

Equality Analysis (EA)

Review of Older Peoples Day Services in LBTH

Financial Year
2015/16

Section 1: General Information

1a) Name of the savings proposal: Review of Day Services for Older People

1b) Service area: Adults' Services Directorate, London Borough of Tower Hamlets

1. This Equality Analysis [EA] relates to the proposed Review of Older People's [OP] Day Services. Over the next 10 years, the number of older people living in Tower Hamlets is expected to increase significantly, alongside increased life expectancy. The number of residents aged 65 years and over will see an increase of over 22%. Within this, the number of 85 year olds is projected to increase by 46.7% - the largest increase across any five year age group¹.

See Appendix A

Current decision rating



1.2 This EA seeks to analyse the impact of the proposed service model and recommendations for service scoping and delivery of older people's day services. This is following a review of Older People's Day Services which examined the purpose of day opportunities, and the occupancy rates and activities provided. This EA requires Level 2 consultation with the public.

2a) Section 2 – information about changes to services

2.1 The Council currently funds two in-house day opportunity services (excluding Russia Lane Dementia Service) and nine further spot contracted services which support around 290 service users in the borough. This costs £1,858,049 per annum on the larger contracts and a further £140,000 on the smaller spot contracts. The annual expenditure is £1,998,049 which averages to approximately £6,998 per person per year.

2.2 The Council currently spends £1,858,049 on the in-house and external day services for older people who meet the Council's eligibility criteria under The Care Act (2014). This figure is based on the external day services, previously on a block contract but now subject to spot contract arrangements (St Hilda's weekend service, Sonali Gardens and Sundial Centre) and the two in-house services, Riverside and Mayfield House. This excludes the cost of the Russia Lane Day Service for people with Dementia, as this provision was not considered for the purposes of the review - it being a specialist service and therefore out of scope.

2.3 Subject to the final outcome of the '*Review of Older People's Day Services*', there are a number of significant changes proposed to the current service where equality implications need to be thought through. The Review examined occupancy rate, and activities – this vary across the services - along with the needs of those accessing the service. The Review proposes that the purpose of day opportunities is looked at again, as well as the service model and recommendations for service scoping and delivery. The proposed service model recommends:

¹ Population Key Facts, Research Briefing 2013, LBTH Corporate Research Unit

a) **Dedicating the Current In-House Service at Jack Dash House as a Complex and High Needs Service.** This is to meet the growing demand for frail elders with complex needs. This is about enhancing current in-house service provision of Riverside Day Service at Jack Dash House to enable intensive reablement for people with high care needs for limited episodes of care and to offer longer term support for those who have high care needs .

b) **Establishing a Preferred Provider Framework** with a clear quality outcomes service specification for community hub day opportunity services for those who are eligible. This should improve the experience for service users based on what our customers have identified as what they need from these services. The establishment and modernisation of a preferred provider framework will enable the Council:

- to drive up and monitor quality standards;
- provide value for money for service users/ customers of the service; and
- review service provision so that services are the ones that reflect local people's needs.

c) **Re-provision** of the in-house service provided to Somali elders at Mayfield House. This means changing the provision for this community that is currently provided for Mayfield House day centre to be provided from more suitable premises. This resource is grossly underutilised, it does not meet the needs of Somali women who do not attend the service and does not seem to demonstrate value for money. Mayfield House currently supports only men from Somaliland. The building lacks full disability access, separate seating/activity/toilets/washing and prayer space for male and female which has deterred women from using the service. The building is on the main road so it is difficult for transport to stop to drop off customers to the Centre. Any such service should also meet the need of Somali elder women who are not currently accessing services. *At the moment, there is a lack of service provision for Somali Elder women in the borough.* The aim for the future is to ensure current service users are able to access and receive support in a service which has the facilities available which meet cultural and religious requirements.

d) **A Partnership Approach** across the Universal Services, working with lunch clubs, LinkAge Plus, specialist services, advice and advocacy and carers services to offer a clear directory of services, access information and support as part of the Adult's Practice Framework offer for service users. This will include a commitment to market development and a collaborative approach to capacity building across health, social care and the statutory sectors.

e) **Support providers and operational teams** to implement the changes of the Care Act 2014. This new law has created a statutory duty to provide advocacy and support to Carers both through the Council and providers. Further details can be found <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

2.4 The methodology for the review included:

- a) Reviewing best practice guidelines from government, national and local organisations based on research, policy and benchmarking;
- b) Reviewing and analysing demographic trends and projections to support future mapping and planning;

- c) Appraising policy and legal requirements and assess how it can be embedded into service design and delivery of services in adult social care;
- d) Reviewing existing services, (in house and all spot arrangements) based on activities, attendance, facilities, budget, and resources;
- d) Cost analysis of day services rates across in-house, external and local London boroughs for benchmarking;
- e) Extensive consultation with existing eligible service users, staff, carers, public health, operational leads and focus groups.

