

Meeting date: 23rd October 2018
Report to: Cabinet Member Portfolio Holder – Health & Adult Social Care



Subject/report title: Small Homes for People with Learning Disabilities Review – Phase 2

Report from: Mike Strauss/Michael Glynn

Report author/lead contact officer: John Stansfield john.stansfield@solihull.gov.uk

Wards affected:

- All Wards | Bickenhill | Blythe | Castle Bromwich | Chelmsley Wood |
 Dorridge/Hockley Heath | Elmdon | Kingshurst/Fordbridge | Knowle |
 Lyndon | Meriden | Olton | Shirley East | Shirley South |
 Shirley West | Silhill | Smith's Wood | St Alphege

Public/private report: Public

1. Purpose of Report

- 1.1 To inform the Cabinet Portfolio Holder of progress on delivering Phase 2 of the review of the Small Homes for People with Learning Disabilities.

2. Decision(s) recommended

- 2.1 To approve that the council continues to be a direct provider of small residential care homes for people with learning disabilities.
- 2.2 To note the measures being taken to ensure that the small homes service continues to provide good service quality and demonstrate efficiency and value for money.
- 2.3 To note the intention of the CCG to cease its block funding of £1.6m for the small homes service.
- 2.4 To approve the proposals for the delivery of MTFS savings of £321k, and to note that there is a red risk in respect of £279k MTFS savings in 2020/21, and that the ACS Directorate is considering through the MTFS how it can mitigate this risk.

3. Brief Description of the Small Homes Service

- 3.1 In January 2017 the CPH for Adult Social Care and Health approved a review of the Small Residential Homes for People with Learning Disabilities (the Small Homes). The service provides residential care and support currently to 30 people with learning
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disabilities in small residential homes each with three or four beds. The care and support is provided by staff directly employed within the Council's Adult Care and Support Directorate. The properties are currently owned by Bromford Housing Association who, as the landlord, provide a property management and maintenance service.

4. Outcomes of the Phase 1 Review concluded in November 2017

- 4.1 The review was conducted in two phases, with phase 1 concluding in November 2017. The outcomes of phase 1 were reported to the Health and Adult Social Care (HASC) Scrutiny Board on 29th November 2017. At the beginning of the phase 1 review there were thirteen registered care homes in use, and as a result of the review these were consolidated into nine registered care homes with capacity for up to 35 residents. One property was deregistered and is now in use as supported living, and three properties were deregistered and are currently vacant.
- 4.2 The purpose of the phase 1 review was to make better use of the available staff and properties, and reduce the number and cost of void beds. The process involved a number of the residents moving to different properties. These moves were carefully managed and some positive outcomes were achieved for individuals and their families, as their needs were reassessed and their choices reviewed. People reported that they were happier and more settled where they have moved, and in some cases reported that they had formed new relationships as a result, which was very beneficial.
- 4.3 The phase 1 consolidation also achieved a reduction in void beds, resulting in the delivery of substantial Medium Term Financial Strategy (MTFS) efficiency savings targets of £375k in 2017/18 and £147k in 2018/19.

5. Phase 2 Review

- 5.1 HASC Scrutiny Board on 29th November 2017 also considered a work programme for phase 2 of the review. Since the Scrutiny Board in November there has been a significant programme of work including the following:
- A review of the current model of in-house residential small homes to ensure that we have the right model for current and future purposes.
 - The design and implementation of a Quality Assurance Framework.
 - The establishment of processes to ensure vacant beds are filled
 - The reduction of staff sickness absence
 - Actions to ensure that we recover the full cost of residents who are funded by other authorities.
 - Negotiations with Birmingham and Solihull CCG about their current and future funding contributions to the services
 - Work with Bromford Housing Association to evaluate their proposals in respect of the future ownership of the properties.

5.2 The remainder of this report presents further detail on each of the above areas of work. The work strands address two over-arching strategic questions, namely

- **Do we have the right service model for current and future purposes?** This includes consideration of whether registered residential care is the best model or whether there is a case for deregistering and offering supported living. It also includes consideration of how the service adapts to meet the needs of an ageing group of residents. Finally, it includes consideration of alternative delivery vehicles as opposed to a directly provided in-house service.
- **How can the service continue to provide the best possible service quality and demonstrate efficiency and value for money?** This includes the service improvement plan, ensuring that vacant beds are filled, ongoing work to develop the workforce and reduce sickness absence, ensuring that we fully recover costs in respect of residents who are funded by other authorities, and agreeing the CCG's future contribution to the service. It also includes considerations relating to the ownership of the properties and the future of the three properties that are currently vacant.

6. Do we have the right service model for current and future purposes?

- 6.1.1 In light of Winterbourne View, national policy for supporting adults with learning disability has continued to move away from large institutional settings and towards person-centred care and support enabling people to live 'ordinary lives'. This policy is clearly seen in Valuing People Now (2009), Transforming Care (2015) and Building the Right Support (2015). This can be seen within CQC policy for registration of new services which requires new schemes or alterations to existing schemes to adhere to the principles of Building the Right Support. Although not a concrete limit, CQC generally will not register residential schemes for people with learning disability for more than 6 people.
- 6.1.2 The principle options for accommodation with care and support for people with learning disabilities are supported living and residential care.
- 6.1.3 The definition of supported living currently used in Solihull is '24/7 support to maintain independent living where the person has a tenancy or owns the property in which they are living, OR provision of shared support to a number of people in a property or scheme to maintain independent living. It involves a package of support which may change at short notice and be flexible to meet unpredictable or complex needs. It requires frequent changes to support due to complexity, behaviour and risk.'
- 6.1.4 This contrasts with residential care, which is a service comprising accommodation and 24 hour social care. The person has their own room but is not a tenant and lives in a shared setting with others. Meals are provided and rooms and communal areas are fully serviced (cleaning, utilities, maintenance). Often activities are arranged communally. Residential care is an offer seen as offering security and safety.
- 6.1.5 The ACS Commissioning Prospectus outlines current provision, which has shown a significant growth in supported living over the last 5 years. It also shows that ACS continues to support a significant number of people with learning disability in residential care. This care is generally delivered in small residential homes.

