



# Cabinet Meeting

## 11 March 2015

<b>Report title</b>	In House Services – Adult Social Care	
<b>Decision designation</b>	AMBER	
<b>Cabinet member with lead responsibility</b>	Councillor Steve Evans Adult Services	
<b>Key decision</b>	Yes	
<b>In forward plan</b>	Yes	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Linda Sanders, Strategic Director - People	
<b>Originating service</b>	Older People, Disabilities and Mental Health	
<b>Accountable employee(s)</b>	Viv Griffin	Service Director – Disabilities and Mental Health
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<b>Report to be/has been considered by</b>	Strategic Executive Board	17 February 2015
	Adults Budget Development Working Group	23 February 2015
	People Leadership Team	23 February 2015
	Executive Team	25 February 2015
	Adults and Community Scrutiny Panel	10 March 2015
	Cabinet	11 March 2015

### Recommendation(s) for action or decision:

The Cabinet is recommended to:

1. Approve the development of an options appraisal to determine the long term use of the Learning Disability – Duke Street Residential Bungalows with a view to moving towards a supported housing model with personalised support.

2. Approve the commissioning of an externalised Learning Disability - Outreach Service.
3. Approve a joint social care and health review of Older People - short term reablement and rehabilitation resources with the creation of an integrated health and social care reablement strategy and new service model with a home based short term support focus.
4. Approve the consultation process for the commissioning of an externalised specialist Older People - reablement home care service in partnership with health colleagues. The scope of the service would be specified as part of the above review process.
5. Approve the development of proposals for an Older People's integrated telecare and care link offer that would be integral to a 'home first' integrated reablement approach and help to shift the balance of care to support at home.
6. Approve a further engagement and consultation process with service users of the Ekta Day Centre and stakeholders based upon a personalised approach, including consideration of the future use of the building.

**Recommendations for noting:**

The Cabinet is asked to note:

1. Note the outcome of the consultation process to date with regard to Learning Disability Services (Duke Street Residential Bungalows and Community Outreach and Enablement Services).

## 1.0 Purpose

1.1 To approve the next phase of the reconfiguration of in-house services with regard to:

- Learning Disability - Duke Street Residential Bungalows
- Learning Disability - Community Outreach and Enablement Services
- Older People – Residential and Domiciliary Reablement
- Older People - Assistive Technology (Telecare and Carelink)
- Older People – Ekta

1.2 To note the outcome of consultation with regard to Learning Disability - Duke Street Residential Bungalows and Learning Disability - Community Outreach and Enablement Services.

## 2.0 Background

2.1 In March 2014 Cabinet approved a programme of work that would look at the future delivery options for all in-house provider services. The following report informs Councillors of the outcome of consultation of two aspects of that programme for Learning Disability Services as detailed in 1.2 (above) and sets the future direction of travel for older people's services with regard to reablement services, assistive technology and Ekta Day Care. The future of residential care homes for older people is being considered further and will be the subject of a future report.

2.2 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. This spells out a clear direction of travel which is underpinned by:

- The delivery of a universal information offer, to all citizens either through internet based sources or facilitated access
- Community based centres using existing community hubs, using local knowledge and building community capacity
- Building community and individual resilience
- Reducing demand by maximising the use of Universal services and social capital
- Opportunities for partnerships with other agencies who have contact with people who may need support, police, fire service etc. and using them to identify opportunities to intervene early to prevent or delay the need for statutory support
- Structures and processes which enable individuals to seek early help and support which offers solutions based within their own relationships, families and communities
- Structures and processes that identify risk both, to independence and to wellbeing and ensure statutory intervention where appropriate
- Where social care interventions are appropriate view them where possible as short term support to enable people to overcome crisis and major changes in their lives
- A move to having 'conversations' with people which help to resolve issues and concerns rather than assessment geared towards providing services
- Effective use of professional workforce, redefining the social work role

- Enabling or reabling people to live independently and where ever possible ensuring people are able to living in independent or supported housing rather than residential or nursing care
- Ensuring that planning takes place before, during and after transition from children's services to adult services to enable people to live as independently as possible
- Ensuring a personalised approach which is tailored to individual eligible social care need and that seeks to enhance care, support and quality of life
- Creative integrated health and social care plans

### **3.0 Progress and options**

#### **3.1 Learning Disability - Duke Street Residential Bungalows**

3.1.1 The Duke Street Bungalows are a Council run residential home for 20 adults with profound learning disabilities. It is made up of three detached bungalows and is situated in Wednesfield in the north of the city. The Council developed the site in response to national best practice guidelines a number of years ago, which identified that smaller more community based accommodation within the community was needed for adults with a learning disability who required long term care and support. Over the years significant changes have taken place in the delivery care for adults with a learning disability and recognised best practice now supports the supported housing model.

