



## Cabinet

13th March 2017

### Report from the Strategic Director of Community Wellbeing

For Action

Wards Affected:  
ALL

Authority to Award, Care and Support Contract for 'Hub and Spoke'  
Supported Living Schemes Service

#### Reason for Urgency

The contract was to be awarded in February 2017 but this was delayed due to the need to clarify aspects of the procurement process. Unless the contract can be awarded quickly there is a risk of the preferred provider pulling out of the proposed contract and finding an alternative use for the accommodation. This would impact on Adult Social Care savings target.

#### 1. Summary

- 1.1. The Care and Support Contract for the "Hub and Spoke" Supported Living Scheme Service was tendered with a number of other contracts using the Accommodation Plus Dynamic Purchasing System. There was a need to clarify aspects of the procurement process. This has now been done in relation to the Care and Support Contract for the "Hub and Spoke" Supported Living Scheme Service.
- 1.2. This report now requests authority to award the contract as required by Contract Standing Order No 88. This report summarises the process undertaken in tendering this contract and, following the completion of the evaluation of the tenders, recommends to whom the contract should be awarded.

#### 2. Recommendations

- 2.1. That Cabinet award the contract for the Hub and Spoke Supported Living Scheme to Metropolitan Housing Trust for a period of 4 years with an option to extend by a further 1 year.

#### 3. Background and Service Requirements

- 3.1. Officers worked proactively with the market whilst procuring new accommodation for independent living services (NAIL), including the Hub and Spoke Supported Living Services referred to in this report. This enabled Officers to identify and design new models of care and support, which would meet the borough's existing and future needs. The new contracts support the key vision set out in the Brent Market Position Statement, which is to increase provision of tenanted models of care and support by providing an alternative, moving away from costly 'traditional' care home models and build on customer's skills and abilities to live a more independent life.
- 3.2. The Hub and Spoke is a new model of care and support. The features of the Hub and Spoke model are:
- a) A new 'Hub and Spoke' model enables people with a learning disability to live in small house share groups with access to care and support when required. The service consists of five houses in different locations but in close proximity to each other, so staff can move between them easily.
  - b) Each house or location will focus on a different level of need and most houses are subdivided into two or three two or three bedroom flats, which enables people to live in smaller more usual house shares groups, while still having access to care and support staff in the building or nearby when they need it.
  - c) There are two models of Supported Living for people with a learning disability, both having a staffing presence in the building 24 hours a day (one is normally a waking member of staff on at night and the other is a staff member sleeping in the building at night) both options can be expensive when staff are rarely called on, or when it is only required for one of two tenants. The Hub and Spoke uses the two main houses as a 'Hub' with waking night staff for those who actively need a staffing presence to support and keep them safe at night, but also uses this staff group to cover the other houses should a need arise at night.
  - d) It also introduces two low dependency houses which fill a gap in provision for adults with lower needs who are not able to live independently and in general need housing but do not require a 24 hour supported living scheme. It is likely that these low level house will be a stepping stone for many tenants into a flat or accommodation outside the Hub and Spoke model as they grow in confidence and ability.
  - e) The Core Hours for each house have been set to meet the majority of the needs of the tenant group, but with additional hours being available (at an agreed set tariff) dependent on individual tenant's support plan. This allows support to be tailored to the individual as required, but also means that however a person's needs fluctuate, they can retain contact with the same support staff and therefore have continuity of care.

- f) The various locations are managed as one whole service, so that they can support people to move through levels of need in the service, as their independence grows without losing continuity of care.
- g) Services will focus on different levels of need and vulnerability, with a clear focus on moving tenants on from services as they increase their independence. This ensures that services are delivered to those who need them the most, and individuals do not continue to access services they no longer require. This ensures that service provision matches the needs of the individual and is cost effective.

#### **4. The Tender and Evaluation Process**

- 4.1. Tenders were requested from providers on Lot 1 of the Accommodation Plus Dynamic Purchasing System (“DPS”) on the 10th November 2016 for the provision of the Hub and Spoke supported living scheme. In the event only 1 response was received and this was evaluated by Council officers from the ASC Commissioning and Quality Team against a 40% quality and 60% price criteria.
- 4.2. The evaluation of the quality element of the bid enabled Officers to satisfy themselves as to the ability of the bidder to provide the proposed service. A copy of the bidder’s scoring is attached as Appendix 1 and it will be noted that the bidder scored 71% for quality thus giving Officers confidence in the bidder’s ability to deliver services of high quality.
- 4.3. With regard to pricing, it was obviously not possible for Officers to compare pricing with other bids but Officers did check the bidder’s price with other pricing information available for similar provision and concluded that the bidder’s pricing was competitive.
- 4.4. Having satisfied themselves as to quality and cost elements of the bid, Officer therefore recommend the Hub and Spoke contract is awarded to the bidder, Metropolitan Housing Trust.
- 4.5. Commissioners had planned to bring a report to Cabinet on 13th February 2017, requesting authority to award a contract for the provision of the Hub and Spoke supported living scheme. However, inconsistencies were raised about the tender process and concerns raised regarding the functionality of the Accommodation Plus DPS on the Due North Procurement portal. The decision was taken to review the process to assure that any recommendation to award the contract would comply with contract regulations.
- 4.6. Following a thorough investigation of the procurement process, it transpired that two providers listed on the DPS framework for Lot 1 were not invited to tender for this service. Officers spoke to both providers regarding the failure to invite them as part of the procurement. Both organisations have confirmed in writing that they did not and do not have the capacity and/or were and are not interested in providing services as part of this procurement. Having gained assurances from both providers, Officers seek approval from Cabinet to award the contract to Metropolitan Housing Trust.

