

<b>17 June 2021</b>		<b>ITEM: 7</b>
<b>Health &amp; Wellbeing Overview and Scrutiny Committee</b>		
<b>Adult Social Care - Provider Services Transformation</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Key	
<b>Report of:</b> Dawn Shepherd, Strategic Lead, Adult Social Care Provider Services		
<b>Accountable Assistant Director:</b> Les Billingham, Assistant Director of Adult Social Care and Community Development		
<b>Accountable Director:</b> Ian Wake, Corporate Director of Adults, Housing and Health		
<b>This report is public</b>		

### **Executive Summary**

Thurrock Council Adult Social Care is responsible for meeting the care and support needs of older and vulnerable people throughout the borough. Most care work is commissioned to external providers but the Council retains an internal team known as Provider Services.

Adult Social Care, in co-operation with health and the voluntary sector, have been delivering a transformation programme, which has resulted in new initiatives such as Local Area Co-Ordination, Community Led Support and Well Being Teams. Reviews have shown improved outcomes for residents resulting from greater control and autonomy for both service users and staff.

In particular, the Well Being Teams' work in place-based, small, autonomous teams that develop links within the local community offers a more holistic care service – a new model of care – with far reaching results in terms of much better health benefits and outcomes for residents.

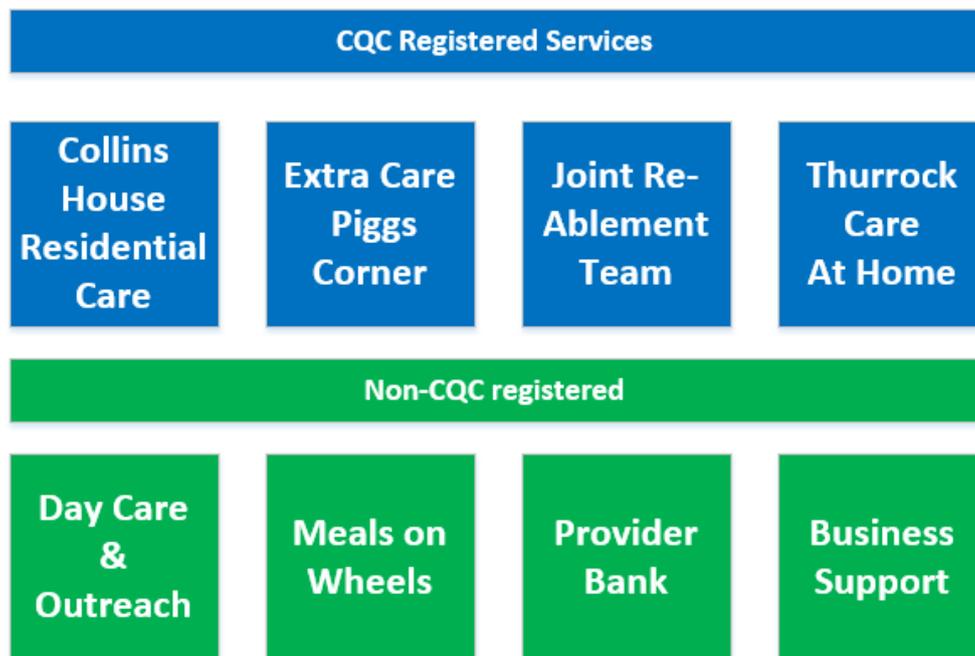
Having successfully piloted the Wellbeing Teams approach in Tilbury and Chadwell, Provider Services are now ready to take the next step towards working to this new model of care but the current structures do not facilitate this proposing to implement the same approach across our directly delivered services, upskilling our workforce to deliver more flexible and holistic care to residents with fewer handoffs between professionals.

## 1. Recommendation(s)

- 1.1 That the Health and Wellbeing Overview & Scrutiny Committee comment on the proposals to transform and improve Provider Services set out in this paper.