2b) Equality implications of this Review

The proposed service model recommendations seeks to modernise and improve the current Day Opportunities Service for existing and new service users to ensure it:

- Meets local needs and aspirations;
- Is equitable across all communities in Tower Hamlets;
- Commissions the best quality care for the best possible price;
- Explores new ways of delivering the services so that the council can manage increased demand without risking its statutory responsibilities;
- That service users value day opportunities services which is culturally sensitive, supportive of their needs and cohesive.

In summary, the Equality Analysis identified the equality impacts below and the mitigating action to be taken:

Language Barrier

1. This risk will be mitigated by providing service users with access to staff or interpreters who speak Somali. Staff can also signpost to advocacy services as appropriate.
2. Strategic Commissioning will develop a service specification which demands that all services demonstrate how they will meet the cultural needs of service users.

Social isolation

3. Managing the risk of current service users refusal or not engaging with re-provision. This will need to be considered as a risk, when progressing with the recommendation and how it will be managed.

Meals provision

4. Any re-provision of services should take into account of lunch provision so that they meet cultural dietary needs including Halal and are suitable for all communities including the Somali community.

Gender

5. Any changes to the service may impact on Muslim Somali elder men. Service users could be provided with an opportunity to visit other Day Centres to look at the facilities available. However, this is likely to have a positive impact on women

Religion

6. Any changes to the service may impact Muslim Somali elder men. Service users could be provided with an opportunity to visit other Day Centres to look at the facilities available such as Sonali Gardens which provides separate facilities for men and women. This is likely to have a positive impact for women.

Age

7. Any changes to the service will impact on older Somali men. This will have a positive impact as it will encourage a more integrated community and be more in line with our 'One Tower Hamlets' vision. Mitigating action: As for religion and gender.

Disability

8. The Day Opportunity Service will need to consider mitigating potential adverse impact by deciding who falls within high need and how often the need will be reviewed so that it is able to meet increased demand, and re-able as many service users as possible or refer back for higher need social work assessment. More data is needed to identify how many high need service users are likely to require the service in a year and how they will all be offered the service, instead of having the same cohort of (35-40) service users accessing it.

This impact assessment considers the equalities implications for introducing the above options.

Conclusion - To be completed at the end of the Equality Analysis process

(the exec summary will provide an update on the findings of the EA and what outcome there has been as a result. For example, based on the findings of the EA, the proposal was rejected as the impact on a particular group was unreasonable and did not give due regard. Or, based on the EA, the proposal was amended and alternative steps taken)

Name:

(signed off by)

Date signed off:

(approved)

Service area:

Adult's Strategic Commissioning, Adult Services Directorate, London Borough of Tower Hamlets

Team name:

Policy, Programmes and Community Insight

Service manager:

Barbara Disney

Name and role of the officer completing the EA:

Nasim Patel, Strategy Policy and Performance Officer

Section 3 – Evidence (Consideration of Data and Information)

What initial evidence do we have which may help us think about the impacts or likely impacts on service users or staff?

Evidence to assess the equalities implications: Tower Hamlets in the future- Population pressures

Tower Hamlets Demographic Information

3.1 The 2012 Mid-Year Estimate from the Office for National Statistics put the population of Tower Hamlets at 263,000. The Borough rank at 14th out of 33 London Boroughs based on the number of residents, and is deemed as a mid-sized local authority.

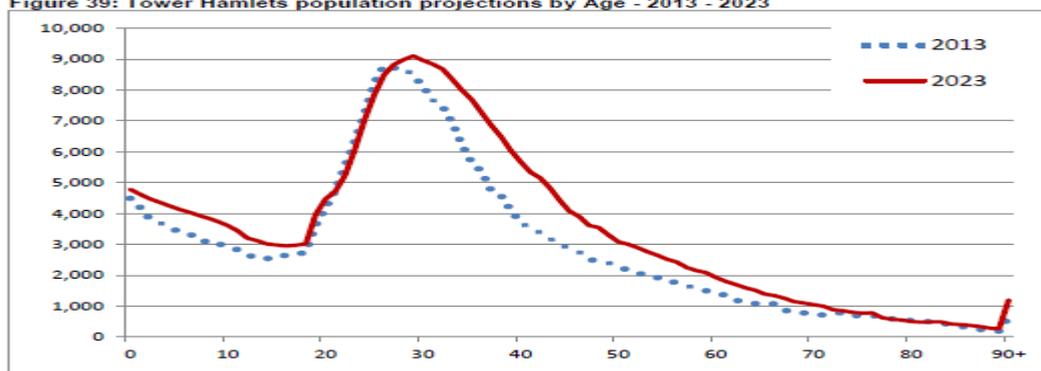
3.2 In England, there is a growing ageing population, particularly in the 65 and over age groups. Analysis of data shows that the London Borough of Tower Hamlets has a specific demographic profile with 49% of all residents in the age group of 20-39. Tower Hamlets is the 2nd most densely populated borough in London at 13,296 residents per kilometre². Based on the 2011 Census, Tower Hamlets was the fastest growing area in the country over the last ten years with the population increasing by 27%. The expectation is that over the next ten years, the population will increase by an additional 20% to reach 320,000 residents by 2013³. According to GLA SHLAA based projections, Tower Hamlets will be the 3rd fastest growing Borough in London (across 2013-2023) after the City of London⁴ and Greenwich.

