

Cabinet Meeting

22 July 2015

Report title	Better Care Technology and Strengthening Support at Home	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Elias Mattu Adults	
Key decision	Yes	
In forward plan	Yes	
Wards affected	All	
Accountable director	Linda Sanders, Strategic Director , People	
Originating service	Commissioning – Older People	
Accountable employee(s)	Paul Smith Tel Email	Head Of Commissioning – Older People 01902 555318 paul.smith@wolverhampton.gov.uk
Report has been considered by	Strategic Executive Board	2 June 2015
	Adults and Safer City Scrutiny Panel	14 July 2015
To be considered by	Cabinet	22 July 2015

Recommendation(s) for decision:

The Cabinet is recommended to:

1. Approve the transformation of community based services and the creation of a new community offer, with the delivery and development extended and enhanced Reablement and other services, including telecare, to support people to live independently in their own homes.
2. Approve the formal consultation process on the proposal to decommission services at Merryhill House and Nelson Mandela House and transfer to external market providers.
3. Approve 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.

4. Approve the progression of the externalisation of community reablement and the commissioning of a specialist dementia reablement service.
5. Approve the development 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.

1.0 Purpose

1.1 To present the transformation of community based services.

2.0 Background

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

- Personalisation
- Maximisation of the use of Assistive Technology (telecare)
- Delivery of the corporate savings objectives
- Deliver services aligned to the Corporate Plan

2.2 A key priority for the city's Health and Social Care economy is supporting people to remain independent and minimise the need for more intensive health and social care services wherever possible. This principle of demand reduction is central to the integration agenda with health and the delivery of the requirements of the Better Care Fund, through which closer integration between Health and Social Care is being driven.

2.3 One of the key strategic drivers is that home is the hub and services will be designed and commissioned in recognition of peoples expectation to remain at home for as long as possible. Placing people directly into residential or nursing care, even for a period of reablement can quickly create an expectation and level of dependency that can therefore lead to a level of usage above what would be the case if more people were able to experience a period of reablement in their home environment.

2.4 All of these future service reconfigurations and transformations are underpinned by the adult services 'Promoting Independence' programme and by the reforms outlined in the Care Act 2014.

2.5 The key principle articulated in The Joint Reablement Strategy 2014-2016 is to develop a more robust way to support people requiring a short term service in their own home and reduce the number of residential and nursing beds required for this purpose.

2.6 A further evaluation of residential, domiciliary reablement, telecare and carelink, has been undertaken. This report deals specifically with the delivery of developing extended and enhanced services including telecare to support people to live independently in their own homes.

2.7 To support the redesign of services to become more community based, provision at two of the Council's residential services will be de-commissioned with an emphasis on supporting more people at home.

2.8 The transformation and personalisation agenda will require that all services will be redesigned where it can be evidenced that this will deliver advances in:

- Choice and control
- Innovation and creativity
- The use of personal budgets including Individual Service Funds and Direct Payments
- Social impact of the service
- Pooled budgets and pooled direct payments

3.0 Value for Money Evaluation

- 3.1 Wolverhampton City Council has a high level strategy for short term services to maximise independence which will see a move away from bedded facilities and the development of more robust services, providing care closer to home to support people in their own homes. This proposal of a home first integrated reablement approach and an increased telecare offer through rationalised resources will help to shift the balance of care to support at home.
- 3.2 A Value for Money Evaluation of in-house services for older people has been completed as part of these proposals, including a consideration of costs, quality, and usage. To complete this evaluation, a suite of performance and finance data has been considered. The following headlines have been concluded:

4.0 Residential Rehabilitation

- 4.1 The 2015/16 revenue budget for the two residential rehabilitation units Bradley and Woden Resource Centre is £2.8 million (including corporate landlord budgets of £150,000).
- 4.2 Bradley Resource Centre
- 4.3 Bradley Resource Centre provides rehabilitation on a short term basis and has capacity for 23 beds.
- The annual budget is £1.4 million of which £70,000 are corporate landlords budgets.
 - There is currently a maintenance schedule with estimated costs of £83,000
 - The occupancy average taken over the previous 12 month period is 71% this equates to 16 beds being occupied and at a unit cost of £1,683 per week
- 5.0 Woden Resource Centre
- 5.1 Woden Resource Centre provides rehabilitation on a short term basis and has capacity for 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 12 month period is 63% this equates to 16 beds being occupied at a unit cost of £1,683 per week
- The occupancy average taken over the previous 12 month period for the high dependency day care unit is 34% (Actual). A current snapshot of the average occupancy is 45%
- Based upon the current occupancy, to purchase the re-provision of high dependency day care, in the external market, would cost an estimated £55,000
- It is therefore recommended that services are decommissioned at Woden Resource Centre and reprovided within the new reablement offer which will realise savings of £1.3 million (Including corporate landlord costs of £80,000)

6.0 Domiciliary Reablement HARP (Home Assisted Reablement Programme)

- 6.1 The in-house provision of HARP domiciliary reablement exceeds the unit cost of an externally commissioned service. The city will develop a greater proportion of home based support following the externalisation of the HARP and Community Intermediate Care Team (CICT) (Social Care element) so the support hours per annum could be substantially increased yet with significant savings.
- 6.2 If the total commitment for 2014/15 was taken into consideration (all staff and management costs), the hourly rate based on the contact hours of 14,144 was £49.15 per hour.

