

Equality Analysis - Extra Care accommodation for older people

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.

This Equality Analysis (EA) is an update of the assessment carried out in 2012 on the impact the Extra Care services are having on current and new service users with protected characteristics. The scope of the assessment covers the projects that are currently operational, as well as the new, larger unit planned to be mobilised in 2017. This assessment takes account that the current five Extra Care schemes are coming up for retender this year and that one Sheltered Housing Scheme, Newcroft House is in the process of transforming from sheltered housing to Extra Care.

Extra Care accommodation in Brent has been developed as an alternative to Residential Care that has been deemed to be more expensive, as well as more restrictive and limiting option. Since 2012, the existing 176 units of Extra Care accommodation have been oversubscribed, demonstrating that there is a continuous and increasing demand for this service provision that aims to meet the needs of individuals previously supported in residential care homes.

The Extra Care services are continuing to deliver the savings on average of £332 per week per person on the care costs. Although making the savings has not been the only, or the main driver behind the project, it is supporting further developments to meet the growing demand for housing with care and support for our aging population. Extra Care has a positive impact on tenants' finances when compared with residential care. The individuals placed in residential care would not have the full entitlement to social security benefits and would be a subject to lower thresholds for making a contribution towards the cost of their care. Since this is not a case in Extra Care, it is financially advantageous to the tenants, making it more affordable to them to invest their resources in activities that would improve their quality of life, personal health and wellbeing.

Phase Two of the New Accommodation for Independent Living (NAIL) Project established 176 units of Extra Care accommodation across five sites. Phase Three, delivering additional 99 units of accommodation at a single site at Park Royal and expected to be operational in autumn 2017, will transform the sheltered housing project Newcroft into Extra Care. Phase three will also include recommissioning of the whole Extra Care provision in the Borough.

The unforeseen consequence of placing older people with care needs in Extra Care accommodation rather than institutionalised environment, appears to be that the clients' functionality is improving, on average during their tenure. It is expected that with the effects of ageing functionality would be decreasing and that the packages of care would be increasing, but environmental functionality seems to be slightly reversing this trend. Looking at the data for the first Extra Care Scheme in Brent, Rosemary House, a 40 bed scheme that has been running for over 10 years now, out of 40 residents 12 have had their packages decreased, 14 increased 14 remained the same from the point of being admitted to the unit. Decreases have been more significant than increases, totalling a 3% decrease in number of hours of care these clients are receiving.

Data below compares Brent local demographic information with the diversity profile of the residents currently residing in Extra Care.

	EXTRA CARE OP	Extra Care Current	BRENT
GENDER			
Male	88	53.99%	45%
Female	75	46.01%	55%
AGE			
50-65	21	12.88%	40%
65-74	34	20.86%	27%
74-85	65	39.88%	21%
85+	43	26.38%	11%
ETHNICITY			
Asian or Asian British	22	13.50%	25%
Black or Black British	45	27.61%	18%
Not Stated / Undeclared	16	9.82%	10%
White	78	47.85%	47%
Other	2	1.23%	
DISABILITY			
Mental health	8	4.91%	1.1%
Physical support	120	73.62%	NA
Social Support	4	2.45%	NA
Support with memory Cognition	30	18.40%	0.7%
Learning Difficulties	1	0.61%	2%
RELIGION / BELIEF			
Buddhist	1	0.7%	2%
Christian	51	39%	42%
Hindu	7	5.3%	18%
Jewish	1	0.7%	2%
Muslim	1	0.7	18%
No religion	2	2%	18%
Not known / not declared	67	53%	0%

Needs profile

Eligibility criteria for Extra Care determines that all residents will have a degree of eligible care needs under the Care Act, with the majority falling in the category of needing Physical Support. The second largest group requires primary support with cognition and memory, demonstrating a significant prevalence of dementia (Alzheimer's and Vascular) within the population. One scheme is designated as being dementia friendly accounting for the 12% of overall capacity in Extra Care, but each of the schemes will have a significant numbers of tenants with memory and dementia related needs.

Age distribution and complex needs

Within Brent general population aged 50+ by far the largest group is 55-65 (40%) with the linear decline of percentage as the age increases, whilst in Extra Care the largest group is 75-85 (40%).

Whilst the eligibility criteria for Extra Care is currently 55+, the new project Visram House will have the lower age threshold of 50+.

Traditionally, the shorter life expectancy amongst people with enduring mental health problems, people with learning difficulties, dependent drinkers, has meant that these protected groups were not presenting in older persons services in significant numbers. Equally, people with Physical Disability were placed in care homes where they could receive the required level of care, in spite of the fact that being younger than the general population in these institutions. Older person's services are often expected to be dementia friendly by the virtue of this condition presenting frequently in the old age. However, early offsets of dementia are not that uncommon and can be linked to the long term use of alcohol in a number of cases presenting in Brent.

