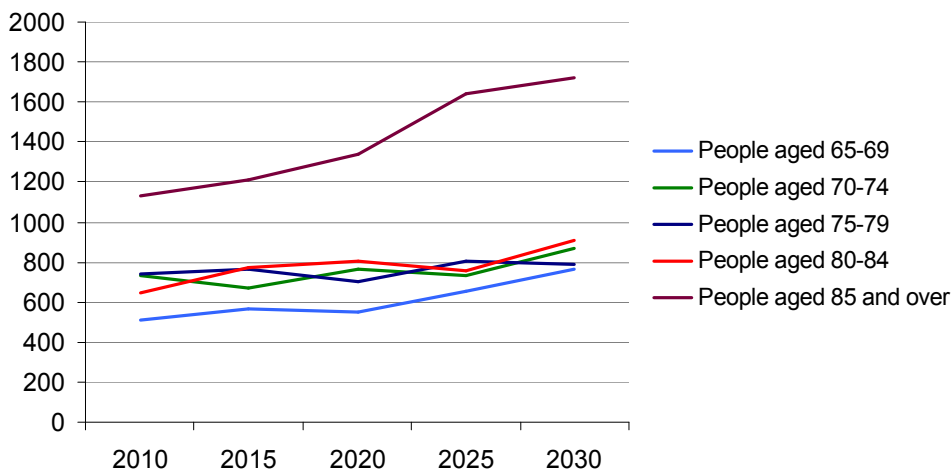
[7] Projecting Older People Population Information System (POPPI) Department of Health
[8] Projecting Older People Population Information System (POPPI) Department of Health

2 a) Using data from equalities monitoring, recent surveys, research, consultation etc. are there group(s) in the community who:

- *are significantly under/over represented in the use of the service, when compared to their population size?*

The intention of the strategy is to establish the composition of our current and future older people so that this understanding can be used when planning services.

- *have raised concerns about access to services or quality of services?*

From examining the data and from consultation on the strategy there are concerns about access to services provided to older people by those who are owner occupiers irrespective of gender or race. This strategy, through the agreed outcomes and priorities intends to address this. This will be achieved through the Delivery Plan.

Lack of information about services has been identified as a concern and again this is one of the priorities

- *appear to be receiving differential outcomes in comparison to other groups?*

It is clear from the data sources that older people in the west of the Borough have a greater life expectancy than those in the east. We know the reasons for this include better health through less smoking and better diet, better housing and a greater income and the affect this has. However we also know that on average the last 10 yeas of life are spent in ill-health so we need to plan for this for all older people.

Older people who live in social rented properties are more likely to be able access housing related support. This is not personal care but low level support that includes a daily check, help with form and claiming benefits, supporting access to health services and promoting social inclusion etc. This support can often prevent higher level/acute interventions.

We need to ensure this type of service is accessible to all, regardless of tenure.

We also need to ensure that the provision of specialist housing schemes such as sheltered, community good neighbour and extra care housing is evenly spread across the Borough.

2 b) What factors (barriers) might account for this under/over representation?

These are identified above

Step 3 - Assessment of Impact

Using the information you have gathered and analysed in step 2, you should assess whether and how the proposal you are putting forward will affect existing barriers and what actions you will take to address any potential negative effects.

3 a) How will your proposal affect existing barriers? (Please tick below as appropriate)

Increase barriers?	Reduce barriers? ✔	No change?

Comment

The response to the strategy has been very positive. It is viewed as a document that will help address many of the issues that older people face in their housing and support options. It is seen and intended to be a document that will reduce barriers

3 b) What specific actions are you proposing in order to respond to the existing barriers and imbalances you have identified in Step 2?

There are no barriers and imbalances identified that need to be addressed through this EIA

3 c) If there are barriers that cannot be removed, what groups will be most affected and what Positive Actions are you proposing in order to reduce the adverse impact on those groups?
N/A

Step 4 - Consult on the proposal

Consultation is an essential part of impact assessment. If there has been recent consultation which has highlighted the issues you have identified in Steps 2 and 3, use it to inform your assessment. If there has been no consultation relating to the issues, then you may have to carry out consultation to assist your assessment.

Make sure you reach all those who are likely to be affected by the proposal, ensuring that you cover all the equalities strands. Do not forget to give feedback to the people you have consulted, stating how you have responded to the issues and concerns they have raised.

4 a) Who have you consulted on your proposal and what were the main issues and concerns from the consultation?

We have consulted widely on the Older People's Housing Strategy using the Councils Community Engagement Framework as a tool to do this. We also used the Compact proofing tool to ensure it met with these principles.

The consultation took place over 3 months and from the multi-partnership strategy development group we formed a small consultation group to ensure we included all aspects of consultation plus engaging older people or their representatives from all areas of the borough, and that all older age and gender were represented.

The consultation consisted of:
- publishing the strategy on our webpages and asking for views
- press articles and article in Haringey People and Homes for Haringey newsletter – Homezone
- article to 900+older people through Haringey's Forum for Older People newsletter plus sending a summary copy of the strategy
- meetings at sheltered housing schemes
- meetings of owner occupiers
- AGM of Haringey Forum for Older People focussed on the strategy
- A specific consultation event for colleagues, partners and older people on the strategy
- Overview and Scrutiny Committee
- Integrated Housing Board and Supporting People Partnership Board

Overall the feedback on the strategy has been very positive and the outcomes and key priorities agreed with. Concerns have been related to funding and how that will be sourced to achieve priorities.

