

Cabinet Meeting

Wednesday, 11 November 2015

Dear Councillor

CABINET - WEDNESDAY, 11 NOVEMBER, 2015

I am now able to enclose, for consideration at next Wednesday, 11 November, 2015 meeting of the Cabinet, the following reports that were unavailable when the agenda was printed.

Agenda No Item

- 5 **Children's Services transformation phase two (Pages 3 - 34)**
[To approve the proposals within the report to go out to full consultation]

- 6 **Better Care technology and strengthening support at home (Pages 35 - 60)**
[To approve the development of an enhanced Better Care Technology offer and to work alongside Wolverhampton Homes to drive the significant service developments that would be required]

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Cabinet Meeting

11 November 2015

Report title	Children's Service Re-Design	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Val Gibson Children & Young People	
Key decision	Yes	
In forward plan	Yes	
Wards affected	All	
Accountable director	Linda Sanders, Strategic Director for People	
Originating service	Children and Young People	
Accountable employee(s)	Emma Bennett	Service Director, Children & Young People
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Report to be/has been considered by	People Leadership Team	26 October 2015
	Strategic Executive Board	27 October 2015

Recommendation(s) for action or decision:

The Cabinet is recommended to:

1. Support the overarching aim of early intervention and prevention being to safely prevent family breakdown and thereby reduce the number of children being taken into care.
2. Approve the outline design of the early intervention and prevention model and associated proposals for the re-design based on the objectives and principles set out in this report.
3. Approve the commencement of formal consultation on these proposals.

4. Agree to receive a further report in February, following consultation, to make proposals for implementation.
5. Approve any necessary TUPE transfer of employees in Early Help (0-5) Services currently delivered through School Governing Bodies.

Recommendations for noting:

The Cabinet is asked to note:

1. The re-design work being undertaken which is a key component of the transformation strategy for safely reducing the number of looked after children.

1.0 Purpose

- 1.1. The purpose of this report is to set out for Cabinet proposals for the fundamental re-design of our front line services that deliver early intervention and prevention (EIP), also termed “early help”.

2.0 Background

- 2.1. The transformation of our EIP service is strongly aligned to the delivery of our Corporate Plan, helping deliver the objective of “Strengthening families where children are at risk”; part of the Stronger Communities theme. This recognises the importance of targeting effective EIP and support to vulnerable families at an early point.
- 2.2. In addition to the Strengthening Communities theme, this transformation is strongly aligned to the delivery of being a “Confident, Capable Council”, including:
 - Improving facilities for customers, modernising and using our frontline buildings as effectively as possible
 - Ensuring that our customers can contact us and access our key services in a way and at a time that suits them, through increased use of innovative digital channels
 - Developing our workforce to ensure we have the right people, with the right skills, in the right place, at the right time
 - Ensuring we use evidence to inform our decisions, monitor performance and address problem areas as soon as possible
 - Strengthening methods of flexible and agile working that maximise the time available working with families in their local communities
- 2.3. Aligned to the Corporate Plan, the Families r First (FrF) Programme was launched in April 2014. This has been a multi-agency programme, governed by the Children’s Trust Board which aims to support children to live safely with their families, ensuring only the right children come into care and, when they do, robustly managing placements and permanency plans, promoting an ambition that all children are provided with a permanent family.
- 2.4. Building on the FrF Programme we have recognised the need to undertake a whole system transformation to deliver an accelerated and sustainable reduction of the number of Looked After Children (LAC). This will be achieved through the redesign of the whole Children’s Services pathway and systems, ensuring better use of resources with effective and targeted early intervention to safely keep families together and achieve sustained outcomes. This will support the delivery of the further proposed £6.4 million of savings from Children’s Services in 2016/17.

- 2.5. This transformation also focuses on continuing the development of an intensive response, specialist team and links to the development of a new Multi-Agency Safeguarding Hub (MASH).
- 2.6. As part of the new service, Wolverhampton will be further embedding the approaches and ways of working developed through the Troubled Families Programme. This includes a 'whole family approach' and the identification of a lead worker who works with families to achieve significant and sustained outcomes.
- 2.7. External consultants, iMPower, have been appointed to support the project and are working alongside senior officers from across the People Directorate. iMPower have a track record of supporting local authorities in service review and transformational re-design and have assisted in the evaluation of the effectiveness of existing provision and the development of proposals for a targeted EIP offer and are now supporting the re-design.

3.0 The National Context

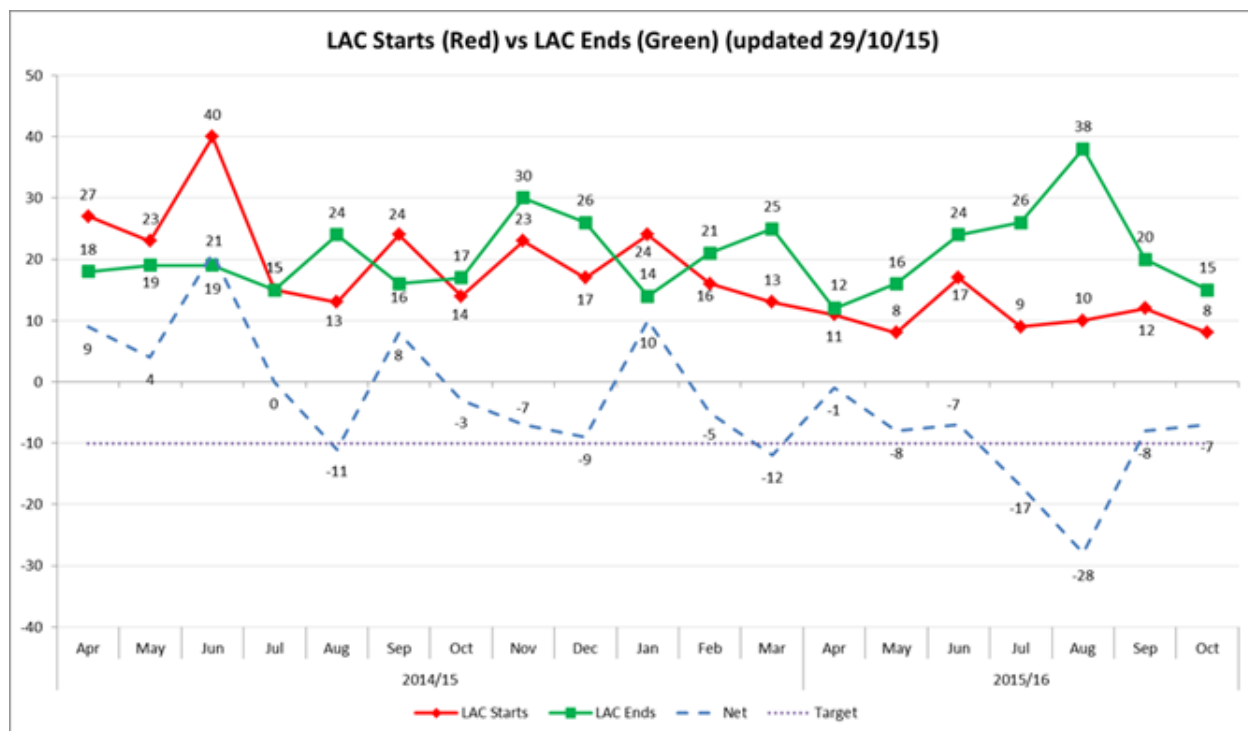
- 3.1 Councils are experiencing the challenge of balancing unprecedented financial constraints with improving the life chances of children and keeping them safe while needing to develop a stronger response to complex and enduring challenges, such as violence against women and girls, child sexual exploitation and mental health issues.
- 3.2 Recognising that outcomes nationally for many children in care and young people who leave care are unacceptably low, the focus is on enabling children and young people, wherever possible to remain safe within their communities.
- 3.3 Wolverhampton, like many other authorities, is responding to these complex challenges by reshaping its services and ensuring resources are targeted where they can have greatest impact. EIP must be seen as relevant to everyone who interacts with children and families and part of the response must be to give frontline workers, police, teachers, GPs, housing officers, nurses and others the tools they need.¹
- 3.4 As defined in Working Together², Early intervention is about providing support as soon as a problem emerges at any point in a child's life and can prevent further problems arising, for example by providing support as part of a plan where a child has returned home to their family from care.

¹ Spending on Late Intervention, How we can do better for less. The Early Intervention Foundation

² Working Together to Safeguard Children, HM Government, 2015

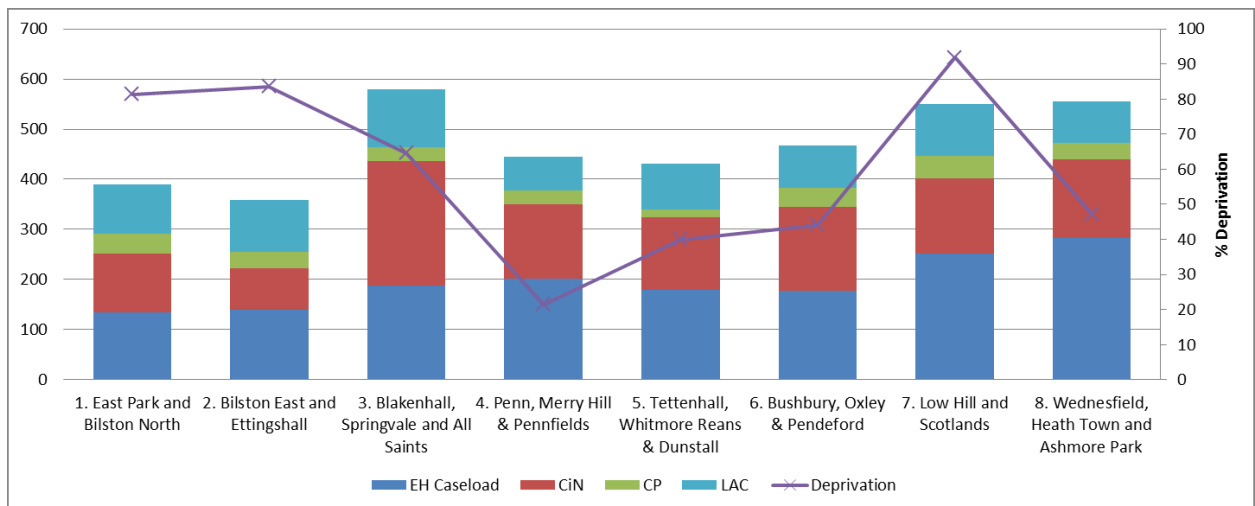
4.0 Wolverhampton Context

- 4.1. The number of children in care in Wolverhampton is considerably higher than comparator authorities, with more than twice the national average rate per 10,000 of the under 18 population. The rate had increased annually from 2009 until 2014, reaching 807 at its peak.
- 4.2. As at 31 March 2015 there were still 780 Looked After Children. As at mid-October there are now just over 700 Looked After Children, 224 children subject to Child Protection plans and approximately 1,293 Children in Need at any one time.
- 4.3. Since April intensive work has been undertaken to reduce the number of entrants to care through bringing together existing edge of care services. In addition focused work to seek permanence for existing looked after children has contributed to a reduction in the number of LAC. However, a more targeted and focused approach to prevention is required to sustain and strengthen this reduction to target levels in the future.
- 4.4. The overall effect of the recent focus on the edge of care is demonstrated in the graph below, which sets out the number children entering and leaving care each month for the last 18 months.



- 4.5. Children's Services with iMPower have undertaken an analysis of data in order to understand the drivers of demand on social care and the existing Early Help service and where there are opportunities to strengthen prevention.

- 4.6. There is a variation in levels of demand, need and numbers of children in care across the City, and also a variation in the characteristics of need and the manner in which each locality is responding to the needs of its families.
- 4.7. The graph below illustrates the level of demand by type of case against the level of deprivation in each locality (LAC data is for July 2015; CiN and CP data are averages from April to August 2015; Early Help caseload data are for September 2015).



- 4.8. There is significant evidence to demonstrate that early intervention, as currently configured in Wolverhampton, is not targeting those at most risk of family breakdown. Service design has been informed by the following findings from analysis of data:
- In the last year, 68% of children became looked after due to abuse or neglect. There is an imperative to intervene earlier where there is evidence of abuse and neglect as these are the families most at risk of breakdown.
 - Of those that became looked after, 41% of children were not previously known to the Council and therefore not engaging with support prior to reaching crisis point.
 - 52% of all children who become looked after do so after reaching five years of age but only 34% of Early Help Assessments are working with the over fives
- 4.9. A case review was also undertaken which examined a random sample of cases of LAC to understand what could have been done to avoid the child entering care. From the sample of 21 cases, 28% children could have “definitely” or “probably” avoided care if more targeted interventions had been made earlier. Extrapolating this across the full LAC cohort suggests that care could have been avoided for 44 of the children who were in care at that time.

