

EQUALITY ANALYSIS

This Equality Analysis considers the effect of Bury Council/ Bury CCG activity on different groups protected from discrimination under the Equality Act 2010. This is to consider if there are any unintended consequences for some groups from key changes made by a public body and their contractor partners organisations and to consider if the activity will be fully effective for all protected groups. It involves using equality information and the results of engagement with protected groups and others, to manage risk and to understand the actual or potential effect of activity, including any adverse impacts on those affected by the change under consideration.

SECTION 1 – RESPONSIBILITY AND ACCOUNTABILITY

Refer to Equality Analysis guidance page 4

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| 1.1 Name of policy/ project/ decision | Commissioning of Topping Mill- Mental Health Supported Living Scheme |
| 1.2 Lead for policy/ project/ decision | Adrian Crook, Director of Community Commissioning, Health & Social Care. |
| 1.3 Committee/Board signing off policy/ project/ decision | Bury Council- Cabinet |
| 1.4 Author of Equality Analysis | Name: Ahmed Ajmi Role: Integrated Commissioning Lead, Carers, Physical Disabilities & Prevention Contact details: A.Ajmi@bury.gov.uk |
| 1.5 Date EA completed | 24 th October 2023 |

SECTION 2 – AIMS AND OUTCOMES OF POLICY / PROJECT

Refer to Equality Analysis guidance page 5

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| 2.1 Detail of policy/ decision being sought | <p>Our Bury Plan for 2030 "Let's Do It" outlines the approach to our residents and partners, to address challenges like health inequalities and deprivation in Bury and learn from the changes and challenges arising from COVID-19 pandemic.</p> <p>The aim is to make sure everyone has the best possible life chances by developing:</p> <ul style="list-style-type: none"> A new relationship between public services and our residents which is based on co- design and accountability for shared decision making. We will work with you, not do to you. |
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| | <ul style="list-style-type: none"> • A place-based shaping of public services that redefines local services and puts individuals, families, and communities at the heart of decision making. • An asset-based approach that recognises and builds on the strengths of individuals, families and our communities, rather than focusing on the deficits. • Behaviour change in communities that builds independence and supports residents to be in control. • A stronger prioritisation of wellbeing, prevention and early intervention. • An approach that supports the development of new investment and resourcing models, enabling collaboration with a wide range of organisations. • An evidence-led understanding of risk and impact to ensure the right intervention at the right time. <p>The introduction of the Care Act 2014 provided an opportunity to bring together several existing laws, and introduced new duties to ensure that wellbeing, dignity and choice are at the heart of health and social care. The Act places a statutory duty on local authorities to promote the diversity and quality of local services, in order that there is a sufficient range of high-quality service providers to enable genuine choice for service users.</p> <p>The 2021 Adult Social Care White Paper '<i>People at the Heart of Care: adult social care reform</i>' recognised the importance of housing in a person's health and wellbeing. Ensuring homes are suitable to meet a person's current and future needs, connecting people to a community where they choose to live, maintaining independence and providing choice of housing options whilst empowering individuals to live a fulfilling life is important.</p> <p>Bury Council- <i>Bury Adult Social Care Housing for those with Additional Needs Strategy</i> clearly states the needs for additional homes for people who have mental health needs.</p> <p>For people living with mental health conditions our ambition is to develop 6 new schemes between 2022 and 2025 delivering an additional circa 86 beds or units in Bury.</p> <p>This proposal for Topping Mill supported living for people with mental health needs offers an excellent opportunity to meet the target detailed in the strategy, scale up good quality homes for people and provide an environment that promotes independent living and a better quality of life.</p> |
| <p>2.2 What are the intended outcomes of this?</p> | <p>Topping Mill aligns to the Councils Housing for Adults with Additional Needs Strategy 2021-2025 and the vision for mental health supported accommodation to:</p> |

