

Fair Treatment Assessment (FTA) Form



Part A: Overview			
1 Name of service, policy, strategy, procedure, or function etc			
Note: to save space services, policies, strategies, procedures and functions will be referred to as “functions” for the rest of this form.			
Extra Care Housing Strategy			
2 Directorate	Adult Care and Support	3 Division/Service	Commissioning
4 FTA lead	Karen Murphy	5 Other members of FTA team	Julia Philips
6 Is this a new, existing or revised function?	New Strategy		
Part B: Background and Context			
7 Why are you completing this FTA?			
<p>This is a new strategy setting out how the Council anticipates the use of extra care housing as an option to enable older people to continue to live independently. It will help indicate to potential developers the nature of demand and gaps in Solihull, for those who may wish to purchase or rent an extra care property with care available, if needed. It will also set out the model of extra care housing that Adult Social Care would support for those people with assessed eligible needs under the Care Act 2014, whose care and support it funds.</p> <p>This FTA looks at the overall impact of the Extra Care Strategy, its principles, strategic aims and its impact on advancing equality of access to suitable housing for older people in Solihull. Fundamental to this is the principle of a person’s choice to remain at home, with access to care and support when necessary to support them in their daily life and independent activity.</p>			
8 In terms of equality, what do you already know about this function?			
<p>Extra care housing is: “Purpose built accommodation in which varying amounts of care and support can be offered and where some facilities and services are shared” (Dept for Health and Social Care). Locally, the vision for extra care housing is that it will include a mixed community in terms of levels of individual need, to reflect the aspiration that extra care housing be vibrant communities and not feel like institutional care. The focus will be on older people with care or other needs, without being age-specific, and could include people with a learning difficulty or a mental health condition where the presenting need is age related.</p> <p>Solihull has a number of extra care housing sites already operational, with the most recent opening in North Solihull in December 2018, the first such scheme in the North of the borough. A second new scheme is to open later this year on the site of the former Sunhaven Care home in Solihull Lodge. All of these developments are in partnership with SMBC to deliver care services to people eligible for funded social care living in affordable apartments. A number of other proposed schemes have received planning approval. These have all been initiated by speculative developers whose proposals do not</p>			

include affordable provision. It is important that the Extra Care Housing Strategy should attempt to shape the market for self funders as well as those in receipt of publicly funded care, and to promote a range of options for all Solihull's older people's housing and support choices.

All of the schemes currently operating are delivered in partnership with the Council, with referrals for new lettings via the housing allocation scheme. The principles of promoting independent living in a suitable home adapted to the needs of older age and possible physical/mobility limitations are observed in all. Each extra care apartment helps create a community in which social isolation and loneliness are less likely.

The Appendices to the strategy presents an analysis on the older people population of 65+ in the borough and a detailed needs analysis on the most recent understanding of current and projected demand for extra care housing. As our local population trajectory shows increasing numbers of older people, especially those aged over 85, there is a need to ensure that the availability of suitable housing options across the range of tenures meets local needs, and that when the provision of care and support becomes more likely to be needed, this is available also.

9 What outcomes are wanted from this function?

The strategy is founded on the principle that older people will be helped to continue to live in their current home, but where through choice or necessity an alternative is needed, extra care accommodation will be available in sufficient volume. This may be because of the unsuitability of the current home, often a larger family home, possibly because of day to day mobility limitations, social isolation, affordability of heating or maintenance, or the need to be located closer to reliable care and support.

The strategy recognises that there is a continuum of dependency, from those who require only advice or simple assistance through to those who require a period of reablement and to others who will require substantial support to be able to live independently. It seeks to provide the relevant support at each of these stages to enable people to continue to live independently and to prevent their circumstances escalating to a later stage where higher level support / intervention is required.

Those people who cannot live independently even with support may require residential care (which is beyond the scope of the strategy). However, people should not have to move out of their home and into residential care because of problems which could be overcome with a reasonable level of investment or support. It has been proven that the health outcomes for older people are improved by one model of extra care housing that has been subject to evaluation (**Aston Research Centre for Healthy Ageing (ARCHA) and the Extra Care Charitable Trust, 2015**). The principles of access to early help and preventative measures, low level support, including social contact and exercise have been validated and are replicable across other schemes. The Extra Care Housing Strategy is intended to promote these principles for all schemes, regardless of the income/capital wealth of the older person.

