

Equalities Impact Assessment

Directorate: Adult, Culture and Community Services
Date: 31 March 2009
Business Unit: Commissioning and Strategy
Title: **Experience Still Counts, Haringey's strategy for improving the quality of life for older people 2009-2012**

1. The aims of the strategy

Experience Still Counts 2009-2012 is the result of an extensive review of the original strategy, Experience Counts 2005-2010. Once again, older people have been the key drivers in developing this Haringey Strategic Partnership (HSP) strategy, and consultation took place from September to December 2008 involving older people and leads from across the HSP.

Its aim continues to be to tackle discrimination and to promote positive attitudes towards ageing by:

- Ensuring that the diversity of all Haringey's communities and the different aspirations of individual older people are valued and responded to appropriately
- Planning services for older people which take their needs, views and preferences into account
- Strengthening working relationships between organisations which support older people
- Identifying the needs of new and emerging older communities as part of service development
- Undertaking a gap analysis to ensure that there are appropriate organisations and structures to respond to the needs of the diverse ageing communities
- Anticipating the needs of new and emerging older communities, some of whom disproportionately suffer from specific conditions such as sickle cell anaemia and thalassaemia.

The vision is that, by 2012, 'Older people are enabled to be as informed, active, healthy and independent as possible and empowered citizens at the heart of the community.'

The strategy has ten outcomes for improving the quality of life for older people in Haringey, reflecting the different needs of different people at different times. These have been chosen by older people:

1. Being respected
2. Keeping informed
3. Staying healthy
4. Being active
5. Choosing work
6. Feeling safer
7. Having a safe, comfortable and well-maintained home
8. Living with support
9. Getting out and about
10. Making the most of your income

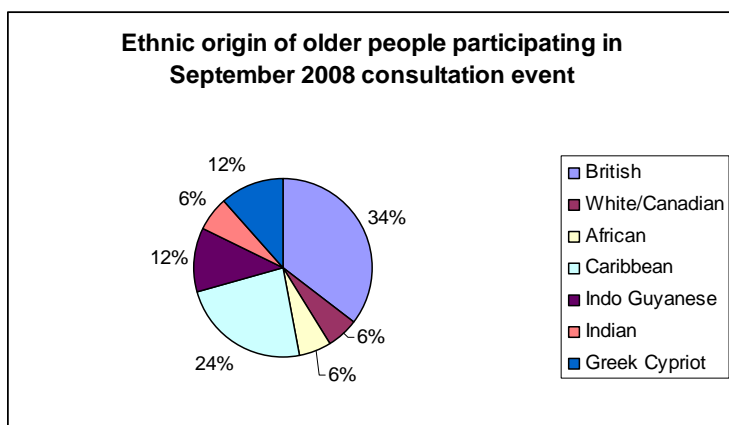
2. Other policies, practices or strategies that are likely to have an impact on or are relevant to this impact assessment.

Experience Still Counts is based on the original Experience Counts but also takes into account major initiatives that have been introduced since 2005, such as:

- *Our Health, Our Care, Our Say*, the Government's January 2006 White Paper which sets out a vision to provide people with good quality social care and NHS services in the communities where they live
- *Putting People First*, the Government's December 2007 concordat setting out and supporting their commitment to independent living for all adults
- *Healthcare for London: Framework for Action* by Professor Lord Ara Darzi, published in July 2008 which recommends changes to take place over the next 10 years bringing London health care closer to home
- *Developing World Class Primary Care in Haringey*, NHS Haringey's primary care draft strategy, published in June 2007 and due to be finalised in summer 2009
- Our new *Local Area Agreement 2008-11* (LAA) setting out priority improvement areas that the Haringey Strategic Partnership will focus on over the next three years. This includes a number of targets relevant to older people including NI 6 Participation in regular volunteering.
- The *Equal Opportunities Policy 2008*, Equalities Public Duties Scheme and Corporate Equality Action Plan, which set out our commitment to equality and diversity, legislative requirements and plan with objectives and proposals for compliance.

3. Evidence of consultation with staff, community groups or stakeholders

A consultation, using Haringey's corporate consultation framework, ran from September to December 2008. Thirty-two older people attended an all-day event, representing a number of older people's organisations and support groups. Lead officers from across the Haringey Strategic Partnership also attended. Older people and officers worked together to facilitate tables in café-style discussions.