## **5. Financial Implications**

- 5.1. The Council's Contract Standing Orders state that contracts for supplies, services and works exceeding £500k shall be referred to the Cabinet for approval of the award of the contract.
- 5.2. The cost of the proposed Hub and Spoke supported living contract will be £756k which will be core daily service, this will be required to deliver basic task and run the scheme safely. We anticipate the total cost of the contract will be £832k pa which will include top up hours that will allow provider to deliver individual support plan objectives.
- 5.3. As stated above this contracts represent a more cost effective care model than residential care due to the cost being partially offset by tenants housing benefit income. Tenants therefore move from or can be diverted from more restrictive and costly care home provision to supported living provision, which will generate savings for the Council. This contract is expected to contribute savings of £415k towards the Adult Social Care NAIL program.
- 5.4. The cost of this contract is inclusive of London Living Wage.

## **6. Legal Implications**

- 6.1. The estimated value over the lifetime of the Hub and Spoke contract is detailed in the paragraph 5.2 and is in excess of the EU threshold for Schedule 3 Services under the Public Procurement Regulations 2015 (the "EU Regulations"). Consequently, the award of the contract is governed by the EU Regulations. The award is subject to the Council's own Standing Orders in respect of High Value contracts and Financial Regulations and as such Cabinet approval is required to award this contract.
- 6.2. Whilst there is no strict legal requirement for the Council to observe a minimum 10 calendar day standstill period between the tenderer being notified of the contract award decision and the actual award of the contract, such period is recommended in order to protect against possible post-contractual ineffectiveness claims. Therefore once the Cabinet has determined whether to award contracts the tenderer will be issued with written notification of the contract award decision and a minimum 10 calendar day standstill period will then be observed before the contract is awarded.
- 6.3. Whilst errors in the procurement process have been identified as detailed in paragraph 4.6, it appears that the two providers who were entitled to be invited to bid have confirmed in writing that they did not and do not have the capacity and/or were and are not interested in providing services as part of this procurement. In consequence the likelihood of any challenge to the procurement process is extremely limited.

## **7. Equality Implications**

- 7.1. The proposed contract will require the provider to deliver services which are:
- Culturally sensitive by providing cultural awareness training for all staff, matching specific language requirements where possible, and;
  - Able to provide training for all staff in areas that will raise awareness of issues faced by vulnerable people from different ethnic backgrounds
- 7.2. The provider will be monitored to ensure they are complying with these requirements through checking of their records, regular review of services provided to individual service users where feedback will be sought from service users, monthly monitoring meetings and provision of quarterly performance information to the Council
- 7.3. In view of the fact that this procurement represents a change to the model of service delivery for some service users, it is necessary for the Cabinet, as decision-making body, to consider the equalities implications which are contained within the Equalities Impact Assessment in Appendix 2. In accordance with the Equality Act 2010 officers believe that there are no adverse diversity implications.

## **8. Staffing and Accommodation Implications**

- 8.1. The proposed contract award for Hub and Spoke does not have any TUPE implications as this is a new scheme and is not linked to the closure of any other services.

### **Contact Officers**

Amy Jones  
Head of Commissioning and Quality  
Email: Amy.Jones@brent.gov.uk  
Tel: 020 8937 4061

Nimesh Mehta  
Commercial Business Partner  
Email: Nimesh.Mehta@harrow.gov.uk  
Tel: 020 8937 1170

**PHIL PORTER**  
**Strategic Director Community Wellbeing**

## APPENDIX 1 - TENDER EVALUATION GRID

### PART 1A – QUALITY SCORES

#### Hub and Spoke Service Requirement

		BIDDER WEIGHTED SCORE
	Weighting of 100%	Metropolitan
1. Please outline how your organisation will operate to deliver the service outcomes and the experience you have in delivering services for people with learning disabilities? (500 word count)	10.0%	6%
2. Please provide details of the training and development opportunities delivered to your staff over the last 12 months in the areas below. Please include current training stats that show the percentage of staff who have completed training against each course (500-700 words excluding training stats) : (a) Medication management. (b) Autism (c) Supporting non-verbal service users with communication. (d) Challenging behaviour and positive behaviour support (e) Outcome focussed support plans (f) Induction	15.0%	10%
3. Lot 1 enables an organisation to provide accommodation, housing management and care and support. Can you explain and provide examples of how this will be delivered, to ensure each service user still has full choice and control? (500 maximum word count)	10.0%	5%
4. The hub and spoke model requires on call cover across a number of units. Please explain how you plan to deliver this and what challenges you envisage and how you will overcome them? (500 maximum word count)	10.0%	7%
5. a. The Hub and spoke model covers a number of services and different support needs from high to low. Please outline the number of units you would allocated to the low medium and high categories. Please also set out the average core hours of support you intend to deliver for each category. b. The service requires a 24 hour staff presence. How will staff working 'out of hours' be supported to deliver a high quality service and manage emergencies that occur?	10.0%	8%
6. How will you identify and address safeguarding issues proactively for service users who have a learning disability who may not recognise abuse and/or independently report it? Please include within your answer a demonstration of how your organisation addresses safeguarding concerns.. (500 maximum word count)	10.0%	8%
7. Detail your experience of working with Local Authorities and other partners to design building lay outs to support service user independence and security.	10.0%	7%

