

Corporate and Social Inclusion Select Committee

EIT Review of Commissioned Carers and Independent Living Services



May 2012

Corporate and Social Inclusion Select Committee
Stockton-on-Tees Borough Council
Municipal Buildings
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SELECT COMMITTEE – MEMBERSHIP

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Councillor Tracey Stott (Vice-Chairman)

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ACKNOWLEDGEMENTS

The Committee thank the following contributors to this review:

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Staff and clients of Independent Living Centre, Tithebarn; Aspen Gardens; George Hardwick Foundation; Trinity Gardens; Shopmobility (Stockton Mobility Centre); Bridge House Hostel; St James House; Eastern Ravens; Hindu Cultural Society; and Tees Valley Housing – Cedar House sheltered accommodation.	

Foreword

In the third year of the Efficiency, Improvement and Transformation (EIT) review programme the Committee faced probably its toughest challenge. We examined services for carers that help and support them, and ensure that they are able to look after themselves as well as those they care for. We also investigated independent living services that provide choice and control over the assistance that some people need to go about their daily lives whilst also ensuring they have an equitable access to housing, transport and mobility, employment, education and training and socialising opportunities.

In the current financial climate Stockton Council's EIT programme has ensured that value for money is achieved for the various services we provide or commission and this review had the same goal. The financial savings to the Council will be achieved, in part, by securing funding from NHS partners, so that appropriate service levels are maintained as far as is possible.

Committee Members were given the opportunity to visit service providers and facilities and received presentations focused on other services, when a visit would not have been appropriate, so that we were more aware of the way in which our recommendations might impact on future service provision. We would like to extend our particular thanks and appreciation to everyone we met when we went out to visit various establishments in Stockton and North Ormesby, Middlesbrough. You can read our findings in appendix 3 of this report.

We would also like to thank the officers who provided support to the Committee during this review who are dedicated to providing the best services possible for Stockton Borough residents.



Councillor Stoker – Chair, Corporate and Social Inclusion Select Committee



Councillor Stott – Vice-Chair, Corporate and Social Inclusion Select Committee

Summary

1. The majority of services within the scope of this review were commissioned from ring fenced grants that came to an end on 31.3.11. The report provides background to the relevant grants and their strategic context. 99 contracts fall within the scope of the review and have been subject to analysis in relation to strategic intent, cost comparison and quality of service provision. The recommendations are expected to form the basis of commissioning plans for ongoing service and support provision.
2. The review forms part of a three year programme of EIT Reviews covering all services provided by the Council. The programme aims to ensure that all services are reviewed in a systematic way so that they are provided in the most efficient way, give value for money and provide opportunities for service improvement and transformation.

Background

3. The majority of services within the scope of this review were funded through ring-fenced grants until 31.3.11. The grants were:
 1. Carers
 2. Supporting People (SP)
 3. Stroke
4. The services commissioned through this grant funding are not strictly defined as social care services, but they support social care priorities. There are a number of national and local strategies relating to adult social care, including:
 - *A Vision for Adult Social Care* (DH 2010) and *Adult Social Care Outcomes Framework* (2011).
 - *Valuing People Now* (Strategy for People with Learning Disabilities DH 2009)
 - *Mental health Outcomes Strategy: No Health Without Mental Health* (HM Government 2011)
 - *Living Well with Dementia: a National Dementia Strategy* (DH 2009)
 - *Stockton's Older People's Strategy* (2008)
 - *Recognised, Valued and Supported* (Carers' Strategy, DH 2011)
5. These strategies encompass the principles of personalisation, social inclusion, maximising independence, access to good quality information, advice and advocacy and joint working across agencies to achieve the best outcomes for service users. There is also a drive to increase the choice available to service users and to reduce reliance on traditional services, for example by increasing the use of assistive technology, including Telecare.
6. It has been identified that a number of the contracts within the scope of this review are not sufficiently outcomes focused, which is an explicit requirement of

the new framework for adult social care, set out in *A Vision for Adult Social Care 2010*:

7. This vision sets the new agenda for adult social care in England, stating:

We want to make services more personalised, more preventative and more focused on delivering the best outcomes for those who use them (*A Vision for Adult Social Care 2010*).

8. The *Adult Social care Outcomes Framework 2011* sets out a number of outcome statements, including:

- People live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information.
- Carers can balance their caring roles and maintain their desired quality of life.
- People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.
- People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

Detail

Strategic framework

9. Stockton's carers' and independent living strategies were produced in 2009 and 2010 respectively and encompass the strategic intent of the Council.

Carers

10. The Carers' grant was allocated to address the priorities of the national carers' strategy, which were to:

- Improve information about Carers and for Carers
- Improve assessment of Carers' needs
- Improve support for Carers to carry out their caring role
- Improve support for young Carers, designed for their particular needs.
- To put carers at the heart of future service planning and evaluation.

11. In Stockton's carers' strategy a carer is defined as someone who provides a substantial amount of care on a regular basis to people who require support to maximise or maintain their independence.

12. The term 'carer', used throughout this report signifies an adult carer.

13. Young carers are defined as children and young persons under 18 who provide, or intend to provide, care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility that would usually be associated with an adult. The person receiving care is often a parent but can be a sibling, grandparent or

other relative who is disabled, has a long term illness, mental health problem or other condition connected with a need for care, support or supervision.

14. In 2008 the Council commissioned NWA Social and Market Research to carry out a consultation with carers in Stockton to establish the views of carers on the support available to them and to identify any gaps in service or ways in which services could be improved. This information was used to support the development of the Carers' strategy.

15. The national carers' strategy has been refreshed by the coalition government (*Recognised, Valued and Supported*, Dept of Health 2011) and the Council's Carers' strategy will be reviewed in line with this (this process started prior to this review but has been put on hold, pending the outcome of the review). The importance of supporting Carers to maintain their health and wellbeing is incorporated into the national carers' strategy and is also identified as a priority for the NHS in the *Operating Framework for the NHS in England 2012/13* (Dept of Health). Four priorities for carers have been identified in *Recognised, Valued and Supported*:

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
- Enabling those with caring responsibilities to fulfil their educational and employment potential.
- Personalised support both for carers and those they support, enabling them to have a family and community life.
- Supporting carers to remain mentally and physically well.

16. Investment in carers' services from the Primary Care Trust (PCT) has been identified for the financial years 2011-12 and 2012-13. There is a requirement for the Clinical Commissioning Group, which will take on the PCT's statutory duties from 1.4.13, to develop a joint Carers' Strategy with the Local Authority by September 2012 and will at a minimum reflect:

- Supporting those with caring responsibilities (Young People and Adults) to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages (short breaks)
- Enabling those with caring responsibilities to fulfil their educational and employment potential
- Personalised support both for carers and those they support, enabling them to have a family and community life
- Supporting carers to remain mentally and physically well (*Good Health - Everybody's Business: A clear and credible plan for commissioning Health services for the populations of Hartlepool and Stockton-on-Tees 2012 – 2017*)

17. A summary of the consultation previously carried out in relation to carers' services and young carers' services can be found in appendix 4.

Independent Living

18. The independent living strategy encompasses housing related support services (Supporting People) and a number of health and social care services to enable

people to achieve settled accommodation and to remain as independent as possible in the community.

19. The Council's independent living strategy aims to:
 - Ensure that older and vulnerable people are enabled to achieve settled accommodation and to live as independently as possible.
 - Reduce social isolation and exclusion for older and vulnerable people.
 - Promote equity of access to social care services for hard to reach groups.
 - To improve access to information by older and vulnerable people.

20. The Supporting People (SP) programme provided strategically planned housing related services, often as part of a comprehensive package of support and care. SP Services were provided to vulnerable people who were socially excluded or at risk of social exclusion, with the aim of improving quality of life through the provision of a stable environment and settled accommodation to enable independent living. As detailed above, independent living is a core component of the national agenda for adult social care.

21. The people targeted through the SP programme include homeless people, older people, people affected by domestic abuse, ex-offenders, people who misuse alcohol and other substances, young people at risk and people with learning disabilities, mental health problems and people with physical disabilities.

22. All Local Authorities were expected to develop a five year plan for the SP programme in 2005. The Stockton plan included the following actions that linked the Supporting People Programme to other related local strategies:
 - Carrying out local research into the housing needs of vulnerable client groups, including older people and young people at risk.
 - Consulting with service users through the social care review process.
 - Linking to other strategic plans such as the Council's Sustainable Community Strategy, Housing Strategy, Homelessness Strategy, Youth Homelessness Strategy and the Local Delivery Plans.
 - Working collaboratively with partners including the Drug and Alcohol Action Team, the Learning Disabilities Partnership Board and the Asylum Seeker and Refugee Forum.

23. In addition to linking into a number of strategic areas of work, the five year plan outlined how the programme would be managed and identified plans for any additional expenditure that may become available. This involved:
 - Holding regular Provider Forums to enable Housing Providers to maintain a dialogue with the Supporting People Team.
 - Consultation with key stakeholders such as the Council's Children, Education, and Social Care service and the Housing Strategy service along with Registered Social Landlords and other housing providers.
 - Meeting with groups of representative young people such as the Stockton Homeless on Teesside Group.
 - Holding regular Commissioning and Strategy Group meetings to inform and make decisions at local level about the focus of the Supporting People Programme.

24. Plans were then announced to move the Supporting People Programme into mainstream services and the work over the last two financial years has been in preparation for this.
25. The Stroke grant was allocated following the National Stroke Strategy launch in 2007, which highlighted the need for a range of services to be available locally to support people who have survived a stroke to meet their health and social care needs, including maximising their ability to participate in community life, including returning to work.

Budget information

26. Supporting People was grant funded until 2010/11 but this funding is now rolled into the Council's revenue allocation. The allocation in 2010/11 was £3,614,885, with the same budget being set for 2011/12. Previously the Council also received a SP admin grant of £97,000, but since 2011/12 this has ended and the related spend has to be met by the 2011/12 SP budget.
27. Carers services were also grant funded until 2010/11 and this funding is also now rolled into the Council revenue allocation. The allocation in 2010/11 was £968,573, with the same budget being set for 11/12.
28. Lastly, a Stroke Grant of £88k was received in 2010/11, with a budget being set of £88k for 2011/12, which is again now rolled into the LA revenue allocation.
29. The remaining independent living contracts are all funded through the LA revenue allocation.

Current contracts

30. In some cases a single provider holds a number of contracts for a range of services and/or client groups Contract values range from £1,500 to £650,000 per annum. Some contracts incorporate payment for a specific amount of service regardless of actual usage. In addition, it has been identified that in comparable contracts there is variance in unit cost.
31. Due to the wide range, variety in size, value and, in some cases, the specialist nature of some of the contracts, it is acknowledged that the voluntary and community sector has a valuable role to play in service provision. Links have been made to Catalyst and plans to engage with the soon to be in post Health and Wellbeing (Thrive) and Children and Young People's Consortia Manager are in place so that bids for relevant future contracts are inclusive of this sector. In some circumstances the consortium will coordinate bids from more than one provider where appropriate and will support smaller organisations to engage effectively in tender processes.
32. A list of the current contracts in place within the scope of this review is included as appendix 1.
33. Joint working with partners will be incorporated into the plans wherever it is identified that this will maximise desired outcomes for service users, for example joint working with the primary Care Trust/ Clinical Commissioning Group to plan and provide carers' services; joint working with partners to plan

and provide domestic abuse services, homeless services and substance misuse related services.

34. In addition, the Social Care Institute for Excellence recommends that commissioners should reserve appropriate contracts for supported businesses, otherwise known as User led Organisations, where the membership is made up of over fifty per cent by disabled people.
35. The existing contracts and service provision were reviewed in terms of four strands detailed in appendix 2:

Strand 1: strategic relevance: current services were assessed in terms of their relevance to key strategic aims against which the contribution of current services could be assessed. The strategic aims analysis identified that the majority of the services fully met the relevant strategic aims. It is acknowledged that the assessment was carried out on current service provision only.

Strand 2: Service visits: visits were carried out by members and presentations by service providers took place of a randomly chosen range of services, to inform and give members a greater insight into services, Appendix 3

Strand 3: A comparison of cost: an analysis of self-assessments completed by service providers was undertaken against “four tests”, including benchmarking comparisons where available

Overall, the cost comparison analysis identified a wide range of benchmarking data that can be utilised in the development of a commissioning plan to ensure competitive commissioning of services. A number of other issues were also highlighted, for example the inclusion of start up costs, which will also be addressed through the new commissioning arrangements.

Strand 4: A quality assessment: a quality assessment framework was used to evaluate a range of quality markers including support planning, health and safety, safeguarding and protection from abuse. All current providers were assessed as providing services to the required standard. However, it is acknowledged that the quality assessment strand could only be applied to services currently provided, in line with the strategic framework relevant at the time they were commissioned. However, this work strand enabled Committee Members to gain an insight into the scope and detail of the services currently in place across carers’ and independent living.

36. Overall, all services were assessed as meeting the minimum level of the quality self-assessment framework. As part of the process to ensure service quality is delivered there is in place an ongoing programme of Quality Assessment Validation Visits. It is again acknowledged that only current service provision could be assessed for quality. To ensure future services meet these quality standards, it is and will continue to be, a core element within future tenders and contracts.

Links to other EIT reviews

37. In order to transform adult social care services for some client groups, investment in housing related support is needed, which needs to be

considered as part of this review. An example of this is the EIT review in progress of learning disabilities services, which aims to promote supported living as a real alternative to care home placements. When people initially move into supported living, their care and housing related support costs can be significantly higher than the cost of a care home placement. However, over time these costs may be reduced e.g. by reducing overnight care costs by introducing assistive technology, by care managers continuing to work with clients to ensure that clients sharing accommodation are compatible and that care costs can be shared where appropriate.

38. Some domestic abuse services are currently commissioned through housing related support funding, but the services commissioned need to be considered as part of the domestic abuse services model as a whole, some of which is out-with the scope of this review.
39. The promotion of independence in general and the use of Telecare to achieve this was a recommendation of the EIT review of Fair Access to care Services. Telecare utilises a range of sensors that can be quickly and easily installed in a client's home to monitor well-being and safety via a remote surveillance centre. The wide scope of Telecare enables environmental and personal risks to be managed whilst maximising independence. A variety of independent living aids can also be incorporated. The community alarm service forms the basis of the system for telecare and telehealth.

Recommendations

40. It is clear from the work undertaken to support this review that the strategic context for service provision has been reviewed since the relevant grant funding has come to an end and future commissioning needs to be in line with current strategic intent. The work completed in relation to cost comparison will provide benchmarking information to support future commissioning, with a view to making efficiencies in terms of unit costs in a number of areas and has identified contracts where payment should be made in line with activity, rather than on a 'block' basis. Reviewing quality has provided information to inform the development of robust outcomes measures to be incorporated into future contracts.
41. As a result of the work undertaken, the Committee makes the following recommendations:
 - R1** It is recommended that separate commissioning plans, in line with strategic intent, are developed for:
 - carers' services, as part of joint health and social care strategies for:
 - Adults
 - Young carers
 - independent living services
 - R2** It is recommended that each commissioning plan will incorporate the following principles:
 - Clarity about the range of services to be delivered in line with strategic objectives.

- All services are commissioned through new arrangements with contract duration of 3 years where possible (timescale to be determined in line with priorities; where contracts are joint with the NHS timescales and details of contracts need to be agreed).
 - Contract capacity is reviewed; where demand is lower than contracted capacity this is altered to reflect the demand
 - Streamlined procurement processes and related contracts to identify priorities, accepting that delivery may still be through a number of providers but fewer than at present.
 - Service specifications have tight outcome measures and payment is made in line with purposeful activity levels or other related measures.
 - Benchmarking evidence is used where available to ensure that the unit cost for service delivery is competitive, recognising the degree of difference that arises from the needs of specific clients and groups of clients.
 - Alternative commissioning models are considered where appropriate, for example partnership models.
- R3** It is recommended that in services where there are a limited number of providers, that commissioners explore ways in which to encourage the market.
- R4** It is recommended that work to support the developing voluntary and community services commissioning consortia is taken forward.
- R5** It is recommended that where appropriate, work is undertaken with Providers to identify alternative funding streams, including payment from service users, and that providers are supported to develop self-sustaining service models.
- R6** It is recommended that where current services are clearly aligned with health outcomes that they cease to be funded by the Council; these services will be reviewed and considered within the new NHS commissioning arrangements.
- R7** It is recommended that domestic abuse service models are reviewed taking into account corporate strategies and the recommendations of the EIT review of domestic violence (methodology to be determined). This will involve working with partners to develop appropriate pathways for people affected by domestic abuse.
- R8** It is recommended that the ongoing work stream, to continue to develop and increase the use of assistive technology, incorporates requirements for community alarm services.
42. The development of commissioning plans, joint funding and partnership arrangements with Health, working in partnership and service reviews will generate estimated annual savings to the Council of £412k, rising to £472k by 2014/15. This is approximately 10% across the budgets within the scope of this review. It is anticipated there may be scope for further savings as contracts are re-tendered as a result of the new commissioning plans.

Services funded by the Council/ Council and Primary Care Trust

Appendix 1

Service	Provider	Value
Carer Services		
Dementia Support Worker	Alzheimer's Disease Society	£33,459
Dementia Support Worker, Black Asian and Minority Ethnic (BAME) Sitting Service	Alzheimer's Disease Society	£16,729
Alcohol Support Worker	Avalon	£49,685
Drug and alcohol carer respite service	Bridges	£35,000
Educational and Recreational Courses	Bridges	£16,000
Young Carers Support Core Service	Clevearc	£5,000
Self Support Group	Eastern Ravens	£83,423
Carer Support Core Service	Elderly, Frail and Older Carers Group	£1,500
Advice and Information Programme	George Hardwick Foundation	£85,184
BAME Support Worker	George Hardwick Foundation	£6,500
GP Surgery, carer identification	George Hardwick Foundation	£17,000
Palliative Care Worker	George Hardwick Foundation	£32,000
		£45,000
Day Service	Hindu Cultural Society	£6,959
Respite Breaks for carers	Hindu Cultural Society	£2,840
Gardening Service for carers of alcohol abuse sufferers	PANIC	£30,000
Counselling for carers of people with physical disabilities and long term conditions	Tees Valley Counselling Trust	£17,950
Independent Living Services		
Day Centre for People with Cerebral Palsy	Teesside Ability Support Centre TASC	£105,095
Home Visiting and Befriending Service	Teesside Society for the Blind	£3,676
Transcription service, IT training and Social support group	Blindvoice	£5,000
Family and Carer Support Worker for families affected by strokes	Stroke Association	£38,900
Drop in for People who have had a stroke and their carers	Stroke Speech and language Therapy	£48,000
Hires and Sells Mobility Equipment	Shopmobility	£51,250
Independent Living Services - Supporting People	based on maximum capacity	
Accommodation with Community Alarm	Hanover- Grosmont Drive	£1,497
Accommodation with Community Alarm	Places for People- Tweed House	£1,071
Accommodation with Community Alarm	Places for People- Middleton Ave	£746
Accommodation with Community Alarm	Places for People- Orange Grove	£1,864
Accommodation with Community Alarm	Places for People- Sir Douglas Park	£1,696
Accommodation with Community Alarm	Tees Valley- Beech/Pine/Maple	£8,639
Accommodation with Community Alarm	Tees Valley- Crescent Ave	£1,768
Accommodation with Community Alarm	Tees Valley- Heaton/Eliot Close	£4,830
Accommodation with Community Alarm	Tees Valley- Leahope Court	£12,816
Accommodation with Community Alarm	Tees Valley- Redcar/Northallerton	£9,551
Accommodation with Community Alarm	Tees Valley- Snowberry	£1,087
Accommodation with Community Alarm	Tees Valley- St Johns/Honey Way	£2,409
Accommodation with Community Alarm	Tees Valley- St James	£2,870
Sheltered Accommodation -Warden support and alarm	Accent Homes- Argyll Court	£19,162
Sheltered Accommodation -Warden support and alarm	Accent Homes- Arlington Court	£19,015
Sheltered Accommodation -Warden support and alarm	Accent Homes- Cypress Court	£17,654
Sheltered Accommodation -Warden support and alarm	Anchor Trust- Chapel Court	£7,867

alarm			
Sheltered Accommodation -Warden support and alarm	Anchor Trust- Priory Court	£8,279	
Sheltered Accommodation -Warden support and alarm	Anchor Trust- Silverwood Court	£8,558	
Sheltered Accommodation -Warden support and alarm	Anchor Trust- Sundell Court	£10,107	
Sheltered Accommodation -Warden support and alarm	Endeavour- St Cuthbert's Court	£9,781	
Sheltered Accommodation -Warden support and alarm	Erimus- Eden House	£7,116	
Sheltered Accommodation -Warden support and alarm	Erimus- Ewbank	£7,763	
Sheltered Accommodation -Warden support and alarm	Erimus- High Grange House	£10,351	
Sheltered Accommodation -Warden support and alarm	Erimus- Lauder	£7,762	
Sheltered Accommodation -Warden support and alarm	Hanover- Hanover Point	£5,658	
Sheltered Accommodation -Warden support and alarm	Home Housing- Rochester Court	£27,060	
Sheltered Accommodation -Warden support and alarm	Housing 21- Cohen Court	£6,196	
Sheltered Accommodation -Warden support and alarm	Stockton Almshouses- Trinity Gardens	£10,788	
Sheltered Accommodation -Warden support and alarm	Tees Valley- Cedar House	£17,363	
Community Alarm	Accent Homes- Tilery	£648	
Community Alarm	Fox Almshouses- Norton	£3,515	
Community Alarms	SBC Care Call	£646,100	
Floating Support and Alarm Service	SBC - The Meadowings	£4,615	
Floating Support and Alarm Service	SBC- Easington	£6,487	
Floating Support and Alarm Service	SBC- Block Contract	£57,000	
Extra Care -housing support element	Anchor Trust- Parkside Court	£12,355	
Extra Care -housing support element	Endeavour- Aspen Gardens	£34,450	
Extra Care -housing support element	Meadowfield House	£8,103	Opened 20th Feb 12
Floating Support Service for older people	Avalon	£113,750	
Floating Support Service -people with alcohol problems	Carrgomm- SASS	£50,000	
Floating Support Service - older people	Endeavour- Ruskin Court	£13,283	
Floating Support - For people with mental health issues	New Horizons	£4,255	
Floating Support - For people with mental health issues	Richmond Fellowship	£67,660	
Floating Support for Women fleeing violence	Harbour	£26,898	
Floating Support for Young People and teenage parents	Tees Valley	£100,664	
Floating Support - For people with physical or sensory disabilities	Erimus- Hackworth Court	£12,636	
Floating Support/ Substance Misuse	Stonham Intensive F/S Service	£223,769	
Floating Support to Women Offenders	Open Gate	£15,000	
Floating Support to Young People	DISC F/S Service	£31,953	
Gateway Service matching people to accommodation	SBC Housing Options	£50,000	
Handyperson, Aids and Equipment	Broadacres Enhanced	£33,000	
HIA, Minor Works	Broadacres HIA	£166,000	
Homeless Hostel for Families	Three Rivers, St James Hostel	£142,669	
Homeless Hostel for single men	SCMSH Bridge Road Hostel	£179,384	
Outreach service	SCMSH Bridge Road Hostel	£40,148	Commenced Jan 12
Supported Acc'm for people with a Physical Disability	Endeavour	£17,212	
Supported Acc'm for people with a Physical Disability	Habited- Dovecot and Petch Streets	£17,252	
Supported Acc'm for people with a Physical Disability	Habinteg- Rigby House	£17,737	
Supported Acc'm for people with Learning Disabilities	Choices LD scheme - Sycamore Way now MEARS	£216,033	

Supported Acc'm for people with Learning Disabilities	Choices DL Scheme - Grangefield Road now MEARS	£79,549	
Supported Acc'm for people with a Learning Disability	Creative Support- Doncaster Crescent	£132,759	Re-tendered - new contract £46,163 w/e 1st March 12
Supported Acc'm for people with a Learning Disability	Real Life Options	£71,595	
Supported Acc'm for people with Mental Health Problems	Creative Support- Bishopton Road	£38,642	
Supported Acc'm for people with Mental Health Problems	Mental Health Matters- Cranbourne Terrace	£72,952	
Supported Acc'm for people with Mental Health Problems	New Horizons- Honey Pot/Hive Close	£34,045	
Supported Acc'm for people with Mental Health Problems	Richmond Fellowship/ Ray Court	£39,469	
Supported Acc'm for people with Substance Misuse Problems	CarrGomm- Hills Court	£18,794	
Supported Acc'm for people with Substance Misuse Problems	CarrGomm- One Five Five	£236,820	
Supported Acc'm for people with Substance Misuse Problems	Turnaround House	£121,637	
Supported Acc'm for Young people	Community Campus	£158,110	
Supported Acc'm for Young people	Endeavour- Parkfield Hall	£63,551	
Supported Acc'm for Young people	Tees Valley- Fairways	£58,414	
Supported Lodgings for Young people	CESC	£36,296	
Women's Refuge	Harbour	£129,390	
Floating Support MH	Stonham Intensive MH F/S Service	£9,307	
99 contracts		£4,601,380	

Appendix 2

EIT review of Carers and Independent living services

The Work Undertaken

1. Four strands of work were undertaken to evaluate the services within the scope of this review in terms of:

Strand 1 – Alignment with Strategic Aims
 Strand 2 – Site Visits
 Strand 3 – Cost comparison
 Strand 4 – Quality Assessment Framework

STRAND 1 – Alignment of Aims

2. A review of each contract was undertaken to determine if service provision was in line with the relevant strategic aims. The framework consisted of the following 11 categories that were used to score commissioned services as either, 1 – Fully Met; 2 – Part Met; 3 – Not Met.

1	Improves health and wellbeing (e.g. activities to enhance active lifestyle)
2	Improves Quality of life
3	Supports clients in making a positive contribution
4*	Supports independent living
5	Demonstrates Partnership working
6	Supports people into employment
7*	Supports preventative strategies
8	Supports equity of access to services for hard to reach and vulnerable adults
9	Reduces isolation and exclusion of vulnerable adults
10	Supporting those with caring responsibilities to carry out their caring role
11	Improve assessment of carers needs

*Items 4 and 7 are key objectives

3. The strategic relevance of services delivered is essential to ensuring maximum effectiveness and efficiency in delivering future services. The strategic aims analysis identified that the majority of the services fully met the relevant strategic aims. It is acknowledged that the assessment was carried out on current service provision only.

STRAND 2 – Site Visits/ Provider Presentations

4. Visits by Members to various providers together with presentations to Members by other providers which will allow members to draw conclusions about the nature and value of current contracts.

Site Visits

5. During this review Members visited a range of services that were identified to give them an overview of the varying services supported by Stockton Council. The visits gave Members an opportunity to speak to the Managers and users of the service better understand the first strand of work.

For more information about the visits and the findings see Appendix 3.

Presentations

Care Call and Telecare services

6. The Head of Community Protection provided the committee with information about Stockton Council's Care Call service which provides three levels of monitoring and response, all on a 24/7 basis.
- Level 1 – a traditional community alarm service
 - Level 2 - Telecare – as a community alarm service, plus a tailored range of additional devices e.g. 'wandering client', bed sensor, fall sensor, gas shut-off valve etc, all based on individual assessments, to support independent living
 - Level 3 - Enhanced Service - installation within 4 hours to support discharges from hospital / residential care, enhanced devices e.g. 'buddi system' (GPS tracking)
 - Telehealth – monitoring vital signs e.g. blood pressure, weight.
 - Domiciliary care – bespoke packages
7. The table below shows the levels of use of the different services that are available as at October 2011;
- 8.

	SLA	Self-funded	CESC	Pending	Total
Car Call: Tristar Homes	1	722	1,656	8	2,387
Care Call: Housing Associations	866	3	2	-	871
Care Call: Private Sector	-	1,053	41	12	1,106
Telecare	-	2	633	-	635
Total	867	1,780	2,332	20	4,999

Telehealth – 12 active clients

Call outs

Calls per month (typical) – 12,780
 Call-outs per month (typical) - 291
 Planned home visits per quarter – 3,849

9. The Committee was informed that Care Call historically had a negative Resource Allocation (i.e. a budgetary requirement to generate a surplus for the General Fund) of approximately £35k. This increased sharply in 2008 when costs of central support services (e.g. Finance, ICT, HR, Legal) were

removed from frontline service budgets and placed with managers of support services. Since the transfer of Care Call into Community Protection in 2000, it was stated that pressures on the service increased considerably, due to a combination of reduced staffing levels and an increase in the number of customers. The service has since diversified into planned domiciliary care work and telecare.

10. The Head of Community Protection also provided cost comparisons for Carecall Level 1 with neighbouring geographic areas which showed the competitive pricing for alarm and response services enjoyed in the borough.

Prices/benchmarking	
Level 1	Per week
Stockton	£3.70
Sedgefield/Durham	£3.80
Coast and Country (R&C)	£4.20
Middlesbrough	£4.60
Darlington	£4.99
Hartlepool	£3.80 (prospective)

11. Examination further afield appears to show that lower charges have been achieved in Newcastle (£3.51 or £3.10 if over 80 years old) and £3.30 in Sunderland (same charge for basic or enhanced Telecare). It is acknowledged that further examination would be required across all community alarm services in order to determine if like is being compared with like, as service models vary considerably.
12. Members accept that the cost of the service is competitively low when compared to the amounts being met by neighbouring local authorities. Care Call service unit costs are still under review as part of the wider assistive technology service review work stream.

Primary Care Trust/NHS

13. Members received information regarding re-ablement and social care funding from the Assistant Director North of Tees NHS Commissioning & Systems Development. It was noted that these services were not within the scope of this review.
14. The Committee learned of the transition of public health to local authorities and the planned establishment of Public Health England, as proposed in the Public Health White Paper 'Healthy People, Healthy Lives - Our Vision for Public Health in England' DH, 2010. This will mean new responsibilities for local authorities linked to commissioning services that have historically been commissioned through the NHS. Decisions are being taken on how funding will flow between the NHS Commissioning Board, Public Health England and Stockton Borough Council to ensure that the health of the public is protected and improved.
15. The Joint Strategic Needs Assessment is a process through which the Primary Care Trust (PCTs) and local authorities work together to determine the health, wellbeing and care needs of the populations they serve. It identified the following needs in the borough:

- Reducing health inequalities within the Borough particularly targeting Cancer, CVD, Diabetes and Stroke
- Improving healthy lifestyles focusing on alcohol harm, drugs misuse, promoting healthy weight, and reducing smoking prevalence
- Developing and redesigning services that meet the growing older population
- Providing a range of services that offer care closer to home
- Enabling people to have greater independence choice and control of their conditions in particular by the use of technology and preventative services.

The JSNA is currently being reviewed.

STRAND 3 – Cost comparison

16. An analysis of self-assessments completed by service providers.

Cost comparison Method

17. It was agreed to use, where appropriate, an existing cost comparison assessment which had been previously developed to monitor the services previously termed 'Supporting People'.

This process required service providers to supply a breakdown of their expenditure against the LA allocation received within the financial year 2010/11, along with details of direct and non-direct support hours, hourly costs and weekly unit costs for each individual contract in place. The information from Providers showed;

- A comparison of the weekly unit cost against national benchmarking costs if available
 - An examination of the staffing costs and overhead costs as a percentage of the contract value (best practice states 80%/20% split between staffing costs and overhead costs respectively)
 - If there was an underspend in the financial year 2010/11; i.e. the Provider's expenditure was less than the contract value; the provider made a "profit"
 - An examination of the direct and non-direct support hours as a percentage of the total staff hours (best practice states 80%/20% split between direct support and non-direct support respectively)
18. It is important to note that where national/regional benchmarking costs have been compared against the individual contracts included in the review, the services being compared may not be 100% like for like; for example although Community Alarms have been benchmarked against other Community Alarm services, these may or may not include the emergency response visit service. In addition, although national/regional benchmarking information was obtained for almost all of the Supporting People services, benchmarking data was not available for the majority of the Carers and Independent Living services. Where benchmarking costs varied widely from the service under review, additional analysis of the benchmarking information was undertaken and amended benchmarking costs used where appropriate.

19. Overall, the cost comparison analysis identified a wide range of benchmarking data that can be utilised in the development of a commissioning plan to ensure competitive commissioning of services. A number of other issues were also highlighted, for example the inclusion of start up costs, which will also be addressed through the new commissioning arrangements.

STRAND 4 – Quality Assessment Framework (QAF)

20. An analysis of quality was undertaken using a self-assessment framework. This method was chosen as those services previously termed ‘Supporting People’ were expected to have completed the National Assessment. The framework was adapted to ensure that it was fit for purpose for other services. The areas covered were:
 21. Policies and Procedures; Assessment and support planning; Provision of information; Security and Health and Safety; Safeguarding and protection from abuse; Fair Access, Diversity and Inclusion; Client involvement and Empowerment; Quality of Staff; Customer Satisfaction; Complaints, Comments and Suggestions.
 22. Services scored themselves A, B, or C depending on the evidence of compliance, ‘A’ being the best and C the minimum for compliance, those not meeting the compliance would be classed as unmet. QAF ‘lite’ only records ‘C’ which meets the standard required. As the QAF was a self-assessment, the responses were then reviewed by the Independent Living team and any concerns raised required further information to be supplied by the providers.
 23. In addition a validation assessment was carried out on four randomly chosen services:
 - Alzheimers Society
 - Teesside Ability Support Centre
 - Tees Valley Counselling Trust
 - Mental Health Matters
 24. Although there were discrepancies in the self-assessment and the validated scores, all services came within the level C or above to meet the QAF.
 25. Overall all services were assessed as meeting the minimum level of the quality self assessment framework. As part of the process to ensure service quality is delivered there is in place an ongoing programme of Quality Assessment Validation Visits. It is again acknowledged that only current service provision could be assessed for quality. To ensure future services meet these quality standards, it is and will continue to be, a core element within future tenders and contracts.

Appendix 3

SITE VISTS

Independent Living Centre (ILC), Tithebarn – 16th August.

Funding received from SBC (for stroke patients and carers) - £48,000

Expected outcomes – Improvement for speech for person affected by stroke. Carers have better understanding for condition and better able to support the person affected.

Based in Hardwick the centre provides:

- Free expert advice, assessment and demonstration of equipment and adaptations for all ages.
- Access to a Disability Information Advisor who can provide information on a range of issues and can assist the completion of disability benefits forms.
- Equipment exhibitions and demonstrations
- Specialist equipment training facilities
- Bathing assessments within the bathing clinic
- Weekly stroke confidence building courses, including speech therapy, benefits advice and a sensory loss clinic. Referrals are generally made by social services, but they also provide a home visit service, if this is not suitable. Free transport is available for the first 12 weeks.

Self referrals as well as professional medical referrals can be made to determine the needs of residents for equipment that includes:

- Bathing equipment to assist access in and out of a bath or shower.
- Toileting equipment to help one on and off the toilet.
- Profiling beds and equipment to help one to get in and out of bed safely.
- Kitchen equipment and an adapted kitchen.
- Fully working Telecare equipment for demonstration on how one can be supported at home.
- Demonstration stairlift.

The equipment is not means tested and if the Occupational Therapist (OT) assesses the client as needing a particular piece of equipment then the equipment is usually free.

Depending upon the urgency and need for the equipment by the client, this can be provided on an urgent basis – 5 days, or medium basis – 28 days. Each aid and adaptation is reviewed after four weeks to ensure that it meets its original need. If there is no longer any need for the aid or adaptation and a resident moves out of a property, for example, the item is removed, stored and then re-used.

More courses and exercise classes are being lined up in the future, for example confidence building and fitness.

A benefits advisor, funded by the NHS, is also based at the ILC providing benefits advice in order to maximise income for clients. This is done on an appointment basis which also includes a home visiting service. Referrals can be received from any organisation, and are generally received from nurses, GPs, SBC – Sure Start, social workers, etc. This service does not include appeals.

Information requested.

Q. Budget for each of last three years?

A. The Drop in Stroke Service was funded via the Stroke Grant, but the Stroke Grant is also used to fund other services e.g. those provided by the Stroke Association, so we don't have an individual budget for each part of the service as such. Funding is now provided from the LA's Resource Allocation. The actual spend for the three years is as follows:

	2010/11	2009/10	2008/09
Contract value	38,473	38,976	24,000
Staff costs	8,823	9,064	3,541
Works/equipment (start up)		533	33,590
TOTAL	£47,296	£48,573	£61,131

The drop in stroke centre started in Nov 2008 hence the start up costs in 2008/09 – for alteration work/equipment

Q. Breakdown of which agencies referrals come from?

A. Referrals to the wider SILC service can come from a variety of routes such as First Contact or clients may contact the SILC themselves or other health professionals may refer.

Q. A little more information about their procurement practices and the role of Tees Community Equipment.

A. As regards procurement practices for equipment (Tees Community Equipment), this is a Tees wide arrangement, in partnership with Hartlepool, Redcar and Cleveland and Middlesbrough to ensure economies of scale. All of the equipment is on loan and recycled.

Q. A little more clarity over the safe discharge issue – there was a concern that common standards were being adopted by the LA and health services. Scope for the service marketing its expertise in advising people on making sensible purchasing choices?

A. Safe discharge: there was a concern that common standards were being adopted by the LA and health. Common standards are in use to ensure continuity.

Q. Any hard evidence of successful outcomes from the benefits advice service. Is there scope for merging function with welfare rights or other provider such as Citizens Advice?

A. Outcomes from the benefits advice service: This service is funded and run by Health but it is invaluable in that it is accessible to clients of the service (both the stroke and Drop-in service) along with the wider SILC service. The Disability Information Officer (DIO) is situated in the SILC and complements the services offered to clients who attend the centre and many of the referrals generated come

from the Community Occupational Therapists, Rapid Response nursing team and Intermediate Care Team.

Q. Is there scope for merging the function with welfare rights or other provider such as Citizens Advice?

A. The Disability Information Officer (DIO) as stated above is employed by health and I am not in the best position to comment on role merging etc. The DIO provides advice on benefits, industrial injuries, carers, community care grants etc. His main volume of work comes from the home visit service he provides to help clients to complete their Disability Living Allowance forms.

Aspen Gardens – 16th August

Funding received from SBC - £34,450

Expected outcomes – Housing support of extra care services

Endeavour Housing operate this Extra Care housing facility made up of 50 - 2 bedroom flats and bungalows which were built in 2007.

Residents are provided with on-site care staff 7 days a week, 24 hours a day.

The main building, which contains the flats, provides a lift, lounge, restaurant, laundry, guest facilities, garden, community centre, hobby room, activities room, cafe, hairdressing salon, and library. The restaurant and hairdressing facilities are also open to the general public.

Located close to University Hospital North Tees and Tithebarn Medical facilities the residents also benefit from good access to bus stops, shops, and a post office.

Regular social activities are held which include craft, music, quizzes, bingo, games night, bowls, exercise class, church groups, and regular entertainment.

There are three different waiting lists that are dependent upon need, low, medium and high. These all correspond to the various flats and bungalows that are available. A panel that is made up from workers at the centre and a representative from SBC social services decide the allocations. Residents are mainly from the Stockton area.

Inspections are held on a regular basis by supporting people for the housing aspect and the Care Quality Commission for the care aspect.

New residents are accepted from 55 years of age but there is a waiting list due to the popularity of the development, facilities and quality of life enjoyed. Cats and dogs are accepted if the resident has one when first taking residency in a bungalow but it is not to be replaced.

Information requested.

Q. Number of residents supported by social services and those who are self-funding? Are there financial barriers to people accessing this accommodation.

A. There are 50 tenancies at Aspen gardens, 45 have Supporting People (SP) funded for extra care of £13. 25 per week (this includes the care alarm element). 38 are funded for home care with a total of 623 hours per week of care (the hours per client vary), the rate is £8.95 per hour. There are currently four tenants that are self funding, two are in apartments each paying £260.23 per week and two are in bungalows paying £255.89 which includes £13.25 personal SP contribution. With regard to the care element; of the 13 that pay privately, 2 tenants have direct payments and 4 tenants do not receive care.

Q. This may not be strictly within remit, but what happens to people who don't get a place there – what is their "route" after that – support at home, residential care or other?

A. A waiting list system is in place or the individual may be directed to other accommodation, such as warden controlled, sheltered or special bungalows. There is another extra care facility Parkside Court run by Anchor Housing and currently there is signposting in place to the new Extra Care accommodation under construction which is due to be opened in February 2012. Referrals are through Social Care and Housing and depends on the outcome of a needs assessment as to whether funding is agreed.

George Hardwick Foundation – 1st September

Funding received from SBC - £215,000 (over 6 contracts)

Expected outcomes; (over 6 contracts)

- **Carer support core service - Improved emotional, psychological and physical and financial wellbeing. Able to access other appropriate support services**
- **Advice and information programme - Improved knowledge about all aspects of caring. Able to deliver more appropriate care. Able to access other support services. Improved mental well being**
- **BME support worker - Improved emotional, psychological and physical and financial wellbeing. Able to access other appropriate support services**
- **GP surgery – carer identification and support - Improved emotional, psychological and physical and financial wellbeing. Able to access other appropriate support services. Surgery staff more aware of carer issues, able to improve service to carers and able to signpost to support services**
- **Palliative care worker – emotional, psychological support and practical advice to carers caring for terminally ill people. Improved ability to cope. Improved financial well being**
- **Job club – Increase skills of carers to increase opportunities to gain sustainable employment**

The George Hardwick Foundation was founded approximately 11 years ago and has offices in Stockton, Hartlepool and North East Lincolnshire. The foundation has approximately 30 staff, 150 volunteers and became a registered charity in 2001. The decision making body has is made up of service users totalling 75%.

In Stockton, there are offices at Wellington Square and within North Tees hospital. There is also outreach at GP surgeries and occasional home visits. Currently, there are approximately 3,600 cases that are being dealt with. The average age of the service users is 45 years old, and 45% of carers are male.

A carer is statutorily defined as being someone who provides unpaid support on a regular and substantial basis to a relative, partner or friend who is ill, frail, disabled has a mental health problem or substance misuse problem. The assistance may be personal, practical, emotional or supervisory. The George Hardwick Foundation has a holistic approach to supporting carers and carers can be assisted in various ways;

- Financially – access to benefits, access to employment, access to training, housing support.
- Emotionally – peer and community support, counselling, breaks,
- Physical – access to health and well being services, therapies, GP referrals

Each individual case has a Carers Outcome Support Toolkit made up of a needs and risk assessment, support plan, outcomes, review. The toolkit is tailored to a service user's need and identifies areas of assistance, for example counselling or benefits advice. If the service requires advocacy for a benefits appeal they are referred to either the local Citizens Advice Bureau or the Welfare Rights Unit.

The office within Wellington Square is split into four Community Interest Companies –

- GHF Events
Conference, facilities and event management
- Thyme Out
Day spa using volunteers and paid staff linking to local colleges and students learning to gain a qualification
- GHF Support
Advice, information and counselling linking to GP consortia, linking to local universities
- George's Place
Shoppers crèche for all children including children with additional needs

Future vision and priorities –

- Aligned to the core functions of a carers centre
- Asset locked to the charity
- A new kind of fundraising – retailing and service orientated
- A robust business plan
- Developing personalised services and giving quality measurable outcomes
- Development of Carers Personal budgets
- Further development of partnerships with health colleagues to improve support to carers
- Provide a rolling programme of Carers Awareness training to health and social care staff and voluntary organisations and agencies
- Improved transitions from children's services to adult services
- Development of a holistic approach;
 - Drug and Alcohol service
 - Services for young people and families
 - Outcome database management

Over six different contracts, approximately £215k is provided to the George Hardwick Foundation from Stockton on Tees Borough Council.

Trinity Gardens – 1st September

Funding received from SBC - £10,788

Expected outcomes – sheltered accommodation, clients able to live independently with minimal support

Trinity Gardens was built in 1984, and became part of Hospital of God in July 2010 and are now in the process of reducing the number of bedsits and creating more one and two bedroom flats. Walk-in showers are fitted where possible. The common room has also been re developed along with improvements to the warden call system and entrance areas. A new scooter store has also been built.

SBC pay £7.68 per week under Supporting People for some residents for the warden/alarm service. There is a warden on duty each weekday to provide support for residents. Out of hours care is supported by SBC Care Call. There are social activities for those who wish to take part.

Trinity Gardens' residents occupy their homes under a licence to occupy and pay a contribution to the running and maintenance costs. There is no tenancy agreement. Regardless of the fact that residents are only given a licence to occupy, with very little notice time required for evictions, evictions are few and far between, and there has been no forcible eviction in the last 10 years. Costs per week as follows;

- £78.57 for a bedsit
- £93.47 for one bedroom
- £115.11 for a two-bedroom

Included within this contribution is all maintenance, water rates and the warden service. Subject to individuals' financial circumstances, they may be eligible for Housing Benefit.

Trinity Gardens is for older people with limited financial means, and will also take into account family and social circumstances.

There is no geographical restriction for applicants although most come from the Stockton area.

Shopmobility (Stockton Mobility Centre) – 2nd September

Funding received from SBC – £51,250

Expected outcomes - to provide a wide range of mobility aids and equipment for purchase or hire.

The shop, located at 3-5 Bridge Road, underneath the Swallow Hotel, has 5 members of staff (one member of staff is full time) and is open Monday to Saturday between 10am and 4pm. On average, 16 to 20 people visit the shop on a daily basis.

The store primarily hires out various scooters to members of the public. Staff perform an assessment before customers can hire the scooter. Also, if there are any maintenance issues whilst the scooters are on the High Street staff attend to the scooter and make the necessary repairs. The shop also sells scooters, furniture and other mobility and walking aids.

The company mission of Shopmobility is 'to provide electric scooters, electric wheelchairs, conventional wheelchairs and walking aids, all maintained to the highest standards'.

Hours	Manual Equipment	Electric Equipment
1	£1.40	£2.00
2	£2.80	£4.00
3	£4.20	£6.00
4	£5.60	£8.00
5+	£7.00	£10.00
1 day	£7.00	£10.00
2 days	£14.00	£20.00
3 days	£21.00	£30.00
4 days	£28.00	£40.00
5 days	£35.00	£50.00
1 week	£42.00	£60.00
2 weeks	£84.00	£120.00
1 month	£125.00	£180.00

The subsidy from SBC allows the Shopmobility service to sell and hire out scooters at a cheaper rate than they would do ordinarily. Their partner company, Abbey Health, sets Shopmobility no targets. Shopmobility very rarely advertises, but recently had a re-launch in May, following shop refurbishment.

Without Shopmobility, it was argued, there would be fewer people accessing the town centre and leisure activities.

The shop allows users to access a disabled toilet, allows for maintenance to other owned scooters, and pushchairs.

Councillors asked if they had considered providing a mobile service and a more targeted service. Shopmobility has access to a van, and councillors questioned whether or not this van could be used to provide a service off site. It was stated that this has been considered, but that there would be staffing implications. Shopmobility has considered providing scooters for clients for special events such as Halloween and Bonfire night. They have also spoken to the Council's Events Team about providing a service at various events that are hosted by the Council across the borough, for example providing a service at Preston Park on a Sunday. Councillors also questioned whether there was the potential of having a mobile on site presence at parks.

Bridge House Hostel – 2nd September

Funding received from SBC - £179,384

Expected outcomes – emergency accommodation for homeless single men

Bridge House provides accommodation for up to 31 homeless men. Various organisations refer into Bridge House, with the majority of referrals coming from Stockton on Tees Borough Council (e.g. Housing, social services). Other referrals come from Probation and Prison Service. Many of the residents were homeless before they went to Bridge House, but do also have other vulnerabilities such as substance misuse, offending history, mental health and general basic life skills/education and training needs. Referral forms are very detailed enabling a risk assessment to be completed. Homelessness can not generally be attributed to one specific reason, and is usually made up of various reasons, but usually starts with family conflict.

Bridge House provide a support plan for residents, using the Supporting People framework as a tool. Support is also provided for assistance with benefits, finding work/training. Generally, residents reside at Bridge House from 6 months to 2 years. Residents can be evicted if they break one of the house rules, for example substance misuse or not paying rent on time. There is in place a protocol used to assist service users into independent living.

In relation to the future plans of Bridge House, they are looking to bid for extra funding from the Homes and Communities Agency for a new building as the current building is no longer fit for purpose. There are currently 8 shared bedrooms, which is a unique setup when compared to other comparable hostels nationally. It is planned that the new unit will no longer have shared bedrooms and each room will have an en-suite. The result of this will be known at the end of September. Bridge House is working in partnership with Fabrick Housing to secure 4 cluster flats in Stockton Town Centre that residents can move into and be provided floating support. Plans are also in place to install a new database that will measure success and performance.

St James House – 2nd September

Funding received from SBC - £142,669

Expected outcomes – emergency accommodation for homeless families

St James House Hostel is a family hostel based on Portrack Lane, Stockton, run by the Three Rivers Housing Association. The hostel, assisting homeless families in housing need, comprises of 17 - 2 bedroomed flats, one disabled persons flat and 2 bedsits. St James also manage and provide support to 6 'satellite' properties for larger families. Referrals are only taken from SBC Housing Options, and must have a local connection to Stockton-on-Tees. The main eligibility criteria is that children must be included on the application for St James.

On average, families reside at St James for approximately 5 months, with the maximum length of stay being 2 years. Flats are fully furnished, and a lounge, laundry and play room is on-site. There is both full time and part time staff including overnight cover. Each family has a key worker and each case is reviewed fortnightly. Support is also provided for setting up home, independent living skills, benefits, accessing training and employment. Regular visits are arranged by key workers from the Citizens Advice Bureau and Riverside College to assist with budgeting and potential training opportunities. Key workers and Housing Options work in partnership with the family to advise on options for future housing provision with either a registered provider within the Tees Valley via the Compass choice based lettings scheme or alternatively into the private rented sector.

Approximately 75% of cases have Children, Education, and Social Care (CESC) involvement and are classified as 'Children in Need' cases. The reasons for homelessness can vary between eviction from Tristar properties, illegal evictions from the private rented sector, and an increase in families whose homes have been repossessed. St James also houses residents receiving assistance from the National Asylum Support Service (NASS).

In relation to financial support, St James receive £142,669 from Stockton on Tees Borough Council, income from Housing Benefit, and a top up of £20.75 a week is requested from families.

Eastern Ravens – 2nd September

Funding received from SBC - £83,423 (+ £31,699 – CESC ceased in April 2011)

Outcomes are met broadly across the Every Child Matters outcomes framework, and young carers and parents/carers themselves identify them as including:

- Children and young people gain respite from caring;
- Friendships formed with other young carers;
- Ability to multi-task;
- Children and young people 'grow up faster';
- More independence;
- Greater sense of responsibility;
- Increased confidence and motivation;
- Improvements in attitude, behaviour, coping with emotions, stress levels and self esteem;
- Children and young people are less afraid to ask for help and advice;
- Improved communication skills;
- Children and young people become more 'outgoing', broaden their horizons;
- Improved educational ability and attainment;
- Giving children and young people their childhood back;
- Positive effects for parents, such as knowing their children are happier, feeling less guilty, improved relationships

Eastern Ravens provide a service dedicated to young carers providing respite breaks via a programme of activities.. Located at Newtown Community Resource Centre, sessions are held on Monday to Thursday evenings, with each evening being appropriate to a particular age. Young carers are transported to and from their home addresses via a transport service and can access one to one support. There is a support worker dedicated to providing support within college/school and other outside agencies. There is also a family support worker providing support to the whole family. In addition the service employs a number of sessional workers.

The service was founded in 1961, and serves young carers across Stockton up to the age of 24 after which many become volunteers for the service. Referrals can be received from a wide range of sources, from social services to housing. Young carers generally attend 1 night a week, with some attending extra nights, when involved with identifying/organising future events/outings. The support workers and young carers stated that this service provides a place to meet for young carers who are in similar situations to themselves. Service users can also contact support workers for support. The service has received national recognition and is often consulted by other providers across the country.

The service is funded in various ways;

- Stockton on Tees Borough Council - £115,000
- Big Lottery Fund - £52,000 – supporting the young carers participation project
- Comic Relief - £24,000 – identifying young carers affected by substance misuse
- Communities Fund - £16,000 – support for young carers and their families in relation to education, employment and training
- Greggs foundation - £15,000

- Stockton Investment Fund - £5250
- Additional income generated via Eastern Ravens Trust for young carers - £112,250

Hindu Cultural Society – 6th September

Funding received from SBC - £9,799 (over 2 contracts)

Expected outcomes; (over 2 contracts)

- **Day service – Hindu elders provided with meals, social activity and companionship/friendship**
- **Respite breaks – Improved emotional/psychological well being. Able to have a social life away from caring**

The Hindu cultural centre based at North Ormesby, Middlesbrough provides day care for Hindu elders. The centre offers activities, outings and the opportunity for prayer as well as providing a three course vegetarian Asian meal for a minimal cost, with food provided from the Hindu community. Members who do not attend can have their meals delivered. Members can also be transported to and from the centre.

The service, also a registered charity, began in 1983 and has over 800 members from all over the Tees Valley, including Stockton. The centre is open to the general public also and holds events for schools who are studying Hinduism as part of the curriculum, and were also about to hold an event in honour of the Armed Forces. On the 26th October, approximately 400 members attend the centre to celebrate Diwali, the festival of light. There are two paid members of staff who work in the kitchen. The centre also has a maximum of nine volunteers. The president, manager and coordinator all work on a voluntary basis. The management committee is made up of 16 members, including 5 trustees who have overall control decision making power over the committee.

The centre is split into different areas. The main hall or temple gives members the opportunity for prayer. The day centre allows members to relax, watch television and interact with other members of the Hindu community. The members can also engage with community nursing and keep fit. Meals can be eaten in the kitchen/restaurant.

Regular communication is sent to members via the post and email. The centre management was consulting with members about the introduction of an annual membership based on funding having decreased (Hartlepool Council no longer provides any funding to the centre). Middlesbrough Council currently provides more than £40,000 annually but this is under review.

Tees Valley Housing – Cedar House sheltered accommodation - 6th September

Funding received from SBC - £17,362

Expected outcomes – sheltered accommodation – clients able to live independently with minimal support

Cedar House is owned Tees Valley Housing and is made up of 44 self contained 1 bedroom flats, comprising own bathrooms and kitchens. There is also a guest room for visiting family members. The service offers accommodation to clients aged 60+, sometimes with a medical need. The service also accommodates clients with learning disabilities and mental health issues. Clients can apply for properties through the Compass choice based lettings scheme. The service is not exclusively open to Stockton residents as the Compass scheme allows bidders to bid for properties across the Tees Valley. After 1 year the tenancy changes to a secure tenancy.

The flats are available to those who are ready for independent living with a warden provided throughout the day, and an evening service provided by SBC Care Call. An on-site independent financial team assist with benefits, utility bills, and any other financial advice and assistance.

There are various facilities available to residents. There is a lounge that hosts various activities throughout the day. There is also a laundry and hairdressing facilities. Improvements or changes are only done through consultation of the residents and the majority rules. Various events are organised and bids have been made to procure new computers so that residents can speak to families that live abroad.

Appendix 4

Summary of Carers Consultations

1.0 Carers Consultation 2008

1.1 In 2008 the Council commissioned NWA Social and Market Research to carry out a consultation with carers in Stockton to establish the views of carers on the support available to them and to identify any gaps in service or ways in which service could be improved.

1.2 The consultation used a variety of methods:

- Desk research into the role, definitions and statistics of Carers
- Workshops with Carers, Providers and Carers Support Agencies
- Questionnaires completed by Carers and interviews with Young Carers
- Focus Groups – 7 groups with carers caring for a variety of client groups
- Interviews with voluntary and charitable groups
- Interviews with key statutory agencies

1.3 Some Key Issues Identified from Consultation

- Recognition of caring role and carers needs
- Carers need to be kept fully informed
- More/better support for carers in caring role
- Carers need to have time to themselves
- Negative impact of caring role on carers' life and well being
- Only one third of carers were satisfied with help and support received
- Better quality information needed from health & social care professionals
- A third of carers were dissatisfied with health & social care professionals

1.4 The workshop identified the following services as most important to carers

Service	Count	%
Financial support	18	31.6%
Ensuring carers are at the heart of future planning	11	19.3%
Information	9	15.8%
Respect and understanding	6	10.5%
Respite care	5	8.8%
Personal support	3	5.3%
Assessment & Care Plans	3	5.3%
Advocacy for carers	2	3.5%
TOTAL	57	100.0%

1.5 The findings from the consultation informed the Council's Carer Support Services Strategy 2008.

2.0 Carers Consultation February 2011

2.1 In 2010 the government updated the National Carers Strategy and following this the Council held a carers consultation in February 2011 the findings of which would inform the update of the Carer Support Services Strategy 2008.

2.2 Forty nine carers and three carers support providers attended.

2.3 Small groups were asked to answer the following four questions were:

1. What do you think can be done to help carers identify themselves as carers at an early stage?
2. What support packages and information would be most helpful to carers to ensure they remain mentally and physically well?
3. Is there anything locally you feel would make carer support in Stockton more effective?
4. What support provision would make it easier for carers to have a life of their own alongside their caring role?

2.4 The main issues arising from the questions were:

Q1. What do you think can be done to help carers identify themselves as carers at an early stage?

2.4.1 The issue being most commented on was advice and information. There is a perception that information is not getting to carers and it is not easily accessible. It was felt that carers would be more likely to identify themselves as carers if information was available in a wider variety of publicly accessible locations to enable carers who do not access services, as well as the general public, to become more aware who is a carer, carers' issues and the services available.

2.4.2 It was also felt that health and social care professionals needed to be more aware of carer issues, be better able to identify carers, have a good knowledge of the support services available to carers and routinely pass this information on as soon as they identify someone as a carer

Q2. What support packages and information would be most helpful to carers to ensure they remain mentally and physically well?

2.4.3 Respite was the most requested support service and included in each group's "most important" categories. It was felt more information was needed to enable carers to find out what respite is available and there should be easy access to emergency, ad hoc, planned and regular respite. Respite was wanted from a few hours to full days, evenings, weekends or whole weeks and there should be a wide range of respite activities respite such as courses, trips away or drama groups. Carers felt it was particularly difficult when the cared for person refused to go

into a care home for respite and different forms of respite could be looked at.

- 2.4.4 Relief of stress was also mentioned by all groups and alternative therapies were considered invaluable in stress relief as well as a form of respite.
- 2.4.5 Having someone to talk to, especially out of hours, was also mentioned by all groups

Q3. Is there anything locally you feel would make carer support in Stockton more effective?

- 2.4.6 One of the most common issues was easily accessed information about the services and support available
- 2.4.7 Carers felt current services should be maintained and that there should be a central point of contact avoid support being “hit or miss” by having to depend on GPs.
- 2.4.8 Many carers felt they were not treated with respect by Social Workers and objected to Social Workers comparing carers with other carers. They also felt that professionals needed to accept carers more as expert partners and listen more to them about what support would be most effective in helping the cared for person as this would ease the stress on the carer.

Q4. What support provision would make it easier for carers to have a life of their own alongside their caring role?

- 2.4.9 All groups felt that good quality, reliable respite was the main issue in remaining mentally and physically well. This respite should be easily accessed and available for emergencies, ad hoc, regularly, and cover hours through out the day, every day. Longer breaks were needed e.g. weekends, whole weeks and there should be a wide range of respite activities available

3.0 Strategy Update

- 3.1 Following the carers’ event a separate event was held with commissioning managers and carer support providers to provide feedback form the carers’ event and further contribute to the update of the Council’s Strategy
- 3.2 The Council’s Carer Support Services Strategy 2008 was in the process of being updated in 2011 but was put on hold pending the outcome of the EIT review

4.0 Young Carers

In November 2007 Stockton-on-tees Borough Council Children Education and Social Care commissioned some social research from an independent organisation, the purpose of which was to establish the views of all carers on the support available to

them and to identify any gaps or opportunities for services to be improved. The work scope included;

- An assessment of carers satisfaction with current services
- Identification of unmet carer need
- An overview of current and future demand
- An assessment of the currently available data and its value
- The production of recommendations based on the above on future development of carer services

Over a three-week period in March/April 2008, three groups were conducted with Young Carers attending the Eastern Raven's Trust. The focus groups took place during the Young Carers organised fortnightly youth groups, with all of the Young Carers in each group taking part in the discussions.

The groups were sub-divided by age, with the first group consisting of Young Carers aged between 14 and 18 years, the second Young Carers between 12 and 14 years, and the final group carers aged between 10 and 11 years.

The groups were asked to consider ten distinct questions;

- Who do you help care for?
- Why do they need help?
- What sort of things do you do for the person you care for?
- Does anybody else help in caring for this person?
- How much of your time is taken up with caring?
- Do you feel your life is different from other people of your age?
- Who else knows about what you do?
- What would help you for the future?
- What does Eastern Ravens do for you?

The questions were designed to elicit information not only in relation to the Young Carers care responsibilities and what this entails in real terms, but also to try to gain an understanding of how being a 'young carer' impacts on the children's life in broader sense, both at home, at school or college and in terms of their social life.

Information from the focus groups was gathering in three distinct ways. First, two of three focus groups were tape recorded and transcribed, to gain direct quotes from the participants themselves. Second, each group was conducted with two facilitators present, allowing one facilitator to lead the discussion while the other took detailed notes of the issues raised in response to each question. Finally, following the completion of the focus group, in two of the three groups self-completion questionnaires covering the same questions discussed during the session were left with the group leaders. This allowed the Young Carers the opportunity to express any experiences or opinions they had which they had not felt able to mention in the group discussion setting.

A full summary of the consultation process is included in Appendix A of this document but the results can be summarised as follows;

Mental Health, Alcohol and Drug Dependency

Young Carers supporting a parent with a mental illness may suffer considerable emotional strain, particularly as their role is even more likely to be unrecognised. For Young Carers supporting a drug or alcohol dependant parent the issues are the same.

The effects of caring may impact on the emotional wellbeing and mental health of the young person. Managing the parent's emotional and behavioural problems can cause the young person anxiety. Sometimes, when a young carer feels it is not safe to leave the parent on their own, s/he may miss out on educational and or social activities.

It is essential that professionals working with these groups are aware of all the family members, including children, who are carers.

The needs of the carer(s) should be assessed and appropriate services provided, to ensure that their needs are not lost

Disability/Long-Term Illness

A high proportion of Young Carers look after someone with a disability or long-term illness; this includes caring for someone with a sensory impairment. Young Carers in this situation often assume greater responsibility for practical, physical tasks, as well as coping with the associated emotional stress and responsibility. They may experience physical ill health and/or injury because of their caring role.

Those professionals working with the family should ensure that Young Carers are offered a separate Young Carers assessment.

This will enable the professional to see the full picture; to alert other professionals as appropriate and to provide the young carer/parents with information about young carer support services, about the particular condition, etc

Young Carers from minority groups

As well as sharing the specific experiences of all Young Carers, those from ethnic minority groups face other issues, these include

- minority families may be less likely to contact social services departments for fear that their children will be taken away;
- children from ethnic groups are more likely to be excluded from school. The Government is already taking action through initiatives to reduce school exclusion and through behaviour support plans to combat such problems. Increased awareness training of teachers will also help;
- children from minority groups are often expected to take responsibility for interpreting for the person they are caring for, regardless of whether or not they understand the issue or it is appropriate to their age.

Identification of this group of young people is also likely to be more difficult due to a range of cultural issues.

Caring for a Sibling

Many Young Carers are caring for a brother or sister with a disability or illness. Often, these Young Carers will be playing a supportive role to their parents, but the impact on siblings should not be overlooked or undervalued.

Many disabled children need intensive care, seven days a week, and sometimes at night as well. This level of care impacts on the whole family and the siblings may take on caring tasks in order to share the work with other family members. In these situations, the professionals involved with the family need to ensure they assess the role and individual needs of each family member, and provide support and signposting services, as required.

Carers and Education

This must be seen as a priority area of concern as many Young Carers are of compulsory school age. Some miss school because of their caring responsibilities; many more are frequently late and/or have difficulty completing homework. Whilst at school a young carer may find difficulty in concentrating because of tiredness or concern about the person at home.

Some Young Carers have had long periods of non-attendance, may appear at school purely for registration or may attend parts of lessons. This may be the result of the cared-for person needing help during the day or because of concern or guilt about leaving the person at home alone.

Some schools have shown a reluctance to recognise the difficulties faced by Young Carers; some are still unaware of the existence of Young Carers in their school; some schools have internal communications problems; some are very supportive and understanding once they are aware of the difficulties.

“There should be someone at school to talk to”

All schools are expected to be sensitive to the individual problems faced by Young Carers. The Government’s National Strategy for Carers encourages schools to designate an appropriate person to act as the link to the statutory services and Young Carers projects.

Part of the purpose of this Strategy is to encourage schools to work more closely with the other agencies involved with Young Carers to ensure that they are recognised and their needs met. One way of achieving this could be for more awareness-raising in schools so that they become attuned to asking the right questions and looking for signs that indicate a child is a young carer. This would be particularly helpful in situations where, for example, a parent wants the school to know that their child is a young carer but the child does not want this.

A young carer at school may experience some or all of the following:

- A lack of understanding from their peers
- Being bullied and/or teased at school
- A perception of a lack of understanding by their teachers
- Tiredness or struggling to concentrate in class
- “Acting out” behaviour
- Rushing or failing to complete homework on time
- Difficulties in attending after-school or out-of-school activities

- Arriving late for school or leaving early
- Regularly missing school
- Parents being unable to attend parents evenings
- Academic under-achievement
- Limited opportunities for further or higher education
- Difficulty in explaining to their teachers what is happening
- Having to change schools, receive home tuition or opt out of education