6.1.6 Given current service provision it is safe to say that ACS will continue to require residential care for people with learning disability in the short and medium term. Work to review the needs of people with learning disability living in residential care outside the borough will help us to understand future requirements, by telling us whether there is a need to find additional residential capacity within the borough, or whether current levels of residential capacity are likely to be sufficient.

6.1.7 Analysis of new LD residential placements in 2017/18 shows that there were 8 new placements in total, split across sectors and age groups as shown in the table below. The rate at which vacancies will occur in the in house service is difficult to predict. However, the population of the homes is aging, with 18 residents aged 60 or above. It seems not unreasonable to assume that vacancies will occur over time, and will be available to meet at least part of the ongoing demand for new placements. Currently there are 5 vacancies in the in house service.

Number of New Residential Placements and Age Profile April 2017 to March 2018

	External Spot Placements AALD Team	External Spot Placements Transitions Team	In House Placements	Block Contract Placements	Total
Under 20	0	1			1
21-30	0				0
31-40	1				1
41-50	1		1	1	3
51-60				1	1
61-70			2		2
71-80					0
Over 80					0
Total	2	1	3	2	8

6.2 Evaluation of the Deregistration of the Homes

6.2.1 Of the thirteen properties in the “Small Homes Estate”, nine currently operate as registered residential care homes, one property has been deregistered and now operates as supported living and three properties are vacant and consequently deregistered.

6.2.2 One option for the future of the small homes is to de-register some or all of the homes so they can be used for supported living. This use of the properties would be consistent with other current supported living provision in Solihull, in that it would enable individuals to be tenants in a rented property and to receive personalised support from a provider. The properties benefit from locations on residential streets within existing local communities.

6.2.3 Mencap identifies the following ‘pros’ and ‘cons’ of residential care:

The pros are:

- Regulated by CQC which gives some guarantee of quality in both building and services
- Meals provided and included in price
- Activities may be arranged on or off site
- Other people to befriend and share social activities with
- An inclusive fee for accommodation, care and support and all household expenses – clear and simple
- Can be purpose designed for disabled people and may include additional facilities such as a sensory room
- Seen as a secure environment.

The cons are:

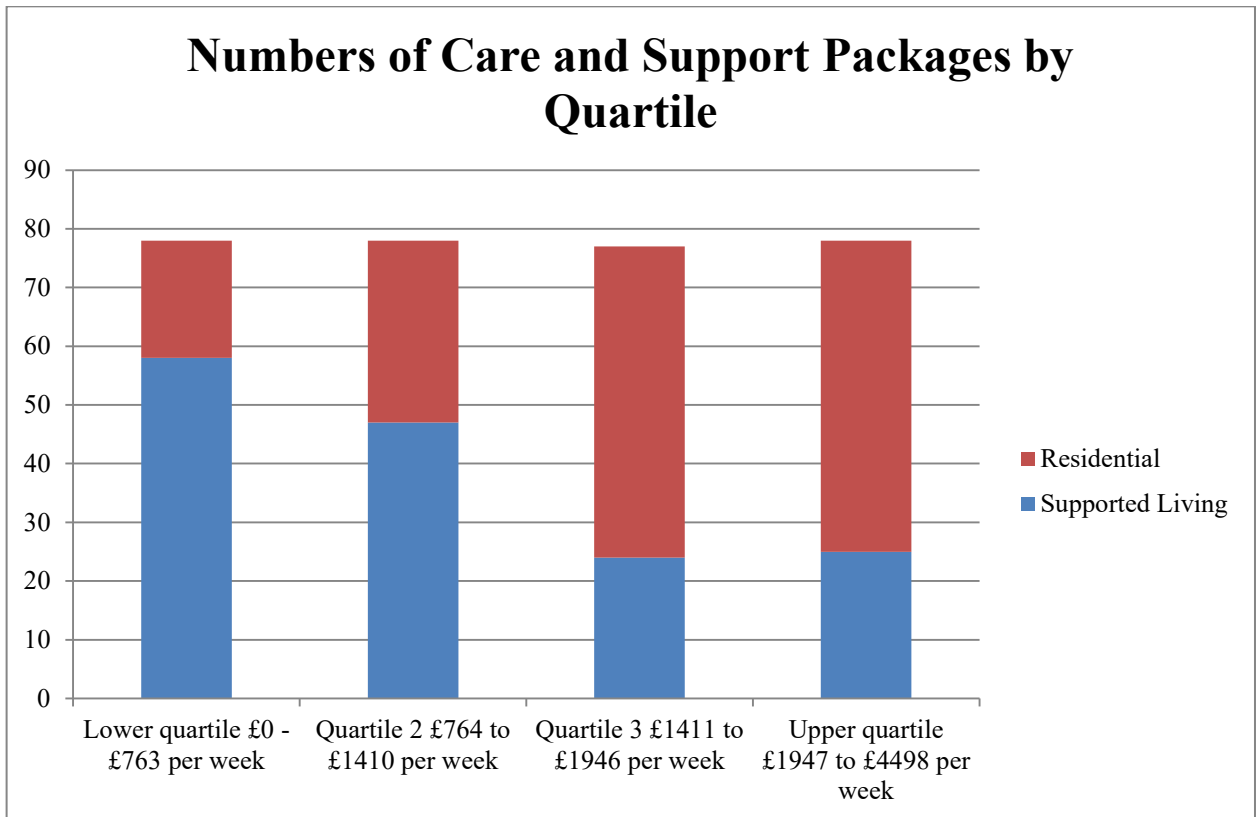
- An institutional setting; individuals will often have to do things at the same time as other residents
- Limited amount of own spending money (personal expenses allowance/ DLA or PIP mobility component)
- Residents have little choice over who they live with
- Some have limited living space and private space
- Care provider and housing provider are one and the same - a good care provider may not be good at property management and maintenance and vice versa
- Limits personal choice and control, little say over who live with, who staff are, life style
- No security of tenure
- Limited choice over who is the care provider