- 4.10. If it is possible to reduce the number of LAC by 28%, this would enable a sustainable reduction in the number of children in our care and a significant cost avoidance opportunity. Achieving this will require a service transformation towards a more proactive and targeted service model, focused on preventing family breakdown.
- 4.11. During the Summer 2015, a review was undertaken of services currently contributing to the early intervention offer to evaluate their effectiveness. From 28 reviews, seven key themes emerged:
- There is a need to build a common understanding of what EIP means in Wolverhampton
 - There is scope to improve joint working and alignment of working which is challenged by services working to a range of priorities
 - There is a need to increase accountability for achieving outcomes for families across many services; this includes the need to improve how they measure performance and evidence impact
 - With so many services working to build relationships with families, there is a risk that no one single service is able to fully “get under the skin” of what’s happening to understand the family and break the cycle of need
 - There are overlaps in some services, which might be creating unnecessary duplication of effort
 - Many services are reactive in targeting those families most at risk of family breakdown; there is limited outreach to access those families in most need
 - Due to the ongoing need to work with families with high needs, there is limited capacity to intervene earlier

5.0 Purpose and objectives of a new EIP model

- 5.1 To date, our EIP services have worked individually to achieve their aims, evolving as a result of central government funding arrangements. . Any transformation must ensure that we are able to provide creative and seamless support to families in the city, ensuring children are safe and have a wide range of opportunities open to them.
- 5.2 There must be a fundamental re-design of front line services with an emphasis on accountability for achieving positive change for families. Alongside this must be the implementation of clear frameworks for service performance and an ability to evidence impact, influence commissioning, and for developing and supporting our workforce to work effectively.
- 5.3 Children’s Services are part of a complex system with many interdependencies. We therefore need to look at the role of EIP within the wider social care system, including how we support our partners to work within communities as well as focusing on reducing demand pressure on social care.
- 5.4 The proposed model will be built against four key objectives:

- Work with families to achieve positive and sustainable outcomes, safely preventing family breakdown.
- Be a whole system approach, enabling close working with partners with clarity on roles and responsibilities.
- Build employees' confidence and skills, and empower and support them to work creatively and innovatively with families.
- Provide affordability and enable the financial sustainability of children's services in the future.

5.5 The transformation will enable us to reach the target reflected in the MTFS of approximately 550 LAC by 2018/19, a reduction from 780 at 31 March 2015. This will be an additional 150 fewer LAC from the current position of 703 (as of 26 October 2015).

6.0 Design principles

6.1 A set of design principles have been established that will be used as the model is developed and implemented.

6.2 Overarching Principles:

- Focus on supporting families to safely prevent family breakdown
- Common identity and approach for EIP that can be understood by partners and families wherever they are in the city regardless of what level of need they are working with.
- An EIP offer that is flexible with the variation in need within localities and families and is responsive as those needs change.
- Alignment with the MASH to be a powerful influence in good decision making across the partnership
- Clear pathways into the service allowing the service to offer the right level of support at the right time to families
- Allocation of resources based on meeting EIP objectives whilst providing value for money
- A consistent and constant measurement of performance across the system

6.3 Practice Principles:

- Maintain a focus on impact, bringing more creativity and flexibility to respond to needs in order to achieve the best outcomes
- Strong relationships with families, based on a clear set of values that encourage motivation, support empowerment of families and lead to the development of resilience
- Staff skills and knowledge that draw upon evidence based practice but reflects local need
- Great relationships across the partnerships which build confidence in EIP whilst balancing each other's' priorities, supported by clear information and experience sharing to break down siloes

7.0 The emergent model

7.1. The proposals have been developed through engaging staff in a series of face to face interviews and group workshops together with data analysis regarding both need and demand and financial analysis. In addition, workshops have been undertaken with frontline employees and families who currently receive EIP support. The proposals also draw upon knowledge of good practice and developing models that have been put in place in other authorities.

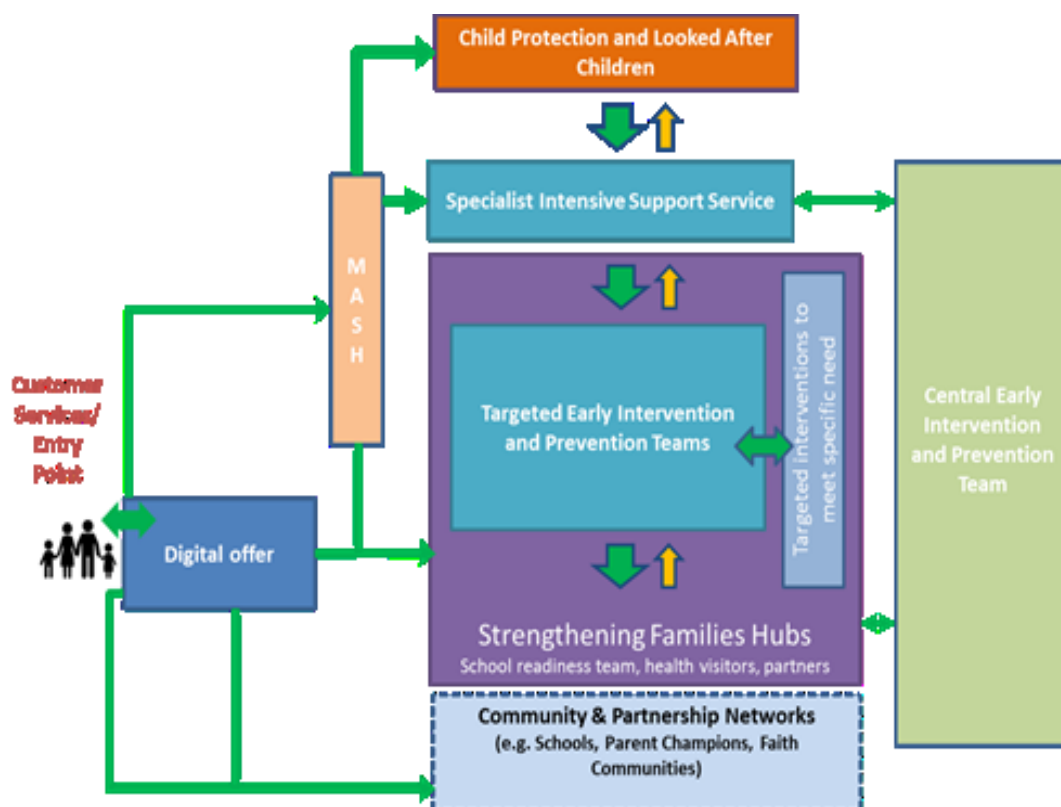
7.2. Following learning from analysis and engagement, key features of the proposed model include:

- A new 0-18 family-centred model, working with whole families, eliminating the current disparate 0-5 and 5-18 Early Help structure, will be at the heart of an eight locality-based design, aligned with the Schools Learning Communities
- A greater focus on flexible and responsive interventions with as much of an emphasis on outreach as on building-based provision
- A coherent offer focused on those children and families currently compartmentalised into Troubled Families, Children in Need and Early Help categories, with the aim of improving the effectiveness of intervention with all, whilst being able to evidence outcomes
- Distribution of resources firmly aligned to analysis of need
- An integrated approach across 0-18 services, facilitated by the transfer of commissioning responsibilities of Health Visiting and School Nursing to Public Health within the Local Authority
- Eight locality Strengthening Families Hubs, using a key worker model, will offer a range of interventions including parenting support, family mediation, child development and play, behaviour management, family relationship work, practical support and co-ordinated family interventions with Health, Education, Mental Health and other services
- The development of a citywide, highly specialist and targeted offer, including interventions such as intensive family support, family group conferencing, domestic violence interventions (including a perpetrator programme), multi-disciplinary therapeutic work, respite care, crisis support and direct work with vulnerable young people at risk of child sexual exploitation, missing and exclusion
- An Insight Function will enable local trends to be understood and evidence to be collated to support an effective approach to commissioning and proactive service responses to need
- An EIP referral hub, as part of the Multi Agency Safeguarding Hub (MASH), will enable families to achieve the right support at the right time
- Application of a common outcomes framework will act as a mechanism to support future budget decisions, targeting families and performance and outcome measurement.

7.3. The model covers all services delivered by Children's Services which work with families, outside of statutory interventions. This includes:

- Services operating on a universal level, accessible to all families.
- Our Strengthening Families offer, focused on those families who have some additional needs and require some support to prevent issues from escalating
- Our Targeted EIP service, working with families needing additional, intensive support to help resolve complex issues
- Specialist Intensive Support Service, working citywide with those children, young people and their families who are at the highest risk of family breakdown or on the cusp of requiring statutory intervention. This service will also support families who are working within social care to prevent escalation into care and rehabilitation homes

Building on lessons learnt from reviews of EIP models, where it has been focused through universal services, the model applies EIP as an approach that will apply across the system of children's services, working at each stage to reduce need by supporting families in the right way at the right time. The diagram below sets out how the high level model will be structured.



8.0 Universal Services and services for families from priority groups

- 8.1. Our current model of provision for families who have no additional or low level additional needs is based around provision delivered from twelve children centres and five satellite facilities. Families with children from pre-birth to five are able to access support through these centres, which includes childcare, school

readiness activities for children, child and family health and other support such as supporting entry into employment.

- 8.2. Our analysis shows that we are missing opportunities to provide earlier support to families to help them resolve challenges which could lead to later crises. Therefore, there is significant scope to improve the ability to reach more vulnerable families who would benefit from support.
- 8.3. Eight Strengthening Families Hubs are designed to facilitate an approach based on outreach work into the community. Networks of universal services professionals will work within the locality to support and signpost families. EIP employees will have a role in supporting, developing and training non-council community-level networks to fulfill their role in supporting families earlier. The aim is to build on the existing assets within the community, establishing better links with the voluntary sector, schools, health and adult education.
- 8.4. We also know from our analysis that the challenges families face extend beyond the current age range of our existing model. Consistent with the recommendations of national research, we are proposing a transition to 0-19 (or 0-25 where a child or young person has disabilities), bringing together support for all children and young people, an approach increasingly common across the country.
- 8.5. We are placing the Strengthening Families Hubs at the heart of our service, taking the support available to families beyond the confines of a building to where suits them in the community. The hubs will fulfill the core purpose of Children's Centres under the Child Care Act 2006.
- 8.6. The offer available within each locality will be aligned to local need and consistent with embedding Wolverhampton's Troubled Families programme as well as delivering the Children's Centre core purpose. The offer delivered will incorporate:
 - Parenting, delivery of an evidence based model, reflecting the needs of parents.
 - Support for school readiness, supporting children and families with numeracy and literacy, as well as links to schools to enable provision of support to families at key transition points.
 - Employability support, through continued links with local adult education providers.
 - Stronger links to wider support offered within communities.
 - Child health support, including infant nutrition, breastfeeding and health visiting.
- 8.7. The proposed team establishment numbers are provided in Appendix 1.
- 8.8. Children and Families will be able to access advice and support on-line through our digital offer, delivered through our Customer Service Transformation. This

will provide online advice, but also signpost families to additional sources of support.

- 8.9. Partners will also form part of our offer of support to families. In October 2015, the responsibility for the commissioning of health visiting services transitioned to local authorities. The transition enables the Council to strengthen the approach to outreach from the hubs by ensuring the delivery of new birth visits is completed by health visitors. In the proposed model, health visitors will work alongside other EIP professionals from the Strengthening Families Hubs.
- 8.10. Parent Champions will also be explored as a means of increasing the reach of support services and increasing our ability to contact families earlier who need support. Parent Champions are parents who have positive experiences of accessing provision and act as advocates and peer advisers to other parents in their community³. Parent Champions will promote EIP, provide signposting and support to access services to support the family.
- 8.11. A School Readiness Team will operate as a flexible resource across the city, responsive to need and working primarily from the Strengthening Families Hubs. This team will work with parents to support attachment and to develop language and literacy in preparation for school. They will have a role to strengthen the links with schools in order to identify issues and challenges within families, including those at the point of transition into primary and secondary phases.
- 8.12. Strengthening Families Workers, who work directly with families in locality teams, will have an allocation of time to deliver universal support to families. We estimate 10% of employees' time will be dedicated to ensuring joined up working in universal and more targeted provision. This will include the delivery of direct group-work and community-based work. This will help improve family access to relevant skills and experience as well as helping Strengthening Families Workers identify and assess need while building deeper knowledge of the communities they serve.