Older people helped to plan the consultation process. Evaluation received following the event was very positive, and was used to plan the next stage. For example, older people said they wanted more time to talk through outcomes. As a result, older people met with lead officers in a series of focus groups, one for each of the strategy's ten outcomes. In the feedback we received from

consultation participants, we asked the equalities questions about disability, gender, age, ethnicity and sexual orientation. One response stated, "I do not believe in the above. If everyone is treated fairly, this would not be necessary. It's up to each group to accept or deny the invitation and it's their loss if they do not want to participate."

Overall, feedback was overwhelmingly positive with many comments around the importance of listening to older people and taking into account their views and preferences to gain a better understanding of how it felt to be an older person in the borough.

In the evaluation of focus groups sent to the 16 participants, 37.5% of respondents chose not to answer the question on sexual orientation while 100% answered questions on all five of the remaining equalities strands.

4. Consider relevant information and evidence

Introduction

Haringey has a population of 224,700 (2007 mid-year estimates) people, about half of whom are from Black and Minority Ethnic groups. This includes a high proportion of asylum seekers and refugees. An estimated 193 languages are spoken in the borough.

There are a greater number of people who classify themselves as White in the more affluent west of the borough, while Black African and Black Caribbean communities are concentrated in the less affluent east. Residents of Asian origin are concentrated in the middle of the borough.

For at least a generation, unemployment locally has exceeded national and regional averages. Eight per cent of people in Haringey aged 50-59 who are willing and able to work are unemployed. This is double the London and England rates of four per cent.

Population distribution

In 2001 there were 48,295 older people (aged over 50) in Haringey, making up approximately 22% of the total population. 45% (21,841) were male and 55% (26,454) were female. There is a higher proportion of older people living in the west of the borough, particularly in Fortis Green, Highgate, Alexandra and Muswell Hill wards.

Approximately 13% of the local population are aged 60 plus. By 2011, approximately 20.8% of the Haringey population is expected to be aged 50 and over, increasing to just over 22% by 2021. The number of people aged 50 and over will rise from 49,295 in 2001 to 55,286 in 2021.

The same pattern is evident in London as a whole. In 2001 approximately 27% of the population was aged 50 and over in London. There are expected to be fewer older people by 2011 (25.7%) but this will rise again to the current London figure of 27.8% by 2021.¹

Table 1 The proportion of population aged 50 and over by ward, Haringey 2001 (%)

Ward	2001	2011	2021
Alexandra	25	26	28
Bounds Green	24	20	22
Bruce Grove	21	18	19
Crouch End	23	22	25
Fortis Green	26	25	25

¹ Greater London Authority 2007 round population projections, PHP high

Ward	2001	2011	2021
Harringay	20	18	18
Highgate	26	23	22
Hornsey	22	19	20
Muswell Hill	27	26	29
Noel Park	23	19	18
Northumberland Park	20	18	18
St. Ann's	22	22	24
Seven Sisters	20	20	20
Stroud Green	18	20	22
Tottenham Green	21	18	19
Tottenham Hale	20	20	22
West Green	21	22	23
White Hart Lane	22	23	27
Woodside	23	20	28
Haringey	22	21	22
LONDON	27	26	28

Source: 2001 Census Area Theme Table CT002 and 2007 round of Greater London Authority demographic ward projections

Ethnic distribution

In 2001 the proportion of people aged 50 and over from Black and Minority Ethnic ² groups in Haringey was approximately 26% in 2001 (compared to 38% for the whole Haringey population). The distribution varies by ward with Black and Minority Ethnic groups concentrated in the east of the borough.

Table 2 The proportion of population aged 50 and over by ward, Haringey 2001 (%)

Ward	White Ethnic groups 2001	Black and Minority Ethnic groups 2001
Alexandra	90	10
Bounds Green	78	22
Bruce Grove	54	46
Crouch End	89	11
Fortis Green	92	8
Harringay	71	29
Highgate	91	9
Hornsey	80	20
Muswell Hill	92	8
Noel Park	70	30
Northumberland Park	64	36
St. Ann's	65	35
Seven Sisters	63	37
Stroud Green	76	24
Tottenham Green	59	41
Tottenham Hale	63	37

² Definition of Black and Minority Ethnic includes people of Mixed, Asian or Asian British, Black or Black British, and Chinese and other ethnic groups

