

Denbighshire County Branch

Care in Denbighshire:

A Future for In-House Provision



Contents

The Case for Care	2
Why In-house Provision Matters	6
Hafan Deg	9
Dolwen and Awelon	13
Cysgod y Gaer	16
Appendix I	0



The Case for Care

Unison believe that the protection and support of the most vulnerable people within society should be a priority for those across the political spectrum. We opposed the imposition of the savings target that the proposals in 'Future of Denbighshire County Council's in-house care services' are designed to meet.

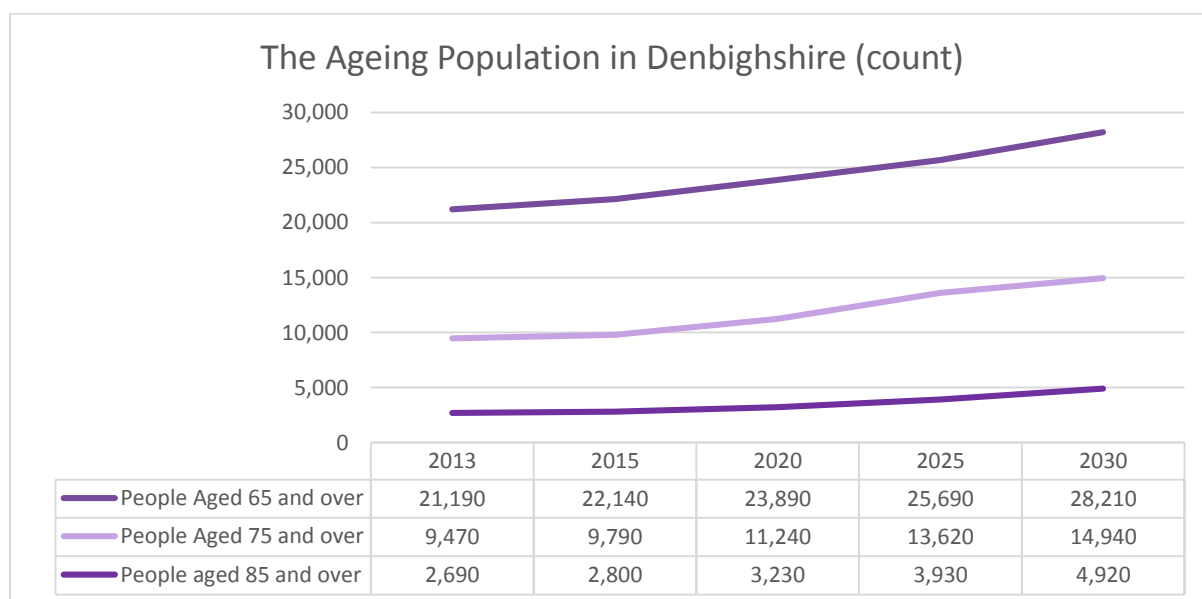
Furthermore, we find it disingenuous that cost saving, the real motivation behind the proposals, should be given such a low profile in the paper outlining the arguments for the change. This notwithstanding, we wish to challenge the idea that the proposals are more economically sound than the maintenance of in-house provision as part of a diverse market of care provision in the county.

Proposals to outsource provision are a knee jerk reaction based on short-term rather than sustainable financial decisions and a baseless ideologically motivated desire to dismantle public sector services. Public services that generations of tax payers have invested in over the years that have deep-roots in our local communities and democratic governance through the participation of our Elected Members.

Demographic Change

In the submission from the review team we are presented with figures describing the number of over 65 year olds in each ward in the county in 2011 as evidence. Unison believe this is a wholly inadequate evidence-base for a decision of this magnitude. Consequently we have provided our own more comprehensive evidence-base below.

Population projections have been developed at a whole county level for Denbighshire, by the Welsh Government. These show increasing numbers of older people throughout the projected period, which runs to 2030.