9.0 Targeted EIP Services

- 9.1. Working from each locality hub will be a core service of Strengthening Families Workers who will hold the key relationship with families and be responsible for both preventing need from escalating and achieving positive outcomes. These frontline employees will have a mixed caseload of ages and families with additional needs, including those with multiple and increasingly complex needs.
- 9.2. The service will be focused on intervening earlier to prevent issues that may otherwise lead to family breakdown, facilitated by a Strengthening Families Worker who is able to fully understand a family's needs. They will access a menu

³ <http://www.eif.org.uk/wp-content/uploads/2015/02/SPENDING-ON-LATE-INTERVENTION.pdf>

of available targeted and intensive interventions The range of available services will be commissioned based on identified needs and reflect the variation in need between different localities.

- 9.3. Families will access the service once an identified need cannot be met within the community. Most families will be identified via referrals from the Multi-Agency Safeguarding Hubs (MASH) and will include families who no longer require social care intervention.
- 9.4. The service brings together a range of existing practitioners into a simpler, integrated service with a singular clear aim of preventing family breakdown.
- 9.5. Teams will be based in each hub and work flexibly. The scale and skills mix of each team will be representative of the level and nature of need in each area. The teams will be resourced by the integration of existing EIP services and the inclusion of family support workers, who were previously in the social care team.
- 9.6. A Strengthening Families Worker will be assigned a number of families coming within the remit of the Targeted EIP service. Their first priority is to establish a relationship with that family. They will develop a plan in partnership with the family, commission suitable interventions and hold other agencies accountable for delivery against that plan. They will be the on-going contact point with families and will be responsible for supporting families to make changes and increase their motivation and resilience. All Strengthening Families Workers will have a level of understanding about key drivers of need. Some will have specialisms reflective of the needs in the local community and will be expected to support colleagues in their areas of expertise. They will also have responsibility for understanding a specific local area, within their locality, and establish community links.
- 9.7. Management arrangements will ensure supervision of the team of Strengthening Families Workers. This includes ensuring consistency in quality through quality assurance and auditing processes and embedding the evidence-based ways of working in each hub.
- 9.8. The locality model will be configured to make best use of available resources based on understanding of local need. There will be clear links between the localities and citywide planning, ensuring a flow of data and information that informs the work of local teams and the citywide commissioning priorities. Strategic citywide themes, including Troubled Families, the newly-established MASH and health will be co-ordinated across the locality teams.

Case Study: Child A

What happened

Child A is one of seven children. He is 11 years old and has a diagnosis of ADHD. His mother was involved with Social Care as a child. YISP referred Child A to the locality Early Help Team with concerns regarding Mother's negative relationship with Child A. They asked for parenting support for Mother and intervention to improve the relationship between Mother and Child A.

Child A actively engaged with social skills activities. The family was able to go on holiday together. Mother initially engaged with services that provided 'respite provision'. In time she attended two parenting related courses that helped her recognise the importance of implementing appropriate routines and boundaries and age appropriate activities for all her children. 13 agencies were involved with the family under an Early Help Assessment. The children became subject to a Child Protection Plan following an incident where Mother was under the influence of alcohol and had left the children 'home alone'.

What would happen in the proposed model

By undertaking a whole family approach and working more closely with partner agencies (especially in health and social care) the underlying need relating to alcohol dependency could be identified earlier. The Universal Team will have strong ties with the Targeted EIP Team and a Strengthening Families Worker would be assigned to the family, building the relationship with the Mother and getting to understand the true need. The Strengthening Families Worker would then commission evidence-based specialist interventions to address the underlying alcohol abuse. This would allow the family to build on the work they have done in a targeted universal setting (social skills/parenting courses) and help prevent Child A becoming the subject of a Child Protection plan.

10.0 Specialist Intensive Support Service

- 10.1. The Specialist Intensive Support Service will focus on preventing family breakdown when needs are increasingly challenging and complex. The service will be flexible, available out of hours and responsive to need at the point when families need it most by offering crisis support. Work will include brief, targeted, intensive, evidence-based interventions suitable for the level of need or complexity for that family. The service will target families most at risk of requiring social care intervention, those within Social Care at risk of becoming looking after and those needing to return home.
- 10.2. The case-holding responsibility and key longer term relationship will remain with the child, young person or family's social worker or Strengthening Families Worker.
- 10.3. Operating on a citywide basis, but with close links to the localities, the service will incorporate the following mechanisms of support:

- Delivery of intensive interventions relating to specific needs, including substance misuse, domestic abuse and other key drivers of need
- Intensive Family Support on a short term, hands on basis, providing wrap around support to families. This will include the role currently fulfilled by Hospital Youth Workers
- Therapeutic support through a specialist multi-disciplinary team who will deliver evidence-based programmes as packages of support in specialist areas
- Within the service, a Vulnerable Persons' team will focus on key areas that may be indicators of risk for young people, including work to avoid exclusion, work with children who have been missing or missing education, or at risk of child sexual exploitation, as well as monitoring elective home education and attendance at school (including statutory enforcement)
- Family mediation and Family Group Conferencing, supporting families to identify their own solutions

Case Study: Child B

What happened

Child B was 12 years old when he became known to social care after suspicions of physical chastisement by his stepfather were reported. Child B's challenging behaviour was found to be causing significant stress within the family leading to both parents overly chastising of the child. After a year of support to the family, Child B became looked after when the family went into crisis and there was a lack of out of hours support available.

His case was held by four different social workers and the mother didn't engage well with professionals. Various agencies became involved in the case (CAMHS, social work support, education, special educational needs) but there was not a coordinated intervention plan and there were no early intervention services used.

What would happen in the proposed model

A Strengthening Families Worker from the Targeted EIP Service will be assigned to the family and will form a strong and trusting relationship, maintained for the whole period that the family are receiving support. The Strengthening Families Worker will work with the whole family to understand their needs and develop a coordinated plan. The Strengthening Families Worker will draw on specialist and contributing services (e.g. CAMHS and schools) to ensure the right support is in place and prevent the child from becoming looked after. At times of acute crisis, the Specialist Intensive Support service will be able to step in and support the families at times currently 'out of hours'.

11.0 Central EIP Team

- 11.1. The locality-based service will be supported by a centralised function containing services that are of the scale and nature to work more effectively on a citywide

basis to focus resources where they'd have the greatest impact. Centralised EIP resources include:

- Childcare quality and sufficiency support
- School Readiness
- Troubled Families
- Insight Officers
- Families Information Service (FIS)

- 11.2. Childcare quality and sufficiency will continue to include the role of a Universal Services Manager, a Childcare Development Officer and Childcare Support Officers. The focus will remain on ensuring there is sufficient local childcare of a suitable quality within the City including children aged two, three and four taking up early education places and that the council continues to meet its statutory duties as set out in the Childcare Act 2006, though this will not be provided directly by the council.
- 11.3. In order to deliver universal provision effectively, School Readiness Officer roles will continue to deliver support to families around aspects of school readiness, including speech and language and personal social and emotional development. This team will be managed by a Universal Services Manager who will also manage Quality and Access Officers who will support the improvement within the private, voluntary and independent childcare sector and be supported by an operations support officer.
- 11.4. Troubled Families will retain a discrete function and will be part of the broader embedding of approach including insight to support the targeting resources as well as quantification of the impact that is being achieved.
- 11.5. Insight Officers will provide insight on local trends (by working with partners), in performance information and evidence to support the impact of interventions as an integral part of the corporate performance function. They have responsibility for developing and embedding evaluation and performance frameworks, including gathering service user feedback. They will also support the commissioning and decommissioning of interventions based on clear evidence.
- 11.6. Service delivery will be supported by a team of administration employees. This resource will be allocated across the Hubs to help Strengthening Families Workers maximise the time they spend working directly with families.
- 11.7. Five FTEs have been allocated to the Multi Agency Safeguarding Hub (MASH). As well as supporting the appropriate referral of cases, the introduction of the MASH will also improve the quality of available data to target services to families that need them most.

- 11.8. The Families Information Service (FIS) will be delivered through the Customer Service Transformation. We will support this through the transfer of two employees to support the development and maintenance of the FIS as it is the key mechanism to signpost families and provide information.
- 11.9. Traded Services will become the responsibility of the Principal Educational Psychologist who will manage the resource and be responsible for income. The level of income will cover the cost of employees and have a net zero impact on the budget. Traded Services employees will link in with the Strengthening Families Managers in order to enable a joined up and consistent approach in the community.

12.0 Ways of working

- 12.1. Authorities such as Essex, where Children's Services are rated "Good" by Ofsted, tend to have a consistent model and way of working with families across services, which increases consistency and quality of casework as well as increasing practitioner confidence.
- 12.2. As part of implementing the new service, the Council is considering which working model to adopt as most suitable for Wolverhampton. The working model will be strengths-based and solution-focused with a focus on working in partnership with families.
- 12.3. Evidence is being collected from other Local Authorities to identify suitable models, such as the Family Partnership Model, that have been shown to produce positive outcomes of families.

13.0 Developing the workforce

- 13.1. A core objective is to build employees confidence and skills, and empower and support them to work creatively and innovatively with families. All employees across the service will have a core set of knowledge and tools and a toolkit of guidance and support that they will be able to draw upon in their work.
- 13.2. All new and existing employees will be inducted into the new service. This will ensure the new vision and approach is fully understood and it will align to the expectations within the Corporate Plan.
- 13.3. Employee development will also align with the existing Children's Workforce Development Plan. A core set of tools will be defined in detail during consultation to ensure they meet the needs of employees.
- 13.4. The continued development of the workforce will also take place through the embedding of quality, reflective supervision and the introduction of a strengthened performance framework.

14.0 Delivery infrastructure

- 14.1. The current infrastructure includes 25 buildings (12 designated Children's Centres with five linked outreach sites and eight 5-18 buildings). This infrastructure reflects many different government funding streams over the years, which has created a building-based model which is now outdated, inefficient and not aligned to the needs of our families.
- 14.2. Our future delivery model will have a greater focus on outreach and less on building-based provision and the proposed Strengthening Families Hubs will support this. As such, the required infrastructure will provide the foundations for the service, bringing together professionals from different agencies as well as providing an accessible resource for families in each locality.
- 14.3. The hubs will offer a range of interventions, including parenting support, family mediation, child development and play, behaviour management, family relationships, practical support and co-ordinated work with Health, Education, Mental Health and other services.
- 14.4. All sites will accommodate Targeted Early Intervention, Social Work (including employees working with CiN and CP cases) and Health Visiting employees. Based on the assumptions of flexible working set out in the operating principles, front line employees will be expected to work more flexibly within the community and spend less time in buildings.
- 14.5. A specification has been developed to identify hub sites: the infrastructure must meet the needs of redesigned EIP services, support greater outreach to families most in need, and accommodate the integrated teams. All hubs will be vibrant, inviting, have a family feel and will provide the required specialist facilities for professionals, including consulting, interview, family and multi-purpose rooms and hot-desking capabilities.
- 14.6. The geographic spread and location of the hubs have been informed by levels of local need and deprivation and ensure proximity to target communities. An additional network of community venues will be used to extend the reach of the Strengthening Families Hubs. The location of the hubs and outreach bases are shown in Appendix 2.
- 14.7. Proposed locations have been selected using the following criteria:
 - Keeping alignment to the eight Learning Communities geographical areas
 - One Strengthening Families Hub per area
 - Use of buildings that have capacity to provide the family centre hub model with potential to fulfil the specification with limited investment required

- Leaving intact nursery and school buildings with option for use as outreach bases

Locality/Area	Possible Strengthening Families Hubs	Outreach Bases
Area 1 East Park and Bilston North	Eastfield Campus Eastfield WV1	<ul style="list-style-type: none"> • Portobello Community Centre • The St Chads Parish Centre
Area 2 Bilston East and Ettingshall	Bradley Children's Centre/Rocket Pool Centre Bilston WV14	<ul style="list-style-type: none"> • Bilston Nursery School • Bilston Market Way Offices • Lunt Community Centre
Area 3 Blakenhall, Springvale and All Saints	Graiseley Centre Graiseley WV2	<ul style="list-style-type: none"> • Hilton Hall Community Centre or • Hill Avenue Primary School • Windsor Nursery School
Area 4 Penn, Merry Hill and Pennfields	Bingley Centre Merridale WV3	<ul style="list-style-type: none"> • Bradmore Community Centre • Warstones Primary School
Area 5 Tettenhall, Whitmore Reans and Dunstall	Whitmore Reans Children's Centre Whitmore Reans WV1	<ul style="list-style-type: none"> • Valley Park Campus
Area 6 Bushbury, Oxley and Pendeford	Barnhust Family Centre Pendeford WV8	<ul style="list-style-type: none"> • Bushbury Triangle Neighbourhood Nursery • Priory Green
Area 7 Low Hill and Scotlands	The Avenues Family Centre Low Hill WV10	<ul style="list-style-type: none"> • Former Scotlands Adventure Playground
Area 8 Wednesfield, Heath Town and Ashmore Park	Children's Village Children's Centre Wednesfield WV11	<ul style="list-style-type: none"> • Ashmore Park Community Hub

14.8. The Central EIP Team and Specialist Intensive Support Service teams will be based in Valley Park and Wednesfield, in existing Council owned buildings to maximise asset utilisation and where suitable meeting space and therapeutic therapy rooms are available. They will work closely with all locality teams, providing citywide coverage. No additional investment in buildings is envisaged to support their accommodation.