The Council therefore seeks to support the provision of extra care housing that has care and support readily available to prevent the need for residential care, whenever possible. This will also help to promote the general wellbeing of the older population to reduce the onset of frailty and promote a better quality of life in later years.

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

The strategy covers a number of services across the Council (in both Managed Growth and Adult Care and Support Directorates) as well as partner agencies in both the public, private and voluntary and community sector (VCS).

Key roles and responsibilities within the Council and with Solihull Community Housing will include the following:

- Updating / reviewing the approved strategy –Director of Adult Care and Support, with support from the Director of Public Health on health related issues and morbidity projections.
- Updating information and prioritisation of need – Adult Care and Support Commissioners reporting to Director Of Adult Care and Support with support from Public Health and Resources Directorates for data and population intelligence.
- Identification of development opportunities and preparing proposals – Housing Strategy lead in Managed Growth, social care commissioners Chief Executive (Solihull Community Housing)
- Management and Development of services to enable people to remain in their own homes – Director of Adult Care and Support, Assistant Director, Stronger Communities (Managed Growth) and Director of Public Health, Chief Executive SCH (assistive technology delivery)

In delivering the strategy the Council will need to work effectively with organisations and individuals including the following:

- Housing Associations and charitable trusts on new developments, remodelling existing provision, social housing allocations and tenancies and delivery of support / care
- NHS bodies including Birmingham and Solihull CCG and UHB for acute and community health services to support extra care housing residents
- Private developers on new developments and remodelling existing provision
- Voluntary and Community sector organisations on how their services contribute and may be developed, the delivery of information and advice on housing options for older people, social support, volunteering, support to carers
- Service Users and their representatives on personalisation, co-production, customer feedback

The aim of the Council will be to develop the local market by working with these and new partners to develop a strong network of advice and practical assistance to enable older people to continue to live independently and to lever in funding and other resources (e.g. land) to expand the availability of good quality extra care housing developments to meet the needs identified. This will be further progressed through the delivery of a Market Position Statement by the Director of Adult Care and Support in early 2019.

A report on the draft strategy was taken to Health and Adult Social Care Scrutiny Board in November 2018. Scrutiny Recommendations have been used to amend the draft report and are shared with Cabinet as the decision making body to approve the Extra Care Housing Strategy.

The draft strategy has also been shared with the Housing Options for Older People Board which provides strategic oversight under the steer of the Adult Social Care Transformation Board.

There is a firm commitment to involve those who use services in shaping new developments to meet their specific needs. More detailed consultation with service users and potential residents of extra care housing will be needed to raise awareness of extra care, which is still poorly understood in Solihull where provision has to date been limited. Commissioners will continue to build on local networks to raise awareness of the potential for extra care housing, and will engage with partners to assist, including those representatives on the Housing Options for Older People Board. By doing this, the aim is to enable local people to feel fully informed about options and better equipped to influence and shape subsequent developments.

Part C: Assessment

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

Legislation and national policy on social care, planning and housing including the Care Act 2014, Homelessness Reduction Act 2017, CQC Housing with Care Guidance 2015.

Approved Council strategy / policy including Adult Care and Support - ‘Our Offer to You’, Deferred Payments Policy 2017; Charging Policy Adult Care and Support Non Residential Care and Support Services April 2019; Adult Safeguarding Multi-Agency Policy and Procedures for the protection of adults with care and support needs in the West Midlands; Solihull MBC Homelessness Strategy 2018-2019.

Other local strategy / policy including the Health and Wellbeing Strategy 2016-2019; Dementia Strategy for Solihull 2017-2020; Mental Health Strategy 2015-2020; Draft Solihull Caring for Our Carers Strategy 2018-2022; Home Adaptations Policy.