Population over 65 data

3.3 The population in the over 65's age group only equates to **6%** of the overall resident population, the lowest in England, where the average sits at 11.3%. Newham has the second lowest over 65 population at 6.8% followed by Hackney at 7.1%. ⁵

3.4 When looking at the census data of 2012 and the previous ten years to 2012, population projections by age over the next 10 years is showing an increase across all age groups but with a significant increase in the working age population - 56% of the total residents being in the age range of between 30-49 years of age⁶. The number of residents aged 65 years will also see an increase of over 22%. Within this age group, the number of 85 year olds is projected to increase by 46.7% - this being the largest percentage increase across any 5 year age group.⁷

Figure 39: Tower Hamlets population projections by Age - 2013 - 2023



Source: GLA 2012 SHLAA Population Projections

² Population Key Facts, Research Briefing 2012-13, LBTH CRU

³ IBID

⁴ City of London is projected to be fastest growing area in the GLA projections partly because it starts from a low population baseline (less than 8000 residents in 2013)

⁵ ONS 2012 midyear estimates.

⁶ GLA 2012 SHLAA Population Projections

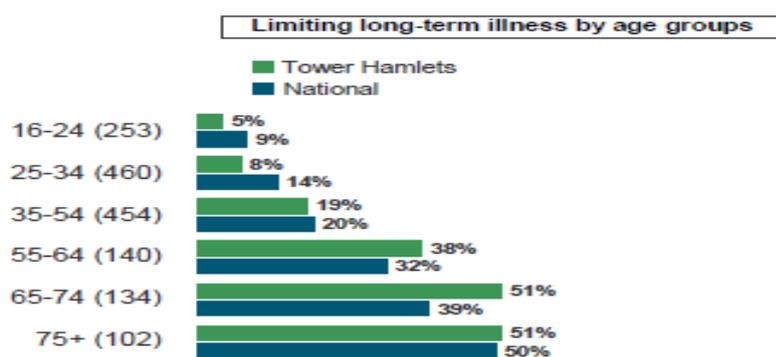
⁷ Population Key Facts, Research Briefing 2013012, LBTH CRU

3.5 When this percentage is translated into population terms, this equates to an additional **3,500** residents in the 10 years from 2013. Of these **923** are expected to be in the over 85 years age group. **Current capacity in services would not be able to manage the demand without expanding the current older people’s day opportunities market place.** This will need to consider the prevention and rehabilitation needs of service users from an age band of 50 years old and upwards, in order to supply services to meet the broad and divergent health and social care needs that will be presented in later life, as well as services equipped and skilled at supporting frail elders.

Older People: Health and Wellbeing

3.6 Nationally, the focus when projecting demand for social care tends to be on the ‘ageing population’, usually focusing on people aged over 65, since older people are, statistically, significantly more likely to require support from both health and social care services. In particular, those aged 85+ are far more likely to be users of health and social care services (as a proportion of their population).⁸ This is certainly true in Tower Hamlets, with older people more likely to experience long term conditions, and multiple co-morbidities, when compared both to national figures, and to the younger population in the Borough.⁹ This can be seen in Fig. 1, below.

Fig. 1: Prevalence of limiting long-term illness by age group across Tower Hamlets – (Fig. 3, Tower Hamlets Older People JSNA – Health and Lifestyle Survey Report, 2009)



3.7 The chart shows that people aged 55-64 years in Tower Hamlets are also significantly more likely to suffer from long term conditions than other people of their age nationally, reflecting the significant social-economic deprivation in Tower Hamlets and a factor resulting in health inequalities.

⁸ JRF / Counsel and Care, 2006

⁹ Tower Hamlets Older People JSNA Factsheet, Chapman / Clifford, 2011

National policy context

3.8 “Day services” is an umbrella term that covers both day activities and day care. We want to move away from a traditional approach to service provision and move more towards a more ‘day opportunities’ approach which encourages more active participation in the community, including volunteering. ‘*Day activities*’ are those that are delivered in the community and support older people who have lower level support needs. These may include formal and informal settings including universal services; centres run by voluntary sector organisations, drop-in centres, lunch clubs, social clubs and keep-fit activities and may or may not include staff and volunteers. ‘*Day care*’ implies a specific need that would not be met by day activities. It suggests a greater degree of dependency by the person using the service, and a care plan would be in place to document the individual’s need and how it would be met.