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| | <ul style="list-style-type: none"> • Improve outcomes for people with mental health needs. • Enable people to live independently. • Reduce the need for out of area residential placements. • Enable tenancy sustainment. • Support management of long-term health conditions. • Create employment for local people. • Create value for individuals, communities, and statutory services. • Reduce hospital admissions and / or reducing delayed transfers of care (DTC) where people are fit for discharge but accommodation with appropriate support is the barrier. |
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SECTION 3 – ESTABLISHING RELEVANCE TO EQUALITY & HUMAN RIGHTS

Refer to Equality Analysis guidance pages 5-8 and 11

Please outline the relevance of the activity/ policy to the Public Sector Equality Duty

| General Public Sector Equality Duties | Relevance (Yes/No) | Rationale behind relevance decision |
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| <p>3.1 To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010</p> | <p>Yes</p> | <p>For people living with serious mental illness, housing can be a critical factor in helping people to live as independently as possible, while also accessing the support they need to live in local communities.</p> <p>Settled housing is known to have a positive impact on mental health. Mental ill health is frequently cited as a reason for tenancy breakdown, with housing problems frequently referenced as a reason for someone being admitted or re-admitted to inpatient care.</p> <p>There are significant delays in discharging patients who are medically well, with one of the key reasons being a lack of appropriate housing or accommodation post discharge.</p> <p>The total number of days of delays to discharge from mental health services linked to housing was 4,286 in April 2021 and has continued to increase over the year. In January 2022, the number stood at an increase of 59 per cent. (NHS Digital, Mental Health Services Data Set</p> |

(MHSDS), [online], accessed 25 April 2022, <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set>

Safe and secure housing is critical in enabling people to work and take part in community life.

Many people with a mental health issue can live independently in their own home. As Bury Council, we need to provide a range of options and support to maintain this.

Lack of housing can impede access to treatment, recovery and militate against social inclusion.

Delayed discharge because of difficulties with housing is both common and persistent. Housing has become recognised as a central part of an effective recovery pathway, as well as a key element in preventing ill health and reducing the need for inpatient care. It provides the basis for individuals to recover, receive support and help in the least restrictive environment possible. In many cases, settled accommodation facilitates a return to work or education. A home is a critical foundation in all our lives, physically and psychologically, and is our primary location of care and support.

Many people with mental health problems are also placed in residential or nursing homes where there are vacancies instead of supported housing options, which may not be available to support people with complex needs. These facilities are not generally designed to maintain independence and so people, including younger people, become de-skilled and unable to maintain levels of self-care and choice when they could remain independent for longer, with the right level of support and environment. In addition to this many care home providers are offering placements to adults with mental health problems rather than older people who may also have physical health needs which in

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| | | some areas has resulted in too few placements for older adults who then become delayed discharges when admitted to acute or mental health inpatient services |
| 3.2 To advance equality of opportunity between people who share a protected characteristic and those who do not. | Yes | <p>Most accommodation for people with mental health needs is provided under section 18 of the Care Act 2014. Where a person 'ceases to be detained' under the Mental Health Act 1983, they are eligible for aftercare services, including housing.</p> <p>The Act and the accompanying regulations and guidance outline how housing can support a more integrated approach and set out local implementation. Of note:</p> <ul style="list-style-type: none"> • A general duty to promote wellbeing makes reference to suitable accommodation. • Housing not just the 'bricks and mortar', also includes housing related support or services. • Housing must be considered as part of an assessment process that may prevent, reduce or delay an adult social care need • Information and advice should reflect housing options, as part of a universal service offer • Care and support delivered in an integrated way with cooperation with partner bodies, including housing. |
| 3.3 To foster good relations between people who share a protected characteristic and those who do not | Yes | This service will help to deliver the Bury Adult Care Housing Vision by ensuring that adults with mental health needs develop independent living skills and are able to live actively in their localities. |
| 3.4 Please outline the considerations taken, including any mitigations, to ensure activity is not detrimental to the Human Rights of any individual affected by the decision being sought. | | |
| The list of Human Rights has been explored and this proposal does not have a detrimental impact on any area specified. | | |

