

Subject:	Re-modelling in-house accommodation for people with a learning disability		
Date of Meeting:	25th June 2012		
Report of:	Director of Adult Social Services/Lead Commissioner People		
Contact Officer:	Name:	Karin Divall	Tel: 29-4478
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Key Decision:	Yes		
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Cabinet Member for Adult Social Care & Health at his meeting in January 2012 agreed a 90 day consultation with stakeholders on the re-modelling of our in-house accommodation for people with learning disabilities.
- 1.2 The re-modelling of the in-house service is required to contribute to an increase in local services for people with challenging behaviour and other complex needs who are often at risk of being placed out of the City. The service currently provides some challenging behaviour services but at a higher unit cost when compared with other local authorities. It is therefore proposed to remodel the in-house service by making some changes to the accommodation, further increasing staff skills and flexibility, and by focusing the in-house service on those with the greatest needs.
- 1.3 This consultation commenced with staff and service users' families and carers to inform the development of a model of accommodation which delivers improved value for money in line with other authorities and focuses on providing specialist accommodation. The consultation explored opportunities to improve value for money by consolidating our accommodation into larger properties and building on a staffing structure which is flexible, skilled, and which continues to meet the needs of people using our services.

2. RECOMMENDATIONS:

- 2.1 That the Committee agrees to re-model the council's accommodation for people with learning disabilities as set out in Option 3 (paragraph 4.3).
- 2.2 That a further business case is brought back to Committee which will set out a proposal for a second phase of the accommodation strategy which looks at the potential to deliver additional savings by developing the service as set out in Option 4 (paragraph 4.5)

2.3 That the additional efficiencies proposed by staff as set out in paragraph 4.7 are taken forward.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS

3.1 The Learning Disability Accommodation and Support Plan 2011 set out three key objectives to meet the range of accommodation needs for people with learning disabilities in the City:

- Better commissioning of specialist services
- Reshaping the local market to better meet local need
- Maximising independence through move on, prevention, and building on support in the community

3.2 This plan builds on the Learning Disability Commissioning Strategy plan 2009-2012 that depicted how money should be spent on services for people with learning disabilities. The plan, explained how important legislative papers 'Valuing People', person centred plans and self directed support had impacted on individuals, to enable more choice and control over services received. 'Valuing People Now' (2009) key aims are to enable people to participate as fully as possible with a voice regarding decisions about their care.

The in-house Learning Disability Accommodation Services provide a mix of Residential Care and Supported Living Services. These are primarily in street properties, with two of the services being provided to residents of self contained flats. Some of the buildings are owned by the Council and others owned by Registered Social Landlords. The residential care element of the service currently supports 40 people across 12 homes located in Brighton and Hove. Each home ranges from 2-6 places, and comprises of female/male only and mixed accommodation. There is currently 145 staff supporting people with a learning disability live as independently as possible in the 12 homes identified.

3.3 The current configuration is based on a response to the closure of large long stay hospitals (Foremost) about 20 years ago when the principle of "an ordinary house on an ordinary street" was applied. Since that time, people with learning disabilities have increased longevity, increasing complexity of need and increased expectations of independence and citizenship.

3.4 This report follows a 90 day consultation with stakeholders to look at options to re-model our in-house accommodation service which improves value for money, consolidates our existing properties, increases the capacity of our homes where practicable, maximises the use of technology and which builds upon a workforce with the skills to work with people with challenging behaviour and delivers financial efficiencies over the next two years.

4. PROPOSED OPTIONS

The consultation included engagement with staff, families/carers and key professionals about the principles of re-modelling to improve value for money, changes to staffing to further improve efficiency and ways of increasing the capacity of some homes in order to accommodate more people. The following options have been developed through the consultation process.

4.1 (Option 1) Do nothing.

Benefits:

- Feedback from families and carers has been very positive about the in-house service and in general they would prefer to see the service remain as it is so this would be popular with families
- There would be no staffing changes or reduction

Risks:

- The financial savings required by Council will not be delivered.
- The commissioning requirements to deliver improved value for money will not be achieved which will make our services financially un-sustainable when compared to the private or voluntary sector
- Our unit costs would remain high in comparison to other providers.

4.2 (Option 2) Retain the existing properties and increase capacity where practicable and move towards a service providing homes for people with complex needs and challenging behaviour

Benefits:

- This would require minimal change to staffing and accommodation
- This would improve efficiency and accommodate people with high level needs
- There would be some additional capacity to support people moving back into the City or through transition.

Risks:

- The financial savings required by the Council will not be delivered.
- The commissioning requirements to deliver improved value for money will not be achieved which will make our services financially un-sustainable when compared to the private or voluntary sector
- Some of the smaller houses are not suitable to be developed to accommodate more service users.

4.3 (Option 3) Consolidate the existing service and improve value for money by closing three smaller houses and moving the service users into existing accommodation by increasing the number of people accommodated in some of our larger houses.

Benefits:

- This will potentially provide homes for 29 people within 9 houses, compared with 23 people currently living in 12 houses.
- This will potentially achieve £500,000 savings for the accommodation service, and saving £200,000 for the Community Care budget in a full year
- This will reduce our unit costs and provide better value for money
- We will focus on service for people with complex and high level needs and prevent the need for people to live outside the City in future
- Everyone currently accommodated within the council service will continue to do so unless their needs can be better met in alternative accommodation or it was already planned that they could be accommodated in more appropriate accommodation

Risks:

- Closure of three houses
- Suitable alternative housing will need to be identified before the houses can be closed
- Eight people will need to move to alternative council accommodation
- Some of these people may need to move away from their current locality, although will continue to be accommodated in the City
- Families would prefer that their family member not move.
- The reduction in the number of buildings limits opportunities to deliver further savings in future years.
- A reduction in staffing of 15.45 full time equivalent posts, with between 16 and 26 less staff required for the new service (the number will vary according to the mix of full and part time employees). Having held a number of staff vacancies it is envisaged that most staff can be relocated within the service.

It should be noted that adaptations will be required to some of our existing properties to facilitate this option in a way that ensures we meet service users' needs and sources of capital funding are being identified to facilitate this.

4.4. Option 3 (paragraph 4.3) was developed through the consultation process and in general terms it was acknowledged that efficiencies needed to be made and that in particular three properties could not be developed to provide this efficiency in the future. However there was a view from the staff/union focus group that this approach of "pruning the service" is not sustainable going forward and year on year this approach could lead ultimately to the end of in-house services. Therefore staff put forward an alternative proposal that follows option 3 but potentially also increases savings by expansion of the service by taking a view across all the budgets that fund people with learning disabilities to live within and out of City and which would safeguard local jobs and retain in-house skills and expertise and this is set out in Option 4 (paragraph 4.5)

4.5. (Option 4) Explore additional savings by developing a business case to develop the service in order to begin a programme to move up to ten people back into the City and / or provide accommodation to younger

people and therefore prevent a move out of the city. This could include sourcing larger properties through the council portfolio, in partnership with local housing associations, or by developing a business case to dispose of some existing properties and ring-fencing the capital funding for the acquisition of larger properties.

Benefits:

- Provides a sustainable service for the future
- Provides additional efficiencies and improves the value for money of our in-house services
- Delivers additional potential savings on the community care budget
- Provides additional homes for up to ten people to enable them to return to live in the City
- Accommodates more people with complex needs within the City
- Safeguards local jobs

Risks:

- The business case may not deliver financial savings
- Suitable accommodation may not be available or take time to identify
- People living outside the City may not want to return to live in the City

4.6. (Option 5) Cease to provide council accommodation for people with learning disabilities and tender the service with private sector providers.

Benefits

- Accommodation is provided in the private sector at a lower unit cost than council provision
- Required savings would be achieved

Risks

- The feedback from families, carers and staff was positive about the quality of the service provided by the council
- Many families and carers expressed that they wanted the council to continue to provide accommodation
- Staff would be subject to TUPE
- Provision of suitable accommodation for people with high level needs may not be available in the private sector
- There would be no service of last resort within the council

4.7 During the consultation period a number of other ideas and suggestions about how we might improve the efficiency of our services were raised and these include:

1. To review the in house policy and procedure to ensure that the in-house charges are in line with those in the private sector as there are currently inconsistencies in how much our residents contribute.
2. To review the property maintenance service that is provided for our homes to ensure that it is delivered as efficiently as it can be.