3.1.2 A full 12 week consultation started on the 1 December 2014 on the future delivery options for Duke Street bungalows. Consultation focused on the following options;

- The Council continues to run Duke Street and look to deliver efficiencies
- The Council seeks an alternative provider for the service at Duke Street to provide a quality service at less cost
- To deregister and change registration to a supported living scheme

The consultation involved the current employees at Duke Street (43 full time employees). Employees were invited to four consultation meetings and were also able to give comments back via the consultation feedback form. The residents' family members were invited to one of three consultation events. Commissioning staff offered to visit or have telephone conversations to explain the consultation to families unable to attend these meetings. Family members were also able to give their comments via feedback forms. An essential element of the process, that has to be further developed as part of on-going discussions over the next few months, is to ensure that residents views are heard as well as relatives. The consultation was entered onto the Council's consultation and engagement website. In addition a number of events were held with interested stakeholders including the Learning Disability Partnership Board and the Omega Carers Group forum. A market warming event was held to engage with providers. A total of 20 providers attended the event and were invited to participate in the consultation.

3.1.3 The consultation indicated a strong desire from family members that the service should, if possible, remain run by the local authority. The majority of family members expressed a belief that Duke Street has always provided a high level of quality care and support to

their relatives. Engagement with families and residents needs to continue for the foreseeable future so that we can move forward in the spirit of co-production where possible. The option of a private provider coming in and managing the site should the majority of staff be subject to The Transfer of Undertakings (Protection of Employment) (TUPE) transfer, seemed to be the most favourable option to families, although they expressed concerns about quality of external provision. Staff expressed the belief that any transition would be difficult for the residents and that a consistent approach would be required if this option were chosen. Wolverhampton City Council currently commissions approximately 150 residential placements for adults with a disability from the private provider market. All of these providers are monitored by the Care Quality Commission (CQC) and the City Council's Quality Assurance and Compliance Service. However, providers said that they would not respond to a future tender to externalise on a residential care basis as they could not provide the service for less than the current budget.

- 3.1.4. A number of providers identified the potential to transition the service into a supported housing model and stated that they could provide improved outcomes for the residents.
- 3.1.5 Taking into account the feedback during the consultation including the market response to the financial and resource information supplied, the following action would be the most effective way to achieving savings and deliver a quality and modernised service:
- That further work is carried out with immediate effect to explore the proposal to transition the service into a supported housing model with personalised care and support.

## **3.2 Learning Disability - Community Outreach and Enablement Services**

- 3.2.1 The City Council has delivered outreach care services for people with a learning disability, living in their own homes, for a number of years. The service consists of two distinct parts, i) community outreach for people who require a higher level of support including personal care, and ii) enablement services for people who can be supported to develop higher levels of independence and to access greater community involvement and social inclusion.
- 3.2.2 A full 12 week consultation started on the 1st December 2014 on the future options for the Community Outreach and Enablement services. Consultation focused on the following options:
- The Council continues to run both services through the in house provider
  - The Council seeks to externalise the community outreach and enablement service to a single provider
  - To continue to deliver the enablement service with the community outreach service being delivered externally.
- 3.2.3 The consultation involved the current employees of the Community Outreach and Enablement services. There are currently 43 council employees working within the

service. 33 employees attended one of four consultation meetings, their comments were recorded at the meetings and staff were encouraged to fill in consultation feedback forms. There are 56 service users receiving approximately 800 hours per week of support from either the Community Outreach or Enablement Outreach services. Three consultation events were held for the service users and family members. Service users were also offered the opportunity to attend two consultation workshops facilitated by the Macintyre Charitable Trust, specialists in person centred planning for people with learning disabilities. A total of 40 service users or family members attended the events. The consultation was also entered onto the Council's consultation and engagement website. In addition a number of events were held with interested stakeholders, including the Learning Disability Partnership Board and the Omega Carers Group forum.

