



DERBY CITY COUNCIL

**COUNCIL CABINET**  
**16 MARCH 2004**

Report of the Director of Social Services

## **Implementation of Best Value Review of Learning Disability Residential Services**

### **RECOMMENDATIONS**

- 1.1 To approve the appointment of a Project Manager, for a period of two years to implement the reconfiguration of in-house residential services for people with Learning Disabilities.
- 1.2 To approve the outline project plan.
- 1.3 To approve a process of consultation with service users, carers and staff about the proposed changes.

### **REASONS FOR RECOMMENDATIONS**

- 2.1 There is a national and local imperative to reconfigure existing services. The National Care Standards Commission has set a requirement to separate extended stay provision and Short Term Care / emergency assessments from April 2004. The hostels for Adults with Learning Disabilities, Ashlea and The Knoll, both provide a combination of extended stay and short term care, at present.
- 2.2 The comprehensive Best Value Review recommended the commissioning of alternative extended stay (a combination of Supported Tenancies and Residential / Nursing Care) from the Independent Sector, and the reconfiguration of short term care and emergency assessment, remaining within Social Services provision.

### **SUPPORTING INFORMATION**

- 3.1 The Best Value Review of Residential Services made clear recommendations for improving the quality of service for adults with learning disabilities in Derby. Derby Social Services currently provides a combination of extended stay and short term care / emergency assessment across two hostels in Derby, Ashlea and The Knoll. Both are large buildings which, even with extensive refurbishment, are unlikely to meet modern standards or the requirements of future services.
- 3.2 This paper sets out the proposed reconfiguration of these services on the basis of:
  - initial separation of extended stay and short term care / emergency admissions into separate buildings as an interim step. Capacity issues will need to be carefully considered

- externally commissioned extended stay provision for nine people needing long term registered residential provision and three people needing Supported Tenancies.
- development of two purpose-built units for the provision of short term care and emergency assessment, based upon service user needs.
- development of a Crisis Response Team, which will support people in the community, where possible, to prevent breakdown of the existing living / family circumstances.

3.3 This paper presents an outline project plan for each stage of the reconfiguration. The work will also focus on the opportunities that will exist within the integrated service planned from October 2004, to achieve partnership solutions with the NHS in the way this service change is planned and funded.

#### **1) Appointment of Project Manager**

A dedicated project manager will be required from April 2004 for a period of two years to implement the reconfiguration of the service.

#### **2) Separation of Extended Stay and Short Term Care (prior to securing alternative extended stay provisions)**

The National Care Standards Commission has a requirement for the separation of extended stay and short term care / emergency assessment from **April 2004**. Although many long-term residents have already moved into smaller scale residential care / supported living, there are several people who still need alternative provision. Negotiation will be required with the National Care Standards Commission about the timescale for these changes, given the need for consultation, service and financial planning.

As an interim measure, current provision will need to be restructured to accommodate all extended stay residents at one hostel, (probably The Knoll) and all short term care / emergency assessment at the other hostel (probably Ashlea).

This will mean that people who currently live as extended stay residents will no longer experience different people arriving and leaving on a weekly / daily basis for short term care. To achieve this, some extended stay residents will need to move on an interim basis from one hostel to the other.

Detailed analysis of short term care and emergency admissions activity and occupancy across the two hostels has demonstrated that all of the activity can be accommodated in a single building. Work has also been undertaken to ensure that the future allocation of 'respite' is based on carer need and fair share as opposed to historical patterns of allocation. Exceptionally higher levels of respite were previously allocated to paid carers, as opposed to family carers. This has now been addressed.

**3) Commissioning of alternative long term care / support for current extended stay residents**

The Project Manager will lead the commissioning of alternative provision for current extended stay residents, currently 12 people in total.

**4) Development of purpose built units for Short Term Care and Emergency Assessment**

The project plan sets the direction for the development of purpose built units to accommodate the range of needs of people with learning disabilities. Capital options for this will be appraised, including the disposal of the existing hostel sites. Opportunities for joint development with the NHS will be explored.

The enhancement of short term care and, particularly emergency assessment facilities will play an essential role in reducing the need for long term residential care, thus reducing budget pressures on the service in the future.

**5) Development of a Crisis Response service**

Detailed analysis of the needs of adults with learning disabilities and family carers has emphasised the likelihood of significant future growth in demand for services, as people need to move out of the family home. Many carers have expressed a wish to plan now for future provision. However a significant number of families still wish their son / daughter to remain in the family home for as long as possible. Future services need to be able to respond to 'unpredictable' crises. The development of a Crisis Response service will support people to remain in their own community living circumstances for as long as they are able. This development should again reduce dependency on expensive long-term residential care by supporting family carers and residential and supported living providers more effectively in order to maintain the stability of existing placements.

**6) Integration with Health Resources for Assessment and Short Term Care**

The imminent integration of Health and Social Care Services for adults with learning disabilities brings about real opportunities for closer integration / joint provision of Health and Social Care provision for Short Term Care and emergency assessment. Derbyshire Mental Health NHS Trust currently provides this type of service for people with high physical support needs (Magnolia), and people with extremely high levels of challenging behaviour (Assessment & Treatment Service).

The role of the project manager will be to consider opportunities for closer working with the NHS to achieve joint solutions which will meet social care and health needs in the future in the most efficient and effective way possible.

- 3.4 The shape of future services was outlined in the Best Value Review. There has been extensive discussion with staff and also with carers and service users. However, a period of consultation will be required on the proposals before the project plan is confirmed and timescales finalised. This will be achieved through written information, meetings and individual interviews.
- 3.5 As the work progresses, reports will be provided for Cabinet so that key decisions can be made at each stage as necessary.

## OTHER OPTIONS CONSIDERED

- 4 The Best Value Review considered a variety of options. This report concerns the implementation of the preferred option and also the need to meet national standards in the provision of care.

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<b>Background papers:</b>	None
<b>List of appendices:</b>	Appendix 1 – Implications

## IMPLICATIONS

### Financial

- 1.1 The cost of the Project Manager will be £30,000pa. This is included in the 2004 / 5 budget proposals.
- 1.2 A detailed financial plan will be developed as the project progresses and approvals sought as necessary.

### Legal

- 2 None directly relating to this report.

### Personnel

- 3 Staff will be consulted about the proposals and any change to staffing structures will be agreed with Trade Unions through the formal channels within the Council.

### Corporate Objectives and Priorities for Change

- 4. This accords with the Council's objective of **protecting and supporting people** and it also supports the Council's priorities for change to **develop plans to modernise the fostering service and residential and community care for adults to meet the level of demand and the requirements of the National Care Standards Commission.**