14.9. The buildings which will continue to be used and their potential usage are listed below. Nursery and Primary School settings will also continue to deliver nursery provision for 2, 3 and 4 year old children.

Locality/Area	Buildings	Potential Continued Usage
Area 1 East Park and Bilston North	Rainbow Children's Centre Stow Heath Primary School	<ul style="list-style-type: none"> Expanded 2 Year Offer SEN Resource Base Bulge Class
Area 2 Bilston East and Ettingshall	South West Bilston Academy Bilston Nursery School	<ul style="list-style-type: none"> Additional space for school to increase Pupil Admission number Further expansion of Nursery School Rent space as Outreach
Area 3 Blakenhall, Springvale and All Saints	Windsor Nursery School Blakenhall Contact Centre	<ul style="list-style-type: none"> Development of SEN Nursery and Early Years SEN provision Rent space as Outreach Base Maintain for increased contact in Contact Centre
Area 4 Penn, Merry Hill and Pennfields	Warstones Primary School	<ul style="list-style-type: none"> Expand Primary School places Develop Resource Base Lease to Royal School
Area 5 Tettenhall, Whitmore Reans and Dunstall	Valley Park Campus	<ul style="list-style-type: none"> Continued use for 'Edge of Care' service

Locality/Area	Buildings	Potential Continued Usage
Area 6 Bushbury, Oxley and Pendeford	Dovecotes Primary School Priory Green Rakegate Primary School	<ul style="list-style-type: none"> • Use for reorganisation of learning spaces within school • Continued use corporately • Use as outreach Base • Expanded for Two Year Offer
Area 7 Low Hill and Scotlands	Berrybrook Primary School Low Hill Nursery School	<ul style="list-style-type: none"> • Expand Primary School places • Expand nursery provision • Increase in trading offer by school
Area 8 Wednesfield, Heath Town and Ashmore Park	Wednesfield Children & Family Support Centre	<ul style="list-style-type: none"> • Continued use corporately as office space

14.10. Implementation will include working with schools to undertake an evaluation of the primary and secondary estate and will now take into account the sites identified when considering any future utilisation of space.

14.11. Where a contribution is currently made to the running costs of a school-owned site, future funding will no longer be made available.

14.12. Experience elsewhere demonstrates risk of claw back of Sure Start Grants is considered to be low as the assets will continue to deliver early years services

15.0 Commissioning

15.1. The current commissioning approach will be refined so that each stage of commissioning process is aligned to our strategic aim of preventing family breakdown. This will focus resource where it can have greatest measurable impact. The approach will be informed by an analysis of need at a local and city level to inform service planning and management.

15.2. Commissioning will take place on a joint basis with our partners. The transition of commissioning responsibility for health visiting and school nursing provides an opportunity to align these key services within the EIP model.

15.3. In order to enable us to specific families need, we will allocate a small amount of funding to each locality, to allow micro-commissioning of additional, creative solutions. The Strengthening Families Workers will have the ability to broker targeted and intensive support relating to a particular need.

16.0 Working with External Partners

16.1. In order to achieve the desired impact, the transformation will need to be ‘whole system’ in approach, influencing the ways of working of our external partners who are supporting families within the city.

16.2. It will be essential to raise partner confidence in early intervention, as the “go to” service and to increase the confidence of partners to support families themselves, where appropriate and safe to do so.

16.3. To facilitate collaborative working with partners we have incorporated the following features in the model:

- Partners will be engaged in consultation and through existing governance forums
- The service will engage with partners to, develop shared objectives and agree roles and responsibilities
- Engagement with partners through the implementation of the MASH, providing information and guidance on the role of the early intervention service
- Building and holding local partnership relationships and building local networks, including the Voluntary and Community Sector, further supporting partners within the community
- The Targeted EIP Service will consult, guide and support partners in the community, enabling them to support families with low level needs themselves

17.0 A strengthened performance framework

17.1. A performance management framework will be critical to ensuring that the proposed model has the required impact and that impact can be evidenced. The aim is to both increase levels of accountability and focus of how we work and drive continuous improvement of services so that outcomes for families are sustained.

17.2. The framework will measure the success of three levels of the early intervention “system”: impacts on individual families, impacts of specific services and whether the council is achieving its strategic aim of preventing family breakdown.

17.3. The performance framework will build on the existing Troubled Families outcomes framework ensuring informed decisions and ensure the service remains focused on its core aim.

18.0 Benefits of the proposed model

- 18.1 The proposed model will have a significant positive impact on the outcomes for children and families in Wolverhampton. The benefits of the model include:
- Families will receive support earlier, meaning that fewer families reach the point of crisis or family breakdown and are able to stay together.
 - The intensive model of working will tackle the root causes of need for families, meaning the positive outcomes achieved for families are likely to be more sustainable.
 - As a result of building the locality knowledge and networks and strengthening the reach within the communities, families will receive the right support at the right time.
 - Employees will be empowered to work in more creative ways with families, supported in their own development and have the opportunity to have a clear, evidenced impact through the work that they do.
 - There will be the depth of data and local intelligence to make informed evidence-led decisions.
 - Over time the number of children in need, child protection cases and number of LAC will reduce and the associated financial pressure of high cost placements should ease.
 - Employees within social care will be able to provide more focus to those with the highest level of need.
 - Partner relationships and community networks will be strengthened; enabling joined up working and improved use of resources.
 - Financial savings will be made as a result of integration and rationalisation of services.

Risks associated with the delivery of the programme are to be captured and managed using the programme risk register.

19.0 Implementation approach and timescales

- 19.1. Implementation timeframes will be dependent on the results of consultation will take place between November and January, after which the proposals will return to Cabinet on 24 February 2016, updated with feedback from the consultation.
- 19.2. If endorsed, implementation would take place by July 2016 with elements, such as the implementation of an evidence-based working model, having the potential to be delivered earlier.
- 19.3. A programme of this scale and complexity requires strong programme management and supporting governance. This Project will report into the Children and Young People's Transformation Board, chaired by the Strategic Director for People. The approach taken will be in line with that for the MASH project, which successfully engaged key stakeholders and will go live on 5 January 2016.

- 19.4. The delivery of this transformation work will be supported by a project manager who will hold responsibility for managing the project plan, coordinating input and supporting both the tracking of benefits and the management of risks and interdependencies.
- 19.5. Continued support from iMPower will be directed at key implementation activity and bring continued momentum to implementation.

20.0 Financial implications

- 20.1 The total budget for Children and Young People Services for 2015/16 is £51.8 million.
- 20.2 There are a number existing EIP services which have been initially deemed in scope for this transformation programme. The initial focus of this programme are those services that the Council delivers directly to families and those that a provider is commissioned to deliver. The total budget for these services is £10.2 million; the budgeted net cost to the Council in 2015/16 is £8.2 million.
- 20.3 The table below shows the approved budget for 2015/16 for the services in scope for the re-design of EIP:

Service	Budget 2015/16 £'000
Early Help 0-5	5,692
Early Help 5-18	2,874
Intensive Family Support	283
Family Group conferencing	143
Targeted Youth	363
Hospital Youth Work Team (Funded by Public Health)	73
Family Support Workers from Social Care (Children in Need/Child Protection)	762
Total Resource	10,190

- 20.4 In addition to the services detailed above, Nursery placements (2-4 year olds) are funded separately through the Dedicated Schools Grant (DSG) to the value £4.8 million in 2015/16. This service re-design excludes Nursery placements as these are funded from the DSG. This proposal will however result in a potential loss of income to eight schools totalling around £195,000 relating to premises costs.
- 20.5 The Medium Term Financial Strategy included a saving proposal for the reduction in Looked After Children of £6 million (£3 million in 2015/16 and £1 million each year for 2016/17 – 2018/19).

- 20.6 The Medium Term Financial Strategy also includes a savings target of £1 million in 2016/17 deferred from previous years this will be realised as the number of Looked After Children reduce, enabling a reduction in staffing resources.
- 20.7 Cabinet on 22 July 2015 and 21 October 2015 included savings proposals of £4.4 million for the Children's Services Re-design was approved for further development in the Draft Budget and Medium Term Financial Strategy 2016/17-2018/19.
- 20.8 Therefore, the total savings requirement in the Medium Term Financial Strategy for 2016/17 is £6.4 million. In summary the savings for 2016/17 will be delivered by:

Description	2016/17 £000
Savings Target	(6,350)
Savings from Service Re-Design	4,300
Less Re-investment in Specialist Intensive Support Service	(2,200)
Net Savings From Service Re-Design	2,100
Savings from the reduction in the number of Looked after Children	3,500
Reduction in staffing resources as a result of the reduction in LAC	750

- 20.9 The whole service re-design will underpin the delivery of an accelerated, sustainable and lasting reduction in the number of LAC over the medium term. The Medium Term Financial Strategy assumes a reduction in the number of LAC to 583 by 31 March 2017 and 559 by 31 March 2019, which assumes the delivery of significant savings in placement costs of £3.5 million.
- 20.10 The proposed re-designed of services will make a contribution of £2.1 million towards the £6.4 million savings target.
- 20.11 Programme management will be required for a fixed-term period of up to 18 months to support the effective implementation of the whole service re-design. These costs will be funded from the Troubled Families Grant.
- 20.12 Capital investment for this proposal require further deliberation but the major investment would be circa £350,000 to undertake essential works. Work is currently being undertaken to identify existing capital resources that can be used towards funding these costs in order to reduce the need for additional borrowing.
- 20.13 Any capital receipts generated from these proposals would feed into the Council's disposal programme. The potential value of these sites is yet to be determined; however it is likely that the capital receipt value would be minimal.

20.14 Should the re-design of services change the indicative savings referred to in paragraph 1.9 as a result of the consultation process then this will be the subject of a further report.

[AS/03112015/D]

21.0 Legal implications

21.1 Due to the potential requirement to transfer employees employed by schools into the employment of Wolverhampton City Council, it is possible that The Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 (“the Regulations”), will apply. As such, the terms and conditions of employment of those transferring employees will transfer with them and be honoured by the council. However, after one year, the council could consider renegotiating any terms and conditions which have derived from a collective agreement, following relevant consultation with unions, etc., where appropriate.

21.2 In addition, where it is likely that a redundancy situation will occur in respect of an employee following a transfer of employment, may be considered a fair dismissal where the reason for it is one of an ‘Economic, Technical or Organisational reason, entailing changes in the workplace’ (Regulation 8). Also, the dismissal can be shown to be for a genuine redundancy reason, with a fair dismissal procedure being followed, including individual and collective consultation with affected employees, if more than 20 are to be made redundant within 90 days.

21.3 In respect of post-transfer redundancies immediately after a transfer of employment, the Regulations permit redundancy consultation to begin before the transfer and to continue after it, following agreement by both employers; therefore, both types of consultation can occur concurrently. However, specific selection of employees for redundancy and/or dismissal should not take place before the transfer itself occurs. Therefore, all relevant stakeholders, including union representatives, elected representatives and employees, should be involved in the consultation process (Regulation 3).

21.4 Due to the potential nature of the proposed re-design consideration has been given to Section 5(a) of the Childcare Act 2006, amended by the Apprenticeship, Skills, Children and Learning (ASCL) Act 2009 which requires Local Authorities to ensure there is sufficient Children’s Centre provision within the local area to meet local need. The proposals set out in this report ensure that the Council continues to discharge its duties in relation to this.

