

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		
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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

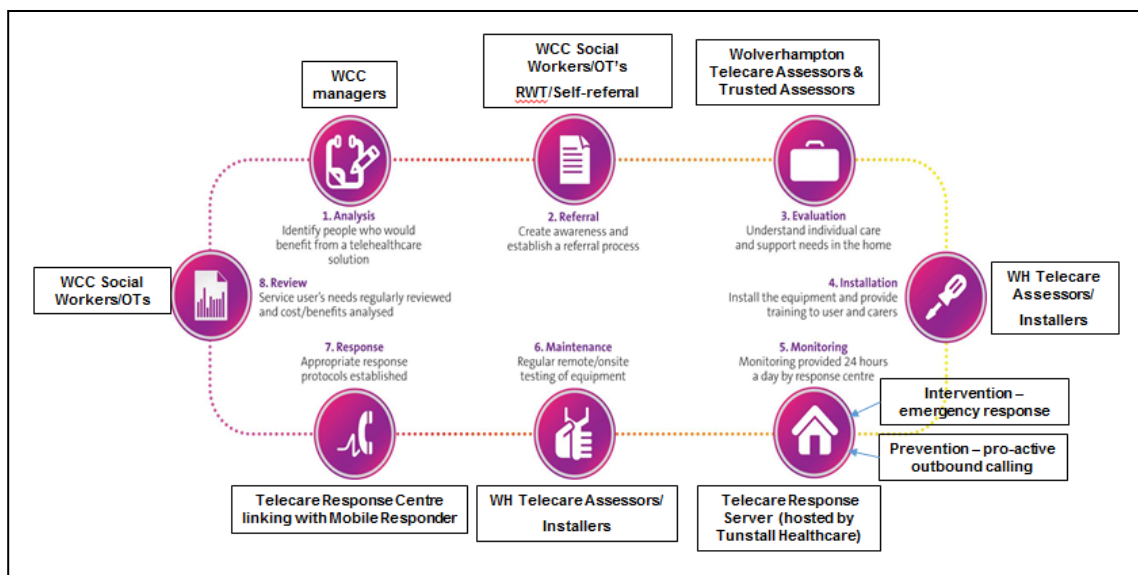
5.1 Technology is increasingly being used to support individuals and carers at the heart of care and support delivery, across all client groups and care settings. The enhanced telecare offer would build confidence for individuals and carers when returning home.

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

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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/>