8. Please outline your organisation's approach to risk assessment and management and describe how you involve service users who may lack the capacity to understand risks related to a particular decision, choice or aspect of their support to assess and manage risk in order to live regular lives in line with The Equality Act 2010 and The Human Rights Act 1998. (500 maximum word count)	10.0%	8%
9. Please outline your organisation's skills and experience in developing buildings for vulnerable people on time and give at least two examples of how their needs have influenced your design or refurbishment work	10.0%	8%
10. From your experience, please provide three key examples of how you have delivered one or more of the following Social Value benefits: <ul style="list-style-type: none"> <li>• Sustainable improvements</li> <li>• Waste and carbon reduction</li> <li>• Increased use of Small and Medium Enterprises, particularly within Brent</li> <li>• Adoption of ethical practices such as Safety and Hygiene, Working Hours and payment of the London Living Wage. (500 maximum word count)</li> </ul>	5.0%	4%
<b>Total</b>	<b>100%</b>	<b>71%</b>

## PART 1B – WEIGHTED COST/ QUALITY SCORES AND BIDDER RANKING

### HUB AND SPOKE

The Hub and Spoke, costs were assessed by dividing the lowest bidder price by the relevant bidder's price - decimal places were not rounded up or down.

	QUALITY SCORE	COST SCORE	TOTAL	RANK
<b>Bidder Ref</b>	<b>40%</b>	<b>60%</b>	<b>100%</b>	
<b>A1</b>	28%	60%	88%	1

**Appendix 2:****Brent Council Equality Analysis Form – New Accommodation for Independent Living (Hub and Spoke)**

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.

<b>1. Roles and Responsibilities:</b> please refer to stage 1 of the guidance	
<b>Directorate:</b> Adult Social Care  <b>Service Area:</b> Commissioning and Quality	<b>Person Responsible:</b> Name: Jo Walton Title: Programme Delivery Officer, PMO Contact No: 020 8937 6879 Signed:
<b>Name of policy:</b> New Accommodation for Independent Living	<b>Date analysis started: 16/10/2014</b> <b>Completion date 14/11/2014</b> <b>Review date:</b>
<b>Is the policy:</b> New <input type="checkbox"/> Old <input type="checkbox"/>	<b>Auditing Details: Name:</b> Sarah Kaiser Title: Head of Equality Date: Contact No: 0208 937 4521 Signed: Sarah Kaiser
<b>Signing Off Manager:</b> responsible for review and monitoring Name: Phil Porter Title: Strategic Director, Adults Date Contact No: 020 8937 5937 Signed:	<b>Decision Maker:</b> Name individual /group/meeting/ committee: New Accommodation for Independent Living Project Board Date:



**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.

There are approximately 700 clients in residential care, and 400 in nursing care in Brent. Annual spend on residential and nursing care in Brent is currently £39.2m, or approximately 50% of the Adult Social Care (ASC) budget, and there are significant pressures on this budget, as projections included within our Market Position Statement (attached at Appendix C) suggest that the need for residential or nursing care accommodation in the borough may increase by as much as 31% by 2020. Providing care in people's homes is significantly cheaper than providing the same level of care in a residential or nursing care setting, and generally preferred by service users. However in many cases clients are forced to move into residential care facilities because their physical needs cannot be met in their own home, or because their families are unable to care for them at home and they cannot source suitable independent accommodation.

The New Accommodation for Independent Living (NAIL) project aims to deliver alternatives to residential and nursing care which will help to ease the pressure on ASC budgets, whilst ensuring that individuals' needs are met, and giving people more independence, choice and control. Accommodation Plus (Supported Living and Extra Care) gives people their own front door and allows us to build the support they need around this accommodation to support their independence.

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 support from Adult Social Services due to a physical disability, learning difficulty or mental health condition.

The proposed 'accommodation plus' options will promote independence and provide choice in how and where clients live. Providing services in this way enables clients to live independently in the community, promoting well-being and alleviating social isolation. It also enables primary health, care and support services to come to the individual, rather than the individual being required to change their accommodation in order to receive services that can and should be available in the community. 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.

Service users will live in their own home, with their own tenancy, and with access to on-site personal care such as help with washing, dressing and medication. The

level of support they receive will be tailored to their specific needs. For people with disabilities or illnesses that require nursing care on a frequent basis or closer monitoring than available in accommodation plus, a nursing home may continue to be a more appropriate option.

This Project is being delivered in two phases:

- **Phase one (completed)** - determined financial viability for the project, and aimed to understand current market intelligence. It included a review of the current client need to inform what would be delivered in phase 2.
- **Phase two** - will deliver a rolling programme of accommodation; 200 units by March 2017, and a further 150 units by March 2018.