- 3.2.4 It was not necessary to undertake a market warming exercise as part of the consultation as we have an established and buoyant provider market which includes 30 providers on the approved providers' framework. Under the terms of the framework the providers agree to deliver outreach services on behalf of the City Council at an agreed hourly rate of £13.00.
- 3.2.5 The consultation with relatives indicated a strong desire that the service should remain in-house. Service users in receipt of the enablement element which supports them to have greater access to community involvement and maximise their independence, expressed a higher level of satisfaction than those who are receiving outreach support. It should be recognised that these adults are amongst the most vulnerable members of the disabled community in Wolverhampton and the majority have been in receipt of care and support for most of their adult lives and because the model of care has been traditional may have had limited choice in their care and support. Whilst they would prefer as little change as possible, the overriding concern expressed was that they continue to receive a service. Time was taken to reassure the service users that the consultation was focused on different ways to deliver the service in light of the need to improve cost effectiveness and not the withdrawal of services. The option of a private provider coming in and managing the outreach service, if the majority of staff were to transfer over, seemed to be the second most favourable option for service users, as it was perceived that it would provide for continuity of care. The majority of staff concerns were around the TUPE implications in relation to this option. Human Resource input was requested and staff were provided with a TUPE clarification information sheet during the consultation.
- 3.2.6 Concern was expressed by family members about the perceived lack of quality care provision amongst the private provider market. They voiced the belief that care workers in the private care market are poorly paid and this impacts on the quality of worker. The City Council commissions over 2,000 hours per week of care for adults with disabilities to support them to remain in their own home from over 30 external providers. Each provider is Care Quality Commission registered and monitored by the Council's Quality Assurance and Compliance team. The Council benchmarks its care services to ensure that we are obtaining a fair market price and a high quality service. The current rate of £13.00 per hour is approximately half that of the hourly unit cost of the in-house provider.

3.2.7 The Enablement Service has demonstrated its potential to provide significant reductions in care packages by enabling people to be more independent. The Enablement Service has successfully reduced the number of hours it needs to deliver to service users from 270 hours per week to approximately 200. This equates to a reduction of 25% of its planned hours since August 2014 resulting in an approximate efficiency saving of £45,000 full year effect in 2015/16.

3.2.8 Taking into account the feedback during the consultation, the buoyant local market that works to quality standards and the current market rate it is recommended to;

- Externalise Community Outreach and support people to achieve improved outcomes. The development and implementation of an Individual Service Fund model within this area would allow service users and their families to focus on agreeing outcomes and would demonstrate improved choice and control
- To carry out a commissioning and user led exercise amongst the approved providers upon the Council framework and appoint a single provider to take over all of the Community Outreach services.

3.2.9 Analysis of the current Enablement Service and the contribution it will make to support the demand management programme has led to a recommendation to;

- Retain the key preventative elements of the Enablement Service and restructure this service to support the directorate's demand management plans. This new service would provide planned time limited work to support the prevention agenda for young people in transition and reduce the need for long term adult social care where possible.

### **3.3 Older People – Residential and Domiciliary Reablement**

3.3.1 On the 23 October 2013, Cabinet approved a proposal to reduce costs within in- house services for older people, including the following residential rehabilitation and domiciliary reablement services:

- Bradley Resource Centre –Residential Rehabilitation
- Woden Resource Centre - Residential Rehabilitation
- Home Assisted Reablement Programme (HARP) – Domiciliary Reablement
- Community Intermediate Care Team (CICT) - Social Care Element – Domiciliary Reablement

3.3.2 As a result of Cabinet approval in March 2014 a market warming exercise and formal stakeholder consultation has been undertaken.

The market warming exercise commenced on the 28 August 2014 and ended on the 19 September 2014. Two workshops were held attended by 49 providers representing 31 organisations. The headlines from the market warming exercise are as follows:

- The thirteen providers who responded via the tender portal represent a range of businesses - five are classified as charitable organisations and the remaining eight are limited companies; seven are located in the West Midlands area with the remainder located throughout England
- All respondents demonstrated an experience of dealing with either local authorities, NHS bodies, or both
- The market warming exercise indicated a viable market place for providing an external reablement and intermediate care service to Wolverhampton service users. The providers who responded online or by attending the two sessions showed experience of providing these type of services, have previously or are presently providing commissioned services to the public sector, and, in some, cases have experience of operating a payment by results model.