7.0 Community Intermediate Care Team (Social Care Element)

- 7.1 The same percentage has been used as identified by HARP to calculate the contact hours provided by the service. If the total commitment for 2014/15 was taken into consideration (all staff excluding management costs), the hourly rate based on the contact hours of 12,687 was £44.09 per hour.
- 7.2 Following the externalisation, in year one, additional hours for domiciliary reablement will be available across the city. It will be possible to increase commissioned hours from 27,000 to 40,000 per year at no additional cost as providers will only be paid at hours delivered.
- 7.3 It is also planned that in recognition of the demographic growth of people with dementia this offer will be inclusive of specialist targeted dementia reablement.

- 7.4. It is intended that the contract for the new service will be designed with an obligation on the provider to further reduce rates in year two and three.

Year two and Year three

Estimated savings based on a maximum cost of £24 per hour x 40,000 hours per annum, is £440,000 per annum.

8.0 Residential Long Stay and Respite

- 8.1 There are currently ten long stay clients across the two services and the Council has not admitted any new long stay clients for a number of years.

- 8.2 The average usage of all bed based respite services at Merryhill House and Nelson Mandela House is 58%, based on 2014/15 out-turn at a cost of £2.3 million this equates to a total under usage cost of £949,000 per annum.

- There is currently a maintenance schedule at Merryhill House with estimated costs of circa £136,000
- There is currently a maintenance schedule at Nelson Mandela House with estimated costs of circa £156,000

- 8.3 The current occupancy unit cost based on the usage rate of 58% is £1,034 per week compared to a potential £419 per week for an external market placement.

- 8.4 The 2015/16 controllable budget for the residential units is £2.3 million (including £121,000 of landlord cost). To purchase 42 beds at £419 per week will cost £915,000 saving £1.4 million (saving net of Landlord cost is £1.3 million).

9.0 Expanding Telecare In Wolverhampton

- 9.1 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. Appendix one outlines case studies of the benefits telecare can offer.

- 9.2 This model will be a preventative proactive outward bound call system where individuals will be contacted to promote health and well-being. This model is aligned to three key principles of a telecare service which include:

- Promoting confidence
- Providing assurance
- Providing a routine offer of a safe and an effective transfer from hospital

- 9.2.1 The new model using the outbound telephone contact and proactively promoting independence and wellbeing will be the first service of its kind in the UK.

- 9.3. There continues to be a clear drive for and evidence of technology supporting individuals to remain independent in their own homes and communities for longer and the continued push from the general public for more information on how technology can support them and their loved ones – many local authorities are exploring options for self-funders to purchase technology either directly from the local authority or with the local authority acting as a trusted advisor and signposting people to retail sites. The enhanced telecare offer would build confidence for individuals and carers when returning home.
- 9.4. There are currently approximately 950 people supported with telecare packages in Wolverhampton but bold ambition is needed to drive change and improvement. It is therefore proposed to create a telecare service that has capacity to support approximately 3000 people over the next three years. The medium term ambition is to reach 6000 people through the proactive telecare plus service to reduce isolation and promote wellbeing.
- 9.5 In order to achieve the target of net 3000 new users over a three year period and in doing so achieving the outcomes of increased independence, targeted prevention and delivery of cost avoidance/cost reduction savings, it is recommended to target growth in three areas:
- Increasing the use of Telecare as an integral element of reablement provided to existing users in receipt of community based packages (increasing to a level of 70% of existing service users)
 - Conversion of existing Carelink service users where this will increase independence, support informal carers and enhance the service users experience of telecare
 - New telecare users buying into the service as self-funders

10.0 Commissioning Intentions

- 10.1 In light of under- utilisation of the two bed-based Reablement services, alongside the development of a greater proportion of community based reablement it has been concluded that provision can be consolidated on one site.
- 10.2 People prefer services at home and aligned with our Promoting Independence agenda it is planned therefore that services will cease at one bed based resource centre linked to a reinvestment into community based reablement.
- 10.3 The decommissioning of the two long stay residential homes and one Reablement centre offers the local authority the best opportunity to improve and develop the community based offer to better meet the needs of vulnerable older people in the City whilst at the same time meet the current financial challenges.

11.0 Financial implications

- 11.1 The Medium Term Financial Strategy includes a savings proposal for the '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 to be delivered from the services detailed in this proposal.
- 11.2 The proposals detailed within this report will deliver the following savings towards the target required of £1.4 million.

Service	2015/16 £000	Savings 2016/17 £000	Total £000
Savings Target	208	1,192	1,400
Residential Rehabilitation	500	797	1,297
Residential Long Stay and Respite	-	1,288	1,288
Total Savings	500	2,085	2,585
Savings over and above target	292	893	1,185

- 11.3 An additional savings proposal will be put forward as part of the Draft Budget and Medium Term Financial Strategy 2016/17 – 2018/19 for £820,000 for 2016/17. The balance remaining will be used to re-invest in extending the Better Care Technology offer and to contribute to the mitigation of the underlying pressures within the older people care purchasing budget
[AS/10072015/H]

12.0 Legal implications

- 12.1 There will be a full consultation regarding the proposals outlined in this report.
- 12.2 If it is necessary for the Council to enter into any contracts in order to affect these proposals further reports will be required.
[TS/08072015/L]

13.0 Equalities implications

- 13.1 Subject to approval, once the consultations and pilot are completed the findings from this will be used to complete an equality analysis on the proposals mentioned in recommendations two, three and five. The outcomes of this equality analysis will be presented in another report to Cabinet.

13.2 Subject to approval the equality analysis will be refreshed in relation to recommendation four.

14.0 Environmental implications

14.1 There are no environmental implications associated with this report.

15.0 Human resources implications

15.1 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 Transfer of Undertakings (Protection of Employment) (TUPE) implications there may be associated costs.

16.0 Corporate landlord implications

16.1 Corporate landlord is actively involved in the assessment of the asset implications relating to the service model proposals in this report.

17.0 Schedule of background papers

17.1 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 – Telecare Case Studies

Case Study one

Presenting Situation

Mr. G is 74 years old, lives alone and is a carer to his sister who has mental health illness and lives a few doors away. He also cares for a neighbour who also has significant social care needs. In May 2014 Mr. G was admitted to hospital following a fall at home where he fractured his pelvis and dislocated his shoulder. On assessment Mr G had difficulties with memory recall and it was established that he had been experiencing memory loss for approx. 5 years. Following discharge and a period of reablement Mr. G had on going care and support needs, particularly difficulties in managing his medication safely - previously he was forgetting to take his medication with one occasion where he had taken too much. A domiciliary care package was arranged but it soon became clear that Mr. G only needed support with taking medication.

Solution

The Telecare Service arranged for a pharmacy to dispense and deliver Mr. G's medication fortnightly in an automated pill dispenser. The pill dispenser would remind him by means of an alarm and flashing light when to take his medication. It would make the correct dose available at the correct time of day whilst keeping other pills locked out of sight.

Impact on the service user

Mr. G's care calls ceased as he now manages his medication independently and no longer needs to rely on carers.

Impact for the service

The one off cost of the automated pill dispenser is £90 with a pharmacy dispensing service cost of £20/month.

Providing Telecare in this instance rather than continuing to providing the planned 7 hours per week of homecare at £12/ hour, equates to a net annual cost reduction saving of £4038.

Case Study Two :

Presenting situation

John is a 54 year old gentleman who acquired a brain injury after he was knocked down by a car. As a result he is unable to walk and uses a wheelchair to mobilise. John is a smoker and carers were aware that John was also using cannabis to help him cope with his low mood and depression. Carers noticed cigarette burns in John's clothing and on the carpet and were concerned that John would be in danger should a fire occur and although he wore a pendant and had the support of a community alarm service, he has difficulty communicating verbally and it was likely that John would struggle to call for help in the event of a fire.

Solution

John agreed to the installation of further Telecare in the form of several smoke and heat detectors in his bungalow and a key safe on the outside of his property. The smoke detectors were linked to his community alarm and in the event of a fire the 24hr control staff could quickly alert the fire service. In June 2013 a fire broke out in the property at 2.30am and the control centre received smoke detection activation. The fire services were immediately summoned and arrived on scene at 2.39 am. John was rescued but received 20% burns to his lower body. Although John was hospitalised in a critical condition he recovered and was discharged 10 days later.

Impact on the service user

Fire authority investigations following the fire concluded that it was without doubt that John would have died in the fire without the linked smoke detection.

Impact for the service

Although John's home was badly damaged and he required rehoming his property was not totally destroyed, and there was no damage to any surrounding properties.