SECTION 4 – EQUALITIES DATA

Refer to Equality Analysis guidance page 8

| Protected characteristic | Outcome sought | Base data | Data gaps (to include in Section 8 log) |
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| 4.1 Age | Yes | <ul style="list-style-type: none"> • People in Bury are living longer; life expectancy for both men (79.1 years) and women (82.1 years) has been improving over time, but the rate of this increase has slowed and there is still a significant gap between the life expectancy in Bury and the England average. • There is also a social gradient to life expectancy in Bury, where men and women in the most deprived areas have a life expectancy of between 12.4 years (males) and 7.9 years (females) shorter than the least deprived areas. • It is also important to determine whether additional years of life are being spent in good health or prolonged poor health and dependency. Healthy life expectancy adds a quality-of-life dimension to life expectancy. Similar to Life Expectancy, there is inequality in healthy life expectancy between Bury and England. Male and female. <p>There is also a social gradient to healthy life expectancy within Bury, where men and women in the most deprived areas have a life expectancy of between 14.8 years (males) and 13.4 years (females) shorter than the least deprived areas.</p> <p>Estimates suggest that 1 in 4 adults will experience mental health problems at any one time (25 percent). For Bury, this represents over 36,925 people aged over 18 years old.</p> | |
| 4.2 Disability | Yes | <p>Data recorded by Public Health England reports the levels of depression and anxiety are higher in Bury 15.3%, when compared to the national average figure 13.7%.</p> <p>The 2020 household survey shows that 10% of Bury residents have a long-standing illness or health condition this equates to 19,069 people. It also suggests that 5.9% of the population have a physical or mobility impairment in Bury this is around 11,425 people. Also, around 6.5% of the population will have either a visual or hearing impairment.</p> <p>The predicted number of people who will have a mental health disorder (aged 18-64) in Bury by 2040. It demonstrates an increase of approximately 3.5%</p> | |

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| | | <p>from 2020 to 20404 across all conditions. Around 38,000 of the Bury population will have a mental health disorder (https://pansi.org.uk/ Mental health problem Bury data)</p> <p>Deprivation is a known risk factor that impacts on people's mental health, Public Health England data confirms Bury's score is 23.7, which is higher than the national average 21.7.</p> <p>The circumstances in which a disabled person who has mental health needs might require an adaptation are extremely varied. Often the adaptation will be intended to meet other difficulties that are not directly related to their mental health needs.</p> <p>The building specification has been designed with Community Mental Health Team (CMHT). The specification for the building will be 15 x 1 bed flats, with 1 unit for staff and 14 units for tenants. 4 units on the ground floor will be fully accessible / DDA compliant for wheelchair users.</p> <p>Depending on the tenant, there will be scope for minor adaptations at the scheme. Minor adaptations include items such as rails, small ramps, door intercoms or door widening.</p> <p>Supported living services such as Topping Mill will provide additional support and guidance to individuals with complex needs who require extra support with managing their mental health. It allows people to keep their independence and live in their own homes and have support on hand as and when needed.</p> | |
| 4.3 Gender | Yes | Topping Mill will provide a mixed gender for provision for people that have mental health needs. | |
| 4.4 Pregnancy or Maternity | No – we do not believe this is currently being collated. | This service will not be for people who are pregnant or on maternity. Supported living in a mental health setting is not ideal for this group, rather alternative accommodation in the community i.e dispersed housing in the community would be best. | We do not believe this is currently being collated. |
| 4.5 Race | Yes | Across the Northwest, the percentage of people from the "Asian, Asian British or Asian Welsh" ethnic group increased from 6.2% to 8.4%, while across England the percentage increased from 7.8% to 9.6%. | Limited information on smaller and emerging |

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| | <p>In 2021, 82.9% of people in Bury identified their ethnic group within the "White" category (compared with 89.2% in 2011), while 2.6% identified their ethnic group within the "Mixed or Multiple" category (compared with 1.8% the previous decade).</p> <p>People from BAME backgrounds have the same right as everyone else to access mental treatment and services. But research shows BAME people can face barriers to getting help, including:</p> <ul style="list-style-type: none"> • not recognising they have a mental illness because mental health was stigmatised or never talked about in their community • not knowing that help is available or where to go to get it • language barriers • turning to family or friends rather than professional support, especially for people who don't trust formal healthcare services • financial barriers, such as paying for private counselling • not feeling listened to or understood by healthcare professionals • White professionals who do not understand their experiences of racism or discrimination <p>The percentage of people who identified their ethnic group within the "Other" category ("Arab" or "Any other ethnic group") increased from 0.7% in 2011 to 1.9% in 2021.</p> <p>Despite higher prevalence, Black adults have the lowest mental health treatment rate of any ethnic group at 6% (compared to 13% in the White British group)</p> <p>Evidence suggests that people from Black Asian and Minority Ethnic communities are at higher risk of developing a mental health problem in adulthood. But they're less likely to receive support for their mental health</p> <p>People from Black communities are more likely than average to experience a common mental health problem in any given week.</p> <ul style="list-style-type: none"> • Percentage experiencing a common mental health problem in the last week by ethnicity: • White British - 17% • White Other - 14% • Black and Black British - 23% • Asian and Asian British - 18% • Mixed & other - 20%" | <p>communities in Bury</p> |
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| | | <p>Black men are more likely to experience symptoms of psychosis than other ethnic groups (3.2% compared to 0.3% of White men and 1.3% of Asian men - using combined 2007 and 2014 data.) There is no significant variation by ethnic group among women.</p> <p>8% of Black or Black British adults have symptoms relating to post-traumatic stress disorder compared with 4% of their White British counterparts.</p> <p>People from Black and Minority Ethnic groups living in the UK are more likely to:</p> <ul style="list-style-type: none"> • Be diagnosed with a psychotic disorder. However no difference was found in the Adult Psychiatric Morbidity Survey between Asian people and their White British counterparts in terms of experiencing psychotic disorders or common mental health problems. • Seek help in a crisis situation and in A&E. • Be admitted to hospital with a mental health problem. • Experience a poor outcome from treatment. • Disengage from mainstream mental health services. <p>https://webarchive.nationalarchives.gov.uk/20180328140249/http://digital.nhs.uk/catalogue/PUB21748</p> | |
| 4.6 Religion and belief | Yes | <p>Census 2021 Bury responses: Christian (48.8%), Buddhist (0.3%) Hindu (0.5%) Sikh (0.3) Muslim (9.9%) Jewish (5.5%) % Other (0.3%). 29.4% identified as having no religion</p> | |
| 4.7 Sexual Orientation | No – we don't believe this is currently being collated | <p>Census 2021 was the first to collect information on the sexual orientation of residents aged 16 years and over in England and Wales. The census question was voluntary asked of those aged 16 years and over.</p> <ul style="list-style-type: none"> • In total, 44.9 million people (92.5% of the population aged 16 years and over) answered the question. • Around 43.4 million people (89.4%) identified as straight or heterosexual. • Around 1.5 million people (3.2%) identified with an LGB+ orientation ("Gay or Lesbian", "Bisexual" or "Other sexual orientation"). • The remaining 3.6 million people (7.5%) did not answer the question. | |

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| | | <p>This is almost certainly an underestimation of the actual national diversity of sexual orientation.</p> <p>Estimates provided by the LGBT Foundation and Stonewall state that between 5% and 7% of the population identify as Lesbian, Gay or Bisexual nationally.</p> <p>It is acknowledged that approximately 6-10% of any given population will be LGB. Source: MYE 2015 and Stonewall</p> <p>Access to the service is open to all who fulfil the service criteria</p> | |
| 4.8 Marriage or Civil Partnership | Yes | <p>The Census 2021 published the details on adults' legal partnership status.</p> <ul style="list-style-type: none"> • The proportion of adults who have never married or been in a civil partnership has increased every decade from 26.3% in 1991 to 37.9% in 2021, whereas the proportion of adults who are married or in a civil partnership (including separated) has fallen from 58.4% in 1991 to 46.9% in 2021. • The increase in adults who have never been married or in a civil partnership (since 2011), after standardising for age, is seen across all local authorities, religious groups and ethnic groups. • Between 2011 and 2021, the number of widowed adults (3.0 million) has decreased by 6.3%, women who are widowed decreased by 8.3%, but the number of men who are widowed increased by 0.6%. • The proportion of adults who are divorced is similar in 2021 (9.1%) and 2011 (9.0%); the proportion of younger adults who are divorced has decreased, whereas the proportion of older adults has increased. • Adults in same-sex marriages and civil partnerships are more likely to be younger, have no religion, and have higher-level qualifications than adults in opposite-sex marriages. | |
| 4.9 Gender Reassignment | Yes | <p>The question on gender identity was new for the Census 2021. The question was voluntary and only asked of people aged 16 years and over.</p> <p>A total of 45.4 million (93.5%) answered "Yes", indicating that their gender identity was the same as their sex registered at birth.</p> | |

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| | | <p>A total of 262,000 people (0.5%) answered "No", indicating that their gender identity was different from their sex registered at birth. Within this group:</p> <ul style="list-style-type: none"> • 118,000 (0.24%) answered "No" but did not provide a write-in response • 48,000 (0.10%) identified as a trans man • 48,000 (0.10%) identified as a trans woman • 30,000 (0.06%) identified as non-binary • 18,000 (0.04%) wrote in a different gender identity <p>The remaining 2.9 million (6.0%) did not answer the question on gender identity.</p> <p>In Bury:</p> <p>94.37% of people aged 16 years and over in Bury have a gender identity the same as their sex registered at birth and is made up of approximately 51% females and 49% males.</p> <p>The GIRES (2009) report on Gender Variance in the UK estimated that around 20 in every 100,000 people had sought medical care for gender variance. Using 15+ ONBS data of current list size of 163,013 (ONS 2015-16) the Gender Reassignment figure for Bury would be approximately 33 Bury Residents.</p> <p>Access to Topping Mill is open to all who meet the service criteria</p> | |
| 4.10 Carers | Yes | <p>There are specialist services available for unpaid carers. However, services will provide condition specific information and advice.</p> <p>Statistics in Bury:</p> <p>18,219 - Census 2021</p> <p>1042 carers registered with the Bury Carers Hub (qtr4 returns 22/23)</p> | |
| 4.11 Looked After Children and Care Leavers | No – we do not believe this is currently being collated | <p>The criteria will apply to anybody over 18 as long as they fulfil the rest of the service access criteria – anybody under the age of 18 will fall under the jurisdiction of Children's Directorate. However, the service will link in with Children Services with a willingness to support people who are transitioning from Children Services into Adult Services.</p> | We do not believe this is currently being collated |
| 4.12 Armed Forces personnel | No – we do not believe this is | <p>On Census Day 1.85 million people in England and Wales reported that they had previously served in the</p> | We do not believe this is |