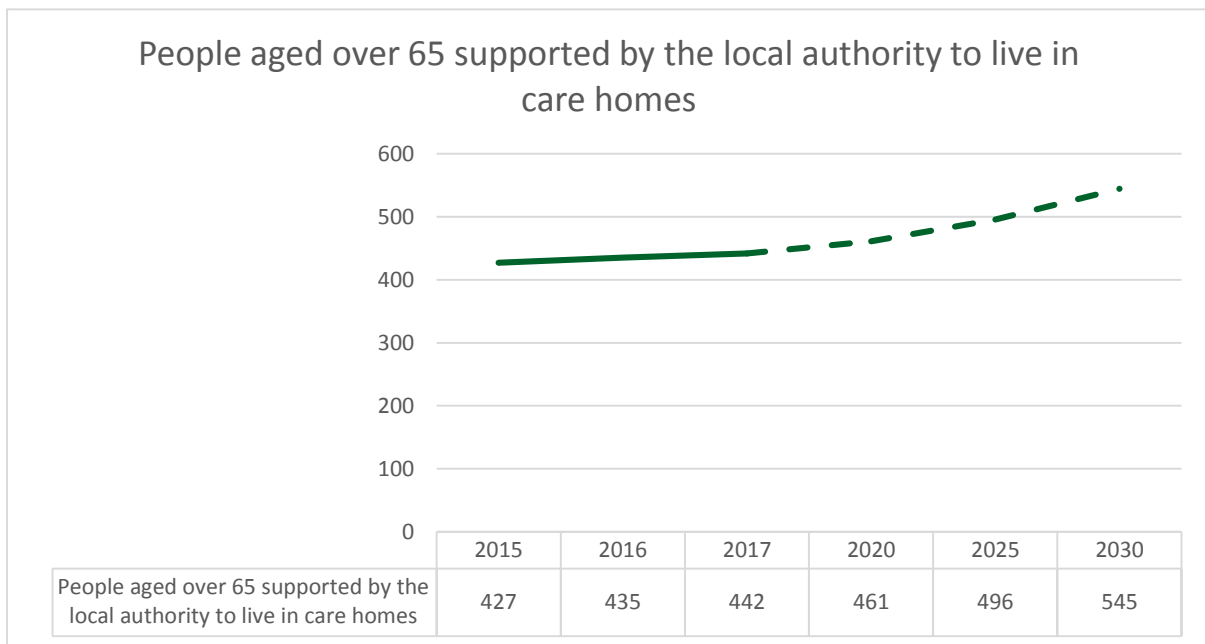


As the numbers of older people rises we expect to see a rise in the numbers of people predicted to experience a range of age related problems including:

- Being admitted to hospital because of a fall
- Being unable to manage at least one domestic task on their own
- Being unable to manage at least one activity on their own (mobility)
- Being unable to manage at least one self-care activity on their own
- Experiencing a bladder problem (incontinence)

Figures for this are presented in [appendix I](#) below

A major element of the argument given for the proposed cuts to services is the historically low rate of older people supported by the local authority to live in care homes. For many years now the Council have operated a policy of actively seeking to reduce the number of people it supports in this way as reablement and other alternative services are offered. Even at this historically low rate we still see increasing demand over the longer period when population projections are considered.¹



The demographic pressures show that in the medium to long-term we are not in fact facing a reduction in demand for services but should expect the reverse. This is not only relevant to residential provision. A convenient distinction is emphasised in the proposals between Day Care and other services and activities that may be considered to preventative or to promote wellbeing. The distinction is correct but assertion that one form can replace the other is erroneous. Provision of activities

¹ This chart uses the methodology widely used in the Daffodil projections and is based on application of the 2014-15 rate to the 2011 based population projections released by Welsh Government.

without care and support cannot replace the provision of activities with such support available.

Moving from Day Care to prevention and wellbeing by its very nature excludes those who have already developed care needs. Unison believes that in order to tackle demographic change and promote wellbeing we need to begin thinking of *day services* in the round.

