



Section 4

Equality Analysis Toolkit

Integrated Home Improvement Service
(IHIS)

For Decision Making Items

13th June 2019

Question 1 - What is the nature of and are the key components of the proposal being presented?

We are proposing to cease funding the Integrated Home Improvement Services (IHIS). The County Council is not legally obliged to provide this service.

It will continue to provide funding for minor aids and adaptations (under £1,000) to people who are eligible, which is a statutory element of the service. The IHIS is the current delivery mechanism for the minor aids and adaptations work.

The Home Improvement Agencies / Care and Repair services currently provide:

- a. Handy person services - typically used for small jobs/repairs that take less than two hours
- b. Home visit to assess and advise what jobs/repairs are needed
- c. Help to organise/oversee home repairs, maintenance, adaptations or security measures such as drawing up plans, organising quotes
- d. Advice about what housing is available to meet an individual's needs
- e. Advice about what financial support is available
- f. Advice and information about other organisations that can help

These services will no longer be funded.

Question 2 - Scope of the Proposal

Is the proposal likely to affect people across the county in a similar way or are specific areas likely to be affected – e.g. are a set number of branches/sites to be affected?

The IHIS provides help to people in need of extra support to make their homes safe and accessible, assisting homeowners to maintain, repair and improve their properties. In particular it supports independent living for older people, people living with disabilities and people living with long term health conditions. Performance data shared by the providers for 2018/19 told us that 5,918 people met the eligibility criteria because they had a disability and or a long term health condition.

IHIS is currently delivered by six local providers covering the whole of Lancashire County Council area, therefore people living across Lancashire will be affected.

Areas with higher number of older people and greater levels of deprivation may experience increased difficulty in remaining independent at home. Therefore these areas are considered more likely to be impacted by the proposal.

There may be handyperson services that can meet the needs of those that are able to pay. Feedback from the consultation was that in some areas handypersons services are not readily available especially for small jobs. However private handy person services would not replace wider home advice and income related support.

Question 3 – Protected Characteristics Potentially Affected

Could the proposal have a particular impact on any group of individuals sharing protected characteristics under the Equality Act 2010, namely?

- Age
- Disability including Deaf people
- Gender reassignment
- Pregnancy and maternity
- Race/ethnicity/nationality
- Religion or belief
- Sex/gender
- Sexual orientation
- Marriage or Civil Partnership Status

And what information is available about these groups in the County's population or as service users/customers?

Improving the mental wellbeing of older people and helping them to retain their independence can benefit families, communities and society as a whole. Helping those at risk of poor mental wellbeing or losing their independence may also reduce, delay or avoid their use of health and social care services.(Older people: independence and mental wellbeing- NICE 2015)

Age

Lancashire has an estimated population of 1.18 million which is projected to increase by 5.8% by 2037. As the population continues to grow it also continues to age. It is clear that not only is the population ageing but that the proportion in the older age groups (70+) is forecast to increase at a faster rate than those in younger age groups in both the short, medium and long-term. By 2024 it is predicted that the Lancashire-12 population aged 65+ will rise to 22% and by 2039 to 27%.(LCC Dementia Strategy 2018-2023)

The population in Lancashire in 2019 of people aged 80-84 years is 34,600 this is predicted to rise to 47,700 by 2035. This highlights a significant cohort of people that may require additional support to help them stay safe and reduce the risk of falling in their home.

70% of consultation respondents who said they had used the service in the last two years were in the 65-80 plus age range, with 27% of respondents aged over 80 years.

Disability

There are over 11 million people with a limiting long term illness, impairment or disability in the UK. The most commonly-reported impairments are those that affect mobility, lifting or carrying. [Lancashire Insight](#) (2017) identifies that in Lancashire-12 there are an estimated 56,818 adults aged 18-64 living with a moderate physical disability and 17,013 with a serious disability.

Mental Health and Wellbeing

One in six people over the age of 80 has dementia and 70% of people in care homes have dementia or severe memory problems. There will be over one million people with dementia in the UK by 2025, and there are over 40,000 people in the UK under 65 living with dementia today (NHS Long Term Plan 2019).

It is estimated that there are 15,500 people currently living with dementia across Lancashire, and as a result of population growth in the older age groups, this will continue to increase. Consequently, early detection and support for people with dementia are a vital component of maximising healthy life expectancy in Lancashire. (LCC Dementia Strategy 2018-2023)

As part of the public consultation, a service user responded: 'This service is like none other, it links people with all the help needed when making a home safe for elderly people. My home wouldn't be safe for me and I wouldn't have had the help to put all the services in place. I wouldn't know about the Dementia Group I now attend every 3 months.'

Sex/Gender

There are approximately 135,000 females over the age of 65 living in Lancashire in 2019, and this is set to rise to 174,100 by 2035; with 116,900 men in 2019, rising to 155,700 by 2035.

A higher proportion of women responded to the consultation, at 71% compared to 27% male, a proportion similar to that for other County Council consultations.

Question 4 – Engagement/Consultation

How have people/groups been involved in or engaged with in developing this proposal?

Public / Service User Consultation

Public consultation was undertaken between 18 February and the 15 April 2019. In total, 981 completed questionnaires were returned (176 paper questionnaire responses and 805 online questionnaire responses).

82% of respondents disagreed with the proposal.

Respondents commented that the reasons they disagreed with the proposal were - that it is a vital service (54%), that elderly/disabled/vulnerable people need to be helped and safe guarded (31%) and that other organisations don't offer these services or advice (22%).

Partner Organisation Consultation

Over the same period 140 completed questionnaires were received from partner organisations.

90% of respondents said that they disagree with the proposal.

Respondents commented that the reasons they disagreed with the proposal were that it helps the elderly, disabled and vulnerable to live independently and safely (67%), to keep it, it's a much needed service (37%) and that it will increase demand on much needed services (29%).

Workshops were also held for partner organisations, with 61 people attending. Impact on vulnerable people's independence and the added demand and increased costs to health and social care, were the most frequently raised issues.

Question 5 – Analysing Impact

Could this proposal potentially disadvantage particular groups sharing protected characteristics and if so which groups and in what way? This pays particular attention to the general aims of the Public Sector Equality Duty:

- To eliminate unlawful discrimination, harassment or victimisation because of protected characteristics;
- To advance equality of opportunity for those who share protected characteristics;
- To encourage people who share a relevant protected characteristic to participate in public life;
- To contribute to fostering good relations between those who share a relevant protected characteristic and those who do not/community cohesion;

Age

A report from Care & Repair England ([Small but Significant](#), The impact and cost benefits of handyperson services, 2018) concludes that handyperson services offer a high rate of return on investment, as well as wider social benefits, and are highly prized by older people, particularly 'older old' single women living alone. The report included an evaluation of Preston Care and Repair Handyperson Service:

'It is worth noting that nearly half [46%] of the Preston Care & Repair handyperson service users are over 80yrs of age, half [49%] have long term health conditions and/or disability'.

NICE tells us that the risk of falling for the over 80yrs age group is significantly higher than that for all people 65yrs and over i.e. 50% annual falls risk for all 80+yrs vs 30% for 65+yrs(NICE, 2013).

Similarly a report published by the Centre for Better Ageing ([Room to Improve](#): The role of home adaptations in improving later life, 2017) identified that of those in their late 80s, more than one in three have difficulty undertaking five or more activities of daily living unaided. Installing aids and adaptations into people's homes, such as grab rails and level access showers, can improve the accessibility and usability of a person's home environment, maintaining or restoring their ability to carry out day-to-day activities safely and comfortably.

The consultation with partner organisations highlighted that the proposal would mean a loss of services that will impact on independence. The proposal would

reduce people's ability to stay safe and well in their own home, particularly vulnerable older people.

As part of the public consultation, a service user responded: 'This service is welcomed by elderly people, a lot of OAPs rely on this service, it gives them peace of mind, older ladies who have lost their partners and live alone need the handyman service if only to change a light bulb or mend a kitchen cupboard door for example. I would not be able to pay the prices that the tradesmen charge.'

Disability including Mental Health and Wellbeing

The report from Care & Repair England ([Small but Significant](#), The impact and cost benefits of handyperson services, 2018) included an evaluation of Preston Care and Repair Handyperson Service: 'It is worth noting that nearly half [46%] of the Preston Care & Repair handyperson service users are over 80yrs of age, half [49%] have long term health conditions and/or disability'. Similarly during 2018/19 providers reported that they supported 5918 with a disability and or long term condition in Lancashire.

It is likely that people who are disabled will be more disadvantaged by the proposal, in that they may be less likely to be able to access appropriate and reliable support to remain independent at home.

The consultation with partner organisations highlighted that the lack of a trusted provider would result in homes falling into a state of disrepair and becoming unsafe; and people's stress and anxiety would increase.

As part of the public consultation, a carer responded: 'My dad needed this after his stroke. It was invaluable and he would have suffered great mental trauma had he been made to stay in a home for another 3 months, he now lives by himself, nearby me and his other son, independently and it is thanks to this service that he was able to do so.'

Sex / Gender

The consultations highlighted that females would most likely be disadvantaged by the loss of the IHIS service. As mentioned above providers highlight that the majority of users are women, and that 'older old' women living alone in particular value the service.

In the Public Consultation 71% of respondents were female and 27% were male. 83% of females over 80 that responded had a disability. Highlighting that many of the people who use the service have multiple protected characteristics

Question 6 –Combined/Cumulative Effect

Could the effects of this proposal combine with other factors or decisions taken at local or national level to exacerbate the impact on any groups?