3.9 A number of policies have helped inform and shape services for older people’s day services such as the ‘*National Service Framework for Older People 2001*’ (Dept. of Health). This along with ‘*Next Steps: A New Ambition for Old Age - Caring for the future 2012 DOH Policy*’, set out the standard expectations in the delivery, support and outcomes expected when services are provided to older people. The Transforming Adults’ Social Care drive across local authorities developed further outcomes for adults and older people, including key themes such as:

- improve health and emotional wellbeing,
- improve quality of life,
- help people make a positive contribution,
- increase freedom from discrimination or harassment,
- enhance personal dignity and respect,
- mental Health in old age,
- complex needs, and
- urgent care.

The Care Act 2014

3.10 The Care Act 2014 brings a renewed emphasis on providing services that promote well-being and independence. It is about supporting people to retain or regain their skills and confidence. It aims to prevent support needs or delay deterioration and therefore reduce dependency. Recovery, wellbeing, prevention/reduced dependency and local networks are all core themes running through the Care Act.

3.11 Each Local Authority **must** provide or arrange for services, facilities or resources which prevent delay or reduce individuals’ needs for care and support, or for support of carers’¹⁰. Day services in Tower Hamlets play an important role for both the cared for and the carer. They feed into primary prevention and rehabilitation through their focus on reducing social isolation and loneliness through social activities, and improving health outcomes through health promotions and physical activities. Services can also provide access to basic information and advice. There is a strengthened focus on the local authority and its universal responsibilities, with an opportunity to redesign services that better meet users’ needs and aspirations.

¹⁰ Consultation on draft regulations and guidance for implementation of part 1 of the Care Act in 2015/16. Care and Support Statutory Guidance: Preventing, reducing or delaying needs, p17

Value and Purpose of Day Services:

To offer:

3.12 A broad spectrum of good quality day services which are an essential part of a plan to support the majority of older people in their wish to remain in their own homes; and pursue active and fulfilling lives for as long as possible. Older people are not a homogeneous group. The population of Tower Hamlets in the age range from 65 to 100+ includes differences in terms of health, fitness, interests, culture and faiths. It has been essential that the review reflects on this and considers a broad range of day services as possible to ensure that the differing needs of diverse groups within the community are taken into account.

3.13 For the statutory services the benefits include:

- Promoting effective use of inpatient services including preventing unnecessary hospital admission and supporting early and successful discharge. It will also help to reduce the risk of readmission.
- Promoting greater capacity and effective management of personal care services. Offering the opportunity to identify changes in the physical, social and psychological state of the users.

The role of day services in rehabilitation and risk management

3.14 Day services are not solely about providing socialisation and support for the isolated and respite for unpaid carers. They also provide a service:

- as part of a rehabilitative, recovery and preventative programme of care for people at risk of, with, or recovering from clinical depression, severe anxiety states or psychosis, some of whom are within the care of the Mental Health Service;
- as part of risk management for people who may be at risk of self-neglect or abuse;
- to help manage the risk for some people who are mainly at home for large parts of the day and, for example, may have dementia and be at risk of wandering; or
- people may attend a day service because they have been advised that this is in their best interest or to provide their carer with some respite. A person must consent to go to a day service.

Results from the Adult Social Care Service User Survey 2014-15

3.15 The Adult Social Care User Survey was sent to 3,479 service users of all age groups who were in receipt of 'Long Term Services' [as defined by the Short and Long Term (SALT) Guidance 2015]. Therefore this represents a snapshot of supported clients at year end where the long term support is 'ongoing'.

3.16 838 service users completed the survey. The survey covers all service users aged 18 and over receiving services funded wholly or in part by Adult Social Care Services during 2014-15. It aims to learn more about whether or not the services are helping them to live safely and independently in their own home, and the impact this has on their quality of life. The results below show generally good satisfaction levels with day care provision. In the survey, 136 people

who receive daycare, responded to the daycare related question. A further breakdown shows that out of these 70 service users were people with Learning Disability need and 66 people without Learning Disabilities.

3.17 The results below show that 71.3% of respondents said that they were 'very satisfied' with day care services in the borough, and which is pertinent to this Equality Analysis.

1	Overall, how satisfied are you with the care and support services you receive?	Day care
	I am extremely/very satisfied	71.3%
	I am quite satisfied	17.8%
	I am neither satisfied nor dissatisfied	3.9%
	I am quite dissatisfied	4.7%
	I am extremely / very dissatisfied	2.3%

93.2% of service users said that the daycare help them have a better quality of life.

2b	Do care and support services help you to have a better quality of life?	Day care
	Yes	93.2%
	No	6.8%

72.9% of service users said that the support received at day-care helps them to stay as independent as possible.

