



## Health and Well Being Overview and Scrutiny Committee

<b>Date:</b>	<b>Thursday, 28 March 2013</b>
<b>Time:</b>	<b>6.00 pm</b>
<b>Venue:</b>	<b>Committee Room 3 - Wallasey Town Hall</b>

**Contact Officer:** Lyndzay Roberts  
**Tel:** 0151 691 8262  
**e-mail:** [lyndzayroberts@wirral.gov.uk](mailto:lyndzayroberts@wirral.gov.uk)  
**Website:** <http://www.wirral.gov.uk>

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### AGENDA

**1. MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP**

Members of the Committee are asked to declare any disclosable pecuniary and non pecuniary interests, in connection with any items on the agenda and state the nature of the interest.

Members are reminded that they should also declare, pursuant to paragraph 18 of the Overview and Scrutiny Procedure Rules, whether they are subject to a party whip in connection with any item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement.

**2. BUDGET OPTIONS (Pages 1 - 60)**

To allow Members to further consider the detail of the budget saving options.

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## WIRRAL COUNCIL

### CABINET

20<sup>TH</sup> DECEMBER 2012

<b>SUBJECT:</b>	<b><i>EFFICIENCY PROPOSAL - COMMUNITY MEALS</i></b>
<b>WARD/S AFFECTED:</b>	<b><i>ALL</i></b>
<b>REPORT OF:</b>	<b><i>GRAHAM HODKINSON, DIRECTOR OF ADULT SOCIAL SERVICES</i></b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b><i>COUNCILLOR CHRTISTINE JONES</i></b>

#### 1.0 EXECUTIVE SUMMARY

- 1.1 The current contract for community meals expires in June 2013; the contract is underperforming as demand for this service reduces. It is likely this trend will continue.
- 1.2 There is now greater choice for individuals and specialist companies are now well established who provide wide menu choice, cater for special dietary requirements and provide affordable alternatives.
- 1.3 Given the shift in the market it is unlikely that the Council will need to have in place a large contract for community meals. The report states that the current subsidy is no longer appropriate and that consideration should be given to replacing the current contract with a smaller contract which reflects anticipated demand for the hot meals service over the next 3 years.
- 1.4 The Council will ensure that comprehensive information is available to the public on the range of providers of this service.

#### 2.0 BACKGROUND AND KEY ISSUES

- 2.1 The Community Meals service is currently delivered by an independent sector provider under a contract which expires in June 2013. Since the contract was awarded in 2008 there has been a significant fall in demand for the service from 2,600 meals per week to 1,900 meals per week and this trend is continuing.
- 2.2 There is now greater choice for people: supermarkets deliver ready meals to the door and specialist companies who deliver affordable frozen meals that meet all dietary requirements, such as Wiltshire Farm Foods, are becoming much more popular. No subsidy is provided for these alternatives to the home delivered hot meal service. There are also at least 40 luncheon clubs in the Wirral, 9 of which receive a grant payment from the Council.

2.3 The development of personalisation and introduction of personal budgets and direct payments has undoubtedly had an impact in this area as individual personal choice comes to bear.

2.4 Currently the Council charges £2.68 per meal and this is a subsidised rate. The full cost of providing the meal is estimated to be £3.47. This current unit cost is based on the original contract for 2,600 meals.

### **3.0 RELEVANT RISKS**

3.1 The assessment of need of an individual who is eligible under Fair Access to Care must take account of their need for nutrition and meal provision and this will be included in their support plan. Adult Social Care will then ensure that the range of available choices is discussed with the individual and a suitable arrangement put in place.

### **4.0 OTHER OPTIONS CONSIDERED**

4.1 Consideration was given to ceasing to provide a hot meal service but it was felt inappropriate at this time and there will continue to be a small demand for this service as a cost effective alternative to providing additional domiciliary support at meal times.

### **5.0 CONSULTATION**

5.1 Not required

### **6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

6.1 None

### **7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

7.1 The removal of the subsidy and retendering of the hot meals service will deliver an efficiency saving of £200,000 over the next 2 years.

### **8.0 LEGAL IMPLICATIONS**

8.1 Standard procurement rules apply.

### **9.0 EQUALITIES IMPLICATIONS**

9.1 Requirement to meet assessed need of disabled people and to provide meals that accord with religious beliefs.

9.2 An equality impact assessment has been produced.

### **10.0 CARBON REDUCTION IMPLICATIONS**

10.1 None

### **11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

11.1 None

### **12.0 RECOMMENDATIONS**

12.1 Members are requested to agree:

- Removal of the subsidy for community meals.
- Tendering for a smaller contract which reflects anticipated demand for the hot meals service over the next 3 years.
- Production of a directory of providers of meals services.

### 13.0 REASON FOR RECOMMENDATIONS

13.1 The current system of subsidy is no longer appropriate and is inequitable as it is only available to the hot meals service. This change will contribute to the Council's budget reduction requirements.

**REPORT AUTHOR:**           **Steve Rowley**  
*Head of Finance and Performance, Adult Social Services*  
telephone: (0151) 666 3662  
email: [stephenrowley@wirral.gov.uk](mailto:stephenrowley@wirral.gov.uk)

### APPENDICES

*None*

### REFERENCE MATERIAL

*None*

### SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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# WIRRAL COUNCIL

## CABINET

20 DECEMBER 2012

<b>SUBJECT:</b>	<b><i>REVIEW OF CONTRACTS AND GRANT FUNDING TO THE VOLUNTARY, COMMUNITY AND FAITH SECTOR INCLUDING THE REVIEW OF DRUGS AND ALCOHOL ASSESSMENT AND REHABILITATION SERVICES</i></b>
<b>WARD/S AFFECTED:</b>	<b><i>ALL</i></b>
<b>REPORT OF:</b>	<b><i>GRAHAM HODKINSON, DIRECTOR OF ADULT SOCIAL SERVICES</i></b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b><i>COUNCILLOR CHRISTINE JONES</i></b>

### 1.0 EXECUTIVE SUMMARY

- 1.1 The review of Contracts and Grant Funding to the Voluntary, Community and Faith Sectors is linked to the overall approach to a comprehensive Commissioning Strategy for Adult Social Services together with the efficiency agenda confronting the Council and the need to ensure that services are effective. The Department has completed consultation in relation to 'Shaping Tomorrow' the overarching commissioning strategy and will now commence the development of a Prevention and Early Intervention Plan, critical to this has been the review of Voluntary, Community and Faith Sector Contracts.
- 1.2 The review of Voluntary, Community and Faith Sector Contracts and Grant Funding was the subject of a Cabinet Report dated 8<sup>th</sup> December 2011 and this Report highlighted:
- Many contracts with the sector are historical and had not been monitored or reviewed for many years. They do not reflect the current agenda for personalisation or demonstrate effective evidence or outcomes for individuals.
  - There is a need to secure a sound basis on which prevention and early intervention will be available to members of the public and to demonstrate that resources are deployed in an efficient and effective manner.
  - The sector needs to be seen as an integral part of a range of services on offer for the public/vulnerable people and fit within the evolving commissioning frameworks that will embrace prevention and early intervention, targeted service provision and dedicated learning disability services.
  - There is also a need to recognise the growing purchasing power of individuals and the advent of individual budgets that will enhance choice and control, in contrast to a commissioning and contracting culture based upon contracts that characterise the VCF. We therefore need to afford a community infrastructure

that both gives choice and control to individuals and is sustainable within the resources that will be available.

- 1.3 The Voluntary, Community and Faith sectors are critical to the implementation of the evolving Prevention and Early Intervention Plan and further review of the sector has demonstrated the need to make better use of resources and acknowledged that the services contained within this portfolio of service provision will require refocusing and reshaping. To this extent adult social services will further consult both in relation to the evolving Prevention and Early Intervention Plan and the need to do things differently to make best use of available resources and improve outcomes for people.
- 1.4 Arch Initiatives are one of two key providers within the borough delivering a range of services for people with substance misuse issues. The commissioning of substance misuse is coordinated by the Drug and Alcohol Action Team currently located within the Public Health Department of NHS Wirral. Arch Initiatives together with Cheshire and Wirral NHS Partnership Trust provide a comprehensive and complementary range of services across the four tiers of treatment which include Open Access, Treatment Services, Structured Day Care, Residential Rehabilitation Assessments and Placement, through to Aftercare.
- 1.5 The funding currently provided by DASS to Arch Initiatives is historic in nature and takes the form of a grant, having been initially made in the mid to late eighties. At the time this funding was innovative and ahead of national thinking with regard to drug misuse. The grant funding proactively responded to emerging local substance misuse issues and underpinned the development of a service infrastructure. Over time substance misuse has received national funding and currently Wirral Drug and Alcohol Team receive a national Pooled Treatment Budget Allocation of £4,366,217 for 2012/13 a 2% growth over previous year allocation. The grant provided directly to Arch Initiatives complements both the Pooled Budget Allocation together with funds provided by NHS Wirral and specific criminal justice funding streams.
- 1.6 The grant provided by DASS has been discussed with representatives from the Drug and Alcohol Action Team to reinforce the need to contain service provision within the National Pooled Treatment Budget Allocation and reflect service funding trends occurring elsewhere to enable the cessation of the historic grant funding provided by DASS into mainstream substance misuse services. The removal of the grant is considered appropriate given the current level of overall funding received by Wirral services to support substance misuse.

## **2.0 BACKGROUND AND KEY ISSUES**

- 2.1 The Department of Adult Social Services has a current commitment to the Voluntary, Community and Faith Sectors of £2,218,343, Appendix 1 shows a schedule of grant payments made in 2012/13. Services range from luncheon clubs through to information, advice and advocacy to day care for a range of needs groups and funding for specialist services for partially sighted and blind people and people who are deaf or hard of hearing.
- 2.2 The more recent review of the sector has identified no clear rationale for how funding is provided or for how services are currently configured, It is evident that members of the public find the array of voluntary sector providers confusing and that duplication is commonplace but equally leading to service shortfalls due to the lack of clarity surrounding the focus of each provider element. Equally services have not been

subject to robust monitoring and review, which has in certain instances led to providers redesigning services without recourse to commissioners. The review has also identified disparities in relation to funding provided to different providers leading to a significant variance in unit costs for similar services.