21.5 Section 5(d) of the Childcare Act 2006 as amended by the Apprenticeships, Skills, Children and Learning Act 2009 provides a statutory framework in which consultation about proposed changes to Children’s Centres can take place and due regard would be given to ensuring compliance with these requirements.

[JB/21102015/Z]

22.0 Equalities implications

- 22.1 It is imperative for the council to be able to understand and separate the wider equality issues that are present in Wolverhampton, as they are in the rest of the UK, from those issues that this proposal can and must consider and address. Equalities issues must also be considered in the wider context of the council's need to make significant savings. The proposals outlined here are designed to meet both the financial imperative and those of equality.
- 22.2 In considering a whole service transformation as this report does; and particularly one that relates to some of the most vulnerable people in our city there will be critical equality issues to be resolved. The Equality Act 2010 and the General Equality Duty that the Act creates at Section 149 require the council to ensure, as far as is proportionate or practical, that policies and services are compliant before decisions are taken to approve them. To have what the Act calls "Due regard"
- 22.3 The Equalities aspects of this work are so important and the intensity of need can be so great that it will be important that the service's development is supported by on-going equalities work to ensure that the model and principles deliver on the expectations that the council has of them. That is that individuals receive or do not receive, a service that is directly responsive to their eligible needs and not adversely impacted upon by a protected characteristic; for example their disability and access. These mitigations will be informed by the consultation process.
- 22.4 Equalities are core to the transformation set out in this report and have been integral to the process from the outset. This can be evidenced in the tender specification that was developed for the consultancy work that has underpinned these proposals.
- 22.5 The proposal to establish a data and intelligence function will enable local trends to be understood, evidence collated and work supported to ensure that the council's equalities ambitions and duties operate in practice as well as in policy.
- 22.6 This report and its associated initial equality analysis have identified the potential for adverse implications for some people who share characteristics as defined and protected in the Equality Act. The report describes a new service model and officers are clear that adverse impacts can be mitigated and/or justified within the context of those permissible under the Act.
- 22.7 A full equality analysis has been undertaken and this will be further informed by the consultation findings.
- 22.8 Any proposed employee changes will fall within the Council's Equality in Employment Policy and will be reflected in the Council's annual equality monitoring reports.

23.0 Environmental implications

23.1 There are no environmental issues arising from this report.

24.0 Human Resource implications

24.1 The proposals for re-design will lead to a reduction in the overall resource requirements within the EIP service. Affected employees have had opportunity to participate in the design and development of the future service. Full consultation with employees and trade unions will be undertaken regarding proposed changes to the service, alongside public consultation.

24.2 Changes to organisation structure, job roles and resource numbers will be managed in accordance with the City of Wolverhampton Council policies and procedures. In order to minimise the impact of redundancy on employees, in accordance with the councils Assimilation Policy and Process, where appropriate employees will be assimilated into posts with ring fenced recruitment being used for new posts or posts for which duties have substantially changed.

24.3 The proposed re-design will require employees to adopt a 5 out of 7 day working pattern. In accordance with the Collective Agreement full consultation will be undertaken with affected employees.

24.4 Employees who do not secure a post through the restructure will be offered redeployment support in accordance with the Restructure and Redundancy Policy. The council is currently operating a voluntary redundancy scheme which has been made available to all employees to mitigate the need for compulsory redundancy.

24.5 Based on the potential delivery model there is a requirement for employees to transfer from the Children's Centre to the City Council. This will be undertaken ahead of full consultation with employees on the re-design. Consultation with affected employees regarding potential redundancy implications will be undertaken in accordance with the Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014.
[HR/JF/EB/008]

25.0 Corporate landlord implications

25.1 As outlined in paragraph 8 of the report the proposals could result in a number of current delivery sites becoming surplus to service requirements including those delivering Children's Centre core purpose and Early Help 5-18. The nature of ownership of the sites declared surplus would determine the process to be followed.

25.2 Where sites are not council owned early discussions would take place with the site owners as to the most efficient process for withdrawal.

- 25.3 For Council owned assets the Corporate Landlord Board will determine the future use of these assets. If the assets are deemed to be surplus to Council requirements Corporate Landlord will declare them surplus and seek approval from Cabinet (Resources) Panel for inclusion on the Council's asset disposal strategy.
- 25.4 Subject to Cabinet (Resources) Panel approval the Corporate Landlord will deal with the progression of the marketing and sale of the assets for best consideration and manage them as a surplus asset.
- 25.5 Surplus assets are managed by the Corporate Landlord Service in accordance with the Corporate Landlord Board recommendations prior to disposal with a view to minimising holding costs whilst still ensuring any buildings are maintained in good order (where possible) and secured prior to disposal.
- 25.6 There will be holding costs associated with these surplus assets and the full financial savings cannot be made until the assets have been disposed of/leases terminated.
- 25.7 Corporate Landlord are extensively included within the Children's Service Transformation Phase 2 Programme Team, and for the assets that are to be retained are ensuring that they are fit for future use and fully utilised in compliance with the Corporate Landlord strategic asset review. There will be some investment requirements into the retained assets and these will be kept to a minimum wherever possible.

Appendix 1: Organisational Establishment

Current Establishment by Team

Service	Current FTE
Early Help 0-5 and 5-18	166.8
Early Help 0-5 Central Team	15
Early Help 5-18 Central	14.5
Family Support Workers from Social Care	28
Edge of Care	16
Total	240.3

Proposed Establishment by Team

Service	Proposed FTE
Targeted Early Intervention and Prevention	123
Universal and Families from priority or excluded groups	20
Specialist Intensive Support Service	52.5
Customer Transformation	2
MASH	5
Corporate Team	1
Total	203.5

Establishment by Role

	Current FTE	Proposed FTE
Managers	32	31
Admin	37.4	34
Frontline staff	170.9	138.5
Total	240.3	203.5

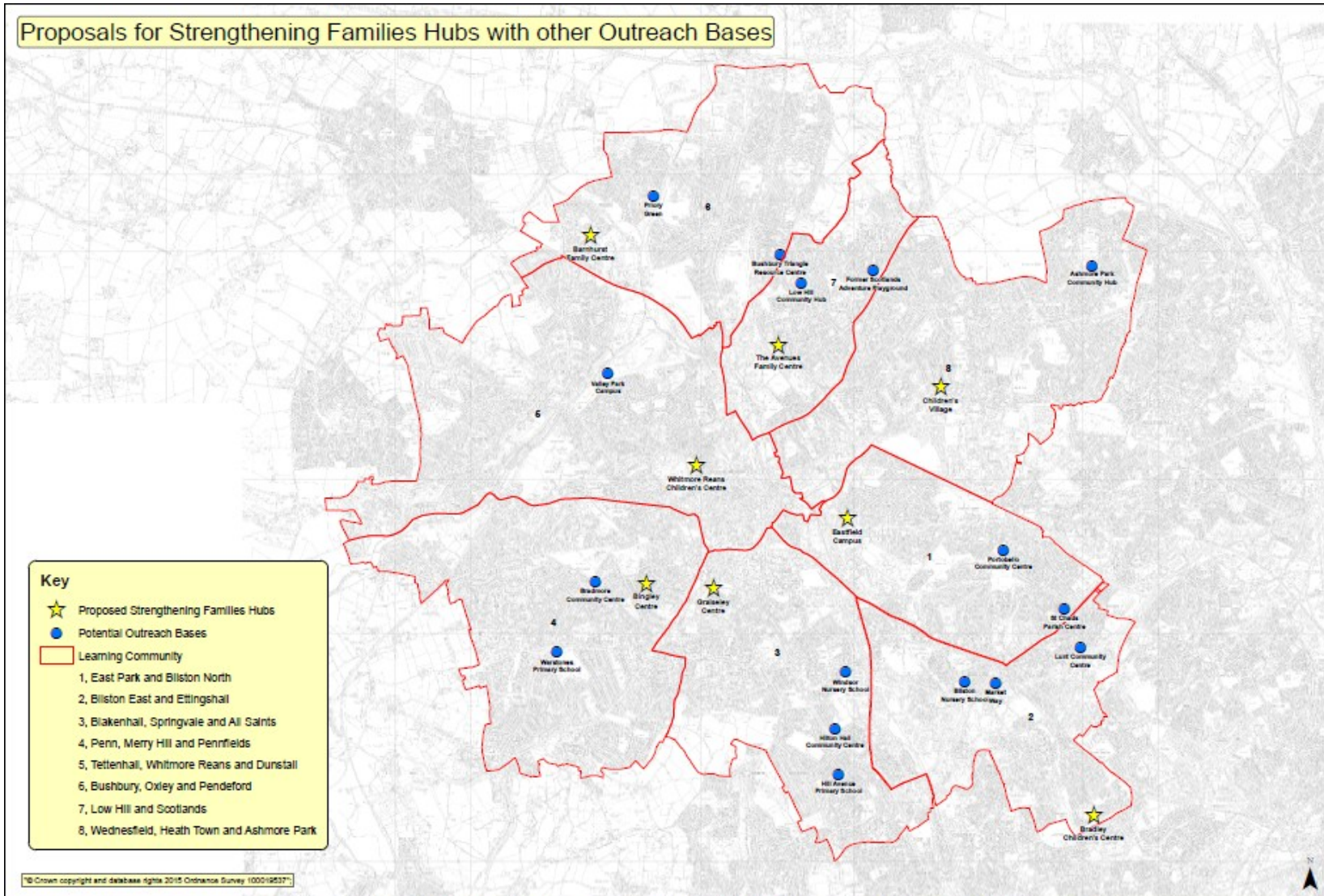
Establishment by Roles and Team

Early Help and Targeted Intervention and Prevention	Current	Redesign
Managers	30	23
Admin	38.4	26
Frontline staff	127.9	94

Specialist Intensive support	Current	Redesign
Managers	2	7
Admin		4
Frontline staff	14	41.5

Family Support Workers from Social Care	Current FTE
Frontline workers	28

Other	Proposed FTE
Managers	1
Admin	4
Frontline workers	3



Cabinet Meeting

11 November 2015

Report title	Better Care Technology and Strengthening Support At Home		
Decision designation	AMBER		
Cabinet member with lead responsibility	Councillor Elias Mattu Adults		
In forward plan	Yes		
Wards affected	All		
Accountable director	Linda Sanders, Strategic Director, People		
Originating service	Commissioning, Older People		
Accountable employee(s)	Anthony Ivko	Service Director, Older People	
	Tel:	01902 555310	
	Email:	Anthony.Ivko@wolverhampton.gov.uk	
	Paul Smith	Head Of Commissioning - Older People	
	Tel:	01902 555318	
	Email:	Paul.Smith@wolverhampton.gov.uk	
Report to be /has been considered by	Adult and Safer City Scrutiny Panel		10 November 2015
	Executive Team		19 October 2015
	Strategic Executive Board		13 October 2015
	People Leadership Team		26 October 2015
			28 September 2015
			14 September 2015

Recommendations for decision

Cabinet is recommended to:

1. Consider the responses received during a public consultation into the decommissioning of existing services.
2. Decommission services at Merryhill House and Nelson Mandela House and recommission with a range of independent sector providers.

3. Decommission services at Woden Resource Centre and recommission high dependency day care in the external market through a personalised approach.
4. Approve in principle subject to final confirmation of the financial implications, the progression of the Better Care Technology Offer and to partner with Wolverhampton Homes (WH) to drive and deliver the significant service developments that will be required. Delegate authority to the Cabinet Member for Adults, Cabinet Member for Resources, in consultation with the Strategic Director for People and the Director of Finance to agree the partnership arrangements with Wolverhampton Homes.
5. Approve the progression of discussions with the West Midlands Fire Service (WMFS) to explore a collaborative approach for the delivery of the Better Care Technology Offer.

1 Purpose

- 1.1 To receive the outcome of the consultations and actions to mitigate risks associated with the recommendations.
- 1.2 To approve the progression and the development of an ambitious enhanced Better Care Technology offer and work alongside Wolverhampton Homes (WH) as the council's wholly owned housing provider.
- 1.3 To support the progression of discussions with other statutory agencies to explore a collaborative approach for the delivery of the Better Care Technology Offer.