The NAIL (Phase 2) project has four key workstreams:

- Delivering the accommodation – the development and delivery of at least 200 homes throughout the borough by March 2017, and a further 100-200 by March 2018.
- Commissioning the right models of care and support for the accommodation, ensuring it meets the needs of the population we support and that the care and support provided in the buildings enhances the focus on independence, choice, control and quality of life
- Identifying and matching individuals to the right accommodation at the right time, and facilitating moves into the Accommodation Plus provision.
- Delivering the operating model for the delivery of future Accommodation Plus developments beyond 2017.

Of the 66 potential sites identified in the NAIL Phase 1 project, some are owned by the council, while some are owned by the private sector or Registered Social Landlords. Brent is only likely to develop around 40 accommodation plus units through the NAIL project on its own land. A key element of the NAIL project will therefore be developing the market to facilitate the construction of the remaining units by registered providers and the private sector. One of the objectives of the NAIL project is to ensure that processes and partnerships are in place to ensure that ASC is involved from the start, enabling us to have more control over the design of sites and ensure that they are designed to better meet the needs of Brent residents.

It is intended that through the NAIL project, adult social care staff will be involved in the site specification of both Council and non-council owned sites from very early on in the process. It is also intended that certain principles will be applied as a “baseline” for sites, such as increased levels of communal space to foster social interaction, and high proportions of wheelchair accessible flats which will enable people to stay in their homes as their needs change.

In addition to using our stronger relationship with providers to influence the design of potential sites, the council will also be able to exert control through the planning process to ensure that the units delivered are of suitable design and tenure to support the needs of our communities. While it must be acknowledged that we will not have complete control over every element of the specification of new sites within the borough, it must also be acknowledged that the majority of service users will not need highly advanced environmental adaptations in order to live independently. In the vast majority of cases, it is the provision of a simple modern design that can be easily adapted, along with a bespoke package of integrated care that will enable an individual to live a full life in independent accommodation.

The provision of adult social care is specified on a case by case basis, with detailed assessments used to identify the bespoke package of care that is needed by an individual service user. Workstreams 2 and 3 will ensure that potential clients for the new properties will be matched to suitable accommodation, and that the right care is commissioned to suit individual needs. Closer relationships with housing providers will enable the council to identify potential clients well in advance of properties being completed, giving time for occupational therapy assessments to be carried out to identify specific physical adaptations that are needed by a particular client. In addition, this early identification of potential clients will enable more support to be provided over a longer period of time to address any concerns that service users may initially have, and allow them and their family's time to develop skills and prepare for independent living.

We now have plans for a number of NAIL schemes that have specifically been designed with people with learning disabilities in mind, these schemes will meet the needs of this group regarding the variation of the units available from an equalities perspective. As each site designed will have a short briefing note that describes the design of the site in relation to equalities considerations will be added to this report and considered by the NAIL project board.

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

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 individual needs.

There is broad recognition that for some people residential/nursing care homes will continue to offer the best solution, and individual assessments will ensure that moves into "accommodation plus" units are only offered where appropriate.

Conversely, there are significant numbers of people within restrictive residential care homes that could be better supported in more independent accommodation

and who have the potential to achieve greater personal independence.

At present, there are over 1000 clients currently in residential or nursing care homes. Clients who are identified as potentially being suitable for accommodation plus will be identified through individual assessment of their health and social care needs. As a result, the likelihood is that the vast majority of accommodation plus units will be filled from those living in residential care homes. Those currently living in nursing care homes are more likely to have needs which are best managed within a nursing setting, and are least likely to be able to benefit from independent accommodation, although they will be considered on an individual basis. As such, this EIA only considers equalities data relating to the 700 individuals living in residential care homes.

The table below shows the four main client categories under which ASC clients living in residential care homes may be receiving support, and the planned number of units that will be developed in the first tranche of developments until March 2017 for each of these categories of service user. The mix of units that will be developed after 2017 has not yet been agreed, and will be decided on the basis of the demographic of clients remaining in residential care at that time.

<b>Client Group</b>	<b>Total clients in residential</b>	<b>Planned number of units delivered by NAIL project by March 2017</b>
Learning Disability 18-64	220	62
Mental Health	46	22
Older People's Services	407	93
Physical Disability 18-64	23	22
<b>Grand Total</b>	<b>696</b>	<b>200</b>

The number of units that will be developed for each client group is based on data analysis laid out within our market position statement (attached at appendix C). This in turn is generated through POPPI (Projecting Older People Population Information System) and PANSI (Projecting Adult Needs and Service Information System), which are used nationally to predict and plan future commissioning needs.

## Age

The age distribution of service users is shown in the table below.

<b>Age bracket</b>	<b>LD 18-64</b>	<b>Mental Health</b>	<b>Older People's Services</b>	<b>PD 18-64</b>	<b>Grand Total</b>
<b>17-24</b>	15				15
<b>25-34</b>	24	2		1	27
<b>35-44</b>	33	5		1	39
<b>45-54</b>	73	14		5	92
<b>55-64</b>	57	20	11	8	96
<b>65-74</b>	17	4	70	8	99
<b>75-84</b>	1	1	134		136
<b>Over 85</b>			192		192
<b>Grand Total</b>	220	46	407	23	696

62% of service users are over 65, and the size of this group is reflected in the high number of units that will be designated specifically for older people. It is also important to remember that the development of independent accommodation options may have the greatest positive impact on younger service users, who are likely to remain in their new homes for the longest period of time. It is intended that sites are designed with a particular group of service users in mind and are thus tailored to the needs of that group. In this way the aim is to meet the needs of each service user regardless of their age. In addition, all the properties that will be delivered by the project will be easily adaptable, and as such the intention is that as someone's needs change, their home can be adapted around them, allowing them to stay in their home as long as possible.

Given that the intention of the project is to provide a range of accommodation that is suitable for those with care needs, we envisage that NAIL will have a positive impact on age as a protected characteristic.

## Learning Disabilities

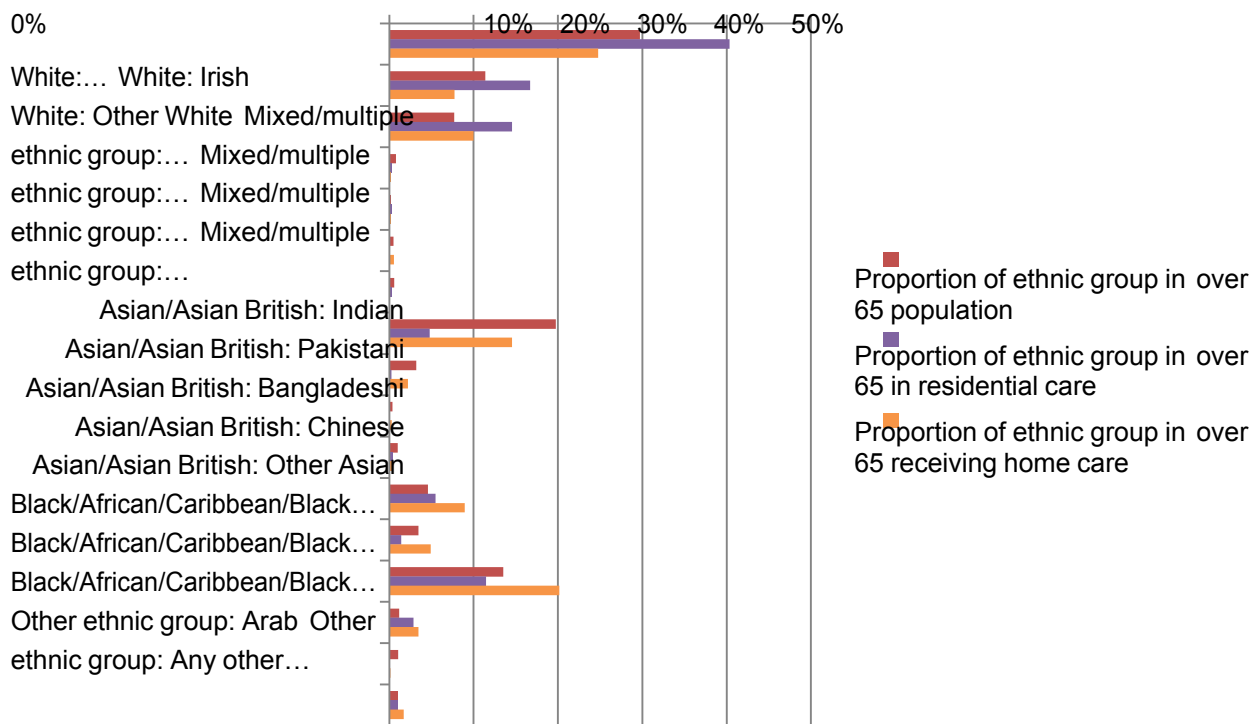
We have based our development of NAIL accommodation on data that suggests we have 200 people with learning difficulties in long term residential accommodation. We believe that 62 people in this group are receiving care packages that do not meet their needs. We believe that moving these service users into a supported living environment will give them more independence and control over their lives

There appears to be a number of people with substantial care needs that are being cared for by their parents, who are now ageing and have health and social care needs of their own. The option for this group in many cases would be to enter institutional setting of registered care, however, we believe that moving people into Extra care would be better suited to their needs.

We have considered 278 people for NAIL accommodation, and we envisage that by April 2017 the NAIL project would have delivered a total of 73 units of accommodation for people with Learning Difficulties.

### Ethnicity

There are significant differences in ethnic profiles across different age brackets within the borough. As such the graph below compares the ethnicity profile of the 427 service users over 65 years old in residential care, with the same age bracket receiving home care, and the same age range in the borough profile.



The data shows that there is an over-representation of white groups, and an under representation of Asian groups in residential and nursing care when compared to the same age range in the borough profile. However, when we look at the ethnicity of those receiving care at home (which includes domiciliary care, direct payments, meals on wheels and carers payments), the distribution mirrors the ethnicity profile of the borough much more closely. The under-representation of Asian people in residential and nursing care is often attributed to the anecdotal notion that Asian communities have very strong family links, so the tendency is for families to look after older family members at home. The data seems to confirm this, as all ethnic groups are accessing support services for older people that are delivered in their homes, but where some ethnic groups readily move into residential care as their needs increase, others prefer to stay at home. Through developing the market, we will ensure that this project builds relationships with a variety of providers, including those who specialise in working with Asian groups such as Apna Ghar. In doing this, we should be able to gather improved insight into the reasons for this under-representation, and better understand how it could be addressed. It is also important to remember that a central aim of NAIL will be to try to meet people's needs in their home wherever possible, so if the preference of a certain group is to stay with their families and have increased levels of care provided at home, then this project will enable them to have care provided according to their wishes. As such, an uneven distribution of ethnic groups within residential care or accommodation plus should not necessarily be seen as a failure to provide accommodation options that are suitable to all groups.

The over-representation of white groups within residential care may be due to perceptions of residential care; for example, other ethnic groups may see traditional care home settings as unable to provide the social opportunities that they wish to have. The ability to live in independent accommodation with better access to community activities in accommodation plus environments rather than a restrictive care home setting will hopefully appeal to a broader representation of ethnic groups.

The preferences of different cultural and ethnic groups are recognised by adult social care, and were noted at the consultation for the plot 3 site at Park Royal (see section 5). Ensuring that sites are developed with flexible community space that can serve a variety of purposes will be considered during the design stage of each site, and should enable development to suit mixed communities by fulfilling the needs of people from a variety of ethnic groups.

In addition, attention will need to be paid to the cultural preferences of different groups in relation to the internal layout of accommodation plus units, such as a preference for a separated living room and kitchen. Every effort will be made to build a variety of layouts to ensure that clients can have as much choice as possible, however ultimately the priority will be on meeting people’s health and social care needs, and ensuring the design can be easily tailored to meet changing needs, so we may not always be able to give clients choices over every element of accommodation plus homes. In addition, financial feasibility and physical site characteristics may not always make this practical.

#### Religion or Belief

There is likely to be crossover between the distribution of ethnic groups in residential care, and the distribution of religious groups. The Asian communities that are under-represented in residential care are more likely to be Hindu or Muslim, so we would expect to see lower numbers of those religions.

Unfortunately, due to the monitoring categories that are used in ASC, it is not possible to directly compare the distribution of faith groups with the borough profile. The table below shows the religion or belief of those currently living in residential care homes, and those accessing home care within the borough.

<b>Religion / Belief</b>	<b>Number of service users in residential</b>	<b>Proportion of service users in Residential</b>	<b>Number of service users receiving home care</b>	<b>Proportion of service users receiving</b>
ANGLICAN	0	0.0%	17	0.4%
BAPTIST	3	0.4%	50	1.2%
BUDDHIST	0	0.0%	13	0.3%
CATHOLIC	73	10.5%	280	6.5%
Christian	70	10.1%	425	9.9%



CHURCH ENGLAND	73	10.5%	267	6.2%
GREEK ORTHODOX	3	0.4%	20	0.5%
HINDU	39	5.6%	527	12.3%
JAINIST	1	0.1%	11	0.3%
JEHOVAH WITNESS	4	0.6%	34	0.8%
JEWISH	60	8.6%	160	3.7%
METHODIST	8	1.1%	43	1.0%
MUSLIM	17	2.4%	383	9.0%
NONE	17	2.4%	90	2.1%
OTHER	2	0.3%	35	0.8%
PENTECOSTAL	2	0.3%	42	1.0%
RASTAFARIAN	2	0.3%	10	0.2%
ROMAN CATHOLIC	80	11.5%	233	5.4%
SEVENTH-DAY		0.0%	31	0.7%
SIKH	1	0.1%	20	0.5%
Unknown / Refused	241	34.6%	1588	37.1%
<b>Grand Total</b>	<b>696</b>		<b>4279</b>	

The data shows that while a broad range of religious groups currently live in residential care within the borough, Christian groups are over represented and the residential care population does not mirror the level of diversity we know is present in Brent.

As we saw with ethnicity, there appears to be a greater diversity of religious groups accessing home care, and this appears to more closely mirror the religious profile of the borough as a whole. As stated above, a core aim of NAIL is to provide alternatives to residential and nursing care, and to meet people's needs at home wherever possible. However, should someone need to move into accommodation plus, our aim is that all religious groups will feel equally able to do so. The 66 potential sites that were identified by the phase 1 project are spread throughout the borough as per the site map in appendix B, and demonstrate the potential for NAIL units to provide a good range of choices that will enable access to places of worship. However, the final selection of sites will be fewer, and since they will be developed by our partners, will be based largely on the financial feasibility of developing on each site. While we can do our best to influence the design of sites, we are unlikely to be able to influence their location, and we accept that not all sites will be close to a variety of places of worship. As such the project may potentially have a negative impact on this protected characteristic, however the priority must be to develop suitable and cost effective housing that meets people's health and social care needs first and foremost.

The inclusion of flexible communal spaces within all schemes will be designed to allow a variety of social activities, including enabling faith groups to come together, but also enabling activities that enable inter-faith interaction.

## Gender

There are considerable gender differences across clients living in residential care within the different client groups, though much of this is explained by looking at the gender balance across different age brackets.

Gender	17-24	25-34	35-44	45-54	55-64	65-74	75-84	Over 85	Total
<b>LD 18-64</b>	<b>15</b>	<b>24</b>	<b>33</b>	<b>73</b>	<b>57</b>	<b>17</b>		<b>1</b>	<b>220</b>
Female		5 10	13	25	28		6	1	88
Male	10	14	20	48	29	11			132
<b>Mental Health</b>			<b>2</b>	<b>5 14</b>	<b>20</b>		<b>4</b>	<b>1</b>	<b>45</b>
Female				3	3	3		1	10
Male			2	2 10	17		4		35
<b>OPS</b>					<b>11</b>	<b>70</b>	<b>134</b>	<b>192</b>	<b>406</b>
Female						4 36	76	141	257
Male						7 34	58	50	149
<b>PD 18-64</b>			<b>1</b>	<b>1</b>	<b>5</b>	<b>8</b>	<b>8</b>		<b>23</b>
Female					2	1			3
Male			1	1	3	7	8		20
<b>Grand Total</b>	<b>15</b>	<b>27</b>	<b>39</b>	<b>91</b>	<b>96</b>	<b>99</b>	<b>136</b>	<b>191</b>	<b>694</b>

It is to be expected that higher numbers of women live in older people's residential and nursing care, as women have longer life expectancy than men, are more likely to outlive their partners and to move into residential care in later years if they are unable to cope living on their own.

Elderly men and women are unlikely to have different needs in terms of physical layout of accommodation plus homes; both groups are likely to be frail, and equally likely to develop mobility problems that may necessitate a wheelchair in later years.

The data also highlights that there are higher numbers of men in LD, MH and PD residential care. This may be due to the increased likelihood that males develop a disability as a result of more manual professions, however census data contradicts this as the number of individuals who consider themselves disabled is equal across the genders. These groups are quite small, so aren't statistically significant, but it is important to recognise that there are likely to be more men in accommodation plus schemes.

Men and women, especially older men and women, may have different needs in terms of support, in particular domiciliary support, given the different skill sets they may have developed over the course of their lives. The purpose of NAIL is to

provide tailored support to every individual in their own home and based on their needs, as such if men and women do have different needs, this will be picked up in their assessment and reflected in their package of care, however any differences in the package of care provided to an individual will be based upon their needs and not their gender.

We recognise that regardless of their gender, all clients moving to accommodation plus schemes will be vulnerable, and as such it will be important that both their home, and the public realm around it makes them feel safe and secure, with adequate security and lighting. As such all schemes will be “secure by design” certified, and we will encourage partner developers to consider security in detail when designing schemes.

### Gender Reassignment

At present information on this protected characteristic is not collected, so it is not possible to draw any conclusions as to potential impact on this protected group.

### Sexual Orientation

At present information on this protected characteristic is not collected, so it is not possible to draw any conclusions as to potential impact on this protected group.

### Marriage and Civil Partnership

At present information on this protected characteristic is not collected, however the project will potentially have a positive impact on this. At present, couples who are married or are in a civil partnership may be unable to live in the same location due to conflicting health and social care needs. The variety and flexibility of the units that will be delivered by NAIL have the potential to enable couples with differing needs to live with or near to one another.

### Pregnancy and Maternity

At present there is no information on this protected characteristic.

The intention is to build a mix of one and two bed units to cater for all needs. This has already been designed into the site at Vivien Avenue (Willow House), which has 38 one bedroom properties and 2 two bedroom units. A similar mix will be the aim on other sites where appropriate, and as such service users with children could be allocated a two bedroom property to accommodate their family.

It is not yet known what types of tenancy will be offered to service users living in accommodation plus (assured, assured shorthold etc.). While the hope would be

that service users can remain in their home with physical adaptations and tailored support, there may be circumstances, such as pregnancy, when a service user's needs change so significantly that they need to move to another property. The project team will need to ensure that this is taken into account when making decisions about tenure in the new accommodation.

### Summary

The core purpose of adult social care is to prevent deterioration of physical and mental health, to promote independence and social inclusion, and to improve opportunities and life chances by provision of person-centred and needs-based support. The ability to live independently whilst receiving this tailored support has been shown to enable people to achieve better outcomes, and is what service users have told us that they want. The NAIL project will enable the Council to support the development of the types of accommodation that is needed, and to get involved earlier in the process so that we have adequate time to address any concerns our service users may have, and to build the skills they need to prepare for independent living.

The detailed needs assessments that are central to adult social care will be used to match service users to the appropriate accommodation. These assessments are based upon need, and not on whether someone exhibits any of the protected characteristics, and as such are fair and transparent.

The NAIL project is key to ensuring that the council can continue to provide the necessary support to individuals by enabling us to make budget savings, whilst continuing to address individual needs appropriately, and improving flexibility and independence. Whilst there may be a change in the way services are provided, they will continue to be provided according to individual need, and every attempt will be made to ensure all the needs of every individual are met.

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

Data has been included in this report from the following sources; ASC data on diversity and equality from Framework-I

Brent census data from the "Brent data" website Feedback from service users involved in the LD Partnership, BHeard advocacy project, and the families of service users affected by the potential de-registration of care homes in the borough.

**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 individual.

For those whose needs demand it, traditional residential settings will remain an option.

**(b) Advance equality of opportunity;**

Brent has produced its 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, offering prevention and early help for them.

Packages of social care are based upon an individual's social care needs, irrespective of what protected groups they may or may not be part of. In doing this, services users are provided tailored support to enable them to live more independently and thus improve their equality of opportunity.

### **(c) Foster good relations**

No changes to the level of the service are proposed, other than opportunities identified during phase one to improve both the 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; people with learning disabilities, physical disabilities or mental ill health 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.

In addition, it is the intention of the NAIL project to provide suitable, flexible communal space within schemes whenever possible that can be used for a variety of purposes, enabling different groups to participate in activities with one another.

### **5. What engagement activity did you carry out as part of your assessment?**

Please refer to stage 3 of the guidance.

## **1) Consultation with LD service users on Accommodation Plus / Market Development Strategy**

### **Who did you engage with?**

Service users and carers.

### **What methods did you use?**

Adult social care commission an advocacy project, BHeard, which is aimed specifically at ensuring that service users have a voice and can get involved in shaping ASC services. Members of the advocacy project held sessions in day centres and other venues with ASC service users to get feedback on the accommodation plus model, and to help inform our market development strategy. In addition, service users and their carers sit alongside staff on the LD Partnership Board, which is part of continual engagement

### **What did you find out?**

The feedback from the BHeard advocacy project has been overwhelmingly positive as have the feedback from the LD Partnership Board.

– LD service users have been very clear that they want to have more choice, and to be given more opportunities for independent living.

### **How have you used the information gathered?**

This feedback has helped inform our market development strategy, and service users from this group helped co-facilitate a provider workshop on this topic, at which they presented the service user feedback to ensure that providers as well as commissioners know what they want.

### **How has it affected your policy?**

It has confirmed that we should continue the policy, and that the accommodation plus model is not only more cost effective for the council, but also what service users want.



## **2) Future Consultation**

At the time of writing, three council-owned sites are at the stage of having detailed specifications sent off to architects to provide potential designs; Clement Close, Clock Cottage and Peel Road. The specification for these has been drawn up in partnership with ASC staff, and it has already been agreed that these will be designed with learning disabilities and complex needs clients in mind. A copy of the specification sent to architects to help inform the design of these sites can be found at appendix A, and gives insight into the level of tailoring that ASC are hoping to achieve for service users with complex disabilities.

Once these, and future sites are close to completion, lists of potential residents will be drawn up and consultation will be carried out with potential residents and their families / carers on a one to one basis. The focus of this project is to increase the amount of choice and control that service users can exercise in relation to their accommodation and care arrangements, and as such their feedback will be central to this process. This one-to-one consultation will also ensure that we fully understand the concerns and needs of service users and their families, and that we can ensure that appropriate care and support is put in place for them.

In addition, it is intended that consultation events will be held to discuss the design of specific sites where appropriate; this will be determined by the size of the site, the client group, and other factors.

**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 most service users across all protected groups, as the opportunity to live independently with the right support and care is a preferable long term outcome than living in institutionalised and restrictive care settings.

The levels and type of service provision will remain as at present, but will be improved by giving service users more choice and independence to decide how and where they live.

It is recognised that for many service users across all different groups, 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.

As the project will move a significant number of service users throughout the borough, there is potential for a negative impact on faith / belief. While we hope that the varied distribution of potential sites mitigates this risk, the benefits of the project, and the financial pressure on adult social care budgets mean that we must pursue the most suitable and viable sites and may not be able to take into account the relative location of places of worship. Should we identify a negative impact as

the project progresses, we could consult with the Brent Multi-Faith forum to ascertain whether we can engage faith groups to provided added community support.

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

### 7. Analysis summary

Please tick boxes to summarise the findings of your analysis.

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

**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.*

Overall, this analysis has found that the proposals will be beneficial for all service users. The analysis has only identified a minor negative impact in relation to religion or belief as sites cannot be guaranteed to be close to places of worship.

While we hope that the varied distribution of potential sites mitigates this risk, the benefits of the project, and the financial pressure on adult social care budgets mean that we must pursue the most suitable and viable sites and may not be able to take into account the relative location of places of worship.

This aside, the project has the potential to have a significant positive impact on all service users, regardless of what protected characteristics they exhibit, by enabling them to have choice and control over their lives, and ensuring that tailored support is provided to them to improve their equality of opportunity and the overall quality of their lives.

**9. Monitoring and review**

Please provide details of how you intend to monitor the policy in the future. Please refer to stage 7 of the guidance.

It is intended that a short report is added to this EIA to take account of equalities considerations as and when each site is at the design stage. These documents will be considered by the NAIL project board.

A retrospective EIA will be carried out at project closure.

**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	By when	Lead officer	Desired outcome	Date completed	Actual outcome
Short briefing note covering equalities issues on each site to be considered by the NAIL project board as designs become available		Ian Buchan	Ensure that the unit mix we deliver throughout the life of the project meets the needs of our client groups		
Consider (where appropriate) the inclusion of rooms that can be used for faith activities in larger sites		NAIL Project Manager			