

Enfield Equality Impact Assessment (EqIA)

Introduction

The purpose of an Equality Impact Assessment (EqIA) is to help Enfield Council make sure it does not discriminate against service users, residents and staff, and that we promote equality where possible. Completing the assessment is a way to make sure everyone involved in a decision or activity thinks carefully about the likely impact of their work and that we take appropriate action in response to this analysis.

The EqIA provides a way to systematically assess and record the likely equality impact of an activity, policy, strategy, budget change or any other decision.

The assessment helps us to focus on the impact on people who share one of the different nine protected characteristics as defined by the Equality Act 2010 as well as on people who are disadvantaged due to socio-economic factors. The assessment involves anticipating the consequences of the activity or decision on different groups of people and making sure that:

- unlawful discrimination is eliminated
- opportunities for advancing equal opportunities are maximised
- opportunities for fostering good relations are maximised.

The EqIA is carried out by completing this form. To complete it you will need to:

- use local or national research which relates to how the activity/ policy/ strategy/ budget change or decision being made may impact on different people in different ways based on their protected characteristic or socio-economic status;
- where possible, analyse any equality data we have on the people in Enfield who will be affected e.g. equality data on service users and/or equality data on the Enfield population;
- refer to the engagement and/ or consultation you have carried out with stakeholders, including the community and/or voluntary and community sector groups you consulted and their views. Consider what this engagement showed us about the likely impact of the activity/ policy/ strategy/ budget change or decision on different groups.

The results of the EqIA should be used to inform the proposal/ recommended decision and changes should be made to the proposal/ recommended decision as a result of the assessment where required. Any ongoing/ future mitigating actions required should be set out in the action plan at the end of the assessment.

The completed EqIA should be included as an appendix to relevant EMT/ Delegated Authority/ Cabinet/ Council reports regarding the service activity/ policy/ strategy/ budget change/ decision. Decision-makers should be confident that a robust EqIA has taken place, that any necessary mitigating action has been taken and that there are robust arrangements in place to ensure any necessary ongoing actions are delivered.

SECTION 1 – Equality Analysis Details

Title of service activity / policy/ strategy/ budget change/ decision that you are assessing	Direct Award to Ourris Properties Ltd and Ourris Residential Homes Ltd for Residential and Nursing Care Services at Anastasia Lodge and Autumn Gardens
Lead officer(s) name(s) and contact details	Nancie Alleyne
Team/ Department	ASC People Department
Executive Director	Tony Theodoulou
Cabinet Member	Cllr Alev Cazimoglu
Date of EqIA completion	First draft 25th November 2021

SECTION 2 – Summary of Proposal

Please give a brief summary of the proposed service change / policy/ strategy/ budget change/project plan/ key decision

Please summarise briefly:

What is the proposed decision or change?
 What are the reasons for the decision or change?
 What outcomes are you hoping to achieve from this change?
 Who will be impacted by the project or change - staff, service users, or the wider community?

The proposed Decision

This EqlA covers the implications of the Enfield Council's Cabinet decision to implement a preferred option, which is to endorse and agree the formal approval to directly award a 3+2+2-year care and support contract for Residential and Nursing Care Services to Ourris Properties Ltd and Ourris Residential Homes Ltd.

The proposed direct award contract will commence on the 1st April 2022 ending 31st March 2025 (with the option to extend for 2 years to 31st March 2027 & another 2 years ending 31st March 2029). The award will provide vulnerable older residents, aged 65 +, with continued access to vital residential care services.

Although the decision does not reflect any major change to the way services are provided, this EqlA represents the first impact assessment undertaken by LBE on this service. As the preferred option covers a contract period up to 7 years it is considered prudent to undertake an EqlA prior to a Direct Award of this residential and nursing care contract to Ourris Properties Ltd and Ourris Residential Homes Ltd.

Autumn Gardens is an 85-bed dual registered residential nursing home rated as 'Good' in November 2018 by the Care Quality Commission. Anastasia Lodge is a 27-bed residential home rated as 'Good' in June 2017 by the Care Quality Commission. Both homes also support people who have dementia. These two homes offer culturally specific care and support, specialising in care services to the Turkish, Greek, Greek Cypriot and Turkish Cypriot community; the 60% of Enfield service users have Greek or Turkish as their first language.