6.2.4 It should be noted that it is possible to mitigate some of the above “cons” for residential care. For instance, as part of our small homes service we attempt to match residents with people that they are compatible with, and we work with residents to arrange mutually agreeable social opportunities.

6.2.5 SMBC currently funds a mix of residential care home and supported living packages for people with learning disabilities as set out in the table below.

	Number of Packages	Average Cost per Week
Residential		
In-house	30	£2,048
External Block contracted	26	£1,733
External Spot purchased	101	£1,505
All Residential	157	£1,701
Supported Living		
External Spot purchased	154	£1,093
Total Residential and Supported Living	311	£1,373

6.2.6 The average cost of supported living packages (£1,093 per week) is lower than the average cost of residential packages (£1,701) per week. However, the average costs mask a wide range of actual costs in for both residential and supported living packages as shown by the chart below:



6.2.7 It cannot necessarily be concluded that supported living is always a lower cost option than residential care. Much depends on the following factors:

- The level of care and support needs and ability to live independently of the individual service user
- The extent to which care and support staff (and therefore costs) can be shared across groups of service users, as opposed the extent to which one to one care and support is required
- The extent to which individuals are able to contribute to the cost of their care and accommodation through charges and benefits.
- Response of the local market in response to the opportunity to support any given individual.

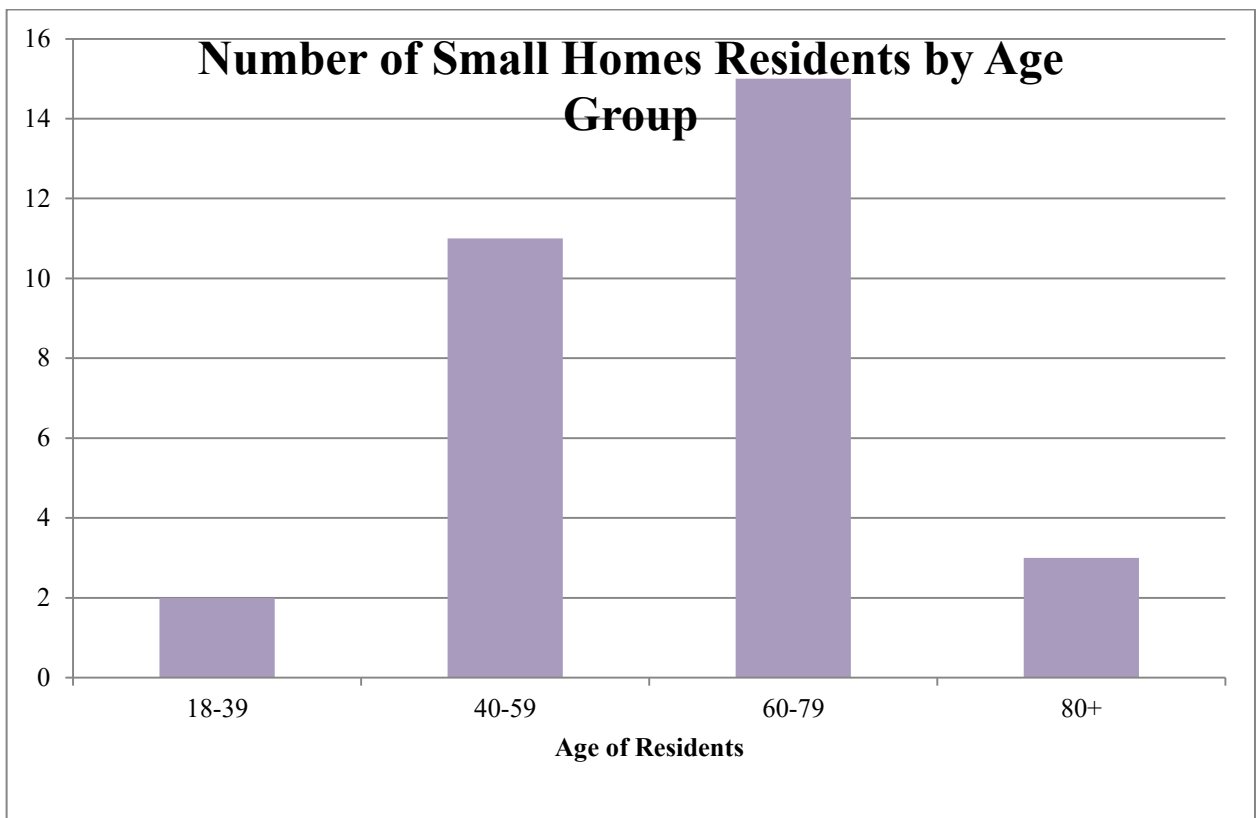
6.2.8 A recent desktop review of the small homes residents revealed that there were ten people who might live appropriately in either supported living or residential care. However, the indications were that the cost of transferring to the supported living model was likely to be higher overall.