3. To improve flexibility and working across sites, particularly where buildings are closely located.
4. To explore opportunities for mobile working using new technology in order to maximise the use of houses for the people living in them.
5. To explore the use of technology to support people to live independently
6. Additional opportunities to further expand some homes were identified
7. To work with HR to explore the most cost effective methods of securing flexibility and consistency across our care crew service as required in a re-modelled complex and challenging needs service.

5. COMMUNITY ENGAGEMENT AND CONSULTATION

A summary document has been produced including consultation methods, documentation used, responses from surveys, which include key themes from staff, family, carers, advocates and key professionals along with other correspondences (letters, newsletters, suggestions, phone calls etc) which were held during the consultation period and this is available in the member's room. A summary of the consultation feedback received is set out in:

appendix B.

Following advice from Advoact (a Local Learning Disability Advocacy Service) a decision was made by the Steering Group that initial consultation to look at possible options would not directly involve service users; as it was assessed that this could cause undue anxiety and prompt negative behavioural changes; given the complex nature of the client group. Service users will be involved at a later stage once options are clearer; at this stage they will need to be supported to participate in the process.

The consultation focused on:

- *Increasing capacity in some homes*
- *The closure of some homes*
- *Developing a more flexible work force*
- *Providing a service for high complex/challenging needs*

6. OUTCOME OF CONSULTATION

The consensus from all stakeholders is that people are generally very happy with the current service and are cautious of change for a number of reasons, the summary below outlines the key themes picked up through out the consultation:

- Majority of families don't want change and are happy with staff and current service provided
- Staff and families felt that the impact of change on complex service users, could be very negative and potentially could result in regressive behaviour & anxiety
- Overall most people involved in the consultation agreed that the focus of the service should be on supporting the people with the most complex needs but this should not be at the detriment of people

- considered to have lesser needs- whose needs also must be met and not neglected
- Impact of increased challenging behaviour as a result of changes could potentially cost the service more in the future
- Concerns re: flexible working- impact upon continuity of care for people with complex needs, some staff felt a positive idea as long as managed appropriately
- Some families agreeable to change providing thorough transition and compatibility are managed.
- Some families are agreeable to moves to larger premises providing friends move too
- Community and local transport links are important
- Some service users have lived together for a number of years and important to remain living together
- Staff changes to be kept to a minimum
- What other savings options have been considered?- A number of practical efficiency savings were suggested by staff
- Speed of change must be planned appropriately
- Preferred staff option is larger premises keeping higher staffing, this would bring unit costs down and eventually could make long term savings
- Loss of staff jobs and competitive interviews could lead to low morale and increased sickness levels
- Staff would need to be supported to work more flexibly, which would include training and time to work across other homes (shadowing)
- Technology needs to be reliable and suit purpose. Staff to receive further training on its potential
- Space in homes to be explored more fully

7. FINANCIAL & OTHER IMPLICATIONS:

7.1 Financial Implications:

The recommended option 3 is expected to deliver better value for money and reduce unit costs. This option has been analysed through a financial model and has the potential to deliver the savings agreed within the budget plans for 2012/13 and 2013/14.

The business case for Option 4 will be assessed and considered against future budget strategies.

The potential cost efficiencies outlined in paragraph 4.7 will be considered and reflected in budget monitoring.

Finance Officer Consulted: Anne Silley Date: 01/06/12

7.2 Legal Implications:

As set out in the first report in January 2012 the Local Authority has to fulfil dual functions in meeting its statutory community care duties to people with learning disabilities in the context of central and local Guidance on individual

choice and control, and its duty to the public purse. The Local Authority also has a duty to consult with all interested and affected parties including ensuring compliance with the Human Rights Act 1998 [in particular Article 6 European Convention on Human Rights *Right to a Fair Trial*] and Equalities legislation and has undertaken such consultation as described in the body of this Report.

Lawyer Consulted: Sandra O'Brien

Date: 23 May 2012

7.3 Equalities Implications:

An Equalities Impact Assessment has been carried out for the re-modelling of the accommodation services recommended Option 4.3, and is set out at **appendix C**.

7.4 Sustainability Implications:

The consolidation of the service into fewer buildings will reduce fuel consumption and bills e.g. fewer food shopping trips, less vehicles.

7.5 Crime & Disorder Implications:

People living in larger housing accommodation may feel a greater sense of personal security. Use of assistive technology may also enable a greater sense of security for individuals e.g. alarms to inform door or windows left open etc.

7.6 Risk and Opportunity Management Implications:

The consultation has looked at the risks of consolidating our accommodation and working with people with complex needs and challenging behaviour. The risks will be mitigated by design and building adaptations where appropriate and by a training plan and staff support to ensure they have the skills to work with people with challenging needs.

7.7 Public Health Implications:

People living in our in-house accommodation are some of the most vulnerable people in the City and staff work proactively with health colleagues to improve residents health and well-being.

7.8 Corporate / Citywide Implications:

Accommodation services are currently provided in fifteen buildings across the City, and this will reduce to twelve buildings under this proposal.

8. **EVALUATION OF ANY ALTERNATIVE OPTION(S):**

The consultation process explored alternative models of accommodation which will meet the needs of the service users whilst delivering improved value for money.

9. REASONS FOR REPORT RECOMMENDATIONS

The decision is sought following a full consultation with stakeholders in order to deliver a 2 year plan that provides a more cost effective service focused on supporting people with complex needs, and challenging behaviour, and supporting people to move-on and increase their independence.

SUPPORTING DOCUMENTATION

Appendices:

Appendix A: Details of building changes as set out in Option 4.3

Appendix B: Summary of Consultation feedback

Appendix C: Equalities Impact Assessment

Documents in Members' Rooms

1. Consultation Overview- process, documentation and summary of responses

Background Documents

1. None

Appendix A: Proposed building changes as set out in Option 4.3

Table A	
Unit	Proposal
New Church Road	Closure - 2 service users to be accommodated in service
Ferndale Road	Closure -2 service users to continue to be accommodated in service
Talbot Crescent	Relocate service users to a new unit at Beaconsfield Villas and close Talbot Crescent, increase capacity to 5 places
Old Shoreham Road	Relocate service users to Windlesham Road and close Old Shoreham Road
Windlesham Road	Increase places from 4 to 5. Move in x3 service users from Old Shoreham Road, and two service users referred by CLDT. All female service.
Beaconsfield Villas	Increase places from 4 to 6 (x2 service users identified to move into B.V). Staff team to work flexibly across Beaconsfield Villas & Preston Drove. High level complex service.
Rutland Gardens	Increase from 7 to 8 places
Preston Drove	Increase from 4 to 5 places
Hawkhurst Road	No change proposed at present
Burwash Lodge	No change proposed at present
Leicester Villas	No change proposed at present
Cromwell Road	Potential options to increase capacity, including part of basement being explored.

Appendix B: Report on outcome of 90 day consultation with stakeholders on the re-modelling of our in-house accommodation for people with learning disabilities

Staff Consultation activity

How	Details of activity
Surveys	145 surveys were circulated and a total of 21 were returned (14.4%). This figure does not represent the actual contributions made, as staff largely opted to engage through different feedback opportunities, largely staff meetings and individual or some collectively written responses.
Staff meetings	A total of 19 staff meetings were held across all accommodation services 8 th Feb -10 th May. (Please note the meetings held during February were to discuss the content of letters sent to staff explaining the consultation process).
One off Group meeting	8 th May – a core group of staff met with managers to look at alternative options they wanted to be included in the considerations for future proposals. These originated from a number of staff suggestions put forward.
Staff Consultation Sessions	A total of 4 sessions were held for staff at various times and locations – to maximise accessibility. This provided the opportunity for 76 members to attend. A total of 9 members of staff took this opportunity to participate. Subsequently only one session took place along with smaller staff meetings for those that requested to take part (6 staff).
Staff Focus Group	A platform for open dialogue between managers, staff and Unions was set up to discuss openly any future proposed changes to service provision. With an objective to provide a consultative forum. The focus group meets on a monthly basis and consists of 4 managers, 1 HR Lead, 1 Admin Support, 2 Unions reps, 2 Resource Officers, 2 Senior Care Officers and 8 Homecare Support Workers.
Communications	Staff initially received personal letters outlining the consultation process. Monthly Newsletters issued – Staff Focus Steered content of Newsletter

Carers /Families Consultation activity

How	Details of activity
Surveys	47 letters and surveys were circulated and a total of 27 were returned (57.5%).
Log of Communications	Issues of concern family feedback <i>A summary table of issues of concerns : see table 2.2</i>
One off meetings	Through out the process 1:1 meetings have been made available
Family /Carers Consultation Sessions	A total of 4 events were made available with 23 places offered at a variety of dates, times and venues across the city. A total of 9 places were taken up. In total 7 groups of family members, friends and carers attended these sessions. Each session was facilitated by a member of the Commissioning Support Unit along with 1 or 2 managers from Learning Disability services.
Communications	Family/Carers have received a combination of letters, newsletters, emails and personal phone calls during the process.

Key professionals Consultation activity

Key professionals included in the consultation process: Advoact, Speak out, AMAZE, Carers Centre, Day Options, Children's Learning Disability Services, behaviour Support Services, Care Management Group, Speech & Language, Community Nursing, Psychology, Psychiatry, Psychotherapy & Occupational.

How	Details of activity
Surveys	All key professionals were given the opportunity to participate in a survey via the on-line Consultation Portal. A total of 6 people responded.
Meetings held	24 th January initial meeting with Advoact Subsequent meeting on 4 th May with Advoact
Communications	Learning Disability Accommodation Operations Managers have made themselves available to attend staff meetings.

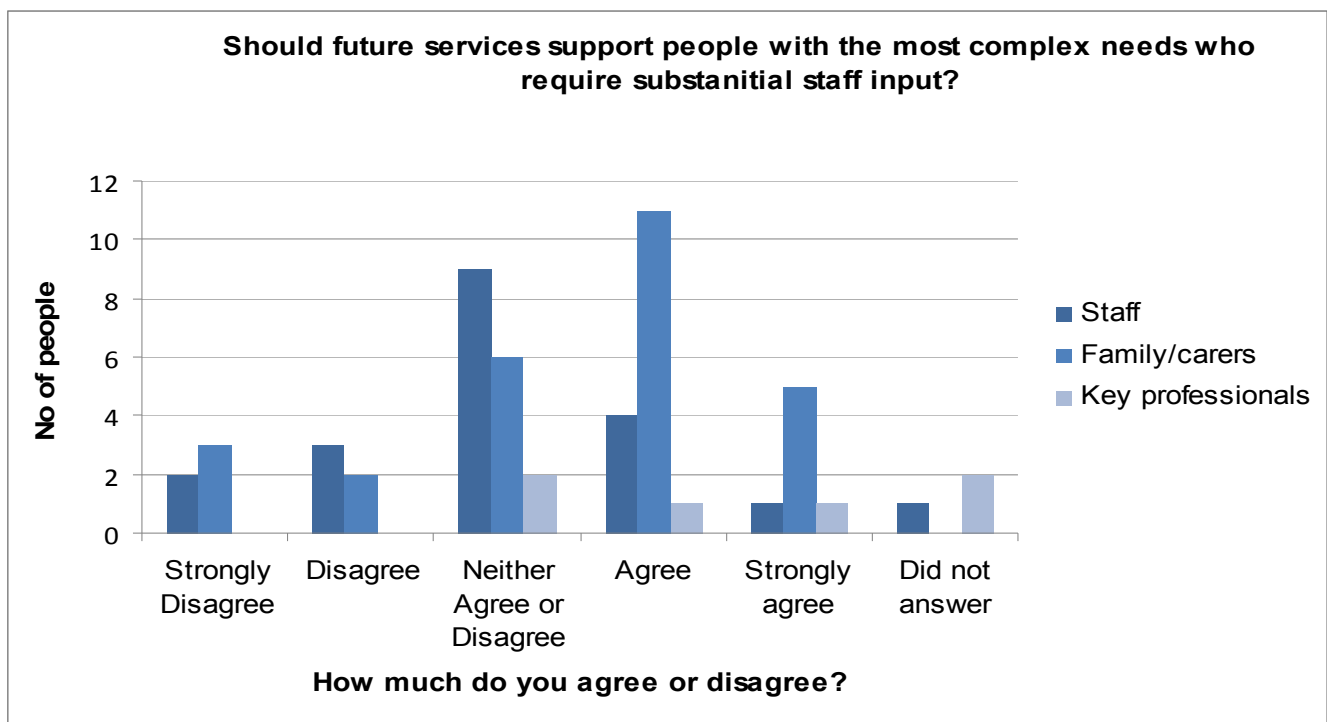
A summary table of events can be found relating to all consultation communications see Table 1.1

Survey 'key' summary feedback from Surveys

Questions	Comments
<p>Q1. Staff As you are aware our services are more expensive than comparative services in the City, do you have any suggestions to how we can improve on value for money?</p>	<ul style="list-style-type: none"> ▪ Remember- there is a direct relationship between quality and cost. Staff biggest cost- rotas need to be reviewed, levels of management & middle management need to be clearly justified- too many layers ▪ Decrease management & minimise bureaucracy ▪ Better management of staff sickness, properly address chronic staff sickness ▪ Utilise rooms that are available in some premises- Cromwell road basement & ground floor to be put to good use, and Preston Drove ▪ Sharing transport, more e-learning, less agency staff, ▪ Stop spending money on unnecessary contracts- maintenance, Carlisle, cleaning suppliers- give managers the powers to source them, as there is a huge waste in these areas ▪ Cross check cost of subcontractors – maintenance, fleet, mechanics etc over a period ▪ Reduce the amount of support per day and provide smaller pockets of support for specific daily needs, personal care, meals activities, shopping etc ▪ Develop a way that managers could run the service like their own home- allowed to perform DIY tasks instead of using the most expensive services ▪ Already made huge savings in last few years- cut back staffing, saved hours in rota, bought more value for money items, saved food budget, changed service contracts, saved energy, made cuts to service users holidays, not had inflationary rate ▪ Experience and evidence shows that cost of savings when cuts does not equate to the benefit physically or financially. ▪ Stop using Carlisle, and have bank staff/care crew managed by Officers ▪ Look for cheaper contractors ▪ Lumping all services together or pooling staff is not appropriate for the care of people with autism this is asking for trouble, we are not road sweepers ▪ Consolidation necessary documents, approach local chain super markets for organisational discounts on food purchases and direct deliveries.

<p>Key professionals</p>	<p>“The main point being that there are generally little inefficiency at present and therefore few changes that can be usefully suggested which would result in savings without at the same time seriously impacting the service users’ standard of living. Nonetheless improvements are always possible”</p> <p>“Areas that could be addressed without serious impact, might include looking at the cost of day services and high cost college fees, it seems likely that we have the space, resources and expertise to provide some, if not all, of the day care services/activities which could be better tailored for service users with more complex needs. For example, a service user may want to access an activity for only 15 minutes; however there are no internal facilities allowing for this kind of activity for our more complex service users. External college courses often charge for two hours despite the fact that this length activity is inappropriate for some service users.”</p> <ul style="list-style-type: none"> ▪ Service users paying more towards their care if they have the funds ▪ Economies of scale could be achieved by more people in bigger buildings but that might not be what service users want. You could save by pooling purchasing and resources such as vehicles ▪ There must an overhead for the service and typically efficiency is a question of utilisation.
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Q2.Should future services support people with the most complex needs who require substantial staff input?



<p>Q3.</p>	<p>Further comments</p>
<p>Staff Should future services support</p>	<ul style="list-style-type: none"> ▪ Flexible staff approach does not work with people with complex needs ▪ People with less complex needs still need adequate support ▪ This would work against existing service users and puts pressure on

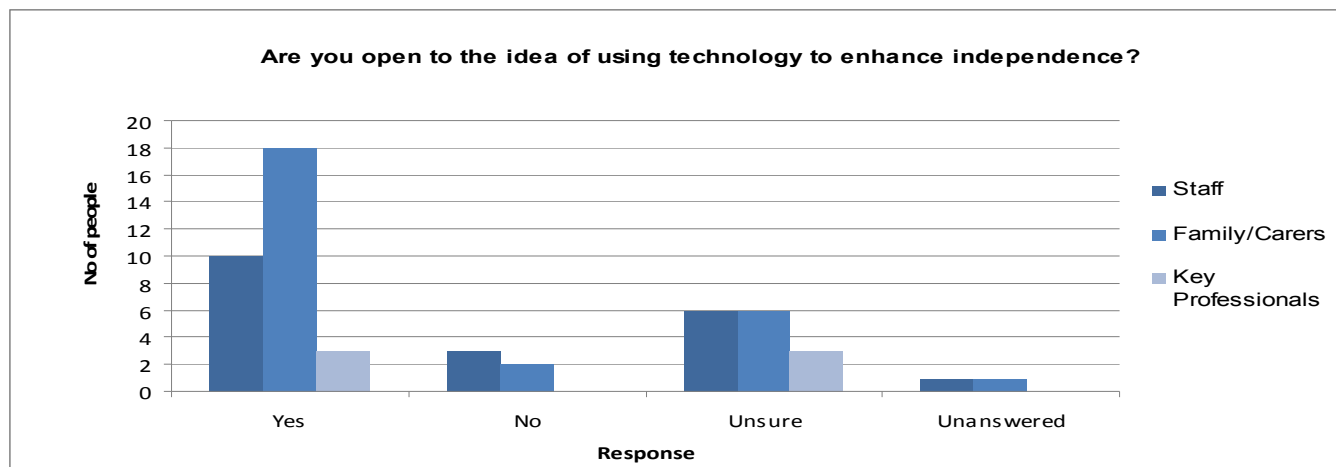
<p>people with the most complex needs who require substantial staff input?</p> <p>Key professionals</p>	<p>staff members</p> <ul style="list-style-type: none"> ▪ Compatibility issues for service users ▪ All service users need a quality service ▪ High needs will always be costly ▪ Could create bad environment ▪ What happens to people with less complex needs? This needs to be monitored ▪ Some service users are less complex because the environment they are in has supported them to be this; this could change if the service is taken away ▪ Some clients require 1:2 support ▪ Support will always need to be directed at the level of demand against the cost of the support required. <p>“A concern with some of the current proposals is that we would not be able to support these very complex cases unless we recognise how important continuity of care is for the more complex service users. We cannot provide this continuity of care except within established units where service users are familiar with regular staff and where there has been time to establish a bond of trust, which has taken significant time to establish.”</p> <p>“The decision to focus on the most complex service users places a level of responsibility on the service that does not sit easily alongside proposals to increase numbers per unit whilst decreasing staff ratios. This responsibility extends to a reasonable quality of life. In summary if the goal is to focus on adults with the most complex needs it cannot be under-estimated how important it is to have adequate cover, which often requires a one to one ratio”</p> <p>“This would be cost effective but there is a risk that those with less complex needs may have a reduction in the quality of their service. There needs to be a more effective way of monitoring than the current one.”</p> <ul style="list-style-type: none"> ▪ People with more complex needs will require higher staffing ratio/input which surely will increase the costs? <p>“My suggestion is that the level of need at which service is provided is not reduced. Society has decided that this is the level and it should not be driven down without parliamentary vote.”</p>
<p>Family/Carers</p>	<ul style="list-style-type: none"> ▪ All disabilities should be adequately cared for ▪ Would other providers provide the same service? ▪ Funding ▪ 1:1 care important ▪ Should not be at expense of people at lower level needs ▪ All service users should be treated the same ▪ Increase staff to meet needs ▪ Staff need to be trained to support services users- sensory impaired ▪ Maintain stability essential to maintain wellbeing ▪ Constant support required to stimulate and provide an active life and keep safe

Q4.	Comments
<p>Staff Some of our buildings</p>	<ul style="list-style-type: none"> ▪ Need to ensure buildings are being used to their full capacity ▪ All work will cost money

<p>don't meet the needs of current service users.</p> <p>Do you have any suggestions on how we can improve our current usage of buildings?</p> <p>Key professionals</p>	<ul style="list-style-type: none"> ▪ Impact of noise on residents, also neighbours might object to noise of challenging clients ▪ Move service users within the terms of admission policy ▪ Look at accommodation types, flats and other large group settings ▪ Match people to suitable environments ▪ Talbot Crescent not suitable rooms are too small ▪ Could some be used as respite homes for people from other areas to maximise income ▪ Should look at issues before placing people in buildings that are unsuitable in the first place ▪ Cheaper to improve current buildings? Than buying and selling new ones ▪ Need to end the leasing of building from providers with no interest in the quality of the service ▪ Buildings have already been specifically adapted to meet needs 267 OSR, these should stay open as they have cost a lot already, it will cost a lot of money to adapt new buildings ▪ Over head hoists, easy access for wheel chairs, parking spaces ▪ Need full review of current lay out and functionality/efficiency ▪ Do a cost benefit analysis to see whether it is better to re-model existing buildings or to sell and buy or build something else ▪ Letting the buildings to other residential services in the city e.g. housing associations, residential charities. ▪ We have come from another county where they had the same problem. The solution adopted was for all services to come together to put money into a common building pot to increase the number of nights available.
<p>Q5.</p>	<p>Comments</p>
<p>Staff</p> <p>Some of our buildings don't meet the needs of current service users.</p> <p>Do you have any suggestions on how we can improve our current usage of buildings?</p> <p>Family/Carers</p>	<ul style="list-style-type: none"> ▪ Need to ensure buildings are being used to their full capacity ▪ All work will cost money ▪ Impact of noise on residents, also neighbours might object to noise of challenging clients ▪ Move service users within the terms of admission policy ▪ Look at accommodation types, flats and other large group settings ▪ Match people to suitable environments ▪ Talbot crescent not suitable rooms are too small ▪ Could some be used as respite homes for people from other areas to maximise income ▪ Should look at issues before placing people in buildings that are unsuitable in the first place ▪ Cheaper to improve current buildings? Than buying and selling new ones ▪ Need to end the leasing of building from providers with no interest in the quality of the service ▪ Over head hoists, easy access for wheel chairs, parking spaces ▪ Need full review of current lay out and functionality/efficiency ▪ Needs to suit disabilities- e.g. not too many stairs ▪ Current building has been modified ▪ Improvements are a good thing ▪ Larger detached properties with more space inside and larger garden ▪ Location important near to parks and local transport ▪ Maintenance current building is important ▪ Current communal areas – Leicester villas is small ▪ Need sufficient personal and communal space in a nice environment

Q6. Are you open to the idea of using technology to enhance independence?

Of those staff that answered yes to question six, most people wanted to know more about technology.



Q7.	Comments
<p>Staff</p> <p>To increase flexibility across the service what additional training could be provided to support staff?</p>	<ul style="list-style-type: none"> ▪ You can train staff on basic principles but cannot throw a whole team in with complex people- it can take one member of staff 6 months to a year to feel confident. It could become disastrous and dangerous to move whole team into complex environment- safeguarding issues- could end up costing money. ▪ To decrease distance and increase understanding of what is involved in this job between Senior Management & front line staff. ▪ Training already available and on offer is adequate ▪ Not training but opportunities to take on new roles (e.g. medication ordering etc) ▪ Broad training and specific training on people needs ▪ To visit other units to familiarise self with different service users and needs ▪ Make sure all staff know clients well (their past etc) not just key workers ▪ All Care Crew to go on training for people with complex needs if you are expecting them to work competently ▪ NVQ up to level 4 so all tasks can be shared amongst all staff- rather than having to employ more senior staff ▪ Proper inductions to homes for people expected to work in them ▪ Makaton, everyone fully meds trained, safeguarding, Epistat (epilepsy drug), Autism Awareness, Positive behaviour support training, decent amount of time for shadowing, time to read Personal Care Plans, behaviour support plans & service wide support plans, and risk assessments. ▪ Some mandatory courses could be added to staff meetings instead of additional costs for trainers and releasing staff. ▪ Staff swap/exchange to experience working in other units ▪ Managing change ▪ Consistency important ▪ Don't keep changing carers ▪ Familiar highly trained staff required ▪ Regular contacted familiar faces important ▪ Stable staff group important ▪ Too much staff shortage at present

Family/Carers	<p>summary Table 3.3</p> <ul style="list-style-type: none"> ▪ People LD targeted – as often cannot speak themselves ▪ Would be concerned for my brother to move from stable environment to somewhere new ▪ I would like my brother to contribute more to the support he receives ▪ The residents need stability and consistency moving houses can be de-stabilising and more expensive in the long run due to behaviour problems ▪ Any changes in accommodation should benefit the residents not just to save money ▪ Overall concerns brother remains safe and happy ▪ Impact devastating ▪ If necessary I will fight *** corner ▪ We used to have institutional units- residents could become isolated in their homes ▪ I would like to be kept informed of any changes ▪ He lives with someone who is incredibly noisy and finds this difficult ▪ What is the semi-detached property being used for adjacent to 20 Windlesham Road? Is it going to be incorporated to form a large unit or will its future use impact on residents at number 20?
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Families & Carers

Q10.	Comments										
Comments on how happy family & carers were with the service provided	<table border="1" style="width: 100%;"> <tr> <td>Very Unsatisfied*</td> <td style="text-align: center;">2*</td> </tr> <tr> <td>Unsatisfied</td> <td></td> </tr> <tr> <td>Neither Dissatisfied or Satisfied</td> <td></td> </tr> <tr> <td>Satisfied</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Very Satisfied</td> <td style="text-align: center;">16</td> </tr> </table> <ul style="list-style-type: none"> ▪ Good care physically, mentally & medically ▪ Consistency staff ▪ Good local activities & social lifestyle ▪ Good staff interaction and rapport ▪ Well trained staff ▪ More thought around older s/users would be helpful ▪ Dedicated team carers ▪ Cuts have affected people ability to go out ▪ Environment like family home, pleasant rooms and garden ▪ Relative has fulfilled life ▪ Turnover key workers is seen as negative ▪ Diversity of skills needed in order to meet sensory impaired & communication needs ▪ Regular staff maintain stability ▪ Made friends with others <p>*please note one out of the two people that ticked the box: 'very unsatisfied', may have done so in error due to the very positive comments that followed!</p>	Very Unsatisfied*	2*	Unsatisfied		Neither Dissatisfied or Satisfied		Satisfied	9	Very Satisfied	16
Very Unsatisfied*	2*										
Unsatisfied											
Neither Dissatisfied or Satisfied											
Satisfied	9										
Very Satisfied	16										

Q11.	Comments										
Responses to suggestion to enlarge some homes by 1-2 places	<ul style="list-style-type: none"> ▪ If more people and no more staff- risk of neglect ▪ Increasing places ok; providing there is not a reduction in relation to staff ratio (quite a lot of feedback like this) ▪ Larger groups of residents with similar and compatible would allow more group activities ▪ Enough residents at accommodation currently ▪ It would be upsetting ▪ Behaviour regression if changes to service ▪ Skills and support diluted ▪ Disruption ▪ Space already limited (Hawkhurst Road) ▪ Preston Drive already over crowded Vs possible for one extra person provided they are compatible ▪ Burwash lodge overcrowded/could have possible extension ▪ One service user at Beaconsfield villas needs to be in their own flat ▪ If it meant Leicester villas stays open then could be option ▪ I suppose it makes financial sense ▪ Doesn't want loved one to go into bigger environment ▪ Agree to a move to larger unit provided friends move too 										
Q12.											
Responses to suggestion- that the person you care for was to be offered alternative accommodation to meet their needs	<table border="1" data-bbox="416 936 1046 1196"> <tbody> <tr> <td>Strongly Disagree</td> <td>9</td> </tr> <tr> <td>Disagree</td> <td>7</td> </tr> <tr> <td>Neither Agree or Disagree</td> <td>5</td> </tr> <tr> <td>Agree</td> <td>6</td> </tr> <tr> <td>Strongly agree</td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> ▪ Not happy if this happened ▪ Why move someone if happy and settled ▪ Current accommodation meets needs ▪ Would set person back ▪ Taken long time to settle in current service ▪ Planning and staff training would need to be 100% before a move considered ▪ Moving can unsettle people for long time ▪ Will undo god work where they are settled ▪ Needs to local compatibility essential ▪ Disruptive & Confusing- 3 moves in 10 years already ▪ Needs met by having own flat ▪ Mobility problems current accommodation services suitable ▪ Old Shoreham road – happy to move due to location: parking, busy dual carriageway ▪ Would like good public transport ▪ Relocating 267 O.S.R to Windlesham Road is a much better location for access to local shops, parks, day centres, buses and local activities. 	Strongly Disagree	9	Disagree	7	Neither Agree or Disagree	5	Agree	6	Strongly agree	
Strongly Disagree	9										
Disagree	7										
Neither Agree or Disagree	5										
Agree	6										
Strongly agree											

See Table 4.4 Summary of Staff additional questions raised

Table 1.1

**Learning Disability Accommodation Services Review
Consultation communication and feedback March-May 2012**

The following information represents evidence for the three month consultation period March-May 2012. Full details of all information shared, feedback received and communication will be held on file at Kings House. Please note information regarding issues of concern from families relates to information received from Jan 2012, following initial letters sent regarding the pending review and consultation process.

Consultation Process/evidence of communication	Dates	Who primarily involved e.g. staff, families, stakeholders (summary)	How Many
1. Issues of Concern	23.01-24.04	Family Members raised their issues of concern via letters, phone calls and email. One family member wrote directly to a M.P	13
2. Letters sent staff	Jan & March	All Staff received letters informing of the cabinet report Jan 2012 and the informal consultation process	145
3. Letters sent family	Jan & March	Family and N.O.K received letters informing of the cabinet report Jan 2012 and the informal consultation process	47
4. Questionnaires sent Staff	Feb	Staff working in Learning Disability Accommodation Services	145
5. Questionnaires received staff		Staff working in Learning Disability Accommodation Services	21
6. Questionnaires sent Family/N.O.K	Feb	Family and N.O.K of all service users in accommodation services	47
7. Questionnaires received family		Family and N.O.K of all service users in accommodation services	27
8. Questionnaires Stakeholders	Feb	Stakeholders/Key professionals questionnaire posted on the portal	N/A
9. Questionnaires received stakeholders		Stakeholders/Key professionals	6
10. Staff focus group	Monthly	Staff working in homes, union representatives, H.R, and management	5
11. Newsletter staff	Monthly	First Newsletter circulated Feb 2012 to all Staff	5
12. Newsletter family	Feb	One-off Newsletter circulated Feb 2012	1
13. Consultation sessions staff	March & April	A total of 3 whole day events 76 places	8

14. Consultation sessions family	March & April	A total of 4 events held for family and N.O.K 23 places available.	7
15. Staff meetings held	Feb-May	Managers attended a variety of staff team meetings, to discuss the consultation. Each meeting had a good turnout of staff	20 (meetings)
16. Other meetings held	03.03.12	Meeting held with ADVOACT	3
17. A.M.T (accommodation management team meetings)	Monthly	Managers of units meet with Operations Managers	Monthly on-going topic
18. Other info			

Table 2.2

**Learning Disability Accommodation Services Review: Summary of feedback
Issues of Concern from Family Members, or next of kin (N.O.K)**

Overview: Following letters sent to family members and known N.O.K, a total of **13** issues of concern were raised from **10** different family members or N.O.K. One family member raised 3 separate issues of concern during the period 23rd January-24th April 2012. Below is a summary of issues raised and how they were responded to.

A full record of these issues and responses is held at Kings House. If you would like to arrange to see these or receive copies of information recorded, please contact Julie Cholerton on 01273 290597, or email julie.cholerton@brighton-hove.gov.uk.

Date	Unit/Venue if known	Brief details of concern (names left out)	How Responded and date if known
23.01.2012	Leicester Villas	Respondent's son lives at Leicester Villas very concerned that son only moved in a year ago (after living in his previous home for 30 years) and might have to move again.	23.01.2012 Assurance was given that we would be meeting her and son during the 90 days consultation to look at options, implications etc and in the meantime she is going to write to with her concerns.
24.01.2012		Concerns regarding receiving a consultation letter. Mrs M was very upset and 'quite alarmed' at the contents and requested a call back for some clarification.	24.01.2012 Mrs M spoken to. She was keen to ensure that she is fully involved and able to speak for her son during the consultation and concerned that changes may impact on him. Information would be circulated with details of when the meetings etc would be held.
25.01.2012		Mrs L who is very anxious about potential change, she understands the need to be efficient but not that	25.01.2012 Mrs L wanted to make sure that

		<p>her son might have to move, and has asked to meet with KD sooner rather than later.</p> <p>Cllr Jarrett met Mrs L on 31/1 to discuss issues.</p>	<p>Cllr Jarrett was well aware of her concerns and the history and to ensure that money wasn't being taken away from vulnerable people to fund other services. Cllr Jarrett informally was able to assure Mrs L that re-modelling was unlikely to impact on her son and that savings were coming across the board. Mrs L commented that the letter she had got was a standardised letter which had worried her.</p>
06.02.2012	Leicester Villas	<p>Letter received Mrs W's letter reiterating the fact that half-brother went through a traumatic time when moving to Leicester Villas, as he has no way of understanding why he had to move homes the move caused him a great deal of stress and unease. JW has never liked to be in crowded situations and Mrs S feels the thought of him going to that type of environment would be very detrimental to his health and welfare. If necessary she would be willing to attend a pre-arranged meeting with relevant parties to discuss further.</p>	06.02.2012
20.02.2012		Mrs L re son	<p>20.02.2012</p> <p>Mrs L phoned KD as she received a further letter and was unlikely to attend a consultation meeting. She does not want L to have to move from his home, to have to share with someone who is not compatible or for him to have to live in an institution. She is happy with the care and support he currently receives. I said we would continue to keep her updated as the consultation proceeds.</p>
30.1.2012	Beaconsfield Villas	Mr & Mrs G re son	<p>Mrs G spoke to LA (manager) about BV needing to be cost effective and may be increasing its service user group to 5. Mrs G voiced her concern about JG possibly having to share his lounge with someone he is not completely compatible with and that this may exacerbate his behaviours.</p>
5.3.2012	228 Church Road, Hove	Ms F, sister of service A.S Letter dated 26/1 setting out concerns	

		around brother being moved and availability to discuss – letter is in LD Consultation. Requested to be kept informed via email of any changes due to her concerns about A.S and plans for his future care – is away from mid February until end of March.	
7.3.2012	83 BV	Ms S re P.S	7.3.2012 FB (manager) assured Ms S that the effects of the cuts was not going to effect PS directly and help requested to supported and formulate her response on the questionnaire.
9.3.2012	Enquiry received via email from Mrs L via Simon Kirby MP (see emails folder)	Mr L re son	9.03.2012 KD has spoken to Mrs L on a couple of occasions and is more than happy to meet her at any time over the next few months, or she is welcome to attend one of our organised meetings that we arranging with families and carers. KD will also ensure that Mrs L's views are fed into the final report going forward to Adult Social Care Committee in late June as this is the point at which the decisions will be made about the service.
12.4.2012	Preston Drove	Mr F son PF	Phone conversation 12.4 with Mr F, father of PF at Preston Drove (PD). Mr F very impressed with the service that P receives and his concerns include: That economics are steering this rather than what is best for vulnerable people. An additional person at PD may be detrimental to other residents if they are the wrong person Staff need time to get to know residents Larger is not necessarily better- institutions are not good and we have moved away from providing these. Staffing ratios important- if need additional staff for additional person then may not save any money There are other ways of saving

			<p>money- reviewing who we provide accommodation for- ensure they have a local connection, could they live in supported housing in the community instead</p> <p>PD may not be best place for additional person due to proximity to road</p> <p>Need to ensure as a council that we are not closing down homes when they could be used for people with learning disabilities, older people etc</p> <p>Need to ensure fully staffed- if economise on staff this may impact on behaviour and cost more in the long term</p> <p>Not saying we shouldn't change but larger unit not necessarily a good thing- care in the community encouraged family housing- shouldn't just be about saving money.</p>
12.4.2012	Old Shoreham	Mr S, step brother of TS	<p>12.04.2012</p> <p>Phone conversation with Mr S (who is the son of parents-now deceased - who adopted T as a baby):</p> <p>He outlined his difficult family circumstances and advised that he is away from home from end of August until 2013. T has no known blood relatives. He voiced no concerns about T moving but raised concern about the location of proposed new house in that another family member lives near seven dials and he could cause trouble if he meets T in the street. He asked that we continue to keep him updated by letter.</p>
24.04.2012	21 Ferndale Road	Mr W email sent re son	KD to respond: refer to emails in folder
26.05.2012	267 Old Shoreham Road letter sent to manager	M.A re friend living at 267 O.S.R	Letter sent direct to home Manager expressing sadness and concerns for friend if 267 O.S.R be closed. Letter expressed thanks to all staff for hard work.

Table 3.3

**Learning Disability Accommodation Services
Summary of Staff additional comments and suggestions**

A copy of 'full' comments and suggestions made by staff are held in a main file at Kings House. Please refer to main file for details. The comments below are views of individuals; or from collective staff teams.

Q	Origin if known	How Received	Summary of Questions Raised
1.	Windlesham Road	Letter	Re-compatibility all service users need a full service review and be allocated a case/social worker before any compatibility recommendations are made
2.	267 Old Shoreham Road	Letter	<p>If council want to be seen as operating more like a business the maybe they should employ a clocking in and out system at all buildings. Transitions in my experience are detrimental, stressful, difficult and don't always work out.</p> <p>Look at day services and college fees- which can be better tailored for service users with complex needs.</p> <p>Focusing on the most complex service users requires a high level of substantial staff input and usually one to one support.</p> <p>Feedback- re: new accommodation at Windlesham Road. Positive aspects – see Main file.</p>
3.	Cromwell Road	Letter	<p>The staff feel that it would be reasonable to forgo sleep in payments for sickness absence and annual leave. One or two year plans very short sighted- would be better to have a five year plan. Improve tendering skills for managers in order to compete on a more equal basis with other services in the framework. Need to maximise potential of the properties we own or have a stake in.</p> <p>Potential to maximise the flat at Cromwell Road.</p> <p>Service users could make greater contribution to their service- some have a lot of savings.</p> <p>Transparency is key.</p> <p>Need to be SMARTER about paperwork.</p> <p>Staff working more flexibly.</p> <p>Can we bid lottery funding or sponsorship?</p>

4.	Sub group from staff focus group	Separate meeting	<p>To look at reducing the overall cost of the service by expansion, inclusive of the CLDT budget that funds all services in house and out of county. This not only safeguards jobs and reduces redundancy risks and costs; it also ensures that we retain our skills base and expertise in the local area.</p> <p>To ensure we are receiving the right level of income from our service users. Simpler protocols need to be written to ensure that the in house charges are in line with those in the private sector.</p> <p>Financial profile and modelling – look at potential out of city placements/transitions</p> <p>Visits to all houses to look at use of space</p> <p>Investigate potential property from other Housing Organisations</p>
5.	83 Beaconsfield Villas		<p>Flexible working could be achieved as follows</p> <p>Someone at SCO level to be given responsibility for flexible working organisation. This SCO to be based at 83 BV (or somewhere else if there is more office space?) This SCO would organise induction for staff at units across the service and ensure that these are updated</p> <p>A rota system created online so that the SCO has access to all units rotas (this would also be useful for operations managers etc to have quick access)</p> <p>As there is 2 night staff at 83 BV they would also have training and access to the rota system. This would mean that's services could contact 83BV during the night to highlight any staffing issues. Several HCSW's could also get training and have access to rotas so that there would be staff 24 hours a day available to move staff around units at short notice when required</p> <p>Possibility of some staff having contracts as floating support workers. A separate rota could be set up for this group. They could arrive at 83 BV at the start of their shifts and be directed to a service that needs extra support.</p> <p>Detailed suggestions made to achieve 6/7 occupancy- see main file.</p>
6.	Preston Drove	Letter	<p>Details of suggested improvements to the use of space & to improve the environment are available in the main file.</p> <p>Impact on care crew</p>

7.	Burwash Lodge	Meeting Letter	<p>BL to be used to skill tenants and support them to move on.</p> <p>Service users pay more for their care if they have funds (Council to be more aware of funds available)</p> <p>Some mandatory and other courses could be added to staff meetings instead of running separately</p> <p>Long term sickness should not be paid for after a period</p> <p>Managers to come off admin shifts at times, to cover outstanding shifts</p> <p>The proposal not to have a SCO at Burwash Lodge would be both unproductive and unhelpful. If this post was to be deleted, HCSW's would need to carry out more admin duties. This proposal should be rejected.</p>
8.	Leicester villas	Meeting Email	<p>Concerns that service users behaviours will increase if they move.</p> <p>Service users lived together for 15 years- this needs to be considered.</p> <p>Service users need familiar staff for the transition.</p> <p>Could an extension be built to increase capacity and reduce unit costs.</p> <p>Not to move service user back to east Sussex</p> <p>Needs to be close to family</p> <p>Possibility of staff taking a slight reduction in hours across the board, with option to increase as and when staff leave</p> <p>Make a comprehensive effort to achieve some Continuing Health Care funding to balance savings while the houses that are naturally closing i.e. W.R would also contribute towards this saving.</p>
9.	Ferndale Road	Internal mail memos	<p>More E-Learning Training</p> <p>Share Transport</p>

			<p>Reduce Electricity usage</p> <p>Share day care programme</p> <p>Use less agency staff and allow staff to pick up additional hours</p> <p>Look at maintenance costs bring in-house</p> <p>Investigate extending existing properties to accommodate more clients</p> <p>For the more challenging service user look at staff who can support service users on a one to one</p> <p>Do away with fleet vehicles and replace with motability (keep one fleet vehicle for those that can not afford one)</p>
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Table 4.4

<p>Learning Disability Accommodation Services</p> <p>Summary of Staff additional 'Questions' raised as part of the consultation process</p>

A copy of the 'full' questions raised along with any further comments and suggestions are held in a main file at Kings House. Please note some of the questions were raised by individuals, others collectively by staff teams, for the purpose of this summary these have not been identified as individual or collective.

Q	Origin if known	How Received	Summary of Questions Raised
1.	Windlesham Road	Letter	If staff are redeployed to a different position in a different service where the salary is different will current wages be protected and for how long?
2.	Windlesham Road	Letter	If staff take a redeployment position in a different service, will staff be expected to start at a lower wage scale or will current wage scale be protected, i.e. experience and length of service be taken into account?
3.	Windlesham Road	Letter	What protection will be made against any cuts in the following: subsistence allowance, sleep-ins & provision of meals on duty?
4.	Windlesham Road	Letter	On what criteria will the proposed two-tier HCSW pay scale be worked out?
5.	Windlesham Road	Letter	Will previous experience and responsibilities protect our current pay scale?
6.	Windlesham Road	Letter	Will the introduction of a two tier HCSW pay scale, stop people who are prevented from key working service users due to large staff teams to move up on the pay scale or stop training opportunities?
7.	Windlesham Road	Letter	If the report goes to cabinet before compatibility studies are done, could it be revised later if compatibility issues arise between service users, if not what will happen to any service users that are found to be incompatible?
8.	Windlesham Road	Letter	Will service users have independent advocates to take preferences into account?
9.	Windlesham Road	Letter	Will staff across services with the same job description be

			included in the restructure? If staff already work flexibly this seems to be a fairer way to restructure.
10.	Windlesham Road	Letter	When will information around voluntary severance be shared?
11.	Windlesham Road	Letter	If the Council are to make a total of over 100 redundancies across the whole Council, will the consultation be a full 90 day one?
12.	Not known	Letter	Will staff move with residents who have high complex needs?
13.	Not known	Letter	Are you planning on having less staff e.g. having more service users and keeping the same amount of staffing levels?
14.	Not known	Letter	How much will you save from the moves?
15.	267 Old Shoreham Road	Letter	How much will it cost to re-align new services?
16.	267 Old Shoreham Road	Letter	How costly and effective is COLAS County wide?
17.	267 Old Shoreham Road	Letter	How sensible have the introduction of bicycle lanes been in the Drive to Kings House and what was the cost?
18.	267 Old Shoreham Road	Email	Can staff see other properties available e.g. Beaconsfield Villas?
19.	267 Old Shoreham Road	Letter	Lots of info re use of technology and any drive to use technology to improve efficiency should be treated with caution
20.	Cromwell Road	Email	How many service users have potentially been identified to come back into Brighton & Hove, are we paying for them to be out of County?
21.	Cromwell Road	Email	Could some existing properties be expanded?
22.	Cromwell Road	Letter	At what level was £800,000 saving quota made?
23.	Cromwell Road	Letter	If service users have savings accrued from IS, DLA and SDP as well as other pension credit, why don't they make a greater contribution?
24.	Cromwell Road	Letter	Can we go back to sourcing are own approved providers for work to be carried out?
25.	Preston Drove	Letter	Will waking nights be an option due to 5 service users with challenging behaviour and working 24hour shifts?
26.	Preston Drove	Letter	What will be the impact on Care Crew?
27.	Preston Drove	Letter	Will other budgets be reviewed regarding waste and value for money such as maintenance and transport?
28.	Not Known	Letter	Are you planning on moving staff with residents who have high complex needs?
29.	Not Known	Letter	How much would you actually save from the proposed moves?
All above questions have or will be answered (where applicable and relate directly to the consultation) as part of taking forward recommendations this may be directly to individuals, through meetings, and other communication means.			

Appendix C: Adult Social Care Equalities Impact Assessment

<p>Title of EIA</p>	<p>Consultation process- Re-modelling In-house accommodation for people with a Learning Disability</p>	<p>Ref No.</p>	
<p>Name of: Delivery / Resource / Finance Unit or Intelligent Commissioning</p>	<p>Adult Social Care Provider Unit</p>	<p>Head of Service: Karin Divall</p>	
<p>Aim of policy or scope of service (outlining proposed changes to service)</p>	<p>We are currently in the process of reviewing the future shape of Learning Disabilities Accommodation Services in Brighton & Hove. Part of this process involved consulting with staff, unions, families/carers, advocates & key professionals, to ask their views on the future of these services.</p> <p>Learning Disabilities Accommodation Services provide a mix of Residential Care and Supported Living Services. These are primarily in street properties with two of the services being provided to residents of self contained flats. Some of the buildings are owned by the Council and others owned by Registered Social Landlords. The services currently range in size from 2 person services up to 8 person services. The residential care element currently supports 40 people across 12 homes located in Brighton and Hove. Each home ranges from 2-6 places, and comprises of female/male only and mixed accommodation.</p> <p>Following advice from Advoact (a Local Learning Disability Advocacy Service) a decision was made by the Steering Group that initial Consultation to look at possible options would not directly involve service users; as it was assessed that this could cause undue anxiety and prompt negative behavioural changes; given the complex nature of the client group.</p> <p>Service users will be involved at a later stage once options are clearer; at this stage they will need to be supported to participate in the process.</p> <p><u>This EIA addresses the findings from the Consultation and outlines actions to consider going forward in this process.</u></p>		

Relevant Data/legislation and Evidence of Consultation related to the proposed change above:

Title (Data/Legislation or Consultation)	Date (and venue if engagement)	Lead Officer (where relevant)	Key findings related to this Assessment of Impact
Staff consultation Activity -see Consultation report for detail of variety of methods used.	March 1st-May 31st 2012 (see Consultation report)	Marnie Naylor Jessica Harper	See Consultation report for detail of key findings
Family members/Carers Activity see Consultation report for detail of variety of methods used.	March 1st-May 31st 2012 (see Consultation report)	Marnie Naylor Jessica Harper	See Consultation report for detail of key findings
Key professionals included in the consultation process: Advoact, Speak out, AMAZE, Carers Centre, Day Options, Children's Learning Disability Services, behaviour Support Services, Care Management Group, Speech & Language, Community Nursing, Psychology, Psychiatry, Psychotherapy & Occupational.	March 1st-May 31st 2012 (see Consultation report)	Marnie Naylor Jessica Harper	See Consultation report for detail of key findings

Different Groups to be included in Assessment	Potential Positive impact on a group	Potential Negative impact on a group	Agreed Action/s
Community Cohesion	Some service users would be more suited an alterative location than their current home-improved access to local amenities/facilities and community would be welcomed by some family members.	<p>Increasing capacity in existing residences may have an impact on the local community -how they welcome new Learning Disability service users into their community-especially where there are complex behavioural issues etc. This may result in service users experiencing discrimination in their community.</p> <p>Impact of noise on residents, also neighbours might object to noise of 'challenging' service users.</p> <p>Concerns that savings may affect some service users ability to go out in their community and access activities.</p>	<p>Assessment of the local environment and buildings will occur as part of the transition process and compatibility assessment. This will include assessing noise issues for both service users and neighbours.</p> <p>We will continue to maintain service users ability to access their community and as part of the review of needs of individual service users we will consider environment needs/activity needs/community needs etc.</p>
Age	Potential opportunity to consider needs of older s/users would be helpful.	Some older service users may have lived in the same residence for many years-any proposed change may have a greater impact on older service users.	<p>A Transition plan will be developed for every affected service user.</p> <p>For future planning we will consider the needs of older people with regards to access to ground floor properties etc. This will ensure that service users can remain in one property as their age related needs increase.</p> <p>We will continue to work with our colleagues in commissioning to inform them of market needs i.e. where activities for older service users may need development. Person Centred feedback forms will continue to advise Commissioners of peoples future needs.</p>

Different Groups to be included in Assessment	Potential Positive impact on a group	Potential Negative impact on a group	Agreed Action/s
<p>Disability</p>	<p>Change in service may result in more suitable placements for some service users :</p> <ul style="list-style-type: none"> • Chance to match people to suitable environments. • Location important near to parks and local transport. • better location for access to local shops, parks, day centres, buses and local activities. • Opportunity to maximise potential of the properties we own or have a stake in. • Community and local transport links are important 	<p>Some staff feel that it is not equitable to only move a proportion of service users-i.e. the impact is felt more by some service users than others.</p> <p>Staff and families felt that the impact of change on complex service users, could be very negative and potentially could result in regressive behaviour & anxiety</p> <p>Continuity of care seen as very important especially for the more complex service users</p> <p>Compatibility issues for service users.</p> <p>Service users require stability and consistency –concerns that moving houses can be de-stabilising and more expensive in the long run due to behaviour problems</p>	<p>We recognise that the current proposed remodel is not currently affecting all service users-to move all service users would have a greater impact on the delivery of the service. However, all service users could be affected by a change in staffing and the Staffing strategy will take the needs of the service users into consideration</p> <p><u>Transition for all affected service users:</u></p> <ul style="list-style-type: none"> • ‘Moves for people’ policy will be implemented for all service users. • Transition plan will be developed for every affected service user. • Staff and key people including family members, Carers, other professionals etc will be involved in the assessment process • Staffing strategy will take the needs of the service user into consideration i.e. continuity of care and consistency in service delivery • An overarching strategy will be implemented to plan moves in the least disruptive manner. We will draw on previous experience to implement this strategy. • Compatibility -all affected service users will have a full social care review and be allocated a case/social worker before any compatibility recommendations are made. • Environment and building will be considered as part of this assessment process. • Behaviour Support team will support staff regarding compatibility issues. <p>The focus should be supporting the people with the most complex needs but this should not be at the detriment of</p>

	<p>Assistive technologies will increase independence and have already been helpful in some cases where appropriate e.g. the flood sensor and bed occupancy alerts have been successful.</p>	<p>Concerns that those with less complex needs may have a reduction in the quality of their service</p> <p>Concerns that some service users are less complex because the environment they are in has supported them to be thus</p> <p>Assistive technology: Reports that some of the current equipment that has been trialled has been reported to not be reliable</p>	<p>people considered to have lesser needs currently in the service. We will continue to maximise service users independence.</p> <p>Assistive technology will be introduced to maximise service user's independence. Individuals will get the right amount of support to adjust to any new assistive technologies Staff will receive appropriate training on any new assistive technology.</p> <p>Family members/carers will continue to feed into the process following Committee decision.</p>
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Different Groups to be included in Assessment	Potential Positive impact on a group	Potential Negative impact on a group	Agreed Action/s
Gender reassignment	No impacts identified as a result of the Consultation process.	No impacts identified as a result of the Consultation process.	Gender needs of affected service users will be considered as part of their social care review-any identified needs will be addressed as part of this process.
Pregnancy and maternity	No impacts identified as a result of the Consultation process.	No impacts identified as a result of the Consultation process.	n/a
Race	No impacts identified as a result of the Consultation process.	No impacts identified as a result of the Consultation process.	Cultural/ethnic needs of affected service users will be considered as part of their social care review-any identified needs will be addressed as part of this process.
Religion or belief	No impacts identified as a result of the Consultation process.	No impacts identified as a result of the Consultation process.	Religious needs of affected service users will be considered as part of their social care review-any identified needs will be addressed as part of this process.
Sex	No impacts identified as a result of the Consultation process.	No impacts identified as a result of the Consultation process.	We will consider service users needs based on gender where required. We will ensure we will have a balance of both male and female staff where required/appropriate.
Sexual orientation	No impacts identified as a result of the Consultation process.	No impacts identified as a result of the Consultation process.	Sexual Orientation needs of affected service users will be considered as part of their social care review-any identified needs will be addressed as part of this process.
Marriage and civil	No impacts identified as a result	No impacts identified as a result of	n/a

partnership	of the Consultation process.	the Consultation process.	
Different Groups to be included in Assessment	Potential Positive impact on a group	Potential Negative impact on a group	Agreed Action/s
<p>Other relevant groups eg: Carers, people experiencing domestic violence, looked after children</p>	<p>Staff:</p> <ul style="list-style-type: none"> • Staff will learn new skills and exchange different ways of working, increase skills base. • Opportunities to have new experience and personal development, take on new roles (e.g. medication ordering etc). • Reduce 'burn out' and give opportunities for more flexibility-working across the service. • Improves career development options. • Improves long term career potential –ability to stay with BHCC as main employer. • Some staff are looking forward to the opportunity to work somewhere new and feel that change is positive. 	<p>Staff:</p> <ul style="list-style-type: none"> • Loss of staff/jobs and competitive interviews could lead to low morale and increased sickness levels • Some staff are reluctant to work in more complex environments e.g. challenging behaviour. • Concerns about moving whole teams into complex environment. 	<p>Staff:</p> <ul style="list-style-type: none"> • Staff will be supported to work more flexibly, which would include training and time to work across other homes (shadowing) • Vacancies have been held across Provider Delivery Unit to reduce risk of redundancy. • Explore the most appropriate way to recruit and select-we are aware that competitive interviewing is not appropriate for all staff. • 'Team Prevent' and 'Working Minds' will be offered to staff. • Staff will be offered one to one formal meetings (following Committee decision) to explore individual needs. HR will be in attendance and Union reps if requested. • Flexible working policy, which is already in place, will support staff to gain experience in other services and prepare for any transition in role. • Reasonable adjustments will be considered for all appropriate staff. • Focus groups will continue throughout the process. • Staff newsletter to continue to be provided to advise and update staff. • Staff will continue to be receive training in all aspects required for all of the services they will be expected to work in • All staff will need to have Positive Behaviour Support training and training to meet individual needs will continue to be provided as required e.g. Sensory impairment, Makaton etc.

			<ul style="list-style-type: none"> • Continue to provide inductions to services for all staff
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Lead Officer Responsible for ensuring agreed actions are transferred to service or Business Plan:

Name:	Karin Divall
Job Title:	Head of Provider Delivery Unit , Adult Social Care
Contact details:	
Agreed Date to Review Service /Business plan and/or this EIA:	

Signing of EIA:-

Lead Officer for this EIA:		Date:	
Head of Service Delivery Unit		Date:	
Lead Commissioner (if required):		Date:	
Communities and Equality Team		Date:	