3.3.3 The consultation process opened on the 3 November 2014 and ended on the 19 January 2015. The options presented for the consultation were:

- To keep these services in –house
- To transfer these services to an external market provider

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 (three months) that had used the service, inviting them to meetings. There was also a press release advising members of the public about the proposals and how they could feedback to the consultation.

A total of 56 people attended a total of seven consultation meetings, including staff, service users, members of the public and stakeholders; 70 feedback forms were received and a total of 9 staff attended two briefing sessions, these meetings were attended by a representative from Unison. In addition, an offer was made to provider managers to look at alternative business models, including redesign proposals, which, if received, would be included as part of the Cabinet report. The headlines from the consultation are as follows:

- All of the comments and views indicated a preference for the service to remain in-house, the main concern being that if services went to an external provider the quality may not be maintained
- There was a high regard for the council run services, with people very complimentary about the services, especially the therapy input and staff commitment
- Service users and carers who attended the Woden Day Care meeting wanted to remain at Woden and were told that if the proposals went ahead the council would do its best to maintain friendship groups



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 forms and letters received is available through the following link [View the Older People 's Services Consultation Report here](#) and on request from Commissioning Team for Older People telephone number 01902 555494.

3.3.4 A value for money evaluation has also been completed covering costs, quality and usage alongside performance and finance data .

In summary, residential rehabilitation places are under utilised in Bradley and Woden Resource Centres and unit costs are around double of that of an external provider even with full occupancy and more than double with current occupancy. Similarly, Woden Resource Centre Day Care occupancy rate is very low at 35%.

In-house provision of domiciliary reablement exceeds double the unit cost of an externally commissioned service so support hours per annum could be substantially increased yet with significant savings.

3.3.5 The Better Care Fund programme which formally commences 1 April 2015 is aimed at delivering whole systems transformation across the health and social care economy. One of the key objectives of BCF is to deliver an integrated whole system of care that enables people to improve their health and care. The BCF programme requires the delivery of greater efficiency and effectiveness through an integrated approach.

Given the opportunities presented by the BCF, the proposal is to utilise the results from the consultation, market warming and value for money evaluation to develop an integrated social care and health reablement strategy. This will include specific proposals for the redesign and capacity for a new service. The emphasis should be on the development of a strengthened home based short term support reablement service, being the preferred choice for service users.

### **3.4 Assistive Technology – Carelink and Telecare**

3.4.1 Both Carelink and Telecare are currently two separate in-house services outlined below:

- Carelink is the provision of a pendant alarm system for older people or people with physical disabilities - the service provides the assessment, installation and maintenance of the equipment provided. There are 4,800 current connections
- Telecare is for people age 18+ and is the provision of an alarm and equipment with sensors system to support vulnerable people who may need help in a crisis situation. The service provides the assessment, installation and maintenance of the provision of equipment. There are around 900 current users.

People may be subject to charges for both of these services where the alarm is monitored by the response centre – City Direct – which sits outside the scope of these proposals. The mobile response element for both Carelink and Telecare is currently

commissioned through an external market domiciliary care organisation, having been transferred from the in-house service in April 2013. This external market contract expires on the 31 May 2015.

3.4.2 A market warming exercise, involving a total of 16 providers, was carried out between 10 October and the 30 October 2014. The headlines from the exercise are as follows:

- 16 providers registered with the tender portal, 8 responded to the questions on the commissioning prospectus
- 12 providers attended the market warming exercise
- Discussion took place around telehealth equipment and the potential to further develop it in conjunction with telecare, ensuring that GP's are actively involved
- The benefits of increased use of telecare in residential and nursing care homes as well as hospital environments
- The advantages of a single fully managed service from referral to the supply of equipment.

In summary the market warming exercise has shown there to be a viable market place for providing an integrated community alarms and telecare service. Providers have got experience of providing these type of services, both to private sector clients and also clients in the public sector, and of operating a range of different models from prime provider model, to delivering a whole system approach.

3.4.3 The consultation process opened on the 1 December 2014 and closed on 20 February 2015. The options presented for the consultation were:

- To keep these services in-house
- To transfer these services to an external market provider.

