

Department of Adult Social Services



**OPTIONS FOR CHANGE  
TOWARDS A STRATEGY FOR CARE SERVICES**

**2009 - 2012**

**CONSULTATION PAPER**



# CONTENTS

<b>Executive Summary</b>	<b>3</b>
<b>SECTION 1 PROJECT BACKGROUND.....</b>	<b>11</b>
1.1    Introduction	11
1.2    Consultation	11
1.3    Project Methodology	13
1.4    Work Packages	14
<b>SECTION 2 NATIONAL AND LOCAL INFORMATION.....</b>	<b>18</b>
2.1    Overview	18
2.2    Key Concepts	18
2.3    Personalisation	19
2.4    User Engagement	20
2.5    Integrated Commissioning	20
2.6    Diversity of Provision and Market Development	21
2.7    Performance Management	22
2.8    Efficiency Data	23
2.9    Data Sources	23
2.10   Current Clients: Top Level Profile	24
2.11   Key Demographic Projections	29
<b>SECTION 3 ORGANISATIONAL FORM AND SERVICE MODELS.....</b>	<b>34</b>
3.1    Organisational Form	34
3.2    Local Authority Trading Company	35
3.3    Service Models	36
3.4    Transport	36
3.5    Supported Living	37
3.6    Intermediate Care/Respite	41
3.7    Mapleholme	42
3.8    Meadowcroft	44
3.9    Fernleigh	45
3.10   Residential Care	46
3.11   Dementia Care	48
3.12   Day Services	50
<b>SECTION 4 FUTURE COMMISSIONING STRATEGY.....</b>	<b>57</b>
4.1    The Strategic Vision for In-House Services	57
4.2    Strategic Commissioning Objectives	59
<b>SECTION 5 IMPLICATIONS FOR CARE SERVICES/ACCESS &amp; ASSESSMENT....</b>	<b>63</b>
5.1    Care Services	63
5.2    Access & Assessment	63
<b><u>APPENDICES</u></b>	
<b>Appendix 2</b> Care Services Information	<b>69</b>
<b>Appendix 3</b> Consultation	<b>75</b>

## Preface from Councillor Moira McLaughlin, Cabinet Member for Adult Social Services



This is a critical time in the journey we are on in transforming Adult Social Services to meet the challenge of Personalisation. One of the most important parts of this challenge is to address the future of those services that we deliver through our own staff and buildings. In order to help us understand better what all the issues are, we asked, some six months ago, for Officers to carry out a detailed and systematic analysis of each of our directly provided services, reflecting the views of users of those services, as well as analysing such things as costs, the “market” and the wider policy frameworks.

I welcome the work that has been done and which is set out in this consultation paper. The paper analyses in great detail the issues around each of the services, as well as describing the demographic and policy contexts. However, we now need a wider conversation, involving people who use services themselves, carers, our staff who deliver these services and their representatives before we will be in a position to make very important decisions which are critical to vital services provided to our community. It really matters that we get this right and I want to hear as wide a range of views as possible. I therefore urge you to engage with this consultation, put forward your own thoughts and views and together make sure that we have the strongest possible basis for the decisions that lie ahead.

## **Executive Summary**

### **Background**

On 6<sup>th</sup> November 2008, Cabinet received a report which identified the need to review the in-house services provided by the Care Service Branch. This review was carried out by the Department of Adult Social Services (DASS), to ensure the progression of the transformation of Adult Social Services.

The Cabinet report was informed by an initial options appraisal which identified three organisational forms that could deliver sustainable efficiency, and support the development of a diverse and contestable market.

The need to change the in-house services is linked to the increased choice and control which people who require support from Adult Social Services will have following the move towards self-directed support and personal budgets.

Personal budgets holders will be able to make their own decisions about which services they want, whether they hold their budget directly or ask the Council to manage services on their behalf. The introduction of personal budgets will provide a significant driver behind ensuring that services can adapt and be flexible in a world of individually commissioned care packages.

The Cabinet decision was ‘called in’ by the Social Care, Health and Inclusion Overview and Scrutiny Committee (4<sup>th</sup> December 2008). On 10<sup>th</sup> December 2008, Cabinet requested that a project be established which would provide a more detailed analysis of any service changes and a rationale supporting the outsourcing proposals.

On the 14<sup>th</sup> January 2009 the DASS Transformation Programme Board approved the Project Initiation Document & Business Case which included the project objectives outlined below:

- Consider the design and shape of the identified functions and services within Care Services in line with the needs of the population and national policy drivers, i.e personalisation, localisation and integration and local priorities i.e Strategic Asset Review, Supporting People Strategy, and the Corporate Transport Review.
- Identify equivalent costs of specific care service functions compared to external provision, both local and national
- Identify, where appropriate, options/models for outsourcing services.
- Identify potential opportunities for efficiency improvements
- Recommend re-design issues within current care/support pathways across all user groups
- Recommend re-design within back office processes i.e finance, procurement, contracting, quality assurance etc.
- Identify models of good practice and innovation within equivalent service national and locally
- Identify work force and other HR issues – TUPE/EVR
- Develop a commissioning plan which recognises demand/capacity issues, market analysis, and develops a procurement strategy which is sensitive to the need to develop local services which are flexible in addressing the requirements of people who wish to self direct their support.

- Recommend the development of approaches to strategies and plans where gaps are identified.

## **Project Methodology**

The Care Services Project adopted the Prince2 Project Management Methodology. Five workpackages were commissioned to provide consultation and research data which informed the Care Services Strategy. Two further workpackages were commissioned in response to issues raised during the course of the project.

Details of the work carried out are available in Section 1.3 – 1.3.8 of the report attached. However, in summary:

- Over 745 people using care services were involved in interviews with staff to identify their needs, aspirations, risks, and support requirements, with a further 358 current assessment/care plans informing future service need.
- 91 members of staff were trained in conducting the engagement interviews, support planning and personalisation with 41 members of staff receiving accreditation in personalised practice.
- 20 members of staff were involved in mapping the referral pathways into and within care services.
- 79 members of staff were involved in staff consultation
- Over 80 people using services and their carers took part in focus groups, this included young people moving into transition.
- 100 people attended the Neighbourhood Centres consultation. Delegates comprising staff from social services and health, carers, 49% of delegates were people currently using care services.

In addition to the consultation data gathered, information was compiled in relation to demographic trends, with projections of overall future service need. This was compared against national and local policy direction to understand the likely demand and capacity of this service and the external market of social care in Wirral (Section 2 & 3 – Care Services Strategy).

Using the ‘True Cost of Services Toolkit’ developed by the Care Services Efficiency Delivery Team (Department of Health), each service function was scrutinised to establish value for money, using activity, quality and performance data. The same measures were used to compare the cost of external service provision. Cost comparisons are available in section 3 of the Care Services Strategy attached.

## **Consultation**

The range of options and conclusions contained within this document, have been fully informed by the research consultation carried out as part of this project. Cabinet members will now be asked to approve a formal consultation process on the proposals and options contained within this report.

It is proposed that this consultation take place between 10<sup>th</sup> August 2009 – 30<sup>th</sup> October 2009. Staff, people who use services, carers and other stakeholders will have access to the full version of the Care Services Strategy, a summary version template, as well as ‘easy read’ and other accessible versions of the plan.

## **Conclusions and suggested options for consultation**

All services have been scrutinised with five key questions in mind.

- i) Does the service meet individual need and deliver the outcomes for people currently using/or likely to use the service in the future?
- ii) Does the service design fit with national and local commissioning guidance?
- iii) Does the service offer 'value for money' compared to other providers in the market?
- iv) What is the nature of the market in which the service currently operates and would externalising the service provide greater diversity, increased choice and control for personal budget holders, whilst minimising the risk to the Council?
- v) Are there opportunities for efficiencies improvement?

The evidence the research work to date suggests that to maintain services in their current design or form is not a viable option in the context of personalisation and personal budgets.

The work carried out in the project identifies that within each service area (excluding day services), the current unit costs are higher than in the independent sector, even when compared with the highest quality banding. This may mean that individuals choose to use their personal budget to commission services outside the Council control leaving in-house services vulnerable and increasingly expensive.

Retaining the existing services within Wirral Council, including all the current unit costs, would effectively result in a situation where the council would be paying for personal budgets whilst at the same time paying for in-house services. In this context the Council could experience double running costs and an unsustainable set of services.

The Cabinet report of the 6<sup>th</sup> November 2008 outlined three organisational forms as potential options within the initial feasibility study, proposing at that time that 'outsourcing' the elements of service through 'open tender' might achieve the flexibility and efficiency required, particularly in the context of personal budgets

Further options for externalising services have been considered as part of this project. As identified in Section 3 Care Service Strategy (para 3.1 – 3.2) the Department of Adult Social Services is proposing that the development a Local Authority Trading Company has the potential to be well suited to personal budgets, to encourage a diverse market, whilst still providing the assurance required by stakeholders. However, this proposal would have to be subject to consultation and a more detailed business case.

During the consultation, officers will provide full details of the nature of Local Authority Trading Companies, however further work needs to be carried out to develop a more detailed business case in line with government guidance<sup>1</sup>.

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<sup>1</sup> General Power for Local Authorities to Trade in Function Related Activities Through a Company: Guidance on the Power in the Local Government Act 2003, ODPM 2004.

## **Conclusions**

Section 3 of the report sets out the following suggestions regarding service models

### **Transport (3.4)**

1. DASS transport service to be outsourced as vehicles become due for lease renewal and staff retire.
2. In addition DASS supports the development of single Corporate Transport Unit  
And/or:
  3. That the Transport Service is included in the proposal to develop a Local Authority Trading Company.
  4. DASS should in addition conduct annual reviews of the service, until such time that recommendation 2 or 3 are enacted

### **Supported Living (3.5)**

The Supported Living Service to move towards a 'floating support service', with a focus on community support and less reliance on traditional day centre attendance. This realignment of service to be supported by individual's choice of day time support exercised through personal budgets. A suggested staffing structure is set out.

Through a single manager the structure allows for consistency of approach across the services. Targeting Level 3 support workers (increase from 257 – 368 hours) to co-ordinate a new level of enabling assistants (Homecare grade), whose focus will be to support people in their own home on daily living and enablement. The role of senior care assistant to be deleted. Level 2 Support workers to be reduced from 1890 by 1450 hours, these staff to deliver a range of services which are community based (eg. employment, accessing facilities, education etc) therefore input should be short and focussed.

1. That the realignment of the service is implemented
2. Following implementation of realignment the service should consider two options in relation to the future organisational models:
  - a) Pursue open tender if the department re-tenders with a new contract for Supported Living or:
  - b) To become part of any newly formed Local Authority Trading Company

### **Intermediate Care/Respite (3.6)**

In the event of NHS Wirral commissioning future intermediate care beds within dual registered care home provision within each of the three localities in Wirral, consideration should be given to the impact on both Poulton House and Pensall House with intermediate care commissioned within the new locality provision. Respite provision could be commissioned from the external market. It is suggested that Poulton House could be, following a feasibility study, be the site for the development of a dementia centre. It is further

suggested that respite for people with learning disabilities might be relocated to Pensall House.

### **Mapleholme (3.7)**

It is suggested that the respite service (Mapleholme – Beckwith Street, Birkenhead) be moved to Pensall House as both the conditions and the standards within this building are far superior to those at the Beckwith Street site, with all residents having access to en-suite facilities.

The ‘take a break’ scheme within Mapleholme has already demonstrated a more effective use of respite care, meeting the needs of people using services and their carers in a more personalised way. This scheme should now be extended to all, using Mapleholme.

### **Meadowcroft (3.8)**

The unit cost of independent residential care is significantly below the in-house costs. The market analysis suggests that the level of capacity in the market is sufficient to accommodate additional respite care. It is therefore proposed to decommission Meadowcroft and commission respite provision from the external market. This would also support a far wider choice of respite care in a variety of homes. The implementation of personal budgets will bring a further dimension, in that over time, people will choose to spend their budget on different kinds of respite rather than the traditional residential provision. The suggested way forward is:

1. Decommission Meadowcroft and re-commission respite/residential provision from the external market
2. Day care to be sourced from the independent sector or a new Dementia Centre

### **Residential Care (3.10)**

It is proposed that the current residents of Girtrell Court and Sylvandale are offered a similar opportunity that the tenants of West Wirral, Birkenhead and Wallasey were offered some years ago i.e to move into supported living, and have a tenancy with a housing association. In addition residents at Manor Road should be given the opportunity of either becoming tenants in their current property or alternatively within individual or group living arrangements.

This is an opportunity to move beyond the ‘group living’ arrangements currently in place. Many individuals, including those with the most complex needs, are successfully being supported in their own homes. Supported living has opened up access to a much wider range of housing options for some people with learning difficulties, including ‘general needs’, social housing and even home-ownership.

In total 39 people with learning disabilities and variable levels of physical disability would need to be found new accommodation, this figure does not include the individuals living at Manor Road. Dependent of the outcome of individual housing needs assessments, consideration of alternative accommodation may be appropriate or the transfer of the current building to a Registered Social Landlord (RSL) may be feasible. Property requirements may range from ‘general needs’ housing, through to individual tenancies or the opportunity for group living arrangements.

The following issues would need to be considered:

1. The extent to which current properties need to be used as capital input from the Council. All arrangements would need to be in line with the Council's disposal policy approved by Cabinet (19.3.09)
2. The timescale of delivery, in the context that the Government has brought forward funding for new developments to stimulate the housing market.
3. The potential requirement for Housing Corporation Grant, in the context of priority ranking for other supported housing schemes.
4. Identification of facilities within the newly developing extra care scheme for the provision of respite care for people with physical and sensory disabilities e.g the Somerville Road Extra Care scheme will have adapted bungalows available for rental by the Department of Adult Social Services to accommodate individuals. It may be at a future date these individuals will choose to use a personal budget to make alternative arrangements.

Staff support delivered to the new tenancies would be provided by the new supported living services (See section 3.5) with staff from the residential sector assimilated into this team. Each new tenant would be entitled to a range of benefits to support their daily living and accommodation costs and may well choose a personal budget to determine their individual support needs.

#### **Dementia Care (3.11)**

- That a feasibility study be undertaken to establish the viability, investment and actions necessary for the development of a Wirral wide or locality based dementia resource

#### **Day Services (3.12)**

##### Day Services – Enabling

###### *Learning Disabilities/Physical and Sensory – Community Bridge Building Service*

A Community Bridge Building Service to be set up comprising a Manager and 5 full time equivalent Community Bridge Builders. It would be the aim of the service to be flexible to individual's need and times of contact. The team to operate a span of duty that will begin no earlier than 8 am and end no later than 10 pm, offering planned interventions over 7 days (depending on client need and identified goals)

The team to have a capacity of up to 100 cases. This to be reviewed at regular times.

Resource for this team to be identified from within current day services. Competencies to be developed which are aligned to personalised practice and staff to be selected against these competencies.

###### *Community Mental Health Recovery Service*

This service will have a single management structure although like the learning disabilities community bridge building service, it will operate into the three localities. Working Life service will be amalgamated into this service.

##### Day Service Provision

Day Services provide the greatest scope for reshaping in the context of personal budgets, providing a more

extensive range of support to people. These services could include personal assistant provision, brokerage, respite, support with building skills, support into learning and occupation, and access to mainstream recreational and leisure experience.

These are also potentially the most vulnerable services as people may chose alternative models of support to achieve the similar outcomes.

In this context therefore the conclusions are that consideration should be given to the potential of the remaining day service to move into a Local Authority Trading Company, for a three year period, to be reviewed after those three years with regard to the suitability and success of this approach.

That the transition process continues the audit of current utilisation of building and connectivity to the Strategic Asset Review. The effectiveness and efficiency of the Local Authority Trading Company, if established, to be carefully monitored over the initial three-year evaluation period.

Implementation governance arrangements would need to be determined should approval to proceed be granted by Cabinet. In these circumstances the current relationship between commissioner and provider will no longer be appropriate.

This report provides the initial business case for the transfer of day services, however a more detailed business case will need to be presented to Cabinet using the 'Preparing to Trade' Annex A – Guidance on the Power in the Local Government Act 2003. Alongside this in-depth consultation on this option will be carried out.

It may be that other elements of service could be added to a LATC as their new shape embeds and the personalisation agenda evolves eg. Supported living, Respite Care (LD/PSD/Mental Health), Transport.

This proposal must also consider the services who have 'expressed interest' in developing a Social Enterprise. Attention should be given to supporting the preparation of these business cases. It may be that the development could continue under the umbrella of a LATC. The former route will require Cabinet to agree to the two main commitments within 'Right To Request', a) that staff exercising their 'Right to Request' retain their membership of the Local Authority Pension while they work on Council funded services and b) that the newly developed Social Enterprise receive a three year uncontested contract.

## **SECTION 1 PROJECT BACKGROUND**

### **1.1 Introduction**

A Cabinet Report (6/11/08) set out as a priority the need to review services provided within the Care Service Branch of the Department of Adult Social Services (DASS), to ensure the transformation of Adult Social Services and deliver value for money.

An initial options appraisal informed the Cabinet report, identifying three organisational forms that could deliver an efficient service, promote and establish a diverse market and deliver a service equipped to respond to personalisation and personal budgets.

The Cabinet decision was ‘called in’ by Social Care, Health and Inclusion Overview and Scrutiny Committee (4.12.08) and at Cabinet on 10.12.08, a further report requested that a project be established which would outline details of the outsourcing proposals to be submitted to Cabinet.

On the 14<sup>th</sup> January 2009 the DASS Transformation Programme Board approved the Project Initiation Document & Business Case which included the project objectives outlined below:

- Consider the design and shape of the identified functions and services within Care Services in line with the needs of the population and national policy drivers, i.e personalisation, localisation and integration and local priorities i.e Strategic Asset Review, Supporting People Strategy, and the Corporate Transport Review.
- Identify equivalent costs of specific care service functions compared to external provision both local and national
- Identify, where appropriate options/models for outsourcing services.
- Identify potential opportunities for efficiency improvements
- Recommend re-design issues within current care/support pathways across all user groups
- Recommend re-design within back office processes i.e finance, procurement, contracting, quality assurance etc.
- Identify models of good practice and innovation within equivalent service national and locally
- Identify work force and other HR issues (Transfer of Undertakings (Protection of Employment) Regulations 1981 and Early Voluntary Retirement)
- Develop a commissioning plan which recognises demand/capacity issues, market analysis, and develops a procurement strategy which is sensitive to the need to develop local services which are flexible addressing the requirements of people who wish to self direct their support.
- Recommend the development of approaches to strategies and plans where gaps are identified.

### **1.2 Consultation**

This consultation document has arrived at conclusions reflecting project objectives above – and therefore the service models (section 3), and is based on the evidence gathered during the project. The document sets out the main challenges currently facing the Care Services Branch.

In Section 1 & 2 this consultation document asks only for any other data which people or organisations may

have which would be helpful to know and may shape the conclusions further.

In Section 3 a revised service model is recommended in each service area. The text sets out some of the rationale for arriving at the recommendation. However, in order to aid readability, we have not presented a full review of the evidence base. The reader is either signposted to the relevant literature, or can access the more detailed reports produced by each workpackage as part of the evidence gathering process.

Equality Impact Assessments have been carried out on relevant workpackages eg. Engagement process methodology. However, this consultation will conduct a full Equality Impact Assessment which will be available with the final Strategy.

This document contains questions on which we are seeking comments from people using services, carers, staff, trade unions, commissioners and those providing services.

The research consultation took place during the project January 2009 and May 2009 and involved the evidence gathering from:

- 745 engagement interviews
- 358 further assessment of need
- 20 members of staff involved mapping referral pathways
- 79 members of staff involved in 'Staff Think Tank' meetings
- 80 people took part in focus group meetings
- 100 people took part in the Neighbourhood Centres conference
- Commissioners, providers and operational managers were interviewed from Wirral Council, NHS Wirral and Cheshire and Partnership Trust

The consultation will begin on 10th August 2009 and will be concluded in October 2009.

Details of how to respond are available in Appendix 1 & 2 of this document. An easy access version is available on [www.wirral.gov.uk/socialcareandhealth](http://www.wirral.gov.uk/socialcareandhealth) 'Downloads'.

The service models presented within the document **will not** result in a reduction of the level of service for any people currently using services and will continue to meet assessed need.

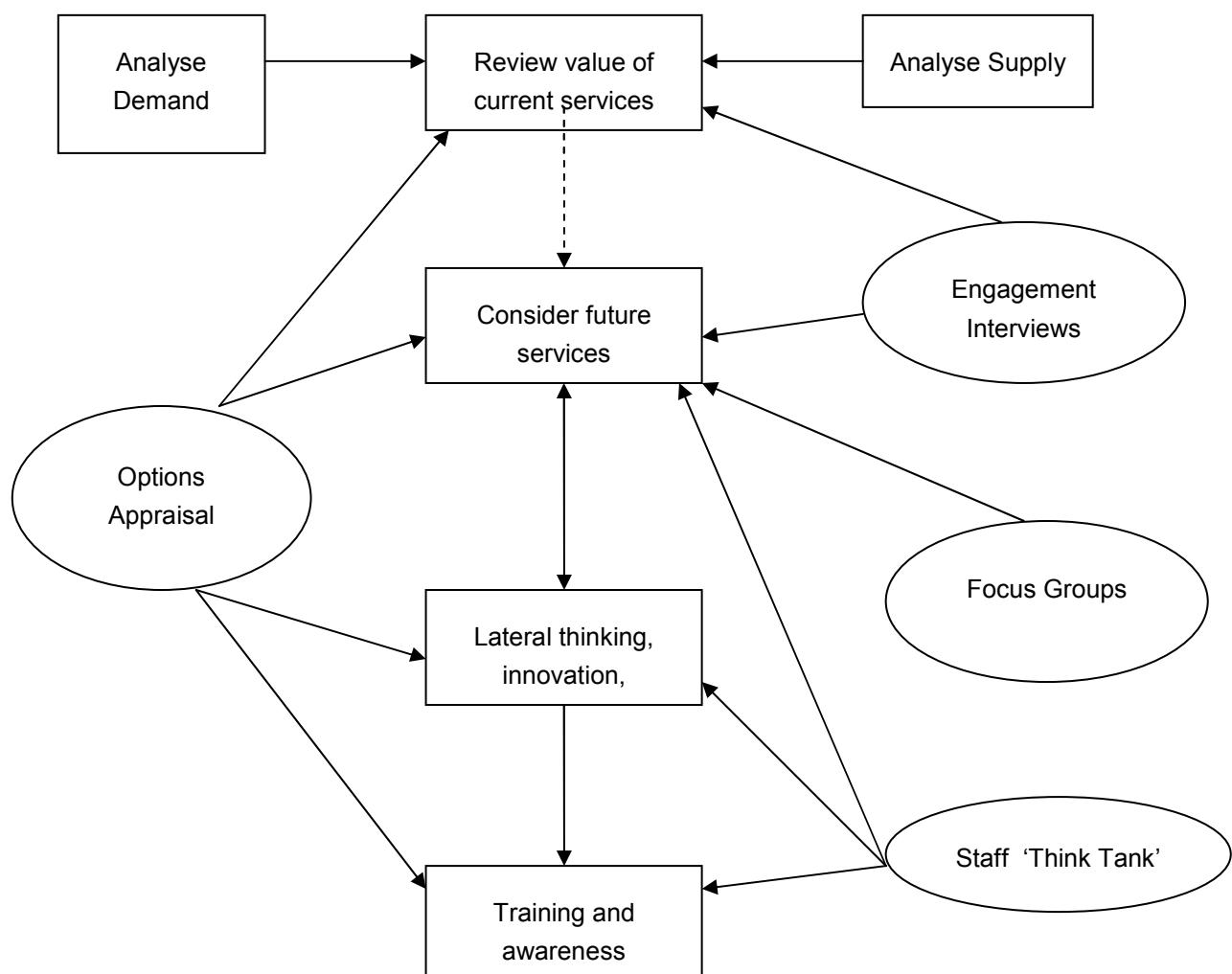
### 1.3 Project Methodology

The Care Services Project adopted the Prince 2 Project Management Methodology. This structured methodology driven by the project's business case, provided the Department of Adult Social Services with the organisational justification, commitment and rationale for the deliverables/outcome. The business case has been regularly reviewed during the project to ensure the business objectives continued to be met during the lifecycle of the project.

The methodology provided DASS, as well as the managers of the project, with the ability to manage business and project risks more effectively

Figure 1, sets out the project framework delivered through work packages, which were used to gather consultation and research data to inform the options to be consulted on in Section 2 of this report.

*Figure 1*



## **1.4 Work packages**

Each work package was tasked with delivering against specific objectives, and deliverables (specialist products).

### **1.4.1 Engagement**

Specialist Products – Engagement Methodology, Engagement Report.

#### *Objective*

The overall goal of the Engagement Work Package was to ensure that all people using services and their representatives were involved in individual assessments/interviews to establish their needs, risks and preferred outcomes for support. This information would be used to develop and refine the shape and design of Care Service provision. Carers also had an opportunity to complete a carers assessment to identify their specific needs.

#### *Deliverable*

745 people using services were involved in the engagement interviews. Research and qualitative data gathered through this process has contributed to the proposals outlined in Section 3. These interviews did not extend to people using Pensall House, Poulton House for intermediate care as people using this service receive an ongoing assessment of their needs as part of this service. An individual care plan is designed following this time limited intervention. For the respite function within these establishments and Meadowcroft recent health and social care assessments were available and SWIFT performance data was up to date for analysis.

Staff trained in the engagement process also provided information about personal budgets.

All documentation completed, is being returned to the establishments, and will provide a rich source of information for staff to plan future support.

Ninety one staff received training in personalisation, administering the engagement process and conducting the support planning. Forty one members of staff reached the required competencies for personalised practice and will receive notification of their accreditation during July and August 2009. Those staff not achieving the accreditation standard will receive a statement outlining areas of improvement and will be supported to develop the competencies through supervision and key issues.

### **1.4.2 Commissioning**

Specialist products: Focus Group Methodology and Report, Key Facts Report, Engagement Interview Analysis

#### *Objective*

The overall goal of this work package was to establish the commissioning intentions for services currently delivered by the in-house care services branch through analysis of quantitative and qualitative data national and local data.

*Deliverable*

This work package conducted a demand and capacity forecast, developed a framework and analysis of focus group activity, conducted the full analysis of the engagement interview data and supported the development of the Care Services Strategy document and associated action plan.

10 focus groups were held with carers, people using services, and younger people in transition. These sessions were facilitated by staff and co-facilitated by people with disabilities (See research data).

1.4.3 Pathways

Specialist Products: Interim Pathways Report

*Objective*

The key objective of this work package was to identify and map all current referral pathways into services provided by the Care Services Branch. The process maps were used to identify specific points for capturing data in relation to performance, finance and the interface with care management.

*Deliverable*

Three workshops were held and grouped as follows:

- Older People/Physical and Sensory Disabilities
- Mental Health
- Learning Disabilities

The workshops involved over 20 staff from Access and Assessment, Care Services and Finance and Performance Branch.

All process maps were produced to Business Process Modelling Notation (BPMN) standards.

Follow-up meetings were held with staff from Finance and Performance Branch, Service Managers – Learning Disabilities, Mental Health, Physical and Sensory Disabilities.

1.4.4 Finance

Specialist products: Cost Comparison matrix for each service function utilising the 'True Cost of Services Toolkit' developed by the Care Services Efficiency Delivery Team (CSED – Department of Health)

*Objective*

The overall goal of this work package was to demonstrate value for money and equivalent costs of specific care services functions compared with current external providers for each service function.

*Deliverable*

Within each service function staff and managers were involved in identifying the appropriate measures of service activity, quality and performance to capture the nature of services provided. The toolkit helped identify any retained cost which should be excluded from the unit cost to ensure an accurate comparison was made with the external sector. The service functions assessed included transport, supported living, residential care and day services. Data was captured for analysis within a service, activity/responsibility/cost matrix for both internal and external providers.

#### **1.4.5 Asset Management**

Specialist product: Conditions survey, Establishment briefs

##### ***Objective***

This work package was to ensure that the options arising out of the project matched with the aspirations of the Strategic Asset Review through the identification of alternative Council assets, or those subject to community asset transfer.

##### ***Deliverable***

Comprehensive documented information on assets that are currently in use by care services. List potential options/assets either owned by the Council or others, suitable for future service delivery.

#### **1.4.6 Additional project work packages**

Two project issues were raised during the course of the project, these issues led to the commissioning of two further work packages.

#### **1.4.7 Social Enterprise**

Specialist product: A guide to 'right to request' Care Services, Care Services Enterprise Network.

##### ***Objective***

This work package was developed in response to the staff consultation 'Think Tank'. Its objective was to provide staff who had expressed an interest in developing their area of work into a Social Enterprise with a full understanding of what a Social Enterprise was and their rights under the organisational model 'Right to Request' identified as part of the November Cabinet report.

##### ***Deliverable***

A guide to 'Right to Request' Care Services was developed. Thirty staff were involved in the Care Services Enterprise Network four of these staff groups expressed an interest in the developing Social Enterprises from their service area.

#### **1.4.8 Neighbourhood Centres Conference**

Specialist Product: Consultation Conference with associated feedback report

##### ***Objective***

To hold a consultation conference to inform the design brief of the 12 Neighbourhood Centres.

##### ***Deliverable***

100 delegates attended the conference held on the 7<sup>th</sup> May 2009, the conference was attended by staff, carers and people using Care Services. Indeed 49% of the audience was made up of people using services and/or carers.

### **Consultation Questions**

This section describes how the information and evidence was gathered to provide an evidence base to shape the conclusions.

1. Were these the right workpackages to gather information about the service, individual needs, goals and support requirements?
2. Is there any other information or data you or your organisation can provide which will help us to plan these services better?
3. Are there any other suggestions you would like to make with regard to this section.

## **SECTION 2: NATIONAL AND LOCAL INFORMATION**

### **2.1     OVERVIEW**

This section describes the national and local information that has been used to shape the proposals for future organisational forms and service models set out in Section 3, including:

- Wirral services in the context of national policy directions and regional information on spending patterns for adult services (**Part 1**)
- Information on current in-house clients collected through the engagement work package within the Design & Viability project (**Part 2**)
- Information on demographic trends and projections of overall service needs within Wirral (**Part 3**)

It also identifies current gaps in information which will be needed in future:

- To support future strategic commissioning of these services, including the proposed longer term transformation of service models described in section 3.
- To support effective contract management processes for these services
- To improve information for assessment and care planning for existing and new clients
- To support current and future in-house providers of these services to develop robust business processes

### **PART 1: WIRRAL SERVICES IN THE NATIONAL/ REGIONAL CONTEXT**

The project has assessed the current service delivered in Wirral against two kinds of national/ regional comparators:

- Service policy for adult social care, to identify the direction of travel for local authorities responsible for strategic commissioning of these services
- Efficiency data for adult social care, identifying ‘average’ patterns of spend and individual authorities differing significantly from this

### **THE POLICY CONTEXT**

### **2.2     KEY CONCEPTS**

Current national policy, expressed through a wide variety of guidance across the health and social care sector, maps out a clear direction of travel for agencies responsible for commissioning adult care services.

At its simplest, this can be encapsulated in a small number of key concepts:

- Personalisation
- User engagement
- Integration
- Diversity of provision and market development
- Performance management

Together, these form a challenging agenda for commissioners, in terms of securing the provision of new types of service, and also in changing their own practice to achieve desired outcomes for people who use services through effective contracts with providers.

The following sections describe the main policy directions for each of these concepts, and how far they are currently reflected in the in-house services forming the subject of this project, and in other related work by the Council. The sections also refer to information gathered from people who use services in the course of the Design & Viability project, through focus groups and engagement interviews.

## **2.3 PERSONALISATION**

Increasing personalisation and choice has been a key theme in national policy for several years<sup>2</sup>, and now encompasses areas such as:

- Mainstreaming person-centred planning for users of all care services<sup>3</sup>
- Personalised packages of care and support, rather than matching users to large scale, institutional services such as day centres or employment schemes
- Supporting people who use services in their own homes for longer, with individualised support
- Supporting and encouraging direct payments to users to buy their own social care<sup>4</sup>
- Personal budgets for people to enable them to plan and purchase their care, with support as necessary
- Support to enable self-funders to plan their care in the same way as those receiving personal budgets

### **2.3.1 Current in-house services in Wirral**

Currently, Wirral Council's in-house services are, in the main, not designed to deliver personalised support. Supported living services are organised around particular buildings, and do not 'follow a person' if he or she moves to a different location. Most day services are organised along traditional lines with group activity sessions based in a large day centre, with limited scope for users to access a tailor-made programme of activities. Consequently, transport services are also organised around set venues and timetables: a flexible and people responsive service is not needed to enable clients to access services as currently provided.

The Council is developing its strategy for increasing and supporting personalisation for people who use services through a series of actions including the expansion of direct payments, personal budget pilots and so on. In-house service providers have not yet developed a strategy that takes into account the potential impact of this shift towards personalisation on their future business.

### **2.3.2 Clients' views**

Personalisation and choice was a difficult concept for many of the people who participated in the focus groups. However, people were able to envisage what they would like to do if they had more control over their budget, and this included both changes in the pattern of their everyday care and additional services (short

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<sup>2</sup> Putting People First (Department of Health, December 2007)

<sup>3</sup> Transforming social care (LAC (DH) (2008) 1, January 2008)

<sup>4</sup> Working Together – public services on your side (*HMG, March 2009*)

breaks and holidays, education, or housing were all mentioned). Many people identified the need for effective support to facilitate choice, both in identifying options and in ensuring financial probity.

## **2.4 USER ENGAGEMENT**

The drive for personalisation is to increase control people have over the services they access, but will not necessarily empower users to shape how and in what form services are commissioned at the strategic level. Increasing user engagement in all stages of commissioning from planning to performance management and review is a further strand of policy which has resulted in a number of developments from patient involvement in the governance of NHS Foundation Trusts to the growth of older people's forums influencing local service plans<sup>5</sup>.

### **2.4.1 Current in-house services in Wirral**

The Design & Viability Project included an engagement work package, designed to gather information from people using in-house services and carers, from basic demographic and service use data to more subtle information on their preferences and future aspirations. Achieving this with 'hard to reach' people including those with high levels of need, and who are often at risk of being marginalised from traditional forms of engagement, has required a creative, multi-strand approach including both quantitative and qualitative methods.

Output from this work package has been used to develop the proposals for future service commissioning in this report. It provides a broad-brush assessment of current clients, but should be seen as only the starting point for an ongoing strategy of information management for both commissioners and providers, to address existing gaps in information.

The challenge for Wirral Council now is to embed this approach to user engagement in the long term, so that clients are meaningfully engaged as current in house services are redeveloped and become more diverse.

### **2.4.2 Clients' views**

Meaningful engagement (ie a two-way dialogue with visible results that can be related back to that dialogue) is appreciated by, and seen as essential by, clients including both those used to contributing through regular forums and those who have traditionally not participated in user-led groups for whatever reason.

## **2.5 Integrated Commissioning**

Integration is seen as a key to improved commissioning of health and social care, and agencies are encouraged to develop new ways of working to achieve more coherent plans, co-ordinated service development and improved performance management<sup>6</sup>. (This is expected to take account of other policies on commissioning, such as the introduction of practice based commissioning of NHS services).

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<sup>5</sup> Our Health, our Care, Our Say (Department of Health, January 2006)

<sup>6</sup> Commissioning framework for health and well-being (*Department of Health, March 2007*)

### **2.5.1 Service delivery**

Recent policy emphasises the importance of delivering integrated care wherever possible, to reduce duplication, improve efficiency and ensure a more joined-up service experience for people.

However, there is no single model for how integration should be achieved and in different contexts integration is seen as being:

- Between mainstream services and client-specific services (eg delivering day services for people with learning disabilities in venues accessed by the general public)
- Between health and social care (eg intermediate care and rehabilitation for older people leaving hospital)
- Between health, social care and other public services (eg one stop shops for information and signposting)

### **2.5.2 Current in-house services in Wirral**

There has been significant development in the **strategic commissioning** functions of Wirral Council and NHS Wirral, notably the establishment of an integrated commissioning team from April 2009.

At locality level, integrated teams are being established, including GPs, Locality Heads, Principal Managers and Integrated Commissioning Managers to take forward local commissioning, and service development.

Currently, **provision** of Council in-house services is generally not integrated with other services, although there are examples (such as intermediate care) where there is joint working across health and social care.

### **2.5.3 Clients' views**

This project has not specifically sought people's views about integration: however, national work on user experience consistently highlights the importance of effective integration delivering seamless services on the ground, and of appropriate information sharing to minimise the risk of duplication (multiple assessments, form filling) and to avoid people 'falling through the cracks' between services.

## **2.6 Diversity of provision and market development**

Since the earliest policy shifts towards outsourcing and the 'purchaser-provider split' of the 1980s, there has been a steady move across health and social care policy towards the development of a mixed economy of care, with public sector agencies commissioning services from an increasing range of provider organisations from the voluntary, independent and private sectors in addition to, or as an alternative to, public sector providers including the in house divisions of local authorities.

One current policy focus is on the continued development a diverse market of social care.

*'Where there is personalisation there must be diversity of provision to support choice. Where there is choice and a mixed economy of provision it is important to obtain efficient practice. (CSIP 2007)*

### **2.6.1 Current in-house services in Wirral**

Currently, some areas (such as day services) are significantly dominated by the in-house provider and thus there is no local market in place to provide an existing basis for achieving increased diversity. In other areas, such as supported living and residential care, the current in-house services form only a small part of the total commissioned service. The extent to which current in-house services can or should be delivered by existing external providers will depend on a number of factors including the range and diversity of client needs, quality and/or capacity of existing providers, and the attractiveness of the service to existing providers (given potential TUPE costs and/or existing market rates). These are described in the market analyses for each service in section 3 of this report.

DASS and Chief Officers Management Team are supporting guidelines for encouraging the formation of new social enterprises formed by Council staff wishing to provide services outside the traditional, in house model. A small number of potential enterprises have been identified from within current day services. Work is ongoing to explore the potential for these to become fully-fledged social enterprises, alongside the development of other organisational forms such as a local authority trading company.

### **2.6.2 Clients' views**

Many current people using in-house services have a high degree of identification with that service. The concept of change is a difficult one and the Council is seen as a trusted source of support and advice in a potentially confusing world where providers may not be well known to people.

## **2.7 Performance management**

The policy shifts towards the separation of commissioning and provision, and supply-side diversity, highlight the importance of effective systems of performance management in ensuring effective delivery. Commissioners themselves, and the outcomes they achieve at local level, are increasingly tightly performance managed through central assessments and inspections: the recent merger of health and social care inspectorates will undoubtedly increase the assessment focus on integration.

### **2.7.1 Current in-house services in Wirral**

In Wirral, contracts and performance management for in-house services have not developed to the same extent as those with external providers. This has led to deficits in the information available about outcomes for those using these services, or the value for money achieved by in house providers relative to others. There has been no regular system of dialogue between commissioner and provider colleagues to review performance, set objectives and drive future service development.

### **2.7.2 Clients' views**

Not surprisingly, people who use services have not tended to comment on performance management per se, although since user experience is a key element of effective performance management, the importance of good engagement to users should be seen as relevant here as well.

## **2.8 EFFICIENCY DATA**

Data produced in May 2009 by DH (North West) identify authorities' pattern of spending on adult social care for 2007/08 compared to regional and national patterns

This covers all spending, and not just that on in-house provision, but does provide some additional evidence on the extent to which areas are relying on particular service models for the delivery of care and support.

For Wirral, the data shows:

- **Overall spend on social care** below the regional average
- Within this, **spend on each client group** (older people, physical disability, mental health, learning disability) also below the regional average
- Significantly **higher spend on residential and nursing care** as a proportion of the total than the regional average
- Relatively **high proportions of the population in council supported residential and nursing care**, especially those aged 18-65, compared to the regional average
- Consequently, spend on domiciliary care below regional average for all 4 client groups
- Spend on assessment and care management significantly below regional average
- Relatively low proportion of older people receive social services funded intermediate care<sup>7</sup>

In the context of this project, this data should be interpreted with caution (given the gaps in information on current clients as outlined in Part 2 below), and is changing over the last twelve months as a result of the transformation agenda and targeted work programmes to modernise services and practice.

Wirral's relatively high spend on residential services in the context of spending almost 10% less on social care overall as a proportion of total spend than the national average (30% compared to 33%) equates to low levels of investment in community services and is consistent with a relatively traditional and institutionally focused model of service delivery for in-house services.

The proposals set out in this document are aimed at delivering significant change in this service model over time, and are therefore likely to achieve significant changes in the pattern of spending and to align this more closely with patterns expected as the outcome of current policy and as part of the wider transformation in DASS.

## **PART 2: IN-HOUSE SERVICES: CURRENT CUSTOMERS**

### **2.9 DATA SOURCES**

The original objectives of the Design & Viability project included the production of a detailed analysis of future demand based on existing information about people who use in-house services.

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<sup>7</sup>; *Better Outcomes and Better Value: efficiency in adult social care and health: data booklet May 2009 (DH Northwest)*

This was not wholly achievable, given the paucity of information collected to date in central data systems about this group of clients.

The engagement programme, which had originally been established to provide information about clients' future aspirations and preferred outcomes, was expanded in scope to enable the collection of some basic data about current clients including:

- Demographic data
- History of service use
- Carer information
- Dates of most recent assessment and care package review

Results from this expanded programme are set out below.

It should be noted, therefore, that this provides only a top level indication of the scale and level of clients' current needs. Information systems for commissioners and providers have been identified as a key priority within the action plan for implementation of the proposals in this report, as set out in Section 5 below.

It should also be noted that this project did not set out to identify the overall needs of particular client groups but rather the needs of those currently in receipt of local authority in-house provided care. The commissioning strategy for these services described in this document requires co-ordination with overall commissioning across all sectors, and this will include comparison of need and data analysis for all clients.

## **2.10 CURRENT CLIENTS: TOP LEVEL PROFILE**

### **2.10.1 Overview**

768 individuals were identified by managers as current users of one or more DASS in-house services. (Note that this excludes older people using in-house services based for short term intermediate or respite care, as discussed in section 1 above)

Of these, usable data was recorded for 617 people during face to face interviews as part of the engagement work package.

### **2.10.2 Client groups**

The profile of the 617 respondents by client group is shown below. Note: The LD group includes those who have a learning disability plus another form of disability or mental health support need.

*Table 1*

Responses	Sex		
Group	Female	Male	Grand Total
LD	179	230	409
MH	63	103	166
PSD	22	20	42
Grand Total	264	353	617

Assuming the 617 clients interviewed are roughly typical of the whole client profile, this would mean the 745 current users would consist of:

494 people with a learning disability

200 people with a mental health needs

51 people with a physical or sensory disability

The table below shows the proportions of current customers in each group

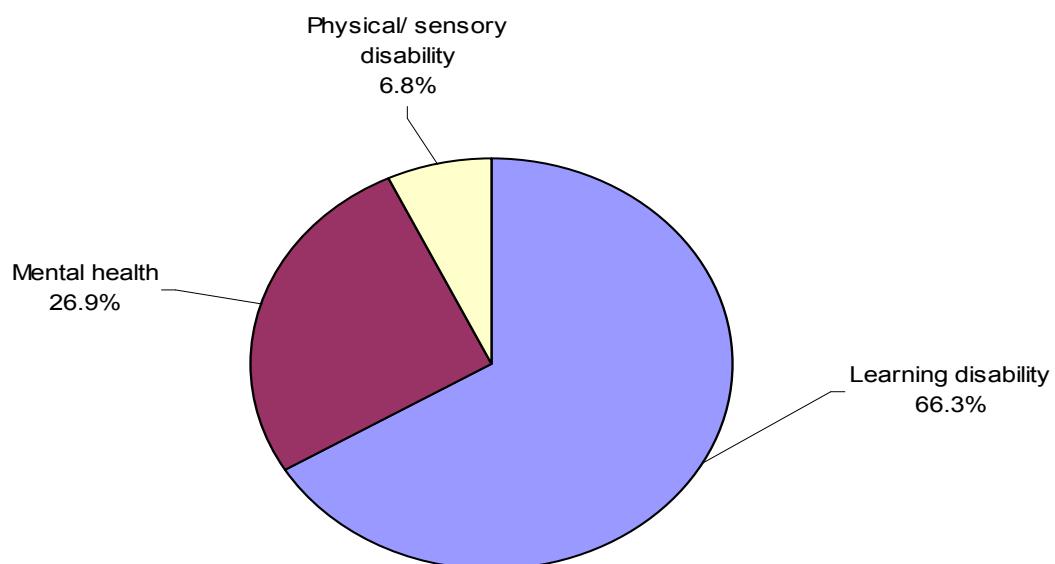
*Table 2*

Responses	Client group			
Age group	LD	MH	PSD	Grand Total
18-24	7.4%	1.8%	17.1%	6.6%
25-34	17.8%	12.3%	9.8%	15.8%
35-44	28.5%	23.3%	17.1%	26.3%
45-54	25.2%	35.6%	22.0%	27.8%
55-64	15.1%	22.7%	24.4%	17.8%
65-74	4.7%	4.3%	9.8%	4.9%
Over 75	1.2%	0.0%	0.0%	0.8%
Grand Total	100.0%	100.0%	100.0%	100.0%

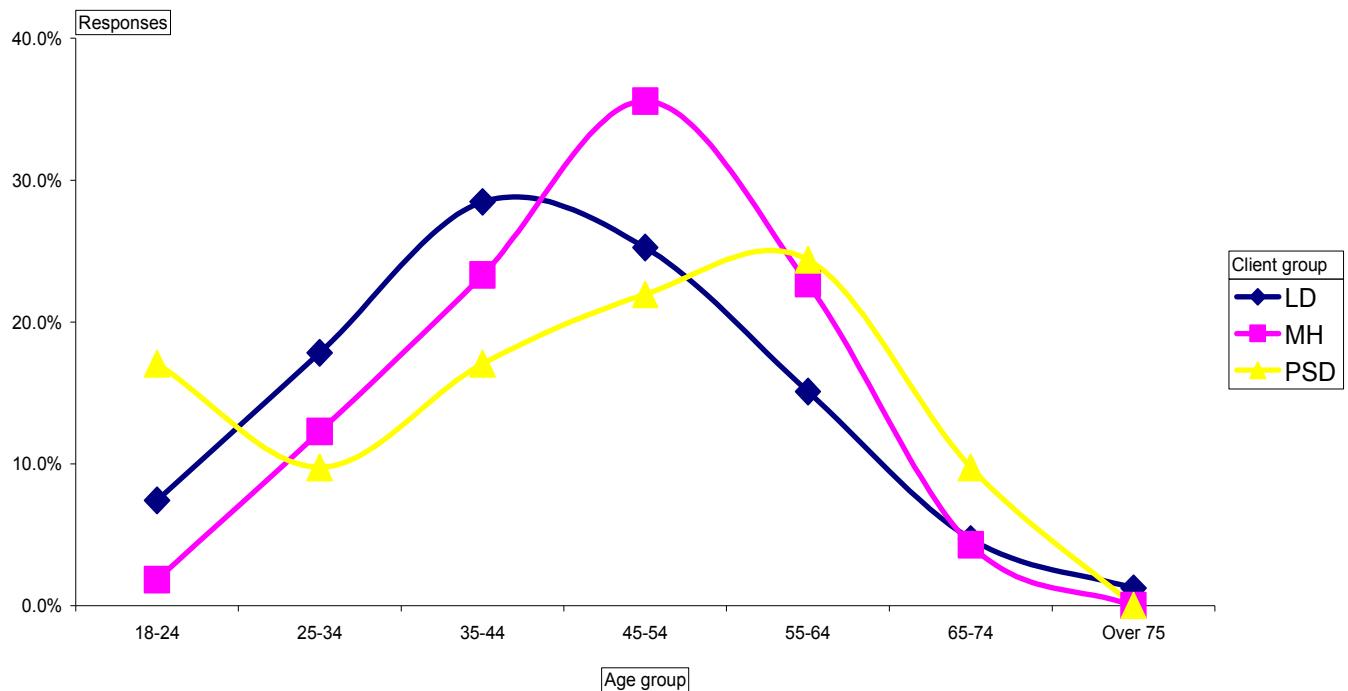
### 2.10.3 Age profile

The breakdown of the 617 respondents by age and client group is shown below.

#### **DASS in house service users by client group**



The smoothed age profile of each group is shown below.



The profile for LD clients is younger than for MH clients (the number of PSD clients is too small to give a realistic profile). However, it is known than people with a learning disability are likely to develop long term health needs at an earlier age than other sectors of the population, so a younger profile for this group should not be interpreted as a lower level of need in general.

#### 2.10.4 Assessment and care plans

As part of the engagement process, interviewers were asked to record the date of the client's original written assessment for services and the date of the most recent care plan review.

As the figures below show, assessment dates were not recorded for the majority of clients. This is likely to be for a variety of reasons, including:

- The date was available but not recorded by the interviewer
- The date was known, but not made available to the interviewer
- The date was unknown
- No written assessment exists for the client

Table 3

		Group			
Date of assessment		LD	MH	PSD	Total
None, or not recorded	Respondents	321	107	39	<b>467</b>
	% of client group	78.5%	64.5%	92.9%	<b>75.7%</b>
Before 2006	Respondents	2			<b>2</b>
	% of client group	0.5%	0.0%	0.0%	<b>0.3%</b>
2006	Respondents	1			<b>1</b>
	% of client group	0.2%	0.0%	0.0%	<b>0.2%</b>
2007	Respondents	4	4	1	<b>9</b>
	% of client group	1.0%	2.4%	2.4%	<b>1.5%</b>
2008	Respondents	39	30	2	<b>71</b>
	% of client group	9.5%	18.1%	4.8%	<b>11.5%</b>
2009	Respondents	42	25		<b>67</b>
	% of client group	10.3%	15.1%	0.0%	<b>10.9%</b>
<b>Total Respondents</b>		<b>409</b>	<b>166</b>	<b>42</b>	<b>617</b>
<b>Total % of client group</b>		<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

A date for the most recent care plan review was recorded for 17 of the 150 people for whom an assessment date was recorded. All of these reviews had taken place in 2008 or 2009. This information reflects the historic nature of the many placements and supports provided in segregated centres and the custom of reviewing and revising care plans directly through the Care Services Branch.

#### 2.10.5 Carers information

The engagement process included collection of information on carers for each client. 255 people (41.4% of the total) were recorded as having a friend or family member as their principal carer. Of these, 225 (88.2%) were living with that person.

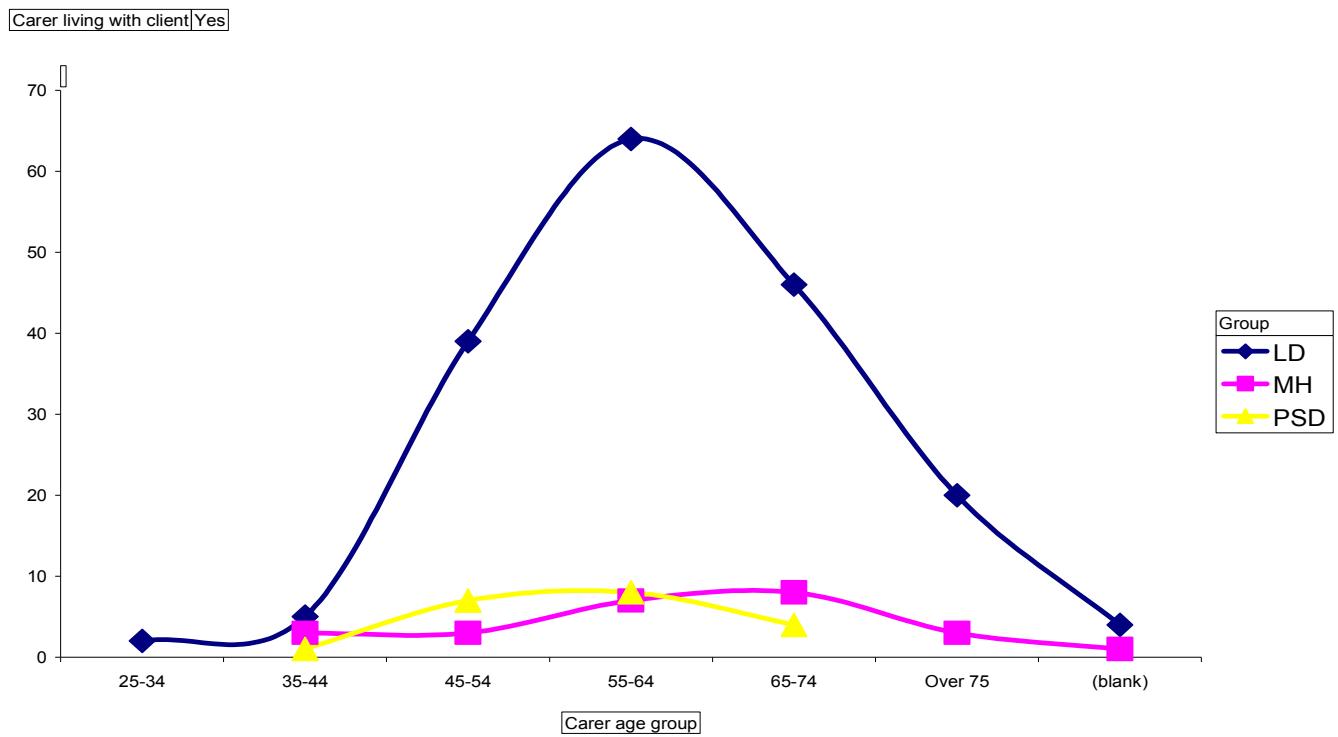
The age profile of carers living with a client, by client group, is shown below.

Table 4

		Group			
Carer age group		LD	MH	PSD	Grand Total
<b>25-34</b>		2			2
<b>35-44</b>		5	3	1	9
<b>45-54</b>		39	3	7	49
<b>55-64</b>		64	7	8	79
<b>65-74</b>		46	8	4	58
<b>Over 75</b>		20	3		23
<b>(blank)</b>		4	1		5
<b>Grand Total</b>		<b>180</b>	<b>25</b>	<b>20</b>	<b>225</b>

71% of these carers are aged 55 or over

The chart below shows the smoothed age profile for carers of each client group



## 2.10.6 Support need

The engagement process was not a formal assessment of need, but did include questions, similar to those which will form part of the Resource Allocation System (RAS) for personal budgets, on the level of support required by clients across a number of dimensions including:

- Personal care
- Daily living
- Eating and drinking
- Access to community facilities
- Maintaining safety for self and others
- Minimising harm to self and others
- Parenting (where applicable)

These were then combined into a single measure ***for indicative purposes only*** of the potential level of support needed by each client:

High: requiring intensive/ frequent support across most dimensions

Medium: requiring intensive/ frequent support in at least one dimension, or low level/ infrequent support across most dimensions

Low: requiring low level/ infrequent support across one or two dimensions only

The table below shows the overall support need for each client group. (Note: it is recognised that the current RAS is being revised to reflect more cognitive support required for people with mental health needs, and this may lead to inappropriately low levels of need identified for people in the MH group).

Looking only at clients identified through the Supported Living service, only 9 fitted into the Low group using this indicator, as opposed to 16 identified as unlikely to fit the FACS criteria for ongoing support; this apparent inconsistency requires further analysis.

*Table 5*

		Client group			
Overall support need	Data	LD	MH	PSD	Total
High	Respondents	144	11	10	165
	% of client group	35.2%	6.6%	23.8%	26.7%
Medium	Respondents	238	73	28	339
	% of client group	58.2%	44.0%	66.7%	54.9%
Low	Respondents	27	82	4	113
	% of client group	6.6%	49.4%	9.5%	18.3%
Total Respondents		409	166	42	617
Total % of client group		100.0%	100.0%	100.0%	100.0%

### PART 3: INDICATORS OF FUTURE NEED

#### 2.11 KEY DEMOGRAPHIC PROJECTIONS

This section includes analysis of the main demographic changes likely to have an impact on the future demand for adult care services, and therefore on the environment within which current in-house services will operate in future.

More work is required to identify the implications of these demographic trends on the specific demand for in-house services, as part of the development of future commissioning strategy.

##### 2.11.1 Age structure

The Wirral population is ageing and in the next 10-15 years there will be significant increases in the total number of older people in the borough as shown in the projections below. By 2025, nearly a quarter of the total Wirral population will be aged 65 or over.

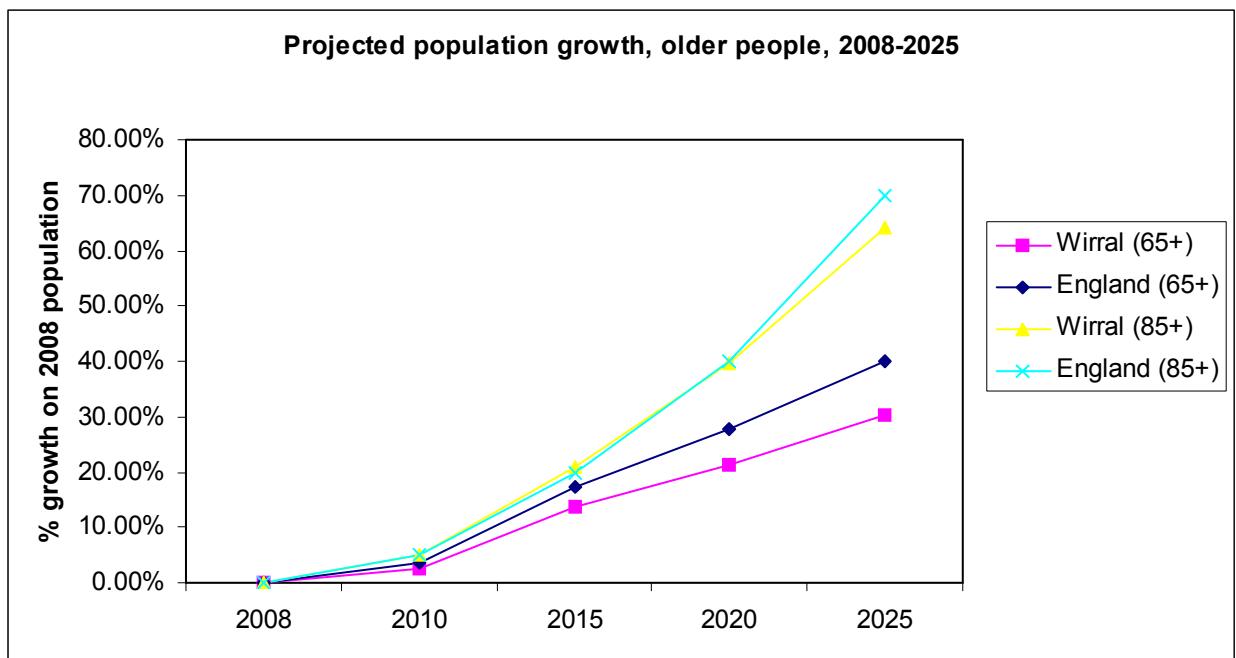
Compared to today's older population, there will be significantly greater numbers in future, especially in the very old (likely to be those with the greatest level of need). Compared to 2008, there will be 21% more over-85s by 2015 and 64% more by 2025.

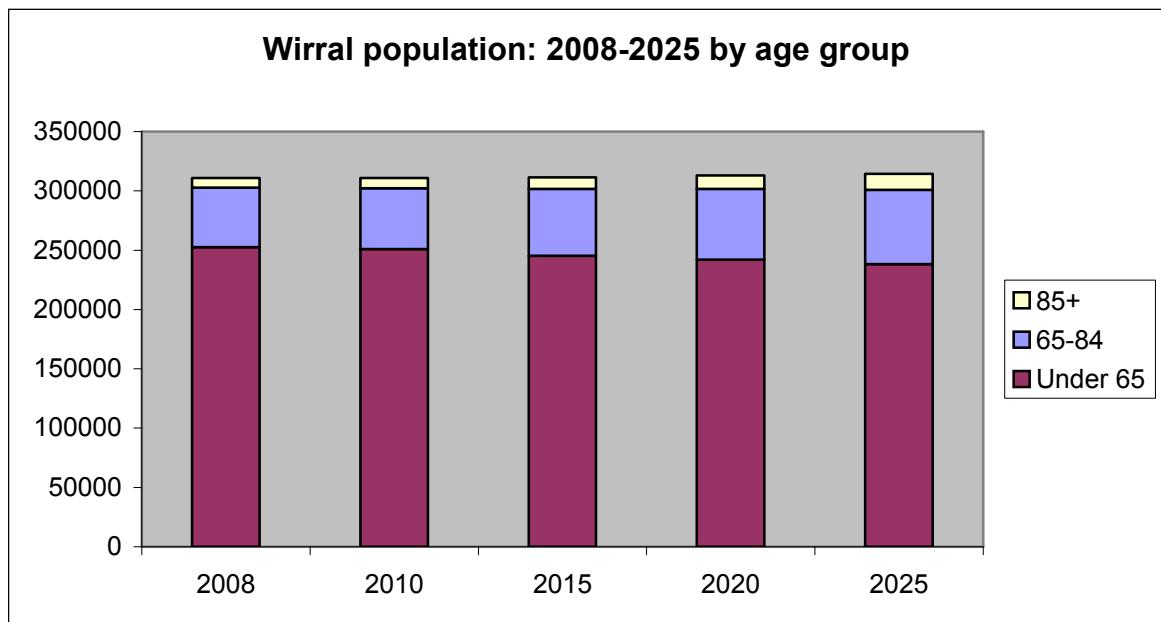
**Table 6: projected population of older people in Wirral, 2008-2025, plus some England comparators**

	2008	2010	2015	2020	2025
<b>Total population</b>	310,800	310,800	311,400	312,900	314,300
Population aged 65 and over	58,300	59,800	66,200	70,800	76,000
Population aged 85 and over	8,100	8,500	9,800	11,300	13,300
Population aged 65 and over, %	18.76%	19.24%	21.26%	22.63%	24.18%
<i>England</i>	<b>16.08%</b>	<b>16.41%</b>	<b>17.88%</b>	<b>18.74%</b>	<b>19.87%</b>
Population aged 85 and over, %	2.61%	2.73%	3.15%	3.61%	4.23%
<i>England</i>	<b>2.19%</b>	<b>2.26%</b>	<b>2.49%</b>	<b>2.80%</b>	<b>3.28%</b>
<b>Population growth on 2008</b>					
Population aged 65 and over	...	2.57%	13.55%	21.44%	30.36%
<i>England</i>	...	<b>3.68%</b>	<b>17.33%</b>	<b>27.58%</b>	<b>39.95%</b>
Population aged 85 and over	...	4.94%	20.99%	39.51%	64.20%
<i>England</i>	...	<b>5.12%</b>	<b>19.97%</b>	<b>40.01%</b>	<b>69.94%</b>

**Source : POPPI (adapted)**

Note that Wirral currently has a higher older population than the England average, and that the gap will widen in future, despite the slower growth in the actual numbers in older age groups in the Wirral population: this is accounted for by relatively smaller projected increase in the Wirral population than in England as a whole.





## 2.11.2 Learning disability

There are several potential starting points for estimating the rise in the numbers of people with a learning disability in Wirral:

- Using national estimates of the prevalence of learning disabilities in the general population, Wirral would be expected to have around 5,200 people with any learning disability, of whom 1,250 would have a severe disability requiring specialist learning disability services (ie health and/or social care services targeted specifically at people with a learning disability) (source: JSNA)
- Work in 2004/05, based on and projected from those actually known to services locally, indicated that there may be approximately 2,100 Wirral residents with a severe learning disability, suggesting a relatively high prevalence in the borough as a whole (source: LD joint commissioning strategy, 2006/09).
- There are currently just over 1,600 people with a learning disability using specialist services in Wirral in 2007 (source: PCT). If the projected prevalence of 2,100 is accurate, this suggests a significant proportion of people with a potential need for specialist LD services who are not currently known to agencies.
- Only 1,160 people are identified as having a learning disability on GP registers (source: JSNA).
- The engagement process identified 409 people with a learning disability currently accessing in house services (projected to 494 to take account of non-respondents within the total client base)

Future projections are that the numbers of people with a learning disability will rise, and that the rise will be particularly marked in older age groups.

Over the period 2001- 2021 it is predicted that nationally there will be a:

- 16% increase in people with severe learning disabilities;
- 22% increase in people with mild to moderate learning disabilities.

- This increase in numbers is significant in older people:
- 62% increase in people with moderate learning disabilities aged 60-79 by 2021
- 95% increase in those over 80.

Applying a rough estimate of change in the next 10 years to the current number of approximately 1,600 people using specialist services in Wirral gives an additional **70-80 people using specialist learning disability services** by 2019 compared to 2008, of whom:

- 50-60 fewer are aged 15-24
- 15-20 more are aged 25-54
- 80-90 more are aged 55-74
- 25-30 more are aged 75+

(This assumes no change in the mix of disabilities using specialist services, and also that the current age profile of clients is representative of the prevalence in the population as a whole).

### **2.11.3 Mental health**

#### ***Working age***

The declining proportion of people in working age groups in Wirral over the next few years means that, assuming no change in eligibility criteria, there is a projected decrease in the number of working age adults receiving support to live at home, or in a care home, and thus most likely to be accessing other care and support services, as shown below

#### ***Older people with dementia***

The overall increase in the numbers of older people in Wirral shown in section 1 above will also lead to significant increases in the number of people with dementia.

**Table 7: projected population in Wirral with mental health problems, 2008-2025**

	<b>2008</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
People aged 18-64 with mental health problems helped to live at home	683	681	661	645	629
People aged 18-64 with mental health problems in residential and nursing care during the year, purchased or provided by the CSSR	160	160	155	151	148
Total population aged 65 and over predicted to have dementia	4,266	4,408	4,819	5,343	6,053

**Source: POPPI/ PANSI**

#### **2.11.4 Physical and sensory disability**

As with working age people with mental health needs, the numbers of working age people with significant physical or sensory disabilities is likely to show a small decrease in the next 10-15 years. This will be outweighed by the numbers in older age groups with physical and/or sensory disabilities and requiring help with daily living.

**Table 8: projected population in Wirral with physical or sensory disabilities, 2006-2025**

	2008	2010	2015	2020	2025
People aged 18-64 with a physical or sensory disability helped to live at home	886	883	857	836	816
People aged 18-64 with a physical or sensory disability in residential and nursing care during the year, purchased or provided by the CSSR	130	130	126	123	120
Total population aged 18-64 predicted to have a serious visual impairment	120	120	116	113	111
Total population aged 65 and over unable to manage at least one mobility activity on their own	9,304	9,536	10,384	11,264	12,640
People aged 65 to 74 predicted to have a moderate or severe visual impairment	1,641	1,686	1,926	2,005	1,960
People aged over 75 predicted to have a moderate or severe visual impairment	3,596	3,683	3,943	4,340	5,084

**Source: POPPI/PANSI**

<b>Consultation Questions</b>
<p>This section describes national and local information that has been used to shape the conclusions.</p> <ol style="list-style-type: none"> <li>1. Has the current policy direction at a local and national level been fully understood and reflected in this section?</li> <li>2. Does this section make a fair assessment of the current position of in-house services against the national and local policy?</li> <li>3. Does the data collected provide a sufficient profile of Wirral's population in terms of ethnicity, disability, age, gender, religion and sexual orientation?</li> <li>4. Are there any other sets of information that should be taken into account?</li> </ol>

## **SECTION 3 ORGANISATIONAL FORM AND SERVICE MODELS**

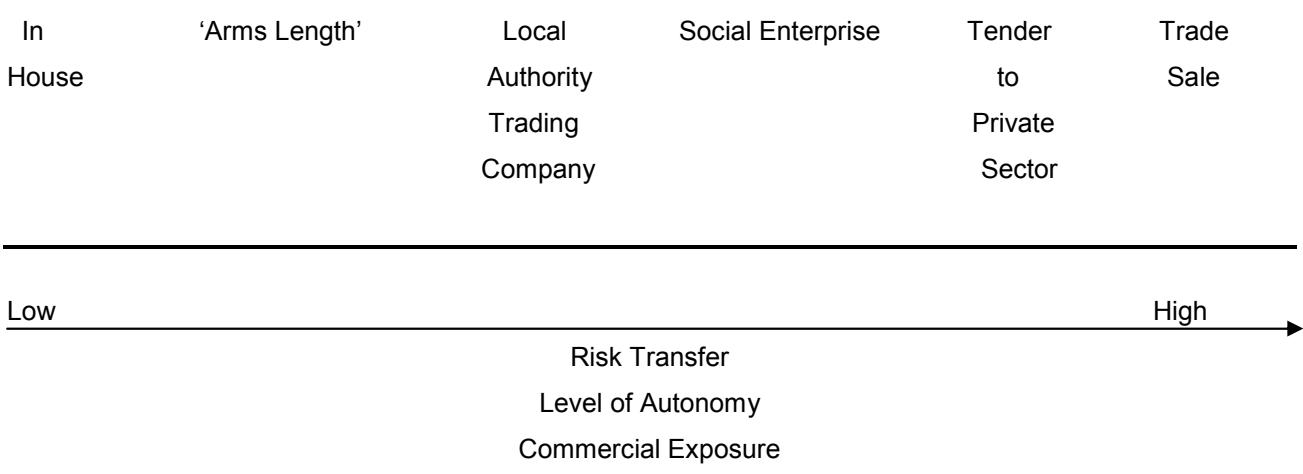
In distilling the project objectives, two key activities have been the focus of the work. The first has been to design the future shape of the services. The second has been to assess its viability/sustainability in the context of personal budgets and the need for choice and diversity in the market.

Personal budgets holders will be able to make their own decisions about which services they want, whether they hold their budget directly or the Council manages the budget on their behalf. If individuals choose to use their Personal Budget to commission services outside the Council control this leaves in-house services vulnerable and increasingly expensive. Indeed the ability to adapt and flex in the world of individually commissioned care is the significant driver behind considering these organisational forms. Retaining the existing services within Wirral Council, including all the current unit costs, would effectively result in a situation where the Council would be paying for personal budgets whilst at the same time paying for directly provided services. This could lead to double running costs and an unsustainable set of services.

### **3.1 Organisational Form**

The Cabinet Report outlined three organisational forms as potential options within the initial feasibility study. These were 'Arms Length', 'Right to Request' Social Enterprise, Tender to Private Sector. The project has identified a fuller range of options. In understanding these, and the markets in which care service operate, this report proposes that where services continue to be commissioned, consideration is given to transferring them to a Local Authority Trading Company (LATC). This organisational form is potentially well suited to accommodate personal budgets, encouraging diversity in the market and enabling the services to work more closely with the voluntary and community sector, whilst still providing the assurance required by stakeholders. A full and comprehensive business must be prepared and presented before any Cabinet the decision to trade could be made.<sup>8</sup>

Figure 2 represents the overall types of models of service which could be available as options:



<sup>8</sup> General Power for Local Authorities to Trade in Function Related Activities Through a Company – Guidance on the Power in the Local Government Act 2003: ODPM 2004

### **3.2 Local Authority Trading Company**

#### **3.2.1 Benefits/Opportunities**

In considering the options for the future of the services, there are a number of potential benefits and opportunities of transferring services to a Local Authority Trading Company<sup>9</sup>

- These services remain intact, but are able to trade and compete with other market competitors
- It encourages a ‘mixed economy’ of supply that enables local authority clients to make the best use of the market place to obtain the most appropriate service solution.
- It has the potential to introduce new providers into the market for local authority services which serves to increase competition and contestability
- It provides the opportunity for efficient and effective local authorities to exploit their knowledge, skills and expertise
- It has the potential of supporting relationships between local government and voluntary and community sectors.
- These service can generate additional business through trading with non Adult Care clients, eg private individuals
- These services maintain the vital function of being the ‘provider of last resort’ in cases of emergency or market failure, and will allow the Council to satisfy its statutory duty;
- Other considered options to transfer to the market, such as open tender, and social enterprise are still available options in the future.
- Supports the development of Adult Social Services becoming a commissioning-led organisation which strategically develops markets to support individuals. It will help achieve it and relocating directly provided services but retaining Strategic and Operational Commissioning functions. This will remove any conflicts of interest commissioners might encounter or be perceived to incur by companies in the market.

Wirral Council is able to establish a Local Authority Trading Company (LATC) through its powers under section 95 of the Local Government Act 2003.

The 2003 Act allows Local Authorities to establish commercial arms as separate Companies under the Companies Act, as long as at least 51% of the shareholding of the LATC remains with the Council. It means staff TUPE to the new company, where this applies, and all the standard conventions and arrangements associated with this are upheld.

The Act makes a number of stipulations regarding the power to trade:

- It does not override the statutory service obligations of a local authority;
- It does not supersede other trading powers a local authority may have;

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<sup>9</sup> Local Authority Trading: Research Report, Department for Communities and Local Government :London (2007)

- The power can only be exercised through a company;
- The Secretary of State has the right to impose conditions on the exercise of trading power and can remove statutory barriers to the exercise of the trading power.
- The power to trade is granted only to local authorities with a CPA Rating of ‘excellent’, ‘good’, or ‘fair’;
- That a local authority is permitted to trade in anything that it is authorised to do under its ordinary functions;
- A local authority must recover the costs of any accommodation, goods, services, staff or any other thing that it supplies to a company to exploit the power to trade;
- That a business case must be prepared before the power to trade is exercised and in the case the Council, approved by Cabinet.

The legal implications of the proposals are linked to the potential risks of the market being unable or unwilling to sustain the businesses required to enable Wirral Council to fulfil its statutory duties. There are also potential risks in relation to quality control and protection of customers. Thus it is imperative that there is full consideration of the risks and their implications, as well as the potential investment costs of developing such an organisation.

### **3.3 Service Models**

The Care Service Branch is currently responsible for 7 specific service functions, delivered through a variety of different management, staffing and accommodation arrangement. Appendix 3 sets these out with associated details of workforce, budget and unit costs (prior to redesign).

These models have been informed by national and local commissioning guidance, commissioning data (Section 2), qualitative data provided through the Engagement process, focus groups, staff consultation. Reports on each of these consultations are held in separate appendices.

The proposals below would have significant staffing and financial implications, including any costs related to protection of salary, redundancy/voluntary severance. Every effort would be made to redeploy staff in the first instance, where possible.

Recruitment, redeployment and where appropriate redundancy/voluntary severance arrangements will be in line with Corporate Policy, having followed appropriate consultation with the Trade Unions involved. Before any decision is made each individual proposal will be considered in detail before approval is requested/given to ensure that the post can be deleted, used as ‘bumped redundancy’ to allow another employee to remain in employment or whether the employee can be redeployed.

### **3.4 Transport**

The Cabinet report (6.11.09) identified efficiencies to be achieved within this service as follows:

2009/10 - £180,000

2010/11 - £180,000

The report outlined that efficiency may be achieved through open tender, with the potential of further efficiency being achieved through the reduction in the use of transport as a result of personal budgets. Following the application of the 'True Cost for Service Toolkit', the unit cost for service showed little differential between the independent sector when based on activity, performance and considering the nature of services.

#### *Unit Cost*

DASS	-	£5.14 (Revised)
Independent Sector	-	£4.29

These unit costs considered against the current market factors, the corporate transport review, TUPE implications, the outcome of the Equality Impact Assessment and the commitment to implement personal budgets leads to the following conclusions:

#### ***Conclusions***

Views are invited on the desirability of the following:

1. DASS transport service to be outsourced as vehicles become due for lease renewal and staff retire.
2. In addition DASS supports the development of single Corporate Transport Unit and/or:
3. That the Transport Service to include in any proposal to develop a Local Authority Trading Company.
4. DASS should in addition conduct annual reviews of the service, until such time that recommendation 2 or 3 are enacted.

Any alternative views from stakeholders or partners should be considered.

#### ***Consultation Questions***

1. Are the conclusions for the Transport Service the right ones?
2. Are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
3. Are there specific issues or barriers that this service needs to consider and address in relation to ethnicity, disability, age, gender, religion and sexual orientation?
4. Are there any other views or suggestions you would like to be considered?

### **3.5 Supported Living**

Supported Living or housing with support are terms which mean that a person has their own home and support is put in place to help them live independently. This could mean that they are supported for a few hours a week, everyday, overnight or 24 hours a day. The support should be carefully planned to meet their needs to live independently.

The staffing structure supporting the current arrangements has been broadly based on a more 'traditional' model, as a result of history (developing from the reprovision of residential care) rather than specifically designed around individual need.

Whilst some of the properties have taken up the use of assistive technology, this has not been applied across all. The technology has been shown to be extremely successful across all client groups demonstrating better outcomes for people by promoting independence, contributing to the process of assessment and supporting, efficient use of resources.

83 tenants within supported living had an engagement interview involving assessment and support planning. This process identified 16 people as ineligible for services i.e not falling with the Fair Access to Care Criteria<sup>10</sup>. The Department however, is contracted to provide Supporting People Services, i.e low level housing support and will continue to do so for the length of time the contract is in place. The service is currently known as an 'accommodation based service' with a static staff group associated with each house/area. The majority of people within each house attend day services, with some having a day at home known as a 'rehab' day.

Staff consultation highlighted some of the inflexibility within the support arrangements reflecting that it would be more helpful if staff could target their interventions more appropriately across housing arrangements; this issue was exacerbated at time of sickness and leave.

#### *Financial Analysis*

The Cabinet Report (6.11.08) identified efficiencies to be achieved within this service as follows:

2009/10 - £347,000  
2010/11 - £347,000

The report outlined that efficiency may be achieved through a two stage tender process.

Following the application of the 'True Cost for Service Toolkit', the unit cost for service showed the following differential between in-house services and those currently commissioned externally.

#### *Unit Cost*

DASS	-	£29.08
Independent sector	-	£13.18

To calculate a unit cost per hour that is comparable to the independent sector, it has been necessary to identify the time spent by staff in face-to-face contact with the clients. This information was not previously available and so has been estimated by the Supported Living managers and been checked by the Service Manager to ensure it is within expected support levels the clients are receiving. The gross costs of the service have also been calculated, by excluding any recharge and notional costs following best practise as outlined by CSED (as these costs would still be incurred by the Council regardless of the outcome of the review). The costs of Night Care Assistants has also been excluded from the gross costs, as this service is not included in the independent sector charging policy that is being used in the comparison. The gross cost is divided by 52 weeks and then further divided by the number of face-to-face hours being provided per week to calculate the unit cost per hour for Supported Living.

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<sup>10</sup> Fair Access to Care – Guidance on eligibility criteria for adult social care

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4009653](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009653)

## *Market Analysis*

There are 42 accredited independent sectors providers of which 29 are currently contracted to provide services for DASS. The Department has recently made interim arrangements with the contracted providers and is in the process of developing a new contract with the option to re-tender later in the current financial year. Until the final arrangements and outcome are known it would be inappropriate to consider placing new business into the market whilst it is in transition.

## ***Conclusions***

Views are invited on the desirability of:

1. The Supported Living Service moving towards a ‘floating support service’, with a focus on community support and less reliance on traditional day centre attendance. This realignment of service will be supported by individuals choice of day time support exercised through personal budgets. A suggested structure is set out in figure 2.

Through a single manager the suggested structure allows for consistency of approach across the services. Targeting Level 3 support workers (increase from 257 – 368) to co-ordinate a new level of enabling assistants (Homecare grade), whose focus will be to support people in their own home in daily living and enablement. The role of senior care assistant to be deleted. Level 2 Support workers to be reduced from 1890 by 1450 hours, these staff to deliver a range of services which are community based (eg. employment, accessing facilities, education etc) therefore input should be short and focussed.

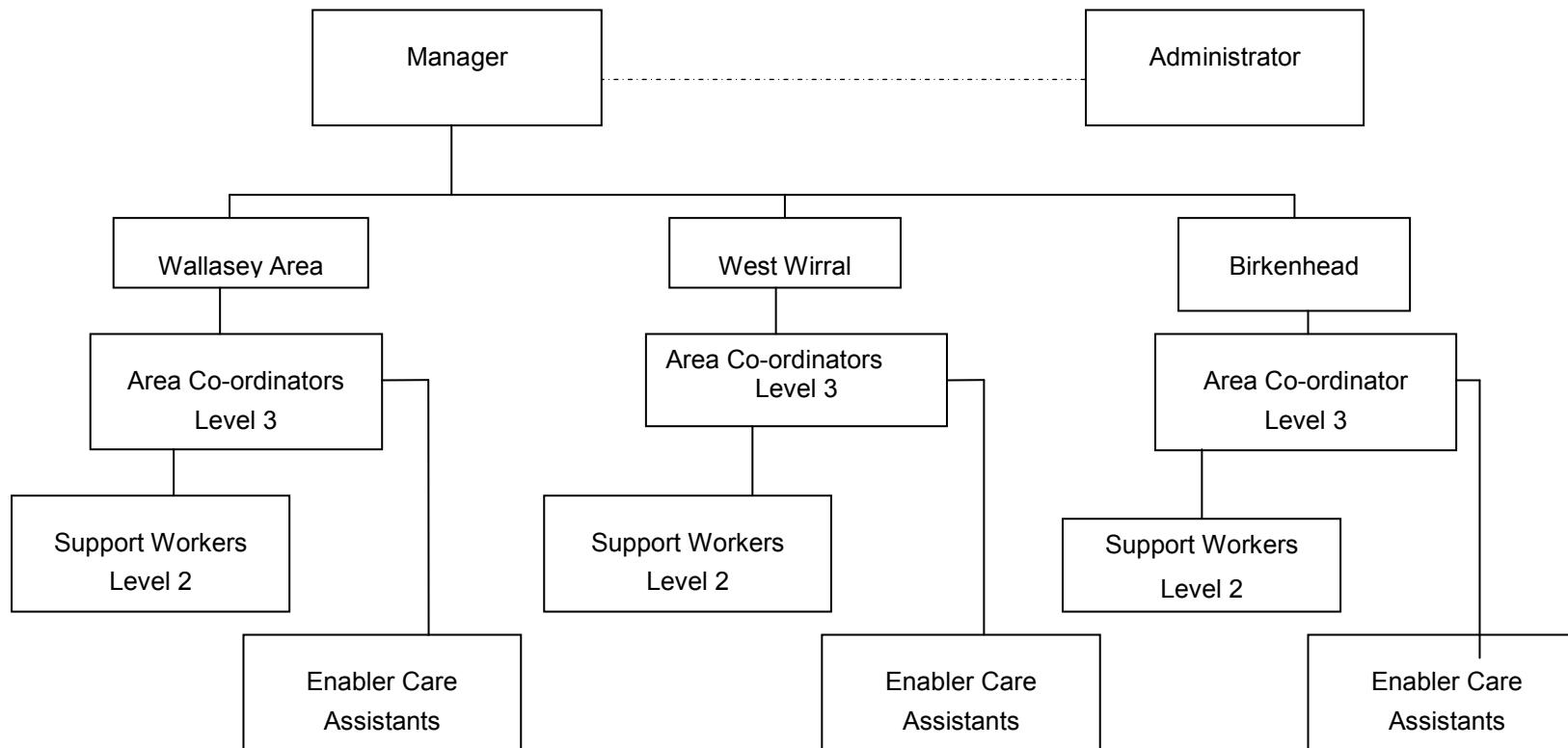
2. That following implementation of realignment the service should consider two options in relation to the future organisational models
  - a) Pursue open tender if the department re-tenders with a new contract for Supported Living or:
  - b) To become part of the newly formed Local Authority Trading Company

Other views regarding the future of the service should be considered.

## ***Consultation Questions***

1. Is the conclusion with regard to the Supported Living Service the right one?
2. Are there any other options which would help to ensure that people could receive a more personal service, whilst still providing value for money for people with a personal budget?
3. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
4. Are there any other ideas or suggestions you would like to be considered with regard to this service?

Figure 2.



- Level 3 Co-ordinators will work between 8.00am-11.00pm
- Baseline of 1 enabler in each unit between 7.30am-10.30pm (will be some variance dependent on specific needs, occupancy etc) with the exception of Thomas Court and Balls Road, which will have 4 hours per day support
- Sleep-ins arrangements to remain
- On-call system to be developed for management cover as currently exists in residential services
- Co-ordinators and enablers to work flexibly across units within areas
- Enablers to work flexibly within hours, according to varying requirements of service (i.e. remove rigid rota system and introduce flexible working within "bands" e.g. 7.30am-2.00pm; 1.30pm-8.00pm; 7.30pm-10.30pm)

### **3.6     Intermediate Care/Respite**

#### **Poulton and Pensall**

Residential intermediate care and respite care is currently provided at Pensall House and Poulton House. The future commissioning intentions for Intermediate Care are due to be reported to Cabinet. That report will recommend the commissioning of a total of 32 dual registered beds from the external care market. These beds would be distributed amongst the 3 localities according to need. The beds would be 'managed' by Community Matrons from each locality in association within 'virtual ward' protocols with the numbers of beds increasing and decreasing over time in response to service development and changing need.

This proposal, if approved would imply that intermediate care provision within these two establishments should be decommissioned (37 beds). The rationalisation of respite provision (25 beds) would then need to be considered, in the context of the market for residential care.

The existing building at Poulton House has a limited life – as previously reported to Cabinet. With investment, however, this site may offer an opportunity, particularly within the context of the nearby development of the former Somerville Campus of being the location of a Dementia Centre for Wirral.

#### **Market Analysis**

In the past three years the capacity within the residential care market has continued to increase with occupancy levels in 2007 at 92% reducing to 80% in for the first quarter of 2009. This represents 212 vacancies in the 65+ residential care market, suggesting that there is ample capacity to accommodate respite provision now and into the future. These figures take account of 96 interim bed placements over the winter period which indicates that the market is willing and able to accommodate short-term placements at current costs.

In addition, over the next two years, there will be an additional 119 extra care units available for older people. This is a preferred option for many older people who wish to remain living independently but who require up to 24 hours support.

At present respite provision is commissioned from only Pensall and Poulton, commissioning respite care across the Wirral will encourage a wide choice of facility.

#### **Financial Analysis**

Under the proposal decided above, Intermediate Care would be commissioned by NHS Wirral and DASS jointly. The re-commissioning of external locality provision residential and nursing provision may take place during 2010. The average unit cost for residential intermediate care is set out below, there is no local residential intermediate care comparator.

#### ***Unit cost***

Pensall Hse	-	£645 p.w
Poulton Hse	-	£523 p.w

Respite Care is commissioned from both in-house and external residential providers. The unit cost of Pensall and Poulton respite is the same as above, the independent sector equivalent costs rated at the highest banding i.e band 3 are highlighted below:

Independent Sector - £416.29

### ***Conclusions***

If a proposal for NHS Wirral to jointly commission 32 dual registered intermediate care beds is approved there are significant implications for Poulton House and Pensall House. In this context views are sought on the desirability of:

1. Decommissioning Poulton House and Pensall House, supporting the development of locality based dual registered intermediate care beds.
2. Commissioning all further respite provision for older people from the external residential care market.
3. Undertaking a feasibility study to establish if the site of Poulton House would be appropriate for the development of a dementia resource centre.
4. Relocating respite for people with learning disabilities to Pensall House.

Other views from stakeholders and partners should be invited.

### ***Consultation Questions***

1. Are the proposals to commission intermediate care from within locality based dual registered provision the right ones?
2. Have you any concerns if Pensall and Poulton House no longer provide respite and intermediate Care? If so, what are they?
3. In light of the new National and Local Dementia Strategies (see Section 3.8) what do you think the advantages may be of having a dementia centre within the Wallasey locality?
4. Are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
5. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
6. Are there any other ideas or suggestions you would like to be considered with respect to this service?

### **3.7      Mapleholme**

Mapleholme offers 24 hour respite and 20 day care places for people with learning disabilities. In 2008 the ‘take a break’ scheme was implemented which involved issuing vouchers according to assessed need. This does not alter the assessed entitlement but provides increased flexibility on when to take breaks eg. midweek breaks; breaks at short notice; extended or shorter breaks around individual preference and need.

The scheme offers carers the opportunity to enjoy events and activities at short notice and to take advantage of mid week offers from holiday companies. It also offers the flexibility to access Mapleholme on any day of the week and to extend the stay beyond the usual two weeks. Most importantly it aims to deliver a service when carers are ready for a much needed break, offering flexibility in the timing.

Forty people using the service accessed the voucher scheme. Whilst carers have reflected on the benefit and support Mapleholme offers, some individuals using the service indicated that Mapleholme would not be their choice of respite care. This suggests that this group of people may wish to take up alternative respite care through the use of their personal budget.

#### *Market Analysis*

There are currently 200 residential care beds in the market for people with learning disabilities; of those 6 are vacant, and considering past trends and demographic data, capacity is unlikely to change over the foreseeable future. The engagement and consultation process however, suggests that individuals may well consider traditional forms of respite break, particularly with the greater choice and control that personal budgets will offer.

#### *Financial Analysis*

The gross unit cost of Mapleholme is £1,241 p.w. The cost of residential care for people with learning disabilities is negotiated on an individual basis between the provider and the care manager, the average unit cost being £837.10 per week.

#### ***Conclusions***

1. That views be sought on the desirability of the respite service (Mapleholme –Beckwith Street, Birkenhead) being moved to Pensall House as both the conditions and the standards within this building are far superior to those at the Beckwith Street site, with all residents having access to en-suite facilities. (This suggestion is dependant on a change of use of Pensall House – as discussed above).
2. The ‘take a break’ scheme within Mapleholme has already demonstrated a more effective use of respite care, meeting the needs of people using services and their carers in a more personalised way. This scheme could now be extended to all using Mapleholme.

Other views from stakeholders and partners should be invited.

### **Consultation Questions**

1. Are the conclusions the right ones?
2. Do you have any concerns about these conclusions and what could we do to address them?
3. Are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
4. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
5. Are there any other ideas or suggestions you would like to be considered with regard to this service?

### **3.8 Meadowcroft**

Meadowcroft offers respite and day care with 5 permanent places being occupied at present for older people with dementia.

#### *Market Analysis*

In the past three years the capacity within the residential care market i.e residential home registered to accommodate 'EMI' needs has averaged 83% or 43 vacant beds. Even in the area of nursing 'EMI' there has been a steady reduction in the number of placements. The day service has never achieved full capacity averaging 12 people per day significantly reducing at the weekend.

#### *Financial Analysis*

##### *Unit comparison:*

Meadowcroft	-	£629.00
Independent Sector	-	£444.99

### **Conclusions**

1. The unit cost of independent residential care is significantly below the in-house costs. The market analysis suggests that the level of capacity in the market is sufficient to accommodate additional respite care. In this context views are sought on the desirability of decommissioning Meadowcroft and commissioning respite provision from the external market. This would also support a far wider choice of respite care in a variety of homes. The implementation of personal budgets will bring a further dimension, in that over time, people will choose to spend their budget on different kinds of respite rather than the traditional residential provision. Day care to be sourced from the independent sector or are new Dementia Centre.

Other views from stakeholders and partners should be invited.

### **Consultation Questions**

1. Are the conclusions the right ones?
2. Do you have any concerns about these conclusions, and what could we do to address them?
3. Are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
4. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
5. Are there any other views or suggestions you would like to be considered with regard to this service?

### **3.9 Fernleigh**

Fernleigh offers 8 planned respite beds and 4 crisis beds for people with mental health needs. The facility has the physical capacity to accommodate 19 people, however the staff complement transferred from the original resource Rosewarne can only support a total of 12 people.

Analysis of the bed usage suggests occupancy levels of 100%, however closer analysis shows that 4 of the planned respite beds have been accommodating people for some considerable time, with a housing need rather than a need for respite.

Whilst the use of crisis and planned beds remains consistent during the week, the use of planned beds increases at the weekend. A number of hypothesis have been put forward, one is that this reflects the lack of availability of seven day support, however the increase is not reflected in the crisis beds usage.

This is an extremely expensive resource with a current unit cost of in excess of £1,286. There is no market comparator as the need for this service is predominately available to meet health needs i.e admission avoidance.

### **Conclusions**

There has been some discussion with commissioners about the further utilisation of this resource to support the reduction of hospital admissions, however at this point there are no firm plans for this to take place. Should this be identified at a later date, the investment in this resource should be funded by the NHS Wirral.

Indeed at this present time the resource is funded by DASS. In the first instance discussion should take place to agree the future funding arrangement of this resource with a significant contribution being sought from NHS Wirral.

Views on the service are invited.

### **3.10 Residential Care**

This section includes all provision whose predominant service function is residential care. However, proposals and conclusions put forward in this section will take account of other provision which may be available within the accommodation eg. respite, day care.

Girtrell Court is a respite and residential home for adults aged 18 upwards with a permanent or substantial physical disability. All but one of the current residents also has a learning disability. This is a purpose built, single storey home with 20 rooms, a communal lounge and dining area set in large grounds.

Sylvandale is a residential home for adults over the age over 18 with a learning disability. The home is a purpose built home with 23 rooms. It is divided into 4 smaller houses and a self contained flat each comprising lounge and dining area.

Manor Road is a residential home for adults' aged 18 with a learning disability. It is an adapted mid terraced 2 storey house with provision for 4 people. The home comprises communal lounge and dining areas with a secluded garden to the rear.

Valuing People Now<sup>11</sup> asserts that: '*Too few people with learning disabilities have a choice as to where they live or with whom, and too few have homes of their own, with rights as tenants or owners, compared to the general adult population'*

This view was supported by staff working within the residential sector. They felt that the residents they supported would significantly benefit if people were enabled to move out of residential care and into supported living situations within the community.

#### *Financial Analysis*

The average unit cost of the residential establishments above is:

DASS	-	£1,070
Independent Sector	-	£837

#### *Market Analysis*

There are currently 200 residential care beds in the market for people with learning disabilities of those 6 are vacant, and considering past trends and demographic data, capacity is unlikely to change over the foreseeable future. In the context of Valuing People Now, and personalisation it is not suggested that it would be right to outsource the service in its current form. The conclusion outlined below indicates re-modelling to supported living would be a more suitable option.

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<sup>11</sup> Valuing People Now: A new three year strategy for people with learning disabilities  
[http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_081014](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_081014)

## **Conclusion**

The current residents of Girtrell Court and Sylvandale should be offered a similar opportunity that the tenants of West Wirral, Birkenhead and Wallasey were offered some years ago i.e to move into supported living, and have a tenancy with a housing association. In addition residents at Manor Road should be given the opportunity of either becoming tenants in their current property or alternatively within individual or group living arrangements.

This is an opportunity to move beyond the ‘group living’ arrangements currently in place. Many individuals, including those with the most complex needs, are successfully being supported in their own homes. Supported living has opened up access to a much wider range of housing options for some people with learning difficulties, including ‘general needs’, social housing and even home-ownership.

In total 39 people with learning disabilities and variable levels of physical disability would need to be found new accommodation, this figure does not include the individuals living at Manor Road. Dependent on the outcome of individual housing needs assessments, consideration of alternative accommodation may be appropriate or the transfer of the current building to a Registered Social Landlord (RSL) may be feasible. Property requirements may range from ‘general needs’ housing, through to individual tenancies or the opportunity for group living arrangements.

The following issues will need to be considered:

1. The extent to which current properties will need to be used as capital input from the Council. All arrangements would need to be in line with the Council’s disposal policy approved by Cabinet (19.3.09)
2. The timescale of delivery, in the context that the Government has brought forward funding for new developments to stimulate the housing market.
3. The potential requirement for Housing Corporation Grant, in the context of priority ranking for other supported housing schemes.
4. Identification of facilities within the newly developing extra care scheme for the provision of respite care for people with physical and sensory disabilities e.g the Somerville Road Extra Care scheme will have adapted bungalows available for rental by the Department of Adult Social Services to accommodate individuals. It may be at a future date these individuals will choose to use a personal budget to make alternative arrangements.

Staff support delivered to the new tenancies would be provided by the new supported living services (See section 3.5) with staff from the residential sector assimilated into this team. Each new tenant would be entitled to a range of benefits to support their daily living and accommodation costs and may well choose a personal budget to determine their individual support needs. To sum up – views are sought on the desirability that this Authority should:

1. Identify and confirm housing/support needs for all residents in the above properties
2. Commence discussion with Registered Social Landlords through the Department of Regeneration

to identify potential options/accommodation to meet individual needs. This will be co-ordinated thorough the Core Strategy Development Group

3. Reassess the staffing complement during the transition period to ensure that suitable numbers of staff with the required skills and competencies are transferred to the new supported living services.
4. Following implementation of realignment the support service should consider two options in relation to the future organisational models.
  - a) Pursue open tender if the department re-tenders with a new contract for Supported Living or:
  - b) To become part of the newly formed Local Authority Trading Company

Any other views from stakeholders and partners regarding this service should be invited.

### ***Consultation Questions***

1. Are these conclusions the right ones?
2. Do you have any concerns about these conclusions, and what could we do to address them?
3. Are there any other options which would help to ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
4. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
5. Are there any other views or suggestions you would like to be considered with respect to this service.

### **3.11 Dementia Care**

Following recent publication of the National Dementia Strategy<sup>12</sup>, and Wirral's local strategy for Older People with Mental Health Needs there is clear evidence that there will be a 28% rise in people with dementia by 2020. The local strategy, supported by a high-level analysis of the dementia pathway, is informing the commissioning intentions and service developments for NHS Wirral and DASS. The local strategy makes a number of recommendations:

1. The development of a central multidisciplinary older person's resource to act as the focal point for dementia information and support.
2. A focus on preventive services supported by public and professional awareness
3. Support for carers
4. Access to support services early in the disease
5. Access to information and advice

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<sup>12</sup> National Dementia Strategy:

[http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/NationalDementiaStrategy/DH\\_083362](http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/NationalDementiaStrategy/DH_083362)

DASS, and other partners are in discussion about the feasibility of establishing dementia resources either based in localities or within a central Wirral wide resource. Both options could meet the commissioning intentions of the local strategy providing a range services within a centre point, this could possibly include:

- Advice and information, (provided by a voluntary organisations)
- A carer's café, and carers support services.
- A flexible care service to work with people and their carers at an early stage of being diagnosed with dementia.
- It could house the multi disciplinary older person's resource/team
- A community based assessment, diagnostic and treatment service.
- Specialist staff including psychiatrists, psychologists, social workers and other therapists providing a range of support services in the local community.
- It could provide an enhanced day care service for older people with complex needs.

The Poulton House site, Girtrell Court or the current Mapleholme site (Beckwith Street) , if vacated, could provide ample space to develop this new service, or these services could be offered within the newly developing Neighbourhood Centres.

These could offer an open door service to all people with dementia and their carers.

One suggestion is to offer one or other site as the Council contribution under the agreed Asset Disposal policy. A full feasibility study is required involving partners including the voluntary and community sector, staff and representatives of the Older People's Parliament to develop the design brief and identify further investment/redesign issues.

#### ***Conclusion***

- That a feasibility study be undertaken to establish the viability, investment and actions necessary for the development of a Wirral wide or locality based dementia resource

#### ***Consultation Questions***

1. Is this conclusion the right one?
2. Do you have any concerns about this conclusion, and what could we do to address them?
3. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
4. Are there any other views or suggestions you would like to be considered in respect of this conclusion?

### **3.12      Day Services**

Day Services represents one third of the overall care services budget, £6,963,800. The services are predominately building based, providing services to over 600 people with a range of mental health needs, learning disabilities and physical and sensory disabilities.

The service offers a combination of activities which take place within the segregated facilities of day centres, or within community bases and mainstream services. These include brokerage, community support, recreational activities, adult learning, occupational and training support as well as substantial links with health services, colleges and other services.

A key aspect of learning disabilities day services, which was evident through the carer consultation and the engagement interviews, was the extent to which these services provided significant respite for carers and social networks for people using them. Many carers have invested time and energy in maintaining centres through fund raising, volunteering, and other activities. The involvement of carers must not be lost in any service redesign.

The services' ability to offer a more personalised service is severely restricted by the current transport arrangements. Consultation with both staff and people using service identified not only the lack of flexibility but also that many people may be able to travel independently if they could access services closer to the locality they lived in (386 people using Council transport travel over 3 miles to access a service).

Care management reflects historical patterns of practice within the DASS with these interventions focused around major change and support issues. This has meant 25% received some inputs with the remaining exclusively of Care Services, often over an extended period of time and for some people who have used services running into decades. In addition there was evidence of institutional practices, no consistent evidence of any performance measurement framework to assess the effectiveness of the services. There is limited activity data, no service specifications or service agreements with commissioners.

Prior to this project work, the Reform Unit had conducted analysis using a toolkit developed by the National Development Team. The toolkit known as the 'inclusion traffic light system' classifies day service provision under three colours. Red services are those that are provided within a segregated building i.e day centres, amber for services that are again only for people from a particular client group, but they meet in a building used by the general public (community centre) or green ie. people pursue their own interests, using services and facilities that everyone uses.

Mental health day services demonstrated the highest degree of community activities i.e the highest number of activities taking place in 'ordinary' facilities i.e community centres, or 'shoulder to shoulder' with the general public.

Within learning disabilities services, all centres demonstrated a variety of levels of community activity; however a significant proportion of the client's time was spent inside a segregated day centre.

The Support Planning element of the engagement process identified many and varied interests, covering the whole spectrum of activities from recreational, through to training and development for employment.

Groups of staff and individuals have clearly made significant inroads into the development of less centre based services; however this report's role is not to assess the relative merits of individual projects, or staff member's contributions, or the extent to which this service should have achieved greater community involvement. It is to suggest how we may develop a service in which people have greater personal choice, whilst increasing skills, and access to mainstream services.

The asset management work package provided the project with a link into the Strategic Asset Review, specifically the development of the Neighbourhood Centres, Community Asset Transfer, and the Community Audit. Each of these components provides a crucial route for the relocation of, and access to alternative resources embedded in local communities.

People using day services have now, through the Neighbourhood Centre Conference, been fully involved in developing the design brief of those centres to ensure that not only are they physically adapted to meet the needs of people with disabilities, but also that staff on site are fully trained to support people with disabilities.

The Community Audit is now complete and will offer the day service alternative community based facilities to extend activities into facilities used by the general public.

Day Services in their current form have been following an informal strategy of encouraging current centre bases to develop into 'People's Centres' that are accessible other members of the community. This strategy must be reconsidered in light of the Strategic Asset Review, the Community Audit and the Community Asset Transfer to avoid duplication of resource provision, but more fundamentally to avoid people with disabilities being 'overlooked' as part of the major redesign of Council provision.

#### Social Enterprise

Staff consultation provided this project with the greatest insight to the challenges this service faces if it is to respond to the personalisation. Most staff identified with pride, the work that had taken place to develop projects which were often referred to as 'Social Enterprises'. Whilst there was no formal measurement of effectiveness in terms of outcomes, people using those services reflected in the engagement interviews the contribution these made to their wellbeing and the greater control and participation they had.

The staff consultations considered the 'blocks and barriers' to service development and time and again, staff identified the constraints that exist within a large bureaucratic organisation to personalised service development.

The original Cabinet report had identified an organisational form 'Right to Request' Social Enterprise. 'Right to request' is part of the bigger vision for the future of the NHS set out in *High Quality Care For All: NHS Next Stage Review Final Report* (June 2008). It recognises that staff should be given the opportunity to innovate and redesign services in flexible new ways, through independent organisations, with the aim of improving outcomes and delivering services that are responsive to the needs of communities and the people they serve.

The concept was ‘passported’ into the original options appraisal presented at Cabinet in November 2008 and drawing on the development of this concept in the NHS. The project identified a number of potential Social Enterprises already existing across day services. These projects created and led through the enthusiasm of staff and people who use services are limited in the extent to which they can innovate and finance themselves as a result of bureaucratic, financial, and structural impediments.

Through a forum created as part of the project the ‘Care Services Enterprise Network’, over 25 staff and managers and staff from the majority of centres explored the concept of Social Enterprise, and how they might develop their projects into a fully fledged Social Enterprise. Five services have now ‘expressed an interest’ in working towards developing a Social Enterprise.

- Dale Farm & Royden Park
- Star Design
- Highcroft
- Masque Theatre
- Central Park

At this point there is no formal commitment from either party i.e the staff or the Council establish businesses under a formal contractual relationship, a significant support is required from the Department to assist these projects to develop their business case in the first instance.

#### Refocusing Day Service – Beyond Buildings

The key principles of commissioning day services should be:

- Promoting recovery and enablement approach
- Focus on community participation
- Reducing isolation
- Maximise choice and self determination.

#### Learning Disabilities & Physical and Sensory Disabilities Services

It is suggested that a Community Bridge Building Team should be developed, based on a personalised, and enabling philosophy, supporting people to access and maintain contact with mainstream community resources, and facilities. The process begins with team members gathering information and exploring all the options available in the local community from the large established facilities to informal community activities available in the area. This process would benefit from the recent Community Audit, conducted by the Corporate Policy Unit and will link with the Community Development Officers within DASS. The Team would explore options in the following life domains:

- Sport and leisure
- Arts
- Education

- Employment
- Volunteering
- Faith and spirituality

The Community Bridge Building Team would note how welcoming/friendly and accessible the environment is, what types of people access places, general age range and gender mix, and the support with 'travel training'.

The team should be centrally managed but have members within each of the three localities. They would use their local knowledge to support people to look at the different activities/opportunities available for people to access in their local communities, exploring with individuals what interests they already have or what dreams, goals or aspirations they have.

A Community Bridge Building Team would also be promoting peer support to access identified places. The aim of this service would be to assist people to build links with their local communities and facilitate opportunities for social inclusion and reducing social isolation and stigma.

This service could be commissioned from the external market, be part of the Local Authority Trading Company, or be located within Access and Assessment or Transition.

The conclusion of this report is that the service should be based closest to the access points for learning disabilities services i.e all people coming into day services, external or internal be referred to this service before access to a day service is considered. The team should focus its initial work with people currently in day services.

### Refocusing Mental Health Services

The Community Recovery Team operates out of Union Street, Beaconsfield and Prenton Centre. The service is jointly provided by DASS and Cheshire and Wirral Mental Health Partnership Trust. The current configuration is loosely in line with the location of Community Mental Health Team (CMHT) bases, with one centre in Wallasey, one in Tranmere and one in Prenton.

In addition to these there is also an employment project based at Star Design. Exploring the 'enablement'/recovery philosophy within these services suggests, that these services adopt the 'Community Bridge Building' model above, and have a closer realign with CMHT's. Original proposals for a realignment of this service suggest that the staff be distributed amongst the current CMHT. This report does not suggest such a radical step, rather that the service becomes a single team working out of the three localities with a clear specification.

For consistency of approach the team should have a single management team, and access to the services would be via the CMHT's. The expertise of the employment project would be encompassed by the team, however Star Design, whose staff team have already asked to be considered to 'Right to Request' Social

Enterprise should remain with day services moving into a LATC (if this were established) and/or into fully Social Enterprise status.

This would mean that two of the three buildings Union Street and Prenton Centre could be released for realisation of capital. Beaconsfield would remain a central hub: it is recognised that some of the current activities taking place will need suitable locations identified. Work will continue with Asset Management to identify community centre locations or other sites.

#### *Market Analysis*

DASS commissions with 20 organisations for day service provision, contracts exist with grant funded organisations eg. Age Concern, Hoylake Cottage Hospital. However, the remainder of the day service market grant funded or purchased on a spot purchase basis has not undergone any robust commissioning process for many years. There has been no tendering process for some years, no assessment of value for money, or effectiveness of service provision against outcomes and no contracts in place.

There are 15 independent sector providers in Wirral commissioned to provide service for Wirral people of those 11 are provided outside the borough. This has implications for the cost of transport.

DASS day service provision represents largest provider of day services in the Wirral. Like the independent sector it lacks commissioning framework and assessment of the effectiveness of service. However, it has an ideal opportunity to drive the market of day services and respond to the personalisation agenda.

#### *Financial Analysis*

CSED provided the methodology for assessing the cost of day services. This methodology used costs based on ½ day sessions, and developing a weighting system by segmenting the user base into FACs eligibly and client categories. Appendix 2 presents the individual DASS centres costs, which represent an average. There is only one independent sector average as day service in this sector is commissioned on a spot purchase basis. DASS figures presented show the average ½ day cost for people with medium needs and high level needs:

##### *Unit Cost: (1/2 day session)*

DASS

£21.60 - Medium level need

£23.60 - High level need

Independent Sector

£59.83

## **Conclusions**

That views be sought on the following suggestions:

### Day Services – Enabling

#### *Learning Disabilities/Physical and Sensory – Community Bridge Building Service*

A Community Bridge Building Service should be set up comprising a Manager, 5 full time equivalent Community Bridge Builders. It would be the aim of the service to be flexible to individual's need and times of contact. The team would operate a span of duty that will begin no earlier than 8 am and end no later than 10 pm, offering planned interventions over 7 days (depending on client need and identified goals)

The team would have a capacity of up to 100 cases. This would be reviewed at regular times.

Resource for this team to be identified from within current day services. Competencies to be developed which are aligned to personalised practice and staff to be selected against these competencies.

#### *Community Mental Health Recovery Service*

This service to have a single management structure although like the learning disabilities community bridge building services it would operate in the three localities. Working Life service to be amalgamated into this service.

### Day Service Provision

Day Services provide the greatest scope for reshaping in the context of personal budgets, providing a more extensive range of support to people. These services could include personal assistant provision, brokerage, respite, support with building skills, support into learning and occupation, and access to mainstream recreational and leisure experience.

These are also potentially the most vulnerable services as people may chose alternative models of support to achieve similar outcomes.

In this context therefore the conclusions are: that consideration be given to the remaining day service to move into a Local Authority Trading Company, for a three year period, to be reviewed after those three years with regard to the suitability and success of this approach.

That the transition process continues the audit of current utilisation of building and connectivity to the Strategic Asset Review.

Implementation governance arrangements would need to be determined in the event of approval to proceed being granted by Cabinet. In these circumstances the current relationship between commissioner and provider would no longer be appropriate.

This report provides the initial business case for the transfer of day services, however a more detailed business case would need to be presented to Cabinet using the 'Preparing to Trade' Annex A – Guidance on the Power in the Local Government Act 2003. Alongside this in-depth consultation on this option.

It may be that other elements of service could be added to the LATC as their new shape embeds and the personalisation agenda evolves eg. Supported living, Respite Care (LD/PSD/Mental Health), Transport.

This proposal must also consider the services who have ‘expressed interest’ in developing a Social Enterprise. Attention should be given to supporting the preparation of these business cases. It may be that the development could continue under the umbrella of the LATC. The former route would require Cabinet to agree to the two main commitments within ‘Right To Request’, a) that staff exercising their ‘Right to Request’ retain their membership of the Local Authority Pension while they work on Council funded services and b) that the newly developed Social Enterprise receive a three year uncontested contract.

Other views from stakeholders and partners should be invited.

#### ***Consultation Questions***

1. Do you think that some day services should have the opportunity to develop into Social Enterprises?
2. Is the conclusion about the developing a Community Bridge Building Service for people with Learning Disabilities and Physical and Sensory Disabilities the right one?
3. Is the conclusion about refocusing Mental Health Services the right one?
4. What are your views about the Local Authority exploring the option of developing a Local Trading Company in the first instance to support the development of day services but other care services if it appropriate?
5. Are there any other options which would help to ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
6. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
7. Are there any other views or suggestions you would like to be considered with respect to these services?

## **SECTION 4 FUTURE COMMISSIONING STRATEGY**

This section sets out the strategy for the future commissioning of adult care services currently provided in house by DASS.

DASS is committed to being a commissioning-led organisation and as such it will take the lead role in managing the process of transformation and setting the direction of travel for all current and potential future providers.

In considering future commissioning of current in-house services, it should be noted that these services represent only a small proportion of the total care provision commissioned by the Council: the majority of this care is already provided by the independent sector. The commissioning strategy for in-house services will therefore affect, and be affected by, the wider commissioning of care and support across the market, including all sectors of provision. It should not be developed in isolation, and the strategy outlined in this section of the report will need to be tested and refined against the overall development of social care commissioning in Wirral, including key developments such as the establishment of an integrated commissioning team working across health and social care

### **4.1 THE STRATEGIC VISION FOR IN-HOUSE SERVICES**

As the detailed analysis in section 3 of this report show, each of the services currently provided in-house by DASS Care Services may be transformed over the next 3 years through a combination of:

- Modernisation of current service models to deliver improved outcomes, efficiency and value for money and to equip them to operate in the new world of personalisation and client choice
- Implementation of new service models

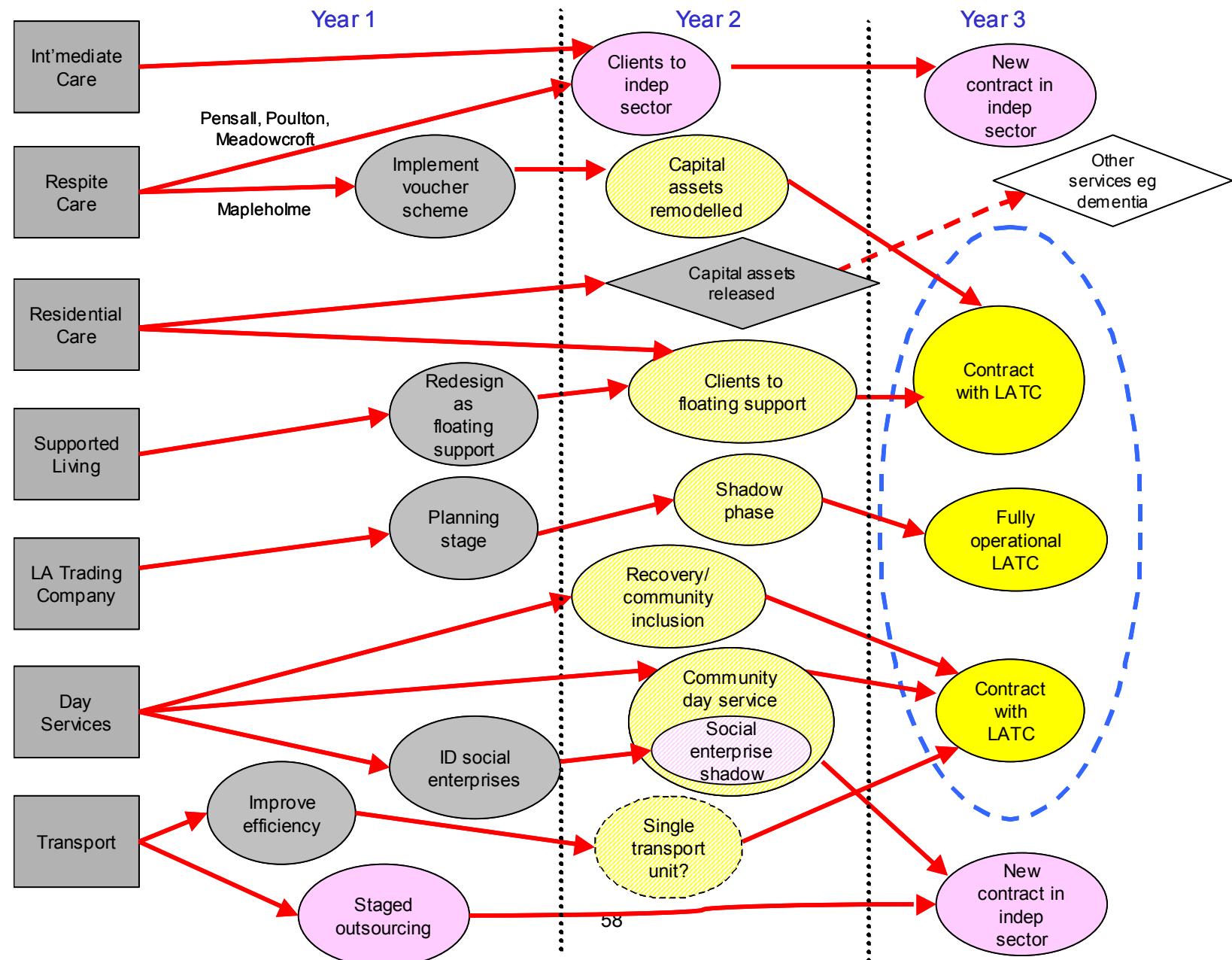
It is envisaged that, by 2012, a range of organisations will be being commissioned to deliver these services, potentially including:

- A local authority trading company
- Existing independent/ voluntary/ third sector providers
- New independent/ voluntary/ third sector providers
- Social enterprises formed from existing in-house services

Together, the suggestions in section 3 form a new vision for these services and the process of transformation is illustrated on the following page.

Achieving this vision is clearly a major strategic objective for commissioners in the next 3 years. However, the development of a commissioning-led business relationship between commissioners and providers is an essential pre-requisite for successful transformation. The four strategic objectives set out in section 4.2 encompass both the establishment of this new relationship and the transformation of services to a new and sustainable model for the longer term.

## The strategic vision for current DASS in-house care services



## **4.2 STRATEGIC COMMISSIONING OBJECTIVES**

The following four strategic commissioning objectives are proposed for the next 3 years (to the end of the financial year 2011/12):

### **4.2.1 ESTABLISHING THE BASELINE FOR CHANGE**

- Establish an effective commissioning information system for in-house services
- Develop service contracts for all in-house services using an outcome-based framework
- Establish a robust performance management system for in-house service providers leading transformational change
- Develop and implement a transformation plan for in-house services to achieve the strategic vision

The first 3 strategic objectives all focus on establishing effective commissioning practice with the current in-house provider, to provide the essential building blocks for the transformation of these services to deliver the strategic vision

### **4.2.3 Developing information for commissioning**

Wirral's in-house care services have to date been developed and delivered on the basis of historic custom and practice, without underpinning structures of business processes, business planning, or contract management.

This means, for example, that:

- There is no information routinely collected on users of individual services (numbers, demographic profile, entry and exit dates)
- There is no information routinely collected on numbers or sources of referrals to services
- There is no information routinely collected on available capacity within each service
- There is no information routinely collected on activity levels within each service (hours of client contact,)
- There is no routinely collected information on service costs that can be used to evaluate value for money or to compare services with those delivered by external providers
- There are no service level agreements in place and thus no objectives are agreed between commissioners and providers in terms of levels of activity, outputs or outcomes for clients
- Commissioners do not routinely assess performance of in-house services except for indicators required for national reporting

Good quality data and information management (to turn data into "intelligent information") is an essential prerequisite for future commissioning, since without it commissioners have no basis on which to judge the effectiveness or efficiency of services or to use as a basis for service reviews.

Note: It is also essential for provider services themselves, in order to equip them to operate in an increasingly diverse market offering clients the opportunity to hold personal budgets and to make choices about the services they use: this is discussed further in section 5 below.

The development of effective information for commissioning current in-house services will need to be co-ordinated with existing work with external providers to ensure a level playing field for all sectors and a consistency of approach (especially as in-house provider services move to a more arms-length relationship with the commissioner eg through the proposed development of a Local Authority Trading Company).

Effective information management will require dedicated commissioning management and IT resources, co-ordinated with other commissioning support systems to avoid fragmentation of commissioning decision-making.

#### **4.2.4 Contract development**

As a precursor to the development of a new contractual relationship between DASS as commissioner and DASS as service provider (through an LATC or other organisational form) there is a need to establish robust service agreements for current in-house services in place.

Historically, in-house contract development has often been the responsibility of the provider function. This is no longer an option: current policy, the increasing diversity of the market and DASS's own explicit commitment all give commissioners the lead role in service specification, procurement, contract management and performance management.

The basis of new contracts will be CSED's outcome-based framework<sup>13</sup>, measuring the impact of the service on people who use it and using various types of evidence to evaluate outcomes:

- Activity: the inputs and outputs of the service
- Results; the impact of the service on the client
- Experience: the perceptions of clients about the service

Clearly, achievement of this objective is dependent on availability of good quality data (as described in objective 1 above) and on information management capacity within the commissioning function.

#### **4.2.5 Performance management**

Establishing robust service contracts with in-house providers will be supported by ongoing performance management arrangements to review progress against the agreed objectives and to agree on action to remedy any under-performance at early stages.

Effective performance management will require input from existing commissioning functions including contract management and corporate performance, alongside commissioning leads. Existing resources will be reviewed to identify available capacity, and it is likely that additional investment will be required.

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<sup>13</sup> Putting People First: Commissioning and Contracting for Outcomes (Care Services Efficiency Delivery, DH April 2009)

#### **4.2.6 Transforming the Service Model**

The Design & Viability Project has identified the new vision for in-house services outlined in section 3 above as a potentially achievable model for the future.

To achieve this in the next 3 years will require a major programme of change management, with strong leadership and top-level commitment.

The major tasks within this programme will include :

- Using improved information to test the current proposed options for value for money, strategic fit and sustainability
- Developing and leading an ongoing programme of engagement with people who use services, providers and stakeholders to shape the proposals
- Developing detailed, fully costed business cases for the major changes proposed
- Developing and leading a programme of formal consultation with people who use services, staff, and other stakeholders on proposed changes
- Working with current in-house provider colleagues on detailed action plans for service change
- Developing a governance strategy and implementation plan for the proposed changes (especially the development of a Local Authority Trading Company)
- Developing and managing a programme of internal and external communications throughout the period of service change
- Working with in-house provider management to identify and manage the human resources impact of the service transformation
- Working with in-house provider management to develop a capital assets plan for the transformation
- Developing a long term market management and development strategy

This is not an exclusive list and will evolve in the course of developing a full project plan.

#### **4.2.7 Resource Requirements**

Achieving the strategic commissioning objectives will require significant investment both in project management capacity over the course of the transformation programme and in long term commissioning capacity.

At this stage, detailed costings have yet to be finalised.

Resource requirements for the first 3 strategic objectives should also be seen in the context of DASS's overall commissioning function. Where resources are already in place for commissioning from external providers, these should be rolled out to over in-house providers. Any resulting capacity or skills gaps, or capital requirements (eg improved IT) will need to be planned across the whole commissioning function.

Where resources will benefit both commissioning and provider functions (eg in developing improved information on clients) the costs should be shared appropriately across both functions.

#### **4.2.8 Strategic Risks**

A full risk analysis will be developed as part of a full project plan, but the major strategic risks include:

- Continuing poor quality information on in-house services means commissioning decisions are taken on the basis of little or no evidence of their appropriateness
- Establishing and managing contracts with in house providers may stretch current management capacity
- There may be gaps in available skills within the commissioning function
- Failure to release the level resources required to fund project management for service transformation
- Failure to gain commitment from provider services to achieve the required outcomes
- Failure to communicate effectively with clients and other stakeholders about the service transformation
- Failure to co-ordinate action on transforming commissioning of in-house services with other commissioning development (eg integrated commissioning arrangements with NHS Wirral)
- Insufficient skills and experience of those responsible for delivering the project adversely affect the timetable or the outputs

## **SECTION 5: IMPLICATIONS FOR CARE SERVICES / ACCESS & ASSESSMENT**

Alongside its stated objectives of developing a commissioning strategy and implementation plan for transformation of in-house services, work on the Design & Viability Study has led to a number of issues being identified both for the future management of Care services, and for Access & Assessment.

### **5.1 Care Services**

Achievement of the strategic vision for current in-house services clearly has significant implications for the current management, staff and clients of existing Care services.

The process of achieving this transformational change will, appropriately, be commissioning-led. However, there are already a number of clear messages for Care Services management as a result of the work to date. These include:

- The need to use information (including both financial and non-financial data) as a basis for current service delivery
- The need to develop a strategic approach to future business planning including performance management, marketing and financial planning to ensure that future service models (eg the proposed Local Authority Trading Company) can compete effectively as part of a new, more diverse market for social care
- The need for strategic workforce planning and staff development to ensure the right level and range of skills are available to deliver service contracts (and to plan for the potential outflow of managers and staff as social enterprises are formed from former in-house services and transferred into the independent sector)
- The need for an organisational development programme to support staff at all levels through a process of major change and service reform

This development programme will need to take place alongside work on achieving the commissioning strategy outlined in part 4 of this report. It will require its own resources including investment in IT and other information management resources.

### **5.2 Access & Assessment Branch**

The engagement work package within the Design & Viability study identified some areas of potential relevance to Access & Assessment Branch. These are discussed briefly below and further work is suggested to research the issues and identify action required.

- Most of people who used service (467 of the 617 interviewed, from a total of 745 known to be users of the services: 409 of these had a learning disability) did not appear to have a written assessment of their needs recorded under Adult Common Assessment Framework as separate to the records kept by care

services. This is likely to include some people who do have an assessment which for some reason was not available to, or not recorded by, the interviewer, but it does suggest that there may be a significant number of people currently using services, including many with high levels of need, whose care is not being actively managed or reviewed at present.

- There is a risk that these people are therefore not currently receiving the full range of services
- There is a further risk that unidentified needs may result in clients requiring a crisis service that could have been avoided by earlier detection and preventative services
- Conversely, the engagement information suggests that some current clients have very low levels of need and may be receiving services for which they would not be eligible if they were assessed as a new client now.
- A large number of people with no current Adult Common Assessment Framework, or no recent review of their care needs, may impact on the Council's overall corporate performance

Information on carers' assessments was not recorded in a format than can be easily analysed, but the engagement process did highlight a large number of carers without current assessments, including many who are themselves older people with a range of health and social needs. Further research into these client and carers could help to establish the potential for preventative services in the short term to minimise the need for more intensive support in the longer term.

## **Appendix 1**

### **Consultation**

The Department of Adult Social Services would like to thank all those who gave up the time to contribute to the development of the analysis and conclusions set out in this paper, these include:

- People currently using Care Services
- Young People in Meadowside and Foxfield School
- Carers
- Staff - Care Services Branch
- Staff - Children and Young People's Department
- Staff – Access and Assessment Branch
- Staff – Finance and Performance Branch
- Staff – Corporate Services, Regeneration, Transformational Change Team,
- Staff – NHS Wirral, Cheshire and Wirral Mental Health Partnership Trust
- Sue Lowe – Independent Direct Payments Forum

The following stakeholders will also now be invited to respond to the consultation. Please contact Jenny Ricketts, Head of Care Services Branch with the names of any other stakeholder groups not on the list.

Advocacy Groups

Carers

Carers Development Group

Cheshire and Wirral Mental Health Partnership Trust

Department of Regeneration

Day Service Advisory Boards

Enabling and Fulfilling Lives Group

Joint Commissioning Group Learning Disabilities

Joint Commissioning Group Mental Health

Joint Commissioning Group Older People

Joint Governance Partnership

Learning Disabilities Partnership Board

Liverpool Housing Trust

Local Implementation Team – Mental Health

Members of Parliament

Mental Health Forum

Mental Health and Learning Disabilities Executive Board

NHS Wirral

Older People's Parliament

People using Care Services

Riverside Housing

Service Improvement Groups

Servite Housing

Trade Unions  
Transitions Governance Group  
Transitions Strategy Board  
Venture Housing  
Wirral Methodist Homes  
Wirral Multicultural Centre  
Wirral Partnership Homes

### **How to Respond**

If you wish to respond, please see the conclusions and consultation questions in Sections 1, 2, and 3 of this report. A separate template with the conclusions and questions will be made available and all written responses and is available for on [www.wirral.gov.uk/socialcareandhealth](http://www.wirral.gov.uk/socialcareandhealth) 'Downloads'. The consultation period will take place between 10<sup>th</sup> August 2009 – 30<sup>th</sup> October 2009.

As well as written responses, the consultation exercise will involve a series of workshops and meetings which will take place during September/October 2009. Details will also be available on Wirral Council's website.

Please send consultation responses by email to:

[lizblackmore@wirral.gov.uk](mailto:lizblackmore@wirral.gov.uk)

Or by post to:

Jenny Ricketts  
Head of Service  
Care Services Branch  
Westminster House  
Hamilton Street, Birkenhead  
Wirral, CH41 5FN

The Department of Adult Social Services will use the responses to this consultation in the development of the final Care Services Strategy.

When responding, please state whether you are responding as an individual or representing the views of an organisation.

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000, and the Data Protection Act 1998)

### **What will happen next?**

A summary of responses, including the next steps, will be published by in November 2009. This will be printed and will be available on request.

## **Equality Impact Assessment**

Information gathered as part of this consultation will inform the final Equality Impact Assessment which will be available with the final Strategy.



**Appendix 2**

<b>Service Function</b>	<b>Location</b>	<b>Workforce</b>	<b>Budget</b>	<b>Current Unit Cost</b>	<b>Summary of Service Activity</b>
Transport	Cleveland Street, Birkenhead	49,44 FTE's (Coordinator, Team Managers Drivers, Attendants)	£1,721,300	£5.14 (Revised)	Transport Service to 29 Day Centres, Respite Care, Looked After Children. Other functions include internal courier service, the cash in transit service and 6 education vehicles and contribution to contingency planning.
Supported Living	<u>West Wirral</u> Edgehill Road, Curlew Way, Lighthouse Road, Bermuda Road <u>Wallasey</u> 3 & 5 Cardigan Road, 26 Langdale, 33 Serpentine Road <u>Birkenhead 1</u> Thomas Court, 27 Balls Road*, North Road, 70 Balls Road <u>Birkenhead 2</u> Livingston Gardens, St Annes Street, Beckwith Street (All of the above properties are owned by Housing Associations, *Balls Road is owned by Wirral Council)	95.73 FTE's (Managers, Support workers, Snr Care, Care Assistants, Domestic)	£3,403,700	£29.08	Service provides – ‘Accommodation Based Support’ to people with learning disabilities in Housing Association owned properties. The service covers a range of support levels from low level tenancy support (funded through Supporting People) through to care and support to people who meet Fair Access To Care Criteria.

Respite	Fernleigh, Twickenham Drive, Leasowe (Mental Health)	17.75 FTE (Manager, Support Workers, Cook, Handyperson)	£804,600	£1,286 pw	Planned respite - 8 beds Crisis respite - 4 beds
	Mapleholme, Beckwith Street, B'head (Learning Disabilities)	38.65 FTE (Managers, Support workers, Snr Care, Care Assistants, Domestic)	£1,488,800	£1,241 p.w	23 beds 20 day care provision
	Meadowcroft, Bromborough (Older People – Mental Health)	28.06 FTE (Managers, Support workers, Snr Care, Care Assistants, Domestic, Handyperson Cook)	£980,600	£819 pw	23 respite beds (5 are permanently occupied) 15 place day care
	Pensall Hse, Fairview Way, Pensby	23.48 FTE (Managers,	£840,200	£645 pw	12 beds

	Poulton Hse, Winterhey , Wallasey (Older People)	30.24 FTE Support workers, Snr Care, Care Assistants, Domestic, Handyperson Cook)	£1,033,400	£523 pw	12 beds (+ 1 permanent resident)
	Girtrell Court, Woodpecker Close, Upton ( <i>Physical &amp; Sensory Disabilities</i> )	32.19 FTE	£1,085,500	£1,099 pw	3 respite beds
Intermediate Care	Poulton Hse, Wallasey Pensall Hse, Pensby	See respite care	See respite care	See respite care	13 beds 12 beds
Residential Care	Sylvandale, Bromborough  96 Manor Road	40.09 FTE (Managers, Support workers, Snr Care, Care Assistants, Domestic, Handyperson Cook)  4.56 FTE (Manager, Support workers)	£1,308,500  £211,200	£1,094 pw  £1,015 pw	Learning disabilities – 23 beds  Learning disabilities – 4 beds

	Girtrell Court, Upton	32.19 FTE (Managers, Support workers, Snr Care, Care Assistants, Domestic, Handyperson Cook)	1,085,500	£1,099 pw	Physical and Sensory Disabilities/Learning Disabilities – 16 beds
Day Services	Beaconsfield, Beaconsfield Close, B'head 78 Union Street, Wallasey Prenton centre, Prenton Hall Road, B'head  Star Design, Sandford Street, Birkenhead  Working Life	12.08 FTE 7.96 FTE 5.19  5.41 FTE  3	£389,300 £314,300 £197,100  £223,100  £1,378,500	£31.72 £18.80 £23.66  £23.17  (inc above)  £15.46	<u>Based on ½ day session</u>  Community Recovery Service – comprises three resource centres, providing individual and group work to support people to develop self-confidence, independence living, linking into community resources.  Mental Health Resource – Providing individual and group support, with a specific focus on woodwork and associated skills eg support towards employment.  Day Service – Learning Disability

Location	FTE	Cost (£)	Rate (£)	Description
Heswall, Telegraph Road, Heswall	29.85 FTE	£1,155,200	£19.55	Providing a 5 day per week service – Activities include recreational, educational, leisure activities, access to community facilities. The service supports people by confidence building, independent living skills, adult education and support towards occupation.
Pensbywood, Somerset Road, Irby	12.55 FTE	£508,500	£33.66	
Dale Farm, Oldfield Road, Heswall	10.59 FTE	£242,600	£16.37	
Royden Park, Hillbark Road	(inc in Dale Farm)	£115,500	£10.44	
Eastham Centre, Eastham Rake, Eastham	25.50 FTE	£848,600	£23.45	
Riverside, Duke Street, Birkenhead (inc. Handcart ceramics, Masque theatre	24.00 FTE	£488,400 £95,900	£43.38 (£24.37) – Masque	
Cambridge Road, New Brighton Highcroft, Highcroft Heath Road, Bebington	18.99 FTE  (Managers, Support Workers, Care Assistants, Cooks, Domestic, Handyperson, Store Keeper)	£406,700  £438,000	£32.43  £36.06	Day Service – Physical & Sensory Disabilities



**OPTIONS FOR CHANGE  
TOWARDS A STRATEGY FOR CARE SERVICES**

**CONSULTATION PAPER**

**AUGUST 2009**

**RESPONSE TEMPLATE**

**Closing date for responses: 30<sup>th</sup> October 2009**

Please send to: [lizblackmore@wirral.gov.uk](mailto:lizblackmore@wirral.gov.uk)

Alternatively, they can be posted to:

Jenny Ricketts  
Care Services Manager  
Direct Locality Support Services  
Department of Adult Social Services  
Westminster House  
Hamilton Street  
CH41 5FN

Respondent Details:

Title	Mr/Mrs/Miss/Ms/Other
Full Name	
Organisation	
Your role	
Address (including postcode)	
Email Address	
Phone Contact	

**If you are replying on behalf of a group of respondents or a number of organisations, please complete the following information:**

Organisations represented within this response	
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**Response details**

Date of response:	Closing date: 5pm on 30 <sup>th</sup> October 2009
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**Views are sought on the following:**

## **Section 1 (Page 11 – 17)**

This section describes how the information and evidence was gathered to provide an evidence base to shape the conclusions.

### **Consultation Questions**

1. Were these the right workpackages to gather information about the service, individual needs, goals and support requirements?
2. Is there any other information or data you or your organisation can provide which will help use to plan these services better?
3. Are there any other suggestions you would like to make with regard to this section

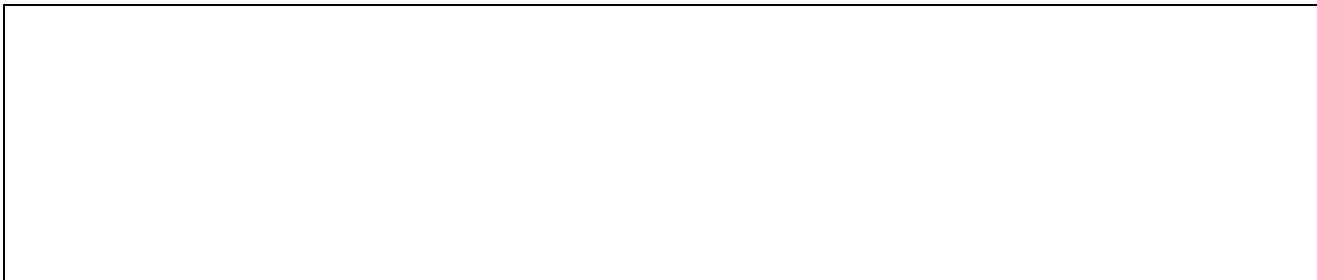


## **Section 2 (Page 18 – 33)**

This section describes national and local information that has been used to shape the conclusions.

### **Consultation Questions**

1. Has the current policy direction at a local and national level been fully understood and reflected in this section?
2. Does this section make a fair assessment of the current position of in-house services against the national and local policy?
3. Does the data collected provide a sufficient profile of Wirral's population in terms of ethnicity, disability, age, gender, religion and sexual orientation?
4. Are there any other sets of information that should be taken into account?



### **Section 3 Page (34 – 56)**

This section sets out the service model recommendations.

#### **3.4 Transport (Page 36-37)**

<b>Conclusions</b>
<p>Views are invited on the desirability of the following:</p> <ol style="list-style-type: none"><li>1. DASS transport service to be outsourced as vehicles become due for lease renewal and staff retire.</li><li>2. In addition DASS supports the development of single Corporate Transport Unit</li></ol> <p>And/or:</p> <ol style="list-style-type: none"><li>3. That the Transport Service be included in any proposal to develop a Local Authority Trading Company.</li><li>4. DASS should in addition conduct annual reviews of the service, until such time that recommendation 2 or 3 are enacted.</li></ol> <p>Any alternative views from stakeholders or partners should be considered</p>

<b>Consultation Questions</b>
<ol style="list-style-type: none"><li>1. Are the conclusions for the Transport Service the right ones?</li><li>2. Are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?</li><li>3. Are there specific issues or barriers that this service needs to consider and address in relation to ethnicity, disability, age, gender, religion and sexual orientation?</li><li>4. Are there any other views or suggestions you would like to be considered.</li></ol>

### **3.5      Supported Living (page 37 – 40)**

#### **Conclusions**

Views are invited on the desirability of:

- 1    The Supported Living Service to moving towards a ‘floating support service’, with a focus on community support and less reliance on traditional day centre attendance. This realignment of service will be supported by individual’s choice of day time support exercised through personal budgets.

Through a single manager a suggested structure allows for consistency of approach across the services. Targeting Level 3 support workers (increase from 257 – 368 hours) to co-ordinate a new level of enabling assistants (Homecare grade), whose focus will be to support people in their own home in daily living and enablement. The role of senior care assistant to be deleted. Level 2 Support workers to be reduced from 1890 by 1450 hours, these staff to deliver a range of services which are community based (eg. employment, accessing facilities, education etc) therefore input should be short and focussed.

2. That following implementation of realignment the service should consider two options in relation to the future organisational models
  - a) Pursue open tender if the department re-tenders with a new contract for Supported Living or:
  - b) To become part of the newly formed Local Authority Trading Company

Other views regarding the future of the service are should be considered.

#### **Consultation Questions**

1. Is the conclusion with regard to the Supported Living Service the right one?
2. Are there any other options which would help to ensure that people could receive a more personal service, whilst still providing value for money for people with a personal budget?
3. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
4. Are there any other views or suggestions you would like to be considered with regard to this service?

### **3.6      Intermediate Care/Respite (pages 41 – 42)**

#### **Conclusions**

If a proposal for NHS Wirral to jointly commission 32 dual registered intermediate care beds is approved there are significant implications for Poulton House and Pensall House. In this context views are sought on the desirability of:

1. Decommissioning Poulton House and Pensall House, supporting the development of locality based dual registered intermediate care beds.
2. Commissioning all further respite provision for older people from the external residential care market.
3. Undertaking a feasibility study to establish if the site of Poulton House would be appropriate for the development of a dementia resource centre.
4. Relocating respite for people with learning disabilities to Pensall House.

Other views from stakeholders and partners should be invited.

#### **Consultation Questions**

1. Are the proposals to commission intermediate care from within locality based dual registered provision the right ones?
2. Have you any concerns if Pensall and Poulton House no longer provide respite and intermediate Care? If so, what are they?
3. In light of the new National and Local Dementia Strategies (see Section 3.8) what do you think the advantages may be of having a dementia centre within the Wallasey locality?
4. Are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
5. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
6. Are there any other ideas or suggestions you would like to be considered with respect to this service.

### **3.7 Mapleholme (page 42 – 44)**

#### **Conclusions**

1. That views be sought on the desirability of the respite service (Mapleholme –Beckwith Street, Birkenhead) being moved to Pensall House as both the conditions and the standards within this building are far superior to those at the Beckwith Street site, with all residents having access to en-suite facilities. (This suggestion is dependant on a change of use of Pensall House – as discussed above)
2. The ‘take a break’ scheme within Mapleholme has already demonstrated a more effective use of respite care, meeting the needs of people using services and their carers in a more personalised way. This scheme could now be extended to all using Mapleholme.

Other views from stakeholders and partners should be invited.

#### **Consultation Questions**

1. Are the conclusions the right ones?
2. Do you have any concerns about these conclusions, and what could we do to address them?
3. Are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
4. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
5. Are there any other ideas or suggestions you would like to be considered with regard to this service?

### **3.8 Meadowcroft (page 44 – 45)**

#### **Conclusions**

1. The unit cost of independent residential care is significantly below the in-house costs,. The market analysis suggests that the level of capacity in the market is sufficient to accommodate additional respite care. In this context views are sought on the desirability of decommissioning Meadowcroft and commissioning respite provision from the external market. This would also support a far wider choice of respite care in a variety of homes. The implementation of personal budgets will bring a further dimension, in that over time, people will choose to spend their budget on different kinds of respite rather than the traditional residential provision. Day care to be sourced from the independent sector or new Dementia Centre

Views from stakeholders and partners should be invited.

#### **Consultation Questions**

1. Are the conclusions the right ones?
2. Do you have any concerns about these conclusions, and what could we do to address them?
3. Are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
4. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
5. Are there any other ideas or suggestions you would like to be considered with regard to this service?

### **3.9 Fernleigh (page 45)**

#### **Conclusions**

There has been some discussion with commissioners about the further utilisation of this resource to support the reduction of hospital admissions, however at this point there are no firm plans for this to take place. Should this be identified at a later date, the investment in this resource should be funded by the NHS Wirral.

Indeed at this present time the resource is funded by DASS. In the first instance discussion should take place to agree the future funding arrangement of this resource with a significant contribution being sought from NHS Wirral.

Views on this service are invited.

#### **Consultation Questions**

1. Do you have any views on this service?

### **3.10 Residential Care (pages 46 - 48)**

#### **Conclusions**

The current residents of Girtrell Court and Sylvandale should be offered a similar opportunity that the tenants of West Wirral, Birkenhead and Wallasey were offered some years ago i.e to move into supported living, and have a tenancy with a housing association. In addition residents at Manor Road should be given the opportunity of either becoming tenants in their current property or alternatively within individual or group living arrangements.

This is an opportunity to move beyond the 'group living' arrangements currently in place. Many individuals, including those with the most complex needs, are successfully being supported in their own homes. Supported living has opened up access to a much wider range of housing options for some people with learning difficulties, including 'general needs', social housing and even home-ownership.

In total 39 people with learning disabilities and variable levels of physical disability would need to be found new accommodation, this figure does not include the individuals living at Manor Road. Dependent on the outcome of individual housing needs assessments and consideration of alternative accommodation may be appropriate or the transfer of the current building to a Registered Social Landlord (RSL) may be feasible. Property requirements may range from 'general needs' housing, through to individual tenancies or the opportunity for group living arrangements.

The following issues will need to be considered:

1. The extent to which current properties will need to be used as capital input from the Council. All arrangements would need to be in line with the Council's disposal policy approved by Cabinet (19.3.09)
2. The timescale of delivery in the context that the Government has brought forward funding for new developments to stimulate the housing market.
3. The potential requirement for Housing Corporation Grant, in the context of priority ranking for other supported housing schemes.
4. Identification facilities within the newly developing extra care scheme for the provision of respite care for people with physical and sensory disabilities e.g the Somerville Road Extra Care scheme will have adapted bungalows available for rental by the Department of Adult Social Services to accommodate individuals. It may be at a future date these individuals will choose to use a personal budget to make alternative arrangements.

Staff support delivered to the new tenancies will be provided by the new supported living services (See section 3.5) with staff from the residential sector assimilated into this team. Each new tenant will be entitled to a range of benefits to support their daily living and accommodation costs and may well choose a personal budget to determine their individual support needs. To sum up:- views be sought on the desirability of the following, that the Authority should:

1. Identify and confirm housing/support needs for all residents in the above properties.
2. Commence discussion with Registered Social Landlords through the Department of Regeneration to identify potential options/accommodation to meet individual needs. This will be co-ordinated thorough the Core Strategy Development Group
3. Reassess the staffing complement during the transition period to ensure that suitable numbers of staff with the required skills and competencies are transferred to the new supported living services.
4. Following implementation of realignment the support service should consider two options in relation to the future organisational models
  - a) Pursue open tender if the department re-tenders with a new contract for Supported Living or:
  - b) To become part of the newly formed Local Authority Trading Company

Any other views from stakeholders or partners regarding this service should be invited.

### **Consultation Questions**

1. Are these conclusions the right ones?
2. Do you have any concerns about these conclusions, and what could we do to address them?
3. Are there any other options which would help to ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
4. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
5. Are there any other ideas or suggestions you would like to be considered with respect to this service.

### **3.11 Dementia Care (page 48 – 49)**

#### **Conclusions**

- That a feasibility study be undertaken to establish the viability, investment and actions necessary for the development of a Wirral wide or locality based dementia resource

#### **Consultation Questions**

1. Is this conclusion the right one?
2. Do you have any concerns about this conclusion, and what could we do to address them?
3. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
4. Are there any other ideas or suggestions you would like to be considered in respect of this conclusion?

### **3.12 Day Services (page 50 –56)**

#### **Conclusion**

That views be sought on the following suggestions:

##### Day Services – Enabling

###### *Learning Disabilities/Physical and Sensory – Community Bridge Building Service*

A Community Bridge Building Service should be set up comprising a Manager, 5 full time equivalent Community Bridge Builders. It would be the aim of the service to be flexible to individual's need and times of contact. The team would operate a span of duty that will begin no earlier than 8 am and end no later than 10 pm, offering planned interventions over 7 days (depending on client need and identified goals)

The team would have a capacity of up to 100 cases. This would be reviewed at regular times.

Resource for this team to be identified from within current day services. Competencies to be developed which are aligned to personalised practice and staff to be selected against these competencies.

###### *Community Mental Health Recovery Service*

This service to have a single management structure although like the learning disabilities community bridge building services it would operate in the three localities. Working Life service to be amalgamated into this service.

##### Day Service Provision

Day Services provide the greatest scope for reshaping in the context of personal budgets, providing a more extensive range of support to people. These services could include personal assistant provision, brokerage, respite, support with building skills, support into learning and occupation, and access to mainstream recreational and leisure experience.

These are also potentially the most vulnerable services as people may chose alternative models of support to achieve similar outcomes.

In this context therefore the conclusions are: that consideration be given to the remaining day service to move into a Local Authority Trading Company, for a three year period, to be reviewed after those three years with regard to the suitability and success of this approach.

That the transition process continues the audit of current utilisation of building and connectivity to the

## Strategic Asset Review.

Implementation governance arrangements would need to be determined in the event of approval to proceed being granted by Cabinet. In these circumstances the current relationship between commissioner and provider would no longer be appropriate.

This report provides the initial business case for the transfer of day services, however a more detailed business case would need to be presented to Cabinet using the 'Preparing to Trade' Annex A – Guidance on the Power in the Local Government Act 2003. Alongside this in-depth consultation on this option.

It may be that other elements of service could be added to the LATC as their new shape embeds and the personalisation agenda evolves eg. Supported living, Respite Care (LD/PSD/Mental Health), Transport.

This proposal must also consider the services who have 'expressed interest' in developing a Social Enterprise. Attention should be given to supporting the preparation of these business cases. It may be that the development could continue under the umbrella of the LATC. The former route would require Cabinet to agree to the two main commitments within 'Right To Request', a) that staff exercising their 'Right to Request' retain their membership of the Local Authority Pension while they work on Council funded services and b) that the newly developed Social Enterprise receive a three year uncontested contract.

Other views from stakeholders and partners should be invited.

## Consultation Questions

1. Do you think that some day services should have the opportunity to develop into Social Enterprises?
2. Is the conclusion about the developing a Community Bridge Building Service for people with Learning Disabilities and Physical and Sensory Disabilities the right one?
3. Is the conclusion about refocusing Mental Health Services the right one?
4. What are your views about the Local Authority exploring the option of developing a Local Trading Company in the first instance to support the development of day services but other care services if it appropriate?
5. Are there any other options which would help to ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
6. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
7. Are there any other views or suggestions you would like to be considered with respect to these services?

Thank you

