

**EFFICIENCY IMPROVEMENT AND
TRANSFORMATION PROCESS**

BASELINE REPORT

CHILDREN EDUCATION AND SOCIAL CARE

DAY CARE SERVICES

06.07.2009

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1. DESCRIPTION OF CURRENT SERVICE:

1.1. Who provides the service?

The Local Authority has a legal duty to meet assessed needs of clients living in the Borough of Stockton on Tees under the NHS and Community Care Act 1990. Services are facilitated within the eligibility criteria determined by the Local Authority under the (LAC [2002]13 Fair Access to Care Services – Guidance on Eligibility Criteria for Adult Social Care)

1.2. History of how the service was formed and why it exists

Day Care Services have been operational for many years and had historically been provided for specific client groups at different locations. Adults with physical disabilities, (with or without learning difficulties) aged 18 to 65 attended Alma Centre in Central Stockton, Older people aged 65 and over had the alternative of three sites depending on where they lived. These were Tithebarn House and Parkfield Hall in Central Stockton and Parkside at Billingham.

When clients attending Alma Centre reached the age of 65 it was anticipated that they would transfer to one of the alternative older people's centres due to their changing needs but this was rarely the case and as the age of the clients at Alma Centre increased, it effectively became an extension of the older people's centres.

A full review of day care services was undertaken from 2002 to 2004, initiated for a number of reasons. Alma Centre had capacity for up to 70 clients but was under utilised with an average attendance daily of between 20 and 30 clients. The service offered activities and social interaction that could have been provided in a more cost effective and appropriate way for the needs of those attending. The staffing levels and budget allocation at Alma Centre were high given the number of clients attending each day. These clients were considered potential recipients of a more structured intervention as provided by STEPS. This service enabled clients to undertake further education and employment where appropriate.

The centres for older people at Stockton and Billingham were working to capacity in terms of client numbers, and regularly creating a waiting list for clients requiring the service. The rationale behind the reconfiguration was to provide alternative services for Alma Centre clients, transfer current clients from Tithebarn and Parkfield Hall to Alma centre thereby creating a larger resource centre, and to provide a dedicated centre for older people living in Thornaby. Budgets could be rationalised and devolved pro-rata to client/employee numbers.

The review involved extensive consultation with a wide variety of people who may or may not use services. They provided an insight into common perceptions of day care facilities and what they would want from a revised service in the future. Day Services were seen as somewhere to go for the day, have a meal and play bingo. The concept of social interaction, mental stimulation, involvement, decision making and skills retention did not appear high on the list of expectations.

When asked what people would like from an ideal service, they identified a service with some or all of the following:

- Health input for chiropody etc
- Larger building/modern facilities/comfortable chairs *
- Craft rooms *
- Hairdressing room *
- Activity areas *
- Ground floor *
- Disabled access toilets and bathroom *
- Further education activities – computer- cookery- on line shopping *
- Flexible arrival and departure times *
- Shared events with other centres – organisations *
- Increased staff numbers *
- Mobile shop visiting centre
- Regular holidays/outings
- Revised payment scheme with no charge when Centre closed *
- Launderette
- Open 7 days a week
- Possible name change from Day Centre to resource centre or just centre's name. *
- Links with schools and colleges *

(source 'Review of day services for the elderly' February 2003)

The items above marked with an asterisk have been incorporated into the current service. Alternatives were sought for the issues that were not possible at that time.

By 2004 at the conclusion of the review, the alternative services available for people with physical disabilities was two fold. The group who attended Alma Centre but lived permanently at Blenheim House residential Home, would have activities delivered at Blenheim. From the remainder, those who preferred to stay at Alma centre did so, while the final group transferred to STEPS at Tithebarn. Steps aimed to support clients into further education and onto gaining employment through the development of independent living skills

Alma Centre clients who elected to remain at the centre were made aware that the majority of clients would be older people living in Stockton and would combine current clients from Tithebarn House and Parkfield Hall.

Parkside at Billingham would remain unchanged and the clients who lived in Thornaby, Eaglescliffe and Yarm, who attended Parkfield Hall, would have a dedicated centre provided in Thornaby. They had previously only been able to attend Parkfield Hall for a maximum of three days each week if they required community transport as the remaining two days were allocated to clients living in central Stockton.

The Thornaby based service was delayed due to lack of an appropriate building. Although several sites were considered and rejected It eventually moved to South Thornaby Community Centre in 2006 and to the converted site of Harewood Primary School in July 2008. Clients elected to rename the site Halcyon.

In recognition of the mixed age group attending Alma Centre, made up from retained former adults with physical disabilities and older people, there was a general relaxation of age limit for attendance at all the centres. This was seen as 55 years and over but in some instances, and in order to be a flexible, responsive service, younger adults have accessed services by special request provided their

needs could be adequately met.. From 2004 no new referrals for adults with physical disabilities were accepted at any of the three older people's services.

The original consultation events pointed to the need for an extensive activities programme to be developed at each site to cater for all abilities and interests. An extensive programme is now in place. Personal care includes bathing for clients who are waiting for home adaptations for bathing. Respite care is provided to support carers and a special needs unit, named after Professor Tom Kitwood, a pioneer in Dementia Care was established at Alma Centre as a service within a service for older people with mental health needs.

1.3. How is the service provided?

There are currently 4 sites across the Borough :

Alma Resource Centre in Central Stockton
Parkside at Billingham
Halcyon Centre in Thornaby.
STEPS at Tithebarn

They each provide services for up to 70, 40, 20 and 29 clients respectively each day. These clients are either older people, physically disabled, have learning difficulties or mental health problems.

Services are provided between the hours of 8.30am and 4.30pm with the majority of clients using community transport to take them too and from the centre.

The STEPS at Tithebarn service was intended to provide supported opportunities for personal development to adults with a physical disability/sensory loss who live in the Borough of Stockton. The service aimed to build on people's aspirations and interests, develop skills and achieve realistic goals. The service was anticipated to offer one to one support, practical advice and guidance to help individuals access opportunities and overcome the barriers to personal development, helping build confidence, self-esteem, recognise abilities and realise potential. Practical help is available to help identify and plan the steps required towards achieving objectives. Unfortunately not all people's needs 'fit' with the programme of employment and the service continues to be reviewed.

1.4. Influences on the service

Overall attendance to the services has fallen in the past three years. This may be due to the contribution policy, direct payments or unsuitability of the service for some clients. Demographic changes and the commitment of resources to maintain care in the community would ordinarily result in higher attendance levels but this is not the case. Clients now receive social support through domiciliary care, telecare and extra care services.

The introduction of self directed care in the future could also influence numbers as clients access alternative forms of care.

The common perception of older people sitting in chairs around a large room and/or playing Bingo is far from the reality but changing cultural perceptions can be slow.

The service is only provided during the week and not over the weekend or into the evening, restricting the flexibility of its delivery. Extending the service into these time frames may not be cost effective for the numbers who would take advantage of the option and it is difficult to analyse the actual numbers of people that it would benefit. A trial lasting one year whereby one Centre was opened to all Stockton clients on Saturday and Sunday demonstrated very poor uptake on Saturday but slightly better on Sunday. From a total of some 400 clients eligible for the service fewer than 30 participated and the service was withdrawn after the year as numbers fell.

Community transport was not available to these clients on weekends and this undoubtedly had an impact on numbers.

1.5. How does the service perform?

Although not a registered service under the regulation of the Care Quality Commission, (CQC), centre managers and staff have embraced the standards set for their registered colleagues and incorporated them where applicable.

Work has been underway to develop service level agreement with Commissioners within the Health and Social Care Team. Early indications are that services are provided to an excellent standard. Analysis of Quality Assurance surveys of clients and their carers has similarly been predominantly positive. A Day Service group was established in 2008 and a Quality Assessment Framework developed. This QAF measures quality across 12 core outcomes. Self assessment and evaluation will be carried out in 2009 resulting in service improvement plans where required.