A total of 35 people attended a total of four consultation meetings including staff, service users, members of the public and stakeholders. To date 1,357 feedback forms have been received. In addition a total of 10 staff attended sessions. These meetings were attended by a representative from Unison. An offer was made to provider managers to look at alternative business models, including redesign proposals.

The headlines from the consultation to date are as follows:

- The majority of people who responded to the consultation preferred to keep the service in-house
- An integration of both services was seen as a positive move. One contact number for both services following integration would make it much easier for users of both services
- The majority of people expressed fears that should the cost of it increase it would become unaffordable for vulnerable people. Some said that they would prefer to see an increase in charges rather than the service being outsourced

- Concerns were raised about the maintaining of quality and efficiency if the service were to be outsourced.

The full Consultation Report in relation to these proposals, which includes all of the views that have been gathered during the consultation period, including a transcript of the meetings and feedback forms and letters received will be available through the following link:

[View the Carelink and Telecare \(Community Alarms\) Consultation Report here](#) and on request from Commissioning Team for Older People - Telephone number 01902 555494.

In conclusion, from the work undertaken to date, the recommendation is to continue to develop proposals with additional analysis, maximising all opportunities for efficiency and to further explore the integration of these services including the responder service where the external market contract expires on 31 May 2015.

A specialist external examination of the current service and options for realising its potential as integral to a new promoting independence offer is being pursued.

Evidence of the impact of Telecare as a key driver for whole system change is increasingly compelling with good national examples of how Telecare can help to shift the balance of care from expensive residential and nursing home provision to care at home.

A further paper will be presented to Cabinet when this work is complete and will detail how the savings required within 2015/16 and beyond will be delivered within a whole system change approach.

### **3.5 Older People – Ekta**

- 3.5.1 Ekta Day Centre opened in September 1990 providing 45 Day Care places per day. It has been subject to a number of Cabinet reports and four formal consultations over the last 6 years involving a range of stakeholder events and projects groups. The most recent consultation was November 13 January 2014 when externalisation with a range of other in-house services was under consideration. The service reflects an outdated model of care and support.
- 3.5.2 The budget is £159,000 per annum . This is a building based day service which is no longer viable or consistent with a personalised model of care. It is recommended that this is developed with Ekta service users to better meet their needs more cost effectively. A further consultation process including consideration of the future use of the building is recommended, for example as an asset transfer.

### **4.0 Financial implications**

- 4.1 The Medium Term Financial Strategy includes a number of savings proposals which relate to in house services across Older People and All Age Disability. The total value of

these savings proposals is £5.6 million. It should be noted that these savings targets relate to a wider range of in house services than those detailed in this report. These are detailed below:

Savings Proposal	2014/15 £000	2015/16 £000	2016/17 £000	Total £000
Implement reduced cost delivery models for neighbourhood support and carelink services	100	300	-	400
Implement reduced cost delivery models for disability in house provision	-	1,072	1,608	2,680
Reducing costs within in house services for older people	-	1,013	1,492	2,505
<b>TOTAL</b>	<b>100</b>	<b>2,385</b>	<b>3,100</b>	<b>5,585</b>

- 4.2 Of the £5.6 million savings target, the amount apportioned to the services detailed in this report amount to around £3.4 million.  
[AS/18022015/S]

## 5.0 Legal implications

- 5.1 The appropriate legal requirements will be followed in any transfer to an external care provider. This will include any necessary implications of the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE), as amended, in relation to staff.
- 5.2 In the event that it is necessary for the Council to enter into legal agreements dealing with the procurement of services and the transfer of employees under the Transfer of Undertakings (Protection of Employment) Regulations 2006 further reports will need to be presented. The authority required will depend on the contents of the proposed agreements  
[TS/19022015/V]

## 6.0 Equalities implications

- 6.1 The initial equalities analysis have been carried out for each of these proposals. Where necessary the analysis has been refreshed in light of the preferred options and no adverse impacts have been highlighted.

## 7.0 Environmental implications

- 7.1 There are no environmental implications associated with this report.

## 8.0 Human resources implications

- 8.1 There are human resource implications associated with this report as the recommendations impact on some council employees. The recommendations will be implemented in line with the Council's Human Resources Policies and procedures.

**9.0 Corporate landlord implications**

9.1 There are no corporate landlord implications attached to this report at this stage.

**10.0 Schedule of background papers**

10.1 Cabinet Report 4 March 2014: Deloitte – In House Service Options Appraisal