2.0 Background

- 2.1 The Council is progressing an ambitious development of its services in line with the Care Act policy drivers. The objective will be to intervene and support people earlier, reduce, defer and delay the need for more intensive support by having better information and increased alternatives of less intensive care to help people be as independent as possible.
- 2.2 The expansion of the Better Care Technology offer across Wolverhampton is an integral part of the city's 'Promoting Independence policy' and the 'Home First Approach' to support people to remain independent within their own home and community.
- 2.3 These recommendations will be an integral part of the transformation of older people's services, from 'care home to care at home', provide increased choice and control for service users and carers whilst also assisting in meeting the Medium Term Financial Strategy requirements.
- 2.4 All commissioning activity will be outcome focused and progressed with a common set of embedded themes:
 - Personalisation
 - Maximisation of the use of Better Care Technology
 - Delivery of the corporate savings objectives
 - Delivery of priorities in the Corporate Plan
 - *For People to live longer, healthier lives*
 - *For Adults and children to be supported in times of need*
 - *For People in communities to achieve their full potential*
- 2.5 In July 2015 Cabinet approved the following recommendations:
 - The transformation of community based services and the creation of a new community offer, with the delivery and development of extended and enhanced reablement and other services, including telecare, to support people to live independently in their own homes.

- The formal consultation process on the proposal to decommission services at Merryhill House and Nelson Mandela House and transfer to external market providers.
- The formal consultation process on the proposal to decommission services at Woden Resource Centre and re-provide high dependency day care in the external market through a personalised approach.
- Approve the progression of the externalisation of community reablement and the commissioning of a specialist dementia reablement service.
- Approve the development of an ambitious telecare offer at scale to increase the independence of vulnerable people in Wolverhampton and to agree to be a national pilot for a proactive telephone service to reduce isolation and enhance wellbeing.

3.0 Consultation

- 3.1 It is recognised that these services are valued by service users, carers and citizens. The opportunity for engagement and feedback on these proposals to all stakeholders has been extensive and widely publicised through a range of marketing and media channels.
- 3.2 A comprehensive consultation process has been undertaken and was completed on 26 October 2015. Letters, feedback forms and pre-paid reply envelopes inviting individuals to comment on the proposals were sent to current service users of the services and past service users (six months) that had used the service, inviting them to meetings and offering the opportunity to complete a feedback form or an online survey. There were also six press releases advising members of the public about the proposals and how they could participate in the consultation.
- 3.3 There have been 17 consultation events, attended by service users relatives, the public and external stakeholders. Two provider engagement meetings have been held. A number of employee sessions have been facilitated which have included representation from Unison and at which employees were represented in large numbers.
- 3.4 The stakeholder meeting was well attended by a range of partner organisations and individuals. Attendance at the three public meetings consisted of a combined total of nine members of the public.
- 3.5 In addition to the meetings held, 95 feedback forms have been received and 35 responses received through an online survey.
- 3.6 The emerging themes that have been expressed during the consultation period include the following:
- In general the feedback both from service user meetings and feedback forms has shown a high regard and trust for council run services and staff.
 - Concerns about the independent sector and quality.

- The commitment made to long stay service users, that this was a home for life (there are 72 beds and ten long stay residents)
- The level of anxiety for permanent service users who have previously been relocated from another Wolverhampton Council home.
- The perceived inflexibility of the external market in terms of choice of respite and potential cost.
- Concerns were raised about the potential break up of friendship groups.

3.7 The risks associated with the above, as with other services provided by the Council, would be mitigated by ensuring that:

- Regulated services are monitored by the Care Quality Commission (CQC) and the Council through their contractual agreement which includes quality measures. Individual care plans are regularly reviewed by social workers.
- Services for individuals that have a need for respite will be commissioned via longer term contracts that provide flexibility and choice in order to meet the needs across the City.
- We will work with service users and their families closely to find alternative places based on individual need and where appropriate involve the use of advocates.
- Every effort will be made to retain existing friendship groups.

3.8 As part of the consultation two reports have now been submitted. The Association for Public Excellence (ASPE) were commissioned by Unison to undertake a piece of work. Woden Resource Centre has submitted their own proposals for alternative options for the provision of preventative and rehabilitation services at Woden Resource Centre.

3.9 The full Consultation Report in relation to these proposals, which includes all the views that have been gathered during the consultation period, including a transcript of the meetings and feedback form, letters and reports received, is available through the following link [view the full consultation report here](#). It is also available on request from the Commissioning Team for Older People telephone number 01902 555494.

3.9.1 Appendix One outlines the Executive Summary of the consultation.

3.10 During the consultation questions were raised about the occupancy data. In response to this, further activity analysis has been undertaken for the period January – September 2015 and is outlined below.

3.10.1 Woden Resource Centre provides rehabilitation on a short term basis and has capacity of 26 beds and a high dependency day care provision offering 15 places per day (total 75 places per week)

- The 2015/16 controllable budget is £1.4 million of which £80,000 are corporate landlord budgets.
- There is currently a maintenance schedule with estimated costs of £308,000.
- The occupancy average taken over the previous nine months is 63%. This equates to 16 beds being occupied at a unit cost of £1,659 per week.

- The occupancy average taken from January – September 2015 for the high dependency day care unit is 31% (actual).
- 3.11 In total the Council has capacity for 49 rehabilitation beds across the City and the combined average occupancy for the above period is 65% which equates to 32 beds.
- 3.12 In relation to these proposals a petition was received containing 5637 signatures. This petition will be heard at Full Council on 4 November 2015. The purpose of this petition is stated as 'save elderly care in Wolverhampton'

'We the undersigned call on Wolverhampton City Council to oppose the recommendations made in the cabinet report of July 22nd 2015 'better care technology and strengthening support at home'.

We believe the citizens of Wolverhampton value the high standard of care currently delivered at Merry hill House, Nelson Mandela House, Woden house and Bradley resource centre which already best meet the needs of service users including in the provision of residential care, respite, rehabilitation, CICT, HARP and day care.

Therefore we oppose any move to close these establishments and/or outsource elderly care provision to the private sector and call on our elected members to do the same.'

4.0 Residential Long Stay and Respite

- 4.1 Further activity analysis has been undertaken for the period January – September 2015. Capacity at Merryhill House and Nelson Mandela House is 72 beds and there are currently ten long stay service users. The remaining capacity has been used to provide residential respite services.
- 4.2 The average usage of all bed based services including respite at Merryhill House and Nelson Mandela House is 61%, this equates to 44 out of 72 beds being occupied.
- 4.3 Based on 61% occupancy, the average cost of a long stay residential placement at the council run residential care homes is on average £1,013 per week. This compares with the independent sector which has an average cost of £419 per week.
- Placements in council run care homes account for 1.7% of all residential placements funded by the Council.
 - Taking the average occupancy of 61%, council run long stay residential care homes placements account for 4.3% of total residential care spend.

5.0 The Development of Better Care Technology and the Creation of a Community Offer

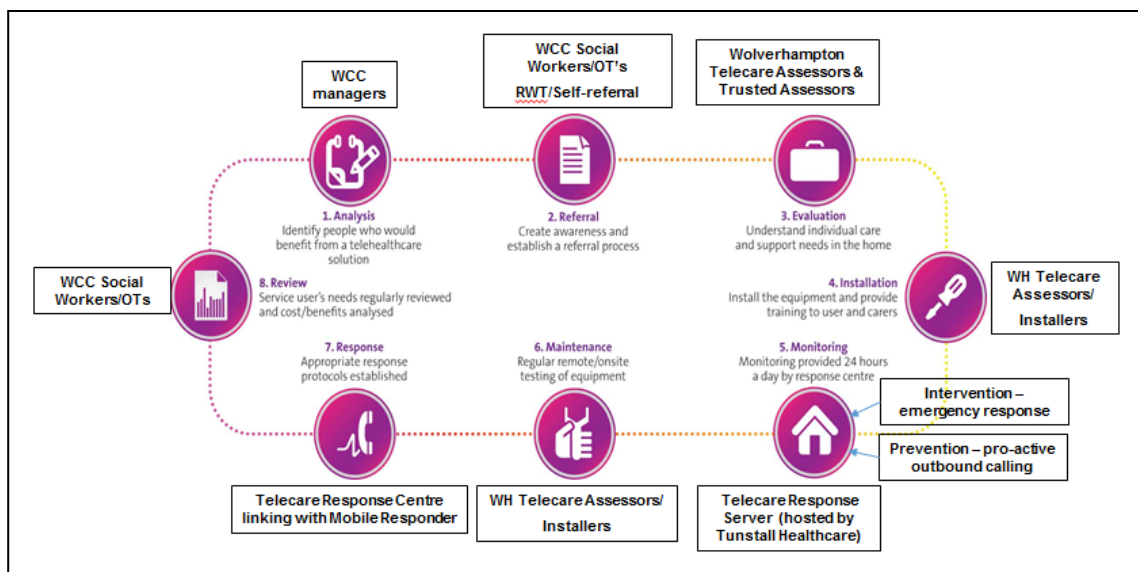
5.1 Technology is increasingly being used to support individuals and carers at the heart of care and support delivery, across all client groups and care settings. The enhanced telecare offer would build confidence for individuals and carers when returning home.

5.1.1 Appendix two outlines case studies of the benefits telecare can offer.

5.1.2 Please see attached link to Association of Directors of Social Services report regarding the benefits of assistive technology.
https://www.adass.org.uk/uploadedFiles/adass_content/national_leads/assistive_technology/public_content/Call%20for%20Evidence%20Report%20July%202015.pdf

5.2 Carelink and Telecare services operate separately under different budgets and management structures. There are a number of similar core functions provided by both Telecare and Carelink in terms of provision of assessment, equipment processes and interdependencies required for a whole system approach. The two current services need to be integrated with a combined resource in order to deliver the vision outlined below.

5.3 The end to end delivery model for the enhanced Telecare service in Wolverhampton is built in line with best practice examples from around the UK:



5.4 Phase two of the delivery model will be further enhanced from summer 2016 with the introduction of pro-active outbound calling to support individuals according to specific needs and to promote health and well-being messages and campaigns.

5.5 The new model will provide one single offer to the wider public and will require investment and the infrastructure to support the delivery of significant growth to the service. A strong partnership approach and commitment combining local partners across the city is required in order to achieve 3000 new Telecare users by the end of 2018, through the targeting of technology at every point of contact. A further 3000 new users

are expected to be supported with the outbound calls system by the end of 2018. Additional exploratory work is required to develop the end to end process.

- 5.6 As the City's Arm's Length Management Organisation (ALMO) Wolverhampton Homes (WH) are well placed to drive the significant service developments that will be required. WH has a number of synergies for the Better Care Technology offer, as outlined below:
- Both organisations now share leadership at Directorate level.
 - Many of the current users across the services are Council tenants taking similar services from both organisations.
 - The current Carelink service is funded partially by the Housing Revenue Account (HRA).
 - Transfer of staffing would be achieved using the same process of Transfer of Undertakings, Protection of Employment (TUPE) regulations 2014 transfer as used previously.
 - An existing state of the art 24 hour control centre with potential for further expansion.
 - A contract between WH and the Council would be an award of a contract to a controlled person, in accordance with the Public Contracts Regulations and this is exempt from the need for a competitive procurement process.
- 5.7 The existing partnership with WH will be extended to support the development and delivery of the Better Care Technology enhanced offer on a phased approach.
- 5.7.1 This will commence in phase one with the up-scaling of Telecare provision, the TUPE transfer of relevant staff and the up-skilling of installation capacity within WH. This option creates the opportunity for the utilisation of a key strategic partner's resources and expertise:
- A workforce that is already working with vulnerable adults.
 - Handy person services.
 - Community engagement.
 - City wide fleet and facilities.
- 5.8. Up-skilling staff as a priority activity will provide increased installation capacity to support winter pressures in the health and social care system.
- 5.9 The second phase of this approach will include the identification and design of the call monitoring and responder functions. This will be subject to further consideration.
- 5.10 Early discussions are progressing with other statutory agencies including the WMFS to explore the feasibility of providing a first response service for the Better Care Technology offer. A new model with the WMFS undertaking this role has already been established in elsewhere in the West Midlands.
- 5.10.1 Currently WMFS provide safe and well checks for vulnerable people in the community. This would support the preventative model and would be aligned to the development of the outward bound calls supporting individuals to be as independent as possible.