Relevant policy papers and briefings (national and local) including “Should I Stay or Should I Go?” (<http://www.careandrepair-england.org.uk/sisosig/downloads/bmeelders.pdf>), Minority Groups in Extra Care Housing ([http://www.dhcarenetworks.org.uk/library/Resources/Housing/Support materials/Reports/Minority Groups in ECH.pdf](http://www.dhcarenetworks.org.uk/library/Resources/Housing/Support%20materials/Reports/Minority%20Groups%20in%20ECH.pdf)), Housing for People with Sight Loss ([http://www.dhcarenetworks.org.uk/library/Resources/Housing/Support materials/Other reports and guidance/Housing for People with Sight Loss A practical guide to improving existing homes.pdf](http://www.dhcarenetworks.org.uk/library/Resources/Housing/Support%20materials/Other%20reports%20and%20guidance/Housing%20for%20People%20with%20Sight%20Loss%20A%20practical%20guide%20to%20improving%20existing%20homes.pdf)), Building a sense of community: Including older LGBT in the way we develop and deliver housing with care ([http://www.housinglin.org.uk/library/Resources/Housing/Support materials/Viewpoints/HLIN Viewpoint39 LGBT.pdf](http://www.housinglin.org.uk/library/Resources/Housing/Support%20materials/Viewpoints/HLIN%20Viewpoint39%20LGBT.pdf)), At Home – audit tool for housing and related services for older minority ethnic people (<http://www.housinglin.org.uk/Topics/browse/HousingOlderPeople/MinorityGroups/?&msg=0&parent=976&child=1556>), Equality and diversity and older people with high support needs (http://www.ilcuk.org.uk/images/uploads/publication-pdfs/pdf_pdf_142.pdf)

This strategy builds on the consultation undertaken in support of the Solihull Independent Living and Extra Care Strategy 2013. There has been extensive engagement and discussions with key stakeholders including current and future providers of extra care housing in Solihull, research into best practice in other localities and through forums such as the Housing Options for Older People Board.

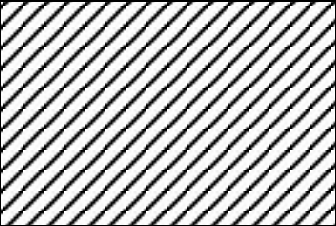
Officers were supported in a facilitated workshop by the Institute of Public Care (Oxford Brookes University) in February 2018, which was used to shape the model(s) and to ensure the use of best practice from around the country to inform our thinking.

Officers in Managed Growth commissioned the Housing Learning and Improvement Network to produce an analysis of the future need for older people’s housing in Solihull. Their analysis was combined with the needs assessment work undertaken by the Solihull Observatory which considered current and proposed developments across all three localities in Solihull.

The needs analysis / technical appendices accompanying the strategy (which uses a range of national and local sources of information / data capture) including Census 2011, population estimates, POPPI, PANSI, local data in JSNA and held by commissioners, and where necessary estimates based on national prevalence data.

12 Are there any specific differences (positive or negative) between different groups of people’s experience of interacting with this function? What do your data/consultation results/ intelligence tell you about the impact of your function on groups of people who share a characteristic? Some of these characteristics are protected in legislation so more questions are asked –these are marked with a *.
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

/ / / / /	In what ways does this function differentiate between people based on	In what ways does this function promote equality of opportunity for	In what ways does this function foster good relations between people
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	<p>each characteristic? Is any of this unlawful discrimination, harassment or victimisation? Note: If any unlawful discrimination, harassment or victimisation is identified actions must be put in place to rectify this immediately (insert actions in Part D)</p>	<p>different people with this characteristic? How could you better promote equality? Note: If any actions are identified insert these into Part D</p>	<p>within this characteristic? e.g. older people and younger people. What opportunities are there to do this in the future? Note: If any actions are identified insert these into Part D</p>
<p>*Age</p>	<p>This strategy is concerned only with the housing needs of older people. In many developments, 55 is the minimum age but for practical purposes it should be noted that many are significantly older when they move into extra care housing developments.</p> <p>This differentiation is not based upon unlawful discrimination, harassment or victimisation, but is intended to provide a community of independent housing units, usually apartments, designed to enable older people to live with support, when needed.</p>	<p>The strategy recognises the particular needs associated with an ageing population and proposes a specific set of strategic priorities for older people with a range of needs (inclusive of older people with physical health needs and long term limiting illnesses, dementia and learning disabilities) and young adults (aged 18-64) with a range of needs.</p> <p>It promotes equality of opportunity by recognising that an adequate home, secure occupancy, independent wherever possible but with support where required, is a basis for other aspects of life for older people as for younger people and aims to extend this to as many people as possible through emphasising the need for interventions at the earliest stage and in ways which encourage independence e.g. advice, quick simple solutions to little problems, reablement, etc</p>	<p>Opportunities for intergenerational links and volunteering could be taken up by providers or third sector</p>
<p>Carers</p>	<p>The Carers' Strategy refers to 22,610 carers in the borough.</p> <p>No direct consultation has yet been carried out with carers but the Carers Partnership Board will be fully involved once the Strategy is approved.</p>	<p>Carers' views will be obtained in order to influence any new proposed developments. As the number of people in informal caring roles increases, there is a need to keep under review the nature of these arrangements for older people so that accommodation is designed accordingly</p>	

