2012

# Equality Analysis Guidance and Form



### **Brent Council Equality Analysis Form**

Please contact the Corporate Diversity team before completing this form. The form is to be used for both predictive Equality Analysis and any reviews of existing policies and practices that may be carried out.

Once you have completed this form, please forward to the Corporate Diversity Team for auditing. Make sure you allow sufficient time for this.

1. Roles and Responsibilities: please refer to stage 1 of the guidance			
Directorate:	Person Responsible:		
Adult Social Care	Name: Shamym Humdani		
	Title: Project Delivery Officer, PMO		
Service Area:	Contact No: 020 8937 2330		
Commissioning and Quality	Signed:		
Name of policy:	Date analysis started: 11/04/2014		
New Accommodation for Independent Living	Completion date 24/04/2014		
	Review date:		
Is the policy:	Auditing Details:		
	Name: Sarah Kaiser		
New ✓ Old □	Title: Head of Equality		
	Date: 30 April 2014		
	Contact No: 0208 937 4152		
	Signed: Sarah Kaiser		
Signing Off Manager: responsible	Decision Maker:		
for review and monitoring	Name individual /group/meeting/ committee:		
Name: Phil Porter	New Accommodation for Independent Living		
Title: Strategic Director, Adults	Project Board		
Date xx			
Contact No: 020 8937 5937	Date:		
Signed:			

2. Brief description of the policy. Describe the aim and purpose of the policy, what needs or duties is it designed to meet? How does it differ from any existing policy or practice in this area?

Please refer to stage 2 of the guidance.

The purpose of the project is to design and develop alternative 'accommodation plus' options, which incorporate:

- 'extra care' living (generally for older clients) and
- 'supported living' for younger people who require Adult Social Services (ASS).

This Project will be delivered in two phases:

- Phase one will determine financial viability, and understand current market intelligence in order to agree the vision and priorities for future accommodation in Brent. It will include assessing/reviewing current client need in Brent and preparing to allocate clients to the new accommodation scheduled.
- **Phase two** will deliver a rolling programme of accommodation between July 2014 and July 2016

This EIA covers **Phase one** only. The output of Phase one will inform the development and timelines of Phase two.

Phase one of the project aims to deliver efficiencies and improvements in the use of traditional residential and nursing care accommodation in Brent.

The proposed 'accommodation plus' options will support independence and provide choice in how and where clients live. This will involve extensive work with Planning & Development and Providers with the aim of meeting people's needs better at home and using new models of care and support in the community.

A residential client will live in a home with access to on-site personal care such as help with washing, dressing and medication. For those with a particular disability or illness, that requires nursing care on a frequent basis, a nursing home may be more appropriate.

Annual spend on residential and nursing care in Brent is currently £39.2m. The potential costs are even more significant when according to projections, the need for residential or nursing care accommodation may increase by as much as 31% by 2020.

This project presents an opportunity and challenge, from late 2015 onwards, allow innovation in accommodation solutions for Adult Social Services clients, by working with providers or other Local Authorities to:

 Identify new accommodation options (such as current council land, and opportunities in regeneration areas)  Redevelop current residential and nursing care facilities to further reduce the reliance on existing residential and nursing care.

Two new facilities are currently being developed which will provide 40 units in January 2015 and 100 units in April 2016. To meet the council's short term requirements by 2016, a further 200 units of Accommodation plus capacity is required to be developed. Phase one comprises the delivery plan to develop this model. Phase two will comprise the implementation of the model developed in phase one.

In summary, this project will seek to deliver the following:

- Support individuals to live independently in the most appropriate setting by delivering a wider range of 'accommodation plus' options.
- In May 2013, the ASC DMT considered that, in theory, investing £2.2m per year in development costs, (Phase two) could save £6.2m a year in accommodation costs, generating savings of £4m. Target savings are therefore £500k (20015/16), and £4.1m (2016/17).

The development of accommodation options for clients with a Learning Disability, Physical Disability, or Mental Health needs, and accommodation for older people is in scope of this project.

The implementation of the preferred accommodation model(s) is out of scope and will be managed as part of Phase two of this project.

### 3. Describe how the policy will impact on all of the protected groups:

### <u>Age</u>

We acknowledge that the greatest proportion of service users impacted will be the elderly who form 62 % of the total. This is reflected in the number of accommodation plus units allocated to this category in Phase 2 which is 93 out of 200 units.

#### Disability

18% of service users have a learning disability and a further 6% impacted are those with a physical disability. Consequently, 22 of the initial 200 units will cater specifically for the disabled, ensuring appropriate adaptations are put into place to create an even better environment which is fully conducive to the needs of the disabled individual in the best way possible. This will result in a positive impact for this category of people.

