



Doncaster Council

Report

Date: 4th September 2018

TO THE CHAIR AND MEMBERS OF CABINET

Transformation of Residential Care Services for People with Learning Disabilities, provided by Rotherham, Doncaster and South Humber NHS Foundation Trust.

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Rachel Blake	All	Yes

EXECUTIVE SUMMARY

1. A strategic review of the service has shown that people would benefit from living as independently as possible with the appropriate support to do so. The current model of Residential Care has become outdated and does not provide the same opportunities for independent living as a Supported Living model of delivery. The review also looked at the needs of the people resident within the nine care homes; considering the quality of service, appropriateness of delivery, and viability and sustainability to achieve improved outcomes for current and future residents.
2. The reviews of current residents of the Residential Care Homes concluded that the current service provides good quality health and personal care and is valued by families of the Care Home residents. It is however a medical model of delivery, in some cases provided by nursing staff when nursing wasn't needed and limiting for current and future service users in respect of independence, choice, control and living life to the full. It is also financially unsustainable, and does not represent the best value for money for Doncaster Council and Doncaster Clinical Commissioning Group (CCG).
3. Reviews of current residents of the Residential Care Homes and consultation with families concluded in the majority of cases, that it is in their best interests to remain in their current accommodation but that their needs could be better met and life opportunities enhanced through a different service delivery model. Alternatives have/are being sought for a small number of people whose needs can be better met through a move from their current accommodation and where this has been expressed as a preference by the individual, their family member and or their advocate. The whole review process has involved a robust consultation process with the client, their families and or advocate. Implementation of any moves will ensure the client, their families and or advocate preferences are taken fully into account.

4. Consequently the purpose of this report is to seek approval to deregister the nine Residential Care Homes into supported tenancies where residents can live a more independent life and be supported in a way they want to. To enable these arrangements we would also tender for the support provision through a competitive tender process. The current contract for the provision of residential care homes will be terminated through mutual agreement, properties will be deregistered and management agreements put in place with Registered Social Landlords. The current procurement plan shows a target date of January 2019 for the provider to be identified, and May 2019 for completion of a safe and seamless transition.
5. Whilst eight of the nine properties are suitable for transformation, one property, which is owned by the council and located on the Travis Gardens site in Hexthorpe, is not fit for purpose for a Supported Living model of delivery and plans are being drawn up to develop the site to provide supported accommodation through a number of apartments. This will re-provide for the current care home residents and provide additional capacity for other people who may need this kind of accommodation. This is currently being developed and will be brought to cabinet.
6. At this stage we are not certain whether TUPE will apply. There will be no impact on Doncaster Council staff as a result of transforming the service from that of Registered Residential Care Homes to Supported Living. However, there may be an impact on the staff of the current commissioned service provider's staff.
7. The day service provided at the Solar Centre has also been reviewed and will be the subject of a future Cabinet Report. In the meantime, both the Council and CCG agree that there is likely to be a need for a building based service for a small, limited number of current and future users where assessed needs are identified. The recommendations in this and a future report will be informed by assessment of the individual's identified needs, the individual, their families and or advocates.

RECOMMENDATIONS

8. It is recommended that:
 - a) Cabinet approves the transformation of the care homes into supported tenancies. This will include deregistration of the properties and termination of the current contracts by mutual agreement.
 - b) Cabinet gives approval for a competitive tender to be undertaken, to commission a high quality support provider reflecting the Care Quality Commission - Registering the Right Support policy June 2017.
 - c) Cabinet delegates authority to the Director of People to award a contract to the successful support provider in consultation with the relevant Portfolio holder.
 - d) Cabinet notes that further approvals will be sought relating to the re-development of the Travis Gardens site and the future of the Solar Day Centre service.

WHAT DOES THIS MEAN FOR THE PEOPLE OF DONCASTER?

9. Doncaster Council in partnership with Doncaster CCG are committed to move to a position where services are more personalised, which means giving people who use services, or their circles of support as much choice and control as possible about the services and support they receive. A clear strategic aim for the council and Doncaster CCG is to shift the balance from residential care to offering more people supported tenancies, increased choice, control and independence; and improved life outcomes.
10. RDaSH advised the council and Doncaster CCG it was unable to deliver the current service and guarantee its sustainability within the agreed contractual terms. Due to this, alternative commissioning plans were therefore required to ensure continuity of care and support for a number of citizens with learning disabilities and complex needs.
11. A key principle agreed by all partners is that people with the most complex needs have the same rights as other people; to live in a home of their own and be an active part of their local community. There are already many people with complex needs living safely in supported accommodation in Doncaster with good outcomes being achieved. These proposals will provide more citizens with complex needs with the opportunity to live in their own home and achieve better outcomes.
12. Transformation of these services will increase citizenship and the extent to which people with learning disabilities are active members of their communities and have greater choice and control. Services will be provided based on need and aspiration, replacing residential and nursing care which people don't require.