The solution is retaining the workforce and facilities able to deliver care support while expanding the range of activities available within the assets able to accommodate people with a diverse range of needs. This means our facilities and day care workforce and working in partnership with other providers to arrange activities suitable for promoting the wellbeing of those with and without current care needs.

Far from being in contradiction to the Social Services and Wellbeing Act this approach furthers many of its aims in a sustainable and inclusive way. Section 16 of the Act introduces a duty on local authorities to promote the development, in their area, of not-for-private-profit organisations to provide care and support, and support for carers, and preventative services. These models include social enterprises, cooperatives, co-operative arrangements, user led services and the third sector.²

It does not require us to get rid of our in-house provision. In fact the act aims for a plurality of providers, a mixed economy of care provision. We believe strongly that the public sector has a role within this mixed economy of providers. It is only by retaining assets in the public sector and by retaining a highly skilled public sector work force that we can provide the necessary help and support to enable local community groups and other new entrants into the care provision market place. Our proposals for the future of [Hafan Deg](#), in particular demonstrate the important role that public sector provision has in shaping the day services market.

As mentioned the other (and we believe real) argument advanced relates to cost savings and yet there are significant cost dangers in the current array of proposals in 'Future of Denbighshire County Council's in-house care services'. The continuation of market trends and the impact of already announced policy changes means the independent sector is in an ever-more precarious position and that provider failure and rapidly rising charges are likely to become common features of care provision market place across Wales. See [Why In-House Provision Matters](#) below.

We support ideas to increase the availability of Extra Care and to develop new models of day provision (incorporating wider community participation, diversity of providers, preventative and wellbeing activities). However, we believe that the local

² Technical Briefing - Social Services and Well-being (Wales) Act 2014 - Part 2: Section 16 Duty to promote social enterprises, co-operatives, user led services and the third sector
<http://gov.wales/docs/phhs/publications/151125pt2socialen.pdf>

authority has a key role to play in facilitating these developments as a holder of key assets (both in terms of skilled work force and physical assets) and a provider of services that set the benchmark for cost and quality. The retention of in house options within a broad range of providers allows us the flexibility we need to offer sustainable solutions.

The wisdom of investing in sustainable public sector provision is clear in any financial scenario but we feel compelled in the current circumstances to request Elected Members to revisit the size and extent of the reduction they have applied to the Community Support Services budget. In doing so they should consider the possibility of utilising the opportunity afforded by the better than expected settlement.

The table below shows the budget impact of a range of council tax options. The ‘Original Case’ is the level of council tax rise planned for in budget discussions earlier in 2015 when a worse settlement figure was expected. The ‘New Proposal’ is the much lower council tax rise now being proposed. It is clear that between these two is a degree of leeway which could be used to reduce the impact of the cut in the Community Support Services Budget.

Budget Implications of Council Tax decisions

2018/17 Options	Increase %	Funding Increase £'000	Budget Impact £'000	Avg Band D Annual Impact	Avg Band D Annual £
	0.00%	0	-661.71	£0.00	£1,142.22
	0.25%	110	-551.43	£2.86	£1,145.08
	0.50%	221	-441.14	£5.71	£1,147.93
	0.75%	331	-330.86	£8.57	£1,150.79
	1.00%	441	-220.57	£11.42	£1,153.64
	1.25%	551	-110.29	£14.28	£1,156.50
New Proposal	1.50%	662	0.00	£17.13	£1,159.35
	1.75%	772	110.29	£19.99	£1,162.21
	2.00%	882	220.57	£22.84	£1,165.06
	2.50%	1,103	441.14	£28.56	£1,170.78
Original Case	2.75%	1,213	551.43	£31.41	£1,173.63
	3.00%	1,323	661.71	£34.27	£1,176.49
	3.50%	1,544	882.28	£39.98	£1,182.20
	4.00%	1,765	1,102.85	£45.69	£1,187.91
	4.50%	1,985	1,323.42	£51.40	£1,193.62
	5.00%	2,206	1,543.99	£57.11	£1,199.33

Let’s take the opportunity to invest in in house service improvement this year, including adapting services to meet the new challenges and developing revenue streams that can allow a more phase reduction in budget in subsequent years. By restoring this budget in part or in full Members should stipulate that funds be reinvested in the proposals we outline below.



