

DECISION-MAKER:	CABINET		
SUBJECT:	ADULT SOCIAL CARE PROVIDER SERVICES		
DATE OF DECISION:	15 JULY 2014		
REPORT OF:	CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE		
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STATEMENT OF CONFIDENTIALITY			
N/A			

BRIEF SUMMARY

This report seeks Cabinet authority to initiate a process of consultation on several options regarding proposals to re-provide and redesign the provision of adult care services, with the preferred option for the re-provision of one residential care home, one respite unit and all day services. The proposals affect current services which are directly provided by the Council and services which are purchased by the Council from the private and voluntary sectors.

RECOMMENDATIONS:

- (i) To authorise the Director of People to initiate a process of consultation regarding proposals to re-provide and redesign the care services for adults specified in Section 11 of this report.
- (ii) To note the indicative savings to be realised as shown in Section 17 of this report should proposals for re-provision and re-design be subsequently taken forward.

REASONS FOR REPORT RECOMMENDATIONS

1. Proposals to change a service provision require consultation with those affected, including staff, service users carers and other stakeholders. Consultation must be at a time when proposals are still at a formative stage. Sufficient reasons must be given for any proposal, and adequate time must be given for consideration. A decision should not be taken until such consultation has occurred and the outcome of the consultation must be taken into account in making the decision.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

- 2 Doing nothing is not a viable option. Without exploring the potential of radically redesigning the way that adult care is provided, it will not be possible to meet the increasing demand for care within the diminishing resources available. It is imperative within the Care Act 2014 to reduce reliance on

residential and nursing home care to move to a model of preventative services which promote choice, independence and wellbeing.

3. Re-provision and re-designing the service without consultation is not a viable option. Proposals to re-provide any adult care services should only be taken after full consultation, failure to do so would likely result in court action and/or formal complaints. Any court action could be costly to defend and could lead to substantial delay in implementing any changes. There could also be reputational damage. A failure to consult could also increase the risk that re-provided services would fail to meet local need, increase resistance to change,
4. Incremental or service-specific change not requiring formal consultation could deliver marginal improvements to the quality of adult care services in their current form, but only more transformative change would be capable of achieving cost reductions and more substantial qualitative change at the scale and pace required.

DETAIL (Including consultation carried out)

Background

5. The Integrated Commissioning Unit (ICU) was formed in December 2013 to enable the Council to pool capabilities and purchasing power with Southampton City Clinical Commissioning Group (SCCCG) such that both organisations are able to exercise much greater influence over the price, quality, and demand for care services. The proposals for the re-provision and redesign of adult care services detailed below form part of wider whole systems change being delivered by the unit. Together these aim to prevent or intervene early to avoid, reduce or delay the use of costly specialist services whilst promoting independence, choice and control in the community through person centred planning processes. They will join up provision such that the right care is provided in the right place at the right time in order to secure better outcomes,
6. The improvements to the quality of adult care services must be delivered at a time when the Council continues to face unprecedented financial challenges as a result of year on reductions to Government spending on public services. Budget projections show a local deficit of £76 million emerging over the next three years.
7. A significant proportion of this budgetary gap may need to be found from budgets that are held to provide services within Health and Adult Social Care (HASC) Portfolio. The HASC budget comprises over 18% of the Council's controllable gross budget. Spending in this area is subject to demand led pressures associated with the provision of social care and the performance of related duties; pressures which stem largely from demographic trends including an ageing population and people living longer with more complex disabilities.
8. Roughly 11% of Council expenditure within HASC Portfolio pays for services provided directly by the Council in the form of internally operated residential care, day services, respite, and reablement services. This investment ties up a substantial amount of resources within specific services over an extended

period of time, thereby restricting the extent to which choice can be offered to service users. In order to satisfy the public's rising expectations that care services be highly flexible and tailored to individual need Councils are increasingly delivering fewer services of this type directly, choosing instead to commission and/or purchase them from a range of private and voluntary sector organisations. Southampton, however, is a higher than average user of 'in-house' residential care, and a full three quarters of local day care for people with learning disabilities is directly provided by the Council, so the opportunity to deliver savings through re-provision of these services is substantial.

9. Nationally and locally the per person weekly cost of providing residential care directly (£633) is currently running at 42% higher than the average weekly cost of residential care purchased in the external market (£445). Long term trends show a sharp decline in the use of residential care, with a drop in local use of 38% since 2002, so there is a need to reduce the number of residential care homes in the city. This is consistent with the Council aim of making greater use of tenanted models of care (i.e. extra care, supported living) when meeting the accommodation-based needs of adult care service users. These models promote greater levels of independence, enhance quality of life, and increase value for money. Woodside Lodge has the lowest occupancy of all residential Council care homes in Southampton. The proposed consultation will be on the option to re-provide one residential care home and one respite unit, which could include the potential option of closing both.
10. For day services, progress has been made in recent years towards reducing reliance on a building-based service models. There is scope for taking this work further through greater use of personalisation and maximising opportunities for individuals to have wider access to services in their local communities, and the development of services that increase access to employment, education and leisure activities. Services should be flexible and tailored around the lives of individuals and their carers. Initial analysis indicates that the average weekly cost of directly provided day care per person is £170 compared to £61 per person purchased in the external market. The Council need to achieve better outcomes for the money that is spent on the services.
11. Proposals for re-provision affect a number of adult care services directly provided by the Council. The scope of consultation to be undertaken is inclusive of the following in-house services:

Residential Care/ Respite

- Woodside Lodge: a 27 bedded long stay residential home providing care and support for adults generally over 65 years of age who are living with moderate/severe dementia. Short term respite beds are also available.
- Kentish Road: an 8 bedded unit providing short term respite for approximately 70 people with learning disabilities per year.

Day Services

- Sembal House: a day service for adults with physical disabilities and mental health issues providing 134 sessions per week to 41 service users.
- St Denys: a day service for adults with learning disabilities providing 257 sessions per week (building and community-based) to 55 service users.
- Woolston Community Centre: a day service for adults with learning disabilities and complex needs providing 281 sessions per week (building and community-based) to 55 service users.
- Freemantle: a day service for adults with learning disabilities providing 312 sessions per week (building and community-based) to 69 service users.
- The scope for re-design within day service provision, however, will not be limited to those services which are directly provided by the Council, but will rather be inclusive of all day care provided to users of adult care including people with disabilities, mental health conditions, and older people. In addition to the day services which are directly provided by the council, day care is also purchased externally from a range of private and voluntary sector organisations (39 in total).

A wide range of stakeholders will be involved in the consultation process Where staff may be affected the Council policies and processes will be followed

12. The consultation and any subsequent service change will be underpinned by the following principles:
 - The Council remains committed to protecting and supporting the most vulnerable of the city's residents.
 - The cost of care in its current form has outpaced available resources, and will continue to do so by increasing degrees for the foreseeable future. Failure to make significant change to the could result in the Council providing services to adults scaled back to the statutory minimum required which could not be in the persons best interests
 - We will make all reasonable effort to ensure that affected stakeholders views are heard, considered, and incorporated into any subsequent recommendations for service change.
 - Publicly-funded community-based care and support services should be designed such that they can demonstrate the extent to which they promote community resilience and social inclusion, empower individuals to develop greater levels of independence, maintain and/or improve levels of health and well-being, comply with relevant quality standards, and are preventative such that the use of higher threshold services (i.e. hospital, residential/ nursing care) is reduced and/or delayed.
 - For carers, breaks from the caring role are important because of the

potential health consequences of being a long-term carer and the risk that arrangements for care may breakdown as a result.

- Care and support services should be 'personalised,' such that the users of those services and their carers have choice and control over the shape of the support they receive.

13. A 12 week consultation is proposed in line with Government guidance for conducting written consultation and consistent with previous consultation practice where comparable service changes have been proposed. The full public consultation is proposed to take place from 23rd July to 21st October 2014, if this consultation is authorised by Cabinet. Following approval to consult, officers will produce a consultation plan which details the approach to gathering stakeholder views including consultee mapping, engagement methods, and timescales. The Council will also need to undertake a variety of other tasks before Cabinet is asked to make any decision this will include giving consideration to the risk of health and lives of all residents, who may need to be relocated.
14. Consultation will allow people to put forward other alternatives that can be assessed as part of the final decision making process, and the model of consultation used will vary for each service type in order to maximise the potential for this to occur. With day services, for instance, there are a wide range of potentially viable options for how these services may be re-provided, and for this reason a 'co-production' model of engagement will be employed within the process, whereby councils and services providers design and deliver services in partnership with the people who use them so as to create new relationships that strengthen democracy and accountability.
15. Following completion of the consultation, it is expected that a further report will be submitted to Cabinet in November 2014 with a report of the consultation and further recommendations.
16. The consultation will help to inform Cabinet's final decision, but there are several other factors that will influence this and the consultation findings will have to be balanced against these other factors, including financial considerations and the extent to which the status quo within directly provided services is inconsistent with the council's strategic priorities.

RESOURCE IMPLICATIONS

Capital/Revenue

17. The table below shows the 2014/15 budget for services within scope for the consultation and the estimate of savings to be realised through re-provision/redesign, including potential closure a care home, respite unit and alternatives to building based day services, should proposals be taken forward following consultation, assessments and further consideration of all relevant factors. These savings have been included within the mini budget proposals to be agreed by Council on 16th July 2014.

	Budget	Savings proposed 16 th July	
	2014/15	2015/16	2016/17
Residential Care	£930,000	£200,000	£300,000
Respite	£346,000	£200,000	£300,000
Day Services	£3.8m*	£500,000	£1,200,000
Total	£5,076,000	£900,000	£1,800,000

* Of which, £1.5m is spent on internally provided day services

The communications budget for delivery of the consultation plan remains to be confirmed but will be met from existing service budgets.

Property/Other

18. The proposals relate to services which are delivered from a number of council-owned buildings, but there are no property-related implications for Cabinet to consider at this stage.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

19. The Council has a variety of statutory duties owed to individuals to provide appropriate accommodation and care for persons who are in need of care and attention, as defined by statute that is not otherwise available to them. The care that is provided to all vulnerable adults must be tailored to their individual needs. If the Council wish to significantly change the accommodation or care provision for individuals it should carry out a full statutory consultation. Any consultation should be in line with Government guidance and codes of practice. The Council should also comply with relevant good practice guidance.

The Council has a duty to consult under the Housing Act 1985 when contemplating the closure of any supported living scheme.

Other Legal Implications:

20. The Council have to adequately consider the effect on residents' health and lives of any decision which affects the way the Council provide service provision, particularly if this meant an individual having to move from a residential unit.

Public Authorities when they are carrying out "functions of a public nature" have a duty under the Human Rights Act 1998 not to act incompatibly with rights under the European Convention for the Protection of Fundamental Rights and Freedoms (the Convention) The Council will need to consider whether any changes in service provision is likely to breach any residents right to life under Article 2 of the Convention and whether any decision to re-provide services would likely to lead to any individual being subject to inhuman or degrading treatment under Article 3.

The Council must also consider if Article 8 is engaged, in particular if any re-provision would interfere with an individual's right to respect for their private and family life.

If any re-provision of services breached any of the Articles, as set out above, the Council would need to demonstrate that the breach is justified and proportionate. This will require examination of the facts of any particular case. The Council could determine that the general economic and policy issues justify the breach but the Council should take steps to ascertain, and take into account any particular factors applying to some or all of the residents which may be relevant to the exercise of weighing up whether a breach can be justified.

The Council also has to give consideration to the positive equalities in the Equality Act 2010 and in particular its duty to have due regard the Public Sector Equality Duty.

The Council will need to ensure that any consultation exercise fully takes into account the above statutory duties to ensure that the consultation is robust and capable of identifying all relevant factors.

Equality Impact Assessments will need to be carried out in respect of any subsequent proposals for service change following consultation and will be completed in advance of the Cabinet decision regarding such proposals.

Statutory consultation of either 30 days or 45 days will be required where the number of affected employees is 20 or more.

POLICY FRAMEWORK IMPLICATIONS

21. These proposals are aligned to a number of key priorities set out in the City Council Plan 2013-16, including:
- Improving health and keeping people safe by redesigning the way we deliver and commission services for children, young people, and adults
 - Helping individuals and communities to work together and help themselves by increasing opportunities for self-reliance and community resilience
 - Managing reduced budgets and increasing demand by making a significant contribution to the council's savings gap of £72m.

KEY DECISION? Yes

WARDS/COMMUNITIES AFFECTED:

All

SUPPORTING DOCUMENTATION

Appendices

1.	N/A
2.	

Documents In Members' Rooms

1.	N/A
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Not at this time.
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)

1.	N/A	
2.		