There is a significant number of people with Learning Difficulties that have been cared for by their parents that now have their own care needs. People with Learning Difficulties and associated support needs are also often presenting with age related functional decline.

People with enduring mental health problems also have shorter life expectancy. With aging the psychiatric symptoms are stable, but the care needs are becoming more complex and are associated with functional decline and increased risk of self-neglect and isolation.

Late offset of alcohol dependency and alcohol related dementia (Korsakov-Wernicke's Encephalopathy), present a unique set of needs and management strategies. Younger people are presenting the set of needs expected in the older population and older 'baby boomers' generation presenting, with the drinking life style and habits associated with the younger population.

These three sub groups often are treated as complex, due to mix of specialist needs and can fall between the cracks the purist service definitions create.

It is anticipated that by lowering the eligibility criteria age from 55 to 50 current inequalities in access to appropriate accommodation and care would be addressed for these three subgroups. Current waiting list for people designated to move to Visram House contains following percentage of subgroups:

Alcohol (Dependency or Korsakov) - 11%

Mental Health- 26%

Physical Disability- 13%

Dementia- 17%

Learning Difficulties- 5%

Gender

Whilst Brent has equal gender distribution across overall population, due to greater female life expectancy, within the 55+ population there are more women (55%) than men (45%). In Extra Care the picture appears to be reversed, with 54% men and 46% women, respectively.

Ethnicity and Faith

There are significantly fewer Asian people in Extra Care compared to their proportion in the borough population. This can partly be explained by the culture specific duties of the extended family to look

after their parents and older siblings / relatives. . Muslim and Hindu practicing people are significantly represented in the Extra Care clients' profile. It is notable that over half (53%) of the Extra Care clients prefer not to disclose their faith / belief.

Visram House commissioned with the Housing Association has experience of developing culturally-sensitive environment and catering facilities for the diverse needs of Brent's residents There are separate kitchens for meat and vegetarian food preparation, taking account of the varying dietary and cultural needs within different minority groups. With universality and inclusiveness being the main features of the design, it is expected that the faith practice would be supported and stimulated to a greater extent than in the earlier projects, anticipating that the new project activity will have a positive impact on the protected group.

2. Who is affected by the proposal? Consider residents, staff and external stakeholders.

Provider/ Staff

Care Contract for Visram House has been awarded in 2015/16. There was a significant delay in starting the project due to technical issues with the energy supply to the building. The identified provider will be affected by the commencement of the delivery of this project. The existing four schemes will be retendered in 2017, with staggered start dates. It is anticipated that retendering the larger provision would generate more competition in the market place and would deliver greater value for money. TUPE would apply to the existing staff and there is a significant number of new local jobs that will be created. This may create some pressures in the care job market, especially amongst the domiciliary agencies staff.

Difficulty in accessing suitable accommodation for the local residents in hospitals whose current accommodation was no longer suitable due to the changing care needs, often has been causing delays in hospital discharges. This project will address these long term issues and some proportion of the accommodation will be retained as a part of the step down provision in the borough, accommodation people with reablement potential that could be returning to their home once the care and the new functional baseline are established and confirmed.

Users

Residents aged 50 years and over receiving care are the primary protected group. Due to the nature of the service the target groups are people with physical disabilities, people with mental health and personal care needs, people with learning difficulties and disabilities.

Carers and clients 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 project will provide access to a good quality accommodation that promotes independence for NAIL clients and their families across all protected characteristics. Due to the nature of the service,

the proposals are likely to impact some of the most vulnerable groups such as people with mental health problems needing personal care, young people with physical disabilities, highly functioning people with learning difficulties whose care is dependent on functionality of their parents / carers, early onsets of dementia.

3.2 Could the proposal have a disproportionate impact on some equality groups? If you answered 'Yes' please indicate which equality characteristic(s) are impacted

Yes – due to the nature of the service the proposals will have a significant impact on age and disability. Due consideration will also be given to the following protected characteristics: gender, ethnicity, religion / belief, sexual orientation, gender reassignment.

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

The service would complement the current provision, responding to a growing demand, rather than removing services. It would allow for a greater choice for and a more tailored approach to NAIL clients.

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

Yes. Accommodation needs for people needing care are often poorly met, placing people in restrictive environment, people with mental health problems and personal care/ domestic support needs are suffering a great level of social exclusion and have difficult access to independent accommodation; functional Learning Difficulties clients with personal carer needs, associated with ageing, are likely to be placed in the restrictive institutional setting once their families are not able to care for them; young people with physical disabilities are often placed in the environment where prevailing culture is not age-sensitive and assumptions are made about their aspirations and interests.