Why In-house Provision Matters

A diverse market, with multiple providers, benefits from the inclusion of direct in-house provision, indeed this is essential if Denbighshire hopes to shape the market to meet the needs of current service users and resident of the county.

6

The financial crisis and austerity policies of the Westminster Government have had and obviously damaging impact on the public sector. It is however, extraordinary to envisage the independent sector as a solution or panacea, when that sector is in an even more precarious position. The recent document written collaboratively by Association of Directors of Social Services Cymru (ADSSC), in consultation with the National Provider Forum (including Care Forum Wales, United Kingdom Homecare Association (UKHCA) Cymorth Cymru, Carers Trust Wales, Learning Disability Wales and Age Cymru), outlines, in their own words, some of the precarious position of the independent sector.

The provider market within social care has been fragile for some time and all the signs are that the difficulties will increase. The Southern Cross experience in Wales several years ago demonstrated the impact that provider failure can have [...] on the sector. Clearly the impact of the Judicial Review into Nursing Care fees may have an impact in this area but that will still leave the residential care market unresolved.³

We have seen residential and nursing places disappear in Denbighshire at an alarming rate as Maes Elwy, Grove Hall, Fron Yw and Plas Gwyn have closed while the consultation period has been ongoing. The Maes Elwy closure in particular illustrated the dramatic speed at which provider failure can take place and consequences for the public sector who have to pick up pieces.

The ADSSC document identifies risks inherent in the marketization of care services for service users, local authorities, health services, and the local economy. In particular the paper explains the danger of fragmentation of the market that looks a real possibility given the current pressures.

The prospect that some local authorities will make provision for additional costs in this area, while neighbouring authorities do not, is likely to pose a real threat to the

³ ADSSC, The impact of the National Living Wage on the care sector in Wales – January 2016

shape of the market. Providers will naturally be drawn to authorities paying the higher rates, effectively cherry picking packages whilst leaving other authorities struggling for capacity.⁴

This scenario opens up the prospect of spiralling cost for independent sector provision as Denbighshire would have little choice but to compete in a costly bidding war with other local authorities as the reduced number of providers sell to the highest bidder.

There is an alternative of course, and this is for Denbighshire to retain some direct in house provision and act as a participant in the market place. By offering value for money care services the local authority has the opportunity to influence whole market prices downwards through competition. If the local authority's only role in the market is as passive commissioner it can have little hope of achieving such an impact.

For Extra-Care developments too, the possibility of the council providing for the care needs of client opens up the market opportunities rather than reducing them. It opens up the range of potential investment partners including those with the necessary building expertise but without the experience or resources to arrange the care provision or establish the necessary partnership to do so. Without this the council is put at a competitive disadvantage with a restricted pool of potential development partners to take forward Extra-Care schemes in the future.

In-house provision can offer a more flexible approach to respite provision.

It is increasingly the case that independent providers will not allow advanced booking of respite placements because they find it more financially advantageous to hold out for a long-term placement. Pre-booking is an essential element to planning respite for both the service users and their carers. Advance booking of regular respite allows a carer to organise their other commitments and rest periods around their caring responsibilities and provides service users with structure, certainty and regular routine.

Local authorities are able to recognise the benefits of respite to preventing carer breakdown and a requirement for additional formal services. They are in a position to see the cost benefit of preventative activities in a way that independent providers are not.

Local experience shows that many problems can arise with the quality of care in independent residential homes, while the council run homes have a track record of excellent care.

⁴ ibid

During 2014 CSSIW found that 16 of the 70 care homes⁵ failed to meet required standards. The council run homes all received positive inspection reports and continue to do so. Staff at the homes, residents and the public are concerned that proposals intent to sacrifice some of the best performing care facilities. At the same time we see the cost of additional monitoring for failing residential homes as an inefficient use of public funds that should be directed at frontline provision of high standards of care as is currently available at the local authority run homes.