6.2.9 The above suggests that there is currently no conclusive evidence in support of deregistration of the nine residential care homes. However this will be kept under review as vacancies arise and as the profile of residents changes.

6.3 Review of Support to Residents Aged 65 and Above

6.3.1 The age profile of the Small Homes residents is shown in the chart below, which indicates that there are 15 people aged 60-79 and a further three who are aged over 80.

6.3.2 Understanding and providing for the care and support needs of an ageing population of people with learning disabilities will become an increasingly urgent and high profile issue both locally and nationally. A recent review of the care and support needs of the current Small Homes residents has indicated that their needs cannot currently be met within the Council's standard specification for older people's residential care homes. In the short to medium term there will therefore be a need for people's needs to continue to be met within the Small Homes as they grow older.



6.3.3 However in the medium to longer term options will need to be developed specifically to meet the needs of older people with learning disabilities, including the residents of the Council's Small Homes and also the wider population.

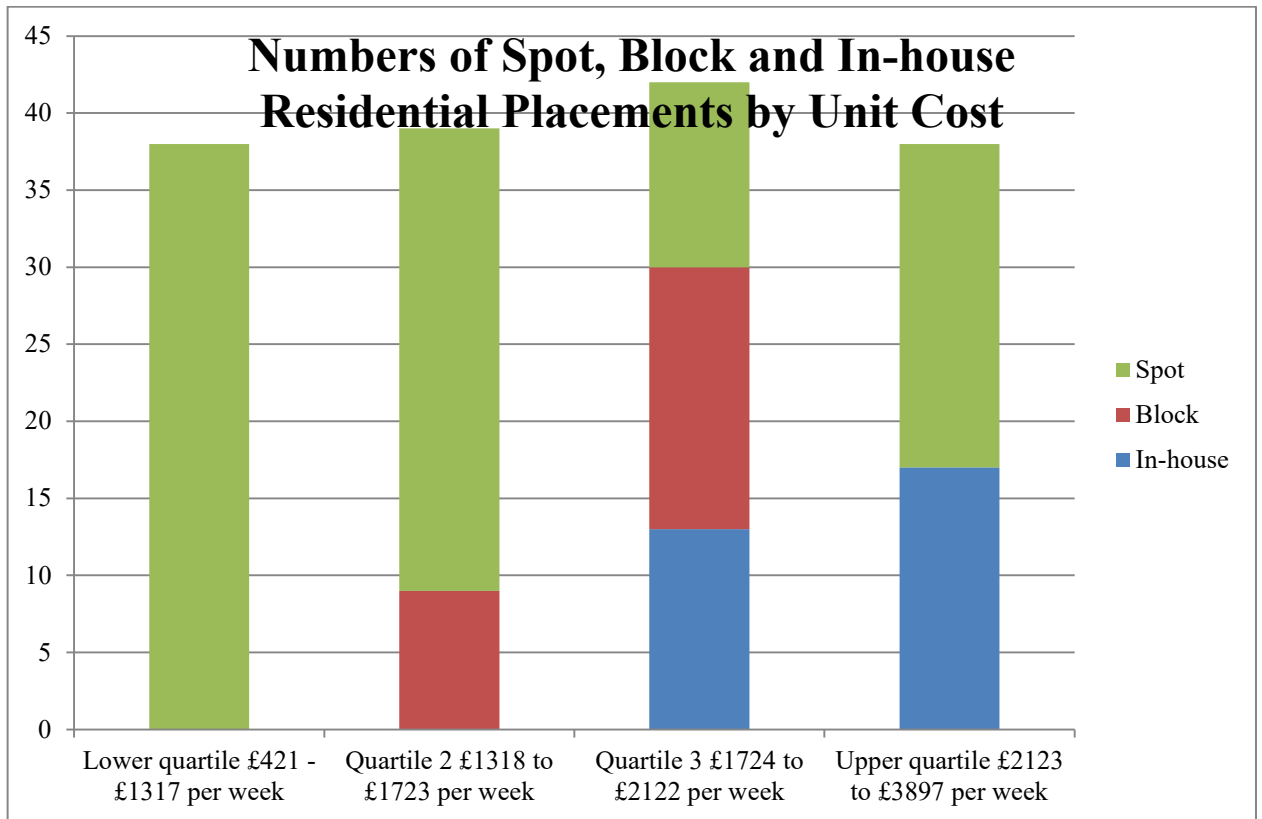
6.3.4 Further work is required to fully understand the case for commissioning specialist services for older people with learning disabilities. This would need to include an analysis of whether the needs of this group of people differ significantly from those of other people with learning disability – for example due to an increased incidence of

dementia and or other long term health conditions. The result of this work should provide the answer as to whether a more specialist service is required, given full consideration of the potential additional costs that may be associated with such a development.

6.3.5 As part of the work on understanding the needs of over 65s and the availability and affordability of services we will review both small homes residents and people in external residential services as they approach 65 with a view to identifying whether their current package continues to meet their needs and provides good value as the individual grows older.

6.3.6 Evaluation of Alternative Provider Models

6.3.7 The weekly unit cost of the Small Homes is above the average cost that the Council pays for residential care for people with learning disabilities. However it is not the most expensive residential care service as shown by the chart below.



6.3.8 The most relevant local comparison to the internal small homes is provided by a collection of residential services for younger disabled people provided in 9 small homes across 3 sites in the borough. The properties are owned by local housing associations and the care is provided by a national, independent care provider. It is not possible to make a direct comparison because the services care for different individuals, but the unit cost is lower than our internal service.

6.3.9 A review of this comparator service is currently underway, however detailed information on the breakdown of costs is not yet available. This will be available within the next month, so would enable a more detailed comparison at that stage.