### Race

We recognise that under race, the most impacted category will be 'White - British/ Welsh/ English / Scottish / Northern Irish', who form 28% of this protected group followed by 'Black or Black British – Caribbean' who form 11% of this group. There is a neutral impact on this category of individuals.

### Religion or Belief

We do not hold information on the religious background of 50% of the service users, however from the information we have available, the most impacted category will be 'Church of England' who form 10% of the current users. Overall there is a potential adverse impact on this category because depending on the location of their accommodation, they may not be able to access places of worship as easily as they can do currently. We will consult with the Brent Muliti-Faith Forum to look at options to address this concern.

### Gender

There will be an equal impact on gender, bearing in mind that the gender is unknown for 15% of service users.

### **Gender Reassignment**

At present there is no information and we do not anticipate that there will be any impact.

### **Sexual Orientation**

At present there is no information and we do not anticipate that there will be any impact.

#### Pregnancy and Maternity

At present there is no information and we do not anticipate that there will be any impact. We will ensure that we gather this information for Phase 2. The approach is focused on continuing to address individual needs appropriately, Whilst there may be a change in the way the service is provided, the level of service will continue to be met and every attempt will be made to ensure all the needs of the protected groups are met.

Even though we are currently aware about which particular groups will be affected by the alternative 'accommodation plus' options, at this stage we do not know the extent to which these individuals will be affected. This is due to the fact that Phase 2 will include the assessment process therefore currently we are unable to assess where the impact will be.

Before commencing Phase 2, we must undertake a consultation, to check whether

there are any further impacts on any of the equality groups that we have not yet identified.

It must be noted that the decision to move a service user from residential care will only be taken where it is appropriate to do so, following a formal assessment process which will form part of Phase 2.

Equalities assessments will be carried out before the implementation of the preferred accommodation model in Phase 2 of the project.

### Please give details of the evidence you have used:

National evidence suggests that this approach has the capacity to bring significant improvements to people's quality of life by moving away from a limited selection of traditional accommodation settings to a diverse range of accommodation settings which better support the individual needs as mentioned in section2 of this Equality analysis..

There is broad recognition that for some people residential/nursing care will continue to offer the best solution, as these individuals will continue to require significant levels of care and support, but that there are people within existing residential care homes that could be better supported in more independent accommodation and who have the potential to achieve greater personal independence.

This will need to be determined on a case by case basis but the consensus amongst the Commissioning Teams and Contract Managers within Adult Social Care is:

- There are older people living in Residential Care who could be supported better in Extra Care;
- There are people with a learning disability living in Residential Care who would be better supported in Supported Living or Extra Care;
- There are people living in Extra Care who would be better supported in Sheltered Housing;
- People living with a mild to moderate dementia can live well in suitably designed and staffed Extra Care;
- People with a physical disability can, in many cases, be better supported in Extra Care or suitably adapted sheltered or general needs housing.
- Extra Care should not be seen as only for older people and that it should also be seen as a viable accommodation option for many younger adults with support needs.

### Service User Profile April 2014

Current Client Group as per ASC data	Nursing	Residential	<b>Grand Total</b>
Adults - Learning Disability 18-64			
Residential & Nursing Care	8	240	248
Adults - Mental Health			
Residential & Nursing	3	67	70
Adults – Older People Services			
Residential & Nursing Care	450	501	951
Adults – Physical Disability 18-64			
Residential & Nursing Care	51	32	83
Grand Total	512	840	1352

We envisage this capacity being split across groups as per the table below:

Client Group	Accommodation Plus Capacity Units Needed (needed for Phase two)	Current quota (including self funders)
Learning Disabilities	62	248
Older People	93	951
Mental Health	22	70
Physical disability	22	83
Total	200	1352

In the longer-term it is estimated that at least 600 units in total will be required, and the approach developed through this commission will assist the Council is achieving this longer-term target

### The following data includes both residential and nursing care service users

Residential & Nursing Care <b>Gender</b>	Learning Disability 18- 64	Mental Health	Older People Services	Physical Disability 18- 64	Grand Total
Female	97	8	471	24	600
Male	149	58	288	56	551
Unknown	2	4	192	3	201
<b>Grand Total</b>	248	70	951	83	1352

Residential & Nursing Care Age	Learning Disability 18- 64	Mental Health	Older People Services	Physical Disability 18- 64	Grand Total
18-29	36	5	0	2	43
30-39	36	3	0	5	44
40-49	62	20	0	13	95
50-59	76	30	3	28	137
60-69	33	9	65	28	135
70+	3	1	692	4	700
Age Unknown across	s all 4 categories	<b>S</b>			198
				Total check	1352