	<p>There is no differentiation at the strategic level on the basis that someone is a carer or has a carer, but this will be relevant to the support that an individual may require.</p> <p>With more emphasis on staying in the home longer and independent living, it seems likely that there will be an increased role for carers to play, and for longer.</p> <p>Extra care housing may provide a further option that enables informal carers to continue with support in an environment more conducive to reducing their own social isolation. This will, in turn, benefit carers' own health and well being.</p>	<p>e.g. for live in family carer or for proximity to other housing or transport links.</p> <p>It also notes the opportunity to develop a co-production approach through the Think Local Act Personal 'Making it Real' work.</p> <p>As all implementation will be carried out through commissioning and service delivery there is considerable scope for carer input to what is provided and how.</p>	
<p>*Disability</p>	<p>The Extra Care Housing Strategy takes into account the specific needs of people with physical and sensory disabilities, and considers also the needs of people with learning disability and autism. As more people with learning disability live to an advanced age, their transition to extra care housing should be considered an option as for all other older people in the community.</p> <p>In commissioning or influencing new developments the Council will want to lay down principles and let providers innovate in delivering environments best suited to the needs of people who have restricted mobility in or outside the home, or whose sensory impairments could be reduced by the provision of technology within the home.</p> <p>There is extensive design guidance available for most needs, E.g. around</p>	<p>The needs analysis shows a predicted gradual increase in the number of people living to an advanced age with physical and sensory disabilities. Their successful independent living requires access to rehabilitation and reablement services, and technology to mitigate the impact of sight and hearing loss.</p> <p>Full access to community provision for sensory impairments will be maintained for those living in extra care settings.</p> <p>The strategy will promote equality of opportunity by recognising that an adequate home, secure occupancy, independent wherever possible but with support where required, is a basis for other aspects of life for older people living with increasing disability.</p> <p>To meet the objectives of the strategy, commissioners will need to consider</p>	<p>Employment and business opportunities through social enterprise</p>