The Reason for this Decision

1. The provision of dementia services which are culturally specific is critical in establishing an environment that is more familiar and settling for people at the latter stages of their lives, where short-term memory and communication become increasingly challenged.
2. There is a shortage of nursing dementia capacity in the market with other local authorities competing for specialised beds within both homes. ASC will be able to continue to secure appropriate culturally specific bed space within the borough that meet the needs of the growing elderly Greek and Turkish community, within its available budget for this service.
3. The Covid-19 (Coronavirus) pandemic has presented a series of rapid and unparalleled challenges for the nursing and residential care market. The ongoing emergency has necessitated Ourris to transition to new ways of working with ASC and a commitment to maintain 'business as usual' as far as possible in a current fragile care market.
4. The preferred option takes account that the existing one-year contracts are

due to expire on 31st March 2022 and tendering the service will not attract a suitable alternative provider who can deliver residential and care service to the Greek, Turkish, Greek Cypriot and Turkish Cypriot elderly community living in the borough of Enfield.

5. Ourris Properties Limited and Ourris Residential Homes Limited both own the accommodation and deliver the care and support services, seeking an alternative provider for these services is not an option and there are no alternative Greek or Turkish specific care homes in the borough of Enfield or London as a whole.
6. The Care Act 2014 places statutory duties on Councils to give due regard to ensuring providers in the local market are sustainable and viable to enable them to meet their employer duties and responsibilities and provide the agreed quality of care.
7. Ourris Properties Limited and Ourris Residential Homes Ltd have demonstrated a good level of operational performance and have received a rating of 'Good' for Anastasia and Autumn Gardens from the Care Quality Commission (CQC).

Outcome to be Achieved

The direct award would avoid the potentially damaging and harmful impact of moving very vulnerable people from their current home to alternative provision, which is not aligned to their cultural or religious needs. This move could pose significant risks to their health and wellbeing.

Anastasia Lodge and Autumn Gardens offer a service, though it is not specifically limited to, members of the Greek/Turkish/Cypriot Communities. There is an increasing need for services which are culturally specific, particularly for elderly people with dementia where for example, very often, they revert back to their first language in terms of ability to communicate. This population, after White British, is one of the largest in the borough and increasing in size.

We are working with other providers to enhance their cultural offer however, the move towards this has been slow. Both companies deliver services across both homes that meet these needs very well. Other outcomes to be achieved includes:

- **Working in Partnership:** Provider(s) who will bring their own specialist skills and knowledge and create links to the resident's community and with statutory health and social care services.
- **Respecting Diversity:** Working in partnership with the provider, residents and their families to provide care that not only makes a positive difference but also do so in ways that respect and value diversity.
- **Feeling Safe & Secure:** Through the provision a specification focused at meeting the care needs of residents.

- **Being Healthy, Clean & Comfortable:** Residents will be and supported to be as healthy, clean and comfortable in the delivery of care at all times.
- **Treated with Dignity & Respect in a Person-Centred Way:** Residents will always be treated with dignity in a way that respects their individual social, cultural, ethnic, religious etc. needs and be at the centre of planning, choosing, managing and financing the care & support that's right for them.
- **Having Company & Contact and Feeling Engaged:** Residents will be facilitated to have as much company and contact with others as they feel they need and are facilitated to take part in activities and interests that are important to them, including in the wider community taking into consideration their cultural and religious needs.

Who will be impacted on this Decision

Primarily, current and future Greek and Turkish & Turkish Cypriot residents will be impacted by this decision. The existing residents have on going continuing need for care home provision as they have particularly high levels of dependency and complex needs.

There will be a positive impact should Cabinet agree the direct award as this will secure much needed culturally specific residential and nursing beds for the borough's Greek and Turkish older community. There is currently in high demand, as other London boroughs compete to place their Greek and Turkish residents within these two homes.

Having these two homes within the borough of Enfield and having negotiated a competitive price builds upon the positive impact the decision would have to the borough's residents

SECTION 3 – Equality Analysis

This section asks you to consider the potential differential impact of the proposed decision or change on different protected characteristics, and what mitigating actions should be taken to avoid or counteract any negative impact.

According to the Equality Act 2010, protected characteristics are aspects of a person's identity that make them who they are. The law defines 9 protected characteristics:

1. Age
2. Disability
3. Gender reassignment.
4. Marriage and civil partnership.
5. Pregnancy and maternity.
6. Race
7. Religion or belief.
8. Sex
9. Sexual orientation.

At Enfield Council, we also consider socio-economic status as an additional characteristic.