The presence of high performing public sector provision should be used more as a means of setting the standard in the local market with the aim of leading improvement across the wider range of providers.

⁵ This includes residential and nursing care facilities.

Hafan Deg

The Service User and Workforce Case for Continuing In-house Provision

The summary paper, on Hafan Deg, produced by the independent review team as part of the listening exercise, demonstrates superior staff training; and therefore care provision, better access arrangements and superior facilities available within our Day Care infrastructure compared to alternative locations.

Our Day Care infrastructure offers:

1. Transport to enable people with mobility issues to access the services.
2. Whole day provision taking the pressure off carers and mitigating against the risk of carer breakdown.
3. Highly trained staff and facilities able to cater for a range of care needs.
4. Provision of meals meeting nutritional requirements and enabling longer engagement with services.

The alternative suggested in initial proposals were based upon

1. Shorter sessions, which fail to provide the break for either client or carers.
2. Less accessible and less appropriate community centre accommodation
3. No transport
4. No Meals

Revised proposals advocate the winding down of care services at the site and a shift in focus to non-care related activities. In its consultation paper Denbighshire County Council have argued that:

There are a variety of reasons that the council must consider the future of Hafan Deg, as the cost to the council of delivering day care through its own centre is higher than it can secure in the independent sector. Furthermore, demand for day care places is falling and so the number and cost of spaces is likely to increase. Conversely, there is evidence that there are increasing levels of loneliness and social isolation, suggesting a need to increase the level of informal, non-care related, day time activities in the local area.

The paucity of vision in the current proposal arises from the presentation of a false dichotomy between what are perceived to be elements of 'traditional' care models and 'modern methods'. In fact innovative practice need to develop as a synthesis.

Day Care is seen above as a traditional model in need of revision to adapt to changing demand for greater reablement focus and more service user choice. We argue here that the baby should not be thrown out with the bath water, or to be more precise that the assets that could form the basis of future provision should not be thrown away for unnecessary short-term savings. Furthermore, a shift completely away from care support for day activities risks excluding those who have already developed care needs or subsequent generations who develop care needs from our wellbeing work.

Sector leading practice, the Social Services and Wellbeing Act, Wellbeing and Future Generations Act and Denbighshire's Wellbeing Plan all emphasise participation in social activities as key to wellbeing. The idea is that people maintain their independence and experience greater wellbeing through engagement with community based activities from a range of providers. While we agree that services should be available that focus on preventing the deterioration in health and need for care services we do not believe that service users will often become beyond the reach of wellbeing activities when they begin to develop care needs, however late in life this may occur.

There are also substantial human resources benefits from retaining in house provision. Maintaining a well trained in house care provision and adequate physical assets can eliminate the risk of introducing lower standards or of being stung by spiralling provider costs. The operation of a new model without loss of staff provides continuity for clients and also means that the cost of redundancy is avoided.

The Carer's Case for Continuing In-house Provision

Our proposed model sees day care services as vital not only to client but also to their carers. Recent research by Carers UK has highlighted the scale of the issue of carer breakdown and the consequences for the carers and the person they care for.

'For 1 in 9 carers who reached breaking point, the person they cared for had to be rushed into hospital and emergency care or social services had to step in to look after the older or disabled person whilst the carer recovered.

Not only does this often cause disruption and distress for the person needing care and huge worry for the carers, but it is extremely costly for emergency services.'

For the local authority the impact is felt through the need to set up costly placements, provide home care or unnecessary residential care. Carers UK have suggested changes required to avoid these problems.

'The longer-term solutions seem to lie in frontline health and social care professionals spotting the warning signs early, and guiding carers to advice, information and support which might prevent crisis.

But advice and information must also result in access to high quality, affordable care services. Carers talk about how their lives can be transformed by good care services – which give them the confidence to take time for themselves, go to work or just to rest without the constant worry of what is happening to the person they care for.’