Residential & Nursing Care Race	Learning Disability 18-64	Mental Health	Older People Services	Physical Disability 18-64	Grand Total
	2	2	191	3	198
-			13		13
Asian or Asian British - Any Other Asian			35	10	
Background	10	5			60
Asian or Asian British - British Asian	2	1	7	1	11
Asian or Asian British - Chinese	1		3	1	5
Asian or Asian British - East African Asian	2		3		5
Asian or Asian British - Indian	24	1	59	9	93
Asian or Asian British - Mixed Asian			2		2
Asian or Asian British - Pakistani	8		4		12
Black or Black British - African	14	4	11	4	33
Black or Black British - Any Other Black /			17	2	
African / Carribbean Background	9	21			49
Black or Black British - Black British	8	2	14	3	27
Black or Black British - Caribbean	31	2	115	4	152
Black or Black British - Mixed Black			1	1	2
Mixed / Multiple - Any Other Mixed /		1			1

<b>Grand Total</b>	248	70	951	83	1352
White - Other white, white unspecified	18	9	96	8	131
White - Mixed white	1		2	_	3
White - Irish	23	1	93	12	129
White - Form not completed			1		1
White - British/ Welsh/ English / Scottish / Northern Irish	93	10	255	20	378
Other Ethnic Groups - Any other group	1	2	9	4	16
Not Stated / Undeclared - Not Known			6		6
Not Stated / Undeclared - Form not completed		9	9	1	19
Not Stated / Undeclared - Did not wish to reply			1		1
Mixed / Multiple - White and Black Caribbean	1				1
Mixed / Multiple - White and Black African			1		1
Mixed / Multiple - Black and White			2		2
Mixed / Multiple - Black and Asian			1		1
Multiple Ethnic Background					

Residential & Nursing Care Religion	Learning Disability 18-64	Mental Health	Older People Services	Physical Disability 18-64	Grand Total
Anglican			1		1
Baptist	3		9		12
Buddhist			2	1	3
Catholic	20	3	72	8	103
Christian	32	2	63	9	106
Church of England	35	1	105	2	143
Greek Orthodox	2		8		10
Hindu	23	2	48	9	82
Jainist	1		4		5
Jehovah Witness			2	1	3
Jewish	20		50	1	71
Methodist	4		13		17
Muslim	14		15	4	33
No Religion	5	2	17	2	26
Not Known	56	58	465	36	615
Other Religion	1		3	1	5
Pentecostal	2		1		3
Rastafarian		1			1

Roman Catholic	29	1	69	9	108
Seventh-Day Adventists			2		2
Sikh			1		1
Undeclared	1		1		2
Grand Total	248	70	951	83	1352

# 4. Describe how the policy will impact on the Council's duty to have due regard to the need to:

## (a) Eliminate discrimination (including indirect discrimination), harassment and victimisation;

Every single service user has an individual needs led assessment which includes social care eligibility and takes into account all the issues around the protected groups. A support plan will be put into place which will meet the needs of people with all the protected characteristics appropriately

The accommodation plus setting will provide service users with the choice of how and where to live, in an environment which is fit for purpose, yet at the same time promoting independence. Appropriate care packages will still be in place, as they are currently, to meet the needs of the individuals

Those required to do so, will still remain in traditional residential settings.

Other considerations include the implications of welfare reform, on the affordability of accommodation options for clients and the impact of any changes in central government policy or direction.

### (b) Advance equality of opportunity;

Brent has produced it's first Market Position Statement (MPS) which aims to signal our intention to share better, more transparent information with the market; for the benefit of both current and potential providers of Accommodation Based Care and Support Services (ABCSS). It will support better relationships between Commissioners and service providers, acting as a foundation for better engagement and partnership working resulting in a full range of services that fully meet the needs of people as close to home as possible and to promote real choice for local people.

The following four principles guide our thinking around how we develop models of ABCSS going forward:

- Principle 1: Wherever possible we meet people's needs at home or as close to home as possible and we will build local capacity in the marketplace to achieve this
- Principle 2: We recognise that the needs of individuals may change over time, and we work with individuals receiving care and support to review the services

they receive in line with these changes; which may mean a change in service provision to better meet their needs

- **Principle 3:** We work proactively with the market to ensure that services are always of an excellent quality and value for money is always achieved.
- Principle 4: For local people, who genuinely need residential or nursing care, we actively review and monitor the quality of these services, to ensure they are safe, personalised, and deliver excellent quality and good outcomes for individuals.