Ward	White Ethnic groups 2001	Black and Minority Ethnic groups 2001
West Green	68	32
White Hart Lane	82	18
Woodside	73	27
Haringey	75	25
LONDON	84	16

Source: 2001 Census Area Theme Table CT003

Greater London Authority projections³ estimate the proportion of people aged 50 and over from Black and Minority Ethnic⁴ groups in Haringey will grow from 26% in 2001 to approximately 32.4% by 2011. This represents an increase of 19% in the proportion of older people from Black and Minority Ethnic groups. Conversely, the proportion of older people who are of White Ethnic origin is expected to fall from 74% in 2001 to 67.6% in 2011. This represents a fall of seven per cent in the proportion of older people who are of White Ethnic origin (Table 3).

Table 3 The proportion of population aged 50 and over by ethnic group (%)

Area	White Ethnic groups 2001	Black and Minority Ethnic groups 2001	White Ethnic groups 2011	Black and Minority Ethnic groups 2011
Haringey	74	26	67.6	32.4
London	84	16	64.9	35

Source: GLA ethnic group projections 2007 round

Housing information

The 2001 Census showed that 58% of people aged 50 and over in Haringey were owner occupiers. 73% of residents in Muswell Hill and 78% in Alexandra wards owned their homes whilst only 38% of residents in White Hart Lane and 40% in Northumberland Park did so (Table 4).

In 2001, the proportion of older people who rent from the Council and from Registered Social Landlords (21% and nine per cent respectively) is similar to the borough as a whole (20% and 11% respectively). However, older people in Haringey are much less likely to be private renters. Only nine per cent of older people in the borough are private renters, just under half the Haringey average of 20%.

Black and Minority Ethnic groups are significantly represented in the social housing sector. They are under-represented as owner occupiers. Haringey's older people are significantly less likely to be in an overcrowded⁵ household than residents in the borough as a whole. Thirteen per cent of older people are in an overcrowded household compared with 27% of Haringey's total population. But older people in Haringey are more likely to be in an overcrowded household than older people in

³ Greater London Authority Ethnic group projections 2001 round - central projection

⁴ Definition of Black and Minority Ethnic includes people of Mixed, Asian or Asian British, Black or Black British, and Chinese and other ethnic groups

⁵ An overcrowded household is one where there is at least one room too few

London (10%) and more than three times more likely to be in an overcrowded household than older people in England (4%).

The Council has 1,500 sheltered housing units, representing approximately eight per cent of the total Council housing stock. All of these units provide low level support.

Table 4 People aged 50 and over who are owner occupiers by ward, Haringey 2001 (%)

Ward	All people aged 50 and over	No.	%
Alexandra	2,636	2,061	78.19
Bounds Green	2,658	1,503	56.55
Bruce Grove	2,462	1,443	58.61
Crouch End	2,456	1,586	64.58
Fortis Green	2,964	2,004	67.61
Harringay	2,143	1,464	68.32
Highgate	2,667	1,809	67.83
Hornsey	2,243	1,055	47.04
Muswell Hill	2,743	2,010	73.28
Noel Park	2,595	1,271	48.98
Northumberland Park	2,570	1,047	40.74
St. Ann's	2,819	1,574	55.84
Seven Sisters	2,626	1,491	56.78
Stroud Green	1,904	1,072	56.30
Tottenham Green	2,481	1,063	42.85
Tottenham Hale	2,559	1,313	51.31
West Green	2,507	1,477	58.92
White Hart Lane	2,627	1,008	38.37
Woodside	2,631	1,632	62.03
Haringey	48,291	27,881	57.74
LONDON	1,908,291	1,253,095	65.67

Definition of owner occupied includes owns outright, owns with a mortgage or loan or shared ownership (Source: 2001 Census Area Theme Table CT002).

Health and social care information

A key health inequality target is to increase life expectancy. There are higher mortality rates in the east of the borough than the west. In Haringey, life expectancy has continued to rise along with national trends.⁶ Life expectancy for women has remained higher than the national average since 1996, whilst life expectancy for men has remained below the national average. The average life expectancy for men ranges from 70 years in parts of Tottenham to 78 years in parts of the west of the borough. This variation is in line with other data that demonstrates substantially higher levels of multiple deprivation in the east of the borough. However, difference in life expectancy between women in the east and in the west of the borough is not so great.

⁶ Source: Haringey Health Report 2003

Approximately 41% of older people in Haringey had a limiting long-term illness according to the 2001 Census.⁷ Using this measure, Haringey's older population is generally less healthy than older people in London (38%) and England (38%).

The results are similar for permanent sickness and disability. Twelve per cent of older residents in Haringey are permanently sick or have a disability, while nine per cent of older residents in London and nine per cent of older residents in England are either permanently sick or have a disability.

Haringey has one of the highest mental health admission rates in London, particularly in the east of the borough. Nationally, it is accepted that one quarter of people 85 will develop dementia (Audit Commission's 'Forget Me Not' report).

In terms of the provision of unpaid care⁸, there are no significant differences between older people in Haringey and older people in London and England. Thirteen per cent of older people in Haringey provide unpaid care, which is slightly lower than the figures for London (14%) and England (16%).

In 2007-08, 84% of service users aged 65 and over received community-based services to enable them to remain in their own homes. This is almost 15% of the total number of people aged 65 and over in the borough.

Local demographic changes point to increased demand for care services. All trends point to having a greater proportion of older people expecting high quality services. We are developing a joint strategic needs assessment that will inform future health and social care commissioning arrangements to ensure high quality, value for money, equitable services.

POPPI (Predicting Older People Population System) predictions show that, out of the total 65 years and over age group in Haringey in 2008:

- Over 7,088 (34.75%) of people live alone, 61% of whom have a limiting long-term illness.
- 1,285 (6.3%) are dementia sufferers.
- 3,040 (14.9%) are unable to manage at least one mobility activity on their own.
- 5,021 (24.61%) have a BMI of 30 and above (a BMI of 30 or over is defined as obese).
- 10,160 (49.8%) have a limiting long-term illness.
- 10-15% are estimated to have depression, and 3-5% severe depression.
- 1,424 (6.98%) will have a long-standing health condition caused by a heart attack.
- 505 (2.48%) will have a longstanding health condition caused by a stroke.
- 1,209 (5.93%) people will attend A&E as a result of a fall; 406 will be admitted to hospital as a result of a fall.

⁷ A limiting long-term illness, health problem or disability that limits a person's daily activities or the work they can do. This also includes problems relating to old age.

⁸ The term 'unpaid care' covers any unpaid help, looking after or supporting family members, friends, neighbours or others because of long-term physical or mental ill health or disability or problems relating to old age.

POPPI estimates that, in 2008:

- 1,760 (20%) of people aged 75 and over will be registered blind or partially sighted.
- 593 people aged 60 and over will have a learning disability.

Access to Transport

Using access to at least one car or van as a measure of mobility, older people in Haringey are not only relatively less mobile than people in the borough as a whole but also older people in London and England. Only 56% of older people in Haringey have access to at least one car or van compared to 61% in Haringey as a whole, 63% in London and 72% in England.

Haringey Council provides transport from a person's home to day services (and vice versa) and also enables service users to access other community opportunities throughout the day. This transport is only provided for service users who are unable to walk or take public transport (Chronically Sick and Disabled Persons Act 1970).