1.6. What does inspection tell us about this service?

Although services are not registered as detailed above, under CQC, inspection by Environmental Health, Internal Audit, the Fire Department and Health and Safety have resulted in no major cause for concern and their rating has been either very good or excellent.

1.7. Resources/Assets:

Buildings:

Each service has a building with a range of rooms to facilitate both small or larger group activities. Secure garden space is available at three centres with the opportunity to participate in gardening activities. The centres have integral assisted bathing facilities and communal dining/recreational area. A hot midday meal is provided at all the centres apart from STEPS. The buildings are fit for purpose and are conducive to the services provided apart from Parkside. This building is a converted residential home and the corridors are too narrow for two people to pass comfortably. Wheelchairs pose an even greater problem and in recognition of these restrictions the numbers of wheelchair users attending each day has to be monitored and where necessary, limited. There are only two activity rooms and both are small in relation to Alma Centre and Halcyon. The main dining room is the only space able to accommodate all clients who attend each day.

Personnel:

Alma centre has a Manager, Deputy Manager, 2 Senior Care Assistants 9 care assistants a Clerk and Kitchen staff. All have appropriate qualifications for their

roles. The full staff contingent at Alma centre is 18. Of these, 5 work directly and exclusively in the care and support of clients with mental health problems in the Kitwood Unit.

The total management hours are	74 per week
Total care staff hours are	193.5 per week
Total Kitchen staff hours are	78.5 per week
Admin Assistant Hours	37 per week

Parkside has a manager, 1 Senior Care Assistant, 4 Care Assistants a Clerk and Cook.

The total management hours are	37 per week
Total care staff hours are	116 per week
Total Kitchen staff hours are	30 per week
Admin Assistant Hours	15 per week

Halcyon Centre has a manager, 1 Senior Care Assistant, 2 care assistants and Clerk and kitchen staff making their total 7.

The total management hours are	37 per week
Total care staff hours are	94 per week
Total Kitchen staff hours are	35 per week
Admin Assistant Hours	15 per week

STEPS at Tithebarn has 1 Senior Development Worker, 2 Development workers, 3 Support Assistants and 1 Clerk.

The total management hours are	37 per week
Total Development Workers	74 per week
Total Support Assistants	79.5 per week
Admin Assistant Hours	4 per week

All have appropriate training and qualifications.

Transport:

The Community Transportation Service is the prime transportation choice for clients attending the centre. Some are independently transported using either private vehicles or taxi's. Clients attending the Kitwood Unit and STEPS are from across the Borough and as such do not fit a transportation route as other geographically based clients do. STEPS therefore has two dedicated busses and clients attending Kitwood Unit have one bus or independent alternatives.

1.8. Are there any limitations or barriers affecting the delivery of the service?

Staffing levels within all the centres do not allow for external visits or outings unless voluntary assistance from carers and others is available or the outing is confined to a bus journey without disembarkation. Similarly the staff rota's are designed round the times of client attendance 8.30am to 4.30pm and this does not allow for flexibility of times to include evening or weekend care.

1.9. If the service is outsourced or provided by a third party, how are service standards monitored?

Unless the clients attended the centre through a contract from Social Care, monitoring is the responsibility of service users and their carers. If commissioned by Social Care, the service would be tendered on the open market and monitored by Commissioners through the development of a block or framework contract.

1.10. Could the service be provided through a different mechanism?

The personalisation agenda will make provision for clients to purchase their care from whatever source was most appropriate to their individual needs. This may be at a day centre facility but may also be through an outreach worker, home support or personal carer. National research shows that there are opportunities for day services to better link into educational establishments and this is being embraced by current service managers to enhance experience and learning to clients who are receptive.

2. CUSTOMERS

2.1. Who are the customers and what are their needs now?

Clients who are 55 or over, (or 18 + for those who have physical disabilities) living in the Borough of Stockton-on-Tees and have been assessed as requiring the services provided by Day Centre attendance. This includes carer respite. Clients may be elderly, frail, disabled, have learning difficulties, sensory or mental impairment.

<i>Primary client type (18-64)</i>	Day Care 2006/07	Day Care 2007/08	Day Care 2008/09
Physical disability frailty and sensory impairment (total)	55	50	42
Of which : Physical disability, frailty and/or temporary illness	2	2	2
Hearing impairment	1	1	1
Visual impairment	3	4	3
Dual sensory loss	0	0	0
Mental Health (total)	156	90	77
Of which : Dementia	0	0	0
Vulnerable People (total)	7	4	3
Learning Disability (total)	169	171	171
Substance Misuse (total)	0	0	0
Total of above	387	315	293

<i>Primary Client type (65+)</i>	Day Care 2006/07	Day Care 2007/08	Day Care 2008/09
Physical disability frailty and sensory impairment (total)	20	170	202
Of which : Physical disability, frailty and/or temporary illness	76	57	60
Hearing impairment	26	21	14
Visual impairment	8	2	8
Dual sensory loss	1	1	0
Mental Health (total)	119	105	119
Of which : Dementia	2	3	3
Vulnerable People (total)	9	6	3
Learning Disability (total)	2	2	2
Substance Misuse (total)	0	0	0
Total of above	338	283	326

Current clients may require one or more of the following; social/mental stimulation, therapeutic activities, personal care, assistance with mobility, feeding, medication, communication and daily living skills

They require a safe environment with transport too and from the service delivery point, refreshments, including the option of a cooked lunch apart from STEPS clients.

2.2. How are service users consulted and how do their views shape delivery?

A client committee is active in all centres. The committee is made up from elected client representatives and care staff. Collective views regarding service changes or developments are discussed at the meetings and relayed to clients not attending. Use of amenity funds within the centre, fund raising and special events are also discussed. Clients are encouraged to participate in decision making which impacts on the service. The choice of name for the Halcyon Centre was client led and similarly the commemorative bench that is to be

positioned in the garden in memory of a child who died at the former primary school.

Client and carer surveys are conducted regularly and at least annually. An analysis of the findings is used to develop services. The survey covers all aspects of the service delivery including meals, transport and activities.

Clients and carers are encouraged to raise any service issues they are either personally or collectively concerned about, with the manager or staff at any time if they do not wish to wait for the client committee meeting.

Where the manager has to seek approval for some changes or recommendations the outcome will be made known to clients and carers as soon as possible but at least at the next meeting.

Clients and carers are made aware of the complaints procedure and are supported to make a complaint if this is their preferred action.

Client/Carer surveys are not carried out at STEPS.

2.3. How satisfied are the customers?

Analysis of surveys from April 2008 to end of March 2009 show the following

Alma Centre

Number of clients surveyed	120
Number returned	38
Satisfied	38
Not satisfied	0

Actions taken in response to survey

- Greater involvement with individual clients from designated key worker

Parkside

Number of clients surveyed	80
Number returned	44
Satisfied	44
Not satisfied	0

Actions taken in response to survey Comments regarding staffing levels noted

Halcyon

Number of clients surveyed	40
Number returned	37
Satisfied	36
Not satisfied	1 (did not like specific activity)

Actions taken in response to survey. None required

2.4. Communication

Communication is through the meetings as noted above and on a daily basis face to face. Collective communication is through letters to clients and carers if information needs to be circulated to everyone and through the notice board

within each centre for daily updates regarding activities on offer and for formal notices regarding policy or practice requirements. Telephone communication is used if appropriate to small groups or individuals and where relevant e-mail.

2.5. How are these services promoted or marketed?

Details about each Day Centre are held on the SBC web site. This information is currently being updated. Welcome packs explaining to potential clients and carers what the service aims and objectives are, who the staff are and what to expect from attendance are available for Care Managers assessing clients for the service.

Word of mouth and promotion of the service by Home Care staff is evident from clients accessing both services

2.6. What do Viewpoint Surveys/Internal Audits tell us about the service?

See 1.6.

2.7. Are there customers who could use the service but don't?

Yes there are. Reasons for non-attendance or take up of the service include:

- Day Centre concept does not appeal.
- Cost of contribution
- Mental confusion causing distress
- Inability to have preferred days due to transport, over capacity, inappropriate client mix
- Activities on offer are not preference
- Allocated day centre is not preference.
- Personality conflicts

2.8. Are there customers using the service who should not?

Clients may be referred for attendance at a centre when emotionally and physically at a stage where assistance or support is required. If the situation improves and the client's needs reduce, continued attendance may be questionable although this happens infrequently.

A more difficult situation to address is when a client deteriorates either mentally or physically and this deterioration places demands on the available resources at the centre which are difficult to sustain. Although in these instances every effort is made to work with the client and carers it may be that alternative care provision is more appropriate and the clients attendance is terminated.

With the development of the Kitwood Unit at Alma centre there is now a facility for clients who deteriorated mentally. Although only small numbers of clients can be accommodated each day and staff levels have to be greater than for mainstream services, this unit within a unit has been extremely beneficial to carers in the community who require respite from their caring role or for clients who need additional stimulation and possibly one to one attention.

Clients who are not any of the above but who's behaviour or conduct is distressing to others may also have their attendance terminated but not before all measures to address the concerns have been tried and have been unsuccessful.

Many clients who transferred from Alma Centre to STEPS have not been able to utilise the service effectively due to their needs being outside the programme remit. They effectively continue to use the facility as an extension to Alma Centre which was more social contact and activity based. Some clients with learning difficulties or mental health problems are similarly misplaced within this service. Many are not working towards planned outcomes which would significantly change or improve their lives

2.9. Who are the customers of the future and what are their needs?

Customers of the future are potentially the younger, elderly with more complex mental health needs, and people who are frail, in poor health, with limited mobility and lacking social stimulation. It is likely however that these clients will be more demanding, have higher expectations and require greater flexibility from the service.

It is also likely that clients will be more diverse in their needs. Provision in the future will need increasingly to take account of religious, dietary and cultural variations as placements are taken up by BME citizens. To date there has been little or no interest from the BME population for day care services. Attendance may need to be at different times of the day, throughout the week and into the evening with meals available throughout the day on a restaurant style basis

Activities will need to take account of the technology age and increase in sophistication with electronic media used to communicate. Community links will need to continue and increase in order for clients to be involved in their area through partnerships and joint events.

With the overall reduction in the age range of clients attending the older people's services there is the need to take account of clients with acquired head injury and following strokes.

2.10. What is likely to impact on demand for these services in the future?

Reduction on demand due to:

- High cost of contribution
- Alternative provision and funding: personalisation type initiatives
- Dated concept
- Raised access criteria in FACS

Increase in demand due to:

- Inability for family to take on caring role
- Mental frailty in older age as people live longer
- Isolation as communities become more insular.
- Safe environment for vulnerable people
- Economy of scale in service delivery
- Central Government reduction in funding for alternative care.

2.11 What do complaints/compliments tell us about the service?

Alma Centre:

There have been no formal complaints in the past 12 months.

There have been 4 compliments/commendations in the same period although a number of appreciation remarks have been noted on client survey returns.

Parkside:

There have been no formal complaints in the past 12 months.

There have been 2 compliments/commendations.

Halcyon:

There have been no formal complaints in the past 12 months.

There have been 2 compliments/commendations.

3. AIMS AND OBJECTIVES

3.1. Is the service required by statute and is there a statutory level of service?

The Local Authority has a legal duty to meet assessed needs of clients living in the Borough of Stockton-on-Tees under the NHS and Community Care Act 1990. This requirement is subject to the criteria applied through Fair Access to Care. All intervention with clients and carers must take account of Human Rights legislation Articles 1 to 14. The service can be commissioned and provided by an alternative source if necessary. There is no statutory level of service beyond the FACS criteria adopted by Stockton-on-Tees.

3.2. Is the service responsive, proactive or both?

The service is predominantly responsive in that clients who are not entirely self funding can only access the service if an assessment of need identifies this intervention as appropriate.

Similarly a response by service providers is restricted to the level and frequency of service delivery as indicated in the client's individual service order (ISO) . An increase or adjustment to this service order may be recommended if a client requires additional care or support, and this is conveyed to the care manager for action.

3.3. Is the service needed?

In the absence of a suitable alternative it is required to support clients and their carers who wish to remain in the community but who have a need for social, therapeutic or personal care.

Independent or voluntary providers have not historically provided extensive day care services. Direct payments have not impacted significantly on the uptake of services and the personalisation agenda has yet to be introduced.

3.4. What would happen if the service was not provided either in part or in whole?

If Local Authority provision was reduced or withdrawn, independent or voluntary providers would recognise a service shortfall and contract with the Local Authority for block placements. Day care services are not registered with the Care Quality Commission and as such do not face the same regulatory demands as Residential and Home Care services in terms of building, staff levels and facilities. Contract compliance would need to set standards for service delivery and inspection by the Local Authority undertaken. Unit costs for this alternative are potentially lower than those provided by the Local Authority.

Development of alternative services or funding sources will increase innovative methods of delivery constrained only by the imagination of the client and the flexibility of providers.

3.5. How would the service react to new pressures and what capacity would be required to deal with additional/new demands?

As with all resource provision, the concept of change and development is not new or unique. Services have adapted to deal with crisis situations at comparatively short notice. A case in point was the transfer of the former St Mary's day centre facility from Parkfield Hall to Alma Centre at only two days notice due to a staff crisis. The two services were merged in order to facilitate oversight by the management team at Alma Centre. This was carried out with full regard for the clients, carers and staff requirements of both centres.

The pressure of an increase in demand would necessitate a full review of current clients to remove those who had not attended for several weeks and no longer required the service through ill health or choice. A degree of flexibility is built into the staff structure to allow for fluctuations without breaching health or safety guidance.

Longer term increase would necessitate an increase in staff and budget.

In terms of new demands, if these were amendments to the basic service they would be addressed through the normal change management systems. Radical changes would need to involve consultation and careful planning taking account of financial, human and physical resources.

3.6. Who provides a similar service to this using a different delivery mechanism?

Although there are some independent and voluntary sector service providers for day care they are similar to those provided by the Local Authority and apply the same delivery characteristics

4. RELEVANCE/CONTEXT

4.1. How does the service fit with the overall aims of the Council?

The service promotes community based service delivery. It reduces the need for longer term care and or permanent residential care. It is cost effective in relation to other forms of community care i.e. individual home care and support. It enables clients and their carers to live their lives in a way that they prefer in their own homes and with input at a level they are comfortable with.

It reduces the risk to vulnerable clients and monitors their health and well being under a preventative agenda.

4.2. How does the service contribute to key policy areas?

Reduces the need for permanent residential care.

Aids hospital discharge

Supports people at home

Assists people to remain independent

Support to carers

4.3. What policies, plans and strategies impact on the service?

Protection of Vulnerable Adults

Older People strategy

National Service Framework for older people

Our Health our Care our Say

Health and safety

Putting People First

Staff work to recognised policies, procedures and practice guidance of Stockton-on-Tees Borough Council and Children Education and Social Care specifically.

4.4. Are there any political judgements or decisions involved in determining the level of service?

None

5. FINANCIAL AND RESOURCE CONSIDERATIONS

5.1 What are the costs of the service?

The current budgets for the day services are as follow:-

1) Alma Resource Centre in Central Stockton - £357,839.

Based on full occupancy of 70 clients at the day centre the unit cost per day would be £20.74 per day.

2) Parkside at Billingham - £143,655.

Based on full occupancy of 35 clients at the day centre the unit cost per day would be £15.79 per day.

3) Halcyon Centre in Thornaby. - £150,643

Based on full occupancy of 20 clients at the day centre the unit cost per day would be £31.58 per day.

4) STEPS at Tithebarn - £127,862

Based on full occupancy of 25 clients at the day centre the unit cost per day would be £20.12 per day.

Please note that when calculating unit costs capital charges and overheads are added to the current budget to obtain the overall cost of the service

Each service can accept referrals for client numbers above the daily allocation based upon the recognition that not all clients will attend each day.

Based on information from the PSSEX1 form for 2007/08 the cost per session for day care for older people, Stockton Borough Council is low in comparison to our statistical neighbours – see information below.

Authority	Average Gross Expenditure Per own provision of day care session for older people	Average Gross Expenditure Per Own provision of day care session for people with physical disabilities
Stockton on Tees	14.0	45.8
Bolton	37.6	101.2
Doncaster	18.7	20.2
Oldham	40.4	N/A
Rochdale	25.9	25.4
Rotherham	41.4	N/A
Wakefield	21.7	226.30
Walsall	29.3	44.30
Darlington	10.4	N/A
Derby	27.1	N/A
Middlesbrough	19.9	40.2
Peterborough	20.9	35.00
Telford and Wrekin	33.9	79.8

5.2 What is the charging policy?

The power to charge is given to local authorities under Section 17 of the Health and Social Services and Social Security Adjudications Act 1983 (HASSA Act 1983) and guidance on the exercise of this power is issued by the Secretary of State under Section 7 of the Local Authority Social Services Act 1970.

Stockton Borough Council has a charging policy for non-residential clients which is governed by the Fair Charging guidance published by the Department of Health. The council makes an assessment of ability to pay charges for non-residential social services. The assessments are carried out by staff in the Client Financial services section within CESC Adult services. Charges for non-residential services are calculated by the accountancy section at the beginning of each financial year.

Services which are charged at an assessed rate:

- Personal Care
- Transport
- Direct Payments
- Supporting People Payments
- Day Care
- Telecare

All clients will have their financial assessment reviewed annually one year after their initial assessment.

Clients will be informed at the initial assessment that they must report any changes of circumstances which may change the assessed contribution.

Clients can request a financial assessment review at any time if they believe their circumstances have changed

The charging policy charge to clients for the receipt of Elderly day care services is £22.80 per day for 2009/10

The charging policy charge to clients for the receipt of day care services at Tithebarn is £24.60 for 2009/10. This service provides supported opportunities for personal development to adults with a physical disability/sensory loss.

If clients use transport to get to the day services this will also be charged through the charging policy and this is currently £4.10 per journey.

5.3 How have Gershon efficiency savings impacted on the service and how is the service planning to meet future Gershon efficiency targets?

Supplies & Services budgets have remained at 2008/09 prices in order to meet budget pressures in 2009/10. There is also efficiency of £382,000 within Adult services which has to be achieved during 2009/10. Planning is ongoing as to how these savings will be met.

6. SERVICE DRIVERS

6.1. What do we need to change and why? What are the main drivers of change?

6.1 Provide a more flexible service

Service delivery is confined to the length of time staff are available and this is determined by the budget. With many carers working longer hours and requiring seven day access to facilities the current restrictions necessitate the extensive use of domiciliary care to fill the gaps. This is a more expensive alternative to day care.

6.2 Review transportation

Transportation of clients to and from centres needs to be reviewed. Transportation by community busses is the norm and the restrictions this poses on the hours of service delivery are notable. Due to the need to use the busses in the most effective way possible, the time slots for day service are restrictive. Alternative sources of transport are not widely used partly because community transport has become the accepted method but also due to the recognition of the service, as a regulated and safe, option.

6.3 Increased external involvement

Day centres need to be able to offer professional services such as health monitoring/screening and treatment of minor conditions. It needs to provide advice and support on a range of financial, legal and consumer situations and problems. If provided within the centre, clients could be sure they are receiving impartial and regulated advice and support.

6.4 Location

Although the concept of services being delivered locally is a sound one it has to recognise growing financial constraints and economies of scale. If external resources are to be secured as an integral part of the service this is more likely at one site rather than multiple outlets.

6.5 Personalisation

Self directed budgets has impacted on services in areas where this initiative has been introduced. Day Care services will be required to respond to changing needs of clients if they are to continue to be a significant provider.

06.07.09