



Derby City Council

DIVERSITY FORUM WORKSHOP

Date: 19th May 2016

Consultation about the Future of Adult Care Homes and Day Centres directly provided by Derby City Council

SUMMARY OF DISCUSSION

In Attendance:

Gloria Newell
Som Bhalla
Judy Bateman
Honor Simpson
Chris Fields

Officers:

Christine Collingwood
Jodie Smith
Kelly Smith

Top take home messages from focus group

The group felt the most important things to consider when making decisions on the future of our directly provided care homes and day centres were:

1. Continuity of service
2. Managing transition/ change in services
3. Getting the tender process, the contracts, contract management and quality assurance right
4. Staff training
5. Ensuring that services are able to stay specialist – that their specialisms are not diluted through any re commissioning of services.

Feedback on proposal to look for an organisation to take over and run the Care Homes and Day Centres

The group generally supported the idea of the care homes and day centres being provided by an organisation external to the council, seeing it as a viable solution to the issues with the building costs but also seeing it as an opportunity to make positive change.

There was however a number of initial concerns raised that would need to be considered throughout the decision making and any tendering and future contract management:

- Derby City Council (DCC) need to make sure that these buildings are worth investing in – that it wouldn't be more efficient in the long term to invest in new buildings.
- There were concerns about losing control of the cost of care and pushing any additional costs (related to having an independent sector provider) on to service users.
- There were concerns about the potential profit to be made and the attractiveness of this to private sector companies as opposed to a social enterprise or third sector organisation. It was the preference of the group that a co-operative or social enterprise took over the running of the care homes and day centres to eliminate any cuts to care/ staff that could be made in order to make them profitable businesses.
- The group did have fears about the future of these services

Care Home Specific concerns and comments:

Type of provider:

- They felt that real consideration needed to be given to the types of organisations who could provide these services.
- We should give all different types of organisations the opportunity to tender – including the opportunity where appropriate for smaller organisations to join together.
- A discussion took place around giving organisations the opportunity to grow from small, independently provided committed services into organisations that could provide these bigger services.
- The tender process needs to be robust to ensure we get the right providers for these services – quality needs to be weighted highly against cost effectiveness.

Options for how the service is provided in the future:

- The group were pleased that the council were keeping its options open in terms of how these services could be provided and a discussion took place around what some of these options were.
- They highlighted that if it were an option to lease the buildings to providers instead of selling them off this would open up the number of potential providers who could bid in the tender.

Day Centre specific concerns and comments:

- The group felt that any re commissioning of these services must be treated differently to that of care homes because of the specialisms of the services.
- It was felt that a single provider for the day centres would not be appropriate because it was unlikely that a single provider would have the specialist knowledge to meet the needs of these client groups.
- There are also particular concerns about the continuity of the day centres throughout any transition phase. It was pointed out that for individuals with autism in particular, that any change to services would have to be carefully managed to ensure that there was no

negative impact on them. Members of the group were clear about how serious the consequences could be if this service change is not managed well.

- Whilst the group shared these concerns they also agreed that they had confidence in the Council to consider all these issues throughout tender, transition and contract management of any new providers.

The most important factors we need to consider when looking at the future of our directly provided care homes and day centres

- 1. Managing the transition and minimising disruption:** The group felt that this was the most important factor that needs to be considered – particularly for the day centre services. They acknowledged that any change to service provision would involve an element of disruption but that any new providers must be able to prove that they can manage this disruption effectively. They need to manage the expectations of customers, families, carers and staff. The impact that any service change may have on carers needs to be considered at every stage.
- 2. Staff retention and conditions:** Any potential service provider must be able to manage the TUPE process effectively. If private providers come in, there are concerns about staff terms and conditions – this would need to be managed through the contracts we have in place.
- 3. Staff training:** The group discussed that their experience of staff training amongst private providers was bad and this was a concern. The importance of good staff training needs to be emphasised in the tender and in any contracts we develop. Volunteers need to be trained and the new provider needs to employ staff with at least the same level of training, qualification and expertise as they have now.
- 4. Environment:** There needs to be an emphasis on environment and design in the tender to ensure the buildings are used in the most effective way. The environment must be appropriate to the needs of the individuals that the service is for.
- 5. Working together with customers, families and carers:** The group felt it was important that Derby City Council and any new providers work with customers, families and carers at every stage of this process.
- 6. Maintaining and improving quality:** Robust assessments and good support planning should remain core to any service and will need to be quality assured.

Alternative suggestions and other things to consider

Care homes: A discussion took place about how important it is to get the financial assessments right and ensure that those who can afford to pay for their own care do (within the rules set out in the Care Act).

Day centres:

- It would be good for non-building based services to also be featured in the service to the tender. Although the group understood and encouraged the building based element they felt that outreach or satellite service should also be explored and that this would encourage interest from a wider range of service providers. Innovation (in terms of this) should be rewarded in the tender process.
- Can we not have day centres based in the new extra care facilities currently being built? Basing day centres within extra care housing blocks would be a really good model in terms of making effective use of buildings and placing the day centre services at the heart of communities.
- The group felt that we should use these buildings more wisely. Can we make better use of the day centre buildings under the new providers? Have different services using the buildings more when they are not being used by the day centre services? For example at weekends.

Other comments:

- Some concerns were raised about the use of direct payments and ensuring that people are not forced into taking direct payments if they do not feel this is suitable for them.
- Transport: If transport was coordinated better, savings could be made. The current transport (between hospital appointments/ day sessions etc.) runs more like a taxi service but if it were run more like a bus service, taking several individuals at a time, this would be more efficient.
- Risk assessment: Any provider tendering must prove that they have risk assessed any potential reduction in services during transition and have contingency plans in place.
- Examples of effective community/ satellite working within the NHS were given as a model that new providers could work towards.