

Fair Treatment Assessment (FTA) Form



Area of Assessment	
Name of service or function etc	Review of packages of Care
Which service does this affect?	Adult Social Care
Is this a new, existing or revised function?	Existing
Summary of findings	
Main conclusions on the likely impact of the function on different equality groups protected characteristics)	
<p>This Fair Treatment Assessment (FTA) summarises the overall aims of this particular piece of work (which is entitled 'Review of Packages of Care exceeding £1,000 per week'), as well as identifying the stages involved.</p> <p>This Fair Treatment Assessment is being undertaken on the basis that the Council, in this challenging financial climate, has to review the services and costs associated with some packages of care, to ensure that people's needs are being met and that the costs of those services represent a 'fair price for quality care' .</p> <p>The project is focussed on those care packages which exceed £1,000 a week and includes residential and nursing home care as well as supported living. Currently, 152 people's services are equal to or exceed this threshold, straddling a weekly cost range of £1000.42p per week through to £4,290.72 per week. This equates to an annual spend of £15.1 million per year. The majority of people, whose packages are of this value, are people with learning disabilities; however, it does include a small number of older people, people with physical disabilities and people with mental ill health. Within the range identified, a number of packages are jointly funded with Solihull NHS – this is particularly the case for people with learning disabilities and people with mental ill health</p> <p>Some of the costs and spend patterns are attributable to the price of property in the Borough. It is also due to Solihull having two long stay hospitals in its boundaries until the late 1980's. This resulted in many people being resettled in to small homes in the community when the hospitals closed.</p> <p>This project is inextricably linked to the Council's statutory duty to ensure a person's assessment of need is accurate and that they are receiving the support they require to enable them to live as independently as possible in their local community. It is only in the context of this statutory review that the costs paid to the organisation providing a person's service are evaluated.</p> <p>The approach we are adopting combines the formal review of a person's needs - carried out by members of the social work teams within Adult Social Care- combined with an evaluation of the costs associated with the services being provided, using a nationally recognised tool called the</p> <p>The Care Funding Calculator is being used extensively across England and was an initiative</p>	

developed and successfully implemented by Improvement & Efficiency South East (IESE) before being deployed nationally. It began its roll out across the West Midlands in 2008.

By its very nature the focus of this work is on named individuals and is based upon a formal, statutory review of their assessment of need. This involves the individual as the focus person, their families (where they are involved in the person's life and where appropriate) and other relevant professionals from the multi disciplinary team. This includes independent advocacy and Independent Mental Capacity Act Advocates (IMCAs) where relevant

Engagement with the provider occurs at both the social work level review level, as well as the negotiation stage where the analysis of costs – having mutually agreed a view of the person's support needs – is discussed and agreement about funding is reached.

The Care Funding Calculator tool has been developed with service providers nationally (of Registered Residential and Nursing Homes and supported living providers) and included organisations representing the whole market sector

The approach we are adopting locally necessitates -from the outset -that we work alongside providers, the service user and their families :

- The review of the person's assessment of need is undertaken in conjunction with the focus person and clearly the provider is an intrinsic part of that process
- Where appropriate it involves a family member and /or an independent advocate
- The review also involves the provider
- The completed review and identification of needs is sent to both the individual and the support provider
- The support provider is asked to critically review the details of the review and indicate areas of agreement and disagreement
- A negotiation of cost *only* commences when the provider agrees that the review is an accurate reflection of the person's needs and therefore a reflection of the level, intensity and nature of the input that is required of the provider
- During the negotiation phase, the provider receives a copy of how the person's support needs translate in to costs – i.e. the actual Care Funding Calculator spreadsheets
- The negotiation meetings frequently involve 4 members of the organisation's care and finance teams. This meeting is the forum in which discussions about needs and support (staffing levels, overheads etc) takes place.
- The provider has the right to disagree with our interpretation of the level of support a person requires or the valuation of their on- costs and these are frequently amended during the meeting.
- Frequently, more than one meeting is required to agree any financial revision and on occasions we have increased the costs paid to a provider as well as reducing them

. Providers are given information about the Care Funding Calculator tool and are directed to the web site where there is a lot of information to provide additional support and guidance to them. Overwhelmingly – because of the national nature of the tool – providers are familiar with the calculator and have frequently already calculated their own view of costs when we meet with them

The overwhelming majority of people, whose services are being considered through this work, are people with learning disabilities. Therefore, simply from a proportionate perspective, this will project will have a greater impact on people with disabilities.

Linked to this therefore, will, will be an impact on people who have close ties with their families – and who may be older people with health issues of their own.

The Council recognises therefore, that the approach to this work has to be sensitive but transparent. It necessitates a highly individual approach that is firmly embedded in a review of the person's needs in order to secure a very clear understanding of the level of support they require; this is agreed with the individual (where possible), their family (where possible and appropriate) *and* the provider, before any analysis of cost and negotiation commences. This ensures that this work is driven by an understanding of people's needs and needs and that only having established a consensus about that is finance considered.

Overall, the Council's objective is to do its utmost to enable the continuation of quality services which are meeting people's needs. However, this needs to be in the context of the provider charging a fair price for the level of provision and complexity required therefore, cost negotiations will only take place where the Care Funding Calculator indicates that the service costs are inconsistent with the national framework.

Part G: Actions

Actions required to address negative impacts identified or to better promote equality, human rights, cohesive and sustainable communities and safeguarding issues

Action	Outcome	Timescale
Ensure that social work teams carrying out reviews are experienced in understanding the impacts of disability.	Reviews will appropriately reflect responses to the assessed needs of individuals arising from their disability	March 2013
Where younger people are living in residential/nursing care, they (and their families) will be supported to appreciate that where possible, the goal for individuals will be to live in less restricted settings	People are living well supported but independent lives, in ordinary settings rather than institutional care	March 2013
Ensure that race, and ethnicity are specifically reflected upon during the review process and care planning	Specific consideration and action is made in relation to ensuring that people's race and ethnicity is addressed	March 2013
Ensure that religion, beliefs and faith is explicitly reflected	People are recognised as having religion faith or beliefs which need to be met and that their spiritual needs are	March 2013

upon in the social work review process and that providers are able to demonstrate how they are supporting people with this.	met	
Ensure that multi disciplinary teams work together.	Where people display complex and challenging behaviours, they receive support from the multi-disciplinary team which helps to minimise the negative impact.	March 2013
Ensure that the financial impacts of disability are minimised in so far as is possible	People with disabilities and older people have access to benefit advice to ensure that they are maximising the income to which they are entitled	March 2013
Should there be difficulties in reaching a negotiated financial settlement between the Council and a provider, it must be ensured that the individual has access to independent advocacy.	People have access to independent representation to ensure that their interests are paramount in a negotiation process. This must be combined with robust adherence to the Mental capacity Act and allied best Interest processes	March 2013
Develop a policy and process clearly defining in actions and intentions.	There is a policy in place – suitably reflected in the contractual agreements, and clearly communicated to families – of the actions and processes which will be followed	September 2012
Date Assessment Signed Off	5 May 2012	
Date reviewed		