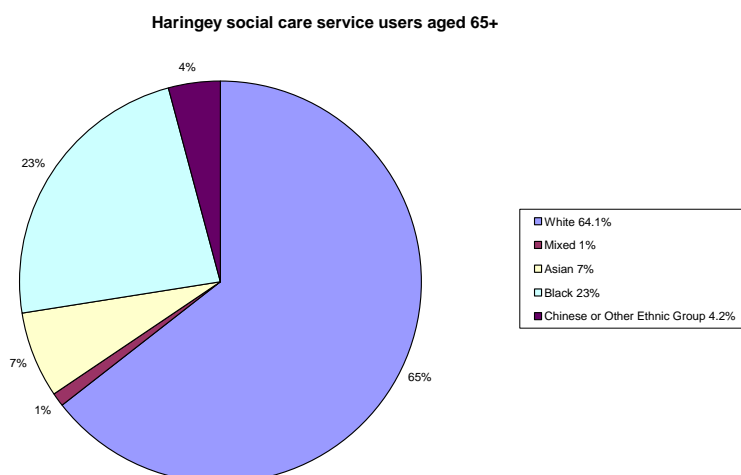
Crime data

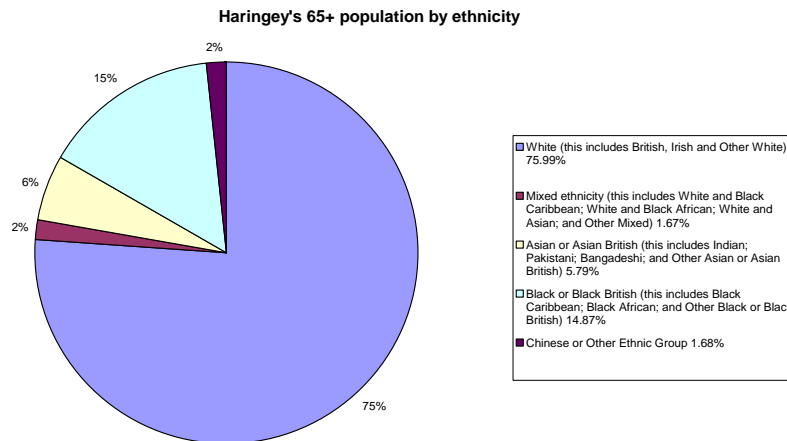
All crime (measured per 1,000 residents) has fallen steadily overall in Haringey over the last three years. Year on year the rate has fallen by eight per cent (from 136.7 to 125.4 crimes per 1,000 residents). However, Haringey still has a slightly higher overall crime rate than the London average and councils from within its most similar group.

Comparing Haringey's performance over the last six months to the previous twelve months shows a progressively improving trend that suggests partnership action is having an effect.

Recent crime statistics show victims of crime are disproportionately young, the peak age being 30 years old with two thirds (65.3%) of victims aged between 19 and 44. Only seven per cent of victims were aged over 60, despite this age group making up 13.4% of the population in Haringey.

The Haringey Residents Survey 2007-08 shows crime – one of the major concerns for Haringey residents – fell by eight per cent compared to the previous year; specifically older residents (60+) had the lowest concern over crime (39%) compared to younger groups.





Complaints analysis

We record complaints for the 60+ age group. In 2007-08 we recorded 14 complaints for this age group out of a total of 111.

Following complaints about sub-standard communications in our in-house home care service, it was decided that discussions around communication issues and sensitivity would be held in group supervision. Group supervision is held once every six weeks in area patches and issues such as communication are prioritised.

Complaints were received relating to our in-house home care service where a member of staff was unable to attend due to an emergency or sickness. In some instances replacement care staff were turning up late. It was agreed that there needed to be quicker access to home care staff in a crisis and a crisis team has now been developed. Effective management and use of the crisis workers means that the majority of replacements are at the usual time. However, there are times when home care staff ring into the office to say they are sick first thing in the morning and the early morning call replacement may take a little time to organise. A planned improvement is to require the prospective absentee to ring the 24 hour on call manager at any time to warn the service of the absence.

A client who attends a day centre requested to be dropped at her daughter's house by transport instead of her own home. Staff had failed to discuss the change of arrangements with the daughter. Transport did not wait to see that the client was safe.

A review of day centre systems across the service included what to do if a client cannot gain access and a discussion about the rights of clients versus the Council's duty of care in the wider general context of health and safety and risk assessment.

Staff have been given guidance by their managers as to what to do in similar circumstances in future, which includes referring back to management in the day centre if in any doubt, carrying out a risk assessment to be included with the support plan if this is a regular event, and ensuring the client has gained access to the property before they leave. One of the residential care homes has been designated as a holding point for clients who cannot gain access until carers return (also, for example, if keys are lost). The tension between service user choice/rights and our duty to care is a constant in such situations. There have been no similar occurrences since.

Service users and carers are enabled through the complaints procedure to have their concerns heard. Adult Services have been able to demonstrate clearly to users/ carers that these complaints are acted on and do make a difference to the way in which services are delivered.

