Overview and Scrutiny Management Committee – 9 November 2017

Recommendations relating to the discussion on the future of the Kentish Road Respite Service:

OSMC Recommendation	Executive Response
That the Cabinet Member investigates why expressions of interest in operating the supported respite provision at Weston Court from Mencap and the Rose Road Association were not referred to the Cabinet Member prior to the determination of the operator.	The council and Integrated Commissioning Unit did not receive any expression of interest from Mencap or the Rose Road Association in providing a residential respite service at Weston Court, prior to the determination of the operator. At a meeting on 14 August 2017, Mencap and the Rose Road Association expressed an interest in the future use of the Kentish Road site, but not to take over the service in its current form.
That, at the 14 November 2017 meeting, Cabinet withdraw the report and keep the Kentish Road Respite Service open.	
3. That, if the report is not withdrawn from the Cabinet meeting, anonymised information is provided for the 14 November 2017 Cabinet meeting outlining the costs to the Authority relating to the individuals that have transitioned from Kentish Road Respite Service to permanent placements since the resolutions made by Cabinet on 16 December 2014.	These data are set out in figure 1 below. As stated in the Cabinet report, it was inevitable that some people using Kentish Road would need to move to permanent care placements as their needs increased, their carers became unable to provide the support needed at home, or people became independent and moved into their own homes. These permanent placements are funded by a different budget for which separate provision is made.
4. That, if the report is not withdrawn from the Cabinet meeting, a comprehensive and fully costed assessment, that clearly identifies the assumptions that the cost savings are predicated on, is provided for the 14 November Cabinet meeting.	Although the budget for Kentish Road in 2017/18 is £453,000 (prior to any saving), the outturn in 2016/17 was £531,000 and the outturn in 2015/16 was £612,000. Appendix 1 to the Cabinet report sets out the personal budget that would be required to meet an individual's respite needs following the proposed closure of

Kentish Road in the first year.

This has been based on completed assessments. In the ten cases where agreement has not been reached on the proposed alternative to Kentish Road, the figure used is for the alternative that an individual's social worker has deemed to be appropriate. In these cases, standard rates have been used. as follows: Shared Lives £57, Weston Court £190, Rose Road Association £277 (excluding 1-1 support), other residential respite care £250. For the second year, the total number of respite nights needed by 13 individuals is expected to reduce by an average of 2.5 nights, following a further review of their needs. One individual is also forecast to require less 1-1 support once settled in a new placement. For the third year, the forecast includes 5 individuals receiving respite through shared lives rather than a residential alternative. In the opinion of the Principal Social Worker at Portsmouth City Council, who carried out an independent review of the care and support plans, the Shared Lives option does not appear to be considered as a positive option by many of the client's families. She states her belief that the potential for Shared Lives has not been realised by the relatives. Her view also is that the council has at times been over-generous when assessing respite needs.

If the annexe at 32B Kentish Road is developed as proposed, this would cost an estimated £30,000 to the capital programme. The new care provider would be able to offer its services to those receiving respite care elsewhere and people could choose to spend their personal budget on respite care at 32B as an alternative to the care package in place at the time. This would not impact on the overall budget position for respite care.

Figure 2 below summarises the savings

forecast to be associated with closure of the current service at Kentish Road (based on the budgeted cost of £453,000 per year, although the scheme has significantly overspent its budget in 2015/16 and 2016/17).

- 5. That, if the report is not withdrawn from the Cabinet meeting, information is provided for the Cabinet meeting that explains:
 - i. How the proposed closure of the Kentish Road Respite Service will lead to better outcomes for service users;
 - ii. The measurements that are being used to determine 'better outcomes':
 - iii. How the removal of the Kentish Road Respite Service will improve choice for adults living with a learning disability in Southampton.

i. The proposed closure will over time lead to greater choice of respite options in Southampton for people living with learning disabilities and their carers.

By law, people cannot use a direct payment to purchase care and support from the council. A key objective in the council plan is to increase the take up of direct payments.

The benefits of direct payments are best summed up by Think Local Act Personal

(www.thinklocalactpersonal.org.uk), a national partnership of more than 50 organisations committed to transforming health and care through personalisation and community-based support.

They state, "Personalisation is fundamentally about better lives, not services. It means working with people, carers and families to deliver better outcomes for all. It is not simply about changing systems and processes or individualising funding through personal budgets and direct payments, but includes all the changes needed to ensure people have greater independence and enhanced wellbeing within stronger, more resilient communities."

The Cabinet Report dated 9 December 2014, setting out the basis of the original decision and referred to in the Cabinet paper for 14 November 2017 gave further details on the rationale for the proposed closure and have reproduced below.

The following are excerpts from the evidence base on direct payments:

Exploring the Temporal Aspects of Direct Payments, (Arksey and Baxter 2012)

https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/social-care-research-and-statistics

'Direct payments can give people more flexibility, choice and control over their life.'

Nolan, Ann and Regan, Colm. 2003-05. "Direct Payments Schemes for People with Disabilities, A new and innovative policy approach to providing services to disabled people in Ireland. https://www.independentliving.org/docs6/bray200305-sum.pdf

'The available evidence suggests strongly that for those who do/can avail of direct payments their capacity to choose and control needed services is greatly increased. This, in turn, can lead to greater autonomy and capacity to achieve independent living'

'Depending on the particular model utilised, direct payments have contributed to challenging and ending isolation as they significantly reduce segregation in care for many individuals with a disability.'

Direct Payments: The Impact on Choice and Control for Disabled People, Scottish Government 2000 http://www.gov.scot/Publications/200 0/10/51fc94b4-02b4-48b1-bf01f1f307b9fd95

'Direct payments can dramatically increase the choice and control recipients exercise over their own lives, particularly when contrasted with

limitations imposed by some local authority-provided services.'

'They can promote social inclusion.'

'Recipients identified very few, if any, disadvantages to direct payments. Direct payments can lead to a more efficient use of social work resources, while improving the quality of support to clients. '

The current service provided at Kentish Road, although valued by many, is rated by the Care Quality Commission as requiring improvement and is operating from 1960s buildings that are tired, not fit for purpose and in need of refurbishment.

Shared Lives, direct payments, the new scheme at Weston Court and the new scheme being proposed for the Kentish Road Annex all offer high quality care and support tailored to meet individual needs with a focus on helping people to achieve their goals and supporting independence, wherever appropriate.

- ii. Individuals' needs will be reviewed at least on an annual basis, along with their progress towards meeting their individual goals. There is also an annual sample survey of individuals and their carers which informs the councils return to NHS Digital (known as the Adult Social Care Outcomes Framework [ASCOF]).
- iii. The current arrangement with the council respite service with a capacity to provide 2,920 nights per year is akin to a monopoly provider taking all of the business.

The Care Act requires local authorities to help develop a market that delivers a wide range of sustainable high-quality care and support services that will be available to their communities.

The Care Act states that a diverse market is one in which people using social care and support services and their carers have "a variety of high quality providers to choose from who (taken together) provide a variety of services," and the statutory guidance to the Act goes on to say that this means the market should include a variety of different providers and different types of services, and that this should represent a genuine choice of service type.

Keeping most of the council's investment in respite service provision tied up in the maintenance and operation of Kentish Road restricts its ability to fulfil this obligation.

Figure 1: Total cost of care and support for individuals who have been supported to move to permanent placements

		Total care package			
Client	Placement	Weekly cost	Annual cost		
Α	Shared lives	£497.00	£25,844.00		
В	Shared lives	£372.24	£19,356.48		
С	Shared lives	£1,074.88	£55,893.76		
D	Shared lives	£441.89	£22,978.28		
E	Supp living	£764.78	764.78 £39,768.56		
F	Supp living	£1,565.89	£81,426.28		
G	Supp living	£251.32	£13,068.64		
Н	Supp living	£275.49	£14,325.48		
I	Nursing/res	£1,000.02	£52,001.04		
J	Nursing/res	£1,220.80	£63,481.60		
K	Nursing/res	£685.72	£35,657.44		
L	Nursing/res	£1,303.26	£67,769.52		
М	Nursing/res	£745.41	£38,761.32		
Total		£10,198.70	£530,332.40		

Figure 2: Savings forecast to be associated with the proposed closure

	Financial year saving				Total
	2017/18	2018/19	2019/20	2020/21	
Year 1	£35,000	£69,000			£104,000
Year 2		£45,000	£91,000		£136,000
Year 3			£62,000	£123,000	£185,000
Year 4				£62,000	£62,000*
Total	£35,000	£114,000	£153,000	£185,000	£487,000

*The balance of £123,000 is forecast to be saved in 2021/22

Appendix: Recommendations and reasons from Cabinet Paper dated 9 December 2014

(The full paper available is available online at

http://www.southampton.gov.uk/modernGov/documents/s23943/Future%20of%20the %20respite%20service%20for%20adults%20with%20learning%20disabilities.pdf and is referenced in the paper for the decision on 14 November)

RECOMMENDATIONS:

- (i) To consider the responses received during a public consultation into the future of respite services for adults with learning disabilities conducted between 24 July and 23 October 2014, outlined in Appendix 1.
- (ii) To note the intention to move the provision of respite care towards individual packages of care that make increased use of direct payments through a range of alternative options including shared lives and short breaks.
- (iii) To note that the needs of current service users will be thoroughly reviewed prior to and following their moves to ensure that these needs continue to be met and to reduce any impact on their wellbeing.
- (iv) To authorise a phased closure of Kentish Road beginning with supporting clients with lower needs, followed by those with higher needs to access alternative respite options with a clear focus on more personalised support being accessed and resulting in the eventual total closure of the Kentish Road service by April 2015
- (v) If the proposals are agreed to undertake a 45 day consultation with affected staff with a view to minimising or avoiding compulsory redundancies.
- (vi) To delegate authority to the Director, People following consultation with the Cabinet Member for Health and Adult Social Care to do anything necessary to give effect to the proposals in this report.

REASONS FOR REPORT RECOMMENDATIONS

- 1. Traditional respite services have been matched to individuals instead of individual packages of care tailored to meet personal preferences and lifestyle. Kentish Road is a bed based service that offers planned and emergency respite for up to 8 people at a time. Users have limited choice about when to receive their respite and who else will be using the service at the same time. Increasing incidences of users with higher level needs requiring increasing amounts of respite limit the capacity available to other users.
- 2. The need to move towards more personalised forms of care, where individuals can exercise more choice and control over the support and services they access is a priority both locally and nationally. In concert with this, the requirement to offer direct payments to individuals is national policy. The council currently performs in the bottom three of all councils nationally around this performance

indicator, with our take up rate of direct payments currently standing at only 6% compared to a national average of 21.03% (data taken from Ascof outcome (1c(2) 2013/2014). The policy direction and imperative is to offer more personalised forms of care and in particular to offer direct payments and this continues to be a national driver as set out in the Care Act 2014 becoming a legislative requirement from April 2015.

- 3. There is significant evidence nationally that direct payments support people to have increased choice, control, flexibility and an improved quality of life. They can provide bespoke solutions for unique needs which then improve outcomes for individuals. Improved outcomes can have a cost benefit by reducing the need for other services. Direct Payments cannot be used to purchase council run services.
- 4. The longer term viability of Kentish Road may be at threat even if no changes are made. This is due to an expected increase in the uptake of direct payments and evidence of people using their direct payment to purchase less traditional, more creative care solutions such as employing personal assistants, paying for community based activities or supported holidays. In the 14-18 years age group of those with a learning disability, who in the past may have been expected to access Kentish Road when they become an adult, the uptake of direct payments has increased from 12% in 2009/10 to 32% in 2014/15 and this trend is expected to continue over the next few years, particularly in light of the right to request a personal budget and focus on more personalised services brought in by the Children & Families Act 2014 and the Care Act 2014.
- 5. The statutory requirement to consult with service users, their families and other stakeholders has been fulfilled and although the overwhelming response from families was to keep Kentish Road open (77%), their comments have helped to ensure that all relevant factors have been taken into consideration.
- 6. Evidence from discussion with service users, their families and carers and with experienced social care practitioners shows that the development of services for individuals with the highest needs and most challenging behaviour will take time. It will also be important that users and their carers are confident in and comfortable with these alternatives. A phased approach supports this period of transition. A full Equality and Safety Impact Assessment has been carried out to identify the potential impact and mitigation of these proposals on servicer users and their carers and is attached as Appendix 2 for consideration.
- 7. The current provision of respite at Kentish Road is not the most cost effective way of providing respite. The 2014/15 unit cost, based on current occupancy, of an overnight stay at Kentish Road is £219 compared to an average cost of £53 for an overnight stay provided through the Shared Lives scheme.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

8. The alternative option of keeping Kentish Road open to continue to provide services in the same way was considered and rejected for the reasons set out above. The current service does not meet the requirement to increase choice and

control and promote individual approaches, nor does it provide best value which is a significant consideration within the current financial climate.

9. Consideration was given to a redesign of the current service. This option was rejected because it is not likely to support the full development of personalised care and the increased use of direct payments.