24	How far do you agree with this statement: "The support I get helps me to stay as independent as possible"	Day care
	Strongly agree	
	Agree	72.9%
	Neither	20.9%
	Disagree	6.2%
	Strongly disagree	

Existing provision of Day Services in Tower Hamlets

3.18 Currently the Council funds two in-house day opportunity services and a further nine Third Sector providers through spot contract arrangements, as outlined in the table below:

Name of service	Accessed by (all note open to all)	Internal/external
Riverside House	General population	In house
Mayfield	Somali population	In house
St Hildas Sonali Gardens	Primarily Bangladeshi Population	External
St Hildas Sonali Gardens - Weekend Service	Primarily Bangladeshi population	External
St Hildas Landsbury	General Population	External
Peabody - Sundial Centre	General population	External
Jewish Care	Jewish Elders	External

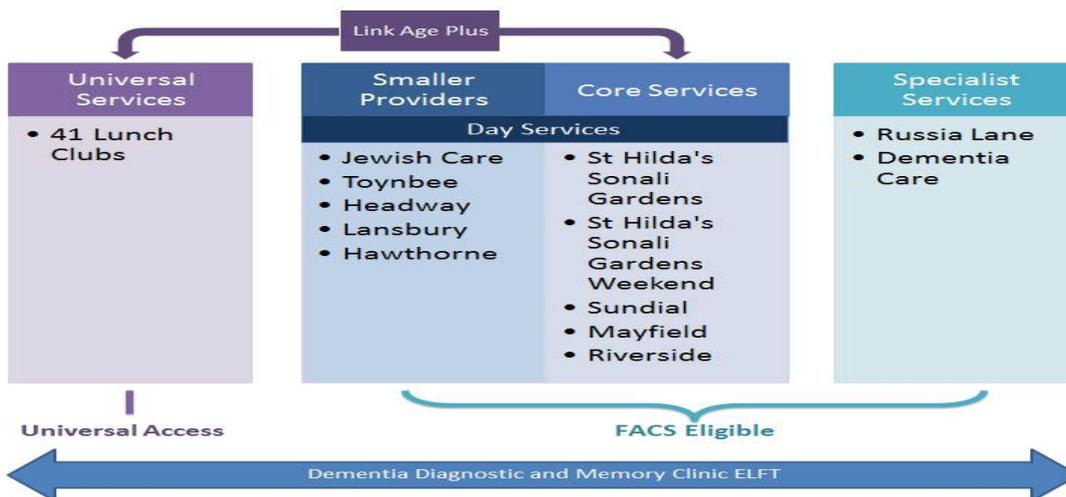
Headway (specialist acquired brain injury service)	General population	External
Toynbee Hall	General Population	External
Bromley By Bow	General Population	External
Hawthorne Green	General Population	External

3.19 The review focused on services where there is a contracting arrangement for those aged over 65 years and who met the FACS eligibility criteria. For older people from the age of 50 and over, the council currently funds a range of lunch clubs increasingly aimed at providing a service that promotes health and wellbeing.

3.20 Furthermore, **LinkAge Plus** was commissioned again from 31st March 2014, involving a collaboration of five local partner organisations. This service is jointly funded by Tower Hamlets Clinical Commissioning Group (CCG). The service aims to increase wellbeing and prevent the need for more costly health and social care intervention for Older People in Tower Hamlets by addressing the following:

- Falls prevention through outreach work, physical activities, liaison with the Health services and balance and strength training courses,
- Reducing depression through outreach work, and mental health promotion,
- Health Promotion through a programme of activities,
- Reducing social isolation through outreach work and group activities,
- Increasing participation through volunteering,
- Maximising people’s income through advice sessions and signposting to other advice and advocacy services.

3.21 The table below illustrates services available by providers:



Occupancy of current core day services

3.22 All services apart from the two in-house services are paid under **spot contracts as of 1st April 2014**. The table below highlights the core services and average attendance during the financial year of 2012-13 capturing eligible service users only. With the demographic data telling us there is a growth in elders to support, it is vital to look at current usage and capacity to support future development and map need.

Service	Capacity per day	Average daily attendance	% as Capacity
Riverside	40	30.6	76.5%
Mayfield House	30	4.26	14.2%
Sonali Gardens	40	27.08	67.69%
St Hilda's Weekend	12	9.52	79.33%
Sundial	30	21	70%

There are two key points to note when looking at the figures above:

3.23 Sonali Gardens figures are hugely impacted by a six week period of Ramadhan each year where occupancy can fall to almost half. This will also be a factor for Mayfield.

3.24 Mayfield figures are based on service users who are eligible only. This service is attended also by friends of male service users who had accessed it previously for the lunch club or who are no longer eligible. The needs of attendees differ greatly and the staff team have worked consistently to support all with emphasis on those most vulnerable, but risks have been posed by visitors by negatively intervening, whilst staff provide support to eligible service users. *This figure can include up to 10 service users per day who do not have eligible needs.* There are currently 13 eligible service users who attend Mayfield. Of these, there are currently at least two service users who are currently being supported but will be requiring more specialist Dementia Services in the near future. **No women** currently access this service.