Equalities achievements from Experience Counts 2005-2008

EIA TOPIC	WHEN AND BY WHOM WAS THE ASSESSMENT COMPLETED?	HOW WAS THE ASSESSMENT CARRIED OUT?	WHAT WERE THE KEY FINDINGS? By six equality strands- <ul style="list-style-type: none"> • Gender • Disability • Ethnic origin • Sexual orientation • Religion/ belief • Age 	WHAT IMPROVEMENT ACTIONS HAVE BEEN IMPLEMENTED OR PLANNED FOR?	ACTIONS COMPLETED 2005-2008	PERFORMANCE IMPROVEMENT
Review of Experience Counts 2005-2010 [this has led to revised and updated strategy Experience Still Counts 2009-2012]	September 2008 – March 2009 Liz Marnham Strategic Planning and Policy Officer Adult, Culture and Community Services Haringey Council	Through consultation, focus groups, feedback evaluation and meetings	AGE: Older people asked for additional support for their groups to enable them to have a say	Area based grant funding provided	Development Officer post funded for Haringey Forum for Older People. Membership grew from 300 in 2005 to 840 to date in 2009	People at the heart of change
			AGE: Older People's Partnership Board to include representation by older people	Review of OPPB under way.	Board is now co-chaired by older person and senior council officer, and membership includes older people. Regular programme of meetings scheduled including OP reps and strategic partnership organisations	People at the heart of change
			AGE: Older people asked for inter-generational opportunities	Trans-age volunteering programme	Recruitment and training courses for older people 48 trans-age volunteers now working in schools and community settings, most of	People at the heart of change; Healthier people with a

EIA TOPIC	WHEN AND BY WHOM WAS THE ASSESSMENT COMPLETED?	HOW WAS THE ASSESSMENT CARRIED OUT?	WHAT WERE THE KEY FINDINGS? By six equality strands- • Gender • Disability • Ethnic origin • Sexual orientation • Religion/ belief • Age	WHAT IMPROVEMENT ACTIONS HAVE BEEN IMPLEMENTED OR PLANNED FOR?	ACTIONS COMPLETED 2005-2008	PERFORMANCE IMPROVEMENT
					which are situated in or serve the most deprived neighbourhoods	better quality of life
			AGE and DISABILITY: Older people wanted healthy activities appropriate for their age and level of ability	Area based grant funds a varied programme of weekly activities	Walking programmes, exercise classes from jogging to chair-based exercises via yoga, pilates and gardening. 7 health walks in 3 wards; 38 volunteer health walk leaders; 235 people attend the walks each month, and 100 for eat least three months	Healthier people with a better quality of life
				Value for money access to leisure services	Active Card for Older People plus free swimming linked to CDMS national initiative and local HariActive programme. April 2008 to 2 Dec 2008: - 1205 Active card members aged 65+ - 21,652 usages by 65+	Healthier people with a better quality of life
			AGE and DISABILITY: Older people asked for better access to public toilets and information about	Programme of improvements to public conveniences and information on location	All public toilets now DDA compliant, including in most of our libraries Information on location available on the website	Healthier people with a better quality of life

EIA TOPIC	WHEN AND BY WHOM WAS THE ASSESSMENT COMPLETED?	HOW WAS THE ASSESSMENT CARRIED OUT?	WHAT WERE THE KEY FINDINGS? By six equality strands- <ul style="list-style-type: none"> • Gender • Disability • Ethnic origin • Sexual orientation • Religion/ belief • Age 	WHAT IMPROVEMENT ACTIONS HAVE BEEN IMPLEMENTED OR PLANNED FOR?	ACTIONS COMPLETED 2005-2008	PERFORMANCE IMPROVEMENT
			where to find them	Community Toilet Scheme pilot to encourage cafes, pubs and other private enterprises to allow the public to use their toilets without obligation. Accessible toilets still to be installed in 3 libraries		
			ETHNIC ORIGIN: Older people asked for help with dietary needs in community languages	Community Nutrition Assistant training funded through ABG	8 CNA students qualified in 2007-08; more are being trained	Healthier people with a better quality of life
			ETHNIC ORIGIN: Ethnically appropriate healthy eating advice for older people	Programmes for 50+ age group in 3 most deprived wards	Healthy eating and Cook and Eat programmes in 3 most deprived wards: Noel Park, Northumberland Park 207 people attended; new round of programmes is now in progress	Healthier people with a better quality of life
			ETHNIC ORIGIN:	Funding for Black	£102,400 per year	Healthier

EIA TOPIC	WHEN AND BY WHOM WAS THE ASSESSMENT COMPLETED?	HOW WAS THE ASSESSMENT CARRIED OUT?	WHAT WERE THE KEY FINDINGS? By six equality strands- • Gender • Disability • Ethnic origin • Sexual orientation • Religion/ belief • Age	WHAT IMPROVEMENT ACTIONS HAVE BEEN IMPLEMENTED OR PLANNED FOR?	ACTIONS COMPLETED 2005-2008	PERFORMANCE IMPROVEMENT
			Support for BME carers	and Minority Ethnic Carers Support Service	Provision of culturally appropriate sitting services providing respite for unpaid carers	people with a better quality of life

5. Assessment of likely positive or negative impact on:

a) The equality groups by age, disability, gender, race, religion or belief and sexuality.

Positive and negative impact identified for Experience Still Counts 2009-2012

Older people said:	The Experience Still Counts delivery plan includes:
AGE	
They want a more personalised social care system	<ul style="list-style-type: none"> • Carrying out an older person's customer journey to improve customer experience • Providing clear and audience-appropriate information about the care system and clear information about pathways to care • Providing easier access to preferred language • Longer time allocation for enquiries • Identify the requirements of new and emerging communities of older people • Undertake a gap analysis of support and information structures • Identify language support needs and requirements
They want to be more involved in service planning and decision making processes	<ul style="list-style-type: none"> • Involving older people in staff training to improve contact experience • Developing user and carer payment and involvement policies to ensure that anyone who wants to be make a positive contribution is not prevented from doing so by financial or personal circumstances • Encouraging older people to attend area assemblies by ensuring that venues are accessible with clearly advertised transport routes

Older people said:	The Experience Still Counts delivery plan includes:
	<ul style="list-style-type: none"> • Ensuring that meeting agendas are not too tightly-packed so that older people get the chance to have their say
Ensure income maximisation including welfare benefits	<ul style="list-style-type: none"> • Maintaining a list of reliable financial advisors and their contact details that is updated at least once a year • Continuing to provide The Pensioners Guide to benefits, or a suitable alternative, ensuring that distribution reaches service users and non-service users • Holding three Claim It partnership events per year, including representatives from the GP collaboratives, and using community venues with support from interpreters • JobCentre Plus and the Haringey Guarantee Scheme coordination of an older person's job brokerage scheme, monitoring involvement of over 50s and outcomes • Publicise advise sessions for over 50s through community centres and at public access points • Run refresher skills courses for 50+, monitoring take-up and outcomes
Develop a Common Assessment Framework for a joint approach by Haringey Council and NHS Haringey to include baselining the number of older people on the grounds of religion/belief, sexual orientation, ethnicity and disability, setting targets where appropriate	<p>With input and support from the Equalities Team, undertake baseline research</p> <ul style="list-style-type: none"> • Undertake mapping exercise • Produce report/information paper • Set appropriate targets
Develop and promote the roles of Older People's Champion and Dignity in Care Champion	<ul style="list-style-type: none"> • Promote the roles through Haringey People • Involve the champions in older people's events, including opportunities to meet service users and carers • Launch a council-wide safeguarding statement to promote awareness and diversity of safeguarding
DISABILITY	
Improve equality in access to some healthcare services (such as footcare)	<ul style="list-style-type: none"> • A preventative footcare service, some of which will be provided via the voluntary sector and drop-ins using community venues and day centres, delivering 1000 appointment per year • Preventative services on hygiene and well-being • Implementation of the findings of the 2008 Inequalities Audit

Older people said:	The Experience Still Counts delivery plan includes:
	<ul style="list-style-type: none"> • Continuation of walking programmes from a variety of public access points and geared to the needs of older people including those with disabilities • Roll-out of free swimming for those aged 60+ • Assistance with swimming at leisure centres and more training for staff in how to help disabled people • Developing an Older People’s Mental Health Strategy •
<p>Improve access to public facilities such as public toilets and transport</p>	<ul style="list-style-type: none"> • Continue to develop a practical working programme between the Haringey Mobility Forum and Frontline Services • Ensure that pavements are free of obstructions, publicising the role of • Use service user feedback to improve community transport • Pilot a community toilet scheme to encourage shops, cafés and pubs to let the public use their toilets without obligation • Install accessible toilets in three more libraries
ETHNIC ORIGIN	
<p>More work is needed by services to ensure information reaches ‘hard-to-reach’ communities and emerging communities</p>	<ul style="list-style-type: none"> • Producing an Advocacy Strategy that meets the needs of the whole community, ensuring that information reaches seldom-heard groups more effectively, evidencing outcomes of those who have used advocacy services • Providing wide-ranging information at public access points, and provide access to services in alternative premises in the voluntary and community sector • Market development of service provision for self-directed support • Having an annual celebratory event for older people with a programme to attract hard-to-reach communities
<p>Improve culturally appropriate facilities for the provision of, for example, leisure activities and day opportunities</p>	<ul style="list-style-type: none"> • Expand mobile libraries service for the housebound and to community centres and sheltered housing evidencing positive outcomes for users, and using the service to reach seldom-heard individuals by offering a wide range of information alongside the library service • Consult with older people about what type of social activity and life-long learning programmes they would like • Monitor yearly take-up of English as a Second Language courses, promoting the programme through community and hard-to-reach groups and using community venues to deliver programmes

