

TITLE OF REPORT: Redesign of Care, Wellbeing and Learning (Adult Social Care)

REPORT OF: Alison Elliott, Interim Strategic Director, Care, Wellbeing and Learning

Purpose of the Report

1. To seek Cabinet approval to consult on proposals to create an enhanced in-house enablement function, as part of the redesign of Adult Social Care. In order to create an enablement function that is effective in maximising independence there will need to be consultation and consideration of moving budget and resource from in-house Domiciliary Care and Independent Supported Living.

Background

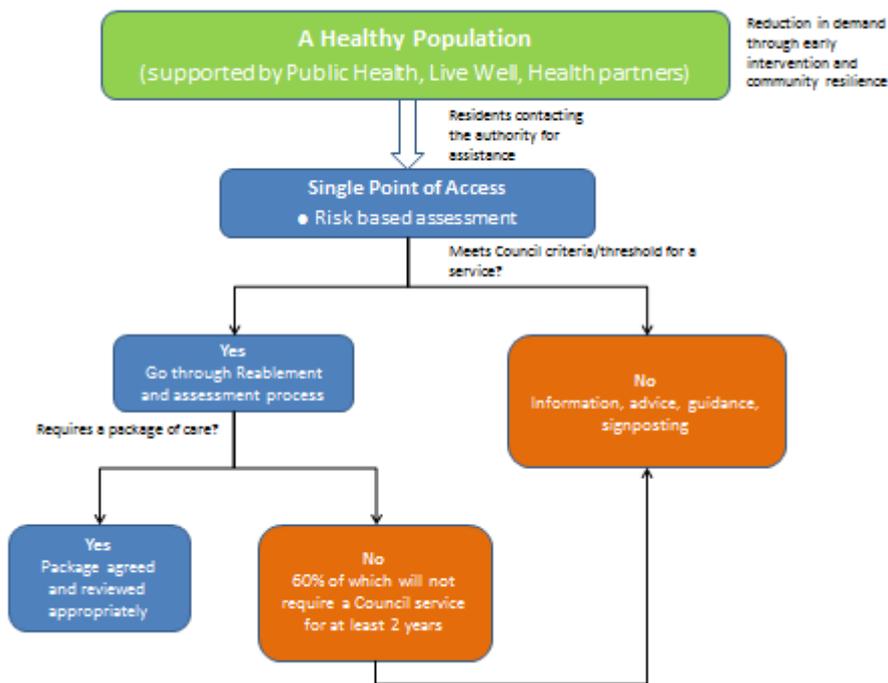
2. The Council agreed a new Council Plan 2015 – 2020 on 16 July 2015. The Council Plan has been developed to respond to the significant challenges Gateshead is facing in continuing to meet the changing needs of local people and businesses in the current economic climate, today and in the future. The Council Plan will enable the Council, with partners, to be better placed to achieve positive outcomes for the people of Gateshead and deliver the ambition of Vision 2030 over the next 5 years.
3. In order to manage resources effectively in financially challenging times, the Council has an established two-year rolling programme for budget planning, to give greater flexibility and resilience.
4. The new model of Adult Social Care is predicated on maximising people's independence, enabling individuals to remain in their own homes and be active in their own communities.
5. The Council has a role in supporting adults and their carers, keeping people healthy, safe, equal and feeling good about living in Gateshead, this includes our most vulnerable adults. We aim to meet the needs of our residents in the most efficient way and keep vulnerable people as independent as possible.
6. In the next 5 years Care, Wellbeing and Learning plan to focus on:
 - **Increasing community, market, individual and council resilience** – supporting people to help themselves, whilst making sure that we work with our partners and residents to help and protect those most in need. To do this we will:
 - Encourage the take up of direct payments.
 - Enhance the opportunities for individuals to secure paid employment and volunteering opportunities.