We see day care services playing a key role in providing the release valve for carers enabling them time to themselves. We see this as an invaluable way to reducing the risk of carer breakdown and breakdown in the relationship between carer and the person they care for.

We believe quality day care contributes substantial cost avoidance, when the consequences of carer breakdown are considered. We also can see little hope of the local authority being able to fulfil its duty to carers under the new Act without the availability of the relatively inexpensive short-term break from caring that day services can provide.

If the proposals in ‘*Future of Denbighshire County Council’s in-house care services*’ are adopted this important provision will be lost as the proposals focus on activities for those without care needs and thus provide no respite for those involved in supporting the many people who do have care needs.

The Market Case for Continuing In-house Provision

Proposals seek to transfer the workforce and assets to a single independent provider. Examples of sector leading practice include the development of Community Wellbeing Hubs. These deliver a range of flexible classes and activities with a flexible timetable tailored to suit individuals. Classes and activities are delivered by a range of providers. It is clear from the consultation process that there is a desire to retain a strict focus on activities for older people.

This is why our suggested model sees a future for Hafan Deg that combines the strengths of the traditional and sector leading approaches providing the infrastructure for wellbeing.

The transport, superior staff and facilities offer the opportunity for the development of Community Wellbeing Hubs that do not require costly new build, that are capable of catering for clients with a range of needs including those with greater care requirements than can be met in community centres. Engagement with a greater variety of providers of classes and activities will allow for greater use of underutilised day care facilities and can act as a source of income to support the infrastructure.

Those of you who are familiar with the argument for developing more Extra – Care Housing (another example of sector leading practice) will be struck by the similarity between the combined offer of accommodation, care and social activities offered by Extra-Care and what is described above. This is no co-incidence as bringing as many

of the advantages of Extra-Care to the population in residential homes is a further aim of the model we are suggesting.

Offering a diverse range of activities is reliant on a 'market place' of independent sector and community providers offering activities that are accessible to those members of the community in need of support. Without a local authority infrastructure of trained staff and accessible venues this market is restricted to only those organisations who are able to secure the required accommodation. This is beyond the reach of many local community providers who would be excluded from offering activities if the infrastructure is lost. By charging organisations for facilities and support the council can develop a new revenue stream that taps into the donations and grant funding streams that are often seen as a key advantage of third sector provision. Furthermore, the presence at the facility of well-trained and professional council staff means that the necessary health and safety practices can be maintained even where activities are delivered by unqualified and/or volunteer partners.

Dolwen and Awelon

Under option 1 of 'Future of Denbighshire County Council's in-house care services' we find the statement that 'Plans for the development of Extra Care Housing within the town will continue' we welcome this but is really misleading since suggestion in the consultation is about the future of facilities at the Dolwen site and plans to develop Extra Care at the Middle-Lane site are quite separate. Similarly the proposals for Awelon seek to set Extra Care and residential care as alternatives when there is in fact a demand for both.

An expansion of Extra Care is to be welcomed as part of the mix of provision for the growing number of older people in the area which demographic processes will produce. However, it is not an alternative to the Dolwen and Awelon facilities and it is unhelpful to conflate these two distinct demands.

The Dolwen and Awelon facilities provide both residential and day services and the key questions regarding its future are:

1. Is there likely to be future demand for these services in the area?
2. If there is what is the best model for providing these services?

In answering the first question it is necessary to challenge elements of the thinking outlined in Case for Change document as well as the specifics outlined in the options presented.

It is assumed that the reducing numbers of older people supported by the council to live in residential care and the presence of vacancies at Dolwen or Awelon are conclusive proof of a reduction in demand. They are not.

As we explained above in [The Case for Care](#) the process of demographic change is continuing and even with the historically low rate, of older people supported by the local authority to live in care homes, seen in recent figures we still see increasing demand over the longer period when population projections are considered.

Demand also has a relationship with supply and we know the state of the private and independent sector residential market is in a period of contraction. Locally this has manifested in the closure of Maes Elwy, Grove Hall, Plas Gwyn and Fron Yw and a consequent sharp reduction in available residential and nursing places. Further risks of rising costs and independent provider failure are outlined above in [Why In-house Provision Matters](#).