Older people said:	The Experience Still Counts delivery plan includes:
	<ul style="list-style-type: none"> • Ensure that day opportunities services are provided equitably including black and minority ethnic resources, developing outreach services • Develop a home care service with active participation of service users as part of the Personalisation programme, with increased specialist training to staff
<p>Improve health advice, care and support across the whole of Haringey's community</p>	<ul style="list-style-type: none"> • Continue to train community nutrition assistants to provide dietary advice in community languages • Develop an End of Life Care Strategy that reflects the needs of the borough's ethnic diversity
RELIGION/BELIEF	
<p>Use of leisure facilities</p>	<ul style="list-style-type: none"> • More privacy in swimming pool changing rooms to meet the needs of particular faith groups or people with a disability

Negative impact

There was nothing specific in the feedback from consultation participants relating to gender or sexual orientation.

Pilot projects for the Personalisation programme are now under way. As yet it is unclear of the impact on resources and need. Haringey continues to provide social care services to vulnerable adults (those aged 18 and over) who meet the Fair Access to Care Services criteria of Critical and Substantial. This means that those who are eligible at Moderate or Low will not be eligible for help from social care. The quality of information provided through self-directed support for self-funders is therefore vital.

The local level of unemployment remains an area of concern and a challenge for all age groups, not just for those aged 50 and over, as the UK is now officially in a period of recession and the level of unemployment continues to rise. Deprivation affects all local communities, however it is more pronounced in the east of the borough which has a large concentration of black and ethnic minorities.

b) Any linked policy/practice/strategy (as listed in number 2)

Negative impact

The overall risk is that, by having an Older People's Strategy, they become a separate classification and their needs are viewed as 'their problem' not 'our lives'⁹. Perhaps in the future, older people's needs will be automatically taken into account and there will be no requirement for a separate strategy. Until that time, they have continued to identify needs that have a particular impact on their ability to live a full and independent life.

6. Can the negative impact be justified, if yes please detail.

Delivery of actions costs resources. From the outset, it was made clear that the final delivery plan would not include actions that were not feasible or realistic in terms of resources – either financial or human. We are in a "credit crunch" which has worsened considerably during the review process for this strategy. The Chief Finance Officer's comments state that: *"A significant number of the initiatives detailed in the attached strategy will have resource implications. Initiatives must not commence without first identifying funding, whether from existing resources or alternative funding streams. This will be closely monitored via the monthly budget management process."*

7. Consideration of alternative measures to reduce any adverse impact.

Not applicable

8. Identify any further action that needs to be taken and ensure that the key elements are incorporated into your Business Plans.

The revised strategy was presented to the PCT Board on 22 March, and was endorsed and adopted at Cabinet on 21 April. It is due to go to Well-being Partnership Board in May 2009 for adoption. Progress against the delivery plan will be monitored by the Older People's Partnership Board as part of the Well-being Strategic Framework.

⁹ Never too late for living: Inquiry into services for older people (All Party Parliamentary Local Government Group, July 2008)

9. Monitoring and reviewing arrangements.

The revised strategy and updated action plan will continue to be monitored by the Older People's Partnership Board.

10. Publishing the Impact assessment.

The revised strategy and equalities impact assessment will be published on the Council website.

This Equalities Impact Assessment was carried out by:

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Date: 16/3/09

Please e-mail completed equality impact assessments to your designated equality officer: Adult, Culture & Community Services ~ Eve Featherstone ext 2583