3.25 The Riverside service currently supports a higher proportion of service users with higher needs associated with frailty and physical disability. With a higher proportion of service users attending who are wheelchair bound, on some days the service cannot support service users to the original capacity of 40 due to the physical space required. The service however could continue to deliver meeting the higher end support needs of 35 service users per day. If using this more appropriate occupancy per day, the daily occupancy level would register at 87.4%.

3.26 However all other core services noted do have the capacity on various days across the week to take on new referrals. Services have been supported to publicise and market their provision with social work and brokerage teams; and have a daily rate as part of the offer as this both serves clarity for purchasers but also a drive for providers to sell services where once this may not have been a priority under block contracting arrangements. From the above data, it is clear that some of the services are underutilised – in particular Mayfield House.

Section 3 – Assessing the Impacts on the 9 Groups

Target Groups	Impact – Positive or Adverse	Reason(s)
Race	<p>What impact will the proposal have on specific groups of service users or staff?</p> <p>Adverse (for social isolation)</p> <p>Adverse (for language)</p>	<p>Reason(s)</p> <ul style="list-style-type: none"> • Please add a narrative to justify your claims around impacts and, • Please describe the analysis and interpretation of evidence to support your conclusion as this will inform decision making <p>Please also how the proposal will promote the three One Tower Hamlets objectives?</p> <ul style="list-style-type: none"> -Reducing inequalities -Ensuring strong community cohesion -Strengthening community leadership <p><i>Impact of Review of OP Day Opps Recommendation: Reconfiguration and re-provision of the in house service provided to Somali elders at Mayfield House.</i></p> <p>There is a risk that service users (men from Somaliland) of Mayfield House could face social isolation at any proposed alternative service provision, by the sheer refusal to use it. At a Council consultation meeting in 2014, attendees said that they did not want Mayfield House to be closed. Many said that they were not interested in other choices and some said they would not go anywhere else.</p> <p>However, at the consultation, service users recognised that reductions in funding are a reality and are willing to look at changes within the service – but they do not want the service to close.</p> <p>There is a risk that customers at Mayfield House will face language barriers of any ‘re-configuration and re-modelling’ of the in-house day service that is away from the current site. However, there is recognition that service users from different communities could come together and share services as a way forward which is reflective of the ‘One Tower Hamlets’ principle. This was a particular response from Sonali Gardens. Jewish care also noted the concern of a diminishing elder Jewish community in the borough.</p> <p>The lack of spoken and written English could present as a major barrier to accessing services and support for Somali and Bangladeshi service users at Mayfield and Sonali Gardens daycare. Service users from Mayfield reported more confidence in communicating with Somalian speaking staff. Mitigating factors to be taken – see below in Section 4.</p>

	<p>Positive (reduction of places from 40 to 35)</p> <p>Adverse (criteria for review)</p> <p>Neutral(Access to Centre)</p>	<p>have a positive impact for people with disability.</p> <p>At the moment, the numbers attending Riverside Daycentre stands at an overall 31 service users a day. With a higher proportion of service users attending who are wheelchair bound, on some days the service cannot support service users to the original capacity of 40 due to the physical space required. The service could continue to deliver meeting the higher end support needs group at 35 service users per day - the daily occupancy level would register at 87.4%.</p> <p>The Day Opportunity Service will need to mitigate potential adverse impact by deciding who falls within high need and how often that need will be reviewed. This is to ensure that increased demand can be met and as many service users are re-abled or referred back for a comprehensive social work assessment. More data is needed to identify how many 'high need' service users are capable of using the service and how they will all be offered the service, instead of having the same cohort of (35-40) service users accessing it.</p> <p>Transport is provided to service users where transport is identified as a need to enable individuals to access the services identified. The day services noted provide a range of options both with transport provided through the Council's in-house provision which can be mini bus/taxis or by a commissioned service from the provider. At some services, such as Sonali Gardens, a combination of both in-house and provider own transport is used.</p> <p>Reviewing the need for transport provision, and how it is provided, will ensure a better use of it, as well as making it more appropriate.</p>
Gender	Neutral (access to day services)	<p><i>Impact of Review of OP Day Opps Recommendation: Reconfiguration and re-provision of the in house service provided to Somali elders at Mayfield House.</i></p> <p>The most recent (2011) Census results are broken down by gender. Significantly, this suggests that by 2020 - although there will still be more older women aged 85+ - the overall growth in the numbers of older people aged over 85 will be significantly driven by a growth in older men.</p>

Fig 20 – ONS Subnational Projections September 2011

	2012	2015	2020	% Increase
Males 65+	7,254	7,275	7,743	6.7%
Males 85+	727	886	1,177	61.9%
Females 65+	8,442	8,536	8,993	6.5%
Females 85+	1,146	1,214	1,237	7.9%
All aged 65+	15,696	15,811	16,736	6.6%
All aged 85+	1,873	2,100	2,414	28.9%

A significant implication of these figures shows that over the next 10 years, it can be expected that a growing proportion of older adult social care users in the borough will be men. This will need to be considered and carefully taken into account in the course of commissioning and planning service provision, to ensure that services are equally welcoming to men and women; and that the market is developed to meet the needs of older men and women equally, driven by the choices and preferences of service users and personal budget holders.