6.3.10 The most significant differences are staff costs and organisational overheads. Testing the external market is one option for future direction. However, considering the potential impact of additional provider costs arising from TUPE the financial benefits of externalisation would be reduced.

6.3.11 It should also be noted that the in-house provision allows for a mixed economy of care and gives some assurance around managing market failure. The service also provides capacity to support people with the most complex and challenging needs who may be difficult to place in the independent sector.

6.4 Conclusions - Do we have the right service model for current and future purposes?

6.4.1 The above analysis indicates that the service continues to provide a valuable offer as part of a continuum of services available for people with learning disabilities. Although the unit costs of the small homes are in the upper two quartiles for residential care for people with learning disabilities, the service supports people with some of the most complex care needs. The cost of the service should also be seen in the context of providing a 'safety net' as part of the council's approach to mitigation for independent sector market failure.

6.4.2 However, we will continue to keep the service under review, as the above position may change in future depending on:

- The care and support needs of the current residents.
- People currently placed out of borough whose needs could be met by the small homes service
- The need for residential care for people with learning disabilities within the local population.
- The performance and value for money of the small homes service
- The availability of local alternative services

6.4.3 It is therefore recommended that the model is kept under regular review so that changes can be made if and when current circumstances alter.

7. How is the service continuing to improve in order to provide the best possible service quality and demonstrate efficiency and value for money?

7.1 Quality Assurance Framework

7.1.1 The LD Small Homes are regulated by the Care Quality Commission (CQC) which is the independent regulator of health and adult care in England. The Commission monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety, including person-centred care, dignity and respect, and safeguarding from abuse. The CQC ask five key questions of all care services known as Key Lines of Enquiry (KLOE) that are at the heart of the way they regulate services and help ensure the services focus on the things that matter to people.

7.1.2 A CQC inspection has recently taken place which identified some areas of improvement in one of the homes. In response to the CQC findings, the Small Homes service has designed and implemented its own Quality Assurance Framework to provide assurance to people using our services that the services are fit for the purpose and meet the requirements of the CQC KLOE that they are safe, effective, caring, responsive and well-led. Our Quality Assurance Framework consists of

- Clear Standards
- Monitoring and gathering evidence of quality
- Analysing evidence against what people are saying about the experience of our services
- Reviewing, evaluating and taking action to achieve improvement.

7.1.3 All our staff and managers are actively involved in completing various audit templates at regular intervals, improving the quality of documentation and practices, engaging with service users and their relatives, having regular feedback of service users experience through the peer group visits from the Advocacy Scheme in order to improve quality and achieve best outcomes for people.

7.2 Filling Vacant Beds

7.2.1 There are currently five vacant beds across the nine residential Small Homes, one of these vacancies having occurred recently in September 2018. There is therefore a need to consider opportunities to maximise the use of the homes. As the homes are already fully staffed there is also an opportunity to generate efficiency savings by filling voids.

7.2.2 Weekly communications are now taking place between the Small Homes service and the All Age Disabilities Team with a view to identifying people with learning disabilities who need residential care, for whom a small home vacancy would provide an appropriate physical environment, and who would be compatible with the other residents.

7.2.3 If the vacant beds are not filled by March 2019 then we may need to consider a further consolidation of the homes in order to reduce staffing and other running expenses to match the number of residents.

7.2.4 In addition to filling the current vacancies we will also be developing an ongoing strategy to fill further vacancies as they arise. This may include reviewing the placements of all residents across the small homes and if appropriate residents may be moved so as to create groups that will be compatible with potential new residents.

7.2.5 The annual cost of the 5 void beds is £540k. It is not realistic to assume 100% occupancy as there will inevitably be turnover of residents and gaps in occupancy over time. However depending on the assumption about numbers of voids, the following savings are possible:

Number of Voids Filled	Saving
1	£108k

2	£216k
3	£324k
4	£432k

7.2.6 One of the current vacancies has a smaller than usual bedroom and may be difficult to fill. A reasonable target is therefore to fill three of the voids thus reducing expenditure on all-age learning disability support planning budgets by £324k.

7.3 Residents who are Funded by Other Agencies

7.3.1 Of the thirty residents of the Small Homes, twenty-six are the financial responsibility of SMBC and four are funded by other “out of area” authorities. At the time of the Phase 1 review there were seven “out of area” residents, but since then one resident has been moved by their funding authority, and two have sadly died including one recent death in September 2018.

7.3.2 As part of the Phase 1 consolidation of the Small Homes the costs of running each home were recalculated, (including care and support staff, premises, general running costs, management and support service overheads). This resulted in a revised set of unit charges per bed, calculated to ensure that the Council is recovering its costs in full in respect of those residents who are funded by other authorities.

7.3.3 The Council wrote to each of the out of area funding authorities in January 2018 informing them that the revised charges would come into effect on 7th May. The out of area authorities were also informed that if they did not accept the new charge then the placement would be terminated and in that event they should arrange for any necessary reassessment, review of their statutory duties and arrange an alternative placement.

7.3.4 At the time of writing we are still awaiting confirmation of arrangements from two out-of-area authorities in respect of three of the current residents and this is now escalated to senior management and through legal processes, due to lack of response. It is possible that the residents will be moved by the responsible authorities. In this case, we will continue to pursue the outstanding costs incurred to date, and will incorporate the need to fill the vacancies quickly into the aforementioned work to improve vacancy management.

7.4 CCG Contribution

7.4.1 Under a longstanding S75 arrangement, and up until the end of 2018-19, the CCG has contributed towards the running costs of the Small Homes. The Council’s budget for 2018/19 assumes a £1.6m contribution from the CCG which is in line with the previous financial year.

7.4.2 The original purpose of the CCG contribution was to support the cohort of people with learning disabilities who were moved out from long-stay hospital/health placements when local hospital provision closed, and then transferred directly to the council-run

provision around seven years ago when the Solihull Care Trust was dissolved. The arrangement was put in place in support of the general direction to reduce the number of people in higher cost, health placements and it was recognised that the Local Authority could provide better outcomes at better value. In recognition that it would be inappropriate for the financial burden to simply be transferred to councils (from health budgets) for supporting people with higher needs, health and council commissioners agreed to a model of joint funding to recognise the position.

- 7.4.3 However, from the end of this year, the CCG is withdrawing the annual financial contribution of £1.6 million (approximately 30% of the service funding and over 3% of the net Adult Social Care Budget) to supporting this cohort of people with learning disabilities with higher needs in the council's 'small homes' provision. Through Solihull Integrated Commissioning Board, the CCG have confirmed the intention to progress joint reviews of all residents in small homes and contribute on the basis of need against current application of CHC / nursing / health input thresholds. However, it is jointly recognised that due to increasingly tightened interpretation of thresholds for eligibility for health support (e.g. CHC), the outcome will most likely be a net savings position for the CCG and an equivalent cost transfer to SMBC.
- 7.4.4 All future models of funding for the Small Homes will therefore need to assume that there will only be reimbursement of costs from Health for eligible clients and that the block contribution of £1.6m will no longer be available. As there is no scope to further reduce the costs of the Small Homes beyond the measures outlined elsewhere in this report, the financial risk arising from the loss of the CCG block funding will be addressed through the MTFs process for 2019/20.
- 7.4.5 Conversations are being conducted at a senior level with the CCG to look at the system impact of this funding change and to see whether further support from the CCG for social care can be secured.

7.5 Workforce

- 7.5.1 The full delivery of the MTFs savings from Phase 1 of the review depended on achieving significant reductions in staff sickness. Due to the nature of the service provided at the Small Homes if a member of staff who is on rota is unable to attend work due to sickness there is an additional cost pressure on the service due to the need to cover the shift with a bank or agency member of staff.
- 7.5.2 The figures for the past 12 months show an overall decrease in sickness absence.

Average days of sickness absence per employee

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
LD 222 Bills Lane	0.00	0.00	0.91	1.62	5.24	5.27	4.28	4.09	2.15	0.45	0.35	0.00
LD 268 Creynolds Lane	0.11	0.00	0.00	0.00	0.21	0.48	0.00	0.00	0.08	1.75	0.43	1.09
Downing Close	8.45	9.13	6.00	5.83	6.14	8.18	9.35	8.80	9.39	7.80	5.59	2.43
LD 9 Hurst Green	1.60	3.18	0.89	2.64	0.00	0.12	0.38	0.69	1.87	3.30	2.36	2.04
Stapleton Drive	1.69	2.86	2.80	2.76	2.65	3.04	2.57	0.73	1.45	1.07	0.93	1.42

7.5.3 Forecast expenditure for Small Homes staffing is currently within budget which indicates that savings targets for managing down use of bank and agency expenditure are currently being met.

7.6 Estates Strategy

7.6.1 The Small Homes estate of 13 properties is owned by Bromford Housing Association. Two of the properties are on a leasehold interest with limited years remaining. The properties were originally required with capital grants from the Department of Health, and consequently NHS England (NHSE) hold restrictive covenants over the future use of the properties.

7.6.2 Discussions have recently opened between the Council and Bromford, and between Bromford and NHSE, to explore how the future use of the properties can be secured to maximise occupation for a broader range of vulnerable persons. These discussions will have regard to ownership, tenure, legal constraints, contractual arrangements for service and premises management, and financial regulations to satisfy the three organisations regulatory requirements.

7.6.3 The outcome of these discussions will be subject to further report when clarity on options is agreed between the parties.

8. Implications and Considerations

8.1 Delivery of the Council's priorities:

How will the options/proposals in this report contribute to the delivery of Council Priorities (*select which priority/priorities and also specify which key programme/s*):

- Improve Health and Wellbeing -
- Managed Growth -
- Build Stronger Communities -
- Deliver Value -

8.2 Implications for children and young people, vulnerable groups and particular communities:

8.2.1 The Small Homes service is a significant resource for the care and support of adults with learning disabilities.

8.3 Consultation and Scrutiny:

8.3.1 The report will be considered by the Health and Adult Social Care Scrutiny Board on 15th October 2018.

8.4 Financial implications:

8.4.1 The MTFS includes the following savings targets in relation to the small homes:

Saving no.	Saving proposal	2018/19	2019/20	2020/21
		£'000	£'000	£'000
ACS3	Small Homes Review	(147)	(147)	(147)
ACS1819-5	Further small homes savings proposals to be developed, including use of voids, maximising income from other authorities and potential further consolidation.	0	(180)	(600)
Total		(147)	(327)	(747)

The 2018/19 savings are now considered to be secure. These have been delivered through the consolidation of the homes that was delivered in 2017/18, and the work done on improving sickness levels within the homes. This has seen the services operating within budget during 2018/19 and management are confident this will continue to the end of the financial year. This is despite an unfavourable CQC inspection in one of the homes.