“Differential impact” means that people of a particular protected characteristic (e.g. people of a particular age, people with a disability, people of a particular gender, or people from a particular race and religion) will be significantly more affected by the change than other groups. Please consider both potential positive and negative impacts, and, where possible, provide evidence to explain why this group might be particularly affected. If there is no differential impact for that group, briefly explain why this is not applicable.

Please consider how the proposed change will affect staff, service users or members of the wider community who share one of the following protected characteristics.

Age

This can refer to people of a specific age e.g. 18-year olds, or age range e.g. 0-18 year olds.

Will the proposed change to service/policy/budget have a **differential impact [positive or negative]** on people of a specific age or age group (e.g. older or younger people)?

Please provide evidence to explain why this group may be particularly affected.

The nature of the services provided will impact upon the vulnerable people for which it is intended i.e. older people aged 65 and over.

Older people in the borough

Enfield life expectancy at birth is 80.5 years for males and 84 years for females, this is above the London average. This suggests people, on average, live longer in Enfield compared to other parts of the country. However, life expectancy varies quite widely across wards within Enfield, mainly due to differences in level of deprivation.

The number of older residents has increased between 2012 – 2020. Over 65s in total have increased by 4,716 (11.8%) during that time, according to Office for National Statistics (ONS) mid-year population estimates. Residents are also living for longer.

Figure 1: Number people aged 65+ in Enfield between 2012-20

Age band	2012	2013	2014	2015	2016	2017	2018	2019	2020	from 2012 to 2020	
										Increase (no.)	Increase (%)
65+ Total	40121	40920	41623	42080	42589	43259	43903	44564	44837	4716	11.8
65 to 69	11957	12211	12234	12359	12333	12202	12214	12344	12473	516	1.3
70 to 74	9184	9389	9715	9830	10227	10702	10864	10921	10997	1813	4.5
75 to 79	7788	7913	8027	8131	8096	8117	8313	8490	8518	730	1.8
80 to 84	5701	5842	6035	6085	6104	6259	6403	6538	6520	819	2.0
85 to 89	3453	3495	3477	3536	3656	3722	3882	3964	4054	601	1.5
90+	2038	2070	2135	2139	2173	2257	2227	2307	2275	237	0.6

In 2017, 23.1% of the population aged 65 and over were from White Other ethnic groups, which includes what is probably the largest Turkish, Turkish Cypriot,

Greek and Greek Cypriot communities in England

Home	Resident	Block	Spot	Residential	Nursing	Age 65-75	Age 75-85-	Age 85-95	Age 95-105
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Figure 2: Ethnicity with White Other group aged 65+

Ethnicity within White Other (White non-British) group: aged 65 and over	
Greek	483
Greek Cypriot	3213
Kurdish	178
Turkish	317
Turkish Cypriot	879
Other white (not already listed)	1525
All White Other (non-UK & Irish)	6594

Many of the older people supported by ASC are living with long-term medical conditions. The age range of residents funded by Enfield Council in both homes is currently 71 – 103 years old. As the incidence of long-term conditions increases with age, many older people have a variety of physical, mental, health and social care needs

The resident community in both homes live with long term health conditions. They have a number of complex age-related care needs including, dementia, physical and mental disabilities as well as personal care needs. Some are in their last years of life and require highly dependable care from both health and care professionals, including pain relief and other support, at any time of the day or night.

Following the aftermath of the first major Covid 19 lockdown residential care homes were closed to the public, leaving residents feeling depressed for not being able to see their loved ones. For residents with dementia this had a major impact on their well-being. For further information on the impact of Covid 19 for residents living in residential care, please see link below.

<https://www.alzheimers.org.uk/sites/default/files/2020-09/Worst-hit-Dementia-during-coronavirus-report.pdf>

Anastasia Lodge	7	7		7	0	0	4	3	
Autumn Gardens	29	20	9	1	28	3	13	11	2

Figure 3: Age profile of residents in Anastasia Lodge and Autumn Gardens

Figure 3 demonstrates the age profile of residents in Anastasia Lodge and Autumn Gardens. Autumn Gardens supports a significant number of older people at the upper end of life span, who are extremely frail and vulnerable, many of whom do not have the mental capacity to understand. The negative effects of ageing, behaviour changes and loss and diminished responsibilities, can frequently lead to the devalued status of older and frail aged people. Therefore, we need to ensure that we commission a high-quality care services, which safeguard and empowers residents and is sensitive to their specific cultural, spiritual, dietary and linguistic needs. Communication strategies will need to be devised to ensure service users choice in how their care services are provided is maintained

Mitigating actions to be taken

This proposal is not intended to impact on quality of service currently being provided to residents. Its focus is to ensure the appropriate quality of care and support is continued to be provided to this vulnerable group, in an environment many residents have lived in for a number of years and supported by staff that they are familiar with and that have the ability to provide the right type of care for older people, further enhanced by similar background and culture. The contract specification for the services will demonstrate this need and will be monitored accordingly

Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on the person's ability to carry out normal day-day activities.