Combination of Decisions

There are a number of factors/decisions that may impact on service users and partner organisations including:

Proposed service cessation of the Lancashire Wellbeing Service may lead to reduced support to those with protected characteristics.

Budget reductions in relation to the Welfare Rights Service may increase the negative impact of the proposal.

The proposal to cease IHIS may increase demand for health and social care services, and in particular increase demand for statutory minor adaptations, and potentially for falls services.

Highlighted in the consultation:

'Of most concern are cuts to services that support vulnerable and high risk members of our community such as reductions to the Welfare Rights Service, cessation of the Lancashire Wellbeing Service and the integrated home improvement service contracts. These services are essential support mechanisms for people who would otherwise struggle to cope and be most likely to end up in a revolving door of costly interactions with statutory provision.'

'Overall, the proposals represent a withdrawal from services that promote and support vital early intervention and prevention. This approach is likely to have a significant impact on service demand for the council and its partners (particularly the voluntary, community and faith sector) in the short to medium term, and more catastrophic consequences for population health over the longer term including unmanageable pressure on health and primary care provision.'

Question 7 – Identifying Initial Results of Your Analysis

As a result of the analysis has the original proposal been changed/amended, if so please describe.

That, although it is still proposed to cease the service, it is recommended that contracts continue until the 31 March 2020, to provide opportunity to investigate with partners the potential for home improvement services to form part of a wider prevention and wellbeing approach, keeping people well at home; and also to provide more opportunity for procurement of a service to deliver minor adaptations as required by legislation.

This is a change from the original proposal which suggested a contract end date of 31 December 2019.

Question 8 - Mitigation

Will any steps be taken to mitigate/reduce any potential adverse effects of the proposal?

The following are expected to mitigate the impact of this proposal:

The continued provision of statutory minor adaptations will mean that adaptations up to the value of £1000 will be available to people eligible under adult social care legislation.

Private handyperson services may be available and accessible to some. The continued delivery of the Safe Trader Scheme, assists in sourcing reputable contractors.

Access to alternative sources of welfare benefits advice, particularly in the voluntary, community and faith sector.

Work with system wide partners to support integrated pathways and new approaches, with a focus on prevention and wellbeing, to keep people well at home. The Council is also currently in negotiation with clinical commissioning groups to jointly invest in falls lifting services.

Question 9 – Balancing the Proposal/Countervailing Factors

This weighs up the reasons for the proposal – e.g. need for budget savings; damaging effects of not taking forward the proposal at this time – against the findings of the analysis.

The rationale behind the original proposal was to support the financial challenges faced by Lancashire County Council. The risks in not following the proposal are that LCC reduces its ability to set a balanced budget. There will be an impact on those in older age, in particular females, as well of those with a disability and or long term health condition. There are risks of increasing the need for statutory services, and loss of support for people to maintain their independence and wellbeing.

If the proposal to cease funding destabilises the HIA market there is a likelihood of staff redundancies in the provider sector. Approximately 11% of stakeholder respondents said their service would be no longer viable.

Question 10 – Final Proposal

In summary, what is the final proposal and which groups may be affected and how?

The final proposal:

To work with existing providers to decommission (cease) the Integrated Home Improvement Service contracts by 31st March 2020. However, the County Council will continue to provide funding for minor adaptations (under £1,000) to people who are eligible for this service.

To support the development of new approaches and integrated pathways. The focus of this would be to work with system wide partners, with a focus on prevention and wellbeing, to keep people well at home.

To procure a service to deliver 'minor adaptations' which are currently delivered through IHIS

The groups most likely to be affected are:

Age

In particular older people, and especially 'older old' single women living alone will not have access to a trusted handyperson service, and consequently minor property repairs may not be carried out, although private handyperson services may be accessible and affordable to some.

The consultation with partner organisations highlighted that the proposal may mean a loss of services that will impact on independence. The proposal may reduce people's ability to stay safe and well in their own home, particularly vulnerable older people.

Disability including Mental Health and Wellbeing

It is likely that people who are disabled will be more likely to be disadvantaged by the proposal, in that they may be less likely to be able to access appropriate and reliable support to remain independent at home.

The consultation with partner organisations highlighted that the lack of a trusted provider would result in homes falling into a state of disrepair and becoming unsafe; and people's stress and anxiety would increase.

Sex / Gender

The consultations highlighted that females would most likely be disadvantaged by the loss of the IHIS service. As mentioned above providers highlight that the majority of users are women, and that 'older old' women living alone in particular value the service.

Question 11 – Review and Monitoring Arrangements

What arrangements will be put in place to review and monitor the effects of this proposal?

Utilise existing arrangements that monitor demand into Adult Social Care

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Decision Signed Off By

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