Positive
(promoting
female
access)

The reconfiguration of the existing services to Somali elders away from the current site would enable an accessible and appropriate service for the Somali community, including women. Currently women are not willing to attend the existing service due to the environment and are therefore excluded from the service.

The review recommendation suggest that the service could be hosted through existing services which have in place ablution, prayer, halal kitchens and separate social and activity spaces - which is an extended service for both male and females. This element of the service set up as a framework would have an agreed service specifications and outcomes for the service, and promote more integration under the 'One Tower Hamlets' pledge.

Possible
Negative
(men)

Re-provision of Mayfield House may not satisfy the wishes of Somali men which could result in disengagement from service provision in the community.

Gender Reassignment	Neutral	No adverse impact identified.
Sexual Orientation	Neutral	<p>Unfortunately we do not have accurate data for the numbers of Lesbian, Gay and Bisexual (LGB) older people living in the borough, or for the numbers of LGB older people who currently use Adult Social Care services in the borough. Accurate national data is not even available. A qualitative study was carried out in 2009, which focused on the experiences of LGB residents in Tower Hamlets, aged 50+.</p> <p>This study observed that, based on estimates that 6.5% of the UK population is 'exclusively homosexual', Age Concern claimed in 2002 that 1 in 15 users of their services would be lesbian or gay. Other statistics from the ONS differ significantly from this estimate, suggesting that only 1.5% of the population identifies as gay, lesbian or bisexual, and in London, 2.2% of the population identifies as gay, lesbian or bisexual. Evidence from the 2001 Census shows that Tower Hamlets has the fifth largest reported number of cohabiting same sex couples nationally, and the fourth largest (out of 33 boroughs) in London.</p> <p>In terms of the population of Tower Hamlets, based on the range of estimates nationally and for London, this would suggest that between 350 - 1000 people aged over 65 currently living in the borough are LGB, and that this number will grow very slightly to between 370 - 1100 people by 2020. In terms of older adult social care users in the borough, it would suggest that between 60 - 180 older LGB people will be users of adult social care services in the borough in 2011-12.</p> <p>As with the other equalities characteristics above, the needs of people who are LGB will need to be carefully considered by service planners and commissioners. In particular, commissioners should ensure the market is developed to enable a real choice of good quality, personalised services to personal budget holders, with equality, diversity and inclusion a clear quality criteria when commissioning services and when encouraging service improvement across the developing social care market. The assumption is that all service provision will comply with the Council's equal opportunities policies and be LGB friendly.</p>
Religion or Belief	Positive	<p><i>Impact of Review of OP Day Opps Recommendation: Reconfiguration and re-provision of the in house service provided to Somali elders at Mayfield House.</i></p> <p>During the 2001 Census, 78% of residents stated that they have a religious belief, which is significantly higher than the national average. The borough has the highest proportion of Muslim residents of any</p>

local authority area in the country, at 36.4%. (This includes all residents and not just Older People).

However, 14% of people described themselves as having no religious belief, which makes them the third largest religion / belief group in the borough.

In terms of age, the Christian community has a larger proportion of older people in the borough than other faith communities (39% of residents in the borough). Christian communities are varied in terms of ethnicity with significant numbers of Roman Catholics from Eastern Europe and Pentecostal Christians from African countries.

Tower Hamlets has the largest proportion of Muslim residents, approx. 36.4%, of any local authority area in the country. The 2001 Census shows that at that time, the vast majority of the Muslim population were Bangladeshi; however, there were also significant numbers of Somali, Algerian and Moroccan Muslims living in the borough as well as smaller numbers from Arab countries, the Indian subcontinent and Eastern Europe.

However, the Muslim population has a very young profile. Overall, In Tower Hamlets, 61% of the under-15 population are Muslim, whereas 21% are Christian. In contrast, amongst the 50+ population, 61% identify themselves as Christian and 19% as Muslim.

The profile of people receiving an adult social care service appears different to that of the population at large, with 22% of users being Muslim, 42% being Christian, 6% being another religion, 3% no religion and 27% unknown. This might initially suggest that people of Christian religion are slightly over-represented among adult social care users, and Muslims under-represented; however, whether or not this is the case, does depend on the profile of that 'unknown' group which forms a significant proportion of the whole sample.

In addition, given that a larger proportion of people using adult social care in the borough are over the age of 65 (63% of service users are in this older age group), and given the younger profile of the Muslim population in the borough, one would expect to see a lower proportion of adult social care users to be Muslim compared to the profile of the wider community.

It is expected that in line with the projected increase in the proportions of Bangladeshi and other BME older people, there will be a slight increase in the proportions of Muslim older people in the future, including those who require adult social care support. As before, services will need to ensure that they are sensitive to and supportive of older people's religious needs.