This could include:

Physical impairment, hearing impairment, visual impairment, learning difficulties, long-standing illness or health condition, mental illness, substance abuse or other impairments.

Will the proposed change to service/policy/budget have a **differential impact [positive or negative]** on people with disabilities?

Please provide evidence to explain why this group may be particularly affected.

All older people in Council funded residential, care services have met Care Act eligible assessed needs as well as not being able to achieve at least 2 outcomes set out by ASC which places the person at a health and safety risk to themselves.

As expected, due to the nature of residential care and the assessment of needs, service users often had multiple disabilities and therefore will be counted more

than once in the results of disabilities.

Communication strategies, quality of services, choice and control, and safeguarding are important issues for this group.

It can be seen from the data below that all residents in both homes have a disability or disabilities. These include physical impairment, hearing impairment, visual impairment, long-standing illness or health condition, mental illness and other impairments. Behavior changes often occur as a result of disabilities.

Figure 4: Residents with disabilities in Anastasia Lodge and Autumn Gardens

HOME	Resident Numbers	Mental illness, Physical Impairment, Long-Standing Illness' or Health Condition	Physical Impairment, Long-Standing Illness or Health Condition
Anastasia Lodge	4	2	2
Autumn Gardens	29	20	9

The care provision in both homes is specifically designed to support and care for older people with needs arising from disabilities. At both care homes, individual rooms are of a size and shape that supports their lifestyle, care, treatment and support needs and enable access for care treatment, support and equipment. For residents with physical impairments, mobility aids are supplied based on individual need. The CQC registration of the homes includes people with physical health needs, such as mobility issues.

Dementia care is widely acknowledged as a growing need for users of residential and nursing care. Autumn Gardens have a high number of people that they support who are living with dementia. Many of these residents are from the Greek, Greek Cypriot, Turkish and Turkish Cypriot communities and through living with dementia will be more familiar with their place of birth and early life and not their life experiences in the UK. Therefore, ASC will continue to work with the homes to ensure that they extend their role to take account of cultural needs and to raise and extend the standard of dementia care

Mitigating actions to be taken

No mitigating action identified.

Gender Reassignment

This refers to people who are proposing to undergo, are undergoing, or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on transgender people?

Please provide evidence to explain why this group may be particularly affected.

The Gender Identity Research and Education Society (GIRES) estimates that in the UK around 650,000 people, 1% of the population, are estimated to experience some degree of gender non-conformity. If these numbers are correct and Enfield's population of 333,794, were exactly typical of that population, this equates to 3,350 individuals with some degree of gender non-conformity

The two care homes support residents aged 65+ from Turkish, Greek, Greek Cypriot and Turkish Cypriot communities, provided they meet Care Act 2014 eligibility and the service can meet their assessed needs, regardless of their gender identity.

We will ensure that the service provider and care home care staff have adequate training to support transgender individuals. A performance monitoring requirement for our renewed service will specifically record the gender identity of the service user.

Mitigating actions to be taken

No mitigating action identified.

Marriage and Civil Partnership

Marriage and civil partnerships are different ways of legally recognising relationships. The formation of a civil partnership must remain secular, where-as a marriage can be conducted through either religious or civil ceremonies. In the U.K both marriages and civil partnerships can be same sex or mixed sex. Civil partners must be treated the same as married couples on a wide range of legal matters.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people in a marriage or civil partnership?

Please provide evidence to explain why this group may be particularly affected

Care services provided are not restricted by or to marriage or civil partnership status. The service is open to anyone aged over 65 provided they meet Care Act 2014 eligibility and the service can meet their assessed needs.

The Greek, Cypriot and Turkish communities are strongly family-oriented, and maintaining strong family links when a couple live together in the home or when one half of a couple lives in the care homes is fundamental. When one half of a couple lives in the community, their partner can join their loved one in the care home at a later stage.