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| including veterans | currently being collated. | UK armed forces. This represents 3.8% (almost 1 in 25) of the total population aged 16 or over. Bury: The percentage of the population aged 16+ and over who had previously served in the UK armed forces 3.3% | currently being collated. |
| 4.13 Socio-economically vulnerable | No- we do not believe this is currently being collated. | Bury has a higher-than-average proportion of claimants of Employment Support Allowance where the main condition stated was mental and behavioural disorders. <ul style="list-style-type: none"> • Bury is the 69 most deprived local authority in England • 10% of the local authority is within the 10% most deprived areas in the whole of England • 23% of children are living in low-income families, which is worse than average for England <p>According to a report by Shelter, one in five of people has experienced mental health issues because of housing problems. Compared with the general population, people with mental health conditions are: one and a half times more likely to live in rented housing. twice as likely to be unhappy with their home.</p> <p>Research has shown that those who are homeless, or at risk of homelessness, are much more likely to experience mental distress. Further, Homeless Link reported in 2010 that 7 out of 10 of clients had mental health needs and a third of those lacked the support they need to address their mental health.</p> | We do not believe this is currently being collated. |

SECTION 5 – STAKEHOLDERS AND ENGAGEMENT

Refer to Equality Analysis guidance page 8 and 9

| | Internal Stakeholders | External Stakeholders |
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| 5.1 Identify stakeholders | Social Care workforce INT workforce Corporate Core | Community Mental Health Team (CMHT) Fairfield Hospital Carers and family of people being supported. |

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| | | Potential future users of the service Members of the community |
| 5.2 Engagement undertaken | Bury Council Community Commissioning Division | Community Mental Health Team St Davids Group (developer) Inclusion Housing |
| 5.3 Outcomes of engagement | The engagement has provided significant contribution to what the building specification should look like for the benefit of the tenants with mental health needs. This is by ensuring that they are good quality homes for tenants, that they provide a space for strong interventions for independent living and improved quality of life. | The engagement has provided vital opinions from clinicians of the needs of tenants, from a person-centered perspective, good housing practice and statutory duty. |
| 5.4 Outstanding actions following engagement (include in Section 8 log) | As the Community Commissioning Division in conjunction with CMHT identify tenants for the scheme, we will be engaging with them for their ideas what they want their flats to look like. This includes décor, furniture and other aspects which everyone deserves to make their space a home. | |

SECTION 6 – CONCLUSION OF IMPACT

Refer to Equality Analysis guidance page 9

Please outline whether the activity/ policy has a positive or negative effect on any groups of people with protected inclusion characteristics

| Protected Characteristic | Positive/ Neutral Negative / | Impact (include reference to data/ engagement) |
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| 6.1 Age | Positive | It is expected that the provider for care at Topping Mill provides a person-centered service to all the people it supports and will |

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| | | take steps to counteract the disadvantages people with a protected characteristic face and support people to achieve their full potential, regardless of age. |
| 6.2 Disability | Positive | The overall purpose of the service is to enable people to achieve maximum potential, to stay at home, living as independently as they can and with the best possible quality of life. |
| 6.3 Gender | Positive | The criteria for access to the service is the same for all protected characteristics who have a mental health need. It is unlikely there would be any disproportionate impact relating to gender. |
| 6.4 Pregnancy or Maternity | Neutral | This service will not be for people that have a pregnancy or maternity. However, there are other housing options in the community that will be considered for their accommodation needs. |
| 6.5 Race | Positive | It is unlikely there would be any disproportionate impact relating to Race. It is expected that the commissioned service will work with Bury Council and the community to consider how we can embed the need to reduce inequalities and identify barriers to accessing support. |
| 6.6 Religion and belief | Positive | It is unlikely there would be any disproportionate impact relating to religion and belief. It is expected that the service provides a personalised service to all the people it supports, so would take account of any support needs relating to religion or belief. |
| 6.7 Sexual Orientation | Positive | It is unlikely there would be any disproportionate impact in relation to sexual orientation. It is expected the commissioned service provide a service to all of the people it supports and has due regard to an individual's sexual orientation. |
| 6.8 Marriage or Civil Partnership | Neutral | It is unlikely there would be any disproportionate impact in relation to marriage or civil partnership. The service is for single people, however we note that there be people that are married or are in a civil partnership. This would not affect their housing need for the scheme but needs to be considered when moving on into the community. |
| 6.9 Gender Reassignment | Positive | It is unlikely there would be any disproportionate impact relating to gender reassignment. The service provides a personalised service to all the people it supports, so would take account of any support needs relating to gender reassignment. |
| 6.10 Carers | Neutral | There maybe tenants that are also providing care to relatives or others in the community. This does not exclude them from the scheme. |

