

PLYMOUTH CITY COUNCIL

Subject: Improving Quality and Outcomes, Increasing Choice and Control- The Modernisation of Adult Social Care Service Provision.

Committee: Cabinet

Date: 15 January 2013

Cabinet Member: Councillor McDonald

CMT Member: Carole Burgoyne (Director for People)

Author: Pamela Marsden, Assistant Director of Joint Commissioning and Adult Social Care

Contact: Tel: 01752 304407 email: pamela.marsden@plymouth.gov.uk

Ref:

Key Decision: Yes

Part: One

Purpose of the report:

Over the last few years, we have made significant progress in introducing more personalised approaches which help people to have more choice and control over the care and support they receive enabling them to live the life they want to live.

This paper seeks to update and gain agreement to the continued direction of travel in relation to our ambitious plans for modernising our Adult Social Care service.

In particular it proposes five key strategic projects that will deliver “Improved Quality and Outcomes and Increased Choice and Control”

- Improving the community meals service through a trading model
- Improving the social care reablement service
- Improving the quality in dementia care
- Delivering a new model for short break provision
- Improving the choice and control in day opportunities

Corporate Plan 2012 – 2015:

These changes are in line with the development of Plymouth City Council as a Co-operative Council as it supports the aims of;

- Devolving power and encouraging greater community engagement
- Community ownership of assets and services
- Greater control for individuals of the services they receive

In addition, the service will support the following priorities within the Corporate Plan 2012 – 2015:

- **Raise aspirations:** raise the skills and expectations of Plymouth most vulnerable residents.
- **Reduce inequalities:** reduce the large economic and health gaps between different areas of the city by promoting independent living, inclusion and increased choice and control.
- **Provide value for communities:** become more efficient and join up with partners and local residents to deliver services in new and better ways.

This service will also deliver against many of the themed commitments in the Corporate Plan, but specifically responds to Caring Plymouth and the commitment to provide a new deal for older peoples care.

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

The plans aim to deliver efficiency savings of £3,501,000 over the period 2013-16 in line with the provisional delivery plan savings targets. The human resource implication will be determined following the consultations outlined in this document.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety, Risk Management and Equality, Diversity and Community Cohesion:

An initial analysis of the demographic information available and data about the use of these services suggests to us that we already have a range of information about the likely impact of the proposed course of action upon some service users. However we intend to carry out a more detailed assessment of what the practical impact of this potential decision would be for the current service users who will be affected as part of the next phase of activity. The plans around community meals will contribute to the delivery of the child poverty strategy, particularly in relation to schools, healthy eating and strengthening communities.

Clearly with such an ambitious transformation programme there are a number of risks which have been identified. An initial risk register has been developed and we will continue to review, update and apply appropriate risk mitigation strategies. Through this process we will ensure quality and outcomes are not compromised.

Recommendations & Reasons for recommended action:

In order to improve quality and outcomes and increase choice and control Cabinet is asked to support these five key programmes of work that will fundamentally transform the way we deliver services and agree the following recommendations.

Strategic Project	Recommendation	Timeline
1. Improving community meals service through a trading model	Transfer provision of the existing community meals service to the education catering service and consult with staff about this.	January – April 2013
2. Improving the social care reablement service	Re-tender all existing domiciliary care services in the independent sector totalling £13m per annum to include the in-house reablement service	February - August 2013
	Begin consultation with staff about the transfer of this service to the independent sector.	January/February 2013
Once we have the results of the consultations in relation to programmes 3, 4 and 5 we will return to Cabinet for a decision:		
3. Improving quality in dementia care	Consult with residents of Lakeside Residential Care Home and their families (using advocacy services where appropriate) and dedicated social work professionals about plans to improve residential provision in the City for service users with dementia and the future use of Lakeside Residential Care. Their views will be taken into account regarding any decisions concerning the de-commissioning of Lakeside Residential Care Home and the re-provision of alternative services	January – March 2013
	Begin consultation with staff about the use of Lakeside Residential Care Home	January – March 2013
4. A new model for short break provision	Consult with people who use Colwill Lodge, their carers, families, staff and stakeholders to explore alternative provider models of service delivery such as Mutuels, Co-operatives and Social Enterprises, with the intention to continue to provide as a minimum the same level of facilities and services from the same premises.	Autumn 2013
5. Increasing choice and control in day opportunities	Consult with people who use Plymouth City Council managed day service their families and carers (using advocacy services where appropriate) and dedicated social work professionals about the future of day opportunities in the City and the use of in-house building based provision. Their views will be taken into account regarding any decisions concerning reducing the number of building based centres managed by the City Council.	February – April 2013
	Begin consultation with staff about the proposals for day opportunities.	February – April 2013

Alternative options considered and reasons for recommended action:

Keeping the existing service configuration has been considered however this traditional approach in some cases delivered in out-dated facilities is becoming less popular particularly with younger people. It does not always deliver continuity of care and does not always provide value for money. Furthermore it does not meet the strategic aims of “Improving Quality and Outcomes, Increasing Choice and Control”

Background papers:

Putting People First 2007

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

Think Local Act Personal 2010

<http://www.thinklocalactpersonal.org.uk/Browse/ThinkLocalActPersonal/>

A Vision for Adult Social Care, Capable Communities and Active Citizens 2010

http://www.cpa.org.uk/cpa_documents/vision_for_social_care2010.pdf

Care and Support White Paper 2012

<http://www.dh.gov.uk/health/2012/07/careandsupportwhitepaper/>

Sign off:

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Originating SMT Member: Pam Marsden											
Have you consulted the Cabinet Member(s) named on the report? Yes											

I. Introduction and Background

This paper seeks to update and gain agreement to the continued direction of travel in relation to our ambitious plans for modernising our Adult Social Care service. Over the last few years, we have made significant progress in introducing more personalised approaches which help people to have more choice and control over the care and support they receive enabling them to live the life they want to live.

Adult Social Care has developed a new operating system in partnership with users, carers and other stakeholders and we are focussed on getting it right first time, every time for our customers. The new system ensures the following:

- A comprehensive information advice and advocacy system to help people to help themselves.
- A new system of community based practical help and support to enable people to live independent lives in their own homes.
- A new city wide rapid response and reablement service delivered jointly with health underpinned by the use of telecare and telehealth to reduce unplanned hospitalisation and delay long term care.
- A reduction in the use of block contracts, commissioned and in-house services and greater focus on quality assurance and outcomes.
- An extended and improved offer to carers and a charter for older people ensuring the development of good quality services.

It is in this context that we now need to review how we deliver and provide services.

2. Overview of Modernisation Plans

In November 2005 Cabinet approved plans to modernise older people's services over a ten year period. Since that time we have achieved significant progress against the strategy set out in the Cabinet paper. We have decommissioned a number of homes in outdated buildings which did not meet current day expectations. We now have in the City 7 Extra Care facilities with 278 beds providing high quality accommodation. There are plans for a further facility in the north of the City. We commission 15,000 hours per week of domiciliary care (5,000 hours per week in 2005). We have reduced reliance on residential and nursing care beds and now commission approximately 800 (1200 in 2005).

In 2010 Cabinet agreed a future model for short break services for people with a learning disability and a bid for a capital grant was successful allowing us to develop further the accommodation at Colwill Lodge short break services (respite care).

This paper outlines the steps to accelerate this change and five initiatives to modernise in house provision are set out below;

- Improving community meals service through a trading model
- Improving the social care reablement service
- Improving quality in dementia care
- A new model for short break provision
- Increasing choice and control in day opportunities

3. Context for Change

Adult Social Care is experiencing a period of fundamental change driven by the service demands of an ageing population and rising expectations and of those people who use public services. Within this context a recent number of national strategies and policies including *Putting People First (2007)*, *Think Local, Act Personal (2010)* and *A Vision for Adult Social Care, Capable Communities and Active Citizens (2010)* set out a new vision and framework for delivering adult social care. We need to promote and support independence and offer a much wider range of innovative and alternative community based support than currently exists so that users and carers can exercise more choice and control over when, where and how they are supported.

4. Programme One; Improving Community Meals Service through a Trading Model

4.1 Overview of Existing Service

The community meals service supports in the region of 300 people and delivers approximately 230 meals per day. The service presently buys in frozen meals, reheats them and then delivers on a daily basis, charging £3.00 per meal. Over the last few years the numbers using the service has declined, with the numbers of customers falling from 280 meals delivered per day in 2009/10, 267 in 2010/11 to 230 this year.

The current staffing levels for the service are 22.26 FTE and the budget is £543,403.

4.2 Proposed Service Change

The proposal is to improve the community meals service by moving towards a traded service for community meals, working with the education catering service. This involves growing the service both in terms of numbers by firstly opening up the service to people who do not meet the eligibility criteria for Adult Social Care services and secondly enhancing the offer and developing a tea time snack service.

In November 2012 Cabinet agreed that “the education catering service explore additional trading options and potential revenue streams” Part of this proposal was to endorse closer working with the community meals service by exploring “ways of combining areas of good practice and reduce the costs of the community meals (meals on wheels) service by education catering service staff preparing, cooking and packing adult community meals from within school kitchens. The intention is that the production of these meals will utilise existing staff capacity, facilitate the use of fresh, local and seasonal ingredients, applying the education catering service’s “Gold” standard food and menus to the wider community and allow for the cessation of costly re-heated frozen ready meals”. At the same time the project would look at reducing the operational costs of the service.

4.3 Benefits of service Change

- ✓ Supporting more older people
- ✓ Improving the quality of meal provision
- ✓ Offering an extended service through the development of an evening snack rather than just a lunchtime meal
- ✓ Exploring the potential for a new type of provider

5. Programme Two; Improving the Social Care Reablement Service

5.1 Overview of Existing Service

A reablement service is a pivotal element of the reformed system of social care, as it has the potential to significantly reduce packages of care or alternatively re-able people completely by maximising their independence, which can mean they no longer need on-going support. This can be for example through support with physical mobility issues or it could be support with daily life for those with a learning disability or mental health issue. The current service offers 1300 hours of care per week, supporting approximately 219 people at any one time for up to 6 weeks. This equates to 8% of all domiciliary care, as all long term care is offered in the independent sector i.e. 92%. Service users who are offered a period of reablement, but then continue to need ongoing support have to move from the in-house service to the independent sector after their period of reablement has been completed.

This service is performing well however despite considerable input and investment the cost of the service remains above £30 per hour. The service does not benefit from economies of scale which is a significant disadvantage when benchmarking with the independent sector. As a result alternative strategies to improve value for money need to be pursued, without compromising quality and ensuring good outcomes.

The current staffing levels for the service are 69.80 FTE and the budget is £1,998,934

5.2 Proposed Service Change

The existing in-house reablement service would be tendered as part of a new framework of domiciliary and reablement service provision. This would entail re-tendering all the existing domiciliary care services in the independent sector which are due for renewal totalling £11m per annum plus the £2m in-house service. The new service would be expected to continue to deliver all existing services. However the new provider would be issued with an enhanced service specification, improved quality standards and an outcome based contract.

5.3 Benefits of Service change

- ✓ Continuity of care for service users
- ✓ Improved customer experience and focus on outcomes
- ✓ Quality assurance through a rigorous quality review process to include customer feedback and payment by results

6. Programme Three; Improving quality in Dementia Care

6.1 Overview of Existing Service

In July 2010 Cabinet agreed to a number of recommendations detailed in a report 'Residential Care; Update on Modernisation of Older Peoples' Service 2005 -2015' one of which was 'to explore partnerships to re-provide an improved facility for dementia care' The profile of people with dementia is becoming increasingly more complex often requiring nursing care in the latter stages of their condition.

Lakeside Residential Care Home is a 29 bedded specialist in-house residential home in Ernesettle, which cares for people with dementia. The building is outdated and does not have nursing facilities.

The current staffing levels for the service are 27.09 FTE and the budget is £995,836

6.2 Proposed Service Change

We wish to consult on the future of Lakeside Residential Care Home and discuss with residents and their families and other key stakeholders our recommendation to purchase care in a better facility. The Local Authority has pursued a policy of reducing the number of in-house units over the last few years and this decision is fully in line with this strategic direction. Over the last three years commissioners have developed the market in relation to specialist provision of this nature. As a result there is now an availability of dementia care and support services within the independent sector.

Furthermore, a new care home will be built near to Lakeside Residential Care Home with a much improved environment and with up to date facilities. This new purpose built unit is scheduled to open in January 2013. The new facility is dual registered for both residential and nursing need and will have specialist in-reach clinical care from the local health provider (Plymouth Community Healthcare)

6.3 Benefits of Service Change

- ✓ Improved care environment
- ✓ Partnership with Plymouth Community Healthcare to provide in-reach support
- ✓ Continuity of care for people with dementia at end stage of illness and end of life
- ✓ Opportunity to develop “*Exemplar*” model of dementia care in the city

6.4 Service User Consultation and Engagement

Consultation with all users and carers would be undertaken and supported by both our social work team and care staff and will be conducted in a sensitive and supportive way. This process would be in line with Plymouth City Council’s Service Review Policy for Older People with the aim to minimise disruption to service users wherever possible and every effort will be made to ensure fairness, consistency and equality of opportunity for all service users who are directly affected.

Consultation would include:

- Discussion with all long-stay residents and their family/advocates regarding the future of Lakeside Residential Care Home and the options available. These options will include exploring the option of alternative residential facilities or should a resident not wish to move, advice and support on how we will continue to provide care and accommodation at Lakeside Residential Care Home.
- Consultation with all users/carers and their families who are currently occupying or scheduled to use Lakeside Residential Care Home for their short stay care during 2013. This will include support and assistance in identifying alternative solutions for short stay.
- Offers of support to any potential users who may contact us who may have been considering Lakeside Residential Care Home as a possible choice for a future short stay.

7. Programme Four; New model for short break provision

7.1 Overview of Existing Service

Colwill Lodge in Estover is a specialised service providing short breaks (respite care) support to people with a learning disability who have profound and complex needs. Colwill Lodge has 10 beds and 5 apartments and is able to accommodate 130 short breaks per year. At present around **40- 50** families access services in a planned way with other families accessing the service in an emergency. The service is modern, performs well and is held in high regard by stakeholders, families, users and carers.

The current staffing level for the service is 24.51 FTE and the budget is £937,463.

7.2 Proposed Service Change

The care and support provided in this unit is highly specialised to people with a profound learning and physical disability. It is acknowledged that this type of provision will continue to be required in the future. This project is to explore different and innovative provider type models, and to evaluate whether a new model will improve outcomes, quality and be value for money. The intention is to continue to provide as a minimum the same level of facilities and services from the same premises

7.3 Benefits of service change

- ✓ Potential for co-operative model of care provision
- ✓ Potential for the service to be more flexible and to recognise the range of alternatives available.

8. Programme Five; Increasing choice and control in day opportunities

8.1 Overview of Existing Service

Presently there are three in-house building based day centres. REATCH in Whitleigh supports 77 service users with physical and sensory disabilities. Woodfield in Whitleigh and St Georges in Stonehouse, support people with learning disabilities totalling 25 and 44 respectively.

The current staffing level for REATCH is 10.71 FTE and the budget is £348,501, for St Georges is 12.37 FTE and the budget is £465,849 and Woodfield is 29.34 FTE and the budget is £995,203

8.2 Proposed Service Change

We have set out a new vision for day opportunities in the independent sector which is around supporting greater social inclusion and access to community life for vulnerable adults and people with disabilities. This change has been reflected in Cabinet's recent decision to award contracts for a Day Opportunities Framework and move away from purely 'block' purchased building based provision to a framework of 26 suppliers offering 200 different activities such as one to one enabling, training courses, employment support and access to mainstream leisure activities.

In order to ensure service users have more choice and control over the care and support they receive, this project recognises the need to consult on the number and scope, of building based day services owned and managed by the Council that will be needed in the future.

Existing service users will continue to be offered day opportunities and where appropriate will continue to receive a service from building based provision. However we wish to consult on the impact of reducing the numbers of buildings Plymouth City Council use to provide day care and the impact of moving people who use these buildings to another site or offering them an alternative service. In doing so we are responding to the following:

- The aspirations of younger people who have a physical disability. These young adults have different aspirations and are not choosing to attend such provision, but want to participate in community life as active citizens.
- The recognition that over time a range of disabled people of all ages have chosen alternatives to building based provision and this trend will continue. The recognition however, that some adults will continue to need building based care.
- The Council has developed with its strategic partners, the Union Street Urban Framework. The redevelopment plans could deliver self-build 'Homes for Heroes', accommodation for people with a learning disability and/or profound physical disability together with employment and training opportunities. One of the buildings used to deliver day services is located in part of the Union Street plan and subject to consultation we wish to progress the redevelopment opportunity and the future of the building as a day centre. The outcome of this consultation may be that the St Georges building will close and the service relocated.

8.4 Benefits of Service Change

- ✓ More people offered choice through personal budgets and direct payments
- ✓ Development of innovative partnerships

8.5 Service User Consultation and Engagement

Consultation with all users and carers would be undertaken and supported by both our social work team and care staff and will be conducted in a sensitive and supportive way. Consultation would include:

- Consultation with all users / carers and their families who currently access one of the three day centres.
- Support will be available to users who may require assurance and extra support to contribute to the consultation, for example through an advocate.
- Consultation with service user and stakeholder members of the Learning Disability Partnership Board and Plymouth People First.
- Information and support provided on the availability of community based services via the day opportunities framework and access to direct payments/personal budgets.

9. Staff Engagement

A comprehensive human resource process and plan will be available and the relevant unions will be consulted with prior to the commencement of consultation with staff. This plan sets out in detail each step of the process, the timeframes involved and all the support and information staff will receive during the process. Our intentions are to support our staff through the proposed de-commissioning if this decision is made following the consultation process and work towards finding suitable alternative employment (through the redundancy avoidance policy) with the Council. Full use will be made of Plymouth City Council's resources, for example, redeployment and the employee assistance programme. However, it is anticipated that not all staff will be successful in finding alternative roles and that some redundancies will be unavoidable.