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

Yes, as outlined in 1.1, 3.1, 3.2 and 3.4.

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

Yes – Objective Four – Responsive services

Recommend this EA for Full Analysis?

Yes

- 4. Use the comments box below to give brief details of what further information you will need to complete a Full Equality Analysis. What information will give you a full picture of how well the proposal will work for different groups of people? How will you gather this information? Consider engagement initiatives, research and equality monitoring data.**

Quarterly contract monitoring will provide the additional insight of the project impact. The equality analysis will be reviewed in two years' time, when another large project commences (Plot 3). The review will be informed by the lessons learnt and monitoring outcomes from current projects

including the Learning Disabilities and Mental Health specialism projects currently under development. Feedback from NAIL clients will also be sought to help inform the review.

Stage 2: Analysis

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

5.1 Age (*select all that apply*)

- Positive
- Neutral
- Negative

Please give details:

The service will have positive impact in meeting the needs of the older population and the sub groups of older people with Learning Difficulties and Mental Health problems. Lowering the age eligibility criteria in Visram House will mean that people with early onset of dementia and physical disabilities that have been traditionally placed in the institutional care would maintain greater independence and remain part of their community.

5.2 Disability (*select all that apply*)

- Positive
- Neutral
- Negative

Please give details:

The thrust of the project is delivering accommodation for people receiving high levels of care, so that they can maintain their independence, rather than being confined to the institutional setting of the registered care homes. Lowering the age criteria for Extra Care will open the facility to young people with physical disability and the size of the project will allow the greater number of young people in the project, so that generational cultural and social interests can be shared.

The essence of the design in Extra Care is that the flats are large enough to accommodate microenvironments where the carers and the residents could move in least restricted way, minimizing carers' intrusion on the privacy of the residents, whilst accommodating the use of a variety of mobility aids the person may require. It is intended that these flats could be used as homes for life, accommodating sometimes progressive changes of the levels of need without having to move home.

Newcroft House is the sheltered housing Scheme with stable, but ageing group of tenants. Their current level of needs and functionality suggest that in future the group will be requiring greater level of care than is currently provided. Rather than moving people on to residential setting we are envisaging that putting the care in the block, would allow people to age in situ

5.3 Gender Identity (*select all that apply*)

- Positive
- Neutral
- Negative

Please give details:

At present information on this protected characteristic is not collected and therefore it is not possible to draw any conclusions on the potential or likely impact of the project on this protected group.

5.4 Marriage and civil partnership (select all that apply)

- Positive
- Neutral
- Negative

Please give details:

It is often a case that when care needs of one partner increase, with the declining functionality of another partner that is no longer able to provide care, that the joint living and appropriate level of care become difficult and sometimes impossible. There will be ten two bedroom flats in Visram House, which could be used to accommodate couples. .

5.5 Pregnancy and maternity (select all that apply)

- Positive
- Neutral
- Negative

Please give details:

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 as a result of the expansion of the age criteria 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.

5.5 Race (select all that apply)

- Positive
- Neutral
- Negative

Please give details:

Current Extra Care projects accommodate smaller proportion of people from Asian background, than the overall population in Brent. This is the trend experienced even to a larger degree within the population currently in care homes. Visram House is taking into account specific cultural requirements of this section of the society, anticipating that the population in the new facility would be more

reflective of the general population. Tender submissions for the provision of the Extra Care are scored favorably in respect of the environmental sustainability, encouraging the provider to recruit locally, so that the care staff are speaking languages of the population living in Brent.

5.7 Religion or belief (select all that apply)

- Positive
- Neutral
- Negative

Please give details:

Building design accommodates a generous variety of communal spaces, aimed to be used flexibly by the community to allow a variety of social activities, including enabling faith groups to come together, as well as facilitating inter faith interaction within the community.

5.8 Sex (select all that apply)

- Positive
- Neutral
- Negative

Please give details:

There appears to be a larger number of men in extra care than women, whilst the number of women in general population seems to be greater than men. This is a consistent trend across the field and this trend is likely to remain.

5.9 Sexual orientation (select all that apply)

- Positive
- Neutral
- Negative

Please give details:

At present information on this protected characteristic is not collected and therefore it is not possible to draw any conclusions on the potential or likely impact of the project on this protected group.

5.10 Other (New Clients) (select all that apply)

- Positive
- Neutral
- Negative

Please give details:

Older people moving to Extra Care will be identified as having both housing and care needs. They are likely to have the accommodation in the community, that they are no longer able to utilize due to their changing mobility / disability requirements and health conditions. When they move to Extra Care, their properties would be released back to the general housing market. The project will have some influence on improving the supply of family properties on the general housing market.