Focusing now on the specific circumstances at Dolwen and Awelon it is necessary to recognise that there are several extra-ordinary factors currently at play negatively impact upon the reputation of these residential services and their perceived attractiveness as a choice for local older people. Firstly, is the historic lack of investment in the two sites particularly the hiatus during the current period of

uncertainty. Secondly, and most significantly is the uncertainty itself. When determining where to live-out the closing period of one's life stability and certainty are key considerations. The threat of closure and subsequent suggestion of transfer upheaval have seriously damaged Dolwen and Awelon's ability to attract residents. It has made them appear an undesirable option to both potential residents and to the professionals who work with them when making these life choices.

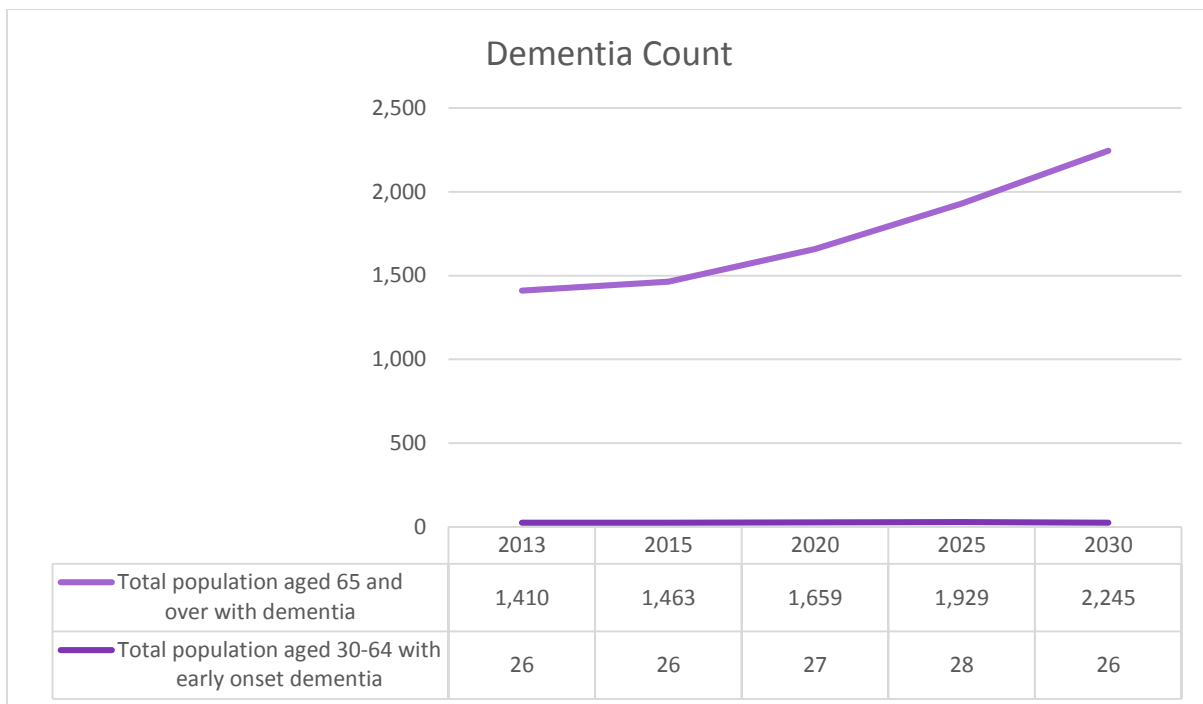
Co-location of residential and day services has great advantages for service users particularly if users of day services require respite placement or come to require full residential services in the future. Transition is much less daunting where service users are in familiar surroundings with familiar staff and fellow service users around them.

