

## APPENDIX 1:

### Brent Council Equality Analysis Form –

#### Equality Analysis- New Accommodation for Independent Living (NAIL)

##### Mental Health

#### Stage 1 Screening Data

**1. What are the objectives and expected outcomes of your proposal? Why is it needed? Make sure you highlight any proposed changes.**

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- The New Accommodation for Independent Living (NAIL) project aims to deliver alternatives to residential and nursing care in tenanted accommodation which ensures that individuals' needs are met and giving people more independence, choice and control over where they live and how they receive care.
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- The purpose of the project is to design and develop alternative 'accommodation plus' options, which incorporate:
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  - '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.
- 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.
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- The table below shows the four main client categories under which Adult Social Care (ASC) clients living in residential care homes may be receiving support, and number of units were planned to be developed in the first tranche of developments until March 2017 for each of these categories of service user. As the mix of units has planned until March 2017, it was agreed that the further decisions would be made on basis of the demographic of clients remaining in residential care at that time (2014) Analysis of number of people receiving accommodation and support in 2017 suggest that figures from 2014 were underestimated.
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• Client Group	• Total clients in residential care (2014)	• Total Number of clients receiving accommodation and care in 2017	• Planned number of units delivered by NAIL project by March 2017
• Learning Disability 18-64	• 220	• 271	• 62
• Mental Health	• 46	• 106	• 22
• Older People's Services	• 407	• 550	• 93
• Physical Disability 18-64	• 23	• 44	• 22
• Grand Total	• 696	• 971	• 200

This analysis focuses on the delivery of the supported living accommodation for people with mental health needs, updating the plan for delivery in 2017-19.

The original plan to deliver 22 units of NAIL accommodation for people, with Mental Health Needs was based on number of mental health clients in residential care of 46. A number of people receiving 24/7 level of care in supported living has been excluded from the estimation. There currently appear to be 28 people in residential care, 26 in Supported Living receiving 24/7 care and 39 in Supported Living receiving daily support on site. This exclude people in temporary accommodation, where the level of support is varying from a few hours a week to 24/7. In total, in December 2016, there were 212 people with mental health problems, receiving accommodation based support in Brent and the focus on 24/7 was misleading as there needed to be a greater variety of long term options to meet people assessed needs, but this was only available at present in short term accommodation options. Also a number of people have been funded through the block provision by Central and North West London NHS Foundation Trust (CNWL) and have not been estimated as the Local Authority liability. This assessment takes all people with Mental Health needs into account in Brent.

A large number of clients appear to be placed in short term accommodation for a substantial period of time, or are receiving the packages "according to what is delivered as a standard in the project they are placed in", rather than what they need as individuals. Subsequently, the care is often overprovided, for the sake of meeting the emergency housing need, or underprovided in the short term accommodation setting, as that accommodation was available when required. Overall, the system seems to be lacking dynamism that would respond to the changing client's needs and the lack of permanent accommodation prevents the people from moving out of the system, once they are ready to do so.

It is clear from work done with CNWL that people are not receiving the appropriate support they should get and that the development of lower need accommodation and support and increasing access to general needs accommodation would provide an increase in choice and control for customers.

It certainly appears to be a case that the lack of appropriate 'independent accommodation with support', is adversely affecting people with Mental Health Needs, who are placed in poor quality housing, or in supported temporary housing, without a viable route out of the system.

Analysis of the local need and the available housing provision suggest a shortfall of 40 permanent supported housing units and 50 general housing units that are stopping individuals moving on to more appropriate accommodation.

NAIL proposal suggests developing hub and spoke service with three developed properties at Braemar Road (5 units) and Stagg Lane (8 units) and Forty Lane (10 units), total of 23 units of supported accommodation in the first phase of the development (2017-18) where the minimum standard of accommodation would be a decent room with en-suite facilities and shared communal facilities. Additional property refurbishment and development to a similar standard, at Park Avenue North, would deliver the further 8 units in 2018-19. Repurposing, redecoration and adaptation of two buildings in Wembley Park Drive could bring additional 14 units (Korsakov and Physical Disability) and the similar opportunity could be explored with the Hanover Road.

Further plan for the NAIL to deliver 80 units through acquisitions by 2018-19 would designate some capacity for people with Mental Health needs.

Independent accommodation that has been offered through Private Rented Sector (PRS) to people with mental health problems has been of the lower quality than the temporary accommodation and to date has not assisted in resolving the problem. Customers with Mental Health needs are more likely to be a victim of a crime, or are more likely to be reporting on antisocial behaviour than be the proponents of it, but the view of the generic landlords is the

opposite . These facts have influenced our identification of schemes to assist in reducing this. For clients to be able to access the appropriate accommodation from the PFI stock, the structure that would be delivering the care packages to these people, otherwise living independently will need to be developed, ensuring that packages include advocacy and conflict mediation, mitigating this inherent discrimination.

The adverse impact of substance misuse on people with Mental Health problems is twofold. Firstly, the use of mind altering illegal substances may have adverse effect on people's mental health and the stability and efficacy of the pharmacological treatment received. Secondly, the vulnerability of the client group makes individuals with mental health issues susceptible to praying behaviour inherent to functioning of the drugs subculture. Security of the premises and the sensitive use of the CCTV are considered as a design feature to act as a protective factor against this vulnerability, as well as the competency of the care provider in working with both chronic mental health and the substance misuse.

A significant proportion of clients with mental health needs need monitoring and assistance with medication, engagement with medical services providing ongoing treatment of chronic medical issues, domestic support and supervision to prevent self-neglect and environmental neglect. These need to be addressed within the specification of the support services

Age breakdown of the target client group of 212 is:

20-30- 6.3%

30-40- 17%

40-50- 29%

50-60- 31%

60-70- 16.2%

70+ - 0.5%

It is indicative that there is absence of people over 70 in the client group (2011 Census Data suggests 12% of the general population to be within that group). However, this is likely to be due to their needs being picked up within Adult Social Care rather than within specialist mental health services.

Gender split amongst the CNWL clients in accommodation based services is Female 21.6%, Male 78.4%, whilst Brent population split is 50/50.

In contrast, Mental Health Foundation suggests that, in England, women are more likely to have common mental health problems than men, the fact observed by WHO across the world, suggesting no marked difference in severe mental health disorders like schizophrenia and bipolar, men being three times more likely to be diagnosed with antisocial personality disorders, twice as likely to present with alcohol dependency and substance misuse, whilst women predominate by 3-1 in depression, generalised anxiety and somatic disorders (the largest group of Mental Health clients).

Brent Joint Strategic Needs Assessment (JSNA) in 2015 identified prevalence of enduring and severe mental ill health to be above both London and England's average at 1.1% of population estimate of above 2600 people and common mental health problems estimated at 33543 people (60% Female). Statutory homelessness in Brent is higher than England average, with high

poverty, poor availability of the affordable property causing a larger than average numbers of people in temporary accommodation.

People with Mental Health needs are generally experiencing discrimination when it comes to appropriate housing, with well documented link in both cause and the effect between Mental Health and homelessness. The effects of the housing crisis are harder felt in population with mental health needs and it is certainly a case that unsecure accommodation can negatively affect clients' ability to engage with the support services and meaningfully receive support they need. This negative impact is harder felt in male population with mental health problems.

This information strongly suggests discrimination against the men with mental health needs in both accessing the appropriate and secure accommodation and the levels of support that is appropriate to their needs. The degree of discrimination could be described as cultural, further exacerbating exclusion, social isolation and marginalisation of the group. Equally, the lower number of female clients could be suggestive of a need for female only provision.

Health inequalities between the general population and people with comorbidity of Mental Health needs and physical health issues are well recorded, a lower life expectancy of 15-20 years lower in the group suffering schizophrenia and bi polar disorders, largely attributable to a higher rate of heart disease, lung disease, stroke and cancer, as preventable conditions. This group also accounts for a large proportion of presentation with physically unexplained symptoms (prevalence, intensity and effect) such as persistent pain, acute tiredness and gastric issues. Additionally, there is a common presentation of the life style attributable diseases such as obesity, diabetes and asthma, having adverse effect on client function and wellbeing.

Traditionally a response to these inequalities, has been to ensure that the physical and mental health services are as integrated as much as possible, however this is only one side of the coin. Clients failure to consistently engage with health care services in management of chronic illnesses, as well as making the life style choices that would form a part of this strategy can easily be contributed by socio economic standing, inadequate housing and transiency associated with temporary accommodation. The Kings Fund has argued that the interaction between comorbidities and deprivation makes a large contribution to generating and maintaining inequalities within the people with mental health and physical health problems.

There is a small number of people in the borough suffering from the different stages of Korsakoff syndrome, a disabling illness presenting with the features similar to early offsets of dementia, underpinned with compromised livers and immunology due to historic alcohol use. NAIL aims to develop a specialist provision for this group in 73 Wembley Park Drive (7 units), whilst 80 Wembley Park Drive would be developed to support adults with physical disabilities.

### **Who is affected by the proposal? Consider residents, staff and external stakeholders**

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 EA only considers equalities data relating to the 700 individuals living in residential care homes.

#### Provider/Staff

Although dealing with people with Mental Health needs is accepted as being a specialism, requiring a specific skill set from the staff, a large number of people with mental health needs in Brent are currently placed in generic supported housing, or temporary housing for a long period of time. Generic providers are offered support and expertise from the specialist statutory provider, CNWL.

This proposal will diversify providers mix, encouraging greater skills and expertise mix, as well as encouraging competition between the new providers. The level of specialist provision in the borough will increase creating employment opportunities for Brent residents.

#### Service Users

A large number of clients in temporary accommodation with mental health problems will be impacted with this project, as well as population with mental health needs placed in institutional setting. The project will reduce the level of disabling institutional dependency within protected groups, without reduction in the level of care and support provided.

Younger population with Physical Disability would be provided in the setting that is age appropriate and with the mix of residents of similar age and needs.

#### Carers and Families

Where the families have been providing care to their members, but the care needs have increased beyond their level of coping and skills, or the capacity of the family carer has been affected by the change in their own care needs, family relationships will continue with the support of the professional carers and the environment conducive of independent living.

### **3.1 Could the proposal impact on people in different ways because of their equality characteristics?**

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 policy would have a significant impact on different equality groups and on cohesion and good relations such as:

- Men with MH needs – improving access to permanent accommodation
- People with MH needs and physical issues- instability of accommodation precluded from engagement with long term treatment and the support to make lasting life style changes

- Women that are victims of DV,
- Older people with MH needs being placed in services that would cater to their personal care and mental health needs
- People with Mental Health needs engaged with substance misuse culture and related lifestyle

NAIL accommodation aims to address these inequalities by improving the security of tenure for the target group through:

- Issuing clients with Assured Shorthold Tenancies rather than Licence Agreements and designing the accommodation that would be suitable to individuals in the long term, rather than for a fixed period.
- Standard of accommodation adhering with meeting the long term needs rather than temporary arrangements, so that the accommodation is provided “for life”, discouraging service revolving door through emergency and hospital services.
- Development of stable accommodation that also delivers support with the access to the main health care services as part of the package, thus improving treatment and management of chronic physical illnesses affecting the target group
- Including support with managing negative symptoms of psychiatric illnesses as part of accompanying support and care package (domestic support, managing hoarding behaviour, support with healthy nutrition, exercise, stimulating occupational framework catering individual’s needs, interests and abilities, monitoring medication concordance)
- Establishing an environment where health relationships and supportive social networks can be developed and maintained
- Improving access to volunteering, education and employment opportunities
- Newly diagnosed clients coming to terms with their illness and proactive approach to management strategies.

### **3.3 Would the proposal change or remove services used by vulnerable groups of people?**

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.

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.

The programme also involves purchasing the new accommodation, so the overall number of units available will be increased. Some sites will be reduced in the number of units during the

repurposing, where there was overcrowding, whilst some will be increased with redistribution of the space and site development.

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 provide added community support.

### **3.4 Does the proposal relate to an area with known inequalities?**

Overall, the detailed 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.

### **Design and the quality of accommodation**

When it comes to development of the property for people with mental health problems, quality, design, location, management, accessibility and integration in the community matter as much as numbers of accommodation units.

The dispersed stock of single accommodation and smaller supported housing projects, located in residential areas, appear a better alternative than a large self-contained scheme with mixed use, which reinforces the institutionalised feel of the temporary hostel environment. Location of accommodation away from the high concentration social housing, crime hotspots, and areas known for antisocial disturbances, is one of the determining factors of what can be attached to a good quality accommodation.

Whilst Happi Standards state the building requirements for ageing population clearly, there is a lack of statutory standards for people with Mental Health needs. NAIL is developing its own standards for minimum requirements, to ensure that accommodation is suitable as 'home for life', rather than a temporary accommodation in an institutionalised environment. As a minimum it is accepted that all bedrooms will have en-suite bathrooms, unless it is a self-contained unit and will have at least two communal areas, so that the privacy is protected, whilst the risk of isolation and exclusion is mitigated by design. Additional features to all properties will regard a good access to natural light throughout, robust doors and fittings, good sound insulation and access to well maintained and secure outdoors space. Sensitive use of CCTV and telecare will be built in the design of the developed properties. Furniture design, colour choice, soft furniture, wide stairs and curved walls would be taken into account, to avoid creating the institutional feel of the space, but to strive to facilitate establishing and maintaining homely feel in the new accommodation.

### **Service Model**

With Hub and Spoke model, the staff presence will be variable, with one unit acting as a base where the staff could be based 24/7 and adjoining property providing medium level of support

(staffed during the day) and the large number of units being supported with floating support plus (staff would be expected to have a greater level of competency in relation to working with people with mental health problems than is expected from a generic support provider, in as much as being able to manage the medication concordance, key work clients, and deliver psychosocial interventions ). Economies of scale would allow for a shared clinical governance, management, domestic support, as well as a reactive flexibility within the support packages, across staff at different sites.

In addition to the development of the new shared accommodation sites, repurposing and refurbishing the existing neglected stock of accommodation used by other services will enable the NAIL project to move away from “site based institutionalised support”, to develop a structure that could deliver mobile packages in scattered stock of independent accommodation.

### **Types of Packages:**

Whilst the client group does not require high level of personal care due to their physical, or cognitive disability, their lack of motivation, life style choices and the side effects of psychotropic medication, commonly used in treatment of mental health conditions, makes self-neglect and environmental neglect a common feature amongst the client group, impacting adversely on individuals wellbeing and their propensity to isolation and social exclusion.

Depression has been linked to 67% increased risk of death from heart disease, 50% of increased risk of death from cancer, while schizophrenia doubles the risk of death from heart disease, triples the risk from respiratory disease. (Mental Health Foundation). People with MH conditions are less likely to receive a physical health care they are entitled to, including routine check-ups that may detect symptoms of these diseases earlier. They also have greater difficulty in adhering to the requirements for management of chronic diseases, like diabetes. Additionally, the transient life style, poor nutrition, lack of exercise, side effects of medication make the obesity more prevalent in the client group than the general population.

Packages would include support with setting up and attending medical appointments, engaging proactively with the treatment services and making a life style changes that would improve health and general wellbeing.

Medication compliance is one of the critical features of maintaining independence and functionality of the client group and supporting clients to maintain engagement with the treatment services would be one of the critical component of the care package.

Client group is vulnerable, prone to exclusion, exploitation, abuse, being a victim of a crime as well as having a fluctuating insight and capacity and needs access to advocacy, low key conflict mediation.

Typically the packages would offer:

- Assistance and supervision of medication
- Domestic support
- Prompting and support with hygiene and domestic tasks
- Nutritional support
- Access to advocacy, mediation, conflict resolution and support with tenancy sustainment tasks
- Support with enabling access and maintaining engagement with health care services
- Health promotion enabling access and enhancing motivation to engage with healthier life style activities
- Keyworking and psychosocial support



### **3.5 Is the proposal likely to be sensitive or important for some people because of their equality characteristics?**

Yes

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.

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.

### **3.6 Does the proposal relate to one of Brent's equality objectives?**

Yes, it relates to the following objectives:

Equality Objective 1: To know and understand all our communities

Equality Objective 2: To involve our communities effectively

Equality Objective 4: To ensure that local public services are responsive to different needs and treat users with dignity and respect

### **Recommend this EA for Full Analysis?**

Yes. Full analysis is recommended in two years' time, updating the impact of the current proposal and entering the phase three of the NAIL program.

## **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;**

As described above the Council will be better able to discharge its duty under the Care Act in meeting the client's eligible needs. Clients support plans and the assessment of needs will determine their eligibility for the service and the care plan developed in conjunction with a customer and the flexibility and bespoke nature of the services will reduce the inherent discrimination against the sections of the protected group by:

- Improving access to health care
- Securing a permanent address to allow engagement with healthy communities
- Advocacy
- Community safety and offending as well as protecting victims of crime
- Preventing Homelessness
- Community Cohesion
- Access to ETE
- Wellbeing- nutrition, sleep, exercise
- Promoting independence with people with Physical disability

- Concurrent support for people with Comorbidity issues 9MH and PD as well as MH and substance misuse)
- Reducing Housing inequality (security of tenure, financial stability, reducing transiency)

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, rather than the customer moving accommodation as happens now.

**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 2014-2017 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.

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

Providing stability of accommodation would allow commonly excluded group to participate in civic activities, family life, education, access to health care.

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

NAIL strives to work in partnership with the statutory Health provision, developing a system that would allow the health provision to continue being delivered according to a specific individuals need, but in more planned and coherent manner, reducing the occurrence of crisis, or making a better crisis management a possibility, that would move away from a revolving door between acute hospital, residential and housing.

Developing accommodation according to need and the flexibility in the design of the care packages would improve relationships between the housing and the care providers as well as mitigating anxieties of both.

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

In the preparation of the analysis we have looked at the following consultation to gain an understanding of the situation for adults with mental health issues,

1. CNWL have undertaken reviews of customers
2. General consultation events that were held as part of the Housing Vulnerable Adults Outcome Based Review,
3. Consultation with Support Providers on the key issues facing customers
4. The group and individual consultation activity undertaken as part of the review of the Council's Supporting people's services.

### **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.**

No negative impact has been identified, as the project emerged from identification of the need for the protected group.

## **Stage 2: Analysis**

### **5. What effects could your policy have on different equality groups and on cohesion and good relations?**

<b>Protected Group</b>	<b>Positive Impact</b>	<b>Adverse impact</b>	<b>Neutral</b>
Age	X		
Disability	X		
Gender Re-assignment			Unknown
Marriage and Civil Partnership			Unknown
Pregnancy and Maternity			X
Race			X
Religion and Belief		Possible adverse impact	
Sex	X		
Sexual Orientation			Unknown

#### **Age and Disability**

People with mental health problems that are of a mature age would be placed in age appropriate accommodation, rather than directed towards older peoples extra care services earlier than their care needs may demand. People with physical disability and mental health problems would be receiving support in least restrictive environment, where their participation in occupational activities would be encouraged and institutionalisation prevented.

#### **Gender identity, Sexual Orientation, and Marriage and Civil Partnership**

Even though the impact of the policy is unknown, it is likely for it to have a positive impact, as people would be in more stable and better quality accommodation, that would allow them to express, establish and exercise activities that would lead to development of relationships.

#### **Pregnancy and Maternity**

Due to the nature of the service and the service user profile, we do not anticipate a disproportionate impact on this protected characteristic. However, if there are eligible clients who are either parents of young children or have a partner who is pregnant, we will consider their individual circumstances to ensure that their / their family's needs are met. **Sex:**

Policy is likely to address disproportionately high number of men currently in temporary accommodation.

#### **Race,**

Policy is likely to be neutral

#### **Religion or Belief:**

The policy may have 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 may not be able to take into account the relative location of places of worship.

### **6. Could any of the impacts you have identified be unlawful under the Equality Act 2010? Prohibited acts include direct and indirect discrimination, harassment, victimisation and failure to make a reasonable adjustment.**

- ☐ Yes
- ☒ No

**7. Please provide a brief summary of any research or engagement initiatives that have been carried out to formulate your proposal.**

Three consultation events have been held with the clinical professionals.

Individual consultation meetings with service users have taken place.

Fortnightly meetings are taking place with Housing Officer, CNWL and NAIL officers since March 2017, discussing with individuals with mental health needs with the potential for move on and housing need.

Meetings took place with small groups of service users accommodated in the same service type (hostel, supported housing)

Two provider forums discussed developments proposals.

Annual service users consultation event solicited views from Brent residents receiving support in the borough, including those with presentation of the Mental Health problems.

NAIL Equality Analysis 2014

CNWL RAG rated support modalities estimates (October 2016 and Dec 2016)

Brent Health and Wellbeing Strategy 2014-17

Bringing Together Physical and Mental Health, Kings Fund, 2016

Mental Health and Housing Report 2016, Mental Health Foundation

Fundamental Facts about Mental Health, 2015, Mental Health Foundation

Eliot, J. Briefing: Demonstrating the Effectiveness of Housing Support Services for People with Mental Health Problems: A Review, National Housing Federation, March 2011

Patel V, Kleinman A. (2003). Poverty and common mental disorders in developing countries. Bulletin of the World Health Organization, 81(8), 609- 615.

Pettitt, B., Greenhead, S., Khalifeh, H., Drennan, V., Hart, T., Hogg, J., Borschmann, R., Mamo, E., and Moran, P. (2013). *At risk, yet dismissed: the criminal victimisation of people with mental health problems*. London: Victim Support

**What did you find out from consultation or data analysis?**

There is a significant shortfall in availability of good quality accommodation for people with mental health problems in Brent.

Overuse of temporary accommodation, overprovision and under provision of support are present in significant numbers, with a large proportion of people with mental health problems being placed in institutional setting that promotes dependency. The system is responsive in a crisis, but a lot of improvements to the prevention of the crisis could be made by this proposal.

Service users describe support system as confusing with unmanageable access to housing. Poor access to housing seems to be preventing people from moving 'out of the system' and it is difficult to get back in unless there is a crisis.

Large number of people with sufficient independent living skills are staying in accommodation and services that provide greater level of support than they need. Placing people in independent accommodation with support packages would be more desirable, efficient and cost effective.

Some supported accommodation used by people with mental health problems has been severely neglected.

Type of support people with mental health need are usually related to prompting and encouragement with domestic and personal care tasks, rather than assistance, increasing motivation to engage in activities that would improve wellbeing and increase independence, but the system and the delivery is often institutionalised. Social isolation and self-neglect are the most common problems presented by the protected group.

The current system that places the expectation that people would be moving from the acute setting to supported housing for a period of two years and then to independent living is not working, as there is insufficient independent accommodation that is available and people have nowhere to move to from the supported living.

Baton passing and linear progression through the system/ revolving door as the system do not reflect the dynamic nature of the changing client needs. .

## **8. The Findings of your Analysis**

Overall this analysis has found that the proposal would have a beneficial effect of the quality of life and the wellbeing of the service users. It would address some inherent inequalities experienced by the protected group.

The analysis has also identified younger people with physical disability and Korsakoff as a group that would benefit from the development of the specialist residential centres in the Borough. Two properties in Wembley Park drive have been identified as suitable for this purpose.

## **STAGE 3: ACTION PLANNING**

### **9. Action plan and outcomes**

- Take over neglected properties
- Purchase additional properties
- Develop pathways for the PFI flats
- Ongoing monitoring of the changing needs profile
- Develop hub and spoke service across all properties.

Commission provision of specialist care and support across the developed sites.