	<p>sight loss and design (see http://www.dhcarenetworks.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/Housing_for_People_with_Sight_Loss_A_practical_guide_to_improving_existing_homes.pdf as an example)</p> <p>The opportunities for new build developments increases the prospect of properties being designed and equipped with the latest technology and spatial considerations for new equipment. This will enable older people with complex disabilities and health problems to be able to access the opportunities that extra care housing settings provide.</p> <p>The situation of older people with learning disabilities differs from the general population in significant ways:</p> <p>More than half of all adults with a learning disability are cared for by relatives in the family home.</p> <p>“Younger” older adults may find their carers reach a point where their own ageing or decline in health means they can longer give the support needed. The majority of those not living in the family home will be in some form of communal living whether hospital, residential care home, group home, or similar with care and support from Social Care or a NHS Trust.</p> <p>A small minority will be living independently in their own homes. Very, very few older adults with learning disabilities are owner-occupiers.</p>	<p>new groups of older people with high support needs (increased life expectancy associated with some conditions), for example, people who are autism, HIV positive, people with Down’s syndrome; and ‘new’ needs generally, which may mean (a) actual new needs and / or (b) old needs only just coming to light.</p> <p>There should be common commissioning requirements and expectations of providers that they will take into account and be able to respond to all relevant needs, in a sensitive and respectful manner.</p>	
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	Differentiation is positive for disabled people and is not based upon unlawful discrimination, harassment or victimisation		
*Gender reassignment	<p>No reliable information is available on the number of people in Solihull who are transsexual.</p> <p>Commissioners and providers will need to be clear on how they can identify needs and ensure that positive outcomes are achieved for transsexual people.</p>	There should be common commissioning requirements and expectations of providers that they will take into account and be able to respond to all relevant needs, in a sensitive and respectful manner. Common knowledge and understanding are to be developed through various mechanisms including “provider forums”	
Looked after children/care leavers	Not applicable		
*Marriage/civil partnership	Not applicable at strategy level, but at service level the expectation that there will be no unlawful differentiation on the basis of marital/civil partnership status will be specified	Providers of extra care housing and support will be expected to enable people to maintain established relationships, and to enjoy social opportunities to establish friendships and new relationships, where this is wanted.	Trends in the nature of relationships will mean that older people in same sex marriages or civil partnerships may also wish to use extra care housing and must be assured of equality of access and treatment.
*Pregnancy/maternity	Not applicable		
*Race/ ethnicity	<p>The draft strategy contains information on the number of people from different racial / ethnic groups at the Borough level which has been issued by the Solihull Observatory following the 2011 Census.</p> <p>Some description of the distribution of different groups within the Borough can be given from further information now provided by the Observatory but a validated analysis is yet to be issued.</p>	<p>Housing providers will be expected to be able to offer suitable and culturally appropriate housing options and services such as repairs and adaptations and home support</p> <p>Providers of housing which involves sharing communal and other facilities will need to show that the management arrangements can take account of specific needs of individuals, e.g. dietary requirements. Common knowledge and</p>	Given how new the concept of extra care housing is for many older people, it is important to ensure efforts are made to explain and promote the service widely in the community. This is particularly important where moving into a specialist form of housing for care and support is culturally challenging: “the idea of seeking external help when problems arise is still regarded by many elders from different ethnic backgrounds with shame and guilt and a sign of family