In relation to day services the principles outlined in our proposals for [Hafan Deg](#) apply to day services at Dolwen and Awelon too, although the scope and capacity will naturally be different. By handing over its assets the council loses the ability to direct and facilitate the develop day services to meet the needs of the changing population and implement the preventative wellbeing policies that are enshrined in the Social Services and Wellbeing Act. The independent provider and developers will develop services along their own model without any responsibility to draw in wider community and voluntary organisations or to ensure a diversity of provision.

In contrast, by maintaining control of facilities for day services the council can offer a venue, specialist facilities and highly trained staff to support a wide range community, third sector and mutual organisations who are capable of meeting its aspiration for a diverse range of preventative wellbeing services.

Dementia

We believe that 'Future of Denbighshire County Council's in-house care services' is correct to emphasise the impact of increases in dementia cases. We have data on projected numbers of people with dementia from the Daffodil system. These are produced by applying the national prevalence rates for dementia, for different age groups, to the projected numbers of people in each of those age groups in Denbighshire over the next few years. These show an expected increase of 125 people, aged 65 and over, over the period from 2013-2017. The numbers of people aged between 30 and 64 with dementia is expected to remain constant.



The long-term projections show this rising trend will continue. A further 124 dementia cases in the 65+ group are expected by 2020 with the total expected to climb to 2,245 by 2030.

We also note that many service users with earlier stages of dementia and less severe needs require residential homes to EMI provision where services and social activities are geared towards those with much more severe needs. Both specialist EMI and residential services are important provisions in order to meet the needs of people appropriate to their particular life-stage and provision for these should be made in the mix of care provision on offer.

It is not clear at this stage the role that Dolwen or Awelon may have in supporting those with dementia under any of the proposals and additional provision may be required and that direct in-house provision of EMI services should be considered alongside other proposals in a separate process to this review.

Cysgod y Gaer

Of all the proposals in the 'Future of Denbighshire County Council's in-house care services' Option 1 for Cysgod y Gaer is the closest to the vision Unison has for the development of residential and day services.

The proposal recognises the point we have made above in relation to the other sites:

- Residential and day care provision that is co-located.
- The opportunity to expand the range of activities and the use of facilities for a greater number of people within the community including those with care needs.
- Recognition of the need for both Extra-Care housing and residential care places.
- Recognition of the importance of facilities based in the local community.
- Recognition of the need to protect the cultural and linguistic needs of different communities.
- Recognition that work with other sectors, in a diverse market, does not mean the public sector should pull out completely.

However, the proposed partnership arrangements with Health and the third sector are not fleshed out in detail. We feel it is essential to add the following further points to the proposals in Option 1 for Cysgod y Gaer:

1. The council should retain ownership and control of the Cysgod y Gaer site while working with other providers to make the best of the facilities.
2. It is also key that the well trained public sector work force is retained as direct employees of Denbighshire County Council.

The responsibility for ensuring care services and wellbeing services are available rest with the local authority and it is right that both the accountability and control of delivery should rest there too.

Appendix 1

These projections come from the Welsh Government commissioned Daffodil Project, which projects social care need.⁶ Figures relate to the whole county of Denbighshire.

	2013	2014	2015	2016	2017	2020	2025	2030
Sum of Total population aged 65 and over predicted to be admitted to hospital because of a fall	535	546	558	571	583	626	726	841
Sum of Total population aged 65 and over unable to manage at least one domestic task on their own	8418	8596	8764	8943	9138	9738	1086 2	1212 8
Sum of Total population aged 65 and over unable to manage at least one activity on their own	3771	3848	3924	4006	4100	4374	4906	5562
Sum of Total population aged 65 and over unable to manage at least one self-care activity on their own	6917	7061	7198	7342	7493	7956	8867	9931
Sum of Total aged 65 and over predicted to have a bladder problem less than once a week	671	687	702	717	732	774	847	943
Sum of Total aged 65 predicted to have a bladder problem at least once a week	3438	3513	3583	3648	3711	3909	4295	4764

Source Daffodil - <http://www.daffodilcymru.org.uk>

⁶The project is led by the Institute of Public Care at Oxford Brookes University <http://www.daffodilcymru.org.uk/index.php>