

## APPENDIX 4:

### Brent Council Equality Analysis Form

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

##### 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.**

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.

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.

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.

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 further decisions would be made on the basis of the demographic of clients remaining in residential care at that time (2014). Analysis of the number of people receiving accommodation and support in 2017 suggest that figures from 2014 were underestimated.

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
<b>Grand Total</b>	696	971	200

**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 supporting individuals in extra care is not necessarily seen as a specialism our residential replacement model indicates we are asking generic support providers to support more complex individuals. This model means we will need to support providers to upskill to meet the needs of our tenants and this will particularly relate to recruitment, selection and the training needs of staff.

The local authority may also need to ensure that our health partners offer continuing support to providers whilst individuals are placed in extra care to maintain placements.

This proposal will diversify the provider mix, encouraging greater skills and expertise, 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 service users who are now in residential care or who would have traditionally be offered this service model when their needs become too complex to be managed in the community will now be offered Extra Care. This offers them greater choice and control in a less restrictive environment.

### **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:

- Older group of people with learning disabilities – improving accommodation and support options for an older group of people in a mainstream community.
- Older people with physical issues- instability of accommodation precluded from engagement with long term treatment and the support to make lasting life style changes
- Older people with MH needs being placed in services that would cater to their personal care and mental health needs

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 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

### **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 the 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 and 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.

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 some schemes may not be as close to places of worship as people may like.

There are numerous places of worship within a 1-3 mile distances of the scheme:

- St Michael's and all the Angels Church (Church of England), 1.2 mile
- Our Lady Of Willesden Church (Roman Catholic), 1 mile
- Ealing Synagogue, 2.8 miles
- BAPS Shri Swaminarayan Mandir (Hindu Temple), 1.5 miles
- Monks Park Masjid (Mosque), 1.6 miles.

While we hope that the varied distribution of places of worship, 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, Extra Care 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.

### **Location & local transport**

Although the immediate surrounding area is principally an industrial and warehousing zone the scheme is situated in a new residential community being developed about the Central Middlesex Hospital, centred on a neighbourhood centre. With such close proximity to the hospital the scheme will be unusually well served by GP and older people's health services. The proximity of the hospital also means that the scheme is particularly well served by bus services.

### **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?**

We have in the past 12 months engaged with a number of tenants across the extra care schemes to establish what they think works well in extra care and what they feel requires more thought and improvement.

We have also completed contract management and analysed the reoccurring themes.

Things that worked well:

- Having one care provider and based in the scheme.
- Communal areas for activities and socialising.
- Having your own flat and care provided when required.
- Security and safety and knowing there is an emergency alarm and response when feeling unwell.
- More choice and control.
- Provider will manage aspects of care and support for service uses such as ordering medication etc.

Things that were not working as well:

- Not as many activities and opportunities as people would like.
- Care provider not always delivering a high quality service.
- Communication and consultation from care providers not always proactive.
- Staff turnover.
- Mixed community group was highlighting issues for both provider and service user.
- MCA/DOL's and the application.

This feedback was used to develop the service specification for the extra care schemes and influence contract management of these schemes in the future.

**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?**

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 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 any impact on this protected characteristic

#### **Sex:**

Policy is likely to be neutral.

#### **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.**

See section 5.

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

As a local authority we are still placing a significant number of people in residential care due to not having enough alternatives available to meet demand. This appears to be the emergency cases when something is needed urgently and no extra care places are available and there is not enough time to assess and do a tenancy sign up especially where there maybe capacity and best interest decisions to be made.

Service users with Dementia are ending up in residential or nursing services due to lack of services. This tells us that we also need to consider how we meet this demand in new and existing extra care schemes.