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	<p>Housing difficulties associated with declining health, mobility problems and home maintenance and the overall desire to maintain independence are experienced by older people from all ethnic backgrounds, and are common factors influencing decisions about moving.</p> <p>However, national research suggests that the location and suitability of alternative housing options, including whether these are culturally appropriate, are significant issues for some BAME elders, who are particularly likely to express a desire to stay living within familiar neighbourhoods and communities – the location of alternative housing, rather than the support services available, was seen to be key.</p> <p>The information currently available suggests that whilst there are no ethnic / racial concentrations that would require specialised accommodation or services at present this may be the case in future given a continuation of current trends and commissioners will need to be aware of this.</p> <p>For the present it is essential that specific cultural and other requirements presented by people of different races / ethnicities are understood and catered for through commissioning and service provision. Commissioners and service providers will need to work to fill gaps in knowledge and understanding.</p> <p>It is not known whether there is an over-representation of any particular ethnic</p>	<p>understanding to be developed through various mechanisms including “provider forums”</p> <p>Services should recognise differences in people’s cultures, without making assumptions about individuals’ needs.</p> <p>Customers of any race / ethnicity should expect:</p> <ul style="list-style-type: none"> • Accessible information about services leading to options about which services they use. • Control over decisions about their future. • Support from staff with positive and respectful attitudes towards them. • Services that enable them to have contact with people that are important to them and to be connected to communities. • To feel safe and be free from discrimination. • Opportunities to give feedback and to improve services. <p>In looking at services for BAME people need to have the debate about whether, and when, a “culturally specific” service should be developed, or whether it is sufficient that mainstream services should be “culturally competent”.</p> <p>A culturally specific service is one where it is designed specifically for a particular group within the community. Typically, within extra care housing, this could mean that there are:</p> <ul style="list-style-type: none"> • Specific design features (such as prayer rooms). 	<p>failure or worse their own. Containment and tolerance of whatever the family circumstance becomes the reality for many elders”</p>
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	<p>groups in the services which are relevant to the strategy.</p> <p>Older people from these groups will range from those who have lived here for many generations to those who have recently arrived, for example from EU countries, or as refugees. They will have differing needs and circumstances, but research has shown that overall BAME people are more likely to experience high levels of deprivation and social exclusion.</p> <p>The <u>At Home</u> audit tool includes a number of questions for authorities to ask in order to assess their approaches to meeting the needs of older minority ethnic people and it is recommended that this is used by commissioners in future.</p> <p>The small amount of evidence we have on older gypsies and travellers suggests that poverty, poor living conditions on many sites and problems accessing primary health care can lead to the early onset of health conditions associated with older people. This will be taken up in the forthcoming Gypsy and Traveller strategy which includes health issues.</p> <p>Older refugees, asylum seekers and long-term homeless people tend to experience a similar 'premature ageing', caused by stress, trauma, poverty and barriers to services (Blood, 2010).</p>	<ul style="list-style-type: none"> • Staff who are fluent in the particular language (or languages). • Services that take account of particular beliefs and practices (for example, around the preparation of food and drink, and the food menu offered). <p>There are likely to be a number of factors included with a successful culturally competent service:</p> <ul style="list-style-type: none"> • A holistic assessment of an individual's needs (including cultural beliefs and practices, language, religion) • Service providers who are able to adapt their services to meet identified needs. • Ensuring services are inclusive through, for example, variation and choice in menus, staff training, accessing translation and interpretation services. • Involving local community and voluntary organisations in providing services to an individual, particularly where those organisations are known and trusted by the individual. • Identifying and tackling any barriers that exist inhibiting or preventing access for minority groups to mainstream services. • There may also be a need to raise awareness and tackle misconceptions amongst other service users. <p>There should be common commissioning requirements and expectations of providers that they will</p>	
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		take into account and be able to respond to all relevant needs, in a sensitive and respectful manner.	
*Religion/ belief/ faith	<p>Some description of the distribution of different groups within the Borough can be given from further information now provided by the Observatory but a validated analysis is yet to be issued.</p> <p>The information currently available suggests that whilst there are no religious concentrations that would require specialised accommodation or services at present this may be the case in future given a continuation of current trends and commissioners will need to be aware of this.</p> <p>The Strategy recognises that these can be important issues for service recipients and may raise specific needs which providers should be expected to respond to.</p> <p>As with race / ethnicity there is a need to fill gaps in knowledge and understanding, to factor these into commissioning and to be clear on our expectations of providers.</p>	<p>As above under 'Race/Ethnicity'</p> <p>Examples of service providers previously being unsure of how to meet the dietary requirements of South-East Asian residents. For all schemes who provide food there will be a clear commitment within service specifications that providers will be aware of and able to respond to dietary requirements relating to religion/belief. Similarly, providers need to be aware of specific requirements relating to religious belief and requirements and rituals relating to death. Commissioning arrangements will ensure this is considered.</p> <p>Specialist support in relation to religion and belief may have to be "bought-in" from neighbouring authorities.</p>	Meeting varied dietary requirements may lead to more choice around food for all service users.
*Sex/Gender	<p>The strategy contains demographic information which is broken down by gender. The gender distribution by age is significant as more older service users are likely to be female.</p> <p>Commissioners should consider where prevalence data suggests that some conditions are identified as being more prevalent in women.</p>	<p>Commissioners should consider whether there are specific needs of women living alone or men living alone including isolation and protection issues such as abuse, physical, financial and otherwise.</p> <p>There may be specific issues around funding in relation to gender not currently picked up (link between gender and poverty, women less likely to have a pension etc.)</p>	

		<p>There are occasions where gender-specific services are required, in relation to abuse, personal health and risk – these are taken into account by commissioners to ensure that gender specific services are commissioned on an ad hoc basis to respond to individual need.</p> <p>There should be common commissioning requirements and expectations of providers that they will take into account and be able to respond to all relevant needs, in a sensitive and respectful manner. Common knowledge and understanding to be developed through various mechanisms including “provider forums”.</p>	
<p>*Sexual orientation</p>	<p>No reliable information is available on the number of people in Solihull who are lesbian, gay, bisexual, or heterosexual.</p> <p>Issues around formally knowing numbers of people who are lesbian, gay or bisexual makes planning future service provision difficult. Equalities monitoring of service users can be problematic, as people are not always willing to record their sexual orientation for numerous reasons, including fear of being stigmatised.</p> <p>Particular challenges facing lesbian, gay and bisexual older people include:</p> <ul style="list-style-type: none"> • More likely to live alone • May lack viable social support mechanisms which most heterosexual older people rely on to enable them to remain in their homes, e.g. from 	<p>There should be common commissioning requirements and expectations of providers that they will take into account and be able to respond to all relevant needs, in a sensitive and respectful manner. Common knowledge and understanding to be developed through various mechanisms including “provider forums”.</p> <p>Issues relating to the de-sexualisation of older people and people with disabilities – this can deny people a sexual identity and mean that service providers do not support their service users in maintaining or developing relationships, for those service users who are older/disabled who are also LGB these issues may be compounded.</p>	

