

EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA)

Private Sector Housing Service Review 2014

SECTION 1 - INTRODUCTION

It is recognised that, by the nature of the services under review, the outcomes are likely to particularly impact on the disabled and older people.

An Initial Equality Impact Assessment and Analysis (EqIAA) accompanied consultation conducted in relation to this review. The purpose of the council's approach in providing initial EqIAAs as part of consultation information is to raise a series of initial considerations in relation to equalities issues, and by so doing, bring issues pertaining to equalities to the specific attention of consultees. This approach facilitates consultees to respond specifically in relation their views on equalities related issues. Taking this approach in relation to the Private Sector Housing Review was successful in that specific and comprehensive feedback was gained. All feedback has been taken into consideration in developing this comprehensive EqIAA which is fully considered during decision-making, in particular, taking account of the requirements of the Public Sector Equality Duty. The following EqIAA is a comprehensive consideration and analysis of equalities issues relating to this review.

Background

Like all local authorities, South Gloucestershire Council (the council) is facing significant financial pressures as the government continues its drive to eliminate the national deficit. The council's budget, agreed 19 February 2014, sets out a Council Savings Programme (CSP) to deliver £36m of savings by 2019/20, as part of measures to deliver a balanced budget and protect our core activities as we adjust to our reduced levels of funding. Budget reductions of this scale will require significant changes in the way we work as a council. We cannot continue to do everything we have done in the past, and will need to review our priorities and our role as we adjust to our reduced levels of funding. This work will be carried out via a range of CSP projects across the council, of varying size and scope.

Within the CSP the Private Sector Housing (PSH) function has a savings target of £168,000 per annum with effect from 1st April 2015. The Private Sector Housing Service Review 2014 is taking place to enable the PSH function to meet this target by reducing its overall running costs. Services that are currently provided by the PSH function are outlined below:

1. **Enforcement of housing standards** in all owner occupied, private rented and social housing accommodation throughout South Gloucestershire.
2. **Mandatory Disabled Facilities Grants (DFG)**; providing cost effective adaptations to enable disabled occupants to live safely and independently in their own homes. This service reduces health and care costs.
3. **Empty Homes**; using enforcement and other initiatives (including loans) to return empty properties into residential use, supporting housing demand, reducing neighbourhood blight and associated ASB issues, as well as supporting South Gloucestershire Homes Letting Service, designed to alleviate homelessness costs.

4. **Home Energy Conservation**; supporting improvement in energy efficiency of the domestic sector: reducing Excess Winter Deaths, reducing carbon emissions and fuel poverty through advice, grant and loan funding from Countdown, the Green Deal, Energy Company Obligation, and Home Energy Loans. This service attracts funding for the voluntary sector to deliver their home energy work.
5. **Home Renovation**; funding options to bring private sector housing up to the Decent Homes Standard. This is done principally through home improvement loans, which are also available to assist DFG applicants to top up on larger schemes or fund means tested contributions.
6. **Licensing Houses in Multiple Occupation**; mandatory control of condition, fire safety, facilities and management in higher risk properties.
7. **Accreditation**; voluntary scheme to support landlords and create higher standards for all landlords to aspire to.

In 2010/11 the business processes and operational structure of the PSH function was fully reviewed and efficiencies changes implemented, so the service has recently undergone changes that assured the effectiveness and efficiency of how we already deliver the statutory services. For example, recent benchmarking suggests that 3 to 4 in house technical/grants officers are required for every £1m of DFG budget available. SGC currently have three technical/grants housing officers administering a budget of £1.1m, which indicates that as an authority we are above average in this field. In the past the DFG budget required was much higher, mainly due to the process we used to commission the adaptations. We now have a maintained preferred supplier list and apply more rigour in terms of a 'three quotes' process to ensure we always challenge the market and obtain a competitive costing for all adaptation work.

Over recent years the statutory services offered by PSH have all experienced a growth in demand. To date this increase has been absorbed by the service and this has forced further efficiencies within our business processes. In the short to medium term the demand will be constantly monitored along with the quality of our services and user feedback to ensure no adverse impact occurs. However, in the longer term this trend is expected to continue and is clearly not sustainable, at which time the service is expected to seek further operational savings in order to meet the increased demand.