	Positive or Adverse (Muslim Somali Elder Men)	Re-provision of Mayfield House may have a disproportionate effect on people with Muslim faith as they are currently the ones who use it. However, Sonali Gardens caters for separate men and women facilities, which also caters for all service users of Muslim faith. Alternatively, this will provide a choice of whether or not to go the alternative provision.
Age	Positive or Adverse (older)	Any change will have a disproportionate impact on older Somali men. Overall feedback from male service users from the 2014 consultation expressed that they did not want any changes to the service or want to go to a new place. Alternatively, this will provide a choice of whether or not to go the alternative provision.
Marriage and Civil Partnerships.	Neutral	No adverse impact identified.
Pregnancy and Maternity	Neutral	No adverse impact identified.
Other Socio-economic	Neutral	No adverse impact identified.

Section 4 – Mitigating Impacts and Alternative Options

From the analysis and interpretation of evidence in section 2 and 3 - Is there any evidence or view that suggests that different equality or other protected groups (inc' staff) could be adversely and/or disproportionately impacted by the proposal?

Yes? No?

Section 5 – Quality Assurance and Monitoring

Have monitoring systems been put in place to check the implementation of the proposal and recommendations?

This proposal needs to be agreed by the Council's Cabinet. If this proposal is agreed, then there needs to be a plan drawn up in terms of change management.

Yes? No?

How will the monitoring systems further assess the impact on the equality target groups?
Does the policy/function comply with equalities legislation?
(Please consider the [OTH objectives](#) and [Public Sector Equality Duty](#) criteria)

Yes? No?

If there are gaps in information or areas for further improvement, please list them below:
Yes, we do not currently have income or asset related information for service users which can be captured through a financial assessment.

How will the results of this Equality Analysis feed into the performance planning process?

Section 6 - Action Plan

As a result of these conclusions and recommendations what actions (if any) **will** be included in your business planning and wider review processes (team plan)? Please consider any gaps or areas needing further attention in the table below the example.

Adverse Impact identified	Description of the actions that will be taken to mitigate this impact	Officer responsible	Progress
<p><i>Impact of Review of OP Day Opps Recommendation: Reconfiguration and re-provision of the in house service provided to Somali elders at Mayfield House.</i></p>	<p style="text-align: center;"><u>Language Barrier</u></p> <p>1. This risk will be mitigated by providing service users with access to staff or interpreters who speak Somali. Staff can also signpost to advocacy services as appropriate.</p> <p>2. Strategic Commissioning will develop a service specification which demands that all services demonstrate how they will meet the cultural needs of service users.</p> <p style="text-align: center;"><u>Social isolation</u></p> <p>3. Managing the risk of current service users refusal or not engaging with re-provision. This will need to be considered as a risk, when progressing with the recommendation and how it will be managed.</p> <p style="text-align: center;"><u>Meals provision</u></p> <p>4. Any re-provision of services should take into account of lunch provision so that they meet cultural dietary needs including Halal and are suitable for all communities including the Somali community.</p> <p style="text-align: center;"><u>Gender</u></p> <p>5. Any changes to the service may impact on Muslim Somali elder men. Service users could be provided with an opportunity to visit other Day Centres to look at the</p>	<p>Barbara Disney (Strategic Commissioning Manager)</p>	

	<p>facilities available. However, this is likely to have a positive impact on women</p> <p><u>Religion</u></p> <p>6. Any changes to the service may impact Muslim Somali elder men. Service users could be provided with an opportunity to visit other Day Centres to look at the facilities available such as Sonali Gardens which provides separate facilities for men and women. This is likely to have a positive impact for women.</p> <p><u>Age</u></p> <p>7. Any changes to the service will impact on older Somali men. This will have a positive impact as it will encourage a more integrated community and be more in line with our ‘One Tower Hamlets’ vision. Mitigating action: As for religion and gender.</p>		
<p><i>Impact of Review of OP Day Opps Recommendation: Dedicate the current in-house service at Jack Dash House as a Complex and High Needs Service</i></p>	<p><u>Disability</u></p> <p>8. The Day Opportunity Service will need to consider mitigating potential adverse impact by deciding who falls within high need and how often the need will be reviewed so that it is able to meet increased demand, and re-able as many service users as possible or refer back for higher need social work assessment. More data is needed to identify how many high need service users are likely to require the service in a year and how they will all be offered the service, instead of having the same cohort of (35-40) service users accessing it.</p>		

Appendix A

(Sample) Equality Assessment Criteria

Decision	Action	Risk
As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended until further work or analysis is performed.	Suspend – Further Work Required	Red 
As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason may exist that could legitimise or justify the use of this policy.	Further (specialist) advice should be taken	Red Amber 
As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.	Proceed pending agreement of mitigating action	Amber 
As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.	Proceed with implementation	Green: 