	<p>children and partners, or from wider family members.</p> <ul style="list-style-type: none"> • Concerns about allowing a stranger to enter their home to provide formal care and support given fears around homophobia. • If they have to move into specialised housing, they will have particular concerns around how their sexual orientation may affect them moving into a new community - there is the risk of being stigmatised by both staff and other residents. • If a move into specialised housing involves moving out of their own community, there may be additional fears around the potential homophobia within a new neighbourhood. • Fear of discrimination and distrust of official agencies (particular for older LGBT people) based on historical legal discrimination <p>Strategy has a commitment to requiring commissioners and service providers to take sexual orientation into account where relevant.</p> <p>It is essential that specific requirements of people of different sexual orientations are understood and catered for through commissioning and service provision. Commissioners and service providers will need to work to fill gaps in knowledge and understanding.</p>		
<p>Socio-economic disadvantage</p>	<p>The strategy covers those who have the financial capacity to “self fund” solutions with appropriate advice and assistance from the Council and other agencies as well as those who are reliant on public</p>	<p>The financial assessment process for eligibility for public funding to meet care needs will identify where additional benefit entitlements will improve financial wellbeing.</p>	<p>Continued access, information and advice hubs for financial guidance, including pensions, benefits and financial planning for those whose capital may be limited and eligibility for</p>

	<p>sector support.</p> <p>Not all those classed as ‘self-funders’ may be able or choose to self-fund. This may have adverse implications for them and lead to greater costs later.</p> <p>The economic downturn and welfare reforms may make people less likely or able to spend money on what they need.</p> <p>Households containing one or more vulnerable people are more likely to be in housing need, are more likely to live in homes unsuitable for their needs and are less likely to be able to afford to invest in their homes, move to more suitable accommodation or buy-in the support they require to continue to live independently.</p> <p>Housing benefit reductions are limiting options for people eg singles under 35 who only qualify for the single room rate.</p> <p>Housing benefit is being withdrawn where working age social tenants have spare rooms. This may impact adversely on people with disabilities.</p> <p>In Solihull’s most deprived wards life expectancy is lower and long term limiting conditions and hospital admissions are higher.</p> <p>The data shows a clear link between mental illness and deprivation with the prevalence of common and severe mental illness being much higher in the North of the Borough.</p>	<p>It is recognised that many people want to stay in their local area – this may be to maintain established social/community links, but is also at times due to perceptions about other geographical areas. Due to a lack of affordable supported housing in some parts of the Borough it may limit the feasible choices open to some individuals.</p>	<p>public care imminent.</p>
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<p>Other – please specify</p>			
<p>People who are homeless</p>	<p>Older people who are homeless or at risk of homelessness have diverse and varied needs. Their needs are often different from older people who already have secure and appropriate housing, and almost always different from younger homeless people.</p> <p>Key issues to consider are:</p> <ul style="list-style-type: none"> • Homelessness is especially damaging to the health and well-being of older people. The stigma and negative stereotypes attached to the label “homeless person” emphasise their social exclusion and affect both the older person and staff who come into contact with them. • Older people who have been long-term homeless have often had to go through a process: shelter or direct-access hostel, then shared supported housing, and finally their own tenancy. When rehoused on their own they often miss the social contact and facilities, and this leads to abandonment and repeat cycles of homelessness. • Equally older homeless people will be accustomed to their independence, and may not like the regime associated with, for example, care homes. They may prefer to retain their independence but have access to care, support and company. • 	<p>Maintain close links between Adult Care and Support and homelessness services to ensure that those who are eligible for social housing and wish to consider extra care housing are supported to do so.</p>	

13 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*

There are a number of aspects of human rights legislation that are pertinent to the Extra Care Housing strategy namely:

- Right to peaceful enjoyment of your property
- Respect for your private and family life, home and correspondence
- Protection from discrimination
- Freedom of thought, belief and religion

The strategy is consistent with human rights legislation, and helps to ensure that people are able to remain in their current accommodation and continue to enjoy their property wherever possible.