The Brent Health and Wellbeing Strategy 2012-2015 stipulates that people will need to take on much greater personal responsibility for their own wellbeing, making the right choices when these are open to them. At the same time, recognising those people who are vulnerable or at risk, so that we can focus on keeping people safe, prevention and early help for them.

Finally, if we discover that a particular protected group are excluded – we will target them.

### (c) Foster good relations

The accommodation plus options developed will remain constant and supports the fostering of good relations by enabling all relevant clients in the borough to access the services they need.

No changes to the level of the service are proposed, other than opportunities identified during the phase one to improve the both quality of service delivery and the commitment by Brent to support local residents to stay at home for as long as possible or as close to home for as long as possible with excellent quality, personalised care and support.

It must be noted that Adult Social Care play an important role in ensuring that older people; physically disabled and those with learning disabilities access the right support within the community. Also in doing so, Adult Social Care support social inclusion for these groups within the wider community in Brent.

### 5. What engagement activity did you carry out as part of your assessment? Please refer to stage 3 of the guidance.

This is a predicative process and consultation has not been undertaken as yet. Phase one is about identifying the accommodation model and financial viability.

users appro impa	se two will involve a consultation process' when we will engage with service s; their families and carers, their care providers and clinicians where opriate, to understand their needs and whether there could be any negative ct which we have not yet identified This will form the basis of the decisions it future accommodation plus options.
i.	Who did you engage with?
	n/a
ii.	What methods did you use?
	n/a
iii.	What did you find out?
	n/a
iv.	How have you used the information gathered?
	n/a
٧.	How has if affected your policy?
	n/a

6. Have you identified a negative impact on any protected group, or identified any unmet needs/requirements that affect specific protected groups? If so, explain what actions you have undertaken, including consideration of any alternative proposals, to lessen or mitigate against this impact.

Please refer to stage 2, 3 & 4 of the guidance.

We anticipate a positive impact in relation to religion or belief as the accommodation plus sites will be more evenly distributed across the borough, increasing the potential to live much closer to a place of worship. To enhance this positive impact, we will consult with the Brent Multi Faith Forum on how best to improve access to places of worship and community support for service users moving into the new accommodation.

The levels and type of service provision will remain as at present. On the contrary, they will have the choice and independence to decide how and where they live.

It is recognised that for older people, relocation may cause emotional distress and orientation issues in their new surroundings. To mitigate this, it will be necessary to offer a 'resettlement package' to ensure that appropriate support and assistance are in place, both during and after the move.

For those with a physical disability, the transition from a residential care setting to a semi independent setting will require practical support to help them settle in their new surroundings.

### Please give details of the evidence you have used:

The evidence comprises the operational data, process and financial information provided by officers and other contacts during the preparation of this report, along with the specific feedback from client commissioners in respect of service quality.

### 7. Analysis summary

Please tick boxes to summarise the findings of your analysis.

Protected Group	Positive impact	Adverse impact	Neutral
Age	Х		
Disability			Х
Gender re-assignment			Х
Marriage and civil partnership			х
Pregnancy and maternity			Х
Race			Х
Religion or belief	Х		
Sex			Х
Sexual orientation			х

### 8. The Findings of your Analysis

Please complete whichever of the following sections is appropriate (one only). Please refer to stage 4 of the guidance.

### No major change

Your analysis demonstrates that:

- The policy is lawful
- The evidence shows no potential for direct or indirect discrimination
- You have taken all appropriate opportunities to advance equality and foster good relations between groups.

Please document below the reasons for your conclusion and the information that you used to make this decision.

The analysis has not identified any potential direct or indirect discrimination at this stage of the project. We will need to consult with service users to ensure there is no potential discrimination in Phase 2 The levels and type of service provision will remain as at present. The accommodation plus options will provide choice and independence to decide how and where service users may live.

9.	Monito	orina	and	review
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Please provide details of how you intend to monitor the policy in the future. Please refer to stage 7 of the guidance.

During Phase two, implementation of the rolling programme of accommodation, a project board will be in place to monitor project activities and ensure no policy change is considered or undertaken without further consultation, review and appropriate approvals.

### 10. Action plan and outcomes

At Brent, we want to make sure that our equality monitoring and analysis results in positive outcomes for our colleagues and customers.

Use the table below to record any actions we plan to take to address inequality, barriers or opportunities identified in this analysis.

Action	Ву	Lead	Desired outcome	Date	Actual outcome
	when	officer		completed	
We will monitor the allocation of accommodation plus units to ensure that it is proportionate to all the groups who are impacted. We will also undertake consultation with service users.					

Please forward to the Corporate Diversity Team for auditing.