The proposals to deliver ACS1819-5 are:

- Ensure that vacancies are filled, either with in-house customers or with those from other local authorities if there are no suitable in-house people. There are currently 5 vacancies, and each vacancy is worth on average £108k either in income or avoided external placement costs. One of the current vacancies has a smaller than usual bedroom and in practice may be difficult to fill, meaning that in practice there may only be 4 vacancies that can be filled.. If all 4 were filled, this would be a saving of £432k per annum. Whilst full occupancy would be hard to maintain at all times, it is not unreasonable to aim for no more than one vacancy, thereby saving £324k. The proposal to CPH sets out a process by which the team would work to fill these vacancies and then how future vacancies would be managed.
- There are currently 4 beds in the small homes that are occupied by out of area residents who are funded by other authorities. Our charges to these authorities were increased in May 2018 and this is expected to generate an additional income. However, at the same time the number of out of area residents has decreased from 7 to 4 since April 2017. Taking these factors together there is a net pressure on the income budget of £33k.
- There remains a further risk that funding authorities may review and move their residents rather than continue to pay the higher fees. In that case, there would be additional vacancies to be filled as above, and in the short term there would be reduced income.
- Ongoing work is being undertaken to identify further efficiencies in the running costs of the service e.g. to ensure that we are not providing to a higher/more generous specification than independent sector alternatives. A target of £30k further cost reduction is considered achievable by 2019/20.

	2019/20	2020/21
	£k	£k
Fill 3 vacant beds by March 2019	(324)	(324)
Identify further savings in Small Homes running costs	(30)	(30)
Pressure on out of area income due to reduced number of residents	33	33
Total Net Savings	(321)	(321)
MTFS Target	(180)	(600)
Savings (over)/under Target	(141)	279

Therefore the RAG status of the savings is as follows:

Year	Amount (£000)	RAG
2019/20	(180)	Amber
2020/21	(420)	(141) Amber (279) Red

The current MTFs process is looking at how the Directorate can mitigate the red savings around small homes.

In addition to the MTFs savings above, the CCG is withdrawing £1.6m of block funding from 2019/20. This will be partially offset through individual CHC assessments for customers previously covered by the block arrangements. The impact of this is being considered as part of the Council's budget process.

A review process is being agreed with the CCG to ensure that joint funding is secured for individuals where appropriate, to try to mitigate this pressure as far as possible. Conversations are being conducted at a senior level with the CCG to look at the system impact of this funding change and to see whether further support from the CCG for social care can be secured.

8.5 Legal implications:

8.5.1 Legal Services have been specifically engaged in the proposals around out of area income and estates transfer

8.6 Risk implications:

8.6.1 It should be noted that there is now a £279k red savings risk. This may increase further if vacant beds are not filled or if out of area income is reduced further.

8.7 Statutory Equality Duty:

8.7.1 A Fair Treatment Assessment has been conducted as part of this review and is appended to this report

9. List of appendices referred to

9.1 Appendix A – Fair Treatment Assessment

10. Background papers used to compile this report

10.1 N/A

11. List of other relevant documents

11.1 N/A

Appendix A - Fair Treatment Assessment (FTA) Form



Part A: Overview			
1 Name of service, policy, strategy, procedure, or function etc			
<p>Note: to save space services, policies, strategies, procedures and functions will be referred to as “functions” for the rest of this form.</p>			
Review of SMBC’s Small Homes			
Directorate	Adult Care and Support	Division/Service	Provider Services
FTA lead	Programme Manager (John Stansfield)	Other members of FTA team	Head of Service (Mike Strauss) Service Manager (Ian Burborough) Interim Service Manager (Devinder Kahlan)
Is this a new, existing or revised function?		Small Homes are an existing service “inherited” by SMBC from the NHS in 2011. Proposals to maintain the service “as is” will be considered by the HASC Scrutiny Board on 15 th October 2018, with recommendations made to the Cabinet Portfolio Holder for Health and Adult Social Care on 23 rd October 2018.	
Part B: Background and Context			
Why are you completing this FTA?			
<p>In January 2017 the CPH for Adult Social Care and Health approved a review of the Small Residential Homes for People with Learning Disabilities (the Small Homes). The service provides residential care and support to approximately 30 to 35 people with learning disabilities in small residential homes each with three or four beds. The care and support is provided by staff directly employed within the Council’s Adult Care and Support Directorate. The properties are currently owned by Bromford Housing Association who, as the landlord, provide a property management and maintenance service. This FTA relates to proposals going forward through Scrutiny and CPH decision making in October 2018.</p>			
2 In terms of equality, what do you already know about this function?			

The Small Homes service provides CQC registered residential care for adults with learning disabilities. As national policy for supporting adults with learning disabilities continues to promote a move away from large institutional settings and towards person-centred care and support enabling people to live “ordinary lives”, the Small Homes will continue to represent a viable component of overall service provision for the foreseeable future.

What outcomes are wanted from this function?

Small Homes provide a comprehensive residential care service in ordinary domestic properties, providing both a structured and safe care environment with capacity for personalised care. Key outcomes for this area include maximising opportunities for individuals to achieve greater independence, and ensuring the service is financially sustainable for the future.

Are any other departments or partners involved in the delivery of the function? How are they being involved in this assessment?

Bromford Housing Association currently own the properties and provide a landlord function – maintenance, redecoration, registration and safety e.g. gas safety, legionella checks. Bromford intend to withdraw and it is proposed that SMBC acquire the properties with landlord functions transferring to SCH. FTA issues on this matter are being taken forward through a consultation on the proposed transfer.

Part C: Assessment

What key information, results of consultation or data have you collected and used to inform this assessment?

The proposals have been informed by extensive analysis of the service e.g. establishments, budgets, quality assurance etc with financial modelling and commissioner views on alternative models of service provision. Detailed understanding of resident’s needs, both individually and as a cohort, have been taken into consideration.

What does your information tell you about the impact of your function on different groups of people? Are there any specific differences (positive or negative) between their experiences of interacting with this function?

The council has a duty to eliminate discrimination/harassment and victimisation, as well as duties to promote equality of opportunity, and foster good relations between groups of people. In assessing the effects of your function on different groups of people, you should think about how your function

achieves these three aims.