Anastasia Lodge has two companion rooms, and they work to encourage the retention of close relationships. Currently one companion room is occupied by a husband and wife. In Autumn Gardens, the wings and rooms are based on the preferences of residents, rather than their medical status. This means couples can

stay together should one partner deteriorate in health, as all staff are trained to support those residents with residential needs and those who require nursing care needs

Figure 5: Marital and Civil Partnership status of residents in Anastasia Lodge and Autumn Gardens

Column1	Anastasia Lodge	Autumn Gardens
Married		4
Single	1	6
Divorced	1	3
Window	4	16

A performance monitoring requirement for our renewed service will specifically record the marital and civil partnership status of the service users.

Mitigating actions to be taken

No mitigating action identified.

Pregnancy and maternity

Pregnancy refers to the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on pregnancy and maternity?

Please provide evidence to explain why this group may be particularly affected

Not applicable.

Mitigating actions to be taken

No mitigating action identified.

Race

This refers to a group of people defined by their race, colour, and nationality (including citizenship), ethnic or national origins.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people of a certain race?

Please provide evidence to explain why this group may be particularly affected

ASC supports service users from a wide range of racial background. Although data is not collected in way to provide an accurate percentage figure from each racial group, the descending order are as follows:

- White British
- White Other (of which includes Greek, Greek/Cypriot, Turkish and Turkish/Cypriot)
- Caribbean
- Asian
- Indian
- Pakistani
- Bangladeshi
- Other

Figure 6: Ethnicity Profile of residents in Anastasia Lodge and Autumn Gardens

Column1	Anastasia	Autumn Gardens
British	3	8
Mixed Asian	1	
Greek		1
Greek Cypriot	2	17
Irish		
Italian		1
Turkish		2

Culturally and linguistically diverse elderly people with dementia face many unique challenges and needs because of the impairment of verbal and non-verbal language, which worsens with the degenerative process of dementia. Communication is essential for social life, regardless of cognitive function, and for avoiding isolation, strengthening resident's identity, and decreasing depression and anxiety, and as such the culturally specific care provided is a crucial part of an older person's care needs

Although many of the Greek, Greek Cypriot, Turkish and Turkish Cypriot individuals living in Enfield migrated to the UK a long time ago and may have learnt the English language, language reversion often occurs in people with dementia because pathological processes cause reversion to their native language, and so many of these individuals now only speak their first language.

Residents needs are determined through the Individual Care Assessment and reflected in their Care Plan which is presented to both the care homes. Where there are specific needs homes are expected to meet those needs, for example having a gender appropriate staff member to support a resident.

The employment of Greek and Turkish staff within both homes will mean that staff can understand specific personal care needs and respect resident's beliefs and values. This will lead to better access to cultural events and celebration. The provision of day services will also support cultural appropriate social needs.

Both homes contracts include requirements to respond to any specific needs this

will include translation/interpreting and the provision of specific cultural dietary requirements.

Mitigating actions to be taken

No mitigating action identified.

Religion and belief

Religion refers to a person's faith (e.g. Buddhism, Islam, Christianity, Judaism, Sikhism, Hinduism). Belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people who follow a religion or belief, including lack of belief?

Please provide evidence to explain why this group may be particularly affected.

From the information above it is evident that the home supports a large number of residents from the Greek and Turkish communities. Though many residents have spent the majority of their lives in Britain, they still maintain strong traditions and connections with their culture.

Figure 7: Religious profile of residents in Anastasia Lodge and Autumn Gardens

	Anastasia Lodge	Autumn Gardens
Atheist		1
CoE	2	1
Greek Orthodox	2	12
Muslim		1
Roman Catholic		1
Non declared	3	13

Both homes promote faith practice for their residents. For those who are able to attend their place of worship support is provided through transport or escort. For those unable to leave the home religious personnel are brought in, for example a Roman Catholic Priest and Presbyters for Greek Orthodox residents

Mitigating actions to be taken

No mitigating action identified.

Sex

Sex refers to whether you are a female or male.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on females or males?

Please provide evidence to explain why this group may be particularly affected.

This proposal will affect more women than men because women tend to live longer than men so there are greater numbers of women in older age. In Enfield, women outnumber men among people aged 27 years and over. Life expectancy at birth for males born in Enfield is 81.0 years, female life expectancy is 84.7 years. A higher proportion of residents in both Anastasia Lodge and Autumn Gardens are female.

Figure 8: Gender profile of residents in Anastasia Lodge and Autumn Gardens

	Anastasia Lodge	Autumn Gardens
Male	1	4
Female	3	16

Care services provided are not restricted by gender. The service is open to both males and females, if they meet Care Act 2014 eligibility and the service can meet their assessed needs. The proposal will maintain a gender balance in service users where it can.