The Care Act will inevitably impact our statutory duties as an authority, as the Act improves rights for carers, and gives them the right to have an assessment of support needs, it also improves and clarifies the duty to promote all people's wellbeing (both adults and carers) and will include specific responsibilities around how we prevent or delay the development of support needs. The Act provides a greater clarity about how the local authority and partners work to protect the vulnerable. A separate project has been set up to identify and implement changes required to enable SGC to comply with the Care Act.

Proposals for change from April 2015

Six options have been investigated within this review as follows:-

- Option 1:** Reduce or Terminate the Home Improvement Agency Contract from April 2015
- Option 2:** Reduce or Terminate the Home Improvement Agency Contract from October 2016
- Option 3:** Withdrawal of other discretionary elements of work
- Option 4:** Income Generation/Maximisation
- Option 5:** Charge Disabled Facilities Grant work to the capital budget
- Option 6:** Maintain the Status Quo

Option 1: Reduce or Terminate the Home Improvement Agency Contract from April 2015

This contract provides discretionary services via WE Care & Repair Limited (West of England) 'WEC&R', which is part of the Home Improvement Agency Service (HIA). The contract currently costs £189,000 per annum and provides the following services:

- Information and advice on housing related issues;
- General casework including general benefit advice and signposting to charitable funding;
- Hospital related casework to expedite discharge and reduce bed blocking by fast tracking adaptations;
- Technical support for grant applicants in respect of adaptations;
- Home independence and mobility support providing assessments by WEC&R Occupational Therapists at the Celestine, Yate or Waterloo Bristol centres.

The contract is due to expire on 31 October 2016 and there is no penalty for early termination. Indeed, the contract recognises that the council could be subject to budgetary constraints with the effect of reducing the funding available for services.

WEC&R have dealt with fewer cases than first estimated, and that estimate established the annual cost of £189,000. There is also some duplication in terms of the services provided between WEC&R and the council. For example Private Sector Housing also deals with cases through the Disabled Facilities Grants (DFG) scheme and delivered 153 cases containing 244 comparable adaptations cases in 13/14 as opposed to only 10 via WEC&R in the same period. The council actually delivered 251 cases but only 153 were mandatory full DFG completions. The others are smaller/simpler adaptations of less than £1000 that are not means tested, but which the Council must still provide (Community Care (Delayed Discharges) Act 2003).

It is proposed that the council could realise the savings required by reducing or terminating this contract early with effect from 1st April 2015. This would be achieved by the council progressing all mandatory DFGs adaptation cases, which will represent an increase of just 4% which can be absorbed with minimal or no impact to customers. However, we recognise that some of our residents will fall outside of the eligibility criteria to qualify for statutory services and we, therefore, maintain a list of agencies providing support that we can make available to our clients, including amongst others:-

- WE Care & Repair
- South Glos Handy Van Service
- Age UK
- British Red Cross
- Salvation Army
- Citizen Advice Bureau
- Living-Fishponds
- SSAFA
- Royal British Legion
- SGC worked with 10 other non-contracted DFG agents in 2013/14
- There are 145 listed architects within BS postcodes on the yell.com

- Existing in-houses services:
- Customer Contact Centre
- Finance and Benefits (FAB) Team
- Home Choice
- Occupational Therapy and Social work Services
- SGC OT Technical Services
- South Gloucestershire Council's Handy Van Service
- Full complement of technical skills within Private Sector Housing.

The total annual savings from terminating or reducing the contract would be up to £189,000. However £26,000 is funded by the NHS South Gloucestershire Clinical Commissioning Group resulting in a net saving for the council of £163,000, which would give a £5,000 deficit against the savings target. This could be met via minor operational savings or additional income generation during the forthcoming years.

Alternatively, any remaining funding could maintain the provision of a reduced contract, for example running the hospital discharge and / or the Celestine Centre.

Also delays in the project due to the high volume of consultation received requiring investigation has pushed out the Member decision to be sought on 27 January 15. This would result in an initial shortfall of approximately £54k as we would need to serve notice 6 months before termination, however, the notice period for a reduction in the contract is negotiable.

Option 2: Home Improvement Agency Contract Reduction or termination from October 2016

This would have the same impact as Option 1 but would allow the current contract with WEC&R to run its course and then would not be renewed 2016.

However, if this option is taken forward there would be a 19 month period when savings will not be delivered. This equates to approximately £255,708 that would have to be found from existing service budgets with consequential impact on our ability to deliver those services or from alternative funding which is outside the remit of this review.

Option 3: Withdrawal of other discretionary elements of work

This option focuses on the discretionary aspects of Private Sector Housing services that are not covered by Options 1 & 2.

After an initial review of these services only a maximum total saving of £48,000 has been identified. This would be achieved by staff reductions that could realise savings of £40,000 from Empty Homes & £8,000 from Home Energy Conservation. So savings of £120,000 would still need to be sought and the most likely source to achieve this saving would be from the WEC&R contract via option 1 above.

Based on the work undertaken by a neighbouring authority using the Building Research Establishment's Housing and Health Cost Calculator, South Gloucestershire Council can estimate from its 2013/14 enforcement and energy efficiency work annual savings of £82,500 to the NHS and £207,000 to society.

Empty Homes:

This service could be reduced or ceased. However, there are approximately 60 long term empty properties returned to use each year and on average they have 1 or more category 1 hazards which the PSH service have a duty to investigate. If these properties remain empty for longer then there are increased risks in terms of increased health and safety and the possibility of increased demands for statutory services, as well as the benefits provided to HomeChoice via property inspections.

It is a Public Health priority to continue the Empty Homes work as this results in re-housing vulnerable residents and increases the availability of properties of a decent standard for South Gloucestershire. Returning properties to use reduces anti-social behaviour (ASB) associated with empty properties and reduces the impact on the wider determinants of health.

The council will also lose opportunities to grow the service area to capitalise on increased New Homes Bonuses and income from Council Tax.

Home Energy Conservation and Fuel Poverty:

A small element of these services is considered to be discretionary. However, a likely outcome would be failure to achieve the desired improvements sought by the Affordable Warmth Strategy; Housing Strategy and South Gloucestershire Low Carbon Strategy which could adversely impact the elderly, disabled and low income members of our community.

Between 2001 and 2014 we annually advised on average 456 households, achieving an average of 538 measures installed. Although we don't have the conclusive data to prove the outcomes it is widely accepted that this work enables improved health implications of cold damp homes, which are linked to increased hospital admissions and excess winter deaths.

The 2011 Private Housing Stock Survey showed that vulnerable households (in receipt of means tested benefits and/or disabled) are more likely to live in accommodation which fails the Decent Homes Standard. Most failures of the Standard relate to lack of heating and/or poor thermal efficiency. Therefore, stopping or reducing Home Energy services is most likely to adversely impact our most in need residents.

Option 4: Income Generation/Maximisation

It may be possible to increase charges and / or introduce new charges to the customer for some of our services, thereby generating income that can be off-set against our savings target. This option is regarded as high risk both in terms of actual income to be realised and adverse impact on vulnerable and low income customers due to the increased service charges that would have to be levied.

However, the following services charges have been reviewed as follows:

HMO Licensing income is limited. We currently have a total of 89 licensable HMOs that are renewable over a 5 year period. In 14/15 Licence fees due on 21, raised £11.5k., but the current average is £10k per year. The power to charge fees is limited to charging to cover our costs but not to make a profit. We have used a WoE benchmarking tool to determine our current fees which average £547.60 which is comparable with other neighbouring authorities and, therefore, there is little scope to increase these fees.

Our Landlord accreditation is run with almost zero resource and is currently under review by the WoE. PSH only accredit properties where information from mandatory inspections is used. If this service was extended the work would only cover its costs.

SGC already charge £50 for Immigration inspections and propose to increase to £100, which again is comparable with neighbouring authorities, but the figures are not large with just:

- 6 in 2012/13
- 9 in 2013/14
- 6 in 2014 to date

We could broaden our licensing policy to include discretionary services but the same legislation would apply resulting in an outcome of a zero net gain at the very most. At worst we could incur a significant additional set up cost that would not be recoverable.

Finally, agency fees are regularly being considered, however the corporate view is this only offers small benefits that cannot be relied upon to yield a guaranteed sustainable income to meet the corporate savings targets. It also impacts on numbers of services provided to residents.

Option 5: Charge Disabled Facilities Grant work to the capital budget

This option has been fully considered with support and advice provided by Corporate Finance and Legal Services. It is concluded that it is a permissible option, with charging up to a 15% agency fee to the DFG capital fund being considered as realistic. However, as our DFG capital fund is already topped up from South Gloucestershire Council capital reserves the net outcome to the council would be zero and would not be sustainable going forward. Additionally, residents may not require the benefits enabled by the agency role and choose not to have one, which would result in an increased risk of this income being fully realised.

In 2013/14 South Gloucestershire Council received a DFG fund of £800k from central Government, but the total strain on the fund was over £1.1m requiring the fund to be topped up by in excess of £300k from council reserves. Therefore, if we recharged fees, such as agency fees, to the capital

fund the DFG shortfall would increase by the same amount. This would necessitate the council to increase its top up by the same amount, effectively creating a net saving to the council of zero.

Therefore, at this stage, it is planned not to pursue this option further. However, we will continue to monitor the demand on the fund and may wish to revisit this option in the future if the balance between the fund and demand changes, or central Government increases its funding.

We were also advised that the principle of this kind of capitalisation would need to be agreed with our external auditors before proceeding.

Option 6: Maintain the Status Quo

There is always the option of doing nothing and even allowing the function to grow according to increasing demand. However, given the demands of the agreed Council Savings Programme targets, if the savings are not achieved in the designated service area as planned then they must be found by looking to make them elsewhere from other council services which could have implications on those services and their users.

SECTION 2 – RESEARCH AND CONSULTATION

The Council has investigated, assessed and developed the options summarised in Section 1. From 1 August until 10 September we formally consulted with the public, service users, partners and other interested parties regarding our proposals and the potential impacts in order to inform this EqIAA and ultimately the finalised proposals for change to be decided upon by the Communities Committee during January 2015.

This was carried out using our public consultation approach via:

- Online consultation via the council's website
- Consultation with current providers, the Care Forum, South Gloucestershire Disability Action Group, CVS, Town and, Parish Councils and Members as well as other relevant stakeholders and service users.
- Consultation with the South Gloucestershire Equalities Forum
- Information was available from libraries and one stop shops

Additionally, recent customers of the WEC&R services were also mailed directly to seek their feedback regards our proposals. PSH Officers during the consultation period also presented our proposals to the Disability Action Group, met with WEC&R and with colleagues and Members representing linked services within the Customer Services and Adult Social Care.

In total the council received 259 completed surveys in response to this consultation.

Of these, 203 (78%) responded using the paper survey forms and 56 (22%) were returned online. The council also received a number of emails and letters commenting on the consultation and the proposals.

The following tables provide details of the feedback received as disaggregated according to protected characteristic group:

Table to show feedback received as disaggregated according to protected characteristic group

	Overall	Gender		Age				Disability		Ethnicity		Income level	
		Female	Male	Under 45	45 to 64	65 to 74	75 and over	Disabled	Non Disabled	White British	Non White British	In receipt of income based benefits	Not in receipt of benefits
<i>Number of respondents</i>	250	144	87	14	49	59	107	121	123	220	11	32	218
Option 1: Reduce/stop WECR contract from April 2015													
Agree	18%	17%	18%	57%	30%	6%	12%	15%	22%	19%	9%	12%	19%
Disagree	61%	61%	65%	43%	59%	66%	63%	65%	58%	61%	64%	65%	61%
Option 2: Reduce/stop WECR contract from October 2016													
Agree	9%	9%	7%	28%	16%	3%	6%	5%	13%	9%	9%	3%	10%
Disagree	65%	63%	69%	50%	67%	67%	63%	70%	58%	65%	55%	69%	64%
Option 3: Withdrawal all other discretionary work													
Agree	16%	13%	23%	14%	18%	17%	17%	20%	14%	16%	18%	12%	17%
Disagree	40%	41%	37%	50%	40%	39%	38%	44%	38%	41%	18%	44%	39%
Option 4: Income generation / maximisation													
Agree	40%	38%	46%	57%	53%	41%	37%	36%	44%	41%	54%	18%	43%
Disagree	17%	16%	13%	7%	10%	13%	18%	22%	11%	16%	9%	22%	16%
Option 5: Charge DFG work to the capital budget													
Agree	41%	39%	48%	43%	57%	42%	37%	44%	38%	42%	45%	32%	43%
Disagree	20%	19%	21%	7%	16%	13%	23%	28%	14%	18%	18%	37%	17%
Option 6: Maintain the status quo													
Agree	54%	49%	66%	42%	51%	56%	60%	61%	50%	55%	54%	60%	54%
Disagree	18%	20%	13%	21%	22%	7%	17%	14%	19%	18%	18%	12%	18%
Which of the options should the council proceed with?													
Option 1	19%	17%	22%	50%	27%	12%	15%	15%	24%	20%	18%	9%	20%
Option 2	6%	6%	7%	21%	0	5%	7%	4%	8%	6%	0	3%	6%
Option 3	14%	13%	17%	7%	6%	19%	18%	17%	13%	15%	9%	9%	15%
Option 4	32%	29%	37%	29%	37%	32%	32%	32%	32%	32%	45%	25%	33%
Option 5	32%	33%	33%	21%	49%	36%	27%	39%	28%	32%	36%	34%	32%
Option 6	45%	42%	52%	21%	27%	51%	54%	47%	42%	44%	36%	47%	44%
None of the options	8%	7%	7%	0	6%	8%	8%	8%	7%	8%	9%	19%	6%
Key													
Indicates percentage that are more than 5% higher than overall													
Indicates percentage that are more than 5% lower than overall													

As identified in Section 1 of this EqIAA, it is recognised that, by the nature of the services under review, groups particularly impacted are disabled and older people. Therefore, the full consultation report should be read in conjunction with this data.

SECTION 3 – IDENTIFICATION AND ANALYSIS OF EQUALITIES ISSUES AND IMPACTS

As a result of the consultation feedback and our analysis in respect of this review, the following table summarises an overview of the likely impacts in respect of equality groups:

Equalities Groups ↓	Options →	Option 1 WEC&R cease or reduce	Option 2 WEC&R Run to contract end	Option 3 Other discretionary services	Option 4 Increase revenue income	Option 5 Agency charge to DFG fund	Option 6 Do Nothing
Older People		Minor	Minor	Major	Minor	None	None
Disabled People		Minor	Minor	Major	Minor	None	None
Low Income Families		None	None	Minor	None	None	None
Women		Minor	Minor	Minor	None	None	None
Men		Minor	Minor	Minor	None	None	None
Children and Young People		None	None	None	Minor	None	None
Black, Asian and Minority Ethnic People		Very Minor	Very Minor	Very Minor	Very Minor	None	None

There are no impacts identified which directly and specifically impact in relation to the protected characteristic groups of Religion or Belief, Sexual Orientation, Gender Identity, Marriage and Civil Partnership or Pregnancy or Maternity.

Detailed explanations are shown in appendix 3 (sections (a) -> (o)) of the Committee decision report and contain consultation feedback from Organisations along with our responses in order to fully address the issues raised. Similarly appendix 3 (section (p)) contains consultation feedback from the general public and our responses to acknowledge the feedback and address the issues raised.

It's important to recognise that the function, made up of both statutory and discretionary services, underwent a review in 2010 of its business processes and operational structure. This resulted in the implementation of various efficiencies in the way in which the statutory minimum and discretionary services are delivered. Since that review, PSH regularly undertake specific business process reviews that seek further small improvements in our operation in terms of effectiveness and efficiency. Indeed these have and are allowing us to meet the increased demand on statutory services.

We will continue to provide services according to our statutory duties and, indeed, DFG's are also viewed as an economically efficient way of reducing care and health costs, evidenced by savings made to other organisations. Currently SGC demonstrates efficiency in maintaining this level of service, based on the ratio 3-4FTE staff per £1M DFG funding, which meets industry benchmarks.

The demand trend for all services is increasing but we are currently not able to hold resources in reserve to enable us to step up to this increasing demand. We recognise that the ongoing work to enable us to absorb any increases is not sustainable and our resources will increasingly come under pressure to meet the demand. With current austerity measures impacting local authorities, at some point this will become a national issue. In the meantime we will continue to tightly manage the services to maintain standards for our residents.

The following considers each option and summarises what the net likely impact would be if the option is agreed to be implemented:

Option 1: Reduce or Terminate the Home Improvement Agency Contract from April 2015

Overall it is envisaged that the customer experience will not be adversely impacted for the mandatory DFG work. Customers will have one less point of contact and the Private Sector Housing team will strive to ensure consistent and improved response times to vulnerable customer's needs.

Currently WEC&R field on average around 500 calls per year requesting the Handy Van service (the equivalent WEC&R service was not commissioned within the original contract). In future, calls would be directed directly to the in-house service by our Customer and OT services, thereby removing a significant duplication and creating a positive impact for customers.

WEC&R also provide various other services and we intend to refer clients to alternative suppliers or pick these up in other sections of the council. Although the majority of our customers, particularly those eligible for financial help, will not be impacted by this change, we recognise that some of our residents who fall outside of the eligibility criteria to qualify for statutory services may find it harder to obtain the right support. This may increase the risk of a reduction in service for some people within the vulnerable groups of older and disabled people. We will mitigate against this risk by maintaining a list of agencies providing support that we can make available to our clients. So outcomes are likely to be maintained but initiating the support may be more difficult.

The recent improvements to business processes has created capacity that will enable the statutory casework currently completed by WEC&R to be progressed alongside the majority cases in house going forward, thereby mitigating the risk of adverse impact on service users.

The current services provided by the WEC&R are summarised as follows:

Current Services and Definitions	Service level 13/14	Current delivery	Future delivery and Net Impact
Low level advice	391	WEC&R Call handling	Incorporated across Council services – minimal impact
Substantial advice	422	WEC&R Call Handling	Incorporated across Council services – some impact for discretionary services, loss of some home advice visits and some casework (see below) No impact for mandatory services
Handyperson enquiries taken – referred on to SGC service	513	WEC&R Call Handling	Positive impact as duplication is removed
Specific categories of services can be broken down further as follows:			
Visitors to the Celestine Home Independence Centre in Yate	211	SGC/Merlin/WEC&R OT Staff	Continue this service with WEC&R
Casework cases handled (including 7 hospital discharge)	221	HIA cases Figure included in the 422 substantial advice row above Note the number of WECR hospital cases is small compared to those dealt with by SGC and hospital services, with 119 people	Mandatory work will continue, no impact on those that are eligible for mandatory services. The hospital cases will be picked up by current in-house services. Some loss of service for discretionary areas.

		receiving 1524 assessments.	Estimates between 94 and 21 cases
Technical casework completed – assisting delivering adaptations or repair <ul style="list-style-type: none"> • 10 DFG's • 4 Loans • 6 other LA funding • 15 privately funding 	35	All cases had or could have included Private Sector Housing, with some funding from “able to pay” customers.	Minimal impact. The statutory DFGs and means tested work will be subsumed by current in-house service. Privately funded cases will be signposted to alternative providers.
DFG funded adaptations completed	10	Provided by PSH as mutually delivered	PSH to continue
OT assessments facilitated	14	Currently facilitated by Council, Merlin and WEC&R OT's	Nil impact as small number of cases agreed to be subsumed by current in-house service.