4 b) How, in your proposal have you responded to the issues and concerns from consultation?

We have used the feedback to amend the draft consultation strategy and develop the Delivery Plan. We have talked through concerns where possible when they have been raised and assured that where we can these will be dealt with. This requires a balance between what people would like us to do and what is possible to actually achieve. There needs to be a balance. Where we can we have indicated why it is not feasible to do a certain thing.

When the consultation is complete we will write it up and publish on our website in line with the Community Engagement Framework.

4 c) How have you informed the public and the people you consulted about the results of the consultation and what actions you are proposing in order to address the concerns raised?

Please see above

Step 5 - Addressing Training

The issues you have identified during the assessment and consultation may be new to you or your staff, which means you will need to raise awareness of them among your staff, which may even training. You should identify those issues and plan how and when you will raise them with your staff.

Do you envisage the need to train staff or raise awareness of the issues arising from any aspects of your proposal and as a result of the impact assessment, and if so, what plans have you made?

We do not envisage the need for any staff training to arise from the strategy. The implementation of the Delivery Plan may result in this being required, but this will be dealt with separately.

Step 6 - Monitoring Arrangements

If the proposal is adopted there is a legal duty to monitor and publish its actual effects on people. Monitoring should cover all the six equality strands. The purpose of equalities monitoring is to see how the policy is working in practice and to identify if and where it is producing disproportionate adverse effects and to take steps to address the effects. You should use the Council's equal opportunities monitoring form which can be downloaded from Harinet. Generally, equalities monitoring data should be gathered, analysed and report quarterly, in the first instance to your DMT and then to the Equalities Team.

What arrangements do you have or will put in place to monitor, report, publish and disseminate information on how your proposal is working and whether or not it is producing the intended equalities outcomes?

- *Who will be responsible for monitoring?*

  The Integrated Housing Board will be responsible for monitoring the Older People's Housing Strategy and ensuring that the Delivery Plan is implemented. The Delivery Group will also have responsibility for monitoring the progress of the action plan at their regular meetings

- *What indicators and targets will be used to monitor and evaluate the effectiveness of the policy/service/function and its equalities impact?*

  There are no specific indicators. Monitoring will be through the implementation of the Delivery Plan. This will be reviewed annually and progress reported to the IHB.

  We will use our Access database to monitor the progress of the Delivery plan – this enables us at a glance to see the RAG indicator and take action where needed in a timely manner to address those not being met.

- *Are there monitoring procedures already in place which will generate this information?*

  No

- *Where will this information be reported and how often?*

  The information will be reported to the IHB and to the Delivery Group as well as on an adhoc basis to other groups/boards such as the Supporting People Partnership Board.

Step 7 - Summarise impacts identified

In the table below, summarise for each diversity strand the impacts you have identified in your assessment

Age	Disability	Ethnicity	Gender	Religion or Belief	Sexual Orientation
Older People and stakeholders have influenced the Older People's Housing Strategy to shape the service they want over the next 10 years. The development of range of housing and support choices, with a range of tenures will benefit all older people	The strategy promotes lifetime homes for older people, therefore takes into account the needs of people with disabilities. Development of extra care housing will also expand the choice for people with disabilities. Promotion of Telecare demonstrate a further commitment to ensuring specific needs are met	The views of BME groups were sought as part of the consultation and included within the strategy. The BME groups told us that they did not want race/cultural specific housing schemes but specialist housing needs to be integrated and reflect the local community	No adverse impact is envisaged. The strategy will benefit all older people	No adverse impact is expected. The strategy will benefit people with religious beliefs and those without belief.	No adverse impact is expected. The strategy will benefit older people whatever their sexual orientation.

Step 8 - Summarise the actions to be implemented

Please list below any recommendations for action that you plan to take as a result of this impact assessment.

Issue	Action required	Lead person	Timescale	Resource implications
Strategy to be available in appropriate format	Publish in 22 font	Rosie Green	April 2011	Cost of printing
Ensure strategy is available to all older people in Haringey	Publicise through libraries, press releases and forums/groups for older people	Rosie Green	By July 2011	Staff time
Housing choice and support is available to all older people	Delivery Plan addresses these issues	Delivery Group	Through life of strategy	Within current resources
Data to be up to date to aid planning	Demographic data to be refreshed regularly (Borough profile, Joint Strategic Needs Assessment, Census, ONS) to ensure data is up to date	Delivery Group	Through life of strategy	Within current resources

Step 9 - Publication and sign off

There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but also to make the whole process and its outcome transparent and have a wider community ownership. You should summarise the results of the assessment and intended actions and publish them. You should consider in what formats you will publish in order to ensure that you reach all sections of the community.

When and where do you intend to publish the results of your assessment, and in what formats?

It will be published along-side the strategy and accompany the strategy through the democratic approval process.

It will also be available in larger print and other languages if required

Assessed by (Author of the proposal):

Name: Rosie Green

Designation: Housing Strategy and Partnerships Manager

Signature:

Date: 6.1.11

Quality checked by (Equality Team):

Name:

Designation:

Signature:

Date:

Sign off by Directorate Management Team:

Name:

Designation:

Signature:

Date: