

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDRENS SERVICES AND EDUCATION COMMITTEE		
DATE:	12 JULY 2017	AGENDA ITEM:	6
TITLE:	FOCUS HOUSE: OPTIONS APPRAISAL		
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SERVICE:	ADULT SOCIAL CARE	WARDS:	ALL
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report sets out options for the future of the Focus House service, which currently provides accommodation with support for adults with mental health needs.
- 1.2 The recommended option is to develop the service as a Supported Living model in line with best practice (the 'recovery approach') and so retaining a service in local authority control and maximising opportunities to retain the expertise of staff currently employed within the service.
- 1.3 If the recommendation is accepted the current service users, in line with their Care Plan needs, will be offered the opportunity to remain living in their current accommodation with individual tenancy agreements. Care will be provided through a high needs Supported Living Recovery Model - in most, if not all, cases by familiar staff.
- 1.4 The following documents are appended:
Appendix 1: Consultation report
Appendix 2: Equality Impact Assessment

2. RECOMMENDED ACTION

- (a) That the recommendation that members have selected Option 3 as set out in this report - '*further develop the Focus House service and change the CQC status from 'Residential' to 'Supported Living'*' be endorsed.

This option provides the most beneficial solution for service users in line with current best practice. It maximises opportunities for retaining experienced staff. It also provides a more cost effective solution compared to the current service

and gives the Council strong influence over the wider market which will have an impact on future prices.

3. POLICY CONTEXT

- 3.1 In recent years, 'recovery' has come to be recognised as a guiding principle - nationally and internationally - in good quality mental health support. The Centre for Mental Health defines recovery as: "building a meaningful and satisfying life, whether or not there are recurring or ongoing symptoms or mental health problems." In practice, this means building greater resilience in people with mental health problems, not just treating or managing their symptoms. Moving towards a recovery based approach involves the transformation of mental health services alongside recognition of the value of supportive communities. There is a strong link between a recovery-based approach to mental health support and social inclusion. Under a recovery model, mental health services support people to be and to feel part of the community where they live, and to make better use of community resources.
- 3.2 Recovery in this context is about seeing beyond mental health problems, identifying a person's skills, interests and hopes for the future. Research has found that the right living environment is an important feature of the road to recovery, and also that empowerment is an important component of the recovery process. There are various service models which offer accommodation and support for people with care needs. A Residential Care service provides 24 hour care as part of the service for all users. Under a Supported Living model, the accommodation and care components are separated. Secure and stable accommodation is provided via individual tenancy agreements, giving individuals rights over their home environment and the ability to exercise choice about, for example deciding who enters their accommodation. Care is more bespoke under a Supported Living model so that individuals receive as many hours care as they require according to their individual needs, which may fluctuate from time to time.
- 3.3 The recovery approach in this context requires a shift from staff acting from a position of expertise and authority, to behaving more like a personal coach or trainer. For example the service user may require support with the process of agreeing and signing a tenancy agreement however, this ultimately gives the service user responsibility and ownership of their own space within the property. This aids the process towards regaining increasing independence.
- 3.4 The Council's approach to commissioning for all mental health support is based on recovery principles, driven by a commitment to delivering high quality support in line with best practice and the need to keep services cost effective and sustainable.

4. BACKGROUND

- 4.1 No.14 Castle Crescent provides Care Quality Commission (CQC) registered Residential Care for up to seven residents in single bedrooms. There is an additional bedroom for the member of support staff covering the 'sleep-in' cover. All Focus House support staff are employed to support the residents of no.14 Castle Crescent.
- 4.2 In addition to supporting the service users in the Residential Care setting of no.14 Castle Crescent the Focus House staff also continue to provide support to mental

health service users who have been resident in no.14 and have now moved to step-down accommodation in one of three properties. These are:

- a. No.16 Castle Crescent: a shared Group Home for 'step-down supported living'. It is located next to no.14 with a maximum occupancy of seven clients. These clients have immediate access to the 24/7 support staff at no.14 through an informal arrangement.
- b. 2 x Shared Group Homes: Focus House support staff provide outreach support to 2 shared group homes with maximum client occupancy of five.

In addition, the 'Focus House' service, with 24/7 cover provided for the Residential Care of service users in no.14 Castle Crescent, promotes itself on an informal basis as a crisis/crisis prevention 'care hub' for previous service users.

- 4.3 On 19/04/2017 CQC inspected the Residential Care service at no.14 Castle Crescent. The service was rated 'Good' for the criteria: 'Safe; Effective; Caring; Well-led' and rated 'Outstanding' for the criteria 'Responsive'.
- 4.4 Focus House is the one remaining Council owned and provided Working Age Mental Health Care accommodation provision in Reading.

5. THE FUTURE OF FOCUS HOUSE - OPTIONS

- 5.1 The Adult Social Care Transformation Programme is aimed at delivering Adult Social Care in the most cost efficient way. The Transformation Programme includes a review of the Focus House service, which is currently providing mental health support on a residential care model that combines accommodation with 24/7 care. This model does not offer flexibility to vary levels of care as people progress along the road to recovery, which is recognised as an important way of empowering service users to achieve and maximise their independence. Four alternative options have been considered.

Option 1

- 5.2 The first option would be to close the Residential Care Home at no.14 Castle Crescent.
- 5.3 Under this option, the seven current service users / residents would need to move to suitable alternative accommodation with packages of care to meet their eligible needs. See section 6.3 for indicative financial modelling
- 5.4 Individual packages of care would also need to be sourced and provided for the seven residents continuing to live in no.16 Castle Crescent and the five residents living in the two, smaller, shared group homes. These service users are currently supported by the Focus House staff based at no.14 Castle Crescent. See section 6.3 for indicative financial modelling
- 5.5 If a decision is taken to close no.14 Castle Crescent, the staff currently employed as Focus House staff would be invited to participate in a formal 45 day consultation process which could result in redeployment or redundancy. If all of the Focus House

staff are to be made redundant, the cost to the Council - not including the value of pensions - is estimated to be in the region of £235k. This would be a one-off cost.

- 5.6 The building at no.14 Castle Crescent could then be offered for re-use as a corporate asset and due process would define the best usage of this property. If it were to be sold, there would be estimated capital return to the Council of c. £800k. This would be a one-off gain.
- 5.7 There are currently no vacancies within Working Age Mental Health Care provision in Reading. This means that pursuing option 1 would necessitate procuring additional accommodation for the service users being moved out of no.14 Castle Crescent. Sourcing alternative property has a lead-in time and would prove to be more costly than the current provision. See section 6.3 for indicative financial modelling

Option 2

- 5.8 The second option is to outsource (sell/lease) the properties/service at no.14 and no.16 Castle Crescent as a going concern to a Mental Health Care Provider.

There are variations within this option, as outlined below.

- a) Outsourcing of the buildings no.14 & no.16 Castle Crescent with the stipulation that they are to be used as a service supporting working age adults with mental health issues. Current residents may need to be re-located. Staff may need to be redeployed or made redundant.
 - b) Outsourcing of the buildings no.14 & no.16 Castle Crescent to be used as a service supporting working age adults with mental health issues with current cohort of residents in situ. All current staff would have the option of transferring to the new provider.
- 5.9 If no.14 and/or no.16 Castle Crescent are to be outsourced, the current staff will need to be redeployed within Reading Borough Council, made redundant or offered employment on their current terms by the new provider under the Transfer of Undertakings Protection of Employment (TUPE) rules. Each alternative would involve a formal 45 day consultation process. If all of the Focus House staff were to be made redundant, the cost to the Council - not including the value of pensions - is estimated to be in the region of £235k. This would be a one-off cost.
 - 5.10 Outsourcing and/or commissioning all or any part of the Focus House service will need to be in line with procurement regulations. If the lifetime value of the proposed contract exceeds £589k an Office Journal of European Union (OJEU) advertised process will be required by the Public Contract Regulations 2015.
 - 5.11 This option could provide a capital gain from the sale/lease of the 2 buildings no.14 & no.16 Castle Crescent. However, outsourcing of all Working Age Mental Health accommodation provision would decrease the Council's negotiating power in any future negotiations about prices, including requests for uplift payments from currently commissioned private providers.
 - 5.12 The financial benefits and potential cost of a contract to outsource the Focus House service no.14 and no.16 Castle Crescent as a going concern to a Mental Health Care Provider is unknown at this stage as it would depend on the model chosen. However,

the indications are that outsourcing would ultimately prove to be more costly for the Council.

- 5.13 Any variation on the outsourcing option reduces the Council's negotiating power when commissioned external providers request an uplift to their payments. A recent request from a provider who is commissioned to provide 7 mental health support beds is for a 50% uplift from a weekly cost of £777 to £1165.50. This uplift is currently under negotiation but if actioned would give an annual total cost of just over £425K for just 7 residents compared to the current £362.6k revenue cost of the Focus House service.

Option 3

- 5.14 The third option would be to further develop and remodel the Focus House service in line with a Recovery Model.
- 5.15 This option would support the residents to regain independence by changing the service criteria and CQC status from Residential Care Home to high needs Supported Living accommodation. Current service take up and recent consultation feedback both demonstrate a need for specialist support to re-able and empower adults with a high level of mental health need. The staff team within the current Focus House service have the necessary skills and experience to be able to deliver this specialist service.
- 5.16 This approach would align care more closely to the needs identified within individual Care Plans. 24/7 care from a specialist Supported Living team employed by Reading Borough Council would be available for people with high needs. This team would also be able to provide smaller care packages proportionate to needs. However, service users would have the opportunity to select their own provider to meet lower level or more general support needs as they progress along their recovery journey. That support could be from the specialist team employed by Reading Borough Council or from another Supported Living provider.
- 5.17 If a specialist mental health recovery Supported Living service was established in this way, positions could be offered to the current Focus House team, and so staff expertise could be retained whilst the service is remodelled to strengthen the recovery approach. As a specialist Supported Living service, the team would have increased flexibility to provide appropriate and proportionate support to residents across the various properties which currently make up the Focus House service.
- 5.18 A Reading Borough Council specialist team could - subject to capacity - also provide support to other service users who are coming into the system or those currently receiving support from external commissioned providers. This could have the potential to reduce future spend on additional commissioned, external providers.
- 5.19 Whilst some staff may choose not to take up a position in the new service, this option would offer the Focus House team opportunities to use and develop their skills. It is therefore likely to result in a high degree of continuity of support workers for a vulnerable group of service users.
- 5.20 De-registering 14 Castle Crescent as a Residential Care Home and registering both no.14 & no.16 Castle Crescent as Supported Living accommodation would provide a more flexible service for the future.

- 5.21 By retaining a Working Age Mental Health accommodation provision the Council would retain a place in the market therefore increasing its negotiating power.
- 5.22 The 2016/17 Gross expenditure through a devolved budget to support Focus House (including costs incurred to run the building) was just under £363K with potential for an income in the region of £44K for rents and out of area placements. If a future service continues to be run from no.14 & no.16 Castle Crescent and the current staff are retained to provide a service this cost should not increase apart for standard annual inflation increases.

The preferred model would be that indicated at 6.3.3. with the Council staff providing background care 24/7 for those residents who currently need this, and providing additional 1:1 hours to residents in step-down or other properties.

- 5.23 As a Residential Care service the residents in no.14 Castle Crescent have been provided with care and accommodation within an Adult Social Care package. However, as a Supported Living facility residents in no.14 Castle Crescent will be required to sign a tenancy agreement and pay rent.
- 5.24 Within the current charging model (August 2017), if the seven residents of no.14 Castle Crescent became tenants, this would generate an annual rental income of £43,798 to the Council. Residents who meet the eligibility criteria will have the charge paid by Housing Benefit.

NB: residents at no.16 Castle Crescent and the two smaller Group Homes are currently charged rent.

Option 4

- 5.25 The fourth option is to continue to run the service as it is with no.14 Castle Crescent retaining the Residential Care home status.
- 5.26 The service would continue without making any changes to accommodation or the services provided across all 4 houses and the 19 residents. The residents in no.14 Castle Crescent would receive 24/7 care as standard without a built-in expectation of care levels being varied to reflect current need and a structured approach to developing personal resilience and promoting independence in line with a Recovery Model.
- 5.27 The skilled and experienced staff employed by the Council for Focus House would be limited to providing a service for a cohort of 19 residents without any flexibility to offer their expertise to support to additional service users.
- 5.28 The 2016/17 Gross expenditure through a devolved budget to support Focus House (including costs incurred to run the building) was just under £363K with potential for an income in the region of £44K for rents at no.16 Castle Crescent and out of area placements. With Residential Care status rental costs will not be payable by the residents in no.14 Castle Crescent (If this rent were payable it could equate to just under £44K annual revenue).
- 5.29 If the current service continues to be run from no.14 & no.16 Castle Crescent and the current staff are retained the cost will increase in line with annual inflation.

6. FINANCIAL IMPLICATIONS

6.1 The current Gross expenditure through a devolved budget to support Focus House (including additional costs incurred to run the building) was £362,600.

6.2 If no.14 Castle Crescent changes status to Supported Living accommodation it will provide an additional rental income of £43,798.

6.3 As future costs are not known 3 different hypothetical financial models have been used to identify indicative costs of providing care for the cohort of 19 residents currently supported by the Focus House service:

6.3.1 Option 1 (close the Focus House service): £700,000 per annum.

This is an indicative hypothetical total annual value if each individual hour of care for all 19 users of the Focus House service is charged at a notional rate of £15 /hour. This is the maximum possible annual value to provide care for the current cohort of 19 service users.

6.3.2 Option 2 (outsource the Focus House service): £490,000 per annum (minimum)

This is an indicative hypothetical total annual value based on the 7 service users with the highest level of need (14 Castle Crescent residents) being placed in a Residential Care setting with a weekly set cost of £777 (a current market rate which is likely to rise). For this cost they would receive 24/7 shared care and a limited amount of 1:1 care. Some of these high needs service users require additional 1:1 care for which there is an additional cost. For all other Focus House service users (those currently residing at 16 Castle Crescent or in the group homes) who require less than this level of care, Supported Living care would be provided. Based on the current cohort of service users, this would be a minimum of 52 hours per week at £15/hour, i.e. an additional £40.5k p.a.

6.3.3 Option 3 (re-configure the Focus House service as specialist high needs Supported Living): £362,600 per annum

This is an indicative total annual value based on a high needs Supported Living financial model. The Council will have a fixed salary cost based on the number of staff required for the team. This team then provides 24/7 background care plus a limited number of 1:1 hours per resident for those that need it. These costs could change in line with any market developments. Opportunities are available as additional available hours from this staff team can be used to meet the needs as identified for residents of other properties. This provides the potential to save the Council from needing to commission additional high needs / specialist Supported Living from more expensive external providers.

This option would generate an annual rental income of £43,798 to the Council. Residents who meet the eligibility criteria will have the charge paid by Housing Benefit.

6.4.4 Option 4 (retain the Focus House service as is): £362,600 p.a.

If the service is retained in its current form, it would continue cost £362,600 but without the option of rental income (per option 3) of £44k p.a.

7 MENTAL HEALTH ACCOMMODATION - LOCAL MARKET

7.1 In Reading there are currently two Residential Care homes for people of working age who have a Mental Health diagnosis. Reading Borough Council owns no.14 Castle

Crescent (Focus House) with seven Residential Care beds and the one external, privately operated home - Yew Tree Lodge - has a total of 16 beds.

- 7.2 Reading Borough Council currently commissions 7 of the 16 (43.75%) beds in Yew Tree Lodge. These are used as long term support or as respite beds. Health (CCGs) also commission beds at Yew Tree Lodge. The CCGs commission three Crisis beds for a maximum stay of five days and Respite/Long term Care beds.
- 7.3 A meeting held with the provider in November 2016 revealed that Yew Tree Lodge has minimal vacancies. The home was recently bought by Partnership in Care 1 Limited who as a large organisation primarily run private mental health hospitals. Their financial performance is monitored by the Care Quality Commission. The average cost per placement in this property is £777.00. At the first financial review since change of owner, coincidentally during the consultation on the future of Focus House, the provider has requested a 50% uplift (£1165.50 average cost). The outcome is still to be negotiated but this does indicate a level of risk if the Council does not retain a foothold in the market.
- 7.4 The mental health residential market is small and if a decision is made to close No 14 Castle Crescent then Yew Tree Lodge will be the one remaining, commissioned, private provider in Reading supporting working age adults with a mental health diagnosis.
- 7.5 Outside of Reading a total of 11 beds across 8 organisations are commissioned for Reading service users currently with a mental health diagnosis.

8 COMMUNITY & STAKEHOLDER ENGAGEMENT

- 8.1 The Council ran a public consultation between 20 March and 16 June 2017 on the future of the Focus House service, in particular the Residential Care Home element. This demonstrated that the current service in its entirety - residential care support alongside lower level support for individuals who do not reside at 14 Castle Crescent - is highly valued.
 - 8.2 Feedback indicated that removal of the service could increase pressure on other parts of the health and care system. Stakeholders were supportive of the Council's proposals to ensure that all mental health support promotes independence, recovery and social inclusion. However, there were understandable concerns about service disruption. The recommended option aligns with the Council's strategic direction whilst retaining valued aspects of the current service.
- 8.3 A full consultation report appears at Appendix 1.

9 LEGAL IMPLICATIONS

- 9.1 Of the current residents supported by the Focus House staff 14 of the 19 residents across all four accommodation sites are legally entitled to *Mental Health Act 1983 (revised 2007)* Section 117 aftercare.
- 9.2 For service users with S117 aftercare status the Council, in conjunction with the NHS, is legally required to provide ongoing services such as healthcare, social care, medication and/or supported accommodation. This provision will be identified within the individual service users' up to date Care Plans. Any changes to the

accommodation and/or packages of care will be required to meet the Care identified within the Plan to ensure that the Council continues to discharge its legal duties.

- 9.3 If No 14 Castle Crescent closes or changes status CQC will need to be informed and no.14 Castle Crescent will need to be de-registered by the Council as per Regulation 15 of the Care Quality Commission (Registration) Regulations 2001. (appendix 3). This is a formal documentation process.
- 9.4 If No 14 Castle Crescent is to close or have a change of use a 45 day formal staff consultation will be required.
- 9.5 If No 14 Castle Crescent is sold as a going concern TUPE and/or Redundancy and/or Redeployment rules will apply to the current staff.
- 9.6 The Council is under a legal duty to comply with the public sector equality duties set out in Section 149 of the Equality Act (2010). In order to comply with this duty, members must positively seek to prevent discrimination, and protect and promote the interests of vulnerable groups. Those who are likely to use the services described in this report will most probably be in possession of at least one of the 'protected characteristics' as set out in the Equality Act, and members must therefore consider the likely equality impacts of the decisions they make on the recommendations presented to them.

10 EQUALITY IMPACT ASSESSMENT

- 10.1 Remodelling the Focus House service (across all affected sites) would inevitably disrupt the service and this carries the risk that people will be more likely to require crisis support and/or develop greater care and support needs. However, the proposal is to remodel the service in a way which will promote mental health recovery and so have a beneficial impact on service users in the longer term. A full equality impact assessment [Appendix 2] identifies both short term risks and ways of mitigating against these.
- 10.2 All users of the Focus House service have mental health problems and are likely to fit the definition of 'disability' within the terms of the Equality Act 2010. Family / informal carers of service users have been identified as additional beneficiaries of the current service, and these carers are likely to qualify for Equality Act protection by virtue of association.

11 Appendices

Appendix 1 Transforming Mental Health: Focus House Consultation final report.

Appendix 2: Focus House Equality Impact Assessment



Transforming Mental Health Services: Focus House

Consultation Final Report June 2017

1. Executive Summary

- 1.1 The Council ran a public consultation from 20th March to 16th June 2017 on ‘the Transformation of Mental Health services – Focus House’. The consultation sought views on the proposed closure of a residential care facility for people with mental health needs.
- 1.2 ‘Focus House’ is a description commonly used in two ways. It is the name of a residential care home for people with mental health needs which is at 14 Castle Crescent in Reading. ‘Focus House’ is also the name of a broader mental health support service delivered by this residential care team to residents of 14 Castle Crescent and of three other properties in Reading. Outside of 14 Castle Crescent, the support which service users receive is at a lower level and along the lines of a specialist Supported Living service, although not formally registered as such. Closure of the residential care home would have an impact on the support received across what is the current Focus House service, and many of the consultation responses referred to the wider service rather than just the residential care home.
- 1.3 People had the option of taking part in the consultation by returning a consultation document, either online or in paper copy. In addition, the Council welcomed feedback in other formats which people found more comfortable. This report summarises all responses received in the form of consultation questionnaires, letters, emails and the content of a video made by service users and family carers with the support of Healthwatch Reading. Alongside this, an online petition was started under the title ‘Save Focus House - a residential re-enablement service for people with mental health needs’. Like the formal consultation responses, many of the reasons for signing

given by petitioners referred to the wider service and not just the form of support currently provided at 14 Castle Crescent.

- 1.4 Feedback within the 54 written consultation responses, the individual letters, emails and video testimonials stressed the local need for a range of services bridging the gap between institutionalism and independent living. Respondents also described the expertise and commitment of the Focus House team. This feedback has informed the development of an alternative option for the future of Focus House, i.e. to *'further develop the Focus House service and change the CQC status from 'Residential' to 'Supported Living'*. This would be a specialist mental health Supported Living service with a focus on re-abling people leaving in-patient care.

2. Context

- 2.1 Because of unprecedented cuts in funding, the Council is facing extreme financial pressures. This means that the local authority needs to review its services, including adult social care services, transforming them where necessary to ensure that they are appropriate, effective and cost efficient.
- 2.2 There are various service models which offer accommodation and support for people with care needs. A Residential Care service provides 24 hour care as part of the service for all users. Under a Supported Living model, the accommodation and care components are separated. Secure and stable accommodation is provided via individual tenancy agreements, giving individuals rights over their home environment and the ability to exercise choice about, for example, deciding who enters their accommodation. Care is more bespoke under a Supported Living model so that individuals receive as many hours care as they require according to their individual needs, which may fluctuate from time to time.

3. What we consulted on

- 3.1 We asked people to tell us:
- If they agreed with focusing limited resources on services that promote recovery;
 - If they had any concerns about the closure of the residential care element of the Focus House service;
 - If they agreed with encouraging and supporting people to make better use of community services and support that promotes recovery and independence; and
 - What other comments they wished to make on the Council's proposals

4. How we consulted

4.1 The web based consultation ran from 20th March to 16th June 2017. It was an open public consultation but was particularly aimed at:

- All residents currently supported by the Focus House Service – residents of the residential care home and those receiving more arm's length support (19 people);
- Next of Kin/carer for each of the Focus House service users;
- Focus House staff (13 people).

Each of the above was handed/posted a named paper copy of the consultation document and a pre-paid reply envelope.

4.2 Health services e.g., CCGs and Berkshire Healthcare Trust, were also informed of the consultation as were Reading carers.

4.3 Information sessions took place prior to the start of the formal consultation with a session for the Focus House staff on 16th March 2017 and two identical sessions for the Focus House service users on 17th March 2017.

4.4 The Council issued a press release announcing the start of the consultation on 20th March 2017. The release contained details of how to obtain the consultation document including an electronic version on the Council website.

4.5 A telephone line and email address were provided as contact points for any queries and to request additional, paper copies of the consultation document. This contact detail was also available in the press release.

4.6 Healthwatch Reading offered its assistance to service users who wanted independent support in order to formulate a consultation response. Healthwatch representatives were invited to attend the Focus House service users' sessions on 17th June 2017. Healthwatch subsequently arranged a series of meetings with service users to identify the key points they wished to make about the Council's proposals.

4.7 As well as supporting several service users to complete and return consultation questionnaires, Healthwatch also compiled a video containing service users' comments under the following headings:

- Tell us how you came to be a resident at Focus House

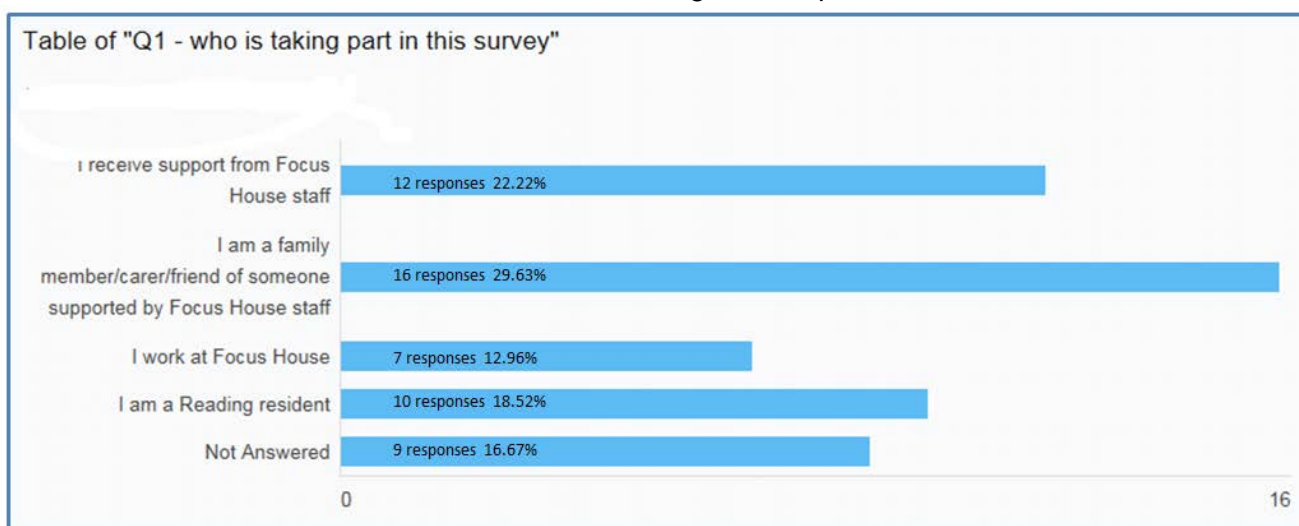
- Tell us about what you do together as residents of Focus House
- How do staff support you?
- What difference has Focus House made to your health?
- Where will you get help and support from if we are not here?
- How important is it that you are allowed to keep pets here?
- What should Council do about Focus House

These headings were generated from service users' group conversations and then used as prompts to structure the video. The people who appear in the Healthwatch video represent those currently receiving residential care, those who live at other addresses but call on the Focus House team for support, and family carers of Focus House service users.

5. Who Responded

5.1 A total of 54 consultation responses were received: 22 were received as paper copy and 32 were entered directly online. These were from a mix of Focus House service users (12 responded), their friend/carer/family member (16 responded), staff of Focus House (7 responded) and other Reading residents (10 responded). Nine people who responded did not identify if or how they are connected with the Focus House service.

Table 1: Who is taking part in this survey



5.2 Of those who responded to the consultation 19 (35.19%) identified as male and 24 (44.44%) identified as female. 11 people did not identify their gender.

5.3 The age group completing the consultation document ranged from 18 up to 75+.

- 5.4 Of the 44 people who responded to the question *‘Do you have a disability, long term illness or health problem (12 months or more) which limits your daily activities or the work you can do?’* 14 people (29.93%) identified as being limited within their daily activities however, of the 30 (55.56 %) who identified as not being limited within their daily activities at least 2 are known to be residents of 14/16 Castle Crescent so although supported 24/7 some of the residents are not acknowledging their current limitations.
- 5.5 The majority of those who responded to the question *‘Which ethnic group do you belong to’* 59.26% identified as White British (slightly lower than the Reading Census 2011 percentage of 66.90%) with the remainder coming from a range of ethnic groups at percentages similar to that of the Reading population at the 2011 census.

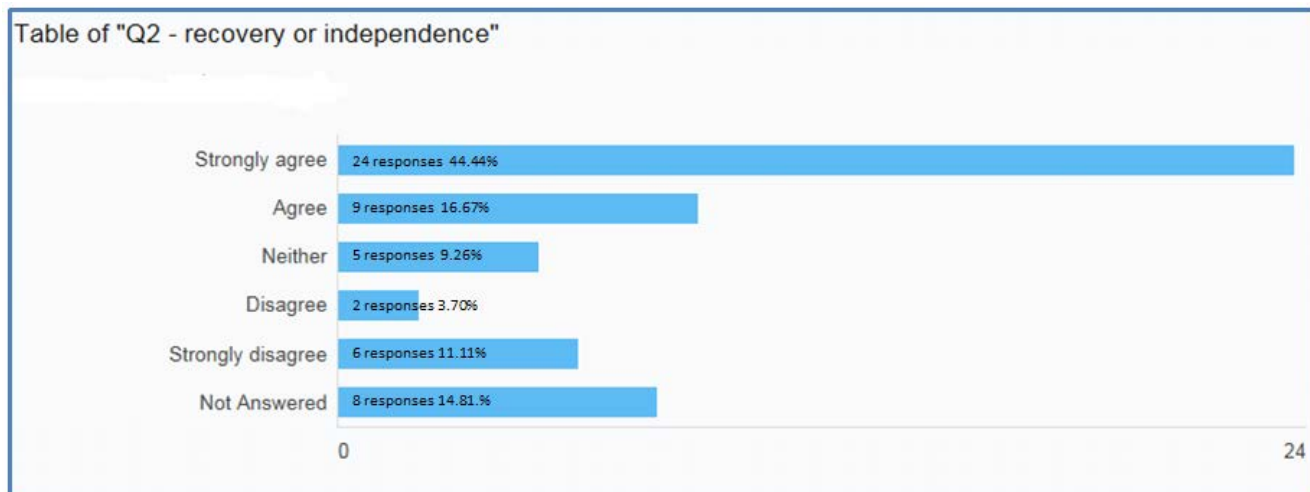
Ethnicity

Ethnicity	Total Responses	Percent Responses
White – British	32	59.26%
White - Any other White background	2	3.70%
Mixed - White and Black Caribbean	1	1.85%
Mixed - White & Black African	2	3.70%
Asian or Asian British – Indian	1	1.85%
Asian or Asian British – Pakistani	1	1.85%
Black or Black British – African	2	3.70%
Black or Black British – Caribbean	1	1.85%
Other ethnic group - (Slav)	1	1.85%
Prefer not to say	5	9.26%
Not Answered	6	11.11%

6. Consultation Feedback

Do you agree that we should focus our limited resources on services that promote and support recovery and independence

6.1 When asked 'Do you agree that we should focus our limited resources on services that promote and support recovery and independence?' All 54 people responded.



The majority - 44.44% - responded with 'Strongly Agree' and most people added a comment to expand their response.

6.2 Several people described negative experiences of in-patient psychiatric care to explain why they were so supportive of promoting recovery, i.e. as a way of avoiding admission / re-admission to hospital where possible. Independence in the form of managing with just low level or general support was generally a shared aspiration, but some family carers had doubts about how realistic this was for their relative.

6.3 A number of people described the need for a gradual progression down from hospital care to managing with a general Supported Living or Floating Support type service. Some talked of this as needing to pace recovery so as not to provoke a relapse. Others had specific concerns about needing to develop individuals' ability to deal with challenges such as avoiding exploitation whilst maintaining a healthy level of social contact.

6.4 There were numerous examples given of how the Focus House service already promotes recovery and independence.. People talked of how the service improves self esteem and self respect, and drew attention to the comment made in a recent CQC inspection report:

'Staff placed emphasis on the need to help people grow and develop towards independence.'

6.5 Others commented:

'Focus House has excellent ethos... has a powerful influence on improving self-esteem and self-respect which are so important on the road to recovery'

'Recovery stories begin at Focus House'

'Focus House is needed to continue progressing individuals through the system towards recovery and independence, as a vital transition service'

'Focus House has been successfully rehabilitating people with mental health problems for nearly 30 years'.

Do you have any concerns about the proposal to close the residential care element of Focus House?

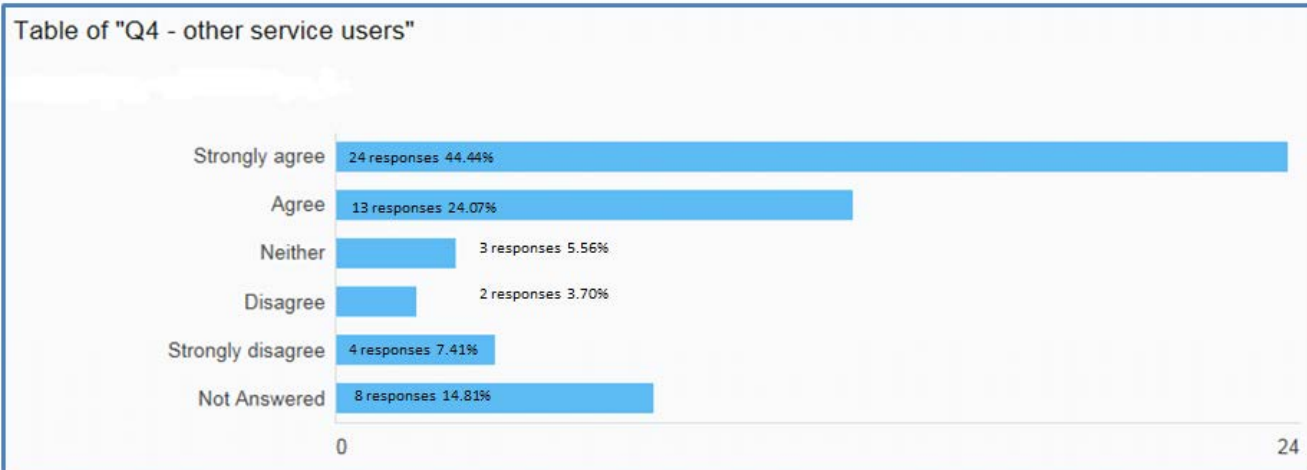
6.6 Only a minority of respondents had no concerns about the proposal to close the residential care element of the Focus House service. Some of the concerns expressed were clearly related to the residential care element of the service, but a large number were concerned with the impact on the wider service – to people already receiving a Supported Living type service despite the Focus House team's CQC registration status, e.g.

'... difficult to quantify is the added value provided to tenants in the satellite houses, who formally have very few hours dedicated to them in their care plans. However, the fact that Focus House is available 24/7 to offer support when needed over and above the official hours of support provides a safety net which would be hard to replicate should the service close.

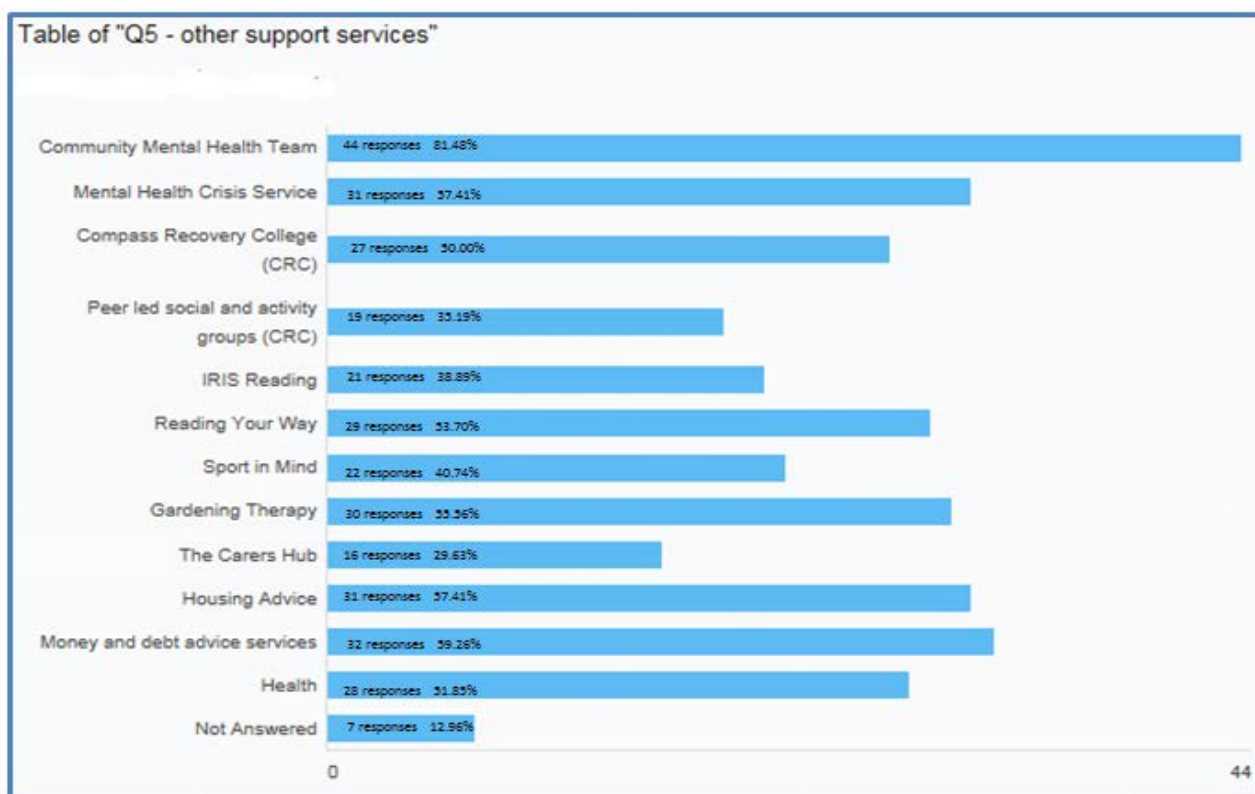
6.7 Several people raised specific concerns about how those currently receiving residential care would receive personal care under a Supported Living model. Some also had misgivings about the upheaval of a change from residential care to Supported Living even if this has clear medium to long term benefits. Some of the concerns people had, came out of an (incorrect) assumption that Supported Living tenants always live alone rather than having the option of a group home, so there were worries that peer support would no longer be available.

Do you agree with encouraging and supporting people to make better use of community services and support that promote recovery and independence

6.8 When responding to the question 'Do you agree with encouraging and supporting people to make better use of community services and support that promote recovery and independence', 68.51 % strongly agreed/agreed.



The majority of the people who responded were aware of the majority of the support services listed.



6.9 The comments added to these responses generally related to people's perceptions of how the Focus House service currently supports people to link into community activities. People who receive support outside of the residential care element of the Focus House service offered the richest examples of community connection, including physical activity sessions, hobby sessions,

regular volunteering, faith groups and preparing for paid work. However, those resident at 14 Castle Crescent also described how Focus House staff have supported them to access a wide range of community groups.

- 6.10 A number of comments related to how some people need a significant level of support and encouragement in order to link into community services and benefit from these. Focus House staff are generally recognised for having a strong ethos of linking people with their local community. In addition, they are trusted to develop realistic plans with the people they support, moving at a sustainable pace.

'Support groups sound like a good idea but somebody has to work on people's motivation to attend these groups. It is not difficult to get groups and activities running. The most difficult task is to get mental health sufferers to join and attend on a regular basis, developing motivation, supporting residents to gain confidence and increase self-esteem.'

'The residents at Focus House need much more support than that given in the community because they won't attend without a lot of encouragement.'

- 6.11 On a practical level, some people observed that 14 Castle Crescent is well located for access to buses, a library, churches and other activity centres.
- 6.12 Some of the people who live away from 14 Castle Crescent but are still supported by Focus House staff talked about how being able to call of those staff helps them to live independently. There are situations which people worry about handling which don't require regular support hours – just the reassurance that help is available if needed. This includes minor household repairs, problems with electricity supply, support at times of disorientation, and managing medical appointments.
- 6.13 There were some concerns that this question indicated a Council policy which could lead to over reliance on community services, particularly in the context of reduced funding for voluntary and community organisations.

'Community service should be used where appropriate. They cannot and must not replace vital, more intensive forms of support'

7. Additional comments

- 7.1 Several people challenged the economic rationale for changing the Focus House service as they believe the support people receive there avoids higher costs within the local health and care system, e.g. keeping people out of hospital.
- 7.2 There were a large number of comments praising the commitment and expertise of the Focus House staff, and the impact they have had.

'They have changed x's outlook on life'

"Without Focus House I would have been lost."

A number of family carers were particularly supportive of the Focus House team, describing them as more responsive to carers than are many other services.

- 7.3 Several people queried whether the Council's proposed shift from residential care to Supported Living would leave Reading with sufficient support places for people at each stage of a mental health recovery journey. The high staffing ratio in the Focus House team means the service is well placed to spot early signs of difficulty and so respond at an early stage to people who are vulnerable to relapse.
- 7.4 Some people were confused about the impact of the Council's proposals. Concerns were expressed about the possibility of Focus House service users being re-housed outside of Reading or being re-housed without any care package at all.
- 7.5 The very low rate of staff turnover within the Focus House team was highlighted, as was the team's reputation.

'People have trust and confidence in Focus House. Trust and confidence are feelings that cannot be generated overnight: they only develop over time.'

'The secret of why I'm here at all is because of the tireless efforts of the staff at Focus house, their never ending patience with me. And good humour in the face of adversity.'

- 7.6 Several people commented that they thought there was room for some modernisation within the Focus House service, but that there were many positive features of the service which the Council ought to try to preserve.

8. Conclusion

- 8.1 A consultation on removing the residential care element of the Focus House service shows that people feel this would leave a gap in local provision because there is a need for a service which acts as an intermediary between hospital care and general Supported Living then Floating Support.
- 8.2 The Focus House team is already providing 'step down' care at 3 properties and doing so very successfully. This care would be disrupted if the residential care facility was closed.
- 8.3 The service at 14 Castle Crescent is registered in a way which does not promote bespoke care or preparation for independently managing a tenancy, and there is scope to remodel the service to formalise and build on the good practice developed within the Focus House team.
- 8.3 Many of the comments made during the consultation highlight and are in support of the expertise of the Focus House staff who have the skills to support residents towards independence at a pace that is appropriate for higher level mental health service users. Most respondents felt this could not readily be replicated.

Proposal: To reconfigure the 'Focus House service' as a specialist Supported Living service for adults with high level mental health needs.

Directorate: Adult Care and Health Services

Service: Transformation Team

Name: Sue Mackay

Job Title: Transformation Project Manager (Mental Health)

Date of assessment: 19/06/2017

Scope your proposal

What is the aim of your policy or new service/ what changes are you proposing?

The Council's approach to commissioning for all mental health support is based on recovery principles, driven by a commitment to delivering high quality support in line with best practice and the need to keep service cost effective and sustainable.

The Council's in-house 'Focus House service' provides residential care for up to 7 adults with mental health needs at 14 Castle Crescent Reading RG1 6AG in addition to lower level support to former residents of 14 Castle Crescent who have now moved into 'step down' accommodation. The current Residential Care Home model does not offer the flexibility to vary levels of care as people progress along the road to recovery. This variation in the level of care is recognised as an important way of empowering service users to achieve and maximise their independence.

Care is more bespoke under a Supported Living model so that individuals receive as many hours of care as they require according to their individual needs, which may fluctuate over time.

The proposal is to transform the CQC registered Residential Care Home no.14 Castle Crescent and re-provision the service as a specialist Supported Living service in line with best practice - the Recovery Approach.

Who will benefit from this proposal and how?

- The proposal to change the service criteria and CQC status from Residential Care home to Supported Living accommodation will support the service to provide the proportionate amount of care for each individual. This will benefit service users by promoting recovery and greater independence. The new service would also offer existing Focus House staff opportunities to develop their skills.
- Reconfiguring the service in this way would make it more cost effective in the longer term and so able to contribute to the Transformation and Sustainability agenda within Reading Borough Council.

What outcomes does the change aim to achieve and for whom

- This change will support the residents to regain independence by changing the service criteria and CQC status from Residential Care to Supported Living accommodation. Current service take-up and recent consultation feedback both demonstrate a need for specialist support to re-able and empower adults with a high level of mental health need. The staff team within the current Focus house service have the necessary skills and experience to be able to deliver this specialist service.
- This approach would align more closely to the needs identified within individual Care Plans. 24/7 care for people with high needs would be available from a specialist Supported Living team employed by Reading Borough Council. This team would also be able to provide smaller care packages proportionate to needs. However, service users would have the opportunity to select their own provider to meet lower level or more general support needs as they progress along their recovery journey. That support could be from the specialist team employed by Reading Borough Council or from another Supported Living provider.
- With a change from Residential Care to Supported Living the residents will become tenants. The process of agreeing and signing a tenancy agreement gives the service user responsibility and ownership of their own space within the property. This aids the process towards regaining increasing independence.

Who are the main stakeholders and what do they want?

- Key stakeholders are the seven current residents of 14 Castle Crescent and their families.
- The staff group known as Focus House also provide mental health support to an additional 12 service users in 3 properties located within the Reading area. As recipients of this support these 12 service users, together with their families, are also identified as main stakeholders.
- The 13 members of staff currently employed in the service known as Focus House are additional key stakeholders.

Those currently supported by or employed within the Focus House service are keen to preserve the most valued aspects of the current service.

- Other key stakeholders are partner agencies across sectors who provide mental health care and support in the Reading area.

Partner agencies wish to ensure that there is a sufficient supply of accommodation with specialist mental health support in Reading so that adults with mental health needs can be supported in the most appropriate way for their needs from time to time, e.g. not detained in hospital beyond the point of being medically fit for discharge and not accommodated in services with inadequate support.

- Other Reading adults with mental health needs and their carers are additional stakeholders as potential users of the Focus House service or its replacement.

The priority of the wider stakeholder group is for the right mental health support to be available at the right time for all who need support.

Assess whether an EqlA is relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc)

Yes

The residents of no.14 Castle Crescent are identified as having severe and enduring mental health problems, which would be recognised as a 'disability' within the terms of the Equality Act 2010.

The current residents have been assessed and placed in no.14 Castle Crescent, usually after being in a secure institution, as the first step on the road to recovery from a mental health problem. Residents in no.16 Castle Crescent, the step-down accommodation, need less support but still need the reassurance of knowing that the staff are available 24/7. The 5 residents in the 2 small Group Homes have geographically moved further away from the 24/7 support however, they have the reassurance that the staff are immediately available 24/7 in times of crisis.

Any changes to the provision offered by the Focus House staff will immediately affect the 12 residents in no.14 & no.16 Castle Crescent and the 5 residents in the 2 small Group Homes.

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about our complaints, consultation and feedback.

Yes. Council proposals to review the Focus House service have attracted public and media attention highlighting concerns about the impact were the service to be closed. Formal consultation feedback shows that the service is valued and relied on by some very vulnerable adults and their families.

If the answer is YES to any of the above you need to do an Equality Impact Assessment.

If NO you must complete this statement.

An Equality Impact Assessment is not relevant because:

Signed (completing Officer)

Date:

Signed (Lead Officer)

Date:

Assess the Impact of the Proposal

Consultation

Have you consulted with or do you plan to consult with relevant groups and experts. If you haven't already completed a Consultation form do it now. The checklist helps you make sure you follow good consultation practice.

[My Home > Info Pods > Community Involvement Pod - Inside Reading Borough Council](#)

Relevant Groups/ Experts	How were/will the views of these groups be obtained	Date when contacted
	Public Consultation online or request paper copy via designated phone number or email address	Consultation launch date 20/03/2017, end date 16/06/2017
All Focus House service users including residents of no.14 and no.16 Castle Crescent, and the 2 small group homes	Q and A information sessions for all 19 Focus House residents: no.14, no.16 Castle Crescent, and the 2 small group homes The session took place in the lounge of no.14 Castle Crescent where the Focus House service users hold their general groups and meetings. Healthwatch advocacy staff attended. Links were made with the residents who were to be supported by an advocate to complete the consultation questionnaire and allowing their voice to be heard.	Two identical consultation process information sessions were held for residents on 17/03/2017
All Focus House staff	Q and A Information session to Focus House staff prior to consultation launch. The session was held in the lounge of no.14 Castle Crescent. All staff except one were able to attend, she was talked through the consultation process prior to the other staff attending the meeting.	Information session for staff held 16/03/2017