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| 6.11 Looked After Children and Care Leavers | Neutral | The criteria will apply to anybody over 18 as long as they fulfil the rest of the service access criteria – anybody under the age of 18 will fall under the jurisdiction of Children’s Directorate. However, the service has a willingness to link with Children Services and will support young people who are transitioning from Children Services into Adult Services. |
| 6.12 Armed Forces personnel including veterans | Positive | It is unlikely there would be any disproportionate impact in relation to Armed Forces personnel including veterans. |
| 6.13 Socio-economically vulnerable | Positive | It is unlikely there would be any disproportionate impact in relation to Socio-economically vulnerable. |
| 6.14 Overall impact - What will the likely overall effect of your activity be on equality, including consideration on intersectionality? | Positive - | <p>The overall purpose of the service provides good quality homes for people with mental health needs, promote independent living and improve the quality of life of tenants.</p> <p>The scheme is based in the Bury East area, which provides a good location for people who need access to their cultural needs i.e. Churches, Mosques, shopping for specific dietary requirements etc.</p> <p>There is a strong expectation that the commissioned provider shall develop good partnership arrangements with statutory services, the VCFA sector, along with local and national organisations. This is to promote independent living for people with mental health needs, reduce social isolation and improve their quality of life.</p> |

SECTION 7 – ACTION LOG

Refer to Equality Analysis guidance page 10

| Action Identified | Lead | Due Date | Comments and Sign off (when complete) |
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| 8.1 Actions to address gaps identified in section 4 | | | |
| <p>None that will have an impact on this programme of work.</p> <p>The intended outcome for this contract is to comply with statutory legislation whilst working to increase take up and the opportunity to tap into unmet need.</p> | | | <p>Ongoing engagement to continually monitor quality and identify opportunity of areas of development for the people of Bury.</p> <p>Analysis on demographics of customers will be part of the contract monitoring. Data and residents who are members of the forum group will be used to identify barriers and put forward suggestions on how barriers can be overcome.</p> |

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| 8.2 Actions to address gaps identified in section 5 | | | |
| The intended outcome for this contract is to comply with statutory legislation whilst working to increase take up and the opportunity to tap into unmet need. | | | Ongoing engagement to continually monitor quality and identify opportunity of areas of development for the people of Bury. Analysis on demographics of customers will be part of the contract monitoring. |
| 8.3 Mitigations to address negative impacts identified in section 6 | | | |
| The Community Commissioning Division of the Council hosts the Living Options Group. It is a space for professionals to look at housing needs of people by a case-by-case perspective. This will ensure that people are not excluded from services, without understanding their individual circumstances and dynamics within the scheme. | | | Ongoing engagement to continually monitor quality and identify opportunity of areas of development for the people of Bury. Analysis on demographics of customers will be part of the contract monitoring. |
| 8.4 Opportunities to further inclusion (equality, diversity and human rights) including to advance opportunities and engagements across protected characteristics | | | |
| EA to be shared with the successful provider for comment and opportunity to contribute to the analysis | Ahmed Ajmi | July 2025 | |

| SECTION 8 - REVIEW | | | |
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| <i>Refer to Equality Analysis guidance page 10</i> | | | |
| Review Milestone | Lead | Due Date | Comments (and sign off when complete) |
| Ongoing | Ahmed Ajmi | | By working with the Provider, Community Commissioning Division, CMHT, Registered Housing Provider and tenants to shape service delivery. It is anticipated the council can continue to meet its obligation in relation to the Care Act 2014, along with achieving the |

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| | | | outcomes for the people the service supports. |
| Review EIA at 12 months | Ahmed Ajmi | October 2024 | |