- **Promoting early help and prevention** – working in partnership to make sure we protect people but also supporting people earlier so that they can help themselves. To do this we will;
 - Develop preventative and assertive early intervention services to reduce further demand which is more costly. This means improving our intelligence so we can target resources.
 - Ensure that the principles of the Mental Capacity Act are fully integrated into assessment and care planning and that people are supported to make their own decisions and plans so as to maximise their independence.
 - **Targeting our effort, with partners, to those in need** – supporting people and communities with health and care risks and needs. To do this we will:
 - Work with partners to develop person-centred service models that address multiple and complex issues. We will share data and systems and pool budgets with partners, where appropriate, to increase effective and targeted integrated programmes for individuals and communities most in need.
 - Use systems that provide data and intelligence to review and revise services.
 - Target activity with partners, so that there is less inequality between neighbourhoods
7. The majority of services delivered to the residents of Gateshead are currently provided by the independent and voluntary sector. These services are regulated by the Care Quality Commission and monitored by our internal contract monitoring staff to ensure service users are receiving quality services. It is therefore important that Gateshead has a broad and vibrant independent sector care market that provides a quality service. In order to achieve this we are reconfiguring our commissioning function to ensure we have the right capacity and skill; this will be the subject of further reports to Cabinet.
 8. The redesign described within this report is linked to the Cabinet report on the redesign of assessment and care management in Adults and the budget proposals relating to the Promoting Independence Centres.
 9. The benefits of the redesign of assessment and care management in Adults are:
 - ✓ A focus on early intervention and prevention, self -help and redirecting people to non-statutory sector services
 - ✓ Supported decision making and involvement in setting and achieving outcomes
 - ✓ A community engagement model providing low level support, with universal information and advice
 - ✓ Short term targeted interventions to prevent long term support
 - ✓ Statutory sector services for more complex long term conditions
 - ✓ Maximising independence
 - ✓ Managing demand
 - ✓ Financial savings and improved customer experience
 - ✓ Simplified systems & processes
 10. The development of an in-house enablement service is fundamental to delivering these benefits.
 11. Should the decision be made to close 1 or more of our Promoting Independence Centres (PIC's) it will be extremely important that we have a community based

enablement model that supports people remain in their own home and does not delay individual's discharge from hospital. The model proposed in this report is a more cost-effective model than the current PIC's and more importantly ensures that people are given the best opportunity to remain independent in their own homes.

12. We have further agreed with our strategic partners the CCG, that a comprehensive joint review will be undertaken of existing bed based rehabilitation requirements and the demands for intermediate care, respite and assessment beds in the Borough over the coming years. It is important to ensure that we possess an integrated Health and Social Care delivery model that reflects the future shape and demand for these services across the whole economy and invites investment in those areas which serve us best.
13. This ensures that we build a sustainable model of bed based provision that complements the focus upon community reablement and addresses both Health and Social Care needs in a more integrated and seamless fashion.
14. The rationale for providing an in-house Enablement service is to ensure that every resident eligible for care and support from the Council will receive a time limited intensive service from Council staff. To commission this service from the independent sector would cost more than the current independent sector domiciliary care service we commission. This is because a premium is usually paid to ensure that service users are supported to achieve their maximum levels of independence. It is therefore, more justifiable financially to deliver an in-house enablement service than a traditional domiciliary care service.
15. There is significant evidence that enablement can generate real and lasting benefits for users, including:
 - improving quality of life
 - keeping and regaining skills, especially those enabling people to live independently
 - regaining or increasing confidence
 - increasing people's choice and autonomy
 - enabling people to be able to continue living at home
 - reducing the need for ongoing care and support.
16. Enablement services also have high user satisfaction rates. For example, research by the Social Work Co-operative for a 2010 regional report on enablement in the North East found that in Northumberland 94 per cent of users rated the enablement service as 'good' or 'excellent' (compared to 69 per cent for mainstream home care services), and in South Tyneside 100 per cent of users rated the enablement service as 'good' or 'excellent' (compared to 66 per cent for mainstream home care services).
17. Many staff find that working in enablement brings great job satisfaction, and a sense of doing something very worthwhile. It can give people a chance to learn and develop new skills, and to work in a way that allows increased professional autonomy. However, some people do find the transition to working in new ways can be difficult, especially the need to 'stand back' and encourage users to do things for themselves.

18. Evidence from the rest of the UK demonstrates that the best performing enablement services demonstrate that 60% of people receiving the service do not require an ongoing service at the end of the enablement period (maximum 6 weeks) for up to 2 years. Effectively delaying demand for ongoing adult social care services.
19. Enablement therefore has the potential to create win-win-win situations, with better outcomes for users, higher job satisfaction for staff, more efficient use of resources and reduced costs.
20. A diagram showing the customer journey through the redesigned model is shown below:



21. For example Mrs Smith is 86 and lives alone, independently. Mrs Smith falls whilst out shopping and is taken to hospital. Whilst in hospital she suffers a urinary tract infection and she becomes confused and has lost her confidence and is now anxious about going home. Her family are also anxious and feel she needs residential care. On discharge from hospital currently Mrs Smith would receive a package of care, where carers would carry out tasks for Mrs Smith. However, in the new model she would receive a maximum 6 weeks enablement. Enablement Occupational Therapists work with Mrs Smith to identify her goals. She wants to stay at home but has lost her confidence and is worried she will fall again. The Enablement carers work with Mrs Smith to enable her to get up and down stairs, get in and out of the shower, make her own meals and walk to the shops. Mrs Smith also requires some adaptations to her home which are arranged by an Enablement Occupational Therapist. After 4 weeks supporting Mrs Smith, she is confident to continue living independently with no further support from the Council.

Proposal

22. The Council has looked at how the budget within Adult Social Care can be reduced whilst redesigning the way services are delivered to maximise independence and continue to meet the needs of its customers.
23. The redesign of Adult Social Care will require, in part, budget and resources to be realigned to ensure the model of delivery is sustainable and fit for the future.
24. The new model of Adult Social Care will result in a single point of access with effective triage at the point of contact. For the customers coming through the single point of access, 80% will go through the enablement function.
25. The Council currently has an enablement function called START that is effective but has limited resources, some of which is funded by health. There is also a Rapid Response service provided by the Council, some of which is funded by health.
26. The proposal is to encompass START and Rapid Response into an enhanced in-house enablement service, adding in significantly more resource. The aim of the service is to provide intensive, short term support to enable people with physical or mental health needs to lead a fulfilling life, by learning or re-learning skills for independent daily living.
27. In order to create this enhanced enablement function it is proposed that budget and resource is moved from in-house Domiciliary Care and Independent Supported Living.
28. The average unit costs in the independent sector for Domiciliary Care and Independent Supported Living are significantly lower than those in the in-house service. A comparison is shown in Appendix 2 along with a description of current service provision.
29. The recommissioning, to the independent sector, of the in-house long term Domiciliary Care service and in-house Independent Supported Living Schemes will allow for resources to be reinvested into the in-house enablement function. The extent of this reinvestment is subject to a number of factors such as the individual needs of clients, potential TUPE and the review of market rates.
30. It is proposed that a phased approach is taken and the Council stops taking on packages of long term Domiciliary Care from the date of this report and they are commissioned to independent sector providers, which will be dependent upon the market's ability to accept new packages of care.
31. Existing packages that are dealt with by in-house Domiciliary Care will remain, where required, until the outcome of consultation is clear, the market is sufficiently stable to provide the right support to meet needs and a further report is submitted to Cabinet.
32. At the same time employees in Adult Social Care Assessment will start reviewing packages of care across in-house and independent sector provision to ensure they are still appropriate for the needs of the service user.

33. In reviewing packages of care, Adult Social Care Assessment employees will explain to service users/carers the benefits of taking a direct payment in order to maximise independence and increase choice and control over their care.
34. Employees within the existing long term Domiciliary Care service will be encouraged to apply for roles in the new enablement service. In addition, existing Promoting Independence Centre employees may also bring invaluable expertise into the service.
35. There will be other opportunities for existing staff that do not wish to be considered in the enablement service, such as leaving their employment with the Council to work as a 'personal assistant' for service users who are in receipt of a direct payment or possibly as a Shared Lives carer.
36. For the independent sector to take on any additional Domiciliary Care packages it will require additional staff. The Council will support the providers with recruitment campaigns, where needed. The importance of developing a stable, quality market is crucial to delivery of this model and it is not anticipated that we will be in this position until the end of 2016.
37. The Council welcomes views on these draft proposals and wishes to consult with the public and all stakeholders.
38. An Equality Impact Assessment (EIA) has been undertaken on the draft proposals which is available on the Council's website.

Recommendations

39. It is recommended that Cabinet:
 - (i) Approves that the council consults with all stakeholders including employees and service users/carers on the proposals to create an enhanced enablement function by moving budget and resource from in-house Domiciliary Care and Independent Supported Living.
 - (ii) Notes that the draft proposals are supported by an Equality Impact Assessment.

For the following reasons:

To inform the design of an Adult Social Care model that is fit for the future.

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APPENDIX 1

Policy Context

1. The Council is operating in a challenging national policy context which has been compounded by Government funding reductions and announcements that indicate further significant, but as yet, unquantified reductions in resources available for local government.
2. The Council has approached the budget consultation for 2016-18 based on the Council Plan for 2015-2020 to:
 - Meet the needs of Gateshead based on a Strategic Needs Assessment
 - Sustain Vision 2030 and uphold the Council's values
 - Reach decisions and manage change in a principled way.
3. The Care Act places new duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways. The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.

Background

4. The Government announced in the summer budget further overall measures to achieve £37bn savings to achieve a Government surplus budget by 2019/20. £17bn of these measures were announced as part of the budget and include £12bn from welfare reform and £5bn from tackling tax avoidance and evasion. The remaining £20bn will form part of an imminent Spending Review with plans that were published in November 2015.
5. Based on these high level figures and reductions to date, five year estimates were reviewed as part of the Council's MTFs 2016/17 to 2020/21 and were approved by Cabinet and Council in July 2015, presenting an estimated funding gap of £50.6m in the first two years.
6. The Council has developed a two-year rolling programme for budget planning, to give greater flexibility and resilience. A key element of this approach is to engage with and consult residents, businesses, partners and employees.

Consultation

7. Councillors have been consulted on the redesign of Care, Wellbeing and Learning and the various choices associated with this through Corporate Resources Advisory Groups, portfolio meetings and briefing sessions. Further engagement sessions are planned. The trade unions have also been consulted on these proposals.

Alternative Options

8. The Council will consider all viable options and especially welcomes responses to its consultation from providers and service user and carer's support groups. The Council could do nothing and retain the status quo; however the sustainability of this option and implications on the redesign of Adult Social Care will have to be considered. The Council could consider commissioning the enablement function to the independent sector; however this would be at additional costs. The Council could also consider setting up some or all of Adult Social Care provider services into a trust or traded model.

Implications of Recommended Option

9. Resources:

- a) **Financial Implications** – The Strategic Director, Corporate Resources, confirms that the draft proposals for consultation contained in this report will support the delivery of the Council's budget considered elsewhere on this agenda.
- b) **Human Resources Implications** – The recommissioning of existing in-house services to the independent sector may result in the transfer of staff on a TUPE basis. However, a number of alternative employment options for the employees affected are being developed and will be discussed with the workforce and their trade unions. They include the employees:
 - Applying for newly created posts in the enablement service. While these will be at the same grade (hourly rate) some employees may suffer a reduction in hours as the reablement service will operate on a part-time workforce only. Discussions will be undertaken with employees and trade unions regarding this.
 - Being eligible to apply for voluntary redundancy.
 - Leaving their employment with the Council to work as a 'personal assistant' for service users who are in receipt of a direct payment
- c) **Property Implications** – There are no direct property implications arising from this report, any property implications arising from the outcome of the consultation will be the subject of a further report.

10. **Risk Management Implication** - The risk management implications of each draft proposal will be assessed as part of future reports.
11. **Equality and Diversity Implications** - The Equality Impact Assessment will be used to inform the decision making process by identifying unforeseen adverse impacts from the proposal and use that evidence; if these are sufficiently severe it would be appropriate to re-design the proposal. If re-design is not appropriate the information will be used to mitigate adverse effects.
12. **Crime and Disorder Implications** - The draft proposals put forward do not have any direct crime and disorder implications.
13. **Health Implications** – The health implications of each draft proposal will be assessed as part of future reports.

14. **Sustainability Implications** - The draft proposals put forward do not have any sustainability implications.
15. **Human Rights Implications** - The implications of the Human Rights Act will be identified through consultation with service users and providers and a decision taken on the proportionality and necessity of any such proposal before it is implemented. The proposal supports a person's rights to respect for their private and family life by offering enhanced opportunities to remain independent in their own homes which, research indicates, is the first preference for most individuals.
16. **Area and Ward Implications** - The recommendations apply to all Areas and Wards.