Mitigating actions to be taken

No mitigating action identified.

Sexual Orientation

This refers to whether a person is sexually attracted to people of the same sex or a different sex to themselves. Please consider the impact on people who identify as heterosexual, bisexual, gay, lesbian, non-binary or asexual.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people with a particular sexual orientation?

Please provide evidence to explain why this group may be particularly affected.

The two care homes support residents aged 65+ from Turkish, Greek, Greek Cypriot and Turkish Cypriot communities, provided they meet Care Act 2014 eligibility and the service can meet their assessed needs, regardless of their sexual orientation.

We will ensure that the service provider and care home care staff have adequate training to support LGBT+ individuals. A performance monitoring requirement for our renewed service will specifically record the sexual orientation of the service user.

Mitigating actions to be taken

No mitigating action identified.

Socio-economic deprivation

This refers to people who are disadvantaged due to socio-economic factors e.g. unemployment, low income, low academic qualifications or living in a deprived area, social housing or unstable housing.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people who are socio-economically disadvantaged?

Please provide evidence to explain why this group may be particularly affected.

Enfield is also one of the most highly deprived Outer London boroughs. It ranks as the 14th most deprived London Borough. Nationally, Enfield is ranked 64th most deprived out of the 326 local authority areas in England. Levels of deprivation vary considerably across the borough, and there is a stark east-west divide. Wards within the east of the borough, including Edmonton Green, Upper Edmonton, Lower Edmonton have been identified as ranking in the most deprived 10% of wards in England. Within these wards comes many of ASC customers from the older and diverse community

In 2019/20 ASC supported 243 people into residential and nursing care at a cost of £22m. Cockfosters, Chase, Edmonton Green, Turkey Street and Winchmore Hill, had the highest number of people receiving an ASC plan. These wards have a high percentage of Greek, Greek/Cypriot, Turkish and Turkish/Cypriot communities. Many of which are over the age of 65 and live alone, which may cause them to experience social isolation which has an impact on their health and the way they live.

The cost of meeting the needs of the service users in both homes is slightly more than that of other dementia care home placements made by ASC. This takes into account the investment made in culturally specific services to meet the needs of the residents and the training requirements reflected within the specification to meet those needs

Mitigating actions to be taken.

The services provided are available to all older people in the borough who have a Care Act 2014 assessed need and meet the eligible outcome criteria for ASC. All service users are financially assessed to ascertain their level of contribution to their care and for those who do not have the funds to contribute, ASC fully funds their service.

Working collaboratively with the NHS, ASC will focus on communities living in more deprived areas of the borough to ensure the gap of health inequalities are reduced e.g. free nursing care to those require that services and improved access to health and social care community facilities.

SECTION 4 – Monitoring and Review

How do you intend to monitor and review the effects of this proposal?

Who will be responsible for assessing the effects of this proposal?

A robust monitoring process; which includes a quarterly self-assessment form to be completed by the Ourreis Residential Homes and Ourreis Properties Limited. Review of these self-assessments will be part of quarterly meetings between both providers and the Council of the core monitoring data and outcome measures

This monitoring data will include:

- Gender
- Language,
- Faith
- Disability
- Race
- Religion and Belief
- Gender reassignment
- Faith
- Pregnancy and Maternity
- Marriage and Civil Partnership
- Monitor volumes and outcomes of service users of the above group or volunteering work
- Key measures against quality of life improvement
- % of users accessing culturally specific services and the utilisation of those services
- Regular Reports to the Department's Management Team and Partnership Boards

These quarterly meeting will also incorporate discussions about:

- Any new referrals, departures from the service since the previous meeting categorised by the above list
- Equalities monitoring
- Findings from the Ourreis Residential and Ourreis Properties Quality Assurance systems, which should include complaints, compliments, and feedback from residents' meetings and from families/advocates; and any actions and outcomes thereof; as well as the findings of Ourreis Residential and Ourreis Properties Self-Assessment form. This will include discussion of any serious untoward incidents, safeguarding concerns or alerts (including number and actions taken) or provider concerns;

- Feedback from discussions with service users and their families, Ourris Residential and Ourris Properties management and staff.
- Actions or concerns arising from visits and inspections, including any of those conducted by the Care Quality Commission;



SECTION 5 – Action Plan for Mitigating Actions.

Identified Issue	Action Required	Lead officer	Timescale/By When	Costs	Review Date/Comments