6.0 Charging

- 6.1 The choice to access a responder service provides reassurance, peace of mind and flexibility to carers to exercise choice on the level of service they would require. This provision is available for 365 days a year.
- 6.2 Charging for Telecare is commonplace and introducing a tiered charge for this new offer, in line with good practice in other authorities will increase the Council's ability to deliver the Better Care Technology offer to self-funders and create an opportunity for increased revenues.
- 6.3 The development of a new Better Care Technology offer, as a universal service, will encourage choice for customers based on individual circumstances.
- 6.4 The Fees and Charges Report presented to Cabinet (Resources) on 20 October 2015 was approved for a new charging policy ranging from £3.00 to £9.00 per week for new users as outlined below:
- Level 1 - a standard service comprising of an alarm unit, pendant, smoke detector (where required), linked to the 24 hour call centre - £3.00 per week
 - Level 2 - as level 1 plus access to the mobile responder service - £5.00 per week
 - Level 3 - access to a range of additional sensors - £7.00 per week
 - Level 4 - as level 3 plus access to the mobile responder service - £9.00 per week
- 6.5 Where installation is part of up to six weeks reablement support this would not be chargeable. When part of a longer term package of support the above would be integrated as part of the charging assessment.

7.0 Commissioning Intentions

- 7.1 In light of under-utilisation of the two bed-based reablement services, alongside the development of a greater emphasis on home based reablement, it has been concluded that provision can be consolidated at Bradley Resource Centre.
- 7.2 The decommissioning of the two long stay residential care homes and one rehabilitation centre offers the Council the best opportunity to improve and develop the community based offer. This will enable the Council to reinvest savings to develop the Better Care Technology offer in order to meet the needs of vulnerable people at home whilst at the same time meeting the current financial challenges.
- 7.3 All service users will continue to receive the support necessary to meet their assessed needs but the following reconfiguration of services will need to take place as a result of these recommendations:
- Social workers will work with all service users and their families to ensure a personalised support plan; where appropriate identifying a suitable home or day care resources.

- The respite service will be recommissioned in the external market with local contracts that provide flexibility and choice in order to meet the needs across the City.
- Charges to users of the respite service will be line with the current arrangements.
- The assessed high dependency day services currently provided at Woden Resource Centre will be re-commissioned from an external market provider/s. The current usage of internal capacity is 31% of available places.

7.4 Recommissioned services will be regulated, monitored and inspected by the Care Quality Commission (CQC). Also the Adult Social Care Commissioning function includes quality assurance which proactively monitors contact compliance.

7.4.1 Available capacity is regularly collected and circulated. At the end of October 2015 there were 70 vacant places within the independent sector in Wolverhampton.

7.5 The Council remains responsible for the wellbeing of individuals in our care and will identify a named Social Worker for each service user and their family to look at alternative appropriate options that continue to meet their needs and to make sure that friendship groups are maintained where possible.

7.6 In order to re-commission effective services, all service users and their carers will be fully involved in the re-assessment process in order to ensure that their individual needs are met going forward.

8.0 Financial implications

8.1 The 2015/16 total controllable budget for Older People is £26.7 million, of which £11.7 million is for care purchasing. The residential homes and resource centres detailed in this report have a combined 2015/16 controllable budget (before savings) of £4.8 million.

8.2 The Medium Term Financial Strategy (MTFS) includes a savings proposal for 'Reducing costs within in-house services for older people of £2.3 million (£928,000 in 2015/16 and £1.4 million in 2016/17). This target incorporates other services not detailed in this report which have already delivered savings of £920,000 towards this target leaving a balance of £1.4 million.

8.3 A further savings proposal of £820,000 for 'Re-shaping older people services' was approved for further development as part of the Draft Budget and Medium Term Financial Strategy 2016/17 – 2018/19 report approved by Cabinet on 22 July 2015 and 21 October 2015 (Draft Budget Report). This would give a revised savings target of £2.2 million to be delivered from the services detailed in this report.

8.4 Enhanced Better Care Technology is a crucial part of the Adult Social Care offer which will embrace early targeted intervention, preventing escalation into more expensive intensive support packages. The Better Care Technology offer will require additional investment, however, the actual level of the investment is not fully known at this stage.

Initial high level financial modelling indicates that the enhanced service could cost in the region of £1 million by year three. Existing budgets that would contribute towards this service are detailed below.

- 8.5 It is estimated that the proposals detailed in this report will realise savings of £2.5 million, compared to the £2.2 million target detailed in 8.3 which leaves a balance of £300,000 to be re-invested into the enhanced Better Care Technology offer.
- 8.6 The current Telecare and Responder Service have a combined budget of £288,000 which is funded from the General Fund.
- 8.7 The current Carelink service has a total budget of £417,000 funded from a contribution of the General Fund and HRA. An element of this will be available to contribute towards the new offer after taking into account the budgeted corporate contributions to the 24 hours control centre.
- 8.8 Further work is required to identify how any shortfall will be funded. This could include contributions from the HRA, Public Health, additional income generation and potential contributions from other Partner Agencies.
- 8.9 The detailed budget implications for phase 1, which is the merger and up-scaling of the Telecare and Carelink Services, and the transfer to WH will be finalised and understood through the use of delegated authority prior to the transfer. It is expected that Phase 1 will see an additional 3,000 new users by 2018.
- 8.10 Phase 2 which incorporates the outbound calls system and the re-commissioning of the responder service will be rolled out from summer 2016 and is projected to reach a further 3,000 new users, taking the total new users by the end of 2018 to 6,000.
[AS/03112015/C]

9.0 Legal implications

Statutory power to undertake recommendations in the report:

- 9.1 When considering the recommendations and in particular the decision to cease delivery of existing services at the existing centres and to restructure the remaining service the Council must take into account a number of factors, including:
 - 9.1.1 The representations made during the consultation and any analysis of the consultation
 - 9.1.2 The equality impact assessment bearing in mind its public sector equality duties as well as all other relevant information.
 - 9.1.3 The effect on individual health, lives and well-being of service users and their carer's in having to use alternative services or other models of delivery, particularly individuals who regularly use the existing services
 - 9.1.4 Consideration of any duty under the Human Rights Act 1998 so as not to act incompatibly with the rights under the European Convention for the Protection of

Fundamental Rights and freedoms (“the Convention”). The Council will need to consider whether the proposed closures are likely to breach any of the service users rights e.g. Article 2 the right to life, Article 3 the right not to be subjected to torture or inhuman or degrading treatment and Article 8 the right to respect for a person’s family life and their home. If this decision is likely to breach the convention the Council will need to examine any particular facts and determine if such a breach is justified and proportionate. The Council can though take into account general economic and policy factors which have led the Council to conclude that the homes should be closed. This though must be balanced against the impact on the service users.

- 9.1.5 The recommendations of moving to a more personalised service approach would support greater compliance with the Care Act 2014. The Act though places various duties and responsibilities on the council about commissioning appropriate services. In particular the Council should encourage a wide range of service provision to ensure that people have a choice of appropriate services, must ensure their commissioning practices and the services delivered on their behalf comply with the requirements of the Equality Act 2010 and should encourage services that respond to the fluctuations and changes in people’s care and support needs. The Care Act also places duties on the Council to carry out an assessment of any carers needs. This can include participation in education, training and recreation.
- 9.1.6 When carrying out new assessment or when re-assessing individuals, the needs assessment must be carried out in line with the Care Act 2014. It is also best practice when assessing the impact on carer’s to ensure this is done in compliance with the 2014 Act.

Other Legal Implications:

- 9.2 If service users are moved from existing services against their will, this is likely to constitute a prima facie breach of their rights under Article 8(1) and the Council need to consider whether this breach can be justified, as above.
- 9.3 In addition if any service user is subject to restraints that amount to a deprivation of liberty and no less restrictive options are available to meet that persons needs a planned move from the centre must be lawfully authorised either by the Deprivation of Liberty safeguards or by an order of the Court of Protection, whichever would be most appropriate.
- 9.4 The appropriate legal requirements will be followed in relation to this matter, in respect of any implications for contractual issues; human rights, in accordance with relevant provisions of the Human Rights Act 1998; and any necessary transfers of staff, in accordance with the Transfer of Undertakings (Protection of Employment) Regulations 2006, as amended, as well as any other relevant employment law and auxiliary legislation, as required.
- 9.5 If it is necessary for the Council to enter into any contracts in order to affect these proposals further reports will be required.
[RB/03112015/Q]

10.0 Equalities implications

- 10.1 An equality analysis has been undertaken. The analysis indicates that there is the potential for differential impacts to be felt by some of the users should a decision to decommission services and transfer to a range of independent providers be approved.
- 10.2 The analysis accepts that there is the potential for some adverse impacts, but by adopting the mitigating actions highlighted above in the consultation section it is strongly believed that the council has done everything it can from its existing and expected future budgets to mitigate the potential for these impacts.
- 10.3 An initial screening for the development of Telecare has been undertaken and will continue to be refreshed as on-going work is developed.

11.0 Environmental implications

- 11.1 There are no environmental implications associated with this report

12.0 Human resources implications

- 12.1 There are human resource implications associated with this report, if approval is given. The recommendations will be implemented in line with the Council's Human Resources Policies and Procedures and negotiations with Trade Unions. If any of these services are subject to TUPE implications there may be associated costs.
- 12.2 Based on the potential delivery model there is a potential for employees to transfer from the Telecare and Carelink services to the preferred partner Wolverhampton Homes. Consultation with affected employees will be undertaken in accordance with the Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014.
[HR/JF/PS/005]

13.0 Corporate landlord implications

- 13.1 Corporate landlord is actively involved in the assessment of the asset implications relating to the service model proposals in this report.
- 13.2 Corporate landlord will take responsibility for the properties identified as surplus to service requirements and will determine the future use of these assets. If the assets are deemed to be surplus to Council requirements Corporate Landlord will declare them surplus and seek approval from Cabinet (Resources) Panel for inclusion on the Council's asset disposal strategy.
- 13.3 Subject to Cabinet (Resources) Panel approval the Corporate Landlord will deal with the progression of the marketing and sale of the assets for best consideration and manage them as a surplus asset.
- 13.4 Surplus assets are managed by the Corporate Landlord Service in accordance with the Corporate Landlord Board recommendations prior to disposal with a view to minimising

holding costs whilst still ensuring any buildings are maintained in good order (where possible) and secured prior to disposal.

- 13.5 There will be holding costs associated with these surplus assets and the full financial savings cannot be made until the assets have been disposed of.

14.0 Schedule of background papers

- 14.1 Cabinet Report 22 July 2015: Better Care Technology and Strengthening Support at Home
Cabinet Report 11 March 2015: In House Services – Adult Social Care
Cabinet Report 4 March 2014: Deloitte – In House Service Options Appraisal
Cabinet Report 23 October 2013 – Five Year Budget and Medium Term Financial Strategy 2014/15 to 2018/19

Appendix One Executive Summary – Consultation

**Proposed Transformation of Wolverhampton’s Older People’s
Services**

Better Care Technology and Strengthening Support At Home

Consultation Report

Executive Summary

3 August 2015 – 26 October 2015

Contents:

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Page 21	Summary of consultation

1.0 Purpose of Report

To give feedback on the consultation on proposals:

- To decommission services at Merryhill House and Nelson Mandela House and transfer to external market providers.
- To decommission services at Woden Resource Centre
- To re-provide high dependency day care in the external market through a personalised approach.

2.0 Background

2.1 The Council is progressing an ambitious development of its services in line with the Care Act policy drivers. One of the key strategic objectives is that home is the hub and services will be designed and commissioned in recognition of people's expectation to remain at home. To intervene and support people earlier, reduce, defer and delay the need for more intensive support by having better information, increased alternatives of less intensive care to help our people maintain their lives.

2.2 The expansion of Better Care Technology offer across Wolverhampton is an integral part of the city's Promoting Independence policy and the Home First Approach to support people to remain independent within their own home and community.

2.3 These proposals will be an integral part of the transformation in older people's services, from care home to care at home, provide increased choice and control for service users and carers and assist in meeting the Medium Term Financial Strategy (MTHS)

2.4 It is intended that all commissioning activity will be progressed with a common set of embedded themes:

- Personalisation
- Maximisation of the use of Better Care Technology
- Delivery of the corporate savings objectives
- Deliver priorities of the Corporate Plan
 - *For People live longer, healthier lives*
 - *For Adults and children are supported in times of need*
 - *For People in communities to achieve their full potential*

2.5 In July 2015 Cabinet approved the following proposals:

- The transformation of community based services and the creation of a new community offer, with the delivery and development of extended and enhanced reablement and other services, including telecare, to support people to live independently in their own homes.