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.

During the procurement period, three consultation meetings have taken place involving general public and the potential providers.

Regular consultation meetings with the service users and their families in five currently operational Extra Care projects have been taking place quarterly over the last nine months. Separate consultation meetings with the housing providers have also taken place, gathering information about the service operation, types and levels of needs, future developments.

Extra Care design and service users' needs have also been discussed in the Annual Service User Consultation event.

Regular briefings with the Care Management teams about the project have collated the views about service users' needs and specific cases over the last year.

Analysis of the current Extra Care provision, waiting list, demographic change and the information from the QAM panels informed the understanding of the demand for the service type for older people.

Analysis of the information from the Mental Health Trust related to the move on potential and the need for the service type has been carried out by the MH trust, as well as the presentation about the Extra Care to the Care Management Team

Analysis of the care needs and the move on potential of people with Learning Difficulties has been conducted as a part of the overall NAIL activity. In consultation with the individual care managers clients are identified with the variable level of needs and the new Hub and Spoke project that will accommodate a total of 24 individuals is due to mobilize in the summer 2017.

The Brent Health and Wellbeing Strategy 2012-2015

Brent Joint Strategic Needs Assessment, Good Health and Wellbeing in Brent 2015

2015-16 Diversity in Brent report

What did you find out from consultation or data analysis?

There is an ongoing demand for Extra Care provision as the preferred option over residential care.

Current demand is outstripping supply.

The need for dementia friendly service is frequently expressed.

Good communication, coordination, information sharing, and shared responsibility and clinical governance between health and care providers is sighted by providers as critical.

Background cover and responsive overnight cover are in great demand, but can only be delivered through the economies of scale.

Social activities, occupational therapeutic and community engagement activities are noted as being the measure of quality by the service users, although provision of these is currently sporadic and seems to be of the secondary importance to the care providers that are per definition task orientated.

Providers are noting that in some houses the level of care is so high that they question if the clients are able to fully enjoy the benefits of independent living, whilst in others packages of care are so light that it resembles the shelter accommodation, rather than Extra Care.

Flexibility in the care provision is seen by the residents as essential and it is frequently expressed by the care managers that it could be improved, whilst the service provider is measuring their ability to be flexible by the level of involvement they receive from the care management, hospital discharge team, Occupational Therapy, post admission.

Developing step down facility within extra care that complements the rest of the step down provision in the borough may be needed as Visram House becomes fully utilized. Different contractual arrangements and financial structure may be needed to join the clinical governance with the hospital discharge team. Delivering this aspect of the service effectively would require joint work between the Clinical Commissioning Group and the Local Authority.

Extra Care is an essential option for the support for ageing population of people with Mental Health. It should be one of the options readily available to this protected group. Approaching the care delivery through accommodation provision is more cost effective for the Local Authority than relying on Adult Social Care funding streams to supplement the pressures arising from the housing crisis.

Were the participants in any engagement initiatives representative of the people who will be affected by your proposal?

The participants were current service users, providers, general public.

How did your findings and the wider evidence base inform the proposal?

STAGE 3: ACTION PLANNING

Now, you will respond to your findings from the analysis stage and complete an action plan. At this stage you need to think about how to remove or reduce all the negative impacts that you have identified and how to maximise any opportunities to

promote equality. This might mean making changes to your proposal or to the way that it is implemented.

Action	By when	Lead Officer	Desired Outcome	Date Completed	Actual Outcome
Age- mitigate possible adverse impact for young people, by ensuring that they are nominated as a group	During the mobilisation process	Radomir Lazarevich	People are clustered according to shared interests		
Disability- mitigate possible adverse impact for the disabled clients	Via the building development programme and tendering process timeline	Ian Buchan/ Edwin Mensa	Develop locally available tailored resources for young people with physical disability (obesity, stroke, brain injury, Korsakov)		
Religion	Via the tendering process timeline	John Boyrgone	Support care and housing providers to put joint up bid with Heritage for Performing Places project		
Step Down	Via the tendering process timeline	Radomir Lazarevich/ Edwin Mensa	Develop joint up protocol for all step down facilities, retender this aspect of the service separately when the contract is rewarded.		

8. What actions will you take to enhance the potential positive impacts that you have identified?

Ensuring that all users, regardless of their protected characteristics can access the new services and the service meets the needs of as many of the community groups as possible.

9. What actions will you take to remove or reduce the potential negative impacts that you have identified?

Overall, this analysis has found that the proposed service will be beneficial for all clients.

NAIL is developing a number of small projects that would be targeting people with Mental Health problems, Learning Disabilities and Physical Disabilities.

10. Please explain how any remaining negative impacts can be justified?