Within the above 221 Casework cases there were 7 Hospital Discharge related cases, 2 closed in 2nd quarter 2013/14 and 5 in 4th quarter. Average working days from initial enquiry and agreement to discharge plan was 3 days in 2nd Quarter and just 0.2 in 4th quarter. We have met with all the other SGC service providers, including the OTs who already carry out the majority of the hospital discharge cases, and agreed the additional support can be subsumed into these existing services. However, adverse impact may occur among the 221 Casework cases in terms of the initial time taken to decide the best way of addressing the requirement, however, once that has been established the outcomes achieved should not be impacted.

When considering the protected characteristic groups the following information was originally considered based on WEC&R and in house data:

- On average 4.6% of clients are from a BME/minority group background.
- 4.6% of clients are from a rural area.
- 36.6% of clients are from an urban area.
- 59% of clients are from a city area.

For Quarter 4 of 13/14 WEC&R collected 12 customer response forms, with 11 service users indicating that they are disabled, and with an age range as follows:- 1 aged 45-59; 4 aged 60-74; 6 aged 75 or more; and 1 unspecified.

Analysis of the 153 mandatory DFG completions processed in-house during the same period reveal:

Age ->	0 -19	20 – 59	60 +
No of Cases	15 (8.9%)	42 (25%)	111 (66.1%)
Max grant of £30k cases	5	1	0
Cost ->			
	<=£5,000	£5,001-£15,000	£15,001-£30,000
No of Cases	120 (71.4%)	33 (19.6%)	15 (8.9%) inc 6 max
Accommodation Type ->			
	Owner/Occ	Rented (registered)	Rented (private)
No of Cases	103 (61.3%)	59 (35.1%)	6 (3.6%)

This shows that the groups likely to be impacted the greatest are:

- Among people of 60 and above, as they make up 66.1% of DFG funded adaptations.
- Only 6 of the 251 cases received the maximum grant of £30k, indicating that the total funding required exceeded that grant and these were primarily for children and young people.
- All DFG funding is means tested which safeguards the lower income group.

The area of increased risk is how the 200 plus cases will be handled in the future:

Of the 213 cases only 93 cases were actually closed with the work completed.

- 31 cases were closed after advice without a visit taking place.
- 69 cases were closed after advice and a site visit.
- 12 cases were closed with no work completed.
- 8 cases were closed with the work part completed.

Some of these were simply referred to SGC for mandatory assessments and funding, whilst others were referred to SGC's Handy Van Scheme, effectively double handling these requests. In future referrals to the Handy Van service will be direct, which will remove the call handling duplication.

Of the 93 cases:

- 6 cases were hospital discharge cases compared with 1191 cases handled by SGC – Internal assessment and agreement has been reached whereby the 6 additional cases could be subsumed by the existing SGC service.
- 14 were interventions by OTs using the Celestine Centre compared with 60 similar assessments facilitated by SGC OT's.

Option 2: Reduce or Terminate the Home Improvement Agency Contract from October 2016

The impact of this option is similar to option 1 above. However, an additional short term saving of approximately £256k would need to be found. If alternative funding cannot be sourced from outside of the function, then inevitably current service delivery would have to be reduced. Even if this was temporary it is anticipated that there would be a serious impact on vulnerable customers, ultimately preventing some from being able to stay safely in their own homes. As well as adversely impacting the other services currently provided by the Private Sector Housing team, outlined in the background section above, with consequential impacts on individuals, local businesses, the community and environment.

Option 3: Withdrawal of other discretionary elements of work

There would be a direct impact on landlords in that this service helps to return their properties back into use, supporting local tenants, providing accommodation for homeless people, with broader impacts on neighbourhoods and the local community could suffer from dilapidated homes being present in the area for longer, with increased instances of ASB associated with empty properties and the inherent prolonged risk to public health and safety. In 2013/14 60+homes were brought back to use.

The Home Energy Coordinator service already recognises the benefits of working with an experienced partner at minimal cost to deliver services to vulnerable people which have managed to reduce fuel poverty and energy demands contributing to carbon saving targets at a time when funding has also been heavily reduced.