- The formal consultation process on the proposal to decommission services at Merryhill House and Nelson Mandela House and transfer to external market providers.
- The formal consultation process on the proposal to decommission services at Woden Resource Centre and re-provide high dependency day care in the external market through a personalised approach.
- Approve the progression of the externalisation of community reablement and the commissioning of a specialist dementia reablement service.
- Approve the development of an ambitious telecare offer at scale to increase the independence of vulnerable people in Wolverhampton and to agree to be a national pilot for a proactive telephone service to reduce isolation and enhance wellbeing.

3.0 Methodology

- 3.1. Visits were made to Merry Hill House and Nelson Mandela House on the day that the proposals were announced. All long stay residents were informed of the proposals by the Residential Care Home Managers with the support of the Commissioning Team and the Participation Officer.
- 3.2. The long stay residents were visited by the social work team in the early days of the consultation to obtain an independent recording of the service user's views which are included below: (see page 70)
- 3.3. A total of 494 letters were sent to service users, family members and carers, inviting them to meetings at the schemes and three public and a stakeholder meetings to discuss the proposals , feedback forms and prepaid envelopes were included.
- 3.4. Letters were sent to current long stay residents, current respite service users, family members and carers at Merry Hill House and Nelson Mandela House along with previous service users, family members and carers post January 2015.
- 3.5. Letters were sent to current and previous rehabilitation service users post January 2015 at Woden and Bradley Resource Centres.
- 3.6. Letters were sent to high dependency day care users at Woden Resource Centre.
- 3.7. Letters were sent to all Councillors inviting them to attend any or all of the consultation meetings a consultation timetable was included.
- 3.8. Letters were sent to Unison informing them of the consultation timetable.
- 3.9. Feedback forms and pre-paid reply envelopes were provided inviting comments on the proposals, they were included in the letters sent out and were available online and at the schemes.

- 3.10. An online survey was available on the corporate website.
- 3.11. There were 17 consultation events held, attended by service users, relatives, the public and external stakeholders. Two provider engagement meetings were held; six employee briefing sessions have been facilitated, which have included representation from Unison. In addition to the meetings held, 95 feedback forms have been received and further 34 responses were received through an online survey.
- 3.12. The stakeholder meeting was well attended by a range of partner organisations and individuals. Employees were represented in large numbers at employee meetings. Attendance at the three public meetings consisted of a combined total of six individual attendees for all three meetings. (See table below 3.12.1)

3.12.1.

Date	Venue	Participants	Numbers attended
Monday 8th August 2015	Civic Centre, CR3	9.30 Provider forum	0
		11.30 Provider Forum	2
Tues 25th August 2015	Nelson Mandela House	9.30 – 10.15 Employees	20
		10.30 Service users and family/carers	24
Tues 25th August 2015	Merry Hill House	1.30 – 2.15 Employees	18
		2.30 Service users and family/carers	29
Weds 26th August 2015	Woden Resource centre	9.30 – 10.15 staff	22
		10.30 - 11.15 Service users and family/carers	7
		11.30 – Day care users and family/carers	10
Thurs 27th August 2015	Bradley Resource Centre	9.30 – 10.15 Employees	21

		10.30 Service users and family/carers	9
Mon 28th Sept 2015	Civic Centre, public meeting	10.30 public meeting	6
Tues 6th October 2015	Civic Centre - Stakeholder meeting	2.00 – stakeholders	21
Tues 13th October 2015	Civic Centre – public meeting	5.30 – public meeting	1
Thurs 15th October 2015	Warstones Resource Centre	2.00 – All staff	17
Tuesday 20th October 2015	Civic Centre – public meeting	7.00 – public meeting	2
Wednesday 21st October 2015	Woden Resource Centre	2.00 – staff meeting	Included above in previous Woden staff meeting

- 3.13 95 feedback forms were received.
- 3.14 77 members of staff attended the five staff meetings.
- 3.15 21 people attended the Stakeholder meeting held at Wolverhampton Civic Centre on 6th October 2015.
- 3.16 6 members of the public and 3 members of staff attended the Public meetings held at the Civic Centre on 28 September 2015, 13 October and 20 October 2015.
- 3.17 6 press releases were published throughout the consultation period, advising members of the public about the proposals and how they could feedback to the consultation.
- 3.18 The consultation was published on the Council web site, Facebook page and Modern.gov with an online survey.
- 3.19 35 participants took part in an online survey.
- 3.20 A petition containing 5637 signatures was received entitled Save Elderly Care in Wolverhampton.

'We the undersigned call on Wolverhampton City Council to oppose the recommendations made in the Cabinet report of July 22nd 'Better Care Technology and Strengthening Support at Home'. We believe the citizens of Wolverhampton

value the high standard of care currently delivered at Merry Hill House, Nelson Mandela House, Woden House and Bradley Resource Centre which already best meet the needs of service users including the provision of residential care, respite, rehabilitation, CICT, HARP and day care.

Therefore, we oppose any move to close these establishments and/or outsource elderly care provision to the private sector and call on our elected members to do the same.

The Councils proposals to restructure elderly service provision in Wolverhampton are not based on improving the service but to make financial savings, the dismantling of what we believe are excellent services in the pursuit of savings is counterproductive and not in the best interests of the older people of the city’.

- 3.21 All comments, questions and responses from the sessions were noted. A full transcript of all meetings is available.
- 3.22 An alternative proposal was submitted entitled: “The Woden Community Hub for Older People” from the manager and staff at Woden Resource Centre
- 3.23 A report was submitted from Unison which was commissioned from the Association for Public Service Excellence (APSE) entitled: Wolverhampton City Council Adult Social Care Proposals Report for Unison.
- 3.24 The following Stakeholders were invited to attend the consultation meetings.

Age UK	Micro Providers
All Councillors	Multifaith group
All Cultures One Voice	Neighbourhood Support
Alzheimer’s Society	Over 50s Forum
Black Country Partnership	Priority Care Project
Brokerage Team	Public Health
Carer Support Team	Residential and Domiciliary Care Providers
Citizens Advice Bureau	Safeguarding Team
Clinical Commissioning Group	Royal Wolverhampton NHS Trust
Equality and Diversity Forum	Voluntary Sector Council
Life Direct	West Midlands Fire Service

4.0 Summary of Consultation:

- 4.1. The opportunity for participation in the consultation process has been extensive and people have taken the opportunity to attend meetings and to use several channels to feedback their views. The meetings for service users and family members at the schemes were very well attended although across three public meetings there were only 9 participants. Over a hundred feedback forms were received and there were 35 responses to the online survey.

- 4.2. The question was asked by some participants: “Is there any point in this consultation and making our views known or has the decision already been made?” Participants were assured that the city council are listening and that all comments are recorded, welcomed and valued and will be reported to cabinet as part of the democratic process.
- 4.3. The majority of the responses received on these proposals were against the proposed closures of the Merry Hill House, Nelson Mandela House and Woden Resource Centre. People were particularly concerned about a potential reduction in respite care beds. Participants throughout said that keeping one of the resource centres open and absorbing the under usage of the rehabilitation beds was a better option though concerns were expressed about the potential decrease in the number of rehabilitation beds.
- 4.4. Representations were made to keep one of the residential care homes open to house the 10 long stay service users, with the remaining beds continuing to be used for respite while purchasing additional respite beds from the external market as required during peak times.
- 4.5. Discussion throughout the consultation in both Merryhill House and Nelson Mandela House was about permanent residents who had been moved during former local authority home closures. A number of participants said that a commitment had been made to their relatives that this would be a home for life. Families highlighted the level of anxiety for permanent service users who have previously been relocated from other Wolverhampton local authority homes and they expressed worries about the residents who face being moved away from friends and family.
- 4.6. There are several friendship groups and family members in Merryhill House and Nelson Mandela House family members asked about the possibility of moving residents and service users together in small groups if the proposals go ahead.
- 4.7. Questions were asked about whether there was sufficient alternative accommodation in the locality and the independent sector, residents and families said that they do not want to move from the current care homes, that they felt comfortable in their present surroundings and had excellent relationships with the staff. “It’s the care we want and the standard here is excellent”.
- 4.8. Extra payments known as ‘top ups’ that can be charged by private care homes was also raised, families said that they would be unable to afford to pay top ups to private residential care homes.. Long stay residents were assured that the council would pay for any reasonable increased charges if care was transferred to the independent sector.
- 4.9. The effect that diminishing respite places will have on informal and family carers and their ability to continue with their caring role was a recurring theme. There were concerns about the inflexibility of the external market in terms of choice of respite and potential cost. Several people said that they had recently tried to arrange respite within the private sector but found that they could not organise short term planned respite. They said that some providers will only offer respite breaks of one month, or cannot commit to bookings until the week before, which means people cannot book breaks and holidays in advance.

- 4.10. The Care Act 2014 has preventative services as a priority. Some participants said that respite is a most important aspect of this. All of the services in the proposals provide respite and care to people in crisis so why is that being taken away when it is a preventative measure. “The Care Act says more preventative services are needed and yet respite services are being closed”.
- 4.11. Employees raised concerns about the possibility that these proposals will affect their employment at a time when a number of them have already been moved in previous changes to in-house services. Throughout the process employees made their concerns felt about what effect these proposals will have on service users if the proposals go ahead
- 4.12. The service users and carers who attend Woden high dependency day care all wanted to remain there though they were told that if the proposals went ahead that the council would do its best to move them as friendship groups.
- 4.13. It was believed by participants that private care homes are run as businesses and are purely for profit, and that it is regularly seen in the press about private care homes that are closed due to issues including neglect. It was clear that the people present had a suspicion of the private sector and felt that corners may be cut in order to maximise profits. A suggestion was made about the feasibility of operating council homes on a business model and making a profit like the independent sector instead of closing one or both of the homes.
- 4.14. In general the feedback both from service user meetings and feedback forms has shown a high regard and trust for council run services and staff with a general distrust about the quality of the independent sector. Service users and carers were very complimentary about how the services worked, the therapy that was available and the staff commitment within local authority services. Concerns were also raised about how the council would maintain and monitor quality if the services were all run by an external provider.
- 4.15. When faced with the knowledge that the resource centres and residential care homes have a high vacancy rate it was suggested that the marketing process should be looked at and that social workers and hospital staff should refer to them more. The question was asked if this was a deliberate policy by the council to keep numbers low.
- 4.16. While it was recognised that Telecare and assistive technology were valuable in the community there was a fear that increased use of Telecare could lead to more loneliness and isolation for people living in the community as not everyone can cope at home.
- 4.17. During the stakeholder meeting health colleagues made the point that it is important that these proposals don't increase delayed discharge from the hospitals and that they were concerned about the knock on effect of the loss of the interim care beds, while they were not against the proposals outright they wanted reassurance that interim care beds would still be available for hospital discharge and that these proposals will not lead to bed blocking.

- 4.18 The online survey had 34 responses most were against the proposals though one responded fully supported all of the proposals saying that “. There is no reason why Merryhill House and Nelson Mandela House should be kept open and funded and staffed by the Local Authority if beds are not being used - this is a waste of resources of public funds”.
- 4.19 Officers led the consultation process and collated all responses. A local expectation of councillors’ presence at the consultation meeting was voiced. The opinion was also expressed that council wastes money that could be better spent on keeping services for older people in-house.
- 4.20. There were a number of complaints about the consultation process including that there was not enough background information included in the consultation documents. A representative from Healthwatch expressed the opinion that “Important information is being suppressed from the people in Wolverhampton nothing is put in front of us in a simple form”.

Appendix Two

Telecare case studies:

Betty's story

One day over Christmas, Betty accidentally left something in the microwave and it blew up. She unfortunately gulped down some smoke and being an asthmatic, felt very weak, so she pressed her pendant and within minutes, the emergency services and her daughter had arrived. In Betty's words "**it saved my life.**"

Gerald's story

Gerald is the primary carer for his 18 year old daughter Sarah who has epilepsy, cerebral palsy and autism. Their Telecare system includes a bed epilepsy sensor which means Gerald is alerted if Sarah has a fit in the night. In Gerald's words "**before Telecare I was worried all the time ... it's eased my mind a lot.**"

Catherine's story

Catherine is a retired social worker. Catherine has had frequent falls due to knee, hip and shoulder replacements meaning her balance is sometimes off. In Catherine's words "**Telecare gives me great self-confidence around the house. Now I feel able to move around ... without worrying like I did before.**"

Association of Directors of Social Services published a report on the success of telecare, please see link below.

<http://www.adass.org.uk/adass-survey-gives-national-picture-of-telecare-services-for-the-first-time/>

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