BACKGROUND

13. RDaSH is currently commissioned to provide residential services for people with learning disabilities in Doncaster, through the provision of nine registered residential care homes located on six sites across the borough. There are currently 43 permanent residents, the majority of whom were resettled from Doncaster's long stay hospital and in addition to their learning disability have complex physical disabilities or behaviours which challenge; some people also have health needs associated with ageing. Over half of the current residents of this service attend the Solar Day Centre during the day, which is also provided by RDaSH. One of the homes also provides respite on a regular basis, for two people who live with their families.
14. This is an NHS provided service with nursing oversight of all the homes and direct nursing care provided to 30 people.
15. The council has held the contract for the care homes since 2009 when Primary Care Trusts (PCTs) transferred commissioning responsibility for social care services for people with a learning disability to local authorities. The arrangement in 2009 was based on a block contract and this continued until 2016 when it changed to a per capita arrangement. Since that time the council has therefore only funded places which are filled and not where vacancies have existed.
16. There is a direct contract with the council for two care homes and a day service, and a contract between the council and South Yorkshire Housing Association for

the provision of seven care homes; care is then sub-contracted by South Yorkshire Housing Association to RDaSH.

- 17.** South Yorkshire Housing Association and Doncaster Council own one property each, Sanctuary Housing Association owns two properties and the others are owned by RDaSH. Five of these properties have long term leases in place between RDaSH and South Yorkshire Housing Association and, there is a sixth lease between these parties which has expired but is contractually implied. The current lease arrangements will enable the recommendations within this report to be implemented.
- 18.** Since RDaSH indicated to the council and Doncaster CCG that they were finding it increasingly difficult to deliver the Residential Care Home and Day Service contract and certified the sustainability of the services was not achievable within the agreed financial terms RDaSH have been working in partnership with the council and CCG to identify a suitable alternative model of delivery to ensure a safe and seamless transfer of the services.
- 19.** The council negotiated with RDaSH to agree a reasonable timeframe in which to fully complete service user reviews, and strategic reviews of the services. This was subject to the council/CCG agreeing to underwrite the financial deficit.
- 20.** On 7th November 2017, cabinet approved funding from the non-recurrent Better Care Fund earmarked reserve (BCF EMR), to enable RDaSH to continue to provide the service during the period of review. Cabinet approved further funding on 27th March 2018, from the BCF EMR, to fund arrears of payment accrued by the CCG from the point at which the contract transitioned to per capita payments.
- 21.** A strategic review of both the care homes and the Solar Centre Day Service has been undertaken alongside reviews of the needs of people living within the care homes and attending the day service. Families have been engaged in considering their relative's best interests and preferences for the future and advocates have been involved for each person who has no contact from a family member.
- 22.** The strategic review concluded that the current quality of care provided by RDaSH is good and it is valued by families. There is however models of delivery that would meet the client groups need as well as providing enhanced life opportunities. The current model of delivery is nurse led with the vast majority of residents being assessed as not requiring a nursing service. Some of the homes are based on a model of disability whilst others have attempted to provide an environment more conducive to supporting independence and choice and control.
- 23.** Reviews of the individual needs of current residents have concluded that it is in the best interests of the vast majority of people to remain in their current accommodation but that their needs could be better met, with improved life outcomes through a Supported Living model of service. Most people will continue to require high levels of support during the day and night to meet their personal care and health needs and to support them to be active and valued members of their communities.
- 24.** Within the current model of service, people do not have the security of a tenancy, are limited in the range of welfare benefits they are able to access, hence affecting

personal income, and are not supported in a way which fully promotes independence, choice, control and ultimately the best outcomes for people.