## 2. Introduction and Background

- 2.1 Adult Social Care has a statutory duty under the Care Act 2014, to provide social care support to all eligible people within the local authority area. This includes residential and home care for older people and adults with a physical or learning disability, and adults who have a mental health diagnosis.
- 2.2 The vast majority of care is outsourced to external providers but the Council does retain a number of services in-house. These services are grouped together as Provider Services and are represented below:



- 2.3 The four statutory services are CQC registered and all have a current rating of “Good”. In addition, the Council provides Day Care services and Meals on Wheels, which are not statutory services.
- 2.4 The Council has an overarching strategic direction of travel for Adult Social Care, with a vision for all the main social care and health organisations to be working together to improve how support is provided to people in our communities. This is supported and driven through the Better Care Together in Thurrock Strategic Board.
- 2.5 This means providing better outcomes that are closer to home, holistic and that create efficiencies of support within the health and care system.

To achieve this better standard of care the following is required:

- Collaborative working with partners such as the NHS, Public Health and the Clinical Commissioning Group (CCG);
- Providing choice, control and independence to all service users;
- Encouraging client self-defined solutions and empowerment for service users;
- Looking for more holistic solutions.

2.6 Initiatives, including Local Area Co-Ordination and Community Led Support, have already been implemented and are seeing results that enable more self-determination for residents, and greater community involvement.

2.7 Well Being Teams deliver a new model of home care and support based on the Buurtzorg<sup>1</sup> model. Teams are small and self-managed, focusing on the client's perspective to provide care solutions that bring more independence and a better quality of life. The teams are upskilled to include healthcare tasks, and are more autonomous in nature, which makes for a more interesting role for staff. Service users are at the centre of the model allowing them to determine how and what care is provided.

2.8 Well Being Teams have been piloted in Tilbury and Chadwell for almost two years and current evaluation indicates a seven-fold reduction in GP appointments, a three-fold reduction in unplanned hospital admissions and high levels of client satisfaction. In summary, the Well Being Teams are providing better outcomes to service users.

2.9 In order to embed Provider Services into the Well Being Team model, a new approach is required – moving away from large traditional service areas to smaller, agile teams that can more readily adapt to meet the service users changing needs.

### **3. Issues, Options and Analysis of Options**

#### **3.1 Inadequacies of the existing service model**

3.1.1 Provider Services run to a very traditional "Time and Task" model meaning services are delivered in short time slots, determined in advance, and with a focus only on completing personal care tasks. This creates inflexibilities within the service to meet individual client needs that may change on a daily basis.

3.1.2 Service users are most frequently assessed as needing care following illness, injury or surgery and most new users will be discharged from hospital where they will receive an initial assessment of need by a social worker. Their

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<sup>1</sup> <https://www.buurtzorg.com/about-us/buurtzorgmodel/>

pathway is then determined by whether or not they are assessed as capable of regaining skills, with some service users referred to a Re-ablement Service and others directly to receive a Home Care package depending on the outcome of the assessment. On occasions, if the Re-ablement team does not have capacity or where hospital discharge is urgent to prevent a delayed hospital discharge, a Bridging Service at the hospital steps in for a short time to provide care.

- 3.1.3 This model incorrectly assumes that not everyone has the capacity to be re-abled and/or that re-ablement is time limited. In reality, almost everyone has some re-ablement capacity, which may require only a few days or can continue for many months or even years.
- 3.1.4 The current pathway can mean service users are “handed over” from one provider to another – sometimes a number of times - before finally settling with a permanent home care provider. This can be confusing and unsettling for the service user and is not conducive to enabling the service user to make decisions around their care.
- 3.1.5 The proposed new solution is a single provider, with carers who support re-ablement alongside personal care and support from day one; the support is holistic and personalised to the individual and re-ablement continues throughout the care provision. This is the Well Being Team model, which is further discussed at 3.4.

## 3.2 **Staff recruitment & retention**

- 3.2.1 Recruitment and retention of care staff is a UK wide issue. In line with the national picture, 70% of officers working in the council’s Adult Social Care Provider Services teams have five years or service or fewer. In addition, 43% of the existing workforce are over the age of 50. Whilst an older workforce often brings more experience it poses potential difficulties for succession planning.
- 3.2.2 Difficulty in recruiting and retaining staff can also result in high levels of overtime.
- 3.2.3 Traditionally, care work is low paid and not always seen as a very desirable career. Often, staff report that they choose the role because their other employment options are limited. The challenge is to develop professional and rewarding roles that will attract and retain the right people to work in partnership and revolutionise the service into a model fit for the 21<sup>st</sup> century.
- 3.2.4 The Well Being Team model provides a role that gives more autonomy and upskilling to carers, making it a career that can be developed and rewarding. Staff can work around service users’ needs and their own family life resulting in a better work-life balance. This will enable better recruitment and retention of staff.

### **3.3 Fragility of the Care market**

- 3.3.1 In 2016, three external private sector run contracts for domiciliary care in Thurrock were either ended, or failed, within a very short period. As “provider of last resort”, this required the council to bring these services ‘in house’, resulting in the rapid development of Thurrock Care at Home in 2016.
- 3.3.2 In a bid to stabilise the market, the Council issued new contracts to three external providers in 2018, based on geographical areas. Despite the new process, one successful provider has required significant performance management and another failed to perform their contract at all. This has resulted in the Council engaging smaller providers on a case-by-case basis to meet the demand. Much of the inability to meet the contractual requirements relates to staffing issues i.e. recruitment and retention. What remains is an unacceptable market fragility, where vulnerable residents could be at risk of not receiving an adequate service.
- 3.3.3 The proposed solution is to re-design the whole model, moving over to small geographically based teams of well-trained and motivated staff working with smaller groups of service users. This model, once successfully implemented for internal services, can be rolled out as the required model for external providers too.

### **3.4 Independence support teams**

- 3.4.1 To address the issues outlined above, a new model of care will need to be developed, based on the principles of the Well Being Team pilot. This will be developed through the in-house service first and can then be spun out to commissioned external providers who are willing to adapt to this new way of working.
- 3.4.2 The new model proposed will consist of small teams of 10 full time equivalent (FTE) independence support workers, alongside a medication support worker and a planning support worker dedicated to a group of individual service users. The teams will be working in either residential or community services with a generic back office support, and a co-ordinator. The planning support worker will become a trusted assessor who is upskilled to make decisions regarding commissioned hours of care, this level of localised decision-making based on service user requirements will lead to better outcomes.
- 3.4.3 The focus will be on achieving outcomes rather than completing tasks. Goals or outcomes have meaning to the individual aimed at promoting wellbeing, autonomy, independence and choice. The service will not be time limited with a hand over from one team to another; instead, one team offering a more holistic service and ongoing re-ablement continuously supports the service user from day one and promotes their choice and independence. Officers will be upskilled and given more autonomy to enhance their job satisfaction which should assist with job retention and recruitment.

- 3.4.4 The service currently has a small healthcare team consisting of one nurse, one physiotherapist and one occupational therapist, who make important and significant contributions within the joint re-ablement team. In the new structure, these professionals will work alongside all the independence teams providing greater integration with health and upskilling of staff.
- 3.4.5 Overall, the new structure and model should achieve better outcomes for service users at a lower cost. This is due to a reduction in management time, and a move to the generic provision of back office services such as administration.

### **3.5 Day Care Service Transformation**

- 3.5.1 Before the COVID-19 pandemic, Day Care services ran out of three centres – Cromwell Road, Bell House and Kynoch Court, with 85% of attendees transported to one of the centres via a Council minibus.
- 3.5.2 Bell House is a converted shop within a parade of shops in South Ockendon. It has no outlook to the front except to the shopping precinct, and the back leads out onto a loading bay. Above the shop are Council flats and there are other shops either side. This restricts the natural light to the building and prevents any garden/outdoor activities. It is unsuitable as a 21<sup>st</sup> century day care facility.
- 3.5.3 Kynoch Court is a sheltered housing scheme; Day care services are run from one of the communal lounges. Space is extremely limited meaning activities are confined to only one room. Sheltered housing residents are generally unhappy with this use of their communal space and this often causes friction between tenants and service users.
- 3.5.4 Cromwell Road is a much larger purpose built site with a number of rooms suited for various activities. It has parking on site for minibuses, outside garden areas that could be further developed and disabled facilities. Almost 50% of Day Care attendees use this site.
- 3.5.5 All three sites have remained closed since March 2020 in line with COVID-19 safety requirements and to protect the most vulnerable residents who attended them. In the interim, alternative arrangements have been made so that staff offer respite within the service users home and this has been much appreciated and has opened up opportunities to involve service users in different activities including linking in with others via online social media such as Face Time.
- 3.5.6 Moving forward, it is proposed to rationalise all day-care services on the Cromwell Road site. This will allow maximum use of the facilities at Cromwell Road and the continued operation of new respite and outreach activities outside the traditional 9am- 4pm period. A new increased menu of activities will be developed and opportunities for informal carers and other community groups to meet and support service users and each other. The new

programme will include support for people who would not traditionally have attended a day centre, through a Virtual Friendship Club.

- 3.5.7 By reducing the number of centres, resources can be concentrated into the one centre and around the new virtual offer. This will produce savings, which are incorporated in the overall restructure with a new Independence Support team working out of the Cromwell Road site to provide the new day care service. There will also be greater emphasis on support for informal carers and opportunities for support groups and other activities to be developed. Additionally, sheltered housing tenants at Kynoch House will be able to have full access to their communal space which will be very much welcomed. In this new model of day care service, all current and future service users can be fully accommodated and the more flexible choice of service provision will again lead to much better outcomes for service users, ultimately giving them personal choice over their care in line with our collaborative communities approach.

### 3.6 Meals on Wheels

- 3.6.1 It is a requirement that Adult Social Care meets the nutritional needs of people at risk as defined within the Care Act 2014. For many years, this duty was discharged through a contract with the Royal Voluntary Service (RVS) who have traditionally run Meals on Wheels services across the country for many years. However, there is no statutory requirement to meet the nutritional needs of people in this way. RVS handed back their contract to Thurrock Council in April 2019, as they no longer provide this service; Thurrock was the last Meals on Wheels site operated by RVS in the country and today there are only a handful of services left which continue to be operated by local authorities.
- 3.6.2 The Council has continued to run the service in the same format for the past two years. The service operates out of an old purpose built Council owned building in Corran Way, South Ockendon that needs a large refurbishment investment to meet required standards. However, it is in use for only 4-5 hours per day and not suitable for adaption to other use therefore it does not represent good use of resources.
- 3.6.3 Service users pay a fee of £4 per meal but the cost of providing the meal is much higher and is heavily subsidised by the Council with current costs of around £190K per annum.
- 3.6.4 The service is now extremely costly due to its declining popularity, with fewer than 90 regular service users. This represents a reduction of 26% in service users over the past six years and is likely to be the result of newer and more desirable options being available including online food services and improved supermarket delivery of “ready meals”.
- 3.6.5 A recent survey indicated that at least 66% of users could either prepare a meal themselves or had family or others who could prepare one for them.

72% of service users also receive another commissioned service from the Council such as assistive technology, day care or homecare. Service users now also have the option to purchase supermarket ready meals and have them delivered.

3.6.6 This suggests that for the majority of service users, this is a “nice to have” service rather than a necessary one and it is therefore proposed to close the Meals on Wheels service. Alternative options for existing users will be made through community solutions or provision within the other services thus ensuring the council still meets its statutory requirement to relevant service users. There are private services available including micro-enterprises and community groups. The existing manager is considering options to continue the service as a micro-enterprise and the Council will provide any assistance possible to support this. In the unlikely event that no other alternatives can be sourced, a meal could be provided through the day care services at Cromwell Road where a hot daily meal is provided to day service users. No service user who does not have any alternative means of providing a daily hot meal will lose out through this change.

### **3.7 Financial impact**

3.7.1 The move to the proposed new model of care to deliver a more holistic and integrated approach based around smaller teams has an additional advantage of delivering savings through a more efficient model of service delivery based on long term preventative relationships. However, this proposal is about transforming outcomes for service users and was not driven by efficiencies.

3.7.2 It is estimated that £349,000 of efficiency savings can be delivered through the new integrated teams approach and transformation of Day Care services whilst delivering better care outcomes to service users. £190,000 of savings will be delivered by decommissioning Meals on Wheels and re-letting the shop at Bell House will provide a further £15,000 of income per annum. This combined effect of the proposals will be to deliver a total of £554,000 whilst delivering better care outcomes for residents.

## **4. Reasons for Recommendation**

4.1 Fundamentally and firstly, a move to the new transformed way to provide more integrated and holistic care with fewer hand offs will deliver a service than can deliver significantly better care outcomes for some of the most vulnerable service users.

## **5. Consultation**

5.1 No formal consultation with Meals on Wheels service users has been undertaken to date; however, a recent satisfaction survey indicated that 66% of service users had alternative options should the service no longer be available. Options included family members or other services (such as care providers) preparing meals and some indicated they were capable of

preparing a meal themselves. This suggests less than 30 people would be unable to meet their own needs and as the report states, the council will continue to meet its statutory obligations in this area.

- 5.2 Day Care services undertook a survey with their service users in July 2020 after the first Covid lockdown. When asked if they wished to return to Day Care 66% were very keen but naturally, some had anxieties. Feedback confirms that many service users have suffered physically and mentally through the loss of social activities and physical movement during the pandemic. Many are anxious about returning to communal buildings and have enjoyed the home sitting services, implemented during the past year.

## **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 *People – a borough where people of all ages are proud to work and play, live and stay.*

6.1.1 The new the service and model of care provides a higher standard of service to older and vulnerable residents through the provision of a more holistic service, which allows them greater control over their lives. It will build on partnerships with community groups and greater integration between Health and Social Care.

6.1.2 It will encourage a “right first time” principal through greater empowerment of service users in making decisions about their future.

- 6.2 *Place – a heritage-rich borough that is ambitious for its future.*

6.2.1 A number of buildings will be vacated because of the restructure. These can be better utilised to meet the ambitions of the Council to use fewer public buildings whilst providing better services

- 6.3 *Prosperity – a borough that enables everyone to achieve their aspirations*

6.3.1 Increased training and self-managing opportunities for staff will be an attractive opportunity alongside opportunities to upskill. This will encourage aspirations and provide opportunities for self-improvement.

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Mike Jones**  
**Strategic Lead – Corporate Finance**

Reductions in staffing in the new structure will result in annual savings of around £339k. Current vacancies and assimilations will reduce the need for

redundancies; however, it may be impossible to completely avoid redundancies.

Closing of the Meals on Wheels service will result in annual savings of £190,000 i.e. annual cost of running the service including staffing.

A reduction in the use of buildings will be achieved. Bell House Day Care is accommodated in a shop in South Ockendon that, if vacated, could be let commercially. The Meals on Wheels building at Corran Way sits on land that could be developed or sold. Both buildings are assets maintained by the General fund and once vacated will be handed back to the Assets team. Additional savings are achieved through the reduction in building maintenance & utilities.

The savings identified will be include as part of the Council Medium Term financial strategy, and form part of the Department savings target

## 7.2 Legal

Implications verified by: **Tim Hallam**  
**Deputy Head of Legal and Deputy Monitoring Officer**

The Council has a statutory duty to provide some services under the Care Act 2014. The services proposed to close or reduce are non-statutory services but alternative measures will be undertaken to ensure any statutory duty is met e.g. the provision of nutrition can be met through alternative options within the community or other existing services.

Our evaluation shows that transforming services in the way set out in the paper will make it easier for the council to deliver its legal statutory duties under the Care Act (2014) and that better outcomes for residents will be achieved.

## 7.3 Diversity and Equality

Implications verified by: **Rebecca Lee**  
**Team Manager, Community Development**

Please see separate report at Appendix 2 outlining the impacts on service users. A further Community Equality Impact Assessment for staff will be completed as part of the formal consultation process.

## 7.4 Other implications

Increased use of the Cromwell Road site could affect parking and neighbours since the Centre sits in a busy residential street and has already been in use as a day centre for many years. It has a small car park but parking for staff is

also available in a small Council carpark next to the Theatre just a few minutes' walk away, whilst parking for minibuses will remain on site. The centre is self-contained and outside activities such as gardening will only be carried out during the day. The longer opening hours proposed will not be beyond 9pm. Therefore, it is unlikely there will be any extra noise impact for neighbours.

Health & Safety requirements for the building. The Covid-19 pandemic has resulted in new measures regarding social distancing and other requirements in workplaces. Health and safety requirements in a setting for older and vulnerable people will need to be even more stringent. An initial visit from the health and safety team has indicated there is sufficient space for the service to run but extra precautions around infection control will be vital. Advice from infection control specialists will be sought prior to opening, and ongoing training and monitoring of compliance will be essential. The Council's health and safety team, public health and Directors Board will be required to sign off the proposals before the building can re-open in line with current practices.

**8. Background papers used in preparing the report**

None

**9. Appendices to the report**

Appendix 1 – Restructure chart

Appendix 2 – Community Equality Impact Assessment

**Report Author:**

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Adult Social Care