

Arts Leisure and Culture Select Committee

Efficiency, Improvement and Transformation Gateway
Review of
Adult Operational Services

2009/10

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PROJECT TEAM

Lead Officer: Sean McEneaney Head of Adult Operational Services/Assistant Director
Independent Officer: Denise McGuire. Advisory Services Manager – Adult and Corporate Services
Finance Officer: Michelle Graham
Scrutiny Officer: Peter Mennear

Hazel Grant: Adult Operations project Manager
Liz Hanley: Interim Head of Adult Strategy
Sue Geddes: ISA Manager Specialist Services
Rob Papworth: Performance Manager

Workstream Team

Jean Spedding: Unit Manager Rosedale
Angela Rutland: Unit Manager Blenheim House
Pat Martin: Home Care Manager
Lynn Wightman: STEPs Manager
Fiona Peel: Day Centre Manager
Lorraine Goude: Contracts Manager
Rebecca Williams: Pathways Project Officer
Jan Timofte: Contract Manager – Health and Care Team

Acknowledgements:

The project team thank the following contributors to this review:
John Rylance: IDeA
Middlesbrough Borough Council
Darlington Borough Council
Rochdale Borough Council

INTRODUCTION

The original brief for the EIT of Adult Operation Services is contained in **Appendix 1**.

The scope initially included 7 areas of service, and as this was accepted as being a large and diverse range of services, each review was separated for the sake of clarity and focus.

The services are:

- In-House Day Care
- STEPS at Tithebarn
- In-House Home Care
- In-House Residential Care Homes
- In-House Intermediate Care services
 - Rosedale
 - Intermediate Home Care Support
- Independent Residential Care Homes
- Independent Home Care

It was established at the onset of the reviews that through the commissioning process, the purchase of home care services from preferred providers was robust. As a reflection of this and in recognition of the imminent contracts to be undertaken by the selected providers, it was considered unnecessary to undertake a review of this aspect of provision at this time. Members did make clear however that they believed the monitoring of the standard of care provided by independent providers must continue to be robust.

Similar robust contracts are in place for the provision of independent Care Home services and the Committee felt that they would be satisfied, at this time, if the service was acknowledged in the final report and the current position outlined, due to the size of the budget involved.

Intermediate Home Care Support was also discounted from this review as it did not present further options for efficiencies at this time although cross referencing with the future of the In-House Home Care service is pertinent.

The overall objectives/aims of the review were to identify options for future strategy, policy, and/or service provision that would deliver efficiency savings while sustaining or improving quality outcomes for Stockton Borough Clients and their Carers.

The Arts, Leisure and Culture Select Committee received baseline information pertaining to the services identified for review in July 2009. Members provided a challenge to that information and requested additional clarification in some areas. From that challenge, efficiency and/or improvements have been identified and a SWOT (Strengths, Weaknesses/ Opportunities and Threats) analysis undertaken to inform the decision making process.

**DAY CARE SERVICES
AND
STEPs AT TITHEBARN SERVICE**

**OPTIONS PAPER
2009**

DAY CARE SERVICES/STEPs AT TITHEBARN SERVICE

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1.0 Executive Summary

1.1. Day Care Services

This report is one of 3 representing the Adult Operational Services. It presents the Arts Leisure and Culture Scrutiny Committee with the outcomes of the Efficiency, Improvement and Transformational (EIT) review of the provision of day care services for older people and the STEPs at Tithebarn service. This review was undertaken between April 2009 and December 2009

Stockton Borough Council supports day care services for older people on three separate sites: Alma Centre in Stockton, Halcyon Centre at Thornaby and Parkside at Billingham, A specific Day Care Service for older people with mental health needs is also provided from the Kitwood Unit within the Alma Centre facility.

The Day Care Services discussed in this report provide social, therapeutic and some personal care to over 250 clients. Attendance at one or more of the centres is determined following an assessment of need identifying this mode of service delivery as appropriate for the client or to provide carers with a respite from their caring role. Although the Council has a statutory duty to provide services to address assessed needs, provision of those services does not have to be by the Council.

The 2009/10 allocated budget for each Day Care Centre is as follows:

Alma Centre provides up to 70 places per day through a combination of main stream and specialist care and has a budget allocation of £354,481

Halcyon Centre provides up to 20 places per day and has a budget allocation of £158,689 (This is inclusive of £9,291 from the Day Service Review and was identified to pay for some of the kitchen equipment necessary to develop a working facility)

Parkside Centre provides up to 30 places per day and has a budget allocation of £142,318

STEPs at Tithebarn is able to provide up to 25 places per day and has a budget allocation of £126,579

All budgets exclude capital charges and support service costs

Client contributions for the services are dependent on an individual financial assessment. A hot meal and snacks are available to all clients for an additional sum of £3 per day apart from at STEPs where clients are able to bring a packed lunch or prepare a simple snack in the kitchen attached to the centre.

The analysis by TRIBAL/CIPFA in 2009 stated:

Stockton-on-Tees still relies more on internal provision of Day Care than the National average (86% versus 70%), 23% more expensive than internally provided provision in the Nearest Neighbour authorities; nonetheless, the authority's average spend on internal provision of Day Care is still 28% cheaper than the National average.

Day Care Services have not been undertaken by independent providers extensively although some provision is available to tenants of Extra Care facilities as part of their overall tenancy agreement. However there have not been any requests to the

independent sector for expressions of interest in providing an alternative to the In-House provision so comparisons are difficult to quantify. Day Care Services do not come under the Care Quality Commission regulations therefore quality monitoring is through client/carer surveys and Commissioner led Quality Outcomes Framework. The current Day Care Services are judged to be performing excellently.

Alma Centre and Halcyon Centre are both spacious, well appointed buildings with ample room for a wide range of activities to be carried out simultaneously. Parkside is less well appointed and is constrained by inadequate activity lounges and communal spaces. The linking corridor is very narrow and makes passing, even for those with good mobility, difficult. Introduction of a wide range of activities at Parkside is difficult due to these spatial limitations.

Transport by the Community Transport Service is an important component of Day Care Services and this review recognises and acknowledges the potential impact of the corresponding Transport E.I.T. review, the FACS E.I.T. review and the roll out of self directed support through personalised budgets.

The E.I.T. Review of Day Care Services gained impetus through the proposal of an integrated health facility on the Alma Street site. Since its conception this proposal has been progressed as an integral part of the overall review. Work is currently underway to re-provide Alma Centre services at the alternative Halcyon Centre site at Thornaby. The upgrade of the Halcyon Centre to accommodate both services, and potentially Parkside Day Centre in the future, is dependent on funding from the land sale of the Alma site.

The STEPs at Tithebarn service was initially part of the overall Day Care Service review and as such, details of the service were contained in the baseline report for Day Care Services. As the review progressed it became apparent that this service did not fit comfortably with other aspects of the Adult Operational Day Care Service Review so it has been addressed individually.

The service is under utilised and has not reached its potential since it began in 2004 following the review of Day Care Services. The first clients to attend the service formerly attended Alma Centre. These clients were identified as being receptive, and able, to undertake skills development to access further education or employment.

Recommendations for Day Care Services

- 1. Closure of the Alma Centre site and re-provision of services to the Halcyon site.**
- 2. Enter consultation with clients and staff of Parkside Day Centre regarding the development of services for the future**

Recommendation for STEPs at Tithebarn Service

- 1. That consultation is undertaken regarding the direction of travel of services provided to current clients in order to address more appropriately each client's assessed needs.**

PART 1: DAY CARE SERVICES

2.0 CURRENT POSITION

The project team were influenced from the onset by the developments already underway regarding the Alma Street site. This led to the formulation of three options which were:

1. To maintain the current direction
2. To outsource the service
3. To combine Alma Centre and Halcyon Centre on the Halcyon site and to evaluate current provision and facilities at Parkside Day Centre.

2.1 Consideration of each service option

Day Care Services have provided a much needed role in the overall care of older people. These services sit comfortably as an early intervention that supports clients who wish to remain in their own homes for longer, while addressing the need to have social interaction, appropriate stimulation and in some cases respite for an informal carer.

The direction in which Day Care Services have been moving since 2004, is to increase the range of activities on offer, to actively encourage involvement from the community and voluntary organisations and push back the barriers to offer a more flexible and individual service. Current clients are involved in the development of services. They have raised expectations, and high levels of need, which must be met with an innovative and stimulating response. Day Centre Managers are aware of these requirements and are constantly developing new ideas to meet demand. The archetypal Day Centre where bingo was the central activity for all is consigned to the past and theme weeks are now the driving force where a wide range of activities are provided to suite all needs following an identified, but changing, theme.

However it has to be noted that at Parkside, there are exceptions, not through lack of effort or initiative but more the constraints of the building and its limited facilities.

Parkside was developed from a wing of a former Care Home. It has a central dining room and two lounges created by demolishing the adjoining walls of what had been bedrooms. Although the building boasted large communal rooms that would, with hindsight, have made a more appropriate Day Care Centre, the need for an integral bathroom and toilet facilities took precedence and therefore a bedroom wing was selected instead. The narrowness of the corridor joining the activity rooms and other facilities makes access for clients difficult and for wheelchair users even more problematic.

Parkside boasts a larger than average male client group which can be an advantage when initiating social contact. Unfortunately the male and female clients have elected to segregate and create male or female only lounges. Staff attempting to lead activities find these constraints frustrating.

Day Centres are currently geographically located and serve pre-determined catchment areas. While this has its advantages in that it is a local facility for local people, it restricts choice and does not take account of fluctuating demand in any one area.

Whether justified or not, clients have expressed concern that services not directly provided by the Council are less secure. As Day Care Services are not, and have historically never been, an extensive part of independent provider's portfolio's they may need time to become experienced in this field should the desire be there to undertake this aspect of service provision. Monitoring of services in the absence of the Care Quality Commission (CQC) would need to be rigorous. Delivery by alternative providers may not necessarily equate to a high quality service. The opportunity for an alternative provider to manage the service as it stands, with staff group intact, may alleviate some client concerns but would be likely to increase staff dissatisfaction.

Voluntary Sector Day Care provision is perceived as being less commercially driven than independently provided services and as such may have more customer support if such services were available. In the longer term, operational results and evidence of good performance within the independent sector could increase confidence in these providers.

The buildings are part of Stockton Borough Council's assets and this could inhibit the transfer of a service in residence. The outsourcing to a new provider with new premises and staff would have the greater impact on users, staff and possibly on the area depending on the location of the new service.

Self directed care (personalised budgets) and other similar concepts are new and innovative. Older people are often fearful of managing either their finances or their own care needs. Familiarity, awareness of the benefits and high levels of support may increase the take up of these alternatives and this could have the effect of reducing overall attendance at Day Centres if the current service did not meet a client's expectations and/or requirements.

Clients are not currently able to purchase services from the Council through utilisation of direct payments, however, it is acknowledged that they will be able to purchase Council provided services with personalised budgets. They could elect to continue with the package of support they already have i.e. day care. Day Care Centres are positioning themselves to respond to the changing requirements of clients accessing personal budgets by offering sessional activities in order for them to purchase the elements that suit their needs without taking the whole day care package.

Apart from the closure of Alma Centre, and the re-provision of this service to the Halcyon site, consolidation of the plan to integrate services could eventually include the third Centre at Billingham if this were found to be in keeping with client and staff aspirations and an identifiable way to improve service delivery. Working toward a combined, single site has merit and would naturally form part of the thinking in any review of services. Impact on clients in terms of the service offered to them is likely to be beneficial as a combined centre would have more staff bringing their own skills to the role and providing greater choice in the activities on offer each day. The current staff team at Parkside Day Centre have expressed a degree of optimism at the prospect of this outcome but there has been no consultation with clients to date. This would be undertaken as part of the overall recommendation to review future service development.

2.2 Current alternative Day Care provision

Extra Care facilities often deliver Day Care Services on site which has the advantage of being less restricted with regard to the times of the service and transportation to and from the delivery site, although the activities on offer are likely to be less comprehensive than those delivered at dedicated sites.

Questionnaires to LA's within CIPFA Comparator grouping and former Cleveland County Unitary Authorities has shown a mixed picture with regard to In-House Day Care services.

- **Doncaster** has three centres that cater for a combination of older people and Adults with physical disabilities.
- **Middlesbrough** has three centres catering for up to 96 people combined, including a unit for 15 people with dementia. Numbers are increasing and they have a waiting list although they are unaffected by personalised budgets at the moment.
- **Rotherham** has two centres providing services 7 days a week for up to 25 people at each. They also have a dedicated unit for up to 14 older people with mental health needs. They have a waiting list and numbers are increasing. Rotherham also provides up to 24 specialist day care places for 5 days each week to people with an organic illness.

In some areas the In- House services provided at what were traditional Day Care centres, have evolved and they now focus more on preventative and enablement work

- **Spennymoor** fitted Gym equipment in their centres to follow the enablement route.
- **Durham** have retained one centre for similar use. They have also engaged Care Navigators to look at alternative options for people assessed as in need of day care. The Care Navigators take the referrals direct from assessment teams and work with individual clients to assist them to fulfil their individual requirements. This only takes account of new referrals at the moment.
- **Hartlepool** have not retained any In-House day care provision.

This wide range of options is continued across the country. The provision of Day Care Services does not appear to be following a common pathway as is happening in other In-House services. With this in mind the option of reducing the number of centres but maintaining the number of places would appear to be a logical first step.

2.3 Sustainability of benefits

The benefits of improving service delivery by developing the range of activities on offer and working more closely with the community to increase client exposure to community based services and initiatives, is likely to be not only sustainable but increasingly attractive. Similarly, by the prudent use of resources, the same high quality service can be delivered at a more attractive cost. There are no comparisons available in terms of unit costs for day care provision through independent or voluntary providers but the savings identified in moving from three to two services is available with the option of moving to one service in the future if appropriate.

Self directed support funding is reliant on Central Government Grant support and redistribution of current funds. If this support by Central Government is not forthcoming, the financial burden may be too severe for the Local Authority to maintain existing uptake of self directed support and absorb emerging need.

The initial move away from locally based services is a reversal of former planning but in this instance the benefits of combined services do not carry the usual centralisation problems that have been the case with other initiatives. The service is provided during the day time and clients return home afterwards thereby retaining their community identity.

Transport will need to be carefully structured but can be achieved particularly if reviewed to ensure the most needy are catered for. Those clients who are able to access independent transport on other occasions need to be supported to do so to access Day Care Services as well.

An increased staff team is less sensitive to sudden absences or meetings/training obligations than the current individual services are. In addition, the intergenerational work undertaken at Halcyon Centre through the combined school/day centre site can develop and build on its success.

2.4 Consultation

There has already been extensive consultation with clients, carers, staff and stakeholders regarding the combining of Alma Centre and Halcyon. This proposal has been met for the most part with agreement and even enthusiasm. The consultation strategy and outcomes were presented to Cabinet on 27 July 2009 and were identified as thorough and commendable. The inevitable reduction in management and catering costs plus the combining and rationalisation of the two budgets for the centres is an added impetus.

2.5 Preferred Option

- The preferred option is to combine Alma Centre and Halcyon Centre on the Halcyon site and to evaluate current provision and facilities at Parkside Day Centre.

3.0 COSTS

To be identified

4.0 CHALLENGE

4.1 Why do we continue to provide this service In-House

The infrastructure required to deliver services is substantial in terms of building size and functionality and without considerable investment, would be beyond the new business options of most independent providers at this time. Transportation of clients to and from the facility is an important part of this service delivery and would also increase provider's costs substantially if the transport was used exclusively for this service.

Providing a Day Care Service in the strict interpretation of the term results in under utilisation of the building for much of the evenings and weekends. This could also severely hinder a commercial interest from branching into the provision unless they were able to spread service delivery outside traditional office hours or secure alternative use of the resource when not occupied. This can be difficult if the furniture and fittings are designed for older people with mobility problems and or sensory impairment. It also increases staff costs if they are to work extended time periods and historical evidence of uptake by existing clients beyond Monday to Friday day time has been limited. (See Baseline report)

Some day care provision has occurred in residential care homes with CQC acknowledgement, and within extra care facilities, but the introduction of clients from outside the facility is generally not considered appropriate as it represents an intrusion into permanent residents' home life.

We continue to provide this service as there would otherwise be a service gap for older people who are still able to live in their own homes but require a safe environment to socialise, maintain self help skills, access personal care and enjoy meaningful activities. The dependency levels of the client population is increasing and without this intervention would require higher levels of Home Care, Care Home respite or permanent care. In some instances the service is predominantly to provide respite for informal carers to enable them to sustain their caring role.

4.2 Is In-House day care provision value for money

In some instances it is difficult to quantify cost comparisons as there are no independent providers with whom to make that judgement. If an exercise were to be undertaken to examine the possible cost structure of alternative independent provision there would still be a question over the quality benchmarking of such a service. Start up costs could also be substantial and these costs would need to be recovered through charges to the client or the authority if placements were supported.

In terms of voluntary provision, the cost structure may be more accurate to determine through the services currently in operation. It is noted however, that the dependency on volunteers to maintain the service can leave it vulnerable and unable to develop meaningful programmes of activities when the skills of such volunteers available each day is unpredictable. This is even more concerning if only a minimal permanent staff group is employed. The level of dependency is also an issue since care of needy people must be appropriately supervised and regulated.

Day Care provision is value for money in relation to alternative care provision in a Care Home or through Home Care, due to the high number of clients it serves and the comparable small staff team required to deliver that service. (See staff and client numbers in baseline report)

4.3 Why do we want to retain this service In-House

There are currently 260 clients attending Day Care Services for between one and five days per week. Of these, all have one or more condition such as mobility problems, sensory impairment, dementia or social isolation. They are clients who, in the past would have been considered appropriate for permanent care

because the alternative of Day Centre attendance addressed little more than social isolation. Since the qualifying criteria for Care Home placement was raised and care in the community promoted, the dependency levels of Day Care clients has increased significantly. This is partly due to the excellent monitoring and intervention by Day Centre staff teams, undertaking a preventative role that these clients are able to remain in the community for as long as they do.

This level of core excellence did not happen easily. Managers and staff have worked very hard to move the service from the former Day Care concept to this highly sophisticated model. Training for staff to equip them with the skills needed to care appropriately for clients who are deteriorating has been a corner stone of their success. Activity based care has reached a new level in Day Centre services and clients unable to attend through frailty or deterioration have regularly moved to nursing care, bypassing the need for residential care entirely.

Any alternative Day Care service would need to reach the standard of delivery that currently exists if it was to fit into the progression of care required by these clients and this would take time, resources and determination to succeed. In House employees have adapted their skills and knowledge to address a wide range of needs including psychological, physical and emotional demands. If alternative provision did not reach these high standards the clients receiving services would be failed by the very people best positioned to help them.

If the market is stimulated and interest in providing Day Care Services emerges, there may be the possibility of In House services being withdrawn. Given the current financial climate it is unlikely that expenditure of significant proportions would be available and there would be a need for a very steep learning curve from alternative providers to reach the standard of services already available, and to meet client expectation.

5.0 SELECT COMMITTEE

At the baseline information challenge meeting on 15 July 2009, the Arts Leisure and Culture Select Committee agreed with the planned way forward for the review as outlined by the Officer team.

They noted:

- A decision was needed on the future location of the Alma Centre services due to development of an integrated health facility on the existing site.
- The personalisation agenda and increased personal choice in the type of care provided will have an impact on the numbers entering the more traditional types of day care service
- Particularly in relation to Day Care Services, the emphasis on individual choice was to be welcomed, and that this reflected the changing needs and demands of the population.

Members of the Arts, Leisure and Culture Select Committee were joined by colleagues from the Health Select Committee on a day of site visits to the services discussed in these papers.

They visited Halcyon Centre, Alma Centre and Parkside Day Centre in rotation. The Members were able to see the work that is underway in terms of activities and to

speak to clients attending each Centre that day. The space, light and amenities available at both Halcyon Centre and Alma Centre were in contrast to the compact setting of Parkside Day Centre in a converted bedroom wing of a former Care Home. This inevitably impacts on the opportunity to plan and carry out meaningful activities when space is restricted. The preference of clients attending Parkside Day Centre to segregate themselves into male and female dominated lounges is a further disincentive for attempts by staff to promote social integration.

6.0 E.I.T. CROSS REFERENCING

6.1. Transport

The Council has a statutory duty to make transport provision for attendees of Day Care Centres, subject to an assessment of need, but the Local Authority does not have to be the provider of the service. Where clients are willing and able to use alternative forms of transport to fulfil their social needs they should be encouraged to travel independently to Day Care Centres in order to release community transport vehicles for those unable to access alternatives.

There are time limits imposed in the service level agreement for community transport which will be severely tested if dispersed services were centralised. If there were fewer clients to collect, these limits may be more relaxed.

There is also a problem related to the simultaneous demand for buses from several services. The Adult Learning Disability training centres have allocated times for collection and delivery which restrict the time that they are available for Older People's services, STEPS at Tithebarn and the clients of The Kitwood Unit. There needs to be greater flexibility in the use of buses if no single service is to be disproportionately disadvantaged.

The EIT of transport services is now complete but the impact on services for older people is still to be determined.

6.2. F.A.C.S

The review of Fair Access to Care is running in parallel to this review and it is recognised that any potential changes in the bandings are likely to impact on resource delivery. The picture is not clear at this stage and no decision has been made but reference to any changes will be considered as and when they are known.

7.0 EFFICIENCIES/ IMPROVEMENTS/ TRANSFORMATIONS

7.1 Efficiencies

Change is regularly viewed with cost as a component and if improvement or change can also produce a saving there is an increased incentive to carry it out. If the change, or as in the case of current centres, development, is customer led, client/carer satisfaction level should increase. Current managers are aware of this link and the need to promote meaningful involvement.

If a TUPE transfer of staff to an alternative provider was applicable, the service would alleviate the costs of potential redundancy payments and

provide continuity of care for clients. Staff would not however, be predisposed to this action.

Combining two, with the potential, in the future, of three services, on a single site will achieve savings. This was subject to land sales for the Alma site providing capital to undertake the necessary upgrade of the remainder of the Halcyon site.

Alternative provision through personalised budgets is an unknown concept at the moment. Should there be a significant uptake of these initiatives and a comparable reduction in the need for Day Care Services, savings on infrastructure would be made but the cost of each package of care could be greater than mainstream Day Care provision. If through self assessment, clients are moderate in their requests for services, it may be that overall costs are manageable. If Central Government funding is provided in the longer term for this type of initiative there are potentially further savings to be made.

7.2 Improvements

Improvements in the service are, and have been, ongoing for several years. This will continue and take account of emerging demand from new users. Increased and continued partnership working with outside agencies, education and the voluntary sector have already been very successful and will continue. Intergenerational work is seen as essential if children and young people are to learn to respect and support older citizens and the location of the Halcyon Centre in the shared ground of the local primary school has been invaluable in this aim.

7.3 Transformation

The concept of transforming two services into one has been broadly welcomed by clients, carers, staff and stakeholders. Once established, and consolidated, this option could be a future consideration if it was appropriate to create one resource centre to serve the Borough.

8.0 Options

The options for these services are as stated:

1. To maintain the current direction
2. To outsource the service
3. To combine Alma Centre and Halcyon Centre on the Halcyon site and to evaluate current provision and facilities at Parkside Day Centre.

9.0 Recommendations for Day Care Services

- 1. Closure of the Alma Centre site and re-provision of services to the Halcyon site.**
- 2. Enter consultation with clients and staff of Parkside Day Centre regarding the development of service for the future**

10.0 S.W.O.T. Analysis

Option 1 – To maintain the current direction

<p>Strengths</p> <ul style="list-style-type: none"> Consistency Proven formulae Established cost structure Experience of staff delivering service Well equipped facilities Client satisfaction with service Service leader Reliable 	<p>Weaknesses</p> <ul style="list-style-type: none"> Limited concept Inflexibility of opening hours Transport restrictions High unit cost Under use of facilities Inability to provide services to clients outside some criteria Contributions
<p>Opportunities</p> <ul style="list-style-type: none"> Continuity Reduce costs Modernise delivery of service Address client aspirations Utilise staff innovation Delay longer-term care 	<p>Threats</p> <ul style="list-style-type: none"> Emerging regulation Central Government funding Change in Government Client demands/expectations Rising costs Lowering numbers

Option 2 – To outsource the service

<p>Strengths</p> <ul style="list-style-type: none"> Reduced overheads Create competition 	<p>Weaknesses</p> <ul style="list-style-type: none"> Inexperience Client/carer perception Commercial culture Redundancy payments Site/equipment disposal
<p>Opportunities</p> <ul style="list-style-type: none"> Improved service TUPE transfer 	<p>Threats</p> <ul style="list-style-type: none"> Failure of business Client dissatisfaction Financial constraints

Option 3 – To combine Alma Centre and Halcyon Centre on the Halcyon site and to evaluate current provision and facilities at Parkside Day Centre.

<p>Strengths</p> <ul style="list-style-type: none"> Reduced overheads Meet individual needs Tailor made service Utilisation of building Client empowerment Carer satisfaction Central Government support Experience Single management structure 	<p>Weaknesses</p> <ul style="list-style-type: none"> Redundancy payments Site/equipment disposal Untried concept Financial limitations Unfamiliar to clients/carers Limited choice
<p>Opportunities</p> <ul style="list-style-type: none"> Improved service delivery Radical overhaul of services Innovation Competition No waste Combined expertise 	<p>Threats</p> <ul style="list-style-type: none"> Client dissatisfaction Failure of concept Financial constraints Opening time limitation Central Government support

PART 2: STEPs AT TITHEBARN SERVICE

11.0 CURRENT POSITION

Stockton Borough Council supports STEPs initiatives as a gateway to education and employment through assessment and personal development planning. There are a number of strands to the service including:

- STEPs
The STEPs Service provides support for vocational training and employment opportunities for adults with a disability who live in the Borough of Stockton-on-Tees.
STEPs are an innovative and forward thinking Employment Support Service working with people with mental health needs, physical disabilities, sensory support needs and learning disabilities.
- Enterprising STEPs: This service supports clients who are planning to, but are not quite ready to work yet. They attend 1 day per week for 12 weeks. There is an expectation that these attendees will move into paid employment albeit low hours.
- First STEPs
This service supports clients into job carved positions who have attended Enterprising STEPs and are ready to move into a job of a few hours per week.
- WORKSTEP: Job Centre Plus which is Central Government funded and inspected by OFSTED.
- Community STEPs: Service for disadvantaged people of any work age. Two employment development workers hold surgeries and users sign up to a support package to get them back into work.
- STEPs at Tithebarn: Designed initially to assist attendees to draw up a personal development plan which could include tuition in communication, literacy skills etc to enable them to access either further education or paid/voluntary work. A café was an integral part of the service and was intended to provide clients with basic catering skills in order to run the café for the public and to move into employment.

This review has been influenced by the need to reassess the function of the STEPs at Tithebarn service in light of its failure to meet its aims and objectives.

The service has up to 25 places each day. Since its conception it has only achieved an average of one third capacity. The numbers of referrals to the service have remained low, and for the most part inappropriate for the stated aims and objectives of the service and more in keeping with the skills, abilities and expectations of the early attendees. The initial concept was for attendees to access sessions at a pre-agreed time for developmental work and support.

Community Transport was not assessed as practical for this service owing to the varying times of arrival and departure of attendees. Alternative transport modes were considered and evaluated. This changed quite soon after starting the service owing to the reluctance of clients to access time slots, and pressure from informal carers who had expected a Day Centre culture to prevail. Community Transport Services are now an integral component of this service. This review therefore recognises and acknowledges the potential impact of the corresponding Transport E.I.T. review.

The 2009/10 allocated budget for this service was: £126,579

The full staff contingent is noted in the baseline report for day care services.

Client contributions for the service are dependent on an individual financial assessment. Meals are not provided to attendees but they are able to bring packed lunches or make simple snacks in the communal kitchen. The high unit cost of this service renders it an essential part of any efficiency review. The concept of clients accessing a day care centre in order to obtain the skills required for further education and or employment is difficult to reconcile but this is the reality of this service.

The project team assessed there to be only two options for this service.

1. To continue unchanged
2. To review the service in order to identify its future direction and developmental requirements.

11.1 Consideration of each service option.

The current service has evolved from an original concept whereby clients who formerly attended Alma Day Centre were offered a choice to either remain at the centre or transfer to the STEPs at Tithebarn service. Remaining at Alma Centre was on the understanding that the service was to move to provision for older people. Alternatively, a programme of development, leading to further education and or employment would be the aim of the STEPs at Tithebarn service. This service is one of a group of STEPs to inclusion initiatives.

Of the possible 30 clients attending Alma Centre at that time, 15 moved across over a period of 12 months. These clients were adults with physical disabilities and some learning disabilities/difficulties. The STEPs service was intended to provide supported opportunities for personal development to clients with a physical disability and/or sensory support needs living in the Borough of Stockton. (Detailed service outcomes are contained in 1.3 of Day Care Services Baseline Report)

The service has never reached its anticipated potential. The initial clients who transferred did not embrace the education/employment concept and preferred to utilise their time at the facility in a similar way to the format they had followed at Alma Centre. This service has now become an extension of the earlier day care provision from the clients' perspective while the aim of the staff team was to develop clients' skills, build their confidence and self esteem while providing practical help to assist them to reach their potential. This conflict in terms of outcomes is at the root of the service's problems.

Continuation from the clients' perspective would be entirely acceptable. The service has adapted to their requirements rather than the clients embracing the aims of the service. Its direction is now unclear. Informal carers have accepted the service as an extended Day Care Centre and their views regarding further change would need to be taken into account.

The site visit undertaken by the Select Committee/s enabled them to assess the activity within the Centre by speaking to team members and clients. They were also able to determine the level of compliance to the stated aims and objectives of the facility.

Clients who attend STEPs at Tithebarn live across the Borough and have no collective affiliation to the site.

The service at Tithebarn does not impact on the employment aspects of the larger service. The STEPs group has structure, purpose and planned outcomes that are realised. Attendance is for a limited time and expectations have to be met.

Clients assessed needs require redefining in order to ensure appropriate delivery of services, and use of the Tithebarn facilities. For some, this could involve a return to main stream Day Care at a centre more appropriate for their needs, or utilisation of personalised budgets to purchase support as they want it and by the route they prefer.

11.2 Current Alternative Provision.

In order to ascertain what alternative provision there is currently for these clients, we need to determine what their assessed needs are and what they hope to achieve in terms of outcomes. The clients are a mix of adults and older people with physical disabilities, learning difficulties, sensory impairment and mental health need. It is unlikely that as a group their needs are going to be addressed with a uniform approach. A few clients attend only to provide a respite break for informal carers. Their needs and the needs of their carers must also be taken into account.

11.3 Consultation

Surveys were carried out to determine which aspects of the current service clients felt was important to them, and similarly which aspects were of least importance. From a total of 23 attendees, 18 responded. They were assisted to complete the survey through the use of visual aids and support workers who were not linked to the Tithebarn service. The analysis shows the following:

Question 1

FROM THE LIST BELOW, WHICH THREE THINGS DO YOU LIKE BEST ABOUT ATTENDING STEPs

- A Location
- B Staff
- C Transport
- D Company
- E Facilities
- F Chance to develop
- G Activities
- H Anything else not listed

The three most popular responses were

- 1. Staff (16)**
- 2. Activities (14)**
- 3. Company (13)**

QUESTION 2

FROM THE LIST BELOW, WHICH THREE THINGS DO YOU LIKE THE LEAST ABOUT ATTENDING STEPs?

- A Location

- B Staff
- C Transport
- D Company
- E Facilities
- F Chance to develop
- G Activities
- H Anything else not listed

The most popular response was

- 1. Nothing I don't like (11)**
- 2. Opening Times (4)**
- 3. Transport (2)**

QUESTION 3

IF YOU COULD CHANGE JUST ONE THING WHAT WOULD IT BE?

1. Remain the same (7)
2. Opening times
3. Hot meals
4. More staff

The outcome was not particularly surprising but it does confirm the belief that the majority of clients who attend the service are not predisposed to embrace the prime aim of the centre which is to develop their skills and support them into further education or employment. Only two respondents stated this was important. None of the clients who took part identified the location as being important.

11.4 Preferred Option

- **To review the service in order to identify its future direction and developmental requirements.**

12.0 COSTS

To be determined

13.0 E.I.T. CROSS REFERENCING

13.1 Transport

The Council has a statutory duty to make transport provision for attendees of Day Care Services if their assessment identifies this need. When the STEPS at Tithebarn service was first developed it was anticipated that clients would attend at pre-determined times and on a session basis, therefore transport was expected to be utilised on an individual basis and not necessarily provided by the Community Transport Service. As the concept changed and attendance became a mirror of Day Care Services, buses were allocated and have remained.

The EIT of Community Transport Services is now complete and their future strategy will be linked to the requirement, or otherwise, of buses for this service.

13.2. FACS

The review of Fair Access to Care Services is also underway and it is recognised that any potential changes to service banding would be likely to impact on resource delivery although no decisions have yet been made.

14.0 EFFICIENCIES, IMPROVEMENTS AND TRANSFORMATIONS

14.1 Efficiencies

A review of this service is inevitable given the staff/client ratio, structure and associated costs.

Also, as personalised budgets are rolled out, each client will be offered control of his/her service provision. Self or supported assessment will identify the direction that individual clients wish to take and how this can be delivered.

The current community Transport Service provides two buses daily to carry clients to the centre and home again. The buses are underutilised at a time when alternative older people's Day Care Services are having difficulty to allocate places to clients on waiting lists due to lack of capacity of Community Transport.

14.2. Improvements

The service that current clients attending STEPs access is unlike the initial concept and as such there is room for improvement both in outcomes for them and appropriate utilisation of the Tithebarn facility.

14.3 Transformations

The STEPs group of services has a clear identity and this needs to be distinct as a supported employment programme. It needs to be separate from the alternative service provision of Day Care Services to avoid confusion and misplaced referrals.

15.0 OPTIONS

1. To continue unchanged
2. To review the service in order to identify its future direction and developmental requirements.

16.0 RECCOMENDATIONS

- 1. That consultation is undertaken regarding the direction of travel of services provided to current clients in order to address more appropriately each client's assessed needs.**

17.0 S.W.O.T. Analysis

17.1 Option 1 – To continue unchanged

STRENGTHS	WEAKNESSES
Continuity Client satisfaction Carer satisfaction Staff satisfaction	Under utilised Concept inappropriate High unit cost Alternative services available Mixed client group Transport restrictions Failing to meet service objectives
OPPORTUNITIES	THREATS
Person Centred delivery of services Personalised budgets	Reduced funding Falling numbers Inappropriate referrals

17.2 To review the service in order to identify its future direction and developmental requirements.

STRENGTHS	WEAKNESSES
Client assessed need Continued carer support Reduced unit cost Appropriate service Transport efficiencies Efficiencies	Untried concept (Personalisation) Financial limitations Unfamiliar to clients/carers Increased social isolation Lack of services to access using personal budgets
OPPORTUNITIES	THREATS
Move to self directed care/personalised budgets Utilise building more appropriately Reduce unit costs Partnership working Increased client satisfaction	Client dissatisfaction Failure of personalisation concept

**CARE HOME SERVICES
OPTIONS PAPER
BLENHEIM HOUSE
ROSEDALE
INDEPENDENT PROVISION
2009**

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1.0 Executive Summary

Stockton Borough Council supports In-House Care Home services on two separate sites: Blenheim House at Thornaby and Rosedale at Bishopsgarth. For the sake of clarity the report will concentrate on each service in turn.

The Care Home services discussed in this report provide 24 hour care, respite for carers and short term care. Placement at one of these homes will have been determined following an assessment of need identifying this mode of service delivery as appropriate for the client, or to provide carers with respite from their caring role. Although the Council has a statutory duty to provide services to address assessed needs, provision of those services does not have to be by the Council.

The decision not to accept long term placements at Blenheim was taken in 1996 when it was recognised that institutionalise care was not appropriate for adults with physical disabilities and that alternative community based services were being developed in extra care schemes and adapted properties.

New permanent placements ceased at both homes a number of years ago. In the case of Rosedale, the strategy of providing re-enablement services rather than long term care began in 2002 when the rehabilitation service moved there. The success of the Home and the staff in providing this type of support led naturally to services of a similar nature and predominantly short term intervention.

The 2009/10 allocated budget for each Care Home is as follows:

Blenheim House provides care for 15 long term residents and up to 14 respite/short-term clients and has a net budget allocation of £330,985 This budget carries an expectation of achieving £273,730 income from out of Borough placements.

Rosedale provides care to 6 long term residents, and up to 6 respite clients. This facility also provides up to 10 intermediate care rehabilitation beds, and a further 22 assessment/discharge support beds. The total budget for Rosedale is £920,341 for the Care Home and £59,140 for the Rehabilitation Unit. The budget for the Rehabilitation Unit has annualised contributions from the PCT of £226,755

Client contributions for the services are dependent on an individual financial assessment.

The analysis by TRIBAL/CIPFA in 2009 stated:

76% of all Stockton-on-Tees's Adult Social Care Provision is in Residential Care Home placements, 7% more than nearest Neighbours and 7% more than the National average. The proportion has risen from 72% in 2006/7.

(Most of this provision is through commissioned independent providers)

Care Home services have been undertaken extensively by independent providers in Stockton-on-Tees. Commissioners have robust contractual arrangements in place which represent value for money. As registered services they are all regularly inspected by the Care Quality Commission (CQC) and are subject to the regulations laid down in the minimum standards for service delivery.

Transport by the Community Transport Service is a component of service provision at Blenheim House as clients are reliant of the adapted buses to take them on holiday and for outings. This review recognises and acknowledges the potential

impact of the corresponding Transport E.I.T. review, the FACS E.I.T. review and the roll out of self directed support through personalised budgets.

The E.I.T. Review of In-House Care Home services is influenced by the reducing In-House long term resident population and the potential impact of funding sources being reduced or withdrawn by Unitary Authorities currently purchasing care from Stockton-on-Tees at Blenheim House. There are no plans to accept further long term residents at either Care Home.

Recommendations for Care Home Services:

BLLENHEIM HOUSE;

- 1. Consultation regarding the most appropriate future services for current long term clients.**
- 2. Review of provision for adults with physical disabilities who require medium term or respite care services.**

ROSEDALE:

- 1. To continue to develop Rosedale as an integrated Intermediate Care Centre. (Enablement)**
- 2. For Commissioners to explore the concept of increased financial support from Health in order to provide alternative services under the Momentum strategy.**

PART 1: BLENHEIM HOUSE

2.0 CURRENT POSITION

The project team formulated three options which were:

1. To continue unchanged
2. To outsource the service
3. To review future provision of services for long term and respite clients

2.1 Consideration of each service option

To continue would be to disregard the possibility of Adults with profound Physical Disabilities enjoyment of as normal a life style as possible. The quality of the care they receive is excellent as defined by CQC but it does not reflect modern initiatives in the care and accommodation of this client group.

Blenheim House is a resource for the four Unitary Authorities who made up the former Cleveland County and is heavily dependent on the income from these Authorities. This income is decreasing and only one of the original three areas is supporting more than two client's long term at Blenheim House. The service is costly, and as the number of available respite beds increases the Home will become increasingly dependent on the support and income from the Unitary Authorities. These issues would need to be addressed in this option

Clients receiving In House services have historically rejected or opposed transfer to alternatives not directly provided by the Council. The opportunity for independent agencies to manage this service are limited since the same operational constraints that are impacting on the Council will similarly impact on any alternative provider. TUPE transfers of staff have not historically been well received by employees.

Direct payments, personalised budgets and other similar concepts are new and innovative. The impact of this initiative is speculative and some people are disinclined to managing their own care needs. Familiarity, awareness of the benefits and high levels of support could increase up take and this would have the effect of reducing services currently provided where clients' expectations and/or requirements are not met. It is essential that any future plans for Blenheim House take account of this concept.

Extra care facilities or discreet unit accommodation in adapted properties (bungalows/flats) where appropriate, is a concept that can provide the same level of care as current residential establishments while also offering increased choice and independence for both clients and informal carers.

2.1.1. Client Satisfaction

Some existing clients at Blenheim House have aspirations to live more independently but others may not want to adapt to a new and radical way of living. If we are to secure client satisfaction it is important that we address each as an individual and respect their wishes regarding future care. This would require us to look at the logistics of continuing to provide a service with reducing numbers and increasing needs.

2.2 Current provision

The IDeA research report on care of clients with severe physical disabilities identifies a move by many local authorities to supported housing as the preferred model rather than care homes. (Appendix 2)

Blenheim House is the sole In-House provider of long term care in a Care Home setting for this client group from the former Cleveland County.

Middlesbrough Borough Council currently funds 6 long term clients at Blenheim House who originated from that area. They have an extra care facility at North Ormesby New Health Village, for 12 adults with physical disabilities called Pennyman House. It is managed by an independent agency. One medium stay client from Blenheim moved to this facility recently. Ten of the twelve available places are taken and further reduction on the reliance of care homes is planned by the development of Independent Supported Living (ISL) facilities for this client group. It is anticipated that the remaining six clients could move to alternative accommodation in Middlesbrough that would best meet their needs.

Hartlepool and Redcar/Cleveland Borough Councils fund one and two long term clients at Blenheim House respectively. It is similarly anticipated that alternative provision would be negotiated with these clients and their funding authorities.

Stockton Borough Council has six long term residents at the Care Home. They are a complex group who do not live totally cohesively. There are personality conflicts as well as friendships which need to be considered in any future provision.

Respite Clients: Blenheim currently caters for carers in need of respite from their caring role. In the past twelve months each authority has accessed the following number of weeks of respite care:

Redcar/Cleveland:	5
Hartlepool:	0
Middlesbrough:	68
Stockton:	70

Respite periods can be for anything from two days to several weeks duration.

Medium Term Clients: These are clients who would, at one time, have been designated as being in need of long term care in a care home setting. They stay at Blenheim House for up to two years while they have adaptations carried out to their existing property or are offered a suitable alternative. Again they have historically originated from all four Unitary Authorities but in the past 12 months the following number of weeks have been accessed:

Redcar/Cleveland:	0
Hartlepool:	0
Middlesbrough:	0
Stockton:	172

2.2.1 Willow View

Willow View is an independent unit at Norton specifically designed for the short/medium term care of adults with physical disabilities. It has 10 bedrooms. A visit was undertaken to meet the proprietor and to look at the facilities available. The unit had been part of a Care Home for older people but with declining numbers the organisation decided to utilise one wing for care of adults with physical disabilities for respite care. The unit comprises ten bedrooms with en-suite facilities along a single corridor. This wing also has assisted bathing/showering facilities and a sluice room. A communal combined dining room/lounge is situated next to the main kitchen in the building. CQC registration is not in place yet and further work is needed to meet specifications for this client group. Independent providers are demonstrating an increased awareness of the need for respite care and although relatively few at the moment, if this is seen as an unmet need, others are likely to follow.

2.3. Consultation

Client consultation as requested by the Arts Leisure and Culture Select Committee has been through the use of client and carer survey. Officers had to be sensitive to the concern that clients would be exposed to if they believed their future care provision was unidentified. A total of 23 clients and carers responded. This included 8 of the permanent residents.

The survey questions and results were as follows:

1. FROM THE LIST BELOW, WHAT THREE THINGS DO YOU LIKE BEST ABOUT LIVING/STAYING AT BLENHEIM HOUSE

A Location	7
B Staff	16
C Food	10
D Company	8
E Bedroom	8
F Shared Lounges	0
G Shared Dining Rooms	0
H Bathrooms/Toilets	5
I Activities	3
J Outings/Holidays	9
K Anything else not listed	0

2. FROM THE LIST BELOW, WHAT THREE THINGS DO YOU LIKE THE LEAST ABOUT LIVING/STAYING AT BLENHEIM HOUSE

A Location	1
B Staff	2
C Food	2
D Company	2
E Bedroom	4
F Shared Lounges	1
G Shared Dining Rooms	4
H Bathrooms/Toilets	2
I Activities	5

J Outings/Holidays	3
K Anything else not listed	0

3. IF YOU COULD CHANGE JUST ONE THING WHAT WOULD IT BE

These comments are exclusively from the 8 permanent residents.

- Clothes ironed after laundering
- Change from communal dining
- Prefer my own company but spend some time in lounges
- To go and live with my sister
- Not to have to live in Residential Home
- To live independently if able
- Would like to live in the community if well enough
- More privacy. Although this is provided, prefer to be on my own.
- More outings
- Bigger bedroom
- Increased choice regarding food
- Access to computer with internet connection
- Communal dining again
- Prefer one to one staff relationship so that care needs are addressed at any time. Unwilling to wait
- Communal dining.

The analysis of responses showed a distinct preference for the staff and the food provided. The two main dislikes were the activities on offer and the 'any other not mentioned' option which was quantified by four permanent residents who would prefer to live independently in the community.

3.0 RESEARCH

The findings from research undertaken for this review by IDeA has been quite consistent in respect of care provided to this client group. (Appendix 2) It acknowledges that the key to success is for the Stockton *to play an active role in developing and managing the local social care market and to involve users of the services, and their families, as equal partners in any change programme.*

The report states that *the LGA and ADASS believe the number of authorities who continue to offer residential provision for severely disabled clients will diminish.* It goes on to say that *the cost of such placements is typically very high and they are not viewed as offering an appropriate environment. More and more authorities are using supported housing as the preferred model rather than residential care.*

The London Borough of Barking and Dagenham advise authorities to avoid recreating a replication of a residential unit in a community based, multi tenancy site. The fact that disabled people are tenants and have control of a budget for their care needs emphasises the shift away from an institutional setting.

Bradford noted that dependency levels reduced once people moved out of residential care and disabled people have been able to exercise real control over their lives.

Sheffield, Islington, Kensington, Chelsea and Coventry have all used their housing strategy to reduce to zero their use of care homes for this client group.

Of those Local Authorities who provided information, the following points are significant.

- **Middlesbrough:** See 3.2 above.
- **Rotherham:** No In-House provision for this client group but did not state what alternative was available.

4.0 COSTS

The cost of each placement at Blenheim House is as follows:

	Block Placement 2009/10 Per Week	Spot Placement 2009/10 Per Week
Long Term Permanent Care	£612	£713
Medium Term Care	£658	£747
Respite Care	£691	£768
Independent Living	£667	£756

Anticipated income of £274k is built into the budget for contributions from other Unitary Authorities accessing the facilities.

5.0 CHALLENGE

5.1. Why should we not continue to provide this service In-House?

- Long term client numbers provided with services at Blenheim are declining
- Institutionalised care recognised as not appropriate for this client group
- Income is falling/external support reducing in the face of home produced alternatives and rising costs at a time of financial constraint.
- Stockton is behind most other local authorities in the way it provides services to this client group.
- The building does not have amenities in line with current modern expectations

6.0 SELECT COMMITTEE

At the baseline information challenge meeting on 15 July 2009, the Arts Leisure and Culture Select Committee agreed with the planned way forward for the review as outlined by the Officer team. With specific reference to Blenheim House they noted:

- Consultation with affected clients must be thorough and timely throughout the process, especially in relation to Blenheim House, in view of the potential changes to service delivery for clients currently in residence.

The Select Committee/s visited Blenheim and met clients and staff. They had the opportunity to speak to a client who has lived at Blenheim for more than 14 years but is now planning, through her own initiative, to return to the community with a companion she has formed a friendship with. This companion is also a resident at Blenheim. One client is funded by Middlesbrough and the other by Stockton. The two clients are considering a move into an adapted property in Thornaby. Both LA's are supporting the move and both families of the clients are delighted at the proposition. These clients are both profoundly disabled and the success of their

move may act as a catalyst for others to follow, particularly those who have expressed a desire to lead a more integrated lifestyle in the community.

Housing Managers have identified new, adapted properties becoming available over the next year. These are situated in Thornaby, which is undertaking a 6 year development programme, Hardwick in Stockton, and a smaller scheme at Billingham. The Parkview site is also designated as a Care Plus scheme and is anticipated to be available some time in 2011.

7.0 E.I.T. CROSS REFERENCING

7.1 Transport

The EIT Review of transport services is complete although the outcome is unlikely to impact on services for this client group due to the minimal reliance on the service.

7.2 F.A.C.S

The review of Fair Access to Care is running in parallel to this review and it is recognised that any potential changes in the bandings are likely to impact on resource delivery. The picture is not clear at this stage and no decision has been made but reference to any changes will be considered as they are known.

8.0 EFFICIENCIES/ IMPROVEMENTS/ TRANSFORMATIONS

8.1. Efficiencies

Blenheim House is dependent on funding from neighbouring authorities to sustain financial liability. Although income during the last 9 months has improved, the climate of financial constraint and alternative options is a concern. By returning to the community in supported living, clients who elected to go down this route would be able to access personalised budgets, and benefits currently denied them. This income stream would offset some of the costs of their accommodation and care/support. People with profound physical disabilities would be eligible to access higher end benefits to pay for any increased rent charged, in line with their increased need.

8.2. Improvements

The greatest improvements are likely to be establishing the best service option for these clients as individuals and supporting them in whatever choice they made.

8.3. Transformation

The Care Home is transforming incrementally with time. A more enabling form of support needs to be promoted to enable new clients accessing Blenheim House to reach their potential and live as independently as possible.

9.0. PREFERRED OPTION

- To review future provision of services for long term and respite clients

10.0. RECOMMENDATIONS

- 1: Consultation regarding the most appropriate future services for current long term clients.**
- 2. Review of provision for adults with physical disabilities who require medium term or respite care services.**

11.0 S.W.O.T. ANALYSIS

Option 1 To Continue Unchanged

<p>Strengths Consistency Proven formulae Established cost structure Experience of staff delivering service Well equipped facilities Client satisfaction with service Service leader Excellent status</p>	<p>Weaknesses Inappropriate Reducing numbers of permanent clients High unit cost Fluctuating use of facilities Reliant on external income. Does not reflect some client's preferred outcomes</p>
<p>Opportunities Continuity</p>	<p>Threats Emerging regulation Central Government funding Change in Government Client demands/expectations Rising costs Lowering numbers Personalised budgets</p>

Option 2 To Outsource the Service

<p>Strengths Reduced overheads Create competition</p>	<p>Weaknesses Client/carer perception Redundancy payments Site/equipment disposal</p>
<p>Opportunities TUPE transfer Redeployment</p>	<p>Threats Failure of business Client dissatisfaction Financial constraints</p>

Option 3 To Provide Services an Alternative/Enabling Way

<p>Strengths Promote independence Skilled staff team Meet individual needs Tailor made service Client empowerment Carer satisfaction Central Government support Personalised budgets</p>	<p>Weaknesses Dependency culture Risk adverse Client/Carer concern Training need Financial dependency on other authorities Alternative options for out of area clients Expensive service</p>
<p>Opportunities Improved service delivery Radical overhaul of service Innovation Modern</p>	<p>Threats Client dissatisfaction Failure of concept Financial constraints Lack of support from other LA's</p>

PART 2: ROSEDALE

12.0 CURRENT POSITION

It is first necessary to establish the provision of care services at Rosedale. Although still registered as a Care Home, the facility is only providing long term care to 6 older people. These clients live on a unit with twelve bedrooms. 6 rooms are used for respite clients. The remaining 32 beds in the Care Home are used for assessment, discharge support and rehabilitation. The average stay for these and the respite clients is from 2 to 6 weeks only. Therefore the term care home, in the familiar context of providing long term care is possibly misleading.

With these facts in mind, the project team have primarily reviewed Rosedale as part of the Intermediate Care or enablement portfolio of services. Recognition of the care provided to the 6 remaining long term clients is made in the report but this is in the context of a diminishing service.

With reference to the enablement aspects of the services provided at Rosedale, the project team formulated two options:

1. To continue in the current direction
2. To outsource the service

12.1. Consideration of each service option

To continue would be a predictably successful formula. The service has evolved from long term care for all but a very small group of clients. Rosedale has close links with Hartlepool, North Tees and James Cook Hospitals and is considered a valued resource for people moving from acute care to the community. The option to continue in the current direction would have little impact on savings apart from any increase in health-funded services. However, it would be in line with integrated targets around reduction in hospital bed days and inappropriate hospital admissions and would enable more people to be supported in the community. Funds initially allocated for reimbursement payments have been diverted to Rosedale in order to fund transitional discharge support beds for patients medically fit to be discharged from hospital. (Reimbursement gave the health authority leave to charge the local authority £100 per day if a patient's discharge is delayed due to failure to provide appropriate care services for more than 24 hours once they are medically fit to be discharged. Stockton has avoided any charge since the introduction of this measure).

Rosedale provides services for the future. It has developed over the years as a direct response to need. The Momentum strategy will lead to a reduction in acute hospital beds and the need for a reliable discharge pathway will be even more critical. Rosedale is positioned to build on its success and continue the development of service to fill this eventual gap.

Clients receiving In House services have historically rejected or opposed transfer to alternatives not directly provided by the Council. The opportunity for independent agencies to take over these enablement services is limited because of their diversity, and the range of care provided. The same operational constraints that are impacting on the Council would similarly impact on any alternative provider. TUPE transfers of staff have not been well received by employees in the past.

Outsourcing the service would have savings in terms of lower unit cost, but customer satisfaction is likely to be lowered initially if not permanently, as the perception of reliability and quality is often associated with Council run services rather than independent provision whether justified or not.

Consideration would also need to be applied to the future care of the 6 remaining long term residents, two of whom are over the age of 100.

12.2 Current Provision

Most Council's have successfully diversified into enabling / Intermediate Care Services and have outsourced all of their basic Care Home services.

Rosedale is the sole provider in Stockton of mixed care services dominated by enablement and therapy assisted rehabilitation.

12.3 Consultation

Regular client and informal carer satisfaction surveys are carried out when clients leave Rosedale. The findings from these surveys is contained in the Baseline Report of 15 July 2009. The Care Home has consistently been designated excellent by CQC.

12.4 Research

The findings of the IDeA identify a general pattern across all authorities in that they concentrate on '*high impact and high value In-House provision in areas of specific local authority expertise where it can compete effectively, or where commercial pressures do not provide for as effective an outcome*'.

Independent research on other facilities established across the country shows that Enabling /Intermediate Care Centres have a distinct advantage by supporting more people in the community and reducing hospital bed days and admissions to care homes.

- Grampian House Peterlee has developed a Local Authority Care Home into an intermediate care setting similar to Rosedale
- Middlesbrough Intermediate Care Centre was also a LA Care Home which has been re-designed to provide therapy, rapid response and rehabilitation to clients in a Care Home setting.

13.0 COSTS

The recommendation to continue in the current direction means there will be no savings identified at this stage. However, there is the potential to secure additional funding from Health for the use of beds in Rosedale for discharge support.

14.0 CHALLENGE

14.1 Why should this service remain at Rosedale?

The services provided at Rosedale have evolved over a number of years and a great deal of hard work has gone into the expertise of delivery and management of them.

Systems of working in a rapid turnover service, where errors or omissions can have a severe impact on clients, need to be consistent and reliable. The managers and staff at Rosedale have applied themselves in the task of delivering a highly professional and valued service. Reproduction of the infrastructure would be entirely possible in alternative settings but replication of the culture and consistent high standards is less predictable.

Rosedale, as a Council run service, serves the community by reducing admission to permanent care and ensuring timely discharge from hospital is facilitated. Therapy input for clients admitted to Rosedale identified as being in need of permanent residential care has been a visible success. Of the 386 clients admitted between April 2006 and September 2009 for assessment, in excess of 30% (131) were discharged back to the community.

14.2 What considerations need to be made in respect of the six long term residents?

There are currently 3 ladies and 3 gentlemen in receipt of long term care at Rosedale. The three ladies are of very advanced age and extremely frail while the three gentlemen are younger and more able.

There is a strong political will to continue to provide services to these clients for the foreseeable future but should the three ladies no longer require services at Rosedale there is an opportunity to look at the care needs of the three gentlemen in an alternative way. They currently access the community for social needs and with the right level of support could possibly return to the community. This proposition could be made to the gentlemen as part of a routine review of service provision and should the will be there to live more independently, a programme of re-enablement introduced in readiness for the move.

It is, however recognised that caring for long term clients when numbers are in decline can be unsettling for the client, and the respite care component of the unit where they live would need to continue to off set any potential isolation.

15.0 SELECT COMMITTEE

No recommendations were made in respect of Rosedale. The Select Committee were unable to visit the Care Home on 6 January 2010 due to unforeseen circumstances

16.0 E.I.T. CROSS REFERENCING

16.1 F.A.C.S

Although the review of the criteria for FACS is underway it is unlikely to impact on the services provided at Rosedale due to their re-enablement component. Respite services may be affected but as this is seen as a preventative measure to support community living it is similarly unlikely.

17.0 EFFICIENCIES, IMPROVEMENTS AND TRANSFORMATION

17.1 Efficiencies

Although this is an expensive service, community services are not a cheap alternative to acute hospital care. Because it is a high priority, Rosedale has attracted

funding from the PCT to support the overall aim of preventing inappropriate hospital admissions and reducing hospital bed days. Additional funding is possible through Momentum, to develop community services further, in order to increase capacity to compensate for the reduction in beds at the proposed new hospital.

Re-enablement at Rosedale has also prevented in excess of 30% of clients, who were initially assessed as needing a care home placement, from being admitted to care homes.

17.2 Improvements

Rosedale has three units providing rehabilitation, assessment and discharge support. The Home lends itself to further development through the small unit configuration. This permits specific services to be delivered to clients with differing needs while retaining the overall emphasis on re-enablement and community care.

17.3 Transformation

This is an ongoing situation whereby a former Care Home for older people has successfully transformed into a multi function re-enablement facility. There is no reason to believe that this will not continue as unmet needs are identified and services evolve to meet that need.

18.0 PREFERRED OPTION

- To continue in the current direction

19.0 RECOMMENDATION

- 1. To continue to develop Rosedale as an integrated Intermediate Care Centre. (Enablement)**
- 2. For Commissioners to explore the concept of increased financial support from Health in order to provide alternative services under the Momentum strategy.**

20.0 SWOT ANALYSIS

Option 1 - To continue in the current direction

<p>Strengths Consistency Proven formulae Established cost structure Multi-disciplinary working with therapy, nursing, community matrons established. Training and experience of staff delivering service Client satisfaction with service Reliable</p>	<p>Weaknesses High unit cost New proposed hospital facilities away from Rosedale</p>
<p>Opportunities New service development Reduce risk of costs associated with delayed discharge from hospital Links to new integrated health services in Stockton eg Alma site Support the Momentum initiative with anticipated reduction in hospital beds.</p>	<p>Threats Emerging regulation Central Government funding Change in Government Client demands/expectations Rising costs</p>

Option 2 - To outsource the service

<p>Strengths Reduced overheads</p>	<p>Weaknesses Client/carer perception Commercial culture Redundancy payments Expertise and skills of staff may be lost to the clients</p>
<p>Opportunities TUPE transfer</p>	<p>Threats Failure of business Client dissatisfaction Financial constraints</p>

INDEPENDENT CARE HOME PROVISION

Private Sector Care Home Provision within the Borough of Stockton-on-Tees for adults with physical disabilities

Current Provision

There is currently no private sector investment regarding purpose built Care Home provision for people with physical disabilities. There are a number of older people care homes that have a category within their registration to cater for a very small number of people with physical disabilities. However, placing a young adult into accommodation which is set up to cater for a much older client group is not necessarily viewed as an ideal option.

Overall in Stockton, we have 945 (31 March 2009) supported people in permanent residential and nursing care across all client groups. Of these, just under 3% are in local authority provision.

The Majority of these clients are those with physical disabilities (524 at 31 March 2009), and most are over 65 (only 31, just under 6%, were 18-64).

Overall, the gross total cost for LA provided residential care for older people in the year to 31 March 2009 was just over £2.2m (unit cost of £2,143 as calculated in PSSEX1). The same care provided by others for the same period was just under £13.6m (unit cost of £434 s calculated by PSSEX1).

Costs

Current agreed contracted rates for people with physical disabilities who are placed into older people care homes are as follows:-

Grade 3	£356	per week per person
Grade 2	£381	per week per person
Grade 1	£420	per week per person

The grading system is based on environmental factors within the care home, for example a Grade 1 Care Home would have en-suite facilities.

Future Provision

A private provider (Four Seasons Healthcare) are in the process of altering part of an existing care home (Willow View Care Home with dementia provision) to cater for clients with physical disabilities. The Care Home is looking to appeal to a younger market, for example they will be installing the internet. The provision is for up to 8 people and the residency mix would be made up of both long term residency and medium/short term respite. The Care Quality Commission who has the responsibility for registration of care homes have yet to give their seal of approval to these alterations but are aware of the work in progress

A site visit was made to the premises on 14 October 2009. Whilst this intended provision is helpful in that it adds to choice, particularly for respite clients, it was noted that it is not purpose built. It was thought that clients currently residing at Blenheim are accustomed to a higher standard of facilities such as communal space.

HOME CARE SERVICES

OPTIONS PAPER

2009

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1.0 Executive Summary

Stockton Borough Council supports an In-House Home Care service. The service discussed in this report provides personal, social and therapeutic care to clients in the community. Provision of services will have been determined following an assessment of need identifying this mode of service delivery as appropriate for the client, or to provide carers with support in their caring role. Although the Council has a statutory duty to provide services to address assessed needs, provision of those services does not have to be by the Council.

The 2009/10 allocated budget for this service was £1,383,072

All budgets exclude capital charges and support service costs.

There are currently 41 clients accessing the service. These clients are all in receipt of 10 or more hours of provision each week. Client contributions for the services are dependent on an individual financial assessment.

The analysis by TRIBAL/CIPFA in 2009 stated:

Stockton-on-Tees has decreased its In-House provision of home care twice as fast as the National average. However, since 2006 the reduction in the number of care staff and clients has been entirely through natural events.

Home Care services are delivered extensively by independent preferred providers. The care packages they provide are intensive and comparable to the In-House service. Commissioners have robust contractual arrangements in place which represent value for money. As registered services they are all regularly inspected by the Care Quality Commission (CQC) and are subject to the regulations laid down in the minimum standards for service delivery.

The In-House service is currently assessed as delivering 2 star good services.

This review recognises and acknowledges the potential impact of the corresponding FACS E.I.T. review and the roll out of self directed support through personalised budgets.

The E.I.T. Review of In-House Home Care services is influenced by the reducing client population and recognition that as a high cost provision it must deliver a high impact service to justify its position. There are no plans to accept new referrals to this service during the EIT review.

Recommendations for the In-House Home Care Service:

- 1. To transform the service to an enabling service with specialist Home Care support for specific groups of clients**
- 2. To consider the most appropriate delivery of Home Care for existing clients whose requirements do not meet the criteria of the new service provision.**

2.0 CURRENT POSITION

Stockton currently provides approximately 900 hours of assessed care to 41 clients by 51 employees. Approximately 10,000 hours are commissioned through Independent preferred providers through block contracts and additional spot contracts as required.

New referrals to the In-House service ceased in 2006, initially in order to decrease the overall capacity of the service from 2200 hours per week to 2000 in order to reduce In-House costs. Over the next 12 months client numbers fell naturally and workforce numbers fell at a very similar rate without any intervention.

This strategy then had to continue due to the inflexibility of the bulk of the Home Care Assistants who were contracted to work mornings and early afternoons exclusively. This resulted in an over provision of available staff hours for these periods, but insufficient for evenings and weekends. CQC expects registered services to be able to provide the assessed care needs identified for the clients within the service capacity. Managers of the service were increasingly having to allocate overtime rates of pay to staff who were willing to work these anti-social times, while at the same time having to fund alternative day time work for the staff who's contracts they were unable to fill. Under these circumstances the cost of the service escalated.

Client numbers continued to fall but similarly so did the number of staff prepared to work flexibly. By January 2009 the service was providing 1200 hours of care per week and had 1500 available staff hours. In February 2009, officers and HR developed a more flexible work pattern for all staff which required them to work on a rotational system thereby sharing the work load evenly.

These new terms and conditions of service were agreed with the trade unions, and implemented on 4 May 2009. Unfortunately there has been a resistance to change from some of the workforce, despite a collective agreement, and the efficiencies expected with the more flexible ways of working are proving problematic. Sickness absence continues to be high with it peaking at almost 30% of the workforce absent due to sickness for over 6 months in 2009/10 with overtime and the use of agency workers needed to maintain service delivery. The objectives of the review have yet to materialise.

In relation to the EIT review, the project team formulated three options for this newly restructured service which were:

1. To continue unchanged
2. To outsource the service
3. To provide alternative services.

The In-House Intermediate Care Support Service accepts referrals from hospital or the community to provide therapy led rehabilitation to clients in the community. This service enables clients to remain in their own home rather than being admitted into hospital following an illness or accident. Similarly clients are able to be discharged from hospital once they are medically fit and receive up to 6 weeks free service to increase their independence and improve their self help skills. This enabling service reduces clients' length of stay in hospital thereby reducing the possibility of increased dependency.

2.1 Consideration of each service option

Continuing unchanged would infer that no more clients were accepted, and the service was managed in its decline. If this were the case, it would be difficult to maintain the balance of workers to client requirements and this would not be a satisfactory development. Costs would rise and the service would reach a stage where it was untenable to continue.

Alternatively the service could be reopened to new referrals up to the level of available staff contact hours. Recruitment to increase the size of the workforce or to prevent further reduction would need to be considered in this option.

The service is not cost effective and therefore needs to justify its position. Preferred providers who have contracts to deliver care to clients referred by Council Care Managers are providing services which are comparable in complexity to the In House service. Accepting new referrals would commit the Council to an expansion of what is already identified as a high cost, low impact service.

Clients who receive In House services have historically rejected or opposed transfer to alternatives, not directly provided by the Council. The opportunity for independent agencies to increase their capacity is recognised within the constraints that there are a finite number of Home Care Assistants who regularly move from one provider to another, but overall numbers have rarely increase significantly. Within the current financial climate workers who would not have historically been attracted to this type of work may now do so and increase this availability.

Service provision by independent providers can be of a very high standard but adverse media coverage of poor practice dominates and colours perceptions. The lack of an In House service may increase the negotiating capacity of independent providers and this would need to be managed by commissioners through robust contractual agreements. In House employees are likely to be resistive to TUPE transfer should that be applicable.

Direct payments, self directed support (personalised budgets) and other similar concepts are being introduced. But older people are unfamiliar with the concept of managing their own care needs. Familiarity, awareness of the benefits, operational results and high levels of support, should increase the uptake of this initiative and this could have the effect of reducing services currently provided In House.

There are currently only 41 clients receiving services In House. The future care of these clients would need to be determined if they were not receptive to self directed support. Independent provision could be commissioned and transfer facilitated. This would free the service to be developed in an entirely different way.

The strategy of a phased withdrawal from basic Home Care provision into alternative services should be considered.

2.2. Service Diversification

Early consideration of options for service diversification, based on research and the potential to develop workforce skills, suggests that transforming to an

enabling service with specialist home care support for specific groups of clients would be complimentary to the intermediate care service and add value in terms of service quality to clients and 'value for money' for the Council.

Several options are available to the current In House staff team to diversify when the number of hours required and the associated cost structure is established. Care to end of life clients in their own home has been undertaken by In House services in the past and it was an extremely good service which was highly regarded. This is an area where highly trained experienced care staff can realise their potential and release health partners to concentrate on the nursing aspects of care provision.

The introduction of a rapid response team to undertake the initial service delivery to clients leaving hospital, or following an illness or accident in the community, could also be considered. The team would stabilise the care package and work with the client in an enabling way to increase independence and self help skills. It is likely that the formula currently adopted by the Intermediate Care service would be mirrored in that a review of the client's care needs would be undertaken after 3 weeks and, if improvement was evident, the service would continue for up to a further three weeks to maximise the client's potential before transfer to an independent provider.

Clients accessing this service would be assessed as not requiring therapy input, therefore differentiating this service from the Intermediate Care service. It would however ensure that prior to transferring to the named independent provider, the care package was stable and at the optimum level of delivery. Any reduction in service requirement from the start to the completion of the intervention would be an overall saving to the service. Similarly any decrease in assessed need could potentially reduce the client financial contribution to the service.

An In-House service is also likely to have an increased incentive to maximise a client's independence over a contracted service where the same incentive would reduce income.

This service could also support the current Intermediate Care Service at times of high demand which would reduce the possibility of incurring charges through delayed discharge.

Current clients who's needs do not meet the new service provision will need to be considered on an individual basis to determine the most appropriate delivery of Home Care services to meet their care requirements.

2.3 Client Satisfaction

Service user satisfaction would be likely to remain constant for the foreseeable future if services remained unchanged, but if no new client referrals were accepted the logistics of continuing to provide a service with reducing numbers and increasing costs would be untenable. The uncertainty of continuation would be likely to cause prolonged concern for both clients and staff.

If the service was outsourced, whether justified or not, customer satisfaction would be likely to be lowered initially as the perception of reliability and quality is often associated with Council run services rather than independent provision. In the longer term acceptance of independent agencies as the only source would

register with clients and comparison would not be an issue. Quality would be monitored through commissioners and regulatory bodies.

The previous restructure of the service in 2000/2002 necessitated the transfer of 150 clients from the In-House service to independent provision. This action increased the uptake of direct payments and some clients subsequently employed familiar carers. This could happen again, but the current client group retained in this service are very frail and likely to be incapable of managing a direct payment without support.

New clients taking up the offer of self directed support will not have the historical service as a comparator so are likely to be satisfied as the alternative is tailored to suit their specific circumstances.

2.4 Consultation

No consultation has taken place to date with clients or informal carers. A member of the EIT project team has attended team meetings in order to raise awareness of the EIT programme and to discuss the impact on services during this period of financial constraint.

Full consultation around potential options for the service will take place if the recommendations are approved.

3.0 RESEARCH

3.1 IDeA

The IDeA research report on In-House Home Care identifies a move by an increasing number of local authorities to specialist, enablement or rapid response services. It states that the EIT review will provide an opportunity to '*establish ways to increase effectiveness and improve outcomes*'. Furthermore it states:

'Independent and private providers cannot be the sole source of adult social care support. This is a high risk strategy and provides no fall back position in the event of failure to comply with contract specification or with supplier'.

'The local authority has a clear role to play in providing high impact, high value and added value services alongside other providers'.

'Unit cost alone should never be the sole driver for commissioning adult social care services. It is important to achieve an appropriate balance between achieving positive outcomes and unit cost'.

'Typically in-house local authority home care is more and more focussed on interventions such as:

- *Support to achieve stabilisation of the situation and/or condition for example crisis or fast response, typically up to six days duration*
- *Short term re-enablement maximising independence or preventing admission to hospital or care in the short term, typically up to six weeks duration*
- *Support to specialist user groups (e.g. older people with complex mental health problems), this is an area where longer term support is still provided'*.

Middlesbrough Borough Council has not retained any In-House Home Care provision. A small rapid response team undertakes the initial care of a new client until a timely transfer to an independent provider is implemented.

3.2 Social Policy Research Unit (SPRU) University of York

A study carried out by SPRU funded by the Department of Health, looked at the longer term impact of Home Care enablement services by studying five well established enablement services. A number of factors were identified that contributed to a successful enablement service. They included:

- Staff commitment, attitude, knowledge and skills.
- Clients who were considered to be better able and more motivated to work in specific goals
- A strong vision and shared understanding of the aims and objectives of enablement, both in the enablement team and the Care Managers and NHS personnel. Flexibility over the timing, duration and content of home visits
- Adequate capacity within independent providers to accept new referrals promptly if ongoing care was required.

It was noted that by widening the scope of the service to accept all clients apart from those with terminal illness or advanced dementia, the impact of enablement was limited for those who had less potential to improve. The service was provided for a few days up to several weeks and was reliant on prompt supply of equipment.

4.0 COSTS

As the In House service diminished, the budgeted hours were also reduced. The hours budgeted for in 2006/7 were 2,200 per week and have now reduced gradually to 1,375 per week in 2009/10. This has created savings of approximately £365k over the 4 years. These savings have been used in part to offset the increase in hours and costs of Independent Sector Home Care provision.

Future costs to be identified

5.0 SELECT COMMITTEE

At the baseline information challenge meeting on 15 July 2009, the Arts Leisure and Culture Select Committee agreed with the planned way forward for the review as outlined by the Officer team.

6.0 E.I.T. CROSS REFERENCING

6.1 Transport

The EIT of transport services is complete although the outcome is unlikely to impact significantly on the Home care service directly. It could, however impact on Home care clients who attend day care services

6.2. F.A.C.S

The review of Fair Access to Care is running in parallel to this review and it is recognised that any changes in the bandings are potentially likely to impact on resource delivery. The picture is not clear at this stage and no decisions have been made but reference to any changes will be included as they become known.

7.0 EFFICIENCIES/ IMPROVEMENTS/ TRANSFORMATIONS

7.1 Efficiencies

Efficiencies can potentially be made through the intervention from the new rapid response enabling team working to reduce client dependency on care services. This will need to be balanced with the care needs of current service users. The cost of each package of care would increase if they were to be commissioned from an independent agency without a comparable reduction in the In-House budget. If client transfers were unavoidable, TUPE arrangements would also need to be considered to avoid duplication of costs.

It is accepted that the In House Home Care service is a high cost provision. With the willingness and commitment to be flexible and work in different ways it would be possible to enhance the skills of Home Care Assistants to enable them to work with clients to maximise their independence. This will, in turn, reduce the cost of each package and alleviate, or delay, Care Home admission.

If end of life care, working with health colleagues, is also part of the team's portfolio, clients will be supported to remain in their own homes with their family close by them rather than being admitted into hospital.

7.2. Improvements

The greatest improvements are likely to be linked to the streamlining of the care pathway for clients and the avoidance of unnecessary stress that often accompanies admission to hospital.

7.3. Transformation

The move from traditional service delivery to an alternative rapid response/ end of life/specialist care concept will transform the service into an outcomes based provision.

8.0 PREFERRED OPTION

- To provide alternative services

9.0 RECOMMENDATIONS

- 1 To transform the service to an enabling service with specialist Home Care support for specific groups of clients**
- 2 To consider the most appropriate delivery of Home Care for existing clients whose requirements do not meet the criteria of the new service provision.**

10.0 S.W.O.T. ANALYSIS

Option 1 To continue unchanged

<p>Strengths Consistency Proven formulae Established cost structure Experience of staff delivering service Well equipped facilities Client satisfaction with service Service leader Excellent status</p>	<p>Weaknesses Inappropriate Reducing numbers of permanent clients High unit cost Under use of facilities Reliant on external income. Does not reflect some client's preferred outcomes</p>
<p>Opportunities Continuity</p>	<p>Threats Emerging regulation Central Government funding Change in Government Client demands/expectations Rising costs Lowering numbers Personalised budgets</p>

Option 2 – To outsource the service

<p>Strengths Reduced overheads Create competition</p>	<p>Weaknesses Client/carer perception Redundancy payments Site/equipment disposal</p>
<p>Opportunities TUPE transfer Redeployment</p>	<p>Threats Failure of business Client dissatisfaction Financial constraints</p>

Option 3 – To provide alternative services

<p>Strengths Reduced overheads Meet individual needs Tailor made service No Waste Client empowerment Carer satisfaction Central Government support Personalised budgets Proven concept</p>	<p>Weaknesses Redundancy payments Site/equipment disposal Client/Carer concern Financial limitations</p>
<p>Opportunities Improved service delivery Radical overhaul of service Innovation Competition</p>	<p>Threats Client dissatisfaction Increased social isolation Failure of concept Financial constraints Central Government support</p>

APPENDIX 1: Original Brief

<p>1</p>	<p>Which Services are Included</p> <p>Older People’s Day care Services STEPS at Tithebarn Service Adult/Older people’s Residential Care Home Services</p> <ul style="list-style-type: none"> - In-House Provision - Independent Commissioned Provision <p>Home Care Service</p> <ul style="list-style-type: none"> - In-House Provision - Independent Commissioned Provision - Intermediate Home Care Support
<p>2</p>	<p>The thematic Select Committee’s/EIT Project Team overall aims and objectives in undertaking this work.</p> <p>To identify options for future strategy, policy or service provision that will deliver efficiency savings and or sustain improved services with quality outcomes for residents of Stockton Borough. To identify transformational actions to support such efficiencies and/or improvements.</p>
<p>3</p>	<p>Key Milestones/Expected duration of enquiry 12 months</p> <p>EIT Board: 22 May 2009</p> <p>Select Committee to receive project plan and agree Gateway approach: 3 June 2009</p> <p>Select Committee to conduct Gateway challenge of Baseline Information (Priority work): 15 July 2009</p> <p>Identify opportunities for efficiencies and improvements: November 2009</p> <p>Review and select best options: December 2009</p> <p>Select Committee to conduct Gateway challenge of selected options: February 2010</p> <p>Report to Cabinet with recommended EIT options</p>
<p>4</p>	<p>In addition to analysis and benchmarking costs, performance, assets etc, what other processes are likely to be required to inform the review? (e.g. site visits, observations, face to face questioning, telephone survey, written questionnaire, co-option of expert witnesses etc)</p> <p>Detailed baseline challenge documentation including legal framework Research into alternative practice/experience in other local authority areas Legal advice as appropriate</p>

	<p>Site visits to alternative care providers IDeA research Tribal Cipfa research.</p>
5	<p>How will key partners and/or public be involved and at what stage?</p> <p>Following Cabinet approval to consult</p> <p>15 May 2009 for Day Care Services (Alma Centre and Halcyon Sites)</p>
6	<p>Please give an initial indication how transformation will enable efficiencies and improvements to be delivered by this EIT review?</p> <p>Efficiency savings are anticipated by delivering services in an alternative way and/or de-commissioning where appropriate.</p> <p>Improved service delivery is anticipated through new initiatives such as extra care and the personalisation agenda.</p> <p>This EIT review will need to take account of FACS and Community Transport outcomes as well as efficiency options identified from within each service. It is also influenced by the proposal for an integrated Health facility on the current Alma Street site. Trends and statistical information will be an integral part of any decision making as well as costs.</p>

APPENDIX 2

IDeA findings adult social care EIT Final draft briefing

1. IDeA was commissioned to provide background research for a review of adult home care and residential provision for adults with profound physical disability. A third issue, day care provision, was omitted from the research following discussion with lead officers.
2. This report is in final draft format and presents our findings for your consideration.

Context

3. We would like to emphasise three points at the beginning of this report
 - Stockton is starting from a strong position in terms of adult social care services as evidenced by external validation and inspection.
 - It is important to state that efficiency (a steady or reducing cost base) is not possible without improvement, if not transformation, of the way services are organised and delivered.
 - Change in the way the adult care service is organised and delivered is inevitable.
4. The EIT review provides an opportunity to test out theories and thinking in order to
 - Meet the emerging government agenda for adult social care
 - Address the inevitability of increasing demand and rising costs
 - Establish ways to increase effectiveness and improve outcomes.
5. The policy direction from central government and current cost pressures mean that the traditional local authority role as the major or even sole provider of services is neither viable nor desirable. In the future the local authority will have to move to become one of the key players in a mixed economy of adult social care provision. The local authority has a key role to play in stimulating and developing this market.
6. In the field of adult social care, the best way forward is still open to debate. Whilst it is useful to look at existing good practice it must be borne in mind that in the future adult social care departments will have to meet a number of challenges including rising demand, expectations and costs, individual budgets, personalisation and choice. A service in which the user holds their own individual budget and chooses to purchase services from a range of providers will be a very different one from where we are today. Local authorities will have to incorporate advocacy and brokerage as well as assessment and delivery. They will be increasingly involved in shaping the market and partnership working as much as, if not more than, the delivery of services.
7. In July of this year the government issued a care and support green paper – ‘Shaping the future of care together’. This aims to make adult services ‘fit for the challenges of twenty first century and address the increasing demand from an ageing population and escalating costs’. It also aims to

introduce a 'nationally consistent system of assessment'. These proposals once enacted will further affect the future direction of adult social care.

Overarching issues

8. Our research concludes that,
 - Independent and private providers cannot be the sole source of adult social care support. This is a high risk strategy and provides no fall back position in the event of failure to comply with contract specification or with supplier
 - The local authority has clear role to play in providing high impact, high value and added value services alongside other providers
 - Unit cost alone should never be the sole driver for commissioning adult social care services. It is important to achieve an appropriate balance between achieving positive and unit cost.

The keys to success are

- To play an active role in developing and managing the local social care market.
- To accurately define the appropriate domains of intervention for the public and private sector
- To involve users of services, and their families, as equal partners in any change programme.

By so doing it should be possible to achieve an effective partnership with the independent sector where higher cost but little or no added value in house services are outsourced but high impact and high value in house provision is maintained in areas of specific local authority expertise where it can compete effectively or where commercial pressures do not provide for as effective an outcome.

The examples we provide from our research can shed light on this balance.

9. Two useful sources of information are a LGA/ADASS survey of progress on personalisation published in March 2009, and the NWJIP and NWIEP which are jointly developing a project together with SCIE to 'improve knowledge and evidence for improvement to deliver transformed personalised social care services'

Home care

10. The LGA and ADASS both informed us that the vast majority of local authorities have, in some cases severely, stripped back in-house home care provision and the norm is now to act as commissioners of external providers for all but more specialised provision.
11. The key to balanced and effective home care services is to define which roles the local authority and the independent sector can each best perform. Typically in-house local authority home care is more and more focussed on interventions such as
 - Support to achieve stabilisation of the situation and/or condition for example crisis or fast response, typically up to six days duration

- Short term re-ablement maximising independence or preventing admission to hospital or care *in the short term*, typically up to six weeks duration
 - Support to specialist user groups (e.g. older people with complex mental health problems), this is an area where longer term support is still provided
12. The traditional role of providing generalised home care support that has been a feature of all authorities for many years can usually be delivered at reduced costs by external providers. The main caveat here is to ensure effective long term stability of the provider(s) chosen, through strong risk management assessment, and to continuously monitor contract compliance, especially at the level of individual clients. Current electronic systems facilitate this more effectively than has been the case in the past. Wakefield provides an excellent example of developing and enabling the home care market, effective procurement and contract compliance and their work on building quality and sustainability within the local independent home care sector was written up as a DH/CSIP case study.
13. Sandwell and Oldham are both good examples of services that have undertaken a significant renewal of home care provision. This has included a refocus of in house services around fast response, short term re-ablement and specialised client groups, extensive outsourcing of 'traditional' home care delivery and negotiation of new and enhanced roles for in house home care staff. In both cases specialised practitioner roles have been developed and such staff development opportunities can balance other changes to service conditions. Traditional home care is now most likely to be via an external provider in both these authorities. In the case of Oldham re-ablement services had initially been in house were then outsourced but it was found that service quality by the external provider was not to the required quality standard and so there has been a move away from outsourcing re-ablement. Oldham was one of the first In Control pilots so home care services have been reconfigured in the context of individual budgets over a number of years. As such Oldham can shed light on the challenges and potential of individual budgets for home care services. Although there was an expectation of substantial savings to ensue from individual budgets this is not necessarily always the case. In the case of Sandwell the short term re-ablement service has been developed in the context of £1 million pa agreement with the PCT. Again this provides a useful example of ways to ensure sufficient funding to maintain or improve outcomes and quality of provision. Sandwell have worked with the PCT to develop indicators to measure impact of specialised home care support.
14. Other authorities where experience can be gleaned include Manchester where 60 -70% of in-house provision is said to be focussed on re-ablement, Leicestershire, where there is collaborative training and development for social care and Lancashire County Council and Calderdale.

Residential care severe physical disability

15. The provision of residential accommodation for severe physical disability is also an area where policy and practice are subject to wide ranging review. The LGA and ADDASS believe that the number of authorities who continue to offer such residential provision will diminish. The cost of such placements is typically very high and they are not viewed as offering an appropriate environment.
16. More and more authorities are using supported housing as the preferred model rather than residential care, often in partnership with the voluntary sector or housing associations. A recent beacon award highlighted a number of authorities (Middlesbrough, Enfield and Barking and Dagenham) where there was good practice in relation to independent living for disabled adults. We

highlight these and others within this report. ADASS have offered to use their physical disability network to ask for examples of authorities who are on a similar journey. ADASS could also provide additional background in the decision making and implementation of a change programme via the Housing Special Interest Group whose lead is an officer at York City Council.

17. Community based supported housing schemes are generally aligned with the development of direct payments, individual budgets and personalisation. Service users will often will hold a tenancy of their own, have a delegated individual budget and purchase individual support across a variety of providers, including the local authority. Many are developed in partnership with housing associations or voluntary sector organisations.
18. Those authorities who have implemented such schemes have undertaken a major change programme to refocus provision. There will inevitably be a long development phase with partners, tender arrangements will need to be established to identify and set up partnership arrangements, the tenancy arrangements for housing schemes finalised and a support infrastructure established.
19. In the London Borough of Barking and Dagenham the change programme from residential provision to supported tenancies took over three years. They advise authorities undertaking this journey to avoid recreating a replication of a residential unit in a community based multi tenancy site. The fact that disabled people are tenants and have control of a budget for their care needs emphasises the shift away from an institutional setting. Their major success at the conclusion of a long improvement journey was to establish a real example of individualised care, where there are certain pooled elements of each person's budget, where costs can be minimised by cooperation with other tenants with similar needs, with a typical 25% of the individual budget reserved for more individualised care and support. The bulk of the more individualised care packages focus on routine daily living tasks. Independent advocacy supports the disabled adults through the process of deciding and agreeing appropriate support packages. There were around fifteen original residents who moved into the new scheme.
20. Bradford has developed a similar but slightly larger scheme, at Westwood Park, as part of a larger owner occupied housing development. Twenty of the original 26 residents are in the scheme which also provides accommodation for 31 other residents with a wide range of physical impairments alongside private housing. This scheme was developed in partnership with a housing association. Dependency levels have reduced once people moved out of residential care and the disabled people have been able to exercise real control over their lives. Success factors include involving the disabled person their family and the local community from the outset and ensuring residents were well prepared for the move.

Similar schemes operate successfully in Kensington and Chelsea and in Islington. Coventry has used their housing strategy to reduce to zero the use of residential care by the development of extensive extra care provision. Sheffield are at the outset of a major partnership programme with a housing association to develop small community based housing schemes, the first of which are now coming on