- 2.3 As indicated the Department recognises the part to be played by the Voluntary, Community and Faith Sectors in the development of prevention and early intervention but this will require the transformation of how services are currently provided. The reshaping of services will continue to embrace information and advice, advocacy, carers related support services, day opportunities for older people and a range of support services for people with particular needs involving mental health, blind and partially sighted and deaf and hard of hearing.
- 2.4 The current service infrastructure to support drug and alcohol misuse has developed overtime through a combination of national and local funding streams coordinated by the multi agency Drug and Alcohol Action Team. The range of service provision is comprehensive and complementary and brings together all potential entry points spanning open access, primary care, criminal justice systems, treatment services, to rehabilitation and recovery as part of an individuals abstinence from substances. Services are configured to provide flexible and responsive interventions that promote harm reduction, treatment, rehabilitation and recovery. The services recognise the essential supports to recovery and the need to ensure support across families, parenting, housing and accommodation, welfare benefits, training and employment, together with health and well being to enable and facilitate positive progress towards recovery. To further this aim services have been constructed to recognise the particular issues associated with substance misuse and the difficulty in engaging with the users of substances. The outcome is a treatment system that is robust and performing well in dealing with the range of matters confronting both individuals and communities allied to substance misuse.
- 2.5 The issue to be address is the continued use of historic grant funding provided by DASS predating the advent of the National Pooled Treatment Budget Allocations to local health and social care communities. As already indicated the original grant was implemented during the mid to late 1980's and responded, at that time, proactively to an emerging drug misuse problem within a number of Wirral communities. This funding has continued, up rated each year for inflation and is now part of a bigger pot of funding available to substance misuse services. At no time has the grant aid provided been proactively reviewed and the funding is therefore directly provided to Arch Initiatives but subsumed into the general funding administered by the Drug and Alcohol Action Team. As already explained the grant aid did kick start the original drug misuse service infrastructure but this should have been reviewed and ultimately replaced as national funding became available, which would reflect the position operating within other health and social care communities.
- 2.6 The key issue to be addressed is the cessation of the current grant funding and for Drug and Alcohol Team Commissioners to work with the current provider to understand how the grant funding is deployed and to reconfigure overall funding to maintain the range of services required allied to the existing treatment system. This will create a funding system based primarily upon the National Pooled Treatment Budget as reflected elsewhere, especially given the financial challenges confronting the Council. The grant removal is reasonable when placed within the overall financial

context for substance misuse services and Drug and Alcohol Team Commissioners through reconfiguration of funding should mitigate any significant risks.

### **3.0 RELEVANT RISKS**

- 3.1 The Cabinet Report of 8<sup>th</sup> December, whilst recognising the integral part played by the Voluntary, Community and Faith Sectors reinforced the need to ensure performance to evidence efficient and effective use of current resources and the challenges associated with Departmental efficiencies that would equally impact upon this sector of the social care market. The Cabinet Report proposed a market approach to refocus and reshape services to meet the prevention and early intervention agenda and departmental efficiency targets. The risk within this approach is public and community disquiet to the potential loss of traditional and long standing voluntary sector providers despite the current performance of the sector and no robust rationale to support the current configuration of services.
- 3.2 A further specific risk allied to the efficiency target set is the timelines for formal consultation and procurement processes associated with market testing to establish contracts based upon revised services specifications. This raises the potential that proposed efficiencies will not be realised until part way into financial year 2013/14 rather than from 1<sup>st</sup> April 2013.
- 3.3 As indicated DASS has proactively engaged with Drug and Alcohol Team Commissioners to raise the historic anomaly of grant funding and the need to cease such funding. The removal of the grant will be placed within the overall context of substance misuse funding to mitigate the consequences of reduced funding and the impact upon Arch Initiatives. The primary risk is the ability of Commissioners to reposition funding to accommodate the loss of grant funding by 31<sup>st</sup> March 2013 to minimise service disruptions.

### **4.0 OTHER OPTIONS CONSIDERED**

- 4.1 As indicated above the efficiencies sought are part of a review process which recognises that the Voluntary, Community and Faith Sectors are not currently fit for purpose and therefore require refocusing and reshaping to ensure better outcomes for people. This is a precursor to the planned Prevention and Early Intervention Plan and will implement the Cabinet Report of 8<sup>th</sup> December 2011, the efficiencies will add value to services that require transformation. As such no other options have been considered.
- 4.2 In relation to Arch, the only other option would be to consider phasing the removal of the grant to Arch Initiatives over a longer time period to enable Substance Misuse Commissioners to understand what key funding streams will be available going forward, to work with providers to re-engineer the whole substance misuse system and by doing so mitigate adverse consequences to individuals and consequences. However the nature of the local authority finances would suggest that it is reasonable to cease grant funding by 31<sup>st</sup> March 2013.

### **5.0 CONSULTATION**

- 5.1 The Department has recently completed a period of consultation to establish the commitment to the overarching Commissioning Strategy 'Shaping Tomorrow' and will further consult in relation to the Prevention and Early Intervention Commissioning

Plan given the radical intent implied by a commissioning approach to reshape service provision and achieve challenging efficiency targets.

- 5.2 Equally the Cabinet Report of the 8<sup>th</sup> December 2011 had involved extensive dialogue and the sector are aware that changes will be made, but the proposed position will involve further engagement and consultation.
- 5.3 Consultation regarding drug and alcohol misuse will be managed alongside Substance Misuse Commissioners and involve direct and appropriate consultation with all relevant parties.

## **6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

- 6.1 The proposed efficiencies will impact directly in relation to the Voluntary, Community and Faith Sectors with the potential loss of contracts or a rationalisation of current business, with the associated resource implications.
- 6.2 The Grant Funding for Arch had formed part of the portfolio of funding provided to the Voluntary, Community and Faith Sectors but review has established the mainstream nature of the grant underpinning services and for this reason is now a standalone matter. As such there are no implications for this sector as Arch Initiatives are one of two mainstream service providers.

## **7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

- 7.1 The Department currently invests £2,545,343 within the VCF Sector and is seeking to achieve efficiencies of £500,000 effective from financial year 2013/14.
- 7.2 The removal of the grant from Arch will achieve £327,000 efficiencies going forward effective from financial year 2013/14. There could be human resource implications for Arch Initiatives dependent upon how Substance Misuse Commissioners restructure overall funding.

## **8.0 LEGAL IMPLICATIONS**

- 8.1 Any developments to the current funding arrangements and governance of contracts must comply with contract law and procurement guidance.
- 8.2 The Department will need to undertake consultation and give formal notice in those cases where funding will cease.

## **9.0 EQUALITIES IMPLICATIONS**

- 9.1 Equality impact will be managed through the Programme of change.

## **10.0 CARBON REDUCTION IMPLICATIONS**

- 10.1 None

## **11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

- 11.1 None

## **12.0 RECOMMENDATIONS**

- 12.1 Members are requested to agree:

- The efficiency target set in relation to the Voluntary, Community and Faith Sectors.
- To support the refocusing and reshaping of VCF Sector services as a key element to the development of the Prevention and Early Intervention Commissioning Plan.

12.2 In addition Members are requested to agree:

- The removal of grant funding to Arch Initiatives with effect from 1 April 2014
- To support active engagement by Drug and Alcohol Team Commissioners to reconfigure National Pooled Treatment Budget Allocations to mitigate the loss of grant funds

**13.0 REASON FOR RECOMMENDATION/S**

13.1 The further review of the Voluntary, Community and Faith Sectors has reinforced that services as currently configured are not fit for purpose and therefore builds upon the Cabinet Report of 8<sup>th</sup> December 2011.

13.2 As indicated the current grant to Arch Initiatives is historic in nature and should be seen within the wider context of a National Pooled Treatment Budget Allocation to Wirral now standing at over £4.6m which included a 2% growth over the previous year allocation. The grant is unusual and was time specific to the mid to late eighties and has lacked review and should now be addresses through the wider substance misuse systems for commissioning and funding.

**REPORT AUTHOR:** *Steve Rowley*  
 Head of Finance and Performance  
 telephone: (0151) 666 3662  
 email: [stephenrowley@wirral.gov.uk](mailto:stephenrowley@wirral.gov.uk)

**APPENDICES**

*Appendix 1 – Grant Payments made in 2012/13*

**REFERENCE MATERIAL**

*None*

**SUBJECT HISTORY (last 3 years)**

Council Meeting	Date

## Grant Payments to Voluntary Organisations 2012-13

Organisation	Amount	Activity
	£	
Arch Initiatives	327,070.00	
Advocacy in Wirral	23,575.04	Bridges
Advocacy in Wirral	45,314.40	Advocacy Service
Age Concern Core Costs	128,602.00	Core Costs
Age Concern Wirral	134,569.00	Advocacy & Info
Age Concern Wirral	33,339.00	Carer Support
Age Concern, Bramwell	53,987.00	Day Centre
Age Concern, Devonshire Centre	163,710.00	Day Centre
Age Concern Wirral	15,000.00	Older Peoples Parliament
Bangladeshi Luncheon Club	2,702.64	Luncheon Club
Chinese Association	16,127.51	Luncheon Club
Community Involvement Group	50,301.56	Day Centre
Alpha RSL (prev Forward Road)	18,404.06	Luncheon Club
Headway, Wirral	8,589.28	Day Centre
Helplink Comm. Transport	26,962.11	Helplink service
Hoylake Cottage Hospital	96,777.19	Day Centre
Leasowe Play, Youth & Comm. Ass.(Autumn)	14,842.78	Luncheon Club
Lonsdale Trust	45,089.41	Day Centre
Lonsdale Trust	31,605.66	Granville Court
Moreton Comm. Ass	11,166.28	Luncheon Club
MSDP	150,932.68	Tech & Support
MSDP	29,787.00	Equipment Service
New Brighton Comm Ass	9,844.93	Luncheon Club
Newton Village Hall	344.00	Helping Hand Club
Phoenix House	12,245.32	Outreach Worker
Seacombe Community Assoc.	17,875.31	Luncheon Club
PSS - Vicent Harkins Day Centre	115,192.84	Day Centre
Vale House	9,200.95	Luncheon Club
VCAW (Previously Hoylake CVS)	25,689.23	Carelink
VCAW (Previouslly C Bed)	22,458.55	Helping Hands
VCAW	177,415.00	Link Funding
WIRED	46,112.70	Carers Advocacy
WIRED	52,147.94	Carers Support Service
WIRED/Direct Payment	81,058.00	Direct Payments
WIRED/PD Advocacy	49,777.12	Advocacy
WIRED	51,946.00	IMCA service
Wirral African & Caribbean Comm. Voice	2,357.54	Luncheon Club
Wirral Blind & Partially Sighted	26,581.97	Advocacy
Wirral Mind	25,030.17	LD Advocacy
Wirral Mind	27,831.16	Volunteer Support
Wirral Mind Fountain Club	72,022.45	Fountain Club Drop-In
Wirral Multicultural	32,460.71	Asian Comm Worker
	<b>2,286,046.50</b>	

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# WIRRAL COUNCIL

## CABINET

20<sup>TH</sup> DECEMBER 2012

<b>SUBJECT:</b>	<b><i>EFFICIENCY PROPOSAL: TARGETED SUPPORT INITIATIVES</i></b>
<b>WARD/S AFFECTED:</b>	<b><i>ALL</i></b>
<b>REPORT OF:</b>	<b><i>GRAHAM HODKINSON, DIRECTOR OF ADULT SOCIAL SERVICES</i></b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b><i>COUNCILLOR CHRISTINE JONES</i></b>

### **1.0 EXECUTIVE SUMMARY**

- 1.1 There are a number of initiatives described in section 2 of this report. All are focused on enabling individuals to be supported in the community and in their own homes whenever possible. The use of residential and nursing homes would then be related to need and choice and not because services people require are not available in the community.
- 1.2 The current pattern of investment is skewed towards institutional options. This produces poorer outcomes and is a more expansive model of care. A programme of work is now underway between the Local Authority and the NHS to shift the balance and develop sustainable community interventions and support.

### **2.0 BACKGROUND AND KEY ISSUES**

- 2.1 There are a number of efficiencies related to the current high usage of residential and nursing homes in the Wirral. These beds are used for intermediate care and to facilitate early hospital discharge. Community alternatives are not well developed and older people may find themselves being placed in care homes on an interim basis due to a lack of access to domiciliary support.
- 2.2 The use of beds as opposed to support in the home is an expensive solution and can reduce an individual's confidence to return to their home and be partly related decisions to remain in care homes.
- 2.3 To improve outcomes for older people:
- There is a programme of work with the NHS, supported by the Kings Fund to achieve greater integration. This programme is focused on delivering streamlined responsive services, better outcomes for people and more efficient use of resources.
  - Jointly with the NHS there is work underway to develop the market, particularly in the areas of intermediate tier and domiciliary care. This should significantly reduce the numbers of older people going into residential and nursing home care.

- Over the next few months there will be joint work to develop a commissioning strategy for early intervention and prevention. This will be the basis for future commissioning with the third sector and help to reduce dependence on some high cost statutory services.
- We will increase the use of assistive technology and the use of moving and handling equipment to ensure more efficient use of domiciliary care.
- In partnership with the NHS there is agreement increase investment in intermediate tier and reablement services. This will include some retendering of existing reablement contracts to ensure they are more outcome focused..
- It is recognised that extra care housing is a genuine alternative to residential care and there is a strong evidence base for increasing extra care housing capacity over the next 3 years.

2.4 There are also a number of individuals who qualify for fully funded NHS support and funding for their care (known as Continuing Health Care or CHC). There has been some publicity recently about difficulties in accessing that support and the NHS are dealing with a significant backlog of applications. A recent investigation into a whistle-blowing complaint in the Wirral has highlighted the issue and there is agreement to work jointly with the NHS to ensure the process (quality and timeliness) of assessments for CHC is improved. A number of these cases are likely to be currently funded by the Local Authority.

### **3.0 RELEVANT RISKS**

3.1 Much of the above is being delivered through a formal programme supported by the Kings Fund. This means that risks are identified and managed within a formal project management approach. There will be some need for double running of services and a need to ensure that this is tightly managed and resources shifted appropriately.

### **4.0 OTHER OPTIONS CONSIDERED**

4.1 Doing nothing is not an option as it produces poorer outcomes and is unaffordable in the medium and long term.

### **5.0 CONSULTATION**

5.1 Consultation will be managed through the programme board.

### **6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

6.1 Voluntary, Community and Faith groups will have an increasing contribution to make as individuals are supported in the community and their own homes. They will play an essential part in the formulation of the early intervention and prevention commissioning strategy.

### **7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

7.1 It is anticipated that this programme and reduced costs to the local authority on nursing and residential care beds will deliver £3.9m efficiency savings over the next 3 years.

### **8.0 LEGAL IMPLICATIONS**

8.1 Standard procurement rules apply.

### **9.0 EQUALITIES IMPLICATIONS**

9.1 Equality impact will be managed through the Programme.

**10.0 CARBON REDUCTION IMPLICATIONS**

10.1 None

**11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

11.1 None

**12.0 RECOMMENDATIONS**

12.1 Members are asked to note the joint work now taking place between the Council and the NHS and confirm their support for the integration programme.

**13.0 REASON FOR RECOMMENDATION/S**

13.1 The focus of this work is to improve outcomes for older people.

**REPORT AUTHOR:**

**APPENDICES**

**REFERENCE MATERIAL**

*None*

**SUBJECT HISTORY (last 3 years)**

Council Meeting	Date

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# COUNCIL

## CABINET

20 DECEMBER 2012

<b>SUBJECT:</b>	<b>REVIEW OF ASSISTIVE TECHNOLOGY AND EQUIPMENT SERVICES - IMPLEMENTING A CHARGE FOR TELECARE</b>
<b>WARD/S AFFECTED:</b>	<b>ALL</b>
<b>REPORT OF:</b>	<b>GRAHAM HODKINSON, DIRECTOR OF ADULT SOCIAL SERVICES</b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b>COUNCILLOR CHRISTINE JONES</b>

### 1.0 EXECUTIVE SUMMARY

1.1 The reports set out proposals to implement a flat rate charge for assistive technology and equipment services to certain service users ; the service is currently free to all accessible service users. The proposal will generate additional income of £300,000.

### 2.0 BACKGROUND AND KEY ISSUES

2.1 Assistive Technology, which includes telecare, frequently uses simple and discreet technology to help individuals live safely and independently, whilst also providing carer support. The service is provided via personalised assistive technology packages which can be used in a variety of ways to support individual needs, with assistance being available 24 hours a day, 365 days a year via connection to a response centre. **Assistive Technology in Wirral is increasingly recognised as an integral part of supporting individuals and carers.**

2.2 Assistive Technology in Wirral is jointly funded by Wirral Council and NHS Wirral. The joint management of the service is provided via Wirral Council. The service has seen a growth in the numbers of people being supported by the service of over 225% since 2009/2010. In 2011/12 there were over 4,500 people accessing the service at a cost of £1.5m.

2.3 In August 2012 the Assistive Technology for Wirral 2012 – 2017 “Supportive, Responsive, Preventive” was approved. Included within the strategy was:

**“Workstream 1: Develop and introduce a charging policy.**

The Council has already agreed to develop ‘nominal’ charging for Assistive Technology. In the current financial climate and in the absence of directly tangible cashable efficiencies a growing service must be considered to be unsustainable. Charging will be linked to Fair Access to Care criteria, must in itself not become a barrier to using Assistive Technology and be mindful of the funding principles of the NHS i.e. free at the point of care.”

2.4 The option is to implement a proposed charge based on the cost of providing an ongoing monitoring service. The proposed charge of £3 per week is in line with charges made by other Local Authorities. It is estimated that 50% (2,500) of current users would be liable for this charge. Those service users who receive telecare as part of their FACS eligible services will not be charged, nor will those people who are in receipt of specific means tested benefits.

### **3.0 RELEVANT RISKS**

3.1 That people who need the service opt out due to the cost of the fee; this will be mitigated by ensuring that FACS eligible and people in receipt of benefits are not charged

### **4.0 OTHER OPTIONS CONSIDERED**

4.1 The current system is not to charge, this is seen as untenable going forward.

4.2 A nominal fee has been put forward that covers the cost to the council, to charge more may be illegal.

### **5.0 CONSULTATION**

5.1 The introduction of this charge will require a consultation period of 12 weeks with relevant service users and their carers.

### **6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

6.1 None

### **7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

7.1 It is acknowledged that in implementing a charging regime there is likely to be an impact on the number of financial assessments made, the collection of income and potential bad debts. It is estimated that this proposal will generate net income of £300,000 taking into account these issues.

### **8.0 LEGAL IMPLICATIONS**

8.1 None

### **9.0 EQUALITIES IMPLICATIONS**

9.1 An Equalities Impact Assessment has been completed

### **10.0 CARBON REDUCTION IMPLICATIONS**

10.1 None

### **11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

11.1 None

### **12.0 RECOMMENDATIONS**

12.1 That a charge of £3 per week is implemented for all relevant users of assistive technology services

### 13.0 REASON FOR RECOMMENDATION

13.1 The proposal is to make an equitable charge to those service users who are able to pay for this service.

**REPORT AUTHOR:** **Steve Rowley**  
Head of Finance and Performance  
telephone: (0151) 666 3662  
email: [stephenrowley@wirral.gov.uk](mailto:stephenrowley@wirral.gov.uk)

### APPENDICES

*None*

### REFERENCE MATERIAL

*None*

### SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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# WIRRAL COUNCIL

## CABINET

20 DECEMBER 2012

<b>SUBJECT:</b>	<b>CONTRACT DEVELOPMENTS</b>
<b>WARD/S AFFECTED:</b>	<b>ALL</b>
<b>REPORT OF:</b>	<b>GRAHAM HODKINSON, DIRECTOR OF ADULT SOCIAL SERVICES</b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b>COUNCILLOR CHRISTINE JONES</b>

### 1.0 EXECUTIVE SUMMARY

1.1 This report considers proposals with budgetary implications that make changes to contractual issues in the following areas:

- Re-tender of existing contracts for Extra Care Housing
- Review of existing Respite and Short Term Care Provision
- Develop a Contracts Framework for Day Care provided by external providers

### 2.0 BACKGROUND AND KEY ISSUES

#### 2.1 Re-tender of existing contracts for Extra Care Housing - Budget Savings Proposal £200,000

2.1.1 The Council has worked with partners to commission over 200 units of extra care for older people across 5 local schemes in the Borough. The Council is reviewing these services and developing a contract specification which takes into account future demand from an increasing older population to ensure it delivers a cost effective alternative to residential care.

2.1.2 The proposal involves commissioning a smaller block of care which will make costs between the schemes more consistent. There are currently large variations in weekly costs between schemes from £94 to £428 per week. Overall annual expenditure is £1.4m and it is anticipated that through better commissioning of these schemes 15% efficiencies could be achieved.

2.1.3 It is anticipated that this proposal will be developed by 2013/14 and implemented with effect from 1 April 2013

#### 2.2 Review of existing Respite and Short Term Care Provision - Budget Saving Proposal £300,000

2.2.1 The Council is committed to working with people who use services, their families and carers, partners and providers to develop services and to encourage the market to deliver flexible and personalised respite and short term breaks. The introduction of block contract arrangements for a small number of short term care beds to facilitate assessments post hospital discharge has the potential to generate savings for the Council.

2.2.2 The Department currently spends £3.6m on Independent Respite Care. The saving assumes a 10% reduction in costs due to more effective commissioning. The cost of this care is generally higher than Residential and Nursing care because of its short term nature and unpredictable demand. Providers will charge more competitive rates if they have a guaranteed level of demand. In some areas competition may be very limited, which will impact on the savings that could be generated, it will, therefore be necessary also to review the level and type of services.

2.2.3 It is anticipated that this proposal will be developed by 2013/14 and implemented with effect from 1 April 2013

**2.3 Develop a Contracts Framework for Day Care provided by external providers – Budget Savings Proposal £100,000**

2.3.1 The Council is committed to working with people who use services, their families and carers, partners and providers to develop services. The Council is developing a contracting framework for day care provided by independent sector providers. This may deliver efficiencies through improved commissioning and the opportunity to standardise daily rates.

2.3.2 A contract arrangement would enable the Department to implement a standardised rate for Day Care. The average cost of Day Care is currently £385 per week. Again we may need to purchase less rather than rely purely on price to deliver a saving in this area.

2.3.3 It is anticipated that this proposal will require time to be developed and implemented and therefore savings will accrue from 2014/15 onwards.

**3.0 RELEVANT RISKS**

3.1 That the market does not respond at the estimated level; this will be mitigated through discussions with relevant providers.

**4.0 OTHER OPTIONS CONSIDERED**

4.1 None

**5.0 CONSULTATION**

5.1 It will not be necessary to consult on this proposal.

**6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

6.1 There may be the opportunity for appropriate service providers from the VCF sector to bid for these contracts.

**7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

7.1 The following savings will be generated from the options:

	<b>Savings</b>	
<b>Proposal</b>	<b>2013/14</b>	<b>2014/15</b>
Re-tender of existing contracts for Extra Care Housing	£200,000	
Review of existing Respite and Short Term Care Provision	£300,000	
Develop a Contracts Framework for Day Care provided by external providers	£0	£100,000

**8.0 LEGAL IMPLICATIONS**

8.1 None

**9.0 EQUALITIES IMPLICATIONS**

9.1 The impact of these proposals will be the subject of specific Equality Impact Assessments as the underlying contracts and specifications are developed.

**10.0 CARBON REDUCTION IMPLICATIONS**

10.1 None

**11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

11.1 None

**12.0 RECOMMENDATIONS**

12.1 That a work is undertaken in the following contract areas of service delivery:

- Re-tender of existing contracts for Extra Care Housing
- Review of existing Respite and Short Term Care Provision
- Develop a Contracts Framework for Day Care provided by external providers

**13.0 REASON FOR RECOMMENDATION/S**

13.1 In order to obtain best value it is important to test the market for the most economic and effective service providers

**REPORT AUTHOR:** *Steve Rowley*  
 Head of Finance and Performance  
 telephone: (0151) 666 3662  
 email: [stephenrowley@wirral.gov.uk](mailto:stephenrowley@wirral.gov.uk)

**APPENDICES**

*None*

**REFERENCE MATERIAL**

*None*

**SUBJECT HISTORY (last 3 years)**

Council Meeting	Date

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# WIRRAL COUNCIL

## CABINET

20 DECEMBER 2012

<b>SUBJECT:</b>	<b><i>CHARGING FOR NON-RESIDENTIAL SERVICES</i></b>
<b>WARD/S AFFECTED:</b>	<b><i>ALL</i></b>
<b>REPORT OF:</b>	<b><i>GRAHAM HODKINSON, DIRECTOR OF ADULT SOCIAL SERVICES</i></b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b><i>COUNCILLOR CHRISTINE JONES</i></b>

### 1.0 EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to make recommendations to Cabinet in respect of an increase in the contributions made by individuals for non-residential services funded by the Department of Adult Social Services. It is estimated that this will derive additional income of £880,000 in a full year..

### 2.0 BACKGROUND AND KEY ISSUES

- 2.1 Local authorities also have discretionary powers under Section 17 of the Health and Social Services and Social Security Adjudication Act 1983 to charge adult recipients of non-residential care services. These services include domiciliary care, supported living, day care, direct payments, and transport.
- 2.2 Charging for non-residential services is covered in the Local Authority Circular LAC (2001)32 - Fairer Charging Policies for Home Care and Other non-residential Social Services published by the Department of Health in November 2001. The Fairer Charging guidance allows local authorities to decide whether to charge for services and there is quite significant scope for local discretion.
- 2.3 Further guidance was issued by the Department of Health in July 2009 to supplement the Fairer Charging guidance. This fairer contributions guidance provides a model for calculating a person's contribution to their personal budget.
- 2.4 The assessed charge is based on the person's ability to pay and, unless they are assessed to pay the maximum charge for their services, it is a contribution towards their package of care irrespective of the type or volume of support provided.
- 2.5 Cabinet on 4 October 2007 approved a phased approach to increasing the charging policy for non-residential care services. This included increasing both the percentage charge against the calculated Disposable Income and the charge for domiciliary and supported living for people with savings in excess of £25,000 (maximum charge payers).

## 2.6 Percentage Charge

2.6.1 The percentage charge against Disposable Income was agreed by Cabinet as follows:

- 50% from 1 January 2008
- 60% from 1 April 2008
- 75% from 1 April 2009

The charge remains at 75%. An example of a charge calculation is provided below:

### Example of a charge calculation:

a)	State Retirement Pension	£107.45
b)	Standard Guaranteed Credit	£35.25
c)	Additional Guaranteed Credit	£58.20
d)	Attendance Allowance	£51.85
e)	<b>Total Income</b>	<b>£252.75</b>
f)	Income Support/Guaranteed Credit Threshold	£178.38
g)	<b>Income available for charging</b> (Disposable Income)	<b>£74.37</b> (e less f)
h)	Weekly assessed charge at 75%	£55.78

**Note:** c) Includes additional amount for severe disability  
f) Standard minimum guarantee of pension credit (a & b) + 25%

2.6.2 In assessing an individual's ability to pay the Council is expected to assess disability-related expenditure as disability-related benefits are included in the financial assessment as income. The deduction of this expenditure reduces the individual's disposable income and therefore reduces their charge for the service. Any rent, mortgage or council tax payments are also deducted in arriving at the disposable income.

2.6.3 Benchmarking information has been obtained to compare the charge applied by Wirral with that of other North West Authorities. This is shown in the table below.

<b>Council</b>	<b>% Charge against Disposable income</b>
Wirral	75
Wigan	75
Sefton	80
Lancashire	85
Rochdale	90
Cheshire East	97
Blackpool	100
Bury	100
Cumbria	100
St Helen's	100
Stockport	100
Tameside	100
Trafford	100

2.6.4 The financial impact of increasing the percentage charge against disposable income from the current rate of 75% is shown in the table below. The figures are based upon the current assessed charges and exclude full cost, capped and nil charges.

<b>Charge</b>	<b>Annual Impact £000's</b>
85%	370
90%	550
95%	720
100%	880

2.6.5 The potential impact on an individual's weekly charge from an increase in the charging policy is provided in the table below. The examples shown cover the most common weekly assessed charges.

<b>Current Charge</b>	<b>Revised Weekly Charge</b>			
	<b>85%</b>	<b>90%</b>	<b>95%</b>	<b>100%</b>
£12.13	£13.75	£14.56	£15.37	£16.18
£17.11	£19.39	£20.53	£21.67	£22.81
£19.88	£22.54	£23.87	£25.20	£26.53
£55.78	£63.22	£66.94	£70.66	£74.38
£63.53	£72.01	£76.25	£80.49	£84.73

## 2.7 Capital Limits

- 2.7.1 Charging for residential services is covered by the statutory guidance 'Charging for Residential Accommodation Guide' (CRAG) which is published by the Department of Health. Individuals with capital in excess of £23,250, or those who have arranged to live in a care home without an assessment, are required to pay the full cost of their care.
- 2.7.2 The Fairer Charging guidance allows Local Authorities to operate more generous capital rules than CRAG but as a minimum the same savings limits should be applied. Wirral currently applies a limit of £25,000 for non-residential care services.
- 2.7.3 A reduction in the savings limit for non-residential services to the same level as for residential care would provide greater clarity on capital limits for both individuals and practitioners.
- 2.7.4 The financial impact for service users would be that those with capital between £23,250 and £25,000 would become self funders. There are currently 12 people whose charges would be affected by this decision. This would result in increased income to the Authority.

## 3.0 **RELEVANT RISKS**

- 3.1 Whilst the service will remain unchanged the proposal will increase the contributions made by vulnerable and elderly people in the Borough towards the cost of their care and support. People may decline the service if charges are increased and this may impact on their health and wellbeing. There may also be an impact on the level of Council debt as people may not pay the increased charge. Charges will be reviewed on a case by case basis for individuals who experience difficulty in paying their assessed charge.

## 4.0 **OTHER OPTIONS CONSIDERED**

- 4.1 None.

## 5.0 **CONSULTATION**

- 5.1 No consultation has been carried out in relation to this report.

## 6.0 **IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

- 6.1 There are no implications for voluntary, community or faith groups.

## 7.0 **RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

- 7.1 The financial implications are included in the report. There are no implications on IT, staffing or assets.

## 8.0 **LEGAL IMPLICATIONS**

- 8.1 There are no legal implications.

## 9.0 **EQUALITIES IMPLICATIONS**

- 9.1 The proposal will increase the contributions made by vulnerable and elderly people in the Borough towards the cost of their care and support.

## **10.0 CARBON REDUCTION IMPLICATIONS**

10.1 There are no carbon reduction implications.

## **11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

11.1 There are no planning and community safety implications.

## **12.0 RECOMMENDATIONS**

12.1 That Cabinet approve an increase in the percentage charge against disposable income under the Fairer Charging Policy.

12.2 That Cabinet approve one of the following options:

Option 1) A phased increase in the percentage charge against disposable income:

- i) Increase from 75% to 90% from 1<sup>st</sup> April 2013
- ii) Increase from 90% to 100% from 1<sup>st</sup> April 2014

Option 2) An increase from 75% to 100% from 1<sup>st</sup> April 2013

Option 1 will generate additional income of £550,000 in 2013/14 with further income of £330,000 in 2014/15, whereas Option 2 will generate additional income of £880,000 in 2013/14.

12.3 That Cabinet agree to a change in the capital limit applied under Fairer Charging so that it is consistent with the limit applied under the 'Charging for Residential Accommodation Guide'. This is currently set at £23,250.

## **13.0 REASON FOR RECOMMENDATION/S**

13.1 The recommended increase will bring the charges applied by Wirral under the Fairer Charging Policy into line with other North West Authorities. Option 1 provides a phased approach over two years as it is likely that many people will find it difficult to cope with a sudden increase in charges and they may need time to adjust their spending patterns. Option 2 does not allow for a phased approach.

13.2 Bringing the capital limit for non-residential care services into line with the limit for residential care services, as set out in the 'Charging for Residential Accommodation Guide', will provide greater clarity for individuals accessing services and for social care practitioners.

**REPORT AUTHOR:** **Steve Rowley**  
Head of Finance and Performance  
telephone: (0151) 666 3662  
email: [stephenrowley@wirral.gov.uk](mailto:stephenrowley@wirral.gov.uk)

## **APPENDICES**

None

**REFERENCE MATERIAL**

*None*

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>

## WIRRAL COUNCIL

### CABINET XXXX

<b>SUBJECT:</b>	<b>Transformation of Day Services and Daytime Provision</b>
<b>REPORT OF:</b>	<b><i>GRAHAM HODKINSON - DIRECTOR OF ADULT SOCIAL SERVICES</i></b>
<b>RESPONSIBLE PORTFOLIO HOLDER</b>	<b>COUNCILLOR CHRISTINE JONES</b>

#### 1. PURPOSE OF REPORT

1.1 The purpose of this report is:

- i. To advise Cabinet regarding proposals to transform Council provided day services and day centre provision for people with physical and learning disabilities and mental health needs
- ii To provide an analysis of current and future need as the basis upon which decisions regarding the above services should be made within the current financial context.
- iii To outline potential options to respond in a positive manner to the issues identified and to seek approval to consult on the preferred options.

#### 2. BACKGROUND AND CONTEXT

2.1 The Council currently operates as in-house services six day centres for people with physical and learning disabilities, three day centres for people with mental health needs and six day services offering “work type” placements for people with a disability. These have close links with their communities, operate increasingly personalized services and carry out a range of trading activities including catering and sale of plants and produce.

2.2 The model of operation needs to evolve further to meet national expectations and changing needs. The policy of offering people Personal Budgets has changed the profile of service provision. It is increasing demand for flexible support packages, which has in turn reduced demand for traditional long term day care. There is evidence that service users often attend more than one day centre and “mix and match” provision. Young people who are making the transition from children’s to adult’s services are not choosing to attend day centres. Council run day centres have not been maintained to market standard and have sometimes been seen as less flexible and innovative than alternative types of provision.

- 2.3 There is also evidence of an increasing demand for the “work type” placements delivered in six of the council’s day services. These currently offer the equivalent of around 130 full time places a day to service users and are anxious to expand the provision to manage demand.
- 2.4 Conversely, there is evidence of high levels of support for day centre provision from those people who currently use the service and their carers. Following a Cabinet decision in September 2011, an extensive consultation was undertaken on a future model for day services. This confirmed the value of the centres as places where people go to meet friends, socialise and learn new skills.
- 2.5 There are also continuing changes in the population of people requiring support in the community, with a steady rise in the number of people with the highest support needs who will continue to require specialist centres which can offer skilled therapeutic support and appropriate equipment and facilities. In addition the population of people who attend day centres is aging and are likely to require a different range of services into the future.
- 2.6 In September 2011 Cabinet approved a report which identified that the best way to resolve the complexities identified above was to:
- consult with people about developing a transformed model for the remaining day centre provision.
  - enable the “work type” day services to prepare to” spin off” from council control by piloting this approach within a “Business Hub”

The rest of this report addresses the options to transform day services which arise from these pieces of work.

### **3. TRANSFORMATION OF DAY SERVICES**

- 3.1 A comprehensive consultation designed to engage people in a discussion about developing a revised model for Adult Day Services was undertaken from November 2011- February 2012 and through this the primary reasons for attending day services were identified as meeting friends, socialising and learning new skills
- 3.2 In addition to this feedback it has been necessary to take into account the following factors to develop options to deliver a modernised service. These are as follows:
- The predicted demand for any future service. This has been based upon an analysis of current levels of occupancy of the day centres, future need in terms of the population of young adults coming through the transition process and the choices they are making about what type of day provision to access. This demonstrates that

around 33% of the places currently available are not being used. Given the drive towards more personalised services this is likely to increase in coming years and there is a need for the department to consolidate its provision at the same time as ensuring that there is sufficient capacity to meet the needs of the learning disabled, physically disabled and mental health “populations”. Based on this analysis it will be necessary for the department to ensure sufficient capacity to support 312 people with physical and learning disabilities and 36 people with mental health needs on a daily basis.

- Having sufficient capacity to meet high dependency needs. As highlighted above, there is a significant minority of service users with profound disabilities who will continue to need specialist centres.
- Where services are located. Any new model of service provision has to be flexible enough to meet individual needs and take into account the increasing emphasis on services based on a locality model, nearer to where people live.
- The level of capital investment in the current provision which would be required to bring centres up to a modern standard. Full condition surveys have been carried out on all buildings and it has been established that although some centres are in a much better state of repair than others, the cost of basic reparation to bring all buildings up to an acceptable standard would be £1.5m This estimate covers only the basic repairs needed and does not include any level of improvement.
- The need to deliver £1.5m savings over three years as part of the council’s budget strategy.

### **Option 1**

**a) Close one large day centre and consolidate Mental Health provision into one centre.**

**b) Continue to consolidate current day centre provision and retain as an in-house service**

**c) Continued development of the Social Enterprise Network based at Cole Street**

a) Year 1 saving would be approximately £1 million pounds; this would be a combination of staff and premises costs.

b) Years 2 & 3 savings would be £500,000 per annum based on a combination of staff and premises costs

## **Option 2**

- a) Close one large day centre and consolidate Mental Health provision into one centre**
  - b) Continue to consolidate current day centre provision and test the social care market in relation to feasible options for provision to be run as a social enterprise**
  - c) Based on market testing outcomes all remaining day care provision to be run as a social enterprise (year 3)**
- 
- a) Year 1 saving would be approximately £1 million pounds, this would be a combination of staff and capital costs.
  - b) Year 2 saving of £500,000 due to continued consolidation, year 3 saving of £1 million

Either option is based upon certain assumptions which may change. The closure of one large centre and the consolidation of mental health services will impact upon usage of remaining centres. An impact assessment and evaluation will need to be carried out to fully assess the impact upon the feasibility of moving towards a wholesale move to a social enterprise model

## **4. Social Enterprise Network development**

- 4.1. Work to develop this proposal has focussed on three main areas; support for the services aiming to become public sector mutual organisations, location, and securing a financially sustainable business model. These are detailed below.
- 4.2 Public Sector Mutuals. The original idea was to support the “spinning off” of up to six small day services and as part of the preparation, each of the services involved has worked with Invest Wirral to establish an individual business plan and brand identity. There are concerns, however, about the sustainability of the business plans and because of this the department would now wish to move forward on the basis of establishing one public sector mutual, likely to be a social enterprise, which would incorporate all six day services.
- 4.3 A new business plan will be prepared in response to the department’s Learning Disability Commissioning Plan. It is recognised that this organisation will need some certainty in terms of the demand for their core business, that is, the provision of therapeutic support to people wishing to access training and employment. It may be necessary for

the department to agree to commission this provision on behalf of individuals for up to three years to ensure that the mutual can develop into a sustainable business. In addition, Social Enterprise Investment Fund (SEIF) funding is being sought to enable the nascent organisation to access the specialist legal and human resource advice necessary to progress to the next stage. The outcome of this will be reported to a future Cabinet.

4.4 Location. The original intention was to locate the business centre, or “hub” within a refurbished Riverside Day Centre. However, once a building conditions survey had been carried out it became clear that the building had considerable deficiencies and would require at least £700,000 to bring it to an acceptable standard. It has therefore been necessary to explore possible alternative sites including the former Cole Street School in Birkenhead. This too would require some modifications including the installation of a lift. Detailed costing for this refurbishment is being finalised but it is also possible that up to £700,000 will be required. As a consequence, it is proposed that any decision about location is deferred until the new business plan has been completed.

4.5 The next steps in this programme are as follows:

- Continue to support the development of business plan through the SEIF
- Ensure the alignment of these service developments within the detailed commissioning plan for learning disability

## **5.0 RELEVANT RISKS**

5.1 If the recommendations in this report are not agreed, the Council runs the risk of providing services at its Day Centres that people will not use. This will result in additional financial pressure as resources will be locked into empty buildings rather than being reinvested into supporting people in the community.

5.2 With regard to the social enterprise, the risk is that the Council will miss the opportunity to modernise the service in line with current best practice. This will result in the Council not being able to meet the aspirations of people with disabilities for work based training and employment opportunities.

5.3 All of the options for modernising day services involve the closure of Council run buildings with the resultant risk to staff employed. Whilst management has been covering vacancies with agency staff there is still a potential impact on up to xx staff directly employed by the Council.

## **6.0 OTHER OPTIONS CONSIDERED**

6.1 See section 3 above

## **7.0 CONSULTATION**

7.1 Consultation on the options described in Section 3 will be subject to a twelve week statutory period. Service users, their carers, staff and Trade Unions will be fully consulted. Consultation will be cognisant of previous consultations undertaken in relation to the services in question.

## **8.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUP**

8.1 None identified.

## **9.0 LEGAL IMPLICATIONS**

9.1 **There is an** additional twelve week period within any changes should not be changed in order to allow for the possibility of legal challenge and/or judicial review - **Surjit will need to input here**

## **10.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

10.1 Day Centres

- i. The closure of one large day centre and the consolidation of mental health services will result in a saving of £2 million over three years but will include a reduction of staff
- ii. There will be a resale value to the Council if the sites of the former day centres are sold.
- iii. There are significant implications for staff arising from these proposals. Posts will be lost and full consultation with staff and trade unions will be undertaken. In addition there are significant skills development issues to be addressed with remaining staff as the service moves into its new model. The department has already engaged “Skills for Care” to undertake an analysis of the skills required within the workforce and a developmental programme will be implemented.

10.2 Social Enterprise Network

- i. It is anticipated that the creation of a social enterprise network will generate additional efficiencies within the day services budget and these will form part of the plan to commission this service. It is not, therefore, possible to quantify additional savings at this stage.
- ii. There will be significant implications for staff working within these services as they move forward into a new organisation. Specialist Human

Resource advice will be sought to ensure that TUPE implications are fully understood and there will be extensive consultation with staff and unions as the Business Plan is developed.

## **11.0 EQUALITIES IMPLICATIONS**

11.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

Yes - completed.

## **12.0 CARBON REDUCTION IMPLICATIONS**

12.1 Proposals to reduce the number of buildings in operation will have a positive impact in terms of carbon reduction.

## **13.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

13.1 Planning permission is not required.

## **14.0 RECOMMENDATIONS**

14.1 Cabinet is recommended to

i. Approve in principle the preferred options below as the best way to take services forward:

Enter into a period of statutory consultation as to the most appropriate option to modernise day services.

ii Enter into a period of statutory consultation with regard to the proposal to close one large centre and to consolidate the mental health day services into one centre.

iii. Agree the proposal to establish one social enterprise to deliver work like placements, authorise officers to take forward the work programme necessary to enable this and receive a further report, early in 2013, with firm proposals for the future design of this service.

## **15.0 REASONS FOR RECOMMENDATIONS**

15.1 The proposals within this report are seeking to balance the needs of the service user groups identified, to increase choice and control, to redesign services that are out dated and not fit for purpose and contribute to the challenging financial context confronting this Department.

15.2 As indicated all options are seeking to positively balance a range of competing matters recognising the demographic and financial pressures confronting this Department.

**REPORT AUTHOR:**

**Christine Beyga**

Head of Personal Support

Telephone: (0151) 666 3624

christinebeyga@wirral.gov.





# WIRRAL COUNCIL

## CABINET

20 DECEMBER 2012

<b>SUBJECT:</b>	<b>REVIEW OF PERSONAL BUDGETS FOR CARERS</b>
<b>WARD/S AFFECTED:</b>	<b>ALL</b>
<b>REPORT OF:</b>	<b>GRAHAM HODKINSON</b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b>COUNCILLOR CHRISTINE JONES</b>
<b>KEY DECISION?</b> <i>(Defined in paragraph 13.3 of Article 13 'Decision Making' in the Council's Constitution.)</i>	NO

### 1.0 EXECUTIVE SUMMARY

1.1 This report puts forward proposals to review the current arrangements for providing carers with a personal budget. The saving from this proposal would be £250,000.

### 2.0 BACKGROUND AND KEY ISSUES

2.1 In the process of conducting a community care assessment, a carer for an individual may be identified. The department is, under the Care in the Community Act, legally bound to consider the needs of the carer as part of the overall assessment and the carer has the right to ask for a separate assessment of their own needs. As part of the current assessment process, a carer's assessment generates (through the Resource Allocation System) a carer's budget, a sum of money based on the nature and extent of the impact of the carer role on that individual. This can be paid as a Direct Payment to carers to support them in their carer role. The average annual Direct Payment to carers in Wirral is currently £1,730.

2.2 There are a number of issues about the current process for generating a personal budget for carers:

- providing carers with a budget does not help create the range of support services that carers require to sustain them in their carer role
- there is confusion about what should be in the individual and the carer budgets
- the cost of providing support to carers in this way has contributed to significant budget pressures

2.3 The proposal is to review the current process and consider the efficacy of three alternative options:

- the cessation of personal budgets for carers with support for carers being commissioned by the department
- the introduction of an annual grant to carers
- the introduction of a payment to carers based on a banding system that reflects the impact of the carer role on the individual

### **3.0 RELEVANT RISKS**

3.1 This proposal may result in a reduction in the number of carers directly supported by the Department. However support will still be available to Carers from the Council, NHS and Voluntary Sector organisations.

### **4.0 OTHER OPTIONS CONSIDERED**

4.1 The review will consider a number of options to provide this service as set out in paragraph 2.3 above.

### **5.0 CONSULTATION**

5.1 The process for consultation with carers currently receiving a carer's budget has been agreed and can be started after the 9<sup>th</sup> November 2012.

5.2 Cabinet approval will be required to change the Resource Allocation System.

### **6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

6.1 The NHS has been given additional funding to support Carers and NHS Wirral has commissioned the Wirral Information Resource for Equality and Diversity (WIRED) Carers Support Service to offer short breaks for Carers. Carers are now able to access these services through GPs rather than through Adult Social Services. There may be an increase in demand for this service.

### **7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

7.1 For all individuals currently receiving a carer's budget, a review would be required before any changes were made to their current support arrangements.

7.2 It is anticipated that through a combination of the cessation of personal budgets for carers with support for carers being commissioned by the department, the introduction of an annual grant to carers and the introduction of a payment to carers based on a banding system that reflects the impact of the carer role on the individual overall savings of £250,000 can be generated in a full year.

### **8.0 LEGAL IMPLICATIONS**

8.1 None

### **9.0 EQUALITIES IMPLICATIONS**

9.1 An Equality Impact Assessment has been completed.

### **10.0 CARBON REDUCTION IMPLICATIONS**

10.1 None

### **11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

11.1 None

## 12.0 RECOMMENDATIONS

12.1 That this budget proposal is consulted on and the results of the consultation be reported to the Council with a view to generating annual budget savings of £250,000.

## 13.0 REASONS FOR RECOMMENDATION/S

13.1 In order to assess the best use of resources the Department of Adult Social Services needs to review the way in which services to carers are provided through the most effective use of scarce budgets allocated to services.

**REPORT AUTHOR:** **Steve Rowley**  
*Head of Finance and Performance, Adult Social Services*  
telephone: (0151) 666 3662  
email: [stephenrowley@wirral.gov.uk](mailto:stephenrowley@wirral.gov.uk)

## APPENDICES

None

## REFERENCE MATERIAL

None

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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**WIRRAL COUNCIL**

**CABINET XXXX**

<b>SUBJECT:</b>	<b>Review of Residential Care provision in Learning Disability Services</b>
<b>REPORT OF:</b>	<b><i>GRAHAM HODKINSON - DIRECTOR OF ADULT SOCIAL SERVICES</i></b>
<b>RESPONSIBLE PORTFOLIO HOLDER</b>	<b>COUNCILLOR CHRISTINE JONES</b>

**1. PURPOSE OF REPORT**

1.1 The purpose of this report is:

- i. To advise Cabinet regarding proposals to work with people who use services, their families and carers to encourage greater independence by offering more flexible and responsive alternatives to permanent residential care.

**2. BACKGROUND AND CONTEXT**

2.1 Many local authorities have changed services from residential care to supported housing for people with learning disabilities. Much of this change has focussed on achieving wider access to welfare benefits and having a tenancy. The aim of supported living to achieve choice, control and community inclusion has been much less of a focus.

Half of the population of adults with learning disabilities in England live with their families, most of the remainder (33%) live in residential care. Only 15% of adults with learning disabilities have a secure long-term tenancy or their own home. This is in comparison with 70% of the general adult population who own their own home and nearly 30% who rent.

Having a home guarantees a place in the community and is part of how people are accepted as equal citizens. People with learning disabilities are one of the most socially excluded groups in our society and this is primarily a result of an historical segregation of services that unintentionally deny people their own home, choice and control and a decent income; factors which ultimately deny citizenship and social inclusion.

There are many ways that people with learning disabilities can have their own homes, live with people they choose and get the support they need. This paper explores alternative opportunities to residential care; specifically supported living models that not only house and support people, but give people a real place in their community.

Supported living is a concept that was developed as an alternative to institutional care for people with learning disabilities and brought into the UK

by the NDTi1 in the 1990's. The main principles of supported living are that people with learning disabilities own or rent their home and have control over the support they get, who they live with (if anyone) and how they live their lives. Supported living assumes that all people with learning disabilities, regardless of the level or type of disability, are able to make choices about how to live their lives even if the person does not make choices in conventional ways.

Supported living has no legal definition but has a commonly accepted set of principles that are defined in the Reach Standards in Supported Living

The residential care model is legally defined in the Care Standards Act 2000 as an establishment that provides accommodation and personal care which is defined as: '*Assistance with bodily functions such as feeding, bathing, toileting when required*' Within the residential care model there is an assumption that an older or disabled person needs care and therefore it provides a full package of housing, care and everyday needs for living on the person's behalf.

We are committed to extending the options of all people with Learning Disabilities to encourage greater independence by offering more flexible and responsive alternatives to permanent residential care.

The Supported Living option is not only more beneficial to individuals and their families and Carers as previously stated but is a more cost effective and sustainable option for the council.

The Council places a high number of people in permanent residential care compared to other Local Authorities. There are currently 195 people with Learning Disabilities placed in Residential Care. Based on the current average cost of residential care and the average cost of supported living it is estimated that reducing the number of residential placements by 20 (a 10% reduction) the Council will realise a saving in the region of £300,000.

#### **4.0 RELEVANT RISKS**

4.1 There is a need for close working between the Department of Adult Social Services and the Housing Department in order to identify appropriate and suitable housing options we will the Learning Disability Housing Panel in conjunction with Supporting People team to identify appropriate and suitable housing options for individuals.

#### **5.0 OTHER OPTIONS CONSIDERED**

5.1 Continuation or acceleration of the number of people with LD placed in residential care would be detrimental to the individuals, their families and Carers and would not provide a cost effective sustainable solution for the council.

## **6.0 CONSULTATION**

6.1 None required

## **7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUP**

7.1 None identified.

## **8.0 LEGAL IMPLICATIONS**

8.1 None identified

## **9.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

9.1 Staffing resources will need to be identified to undertake a review of existing arrangements.

## **10.0 EQUALITIES IMPLICATIONS**

10.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

## **11.0 CARBON REDUCTION IMPLICATIONS**

11.1 Proposals to reduce the number of buildings in operation will have a positive impact in terms of carbon reduction.

## **12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

12.1 Planning permission is not required.

## **13.0 RECOMMENDATIONS**

13.1 Cabinet is recommended to commit to working with people who use services, their families and carers to encourage greater independence by offering more flexible and responsive alternatives to permanent residential care.

## **14.0 REASONS FOR RECOMMENDATIONS**

14.1 The proposals within this report are seeking to balance the needs of the service user groups identified, to increase choice and control, to redesign services that are out dated and not fit for purpose and contribute to the challenging financial context confronting this Department.

14.2 As indicated this option is seeking to positively balance a range of competing matters recognising the demographic and financial pressures confronting this Department.

**REPORT AUTHOR:**

**Christine Beyga**

Head of Personal Support

Telephone: (0151) 666 3624

[christinebeyga@wirral.gov](mailto:christinebeyga@wirral.gov).





# WIRRAL COUNCIL

## CABINET

20<sup>TH</sup> DECEMBER 2012

<b>SUBJECT:</b>	<b><i>EFFICIENCY PROPOSAL</i></b>  <b><i>MODERNISE SHORT BREAKS FOR PEOPLE WITH DISABILITIES AND MENTAL HEALTH NEEDS</i></b>
<b>WARD/S AFFECTED:</b>	<b><i>ALL</i></b>
<b>REPORT OF:</b>	<b><i>GRAHAM HODKINSON DIRECTOR ADULT SOCIAL SERVICES</i></b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b><i>COUNCILLOR CHRISTINE JONES</i></b>
<b>KEY DECISION?</b>	<b><i>YES</i></b>

### 1.0 EXECUTIVE SUMMARY

1.1 The purpose of this report is:

- i. To advise Cabinet regarding proposed changes to Council provided long term residential and short breaks care services for people with mental health needs and physical and learning disabilities.
- ii. To provide brief analysis of current and future need as the basis upon which decisions regarding the above services should be made within the current financial context.
- iii. To outline potential options to respond in a positive manner to the issues identified and to seek approval to consult on the preferred options.

### 2.0 BACKGROUND AND CONTEXT

2.1 The policy of offering people Personal Budgets has changed the profile of service provision. It is increasing demand for flexible support packages, which has in turn reduced demand for traditional long term residential care. Council run residential services have not been maintained to market standard and have sometimes been seen as less flexible and innovative than alternative types of provision.

- 2.2 This report is based upon considering all of our residential services together in order to provide a broader service context within which we have the scope to offer increased choice. It is also seeking approval to consult further with users and carers on the proposals contained within.
- 2.3 The Wirral Adult Social Care Services Overarching Commissioning Strategy 2012 – 2015 “Shaping Tomorrow” identifies the demographic challenges confronting the Council and partner organisations. The number of older people in Wirral is set to increase considerably over the next two decades. People with complex and severe disabilities are surviving more often into adulthood, with a 13% increase in the number of adults with a severe learning disability predicted by 2030. People with learning disabilities are living longer, have a lower life expectancy than the general population and are more likely to have undiagnosed long term conditions. With regard to severe mental illness, the Wirral is estimated to have a higher prevalence than the North West and England average.
- 2.4 In the light of these demographic and financial pressures, it is imperative that the department makes the most effective use of the resources allocated to it and responds to the changing needs of people with severe disabilities. This will require the reconfiguration of existing services which are traditional in nature and require significant capital investment to meet needs effectively.
- 2.5 The White Paper, “Caring for Our Future” (July 2012) sets out the Government’s vision for social care based on promoting independence and putting people in control of the services they require. The policy and legislative context in which the department operates is increasingly influenced by the right of service users to shape the service response to meet their needs.
- 2.6 The Council currently provides residential respite and crisis services for people with mental health needs. It also provides long stay residential and short breaks services for people with physical disabilities and learning disabilities from three locations. Fernleigh is located in Leasowe, Girtrell Court in Saughall Massie and Sylvandale in Bromborough. See Table 1 below: -

Table 1

Name	User Group	Capacity		
		Permanent	Short breaks	Crisis
<b>Fernleigh</b>	Mental Health	0	10	4
<b>Girtrell Court</b>	Learning and Physical Disability	11	9	0
<b>Sylvandale</b>	Learning and Physical Disability	9	12	0

- 2.7 Fernleigh is a 14 bedded unit providing 10 short breaks and 4 crisis beds, the latter commissioned in partnership with NHS Wirral who fund 50% of the costs of the four crisis beds. The building at Fernleigh requires £900,000 capital investment to bring it up to an acceptable standard. In addition, following a Cabinet decision on 17 March 2011 funding of £500,000 to maintain the service was allocated as a one year policy option until 31 March 2013. There is no ongoing provision within the budget. A recent consultation with residents and staff about the future of Fernleigh has highlighted that they value the service and want it to continue. The consultation did not explore broader options to provide support or address the financial challenges faced by the Council.

- 2.8 Girtrell Court is a 20 place residential home previously registered solely for adults with a physical disability. In 2011 the scope was broadened to include learning disabled individuals. There are currently 11 people living there long term and the remaining 9 beds are allocated for short breaks. For some time permanent residents have been moving onto alternative community options. This is really positive as the moves offer people more choice and control. It is important to note, however that each new package presents additional cost to the Council whilst the current care home establishment is maintained. There are currently 9 permanent residents at Girtrell Court, 8 of who are planning to move in September this year, leaving 1 permanent resident. The estimated new cost of packages for the eight people is £470,000, which now reflects a budgetary pressure.
- 2.9 Sylvandale is a 23 place residential home for adults with a learning disability. There are currently 9 people living there on a permanent basis. There are 12 beds allocated for short breaks and currently 2 rooms not in use. There is also a small day service for a total of 10 people. 10 people have already taken the opportunity to move out from the care home to more individual, personalised support. There are ongoing discussions with 7/8 of the remaining service users, their carers and families around future housing options which could represent a further £470,000 pressure should the care home remain open.
- 2.10 The Department is seeking to balance the needs of those known to the services and the cost pressure of continuing to provide all three services. In effect if the services were not reconfigured additional cost is estimated at £1.4m per year.

### **3.0 NEEDS AND MARKET ANALYSIS**

- 3.1 There is evidence, highlighted above in section 2, that Girtrell Court and Sylvandale are no longer meeting the requirements of the people who need long term accommodation. There is also evidence for an ongoing need for short breaks care for people with disabilities. On the basis of current usage, there is a requirement for at least 13 short breaks beds within the system. Options for the future of these services are outlined below.
- 3.2 Fernleigh provides a traditional model for residential short breaks and crisis care for people with mental health needs. Fernleigh is only funded until the end of the current financial year and all services are out of step with practice and evidence from elsewhere. Analysis of usage of Fernleigh over the period September 2011 to September 2012 indicates that 67% of the available short breaks beds were used and 50% of the crisis beds were used. It is envisaged that NHS Wirral will commission crisis response services separately as the need for this type of service is fundamentally different to short breaks care. It is highly unusual for Councils to commission crisis response services alongside bookable short breaks care.
- 3.3 An analysis of the type of short breaks provided by neighbouring Councils has revealed a different pattern of services to that provided at Fernleigh again reinforcing the need for change. The proposed changes will seek to offer choice and control to people and to make best use of available resources. The model is predominantly one of Councils purchasing short breaks beds from other providers on an "as needs" basis. No Council maintains more than 2 short breaks beds compared to Wirral's 8. A summary of this analysis is contained in Table 2 below: -

Table 2

Local Authority	Type of Short breaks
Sefton	2 short breaks beds. Service Users are allocated 4 periods of short breaks per year also 2 crisis beds in another facility
Warrington	Do not have their own short breaks facilities but contracts with residential homes that provide short breaks. Service users have the option to organise their own short breaks with the funding allocated to them.
Knowsley	1 short breaks bed which is commissioned from the Rehabilitation service and this is only used as an intervention when someone is in crisis. They also have a residential establishment who will offer short breaks on a commissioned basis as and when required.
Cheshire West and Chester	Provide short breaks in their existing establishments and see which placement would be suitable for an individual. One Supported Living establishment provides 1 short breaks bed, which can be booked in advance.
Halton	No short breaks facilities but use short term contracts with residential homes when required

- 3.4 A market analysis exercise has also been undertaken with a number of Wirral residential providers to ascertain whether there was the capacity within the current market to provide respite care. Although only one of the providers had current capacity, 5 of the 6 contacted indicated that they would be interested in providing a short breaks service.
- 3.5 In addition all people able to access secondary mental health services are now offered a self directed assessment and personal budget which enables them to purchase their own care through a personal assistant or agency.
- 3.6 The information detailed above would indicate that the demand for respite in Fernleigh is diminishing and that there is the potential to provide a respite service in a different and more cost effective way. The options to achieve this are detailed in section 4.3 table 4.

#### 4.0 OPTIONS FOR SERVICE DELIVERY

- 4.1 **Physical and Learning Disability.** The options for long stay and respite services for people with disabilities are contained within Table 3: -

Table 3

	Option 1	Option 2	Option 3
Girtrell Court and Sylvandale	To continue to fund the additional costs of empty places in Girtrell Court and retain services.  <b>This would result in a budget pressure of £470,000 and therefore is not a viable option.</b>	To consult on a stepped change service reduction model. Short term – following the move of the 8 residents from Girtrell Court ‘mothball’ 50% of Sylvandale. This would include reducing agency staff and closing a full wing. And identify appropriate and suitable housing options for individuals.	To outsource all residential and respite services to the independent and private sector  Short term - The current in-house provision supports people with Learning Disabilities and Mental Health difficulties. Some are long term residents and many others will have been

		<p>Medium Term – relocate the remaining Sylvandale residents initially to Girtrell Court and close Sylvandale (subject to consultation with service users and carers and staff). This would maintain sufficient capacity at Girtrell Court for short breaks and some longer term placements. It would also maintain sufficient capacity to “lease” four beds to the NHS who may consider whether to relocate their respite service to Girtrell . Permanent staff would also be consulted re transfer. This will be subject to further review in twelve months time. .</p> <p><b>This option in the short term would cost the Council £60,000 but in the longer term would generate an income of £160,000 subject to agreement with the NHS.</b></p>	<p>accessing these services for a number of years. Whilst the proposal may result in them losing the familiar surroundings the impact on the individuals who use these services and their carers can be minimised by ensuring that alternative, responsive services are available from external providers, however there are some people who have complex needs that may not be able to be met their needs. It may be difficult to re-provide care for such people; this may lead to delays in providing care and increased costs in individual care packages due to the specialist nature of the care needed. Therefore robust consultation and market research into capacity would be required for this option.</p> <p>In addition there would be a need to TUPE existing staff – currently 100 – there are financial implications due to terms and conditions and pension costs.</p> <p><b>Medium Term –</b> as the current residents have a legal right to remain in their home, The residents at the establishments will need to be consulted this requires a 24 week period of consultation. Once the consultation is complete all residents will require a full re-assessment and alternative provision identified. On average this will take a period of 6-8 months given the complexity of people’s needs. This requires additional social work resources in order to carry out the re-assessments and re-provision therefore this</p>
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		<p>option would need to be carried out over a 12-18 month period before any savings would be realised.</p> <p><b>This option may provide savings in the medium to long term due to building maintenance costs, there would be a need to pay for the service via the independent sector which may realise some savings, but the staff costs are likely to remain unchanged. This option also carries a risk that this it is potentially detrimental to users and carers</b></p>
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4.2 **Mental Health.** The options for respite services for people with mental health needs are contained within Table 4: -

Table 4

Fernleigh	
Option 1	To potentially outsource Fernleigh Crisis and Short Breaks Facility. This would address the £900,000 capital investment needed in the property, but would not resolve the £500,000 ongoing revenue pressure identified above. Whilst this has been identified as the preferred option following initial consultation it would require ongoing revenue commitment for which there is no ongoing budget. There is no scope for offering alternative choices.
Option 2	De-commission Fernleigh and commission two distinct services Wirral NHS would re-commission crisis beds. This could result in a saving of £164,000 and complement the preferred options identified by DASS. Commission 7 respite beds for twelve months from independent providers. This would require further work with the sector and would bring provision in line with neighbouring authorities. The estimated cost of 7 beds is £160,000
Option 3	Commission a service jointly with the NHS to deliver both planned respite and crisis interventions. It is important to note that specialist therapeutic support is a key part of the crisis intervention model. Relocation could offer the NHS to integrate this service with other specialist mental health services.
Option 4	Offer people structured access to personal budgets with support to arrange their own respite. This would result in a shift of resource to the community care budget.
Option 5	To outsource all residential and respite services to the independent and private sector

The Department would recommend moving forward to develop options 2 and 4 in partnership with users and carers.

## **5.0 RELEVANT RISKS**

- 5.1 If the recommendations in this report are not agreed, the Council runs the risk of providing services at Sylvandale and Girtrell that people will not use. This will result in additional financial pressure as resources will be locked into empty buildings rather than being reinvested into supporting people in the community.
- 5.2 With regard to Fernleigh the risk is that the Council will miss the opportunity to modernise the service in line with current best practice. This will result in the Council not being able to run the service, not only due to the significant capital investment required to bring the building up to an acceptable standard but also the additional unbudgeted revenue expenditure.
- 5.3 Both of these proposals involve the closure of Council run buildings with the resultant risk to staff employed. Whilst management has been covering vacancies with agency staff there is still a potential impact on the 100 staff directly employed by the Council.

## **6.0 OTHER OPTIONS CONSIDERED**

- 6.1 See options appraisal in Section 4.

## **7.0 CONSULTATION**

- 7.1 Consultation on the options described in Section 4 will be subject a twelve week statutory period. Service users, their carers, staff and Trade Unions will be fully consulted. Consultation will be cognisant of previous consultations undertaken in relation to the services in question.

## **8.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

- 8.1 There is the potential for the VCF sector to be involved in the provision of these services, in particular as the Department will be looking to commission short stay services within the independent sector.

## **9.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

- 9.1 Long stay and respite services for people with disabilities
  - i) In the short term, the recommended option to progress the move of the 8 residents from Girtrell Court and 'mothball' 50% of Sylvandale.
  - ii) In the longer term, subject to consultation with service users and carers and staff, the closure of Sylvandale will result in a further release of resources that will be reinvested into the Community Care Budget, thus making this proposal cost neutral.
- 9.2 Respite services for people with mental health needs

- i) Funding of £500,000 to maintain the service at Fernleigh was allocated as a one year policy option until 31 March 2013. If the service remains unchanged this will result in a budget pressure in 2013/14. The closure of Fernleigh will require the commissioning of 7 beds in the independent sector at an estimated cost of £160,000; this will need to be accommodated from within the Community Care Budget. However, revenue pressures of £340,000 and capital investment of £900,000 will be avoided.
- ii) In the longer term, the closure of both Sylvandale and Fernleigh will result in sufficient release of resources in to the Community Care budget to ensure that the provision of short stay places, for people with learning and physical disabilities and mental health need will become cost neutral and contained within the Community Care Budget.

9.3 The re-commissioning of these services will allow the disposal of the Fernleigh and Sylvandale buildings.

## **10.0 LEGAL IMPLICATIONS**

10.1 Standard employment rules apply. All individual service users and staff involved will be consulted as a key part of the process

## **11.0 EQUALITIES IMPLICATIONS**

11.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?  
Yes - completed.

## **12.0 CARBON REDUCTION IMPLICATIONS**

12.1 Proposals to reduce the number of buildings in operation will have a positive impact in terms of carbon reduction.

## **13.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

13.1 Planning permission is not required.

## **14.0 RECOMMENDATIONS**

14.1 Cabinet is recommended to

- i) Approve in principle the preferred options below as the best way to take services forward:

Sylvandale and Girtrell Short term - Progress the move of the 8 residents from Girtrell Court and 'mothball' 50% of Sylvandale. This would include reducing agency staff and closing a full wing.

Medium Term – relocate the remaining Sylvandale residents initially to Girtrell Court and close Sylvandale (subject to consultation with service users and carers and staff). This would maintain sufficient capacity at Girtrell Court for short breaks and some longer term placements. Permanent staff would also be consulted re transfer. This will be subject to further review in twelve months time .

Fernleigh De-commission Fernleigh and commission two distinct services. Crisis beds to be recommissioned by Wirral NHS and the Department would commission seven beds from the independent sector. In addition people will be offered structured access to personal budgets with support to arrange their own respite. This would result in a shift of resource to the community care budget.

- ii) Approve a period of formal consultation on these options

## 15.0 REASONS FOR RECOMMENDATIONS

15.1 The proposals within this report are seeking to balance the needs of the service user groups identified, to increase choice and control, to redesign services that are out dated and not fit for purpose and contribute to the challenging financial context confronting this Department.

15.2 As indicated the recommended course of action is seeking to positively balance a range of competing matters recognising the demographic and financial pressures confronting this Department.

**REPORT AUTHOR:** **Chris Beyga**  
Head of Personal Support  
telephone: (0151) 666 3624  
email: [christinebeyga@wirral.gov.uk](mailto:christinebeyga@wirral.gov.uk)

## APPENDICES

N/A

## REFERENCE MATERIAL

Wirral JSNA.

“Shaping Tomorrow”, Overarching Commissioning Strategy 2012-15

## SUBJECT HISTORY (last 3 years)

<b>Council Meeting</b>	<b>Date</b>
Cabinet	9.12.10
Cabinet	17.03.11

DRAFT