Families of Focus House service users	A next of kin of each of the 19 service users were sent a paper copy of the consultation with an explanatory letter and a prepaid reply envelope.	Mail-out to next of kin sent on 17/03/2017
Advisory letter sent via email to CCG and BHFT	Formal letters sent by email	Sent 20/03/2017
Consultation access detail forwarded by email to CMHT	Email sent to admin for circulation by CMHT Review and Reablement team lead	Sent 20/03/2017
Consultation access detail forwarded by email to Carers group	Email sent to group by Preventative Services Development Manager	Sent 20/03/2017
HealthWatch provided with consultation link	Healthwatch link: Rebecca Norris	Sent 17/03/2017
Consultation link published in press release in 'Reading Chronicle'		17/03/2017
<p>During the consultation to review the provision of services based in the Residential Care Home, 54 completed consultation documents were received. 8 individuals wrote personal letters and emails in support of the services that are currently provided. All communication requested that a Focus House service continues to run.</p> <p>There is also an ongoing online petition to 'Save Focus House'. This petition was set up by one of the Focus House residents and at the time of writing has 290 signatures. (21/06/2017) This petition has not yet been presented to the Council.</p>		

Collect and Assess your Data

Describe how this proposal could impact on Racial Groups		
The changes will be equally applicable to all regardless of race		
Ethnicity	staff	residents
White - British	9	11
White - Any other White background	2 (White European)	
Mixed - White and Black Caribbean	1	1
Mixed - White & Asian		1
Asian or Asian British - Pakistani		1
Black or Black British - African		1
Black or Black British - Caribbean	1	4
People from BME backgrounds are slightly over-represented in the service user group. The		

proposed change to the service therefore has the potential to impact disproportionately on BME groups. Ultimately this effect should be a positive one, however, as the service is remodelled in line with best practice. There could still be a negative but short term impact as a result of the process of transition which can in itself provoke anxiety.

Is there a negative impact	Not sure
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Describe how this proposal could impact on Gender/transgender (cover pregnancy, maternity, marriage)

The changes will be equally applicable to all regardless of Gender. Of the current service users 15 (78.95%) are male and 4 (21.05%) are female. As men are over-represented in the current service user group by comparison to the local population profile, any changes to the service could disproportionately affect males, however each service user has their own individual care plan.. Any service provision will be based on their needs within the care plan irrespective of their gender. Current staff members are 5 male and 8 female. Not all staff are full time. Proportionately the staff full time equivalent is male 54.55%, female 45.45%, therefore any changes to the service could disproportionately affect males. Care will be taken to ensure ongoing employment opportunities are offered to all members of staff in line with the Council's HR and Equal Opportunities policies.

Is there a negative impact	Not sure
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Describe how this proposal could impact on Disability

The client group affected by the potential transformation of the Focus House service and re-provision of services have severe and enduring health problems and can be categorised as disabled by their current condition. The proposed changes to services are specifically targeted at this group of service users. The proposal is therefore likely to have a disproportionate effect on disabled adults. Ultimately this effect should be a positive one, however, as the service is remodelled in line with best practice.

All of the affected service users are having their needs reviewed by their Care Plan Coordinator so they can be supported to choose an updated support package which best meets their needs.

During any transformation of services there may be a negative impact on the emotional wellbeing of the service users. This may also have a negative impact on carers. However care will be taken to ensure that service users are supported to remain in or move to their preferred accommodation and service appropriate to their eligible needs. Carers will be kept informed of any possible changes to the service as soon as possible.

Is there a negative impact	Not sure
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Describe how this proposal could impact on Sexual Orientation (cover civil partnership)

No negative or disproportionate impact has been identified, but person centred reviews will consider individuals' sexual orientation and how this may impact on finding the most appropriate (alternative) service for each person if Focus House is de-registered as a

Residential Care Home..	
Is there a negative impact	No

Describe how this proposal could impact on Age																						
The changes will be equally applicable to all regardless of age																						
<table border="1"> <thead> <tr> <th>Age</th> <th>Staff</th> <th>Residents</th> </tr> </thead> <tbody> <tr> <td>18-24</td> <td></td> <td></td> </tr> <tr> <td>25-34</td> <td></td> <td>1</td> </tr> <tr> <td>35-44</td> <td>1</td> <td>4</td> </tr> <tr> <td>45-54</td> <td>5</td> <td>4</td> </tr> <tr> <td>55-64</td> <td>4</td> <td>9</td> </tr> <tr> <td>65-74</td> <td>3</td> <td>1</td> </tr> </tbody> </table>		Age	Staff	Residents	18-24			25-34		1	35-44	1	4	45-54	5	4	55-64	4	9	65-74	3	1
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55-64	4	9																				
65-74	3	1																				
Older working age adults are over-represented in the service user group and so changes to the service have the potential for a disproportionate effect on this age cohort. Ultimately this effect should be a positive one, however, as the service is remodelled in line with best practice. There could be a negative impact as a direct result of the transformation process as this can in itself provoke anxiety.																						
Is there a negative impact	Not sure																					

Describe how this proposal could impact on Religion or Belief	
No negative or disproportionate impact has been identified, but person centred reviews will consider individuals' religion or belief and how this may impact on finding the most appropriate (alternative) service for each person if Focus House is de-registered as a Residential Care Home..	
Is there a negative impact	No

Make a decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you MUST assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

Tick which applies (Please delete relevant ticks)

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1. Negative impact identified or uncertain

What actions will you take to eliminate or reduce the impact? Set out your actions and timescale?

The residents in no.14 and no.16 Castle Crescent are having their care plans reviewed. If a transformed Focus House service can provide for their needs and they meet any eligibility criteria they will be offered the choice to stay with the Focus House service or to move to alternative accommodation and/or provider of care services. Care Plan coordinators, as part of their normal responsibilities, will work with their named service user(s) to ensure that the most appropriate type of accommodation and support will be sourced. These discussions have been ongoing during the consultation timescale and will become more focused with a publically announced outcome on 12th July 2017. With the service users informed consent they will be supported to remain in a transformed Focus House service or to move to new accommodation and/or service provider.

For each of the five residents in the small Group Homes any additional, newly documented, Care Plan needs that are currently being provided by the Focus House staff will continue to be provided, this may be through continued support from the Focus House staff or by a third party provider as per their informed consent and the services available. The accommodation for these 5 service users is not affected by the consultation. As part of their ongoing care these service users will offered any available choices as they arise.

During informal conversations at the consultation information sessions some of the residents expressed concern at being moved while others viewed it as an opportunity to state their preference to move to a different type of accommodation with care. Service user choice that is supported by eligible need will be respected with first choice preferences actioned where possible.

How will you monitor for adverse impact in the future?

Each service user has an individual care plan that is reviewed minimum once a year, some are reviewed every three to six months. Level of care and support is allocated directly as a result of the care plan. Care Plan Coordinators are aware of the emotional impact the consultation is having on their named service users and are already providing additional contact. Any immediate and/or excessive changes to the care required may indicate potential impact that will need to be monitored.

Signed (completing Officer)	Date:

Signed (Lead Officer)	Date: