

WIRRAL COUNCIL

DELEGATED DECISION BY PORTFOLIO HOLDER

26 SEPTEMBER 2014

SUBJECT:	Efficiency Requirement and Assistive Technology Policy Change Recommendations
WARD/S AFFECTED:	All Wards
REPORT OF:	Director of Adult Social Services
RESPONSIBLE PORTFOLIO HOLDER:	Councillor Christine Jones
KEY DECISION?	Yes

1.0 EXECUTIVE SUMMARY

- 1.1 Efficiency requirements within Adult Social Services for Assistive Technology and provision of equipment have required a service review which has been taking place between January 2014 and September 2014. The review has included a range of stakeholders including Adult Social Care, CCG, Public Health and Housing. This will result in the "Wirral Independence" Commission going live for tender, with new contracts to start April 2015. In conjunction the implementation of a charging arrangement for telecare is to be implemented within DASS, and a consultation process is currently underway. The report outlines recommendations for progression to deliver the efficiencies, support the new commission and agree and implement practice and procedural changes to support charging.
- 1.2 Identified efficiencies are as follows:
£150k (charging) 2014/2015
£85k (assistive technology) 2014/2015
£50k (commissioning) delivered in 2013/2014 (repeated for 2014/2015)

2.0 BACKGROUND AND KEY ISSUES

2.1 Options for achieving Savings with required policy changes

Assistive Technology (Reduce and Remove)

- Bring Assessments for assistive technology back “In House” to form part of the core assessment. This will ensure this element of the assessment is not at a distance from the core assessment. This should enable the “whole” costs to be better attributed for individuals. It will also reduce volume of installations and duplicate kit being allocated and will form part of the standard assessment delivered by assessing staff, reducing waiting time for clients. In anticipation of this being approved adjustments have been made within Liquid Logic to facilitate this to be included in the core assessment.
- Wirral is a member of the Telecare Association (TSA), who can provide development and training support for all assessment staff, to support the transition of the assessments coming back “In house”
- There is also scope to include the falls risk assessment as part of the core assessment. Public Health are working collaboratively with DASS on the WI decommission of falls prevention service. £380k is within the current contract value, some of which could be used to support the move to holistic assessment.
- Issues relating to capacity for the operational teams to be able to undertake the enhanced assessment, need to be assessed but could be addressed by utilising existing financial resources deployed with providers to enhance capacity within the teams.
- Advanced Practitioners will support the expanded and improved assessment offer, to ensure that all professional standards are met and outcomes recorded within systems.
- Bring 6 week AT reviews back in House, to form part of the 6 week review for all clients
- Implement FACS eligibility criteria for the service provision, implementing the charging policy, and signposting for those who are not FACS eligible.
- Extract Residential Homes from current provision (400+ individuals currently have AT with alert to staff and monitoring, will reduce install costs, monitoring, repair and maintenance and response costs) but continue monitoring and maintenance, response of current Residential home users until the service is no longer required.

- Stop duplication with Community Alarm services (funded by Supporting People). This will require further discussions and sign up with housing, post the outcome of Future Council. There are links to the Wirral Independence commission and the inclusion of minor and major adaptations within the commission. These are currently being held within housing.
- Utilise the existing domiciliary care providers (day and night) to be the response service across Wirral, including falls pick up cases, where family members are not available.
- Implement the charging policy for monitoring. Experience for other authorities is that when this is introduced 20-30% of clients then decline the service, which will reduce the monitoring cost. Therefore 70-80% people choose to retain and pay the charge which will provide income for the council (levels yet to be determined, and consultation is to start).
- Stop providing free of charge equipment, as well as the monitoring to people who are not FACS eligible and signpost those people to the approved provider to progress.
- Expand the use of AT with Supported Living in Specialist Service areas where it can be deployed as an alternative to more expensive services e.g. replacing waking nights. This links to the “Just enough support” project which is currently underway.
- Broaden the thorough use of AT through working with Dom Care providers as trusted assessors and checking that being used properly. This would be a project for the future not being a priority at this time. It would also require a clear understanding between providers and the Department that efficiencies would need to be for the department and not the providers.
- Introduce a recharge to CYPD for current provision. Numbers are few but we are not currently recharging.
- Introduce authorisation levels within the existing scheme of financial delegation to ensure that Checks and Balances in place for items over agreed amounts, requiring authorisation
- Remove the current “Check and Go” initiative from the current Eldercare offer, as it did not form part of the offer (approx. five people).
- When arranging response for the AT service, family, friends and neighbours used as first point of contact where ever possible. Currently Provider is offered as the first point of contact. The response service should be there as more of an emergency rather than instead of individuals personal network.

3.0 RELEVANT RISKS

- 3.1 There may be possible TUPE implications from the existing provider potentially 2/3 staff members, (need to complete the assessment done by Eldercare assessors, vis a vis the core assessment undertaken by Social care staff). However this risk can be mitigated as the in house assessment will be added to the holistic community care assessment, and therefore TUPE may not apply as the core task will be different from the existing task. Current contract ends with the provider 31st march 2015.

4.0 OTHER OPTIONS CONSIDERED

- 4.1 "No change" is not an option as efficiencies will not be met
- 4.2 Introduction of charging has already been agreed as at cabinet as an accepted budget options proposal

5.0 CONSULTATION

- 5.1 Consultation has been held on the following dates:

Date	Event	Location	Audience
2 nd July 2014	Delivery Senior and Team Managers meeting	Old Market House	Social Services for Adults core management team for delivery, with responsibility for social care assessment
30 th July 2014	Alyson Bell - TSA Whole System Redesign	Birkenhead Town Hall	CCG reps, DASS reps, Housing reps
15 th August 2014	Professionals Wirral Independence commission engagement (1)	Acre Lane	A range of health and social professionals, including Social care staff, nurses, OT, Physio, GP and Community Eqpt provision
29 th August 2014	Professionals Wirral Independence commission engagement (2)	Birkenhead Town Hall	A range of health and social professionals, including social care staff, nurses, OT, Physio, GP, Community Eqpt provision

21 st 2014	August	Provider Wirral Independence engagement Events (2 x sessions am and pm)	Birkenhead Town Hall	A range of providers form across the sector who currently deliver Assistive Technology, (including monitoring, response and health)Community Equipment, falls, adaptations service provisions
22 nd 2014	August	User consultation - Wirral Independence (2 x sessions)	Acre Lane	A range of people who use services, voluntary sector reps and carers

5.2 Commissioning Benchmarking Activity with other authorities

Date	Local Authority
28 th July 2014	Staffordshire Commissioners
26 th August 2014	Norfolk Commissioners
28 th August 2014	Shropshire Commissioners

6.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS

6.1 N/A

7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

7.1 N/A

8.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

8.1 Inter-Departmental Implications

- Housing are a current stakeholder for the “Wirral Independence” commission. Future discussion would be required to reduce duplication of funding with community alarms funded by SP. This is not critical at this time to deliver the in year efficiencies for DASS
- Public Health are a current stakeholder on the “Wirral Independence” commission, and leading on the element of falls prevention.
- CCG Contribute £250k towards the AT contract and are also major providers of the other service areas within the WI commission.

9.0 LEGAL IMPLICATIONS

9.1 N/A

10.0 EQUALITIES IMPLICATIONS

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

Equalities Impact is being developed alongside the commissioning activity.

11.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS

11.1 N/A

12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

12.1 N/A

13.0 RECOMMENDATIONS

- To note the content of the report
- To approve the suggested practice and procedure changes for the use and deployment of Assistive Technology for implementation ASAP to deliver the required efficiencies in year
- To agree to a revision of the existing AT Strategy (2012-2017) previously produced by Peter Wong to reflect the required changes

14.0 REASON/S FOR RECOMMENDATION/S

- Wirral has had a free and open offer to the whole Wirral community over a number of years. This free and open offer has not been able to evidence reduced care provision, nor has it contributed effectively to reducing hospital admissions or facilitating discharge from hospital. Benchmarking has indicated that Wirral is in the absolute minority of Local Authorities who have this offer, many having never had it.
- Vision 2018 and the introduction of the Better Care fund require integrated working to deliver efficiency and best value. Assistive Technology is in scope, as well the “One council” approach to best utilise all council resources to achieve better outcomes for people
- The introduction of the Care Act will require a whole economy approach to delivering on the required outcomes. Therefore the AT provision will be included in the “Wirral Independence” commission” which will go live to tender.
- Efficiencies are required in year, to support the required savings and the new commission, changes are summarised below, with a recommendation for approval.

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APPENDICES

N/A

BACKGROUND PAPERS/REFERENCE MATERIAL

N/A

BRIEFING NOTES HISTORY

Briefing Note	Date
N/A	

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
N/A	