- 25.** Many people attend a medical model of day opportunity provision at the Solar Centre which is located on a hospital site; this is a building based service and whilst is effective in providing therapeutic activities, it does not provide or facilitate activities in the community or support access to more integrated opportunities. Transitioning to a supported living model of delivery will increase the range of day opportunities for the people who currently attend the Solar Centre from the residential care homes.
- 26.** The council and CCG have agreed as a principle that people with the most complex needs have a right to access local, inclusive, community based day opportunities, with the right level of support to ensure that their needs are met. It is a jointly held belief that this is possible and positive for the people concerned. It has therefore been agreed that more outcome focussed day opportunities should be made available and this will be integrated into the tender for a supported living support provider.
- 27.** With the exception of Travis Gardens, all the current properties are of a high standard externally and internally and most are well equipped and adapted to meet complex physical needs. Most people have lived there for a number of years and transformation to supported accommodation will enable each person to have their own tenancy, higher levels of personal income and greater community participation, whilst maintaining quality of care, continuity of living environment and relationships.
- 28.** In respect of Travis Gardens, the current building is located on a council site and is the only occupied building amongst disused properties. The building itself is too large and is institutional in appearance both externally and internally and in its current form is not fit for purpose or conducive to a supported living model. Proposals are being worked up in partnership with strategic housing to develop the whole site to provide supported tenancies, both to re-provide for people currently resident in the residential care home and to create additional capacity.
- 29.** Some of the current residents have been supported by staff members who have known them for a number of years and this has provided continuity and stability and is valued by service users and their families. However, transitioning to a supported living model of delivery with a commissioned experienced support provider who embraces the ethos of maximising independence, choice and control and positive risk taking will result in improved outcomes for all concerned.
- 30.** The respite service for two people, which is fully funded by the CCG, operates within an environment where people live, and whilst it provides good quality care and a flexible service, it does not provide a bespoke respite service and is intrusive for current residents. The review therefore concluded that alternatives should be found. Care managers are working closely with the service users, their families and Doncaster CCG to ensure an appropriate alternative respite provision is made available and they will support a safe and seamless transfer for the two people concerned to the alternative provision(s).
- 31.** In the longer term the council and CCG are reviewing respite care within the borough with a view to developing clear commissioning plans.

OPTIONS CONSIDERED

32. The following options were considered as part of the review process:

- a) **Do nothing.** This is not an option as RDaSH have advised the council and Doncaster CCG that they are unable to provide the service within the current contractual terms. In addition the council and CCG have a duty to ensure effective support for the current residents.
- b) **Decommission the service/termination of contract by mutual agreement and move people into alternative accommodation available within the borough, for example, supported tenancies, shared lives, extra care.** This option was considered but individual reviews have not favoured this approach for the majority of people nor does it reflect individuals' preferences. In addition there are insufficient alternatives within the borough to meet the complex needs of the current residents and outcomes from reviews strongly indicate that continuity of environment is in the best interests of the majority of people. Current buildings with the exception of one are fit for purpose and are fully adapted to meet current and longer term needs.
- c) **Agree a different model of service with the current provider, which manages the financial shortfall.** The service, as currently provided is not consistent with joint commissioning objectives; ensuring the best life opportunities for people with learning disabilities in Doncaster This option does not comply with the council's procurement procedures and therefore was not financially explored. Assessments have shown that the vast majority of people do not need a nurse led service and this would therefore not provide value for money; additionally, one of the buildings is not fit for purpose.
- d) **Retain the accommodation and transform some to supported accommodation and retain others for nursing care and/or respite.** With the exception of one person, assessments and reviews have indicated that there is no need for a nurse led service and that people's needs can be met through supported tenancies with the right level of support.
- e) **Retain the accommodation and transform to supported tenancies, with commissioned support (*recommended*).** This has been assessed as the best option in the vast majority of cases. This approach will provide people with security of tenure, a home of their own, within a supported living ethos which maximises independence, autonomy and life opportunities and provides more personal income. The option to stay in current accommodation and for this to be deregistered as residential care provides continuity of environment and relationships where appropriate as well as reflecting the wishes of service users, families and advocates as expressed during ongoing engagement activities. The health needs of the individuals residing in supported living would be met through a combination of commissioned support provider staff and community and district nurses when required.
- f) **To tender the support through a competitive tender (*recommended*).** This was agreed as the most appropriate option as whilst it is a time and resource intensive option, it is the one most likely to attract a broader spectrum of provider and ensure appropriate experience and expertise to support people

with complex needs. To support this option a market engagement event will be advertised through the procurement portal ProContract. Using the procurement portal enables the council to comply with the Council Procurement Regulations (CPR) as well as raising awareness of the opportunity to local, sub-regional, and national organisations. The same procurement portal will be used to advertise the tender opportunity when it goes live.

REASONS FOR RECOMMENDED OPTIONS

- 33.** The recommended options therefore are a combination of e) and f) above
- 34.** Transforming the current accommodation into supported living is the best option to ensure continuity of environment for the majority of current residents in addition to responding to service users and family's preference to remain in the same property with the same people where appropriate. Supported Living model of delivery will enhance life opportunities and ensuring better outcomes for the individuals. It also retains a number of good quality, well adapted properties which otherwise may be lost from the stock available to people within the borough.
- 35.** Within a supported living model of service, people will have the security of a tenancy, access to a broader range of welfare benefits hence personal income, and being supported in a way which fully promotes independence, choice, control and ultimately more fulfilling lives.
- 36.** A competitive tender process provides the best opportunity of attracting a broad spectrum of local, sub-regional, and national support providers to respond; thus attracting providers with the skills, experience and values to maintain the quality of care whilst enriching life opportunities to respond to the tender opportunity.
- 37.** This proposal will enable a reduction in the number of tenancies within each property to a maximum of five, and subject to feasibility, some of the homes will have minor refurbishment to enhance personal space, privacy and dignity
- 38.** The proposal is in line with national and local strategic ambitions. There has been a plethora of national guidance since 2001 which support a shift from institutional forms of care to more personalised care and support with the aim of achieving better life outcomes.
- 39.** Throughout implementation of the Valuing People strategy (2001-2012) and particularly more latterly, there was a focus on people with the most complex needs, with a vision that all people with learning disabilities should be supported to become empowered citizens and should have the same rights and opportunities as other citizens. It was stated that to assume that some people cannot have the same opportunities, and never will, is to set a ceiling on what progress can be made, both by an individual and by society as a whole.
- 40.** "Putting People First" set out a shared ambition for radical reform of public services, promoting personalised support through the ability to exercise choice and control against a backdrop of strong and supportive local communities. 'Think Local, Act Personal' further reinforced a person-centred approach to social care, with an emphasis on personalised care and support planning to enable service users to be the decision-maker and promoting autonomy and independence.

- 41. In recognising shifting policy and aspiration for people with learning disabilities, and in accordance with Valuing People and Putting People First principles, the Government transferred all remaining commissioning responsibility and funding for social care services for people with learning disabilities from Primary Care Trusts to local authorities, in 2009/10. A commissioning principle within the transfer guidance was that people should be supported to live in their own homes, either as tenants or through ownership.
- 42. The current Transforming Care agenda which focusses on people with the most complex behavioural needs is that they have the right to the same opportunities as anyone else. This includes having a home within their community and receiving the support they need to live a safe and fulfilling life.
- 43. The Place Plan refers to a culture shift from maintaining a safe and happy environment to moving on, building independence and developing resilience. It was agreed at the onset of the project that options for future commissioning will be agreed in accordance with the Adults, Health and Wellbeing Transformation Strategy, part of which is to reduce the number of people in residential care, which has been identified as one of the 10 areas of opportunity in Doncaster's Place Plan.
- 44. The current service is not financially viable or sustainable into the future. Remodelling to provide a supported living model of delivery is the best option to achieve value for money.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>These proposals will enable people to have more choice about how they spend their day and to have more fulfilling lives as an alternative to institutional day services.</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>These proposals will ensure that people are more active members of their community and that they live in affordable homes as tenants rather than in a residential care setting.</p> <p>People will be able to participate more fully in what Doncaster has to offer including sport and culture.</p>

	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>These proposals will enable people to have more choice about how they spend their day and have more fulfilling lives with opportunities for greater levels of independence and learning.</p>
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>These proposals will enable continuity of accommodation and quality of care for people with complex needs whilst supporting greater independence.</p> <p>Ensures the services are viable and sustainable for the future for younger people with similar needs</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	<p>The proposals enable reinvestment in more appropriate services and for more people to have their own tenancy, with greater levels of income and contribution to communities</p> <p>Transformation of these services will ensure a more modern model of service delivery, and will enable the council/CCG to ensure that future services provide value for money and that they align to the personalisation agenda. People with learning disabilities can make more choices about their care and live more independently within their communities.</p>

RISKS AND ASSUMPTIONS

45. There is a risk even with a competitive tender that providers with appropriate expertise will not tender for the service. The procurement process allows for a market event to engage with local, sub-regional and national prospective providers to anticipate and manage issues which may prevent them from submitting a tender.
46. The financial modelling is based on a number of assumptions as shown in the appendices and can only be an estimate of the future cost of services at the present time. Any significant changes which increase the overall cost will need to be addressed through an Officer Decision Reporting process. The key assumptions relate to transfer of RDaSH employees if TUPE applies and the

resulting estimated hourly support rates. The calculations of support hours for each person are indicative at this stage and will be reviewed before the tender is placed. Due to the complexity and changing needs of some of the current residents any variations following future reviews may result in an increase in the number of support hours required

47. Continuity of care and support is important but cannot be assumed to be delivered by the current provider. If TUPE does not apply and or the current provider does not submit or win the support living tender there is a potential risk that there will be a change of staff. If this was the case there will be a carefully planned transition period and handover between incoming and outgoing providers.
48. If RDaSH do not submit a tender and or win a tender as part of the competitive tender process existing RDaSH staff would have the opportunity to apply for posts with the new support provider to whom the contract is awarded should they so choose.
49. Financial assessments of all individuals residing in the Residential Care Homes will be undertaken and any issues relating to accessing welfare benefits will be appropriately managed through individual transition planning; minimizing any negative impact their personal capital may have whilst ensuring the use of personal income enrich their lives to the maximum.

LEGAL IMPLICATIONS [Officer Initials.....PC... Date...06.07.18.....]

50. SECTION 1 LOCALISM ACT 2011 gives the council a general power of competence to do anything that individuals may generally do.
51. SECTION 111 OF THE LOCAL GOVERNMENT ACT 1972 gives the council the power to purchase goods and services.
52. UNDER THE CARE ACT 2014 the council is obligated to meet the eligible needs for care and support of its population in accommodation in a care home or by providing care and support to those individuals in their home or in the community.
53. The duty can be met by either commissioning the service using a process compliant with the council's contract procedure rules and the public contracts regulations 2015 or by providing the service in house.
54. A changed service delivery necessitates the need for appropriate consultation and completion of a due regard statement to demonstrate the due regard has been shown to public sector equality act 2010 duties in planning and delivering the council's functions.
55. Legal services should be consulted regarding the provision of suitable contract terms for issue within the proposed procurement.
56. The decision to tender for a supported living service could constitute a service provision change under the transfer of undertakings protection of employment regulations 2006 ("tupe") if fundamentally the same activities are to be carried out post transfer. It is therefore recommended that the contract for the provision of the service ensures compliance with the statutory obligations and makes appropriate

provision for staffing arrangements in the future.

57. The decision maker (Cabinet) must be aware of their obligations under the public sector equality duty (pseud) in s149 of the equality act 2010. It requires public authorities when exercising their functions to have due regard to the need to: eliminate discrimination, harassment and victimisation; advance equality of opportunity; and foster good relations between people who share relevant protected characteristics and those who do not.
58. The relevant protected characteristics under the equality act are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation and marriage and civil partnerships. Clearly it is the disability characteristic which is the most relevant to this particular service.
59. As the decision maker, Cabinet must ensure that they have seen the due regard statement. The duty must be exercised in substance, with rigour, and with an open mind. It is for the decision-maker to decide how much weight should be given to the various factors informing the decision, including how much weight should be given to the public sector equality duty (pseud) itself. The decision maker must also pay regard to any countervailing factors and decide the weight to be given to these, which it is proper and reasonable to consider which includes budgetary pressures, economics and practical factors that affect the delivery of the service.
60. It is understood that a due regard statement has been completed and is incorporated into the equality implications section of this report.

FINANCIAL IMPLICATIONS [Officer Initials.....CC... Date.....2.8.18.....]

61. The financial implications arising from the proposals and assumptions underpinning the financial modelling are outlined in appendix 1. Funding streams now include rent which will be met from Housing Benefit or through the personal income of tenants where they are ineligible for Housing Benefit due to levels of capital.
62. The Council's net budget for the RDaSH residential service is £2,559,625 per annum, however the actual cost of the service is net £4,429,497 of which £959,142 is CHC funding from the CCG, leaving the net cost to the Council of £3,470,355. The additional cost of £910,730 per annum has been agreed as a top-up payment for RDaSH to cover their financial deficit on the current service delivery model. This additional cost is funded from one-off Better Care Fund Ear-Marked Reserve balances and is not a sustainable option in the long term.
63. Members should note that support levels for the people living in the care homes are high due to the complexity of need and therefore it is not anticipated that there will be substantial core budget efficiencies, but increased value for money due to better outcomes and managing the service within the available budget. The proposals will however provide significant cashable savings, given that the contract variation and top-up arrangements with RDaSH amounting to an annual value of approximately £1m, and funded from the Better Care Fund ear-marked reserve, will come to an end.
64. The current contract is held by the Council, but the CCG contributes where people are eligible for continuing healthcare funding, either fully or as a joint funded

package. There is no contribution by the CCG to the cost of attendance at day opportunities and therefore the Council currently meets the full cost for the people from the Care Homes who attend these opportunities. In the future any costs associated with day opportunities will be incorporated into the support contract.

65. Appendix 1 shows the total budget for the current service, the estimated cost of the new service, and contributions from the Council and the CCG. It is important to note the number of assumptions underpinning the financial modelling, and as recommended, any significant changes will need to be agreed through delegated officer decisions, in accordance with the Council's constitution.
66. The estimated net cost of the new supported living service is £2,588,260. Based on the current core annual budget, this results in an increase in costs to the Council of £28,600 and a reduction of £344,100 for the CCG through lower CHC funding. The savings arise for the CCG because, under a local agreement, the split of costs for certain high cost packages changes under the supported living model where the Council becomes responsible for a higher level of contribution. There are ongoing discussions between the Council and CCG regarding how the financial impact of the new service model will be managed and in the context of joint commissioning/funding arrangements for the future.
67. There is a net reduction in cost to the Council from the current to future service model when using the current cost of service as opposed to the annual budget. The current service model would require approximately £1m per annum to fund top-up arrangements with RDaSH, therefore from information available and based on the assumptions made, the new model of service will provide far better value for money than the current service.
68. The timeframe for transformation of the service and procurement of support is May 2019. For this period there will be a monthly pressure of £76,000 to fund the RDaSH top-up. Funding from the BCF EMR will be requested through Officer Delegated Decision, as agreed by Cabinet (BCF-use of earmarked reserves), 27th March 2018.
69. It has been highlighted throughout this report that the benefits that will be achieved from transforming this service from a Registered Residential Care Home to Supported Living are not financial but what is right for the individual. A Supported Living model of delivery will provide increased independence, choice, control and improved life outcomes; enable people with learning disabilities to have the same rights as other people, to live in a home of their own and be an active part of their local community.

HUMAN RESOURCES IMPLICATIONS [Officer Initials...DLD...Date...06.07.18.....]

70. There are no human resource issues relating to council employees. RDaSH will need to decide whether as an organisation it wishes to tender for the support contract. As outlined above, it is not clear at this stage whether the Transfer of Undertakings of Public Sector Employees will apply and if not, it is possible that there will be redundancies as a result of the changes. There will be discussion between the CCG and RDaSH to explore whether any options exist to utilize the skills of displaced employees, for e.g. to meet the needs of service users affected through the Transforming Care Agenda.

TECHNOLOGY IMPLICATIONS [Officer Initials...PW..... Date...10.7.18.....]

71. There are no corporate or service technology implications arising from the recommendations.

HEALTH IMPLICATIONS [Officer Initials.....HC.....Date6.7.18.....]

72. The health needs of the current residents have been assessed as part of the review process and ongoing reviews of Continuing Healthcare. There are a number of people eligible for fully funded health care and there are jointly funded packages in place.

73. A number of current residents have complex health needs and commissioners from the council and CCG will ensure that a future support provider is able to meet health needs effectively and facilitate a safe transition from a nurse led model. Ongoing nursing support will be provided where required by community and district nurses, and there will be a multi- disciplinary approach to achieving highly personalised and outcome focused healthcare.

74. The approach outlined should improve and protect health and reduce inequalities. The impact of the current and new approach should be measured and monitored including cost effectiveness and any opportunity costs.

EQUALITY IMPLICATIONS

The Public Sector Equality Duty (PSED) Due Regard Statement was created by the Equality Act 2010. The duty came into force in April 2011 and places a duty on public bodies and others carrying out public functions. The aim of the PSED is to embed equality considerations into the day to day work of public authorities, so that they tackle discrimination and inequality and contribute to making society fairer. 'Due regard' is a legal term that requires proportionality and relevance. The weight given to the general duty will depend on how that area of work affects discrimination, equality of opportunity and good relations.

75. All housing developments supported by Doncaster Council will be accessible depending on individual assessed need. Such assessments will not discriminate against any applicant in any way and particularly due to any of the protected characteristics of the Equality Act 2010. All Doncaster Council partners must maintain a commitment to The Act.

76. The aim of the Public Sector Equality Duty is to embed equality considerations into the day to day work of public authorities, so that they tackle discrimination and inequality and contribute to making society fairer. The duty covers 9 protected characteristics:

- age
- race
- Disability
- Sexual orientation
- gender reassignment
- pregnancy and maternity
- religion or belief

- sex
- marriage or civil partnership (in employment only)

77. Society has historically discriminated against people with learning disabilities and many have been institutionalised and denied access to the same opportunities in life as other citizens. This has included being denied family life, appropriate health care, relationships, access to work and a home of their own. The transformation of the RDaSH Residential Care Homes to a Supported Living model is specifically designed to reduce the inequalities often encountered by people with a learning disability.
78. Fortunately most large institutions, including long stay hospitals have closed and the aim over the past 20 years has been to support people with learning disabilities towards more fulfilling lives and equality of opportunity.
79. As referenced in the report, the majority of people who currently live within the RDaSH Residential Care Homes have complex needs and often this group of people have had even fewer life opportunities than other people with learning disabilities. This is because they may be more dependent on others for their daily needs, find it hard to communicate what they want and need and because their complex health and care needs become the focus, rather than their unique personality, preferences and aspirations.
80. Whilst the current service provides good quality health and social care and each home is smaller than traditional care homes, they are still institutions with institutional practice, and people don't have the same opportunities and choice and control as people living in less restrictive environments. The recommendations for future delivery of these services will improve equality of access to community based, integrated activities, provide people with the security to a tenancy, access to other welfare benefits and ultimately more personalised and aspirational care and support.
81. Commissioning the right support is crucial to achieving the above. Providers will have to demonstrate high quality person centred approaches with a proven track record of supporting those with the most complex health and behavioural needs to have more control over their lives, be an active part of their community, to have new experiences within a framework of positive risk taking, and ultimately for lives to be enriched.
82. There will be a clear expectation that each person has a highly personalised care and support plan which outlines how they will be supported with their unique strengths, beliefs, physical, social and emotional needs, differences, preferences and aspirations.

CONSULTATION

83. As part of the review process, where people who use the services have the capacity to understand options for their future care and support, they have been fully consulted on an individual basis about the options. The majority of people however who reside within the current care homes do not have the capacity to fully understand the options and implications and where this is the case. Best Interests Decision meetings have been held with family members present or an advocate where there is no family contact. Formal engagement with families commenced in mid-December 2017. Formal engagement included a 'frequently

asked questions' (FAQ) document outlining the reasons for the strategic review and possibilities for the future, face to face meeting, telephone calls, and involvement in capacity assessments and Best Interests Decision making meetings.

- 84.** Communications from RDaSH, Doncaster CCG and Doncaster Council have met to agree a joint communications approach for the Strategic Review Project.
- 85.** All relevant stakeholders have been briefed on the project. RDaSH staff members were briefed at the beginning of the project, engaged in the review process and have more recently been briefed on the recommendations.
- 86.** Current residents who are able to understand the recommendations outlined in this report and the impact, have been consulted on the recommendations and social workers and case managers will continue to work with all residents to involve them in ongoing planning. Given the communication needs of most current residents this can only be done on an informal and individualised basis.
- 87.** Relatives of people using the service have been consulted on the recommendations and invited to be involved in future planning and design and commissioning of future services. Some families live a distance from Doncaster and some have been difficult to contact.
- 88.** It should be noted that family involvement varies significantly from relatives who visit weekly to those who send cards and gifts but have little if any face to face contact. Also, a number of relatives are very elderly themselves and have seen the change from long stay hospital to community care and fear further change for their relative and themselves. It is possible therefore that in some cases aspiration may be lower than may be expected and this needs to be balanced within the context of fear of the unknown and Best Interest Decision making.
- 89.** The following are outcomes from the most recent consultation which took place during June and July 2018 on the key findings and recommendations:
 - Of the 43 people currently resident in the care homes, 32 have contact with a family member 11 have advocates assigned to support them through the Strategic Review.
 - 32 families therefore received letters outlining the key findings and recommendations to date
 - 24 families were in agreement and supportive with the key findings and recommendations
 - Five families disagreed and were not supportive of the key findings and recommendations
 - Three families neither agreed or disagreed (not sure)
 - Eight families said they would like to be involved in future service planning, design and commissioning of services.
- 90.** As a result of previous engagement with individuals and their families a recurring expressed desire was for their family member to stay living with the same people

in the same property. Where appropriate, the delivery model has been designed to enable individuals to stay in the properties in which they currently reside when the delivery model changes.

91. The vast majority of families have been consistent in their support of a change in delivery model as long as the identified model results in providing “improved quality of life” for their family member.
92. The specification for a commissioned Supported Living support provider will require the provider to demonstrate how they will ensure a high quality person centered approaches will be achieved, have a proven track record of supporting those with the most complex health and behavioral needs and for their lives to be enriched.
93. Once the contract is awarded it will be closely monitored and quality assured to ensure all aspects of the service specification are being adhered to. Where families disagree and were not supportive of the key findings and recommendations they, as with all families will have the opportunity to discuss the transformation of the service with the Care Management and or Social Worker over forthcoming weeks and months.
94. Care Managers and Social Workers will endeavor to provide assurance to individuals and their families that we are absolutely committed to ensuring that the care and support their family member receives continues to meet their needs and are of a high quality. To this end, they will continue to try and provide reassurance that their family member’s individual care and support needs are being considered through the proposed changes.

BACKGROUND PAPERS

Cabinet Report March 2018 - Better Care Fund (BCF) – Use of Earmarked Reserve

<https://doncaster.moderngov.co.uk/documents/s15855/Better%20Care%20Fund%20-%20Use%20of%20Earmarked%20Reserve%20Cabinet.pdf>

REPORT AUTHOR & CONTRIBUTOR

Jayne Gilmour, Contracted Project Lead

Tel: 07810 443811

Email: jayne.gilmour@doncaster.gov.uk

Lesley Hill Interim Project Lead

Tel: 01302 737818

Email: Lesley.Hill@doncaster.gov.uk

Damian Allen, Director of People (DCS/DASS)
Debbie Hogg, Director of Corporate Resources

Estimated Supported Living Costing

(Figures are full year effect unless otherwise stated)

	Gross Total Cost	Gross DMBC Cost	Client Contribution & Other LA Income	Net DMBC Cost	Net CCG Cost
	£	£	£	£	£
Current Residential Costs:					
Core Annual Budget	3,719,882	2,760,739	-201,115	2,559,625	959,142
RDASH Deficit Funding *	910,731	910,731	0	910,731	0
Total Current Residential Costs	4,630,612	3,671,470	-201,115	3,470,355	959,142
Supported Living Estimates	3,312,967	2,697,964	-109,707	2,588,257	615,003
Change (- efficiency / + pressure)	-1,317,646	-973,506	91,408	-882,098	-344,140
<i>* Non-Recurrent BCF EMR</i>					
<u>Change Against Core Annual Budget:</u>					
Current Residential Core Annual Budget	3,719,882	2,760,739	-201,115	2,559,625	959,142
Supported Living Estimates	3,312,967	2,697,964	-109,707	2,588,257	615,003
Change (- efficiency / + pressure)	-406,915	-62,775	91,408	28,633	-344,140

Notes/Assumptions:

1. The RDASH deficit funding has been funded with a £500k Non-Recurrent Better Care Fund Ear-Marked Reserve allocation during 2017/18 & 2018/19. The BCF allocation was from a combined DMBC and CCG balance. Future deficit funding through to May 2019 is proposed to be funded from a further Non-Recurrent BCF EMR allocation (subject to approval).
2. SL care hours are costed at a higher hourly rate to accommodate potential TUPE costs of NHS staff (from the ceiling rate for current SL contracts that integrate former RDASH TUPE'd staff).
3. Sleep-in rates are costed using the current SL contract rate, uplifted by the TUPE 'premium' detailed above. Sleep-in costs could be lower if staff TUPE at their average hourly rate, also some of the homes currently have qualified nurses working overnight and it is possible that TUPE will not apply.
4. Waking night rates are costed using the SL care hours rate, as per the new Specialist Supported Living Framework.

5. Cost of sleep-in rooms are estimated at £100 per week - current SL rates range from £69 to £150 per week.
6. The current DMBC/CCG Joint Funding splits have been used in the above calculation, except for 4 s117 clients where the split has been changed to 50/50 as per local agreement when transitioning to SL.
7. Figures exclude a Rotherham Council funded client - assume that Rotherham will contract directly with the landlord/care provider (as is currently the case where they contract directly with RDaSH for the provision of this clients residential care).
8. Revised client contribution income estimates provided from indicative Financial Assessments. Some clients can contribute less income under SL (to allow for self funding of food, heating, etc).
9. Capital charges from RDaSH for Gardens Lane & Sandringham Road (£38,436 & £23,137 respectively) have been included in the costings as a cost to DMBC following advice received that capital charges could not be included in the housing rent calculation set by a landlord.
10. Costs for voids are not included in the costings above - assuming that the landlord would have void insurance but there may be an initial period to be funded before insurance cover pays out. Subject to the specific agreement to be entered into - there is likely to be an increased housing rent cost as a result.