Between 2001-2014 we annually advised on average 456 households achieving an average of 538 measures installed. Many of the people benefitting from this service are within the vulnerable groups of Low Income, Older and Disabled People. Although we don't have the conclusive data to prove the outcomes it is widely accepted that this work enables improved health implications of cold damp homes, which are linked to increased hospital admissions and excess winter deaths.

Option 4: Income Generation/Maximisation

Our current charges have been reviewed and have been found to be comparable with charges levied by our neighbouring authorities. Legally we can only increase these charges to fully cover our costs; similarly any new charges introduced would only be able to cover their costs resulting in a net income of zero. The business volumes are also comparatively low.

Even if fees were increased to the maximum the total revenue income would fall far short of our target. Such increases in fees may impact on service users on low incomes, unless means tested or concessions are considered. Also increased charges for landlord services would inevitably increase the risk of impact on their clients, often from vulnerable equalities groups, through increase rental charges imposed by landlords to cover their costs.

Option 5: Charge Disabled Facilities Grant work to the capital budget

The exact impact of this option is also unclear at this stage. However, if significant resource costs are charged to the Disabled Facilities Grant capital budget then SGC will need to increase its funding contribution to the DFG capital budget accordingly. Thereby negating the savings made to the revenue budget and potentially affecting other council services and their users.

Option 6: Maintain the Status Quo

In this case there would be no impact on clients, although due to increasing demand more stress on the service and its grant funded elements will increase.

SECTION 4 – EqIAA OUTCOME

The following table shows the overall outcome of this analysis:

Outcome	Response	Reason(s) and Justification
Outcome 1: No major change required.		
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.		
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	✓	<p>In the absence of additional funding this review presents various options that if taken forward could increase the risk of adversely impacting the vulnerable equalities groups of older and disabled people as well as low income groups.</p> <ul style="list-style-type: none"> • The risk of adversely impacting people will be managed via the action plan shown in section 5.
Outcome 4: Stop and rethink.		

SECTION 5 – ACTIONS TO BE TAKEN AS A RESULT OF THIS EqIAA

The following table presents actions that would be taken as a result of this EqIAA dependent upon decision.

Option	Issue	Actions	Responsibility
Option 1 WEC&R cease or reduce	Increased risk of reduced level of service to customers who don't qualify for statutory services.	Conduct a regular customer survey of people referred to external third party suppliers to ensure their needs are/were met. Remedial action would be delivered should issues arise	Service Lead
Option 2 WEC&R Run to contract end	As above once the contract ends.		Service Lead
Option 3 Other discretionary services	Potentially major impact on vulnerable groups, e.g. removal of energy advice service could result in increased hospital admissions and deaths due to cold.	Conduct a regular customer survey of people sign-posted to external third party suppliers to ensure their needs are/were met. Remedial action would be delivered should issues arise Conduct regular liaison meetings with providers to share current customer needs and trends	Service Managers
Option 4 Increase revenue income	Potentially major impact on low income groups, increased cost of living due to direct or indirect increased SGC charges.	Increasing action to ensure landlords comply with HMO licensing requirements. This will maintain/improve income to offset increases in charges	Service Managers
Option 5 Agency charge to DFG fund	N/A - unless the council provides additional funding from Capital budgets. Either way there should be no change in respect of equalities groups.	Level of DFG funding monitored and remedial action taken if required.	Service Managers
Option 6 Do Nothing	N/A - unless the council provides additional funding from Capital budgets.	Investigate the council providing additional funding from Capital budgets.	Service Lead

SECTION 6 – EVIDENCE INFORMING THIS EqIAA

For copies of these documents please contact: Mike Hawke, Project manager, 01454 864353

- Lead Member Options Report - Date
- Initial EIA in support of Public Consultation
- Public Consultation documentation
- Public Consultation Report
- Communities Committee Decision report
- Consultation feedback and SGC responses, for both organisations and general public
- WE Care & Repair SLA Reports and emails
- South Gloucestershire Council's Private Stock Condition Survey 2011
- Service Areas performance data
- The Care Act
- Advice from Legal and Finance regarding charging and contracts