14 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*

Safeguarding issues, particularly for adults, are important to the objectives of the strategy and will be considered by service commissioners and managers in relation to the implementation and delivery of the strategy as required. All contracted providers of care and support must comply with the local arrangements for safeguarding children and adults, and their compliance is monitored.

Part D: Actions

15 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?

Action	Outcome	Lead	Timescale	How will progress be monitored?
Develop an engagement plan to promote extra care housing as a concept and help to generate a better understanding of the model for the local population. Co-production approach through the Think Local Act Personal 'Making it Real'	A clearer understanding of demand for extra care housing.	Assistant Director - Commissioning	31 st March 2020	Through improved data and intelligence from the engagement activity with older people, utilising local community/voluntary organisations such as Age UK, Carers Trust Solihull.
Define and consider the gaps in data and knowledge on understanding of issues including race / ethnicity, religion / belief /faith, sexual orientation, gender reassignment and how these should be reflected in commissioning and service provision. This should form part of the engagement activity and the data from the Solihull Observatory.	Better information at individual and aggregate level.	Strategic Commissioning, Older People	31 st March 2020	As above.

Produce common commissioning requirements and expectations of providers to take account of all relevant needs.	Providers demonstrate that they have the ability to understand and respond sensitively and respectfully to individual needs	Assistant Director - Commissioning	31 st March 2020	Through delivery to Adult Care and Support Transformation Board.
Monitor demographic trends, e.g. the level and concentration of established population groups (BAME) and new groups (e.g. East European).	Inform judgements on whether culturally – specific services and developments are required in the future	Strategic Commissioning – Older People	31 st March 2020	Through JSNA and Solihull Observatory.
Develop links to Carers Strategy.	Carer involvement in service design	Strategic Commissioner – Older People	30 th June 2019	Monitored through Carer Partnership Board how effectively extra care housing is used and supported carers.
Refresh the Extra Care Housing Strategy as necessary following the implementation of any changes that follow the Adult Social Care Green Paper.	Ensure that the strategy reflects current policy and legislation.	tbc	tbc	tbc



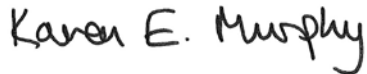
Part E: Summary

16 a Summary for Publication Note: this should include the key findings and impacts identified in this assessment – refer to the guidance document

The Extra Care Housing Strategy has no negative impacts and is designed to improve the range of housing options available for older people in Solihull. However there are areas where there is currently limited knowledge about demand and needs, which requires further work. It is our intention through the action plan associated with the FTA to raise awareness of the concept of extra care housing to promote the benefits and gauge the level of interest from a more informed population. The strategy will be used to inform this engagement with the local community and gather intelligence about specific areas of need.

In seeking to promote independent living which meets the preferences of older people, care must be taken to ensure that they continue to be connected to community support to avoid isolation, are protected from the risk of abuse or exploitation and are helped to retain established family and friendship networks. A key principle is that care and support will be tailored to the needs of the individual, taking account of diversity and the potential vulnerability of each person.

Commissioning and market influence must be adequately informed by reliable data and intelligence about local peoples' needs and preferences. The engagement work planned about the Extra Care Strategy will ensure that there is appropriate choice in the provision of extra care housing that is affordable, is located in areas of demand and is designed to meet local needs.

b Please indicate which of the following best describes the outcome of your FTA	
<input type="checkbox"/>	Only negative impacts have been identified for this function
<input type="checkbox"/>	No different impacts have been identified for this function
<input type="checkbox"/>	A mixture of positive and negative different impacts have been identified for this function
<input checked="" type="checkbox"/>	Only positive different impacts have been identified for this function
<input type="checkbox"/>	There wasn't enough information to be able to reach a conclusion at this point in time
Part F: Sign off	
17 This FTA has been completed by	
Signed (Lead for FTA)	
Name and job title (please print)	Julia Phillips, Strategic Commissioner - Older People & Dementia
Date	29 th January 2019
18 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)	
Name and job title (please print)	Karen Grant, Head of Equality and Diversity
Date reviewed	29 th January 2019
19 This FTA has been approved by Head of Service	
Signed	
Name and job title (please print)	Karen Murphy, Assistant Director - Commissioning
Date	30 th January 2019