Note: You should consider barriers to equal access, equality of outcomes, human rights and the ten dimensions of equality for the different groups of people listed

	<p>of these positive impacts? How could you promote equality? How could you improve between groups of people? any actions are identified insert these into</p>	<p>of these negative impacts? How can you eliminate these? any negative impacts are identified put to address these in Part D</p>	<p>vidence has informed this assessment?</p>
<p>*Age</p>	<p>The Small Homes provide a service to eligible adults (over 18). Consideration will be given to whether older residents who develop significant age related needs would have their needs met more effectively in a different setting.</p>	<p>As an all age service there are no identified negative impacts.</p>	<p>Service criteria.</p>
<p>Carers</p>	<p>Family and carers are engaged in the service through visiting, direct contact with staff and managers etc</p>	<p>We recognise that there is more to do in engaging with family and carers – e.g. more structured surveys or opportunities to feedback and opportunities to engage in developments for the service.</p>	<p>Surveys, feedback from advocacy services</p>
<p>*Disability</p>	<p>The service is exclusively for people with significant needs arising from learning disability.</p>	<p>In order to ensure the service is sustainable people with needs that cannot be met in residential care may need further support, including a need to move from support to more a suitable setting.</p>	<p>Care First records and support plans include details of people’s disabilities and their care and support needs.</p>

*Gender reassignment	No information available	None identified	
Looked after children/care leavers	Not considered due to the age profile of the people for whom the services are intended.	None identified	
*Marriage/civil partnership	No specific information available. Matters of marriage/ relationships for people lacking relevant capacity are considered on a case by case basis.	None identified	
*Pregnancy/ maternity	No specific information available. Matters of pregnancy/ maternity for people lacking relevant capacity are considered on a case by case basis.	None identified	
*Race/ ethnicity	At present race/ ethnicity matters are considered on an individual basis and support offered is tailored to individual needs.	Services for BAME residents will be considered further through on-going support planning and links more broadly to directorate/ corporate equalities work.	
*Religion/ belief/ faith	At present religion/ belief matters are considered on an individual basis and support offered is tailored to individual needs.	es for residents with specific religion/ belief will be considered further through on-support planning and links more broadly to prate/ corporate equalities work.	
*Sex/Gender	No issues identified.	None identified	Analysis of care records.
*Sexual orientation	At present there are no specific services for residents which specifically provide for the needs of LGBT+ communities.	Services for LGBT+ communities will be considered further through on-going support planning and links more broadly to directorate/ corporate equalities work.	
Socio-economic disadvantage	pecific issues identified.	None identified	

Other – please specify	None identified	None identified	None identified	
<p>3 How does this function contribute towards people’s human rights? Note: refer to the guidance document for information on human rights. If any actions are identified insert these into Part D</p>				
<p>4 How does this function contribute towards safeguarding children and vulnerable adults? Note: refer to the guidance document for information on safeguarding. If any actions are identified insert these into Part D</p> <p>The safeguarding of vulnerable adults is a core principle of the current services and this will continue to be maintained after the consolidation, and under the remodelled extra care services.</p>				
<p>Part D: Actions</p>				
<p>5 List any actions required to address negative impacts identified or to better promote equality, good relations, human rights, and safeguarding issues. Do you need to collect any additional data, conduct equality monitoring, or undertake further consultation to be able to take account of the impact on particular groups?</p>				
Action	Outcome	Lead	Timescale	How will progress be monitored?
Continue to build on engagement with carers and families and residents e.g. increase opportunities for formal feedback/ engagement with service changes.	Improved engagement and involvement, leading to increased personalisation.	Service Managers	October 2018 to April 2019	Through operational oversight and Quality Assurance Board
As part of the next stage of service development further consideration will be given to needs arising from race/ethnicity, religion/faith/belief and sexual orientation, and gender reassignment.	Evidence and monitoring of performance against these areas will be produced	Programme Manager	By October 2019	Through operational oversight and Quality Assurance Board
Ensure response to complex issues	Approach will be consistent and	Service Manager	By April 2019	Through performance monitoring.

that might lead to a person moving from the service is proportionate (in line with the Offer).	proportionate.			
Part E: Summary				
6 a Summary for Publication Note: this should include the key findings and impacts identified in this assessment – refer to the guidance document				
<p>A comprehensive review of the Small Homes service has been completed in line with recommendation to CPH in January 2017, with a resulting options appraisal presented in October 2018 based on a review of all evidence, including commissioning intentions, significant consolidation of the service through 2017, and engagement with partners. The recommendation is to continue to directly support the Small Homes service within SMBC Adult Care and Support directorate. As such there are no significant FTA issues identified. Opportunities to improve the service further, including through greater engagement with residents/ families/ carers, and through further consideration of equalities issues, will be taken forward.</p>				
b Please indicate which of the following best describes the outcome of your FTA				
	Only negative impacts have been identified for this function			
	No different impacts have been identified for this function			
X	A mixture of positive and negative different impacts have been identified for this function			
	Only positive different impacts have been identified for this function			
	There wasn't enough information to be able to reach a conclusion at this point in time			
Part F: Sign off				
7 This FTA has been completed by				
Signed (Lead for FTA)	Mike Strauss			
Name and job title (please print)	Mike Strauss, Head of Service, Adult Care and Support			

Date	03/10/2018
8 This FTA has been reviewed by the directorate equality & diversity group and its completion will be reported to the corporate equality & diversity group	
Signed (on behalf of group)	
(a) Name and job title (please print)	
(b) Date reviewed	
This FTA has been approved by Head of Service	
(c) Signed	
(d) Name and job title (please print)	
(e) Date	