

DATE: 13TH November 2007

HOLLYBANK HOUSE REPROVISION

Ward(s) All

Portfolios: Councillor Mrs. B. McCracken

Summary of report:

Hollybank House currently provides long and short term residential care for physically disabled adults aged 18-64 in Walsall. It offers a traditional model of residential care and the physical environment is increasingly moving away from required government standards of residential provision. A review of the home (Appendix 1) has recommended the long term redevelopment of Hollybank to provide only residential rehabilitation and respite care services.

The review report has been referred to Scrutiny by Cabinet for consideration and recommendations following Cabinet approval to enter into formal consultation with the residents of Hollybank House.

1. Hollybank House

1.1 The review report is attached as Appendix 1. In order to assist members in considering the report, a presentation will be made outlining the current situation, the drivers for change and the options identified by the future development of Hollybank House.

1.2 The options identified for consultation are:-

- (i) Provide approximately 15 long stay placements and respite care.
Accept emergency placements / short term assessments
Actively promote independence
Total 21 beds
- (ii) Provide approximately 7 long stay placements
Provide 7 residential rehabilitation places for neurological conditions
Provide respite care
Accept emergency placements / short term assessments
Actively promote independence
Total 21 beds
- (iii) Offer residential rehabilitation and respite placements only (including emergency placements)
No long stay placements
Actively promote independence
Total approx 17/18 beds

The report identifies three options for the way the home may change and although a preferred option has been identified, it is important that all three are given appropriate consideration. Cabinet have given approval for a period of formal consultation to take place and Scrutiny are requested to consider how to be most appropriately involved in this process and identify any future reporting requirements.

Background papers:

'Review of Hollybank House' report (Appendix 1)
Project Initiation Document

Reason for scrutiny:

- The review report outlines three options for the future for Hollybank House and members are invited to make recommendations as to how they would wish to consider those options.
- A communication and consultation strategy will be developed and presented to the Panel at a later date. Members are asked to determine how they would wish to be involved in this formal process to enable the required action plan to be formulated.
- Members are requested to identify future reporting arrangements.



Signed

Kathy McAteer - Executive Director:

Date: 2 October 2007

Resource and legal considerations:

In the event that, following formal consultation, a decision was made to take forward the Hollybank House review recommendations, appropriate project management support will be required and it is proposed that a bid would be made through the Primary Care Trust's Local Development Plan process to fund this.

It should also be noted that if the Hollybank House recommendations were approved there would be some Capital Monies required to undertake some relatively small scale building works in order to meet the Commission of Social Care Inspection guidelines for developing dual purpose accommodation. Work is ongoing to determine exact costings and this would also be subject of a Local Development Plan bid.

Citizen impact:

The recommendations in the review report would offer adults with physical disabilities increased access to rehabilitation services and a wider choice of options to remain living in the community. The focus of both national and local government is on promoting independence and providing the support to individuals to ensure they can be safely supported in their own homes. If the review recommendations were implemented existing Hollybank residents would be given all appropriate support to move back into the community.

Environmental impact:

None directly linked top these reports.

Performance management:

The further development of integrated services, in this instance relating to community based rehabilitation, will meet the requirements of Central Government and address some of the issues facing service users with Long Term Neurological Conditions. By providing a local residential rehab service which has a specialist focus on neurological conditions, this would significantly reduce the need to contract with similar services out of borough, thereby providing better value for money.

If work is undertaken with local housing providers to identify appropriate re-housing opportunities for existing Hollybank residents this will help develop improved housing choices in the longer term for other disabled residents in the borough.

Equality Implications:

The recommendations in the review reports seek to:

- Change the use of resources to develop more flexible, community based support that meets rehabilitation aims.
- Provide a specialist local service to meet the specific needs of some of its most vulnerable citizens by providing care 'closer to home'.
- Develop an appropriate range of housing options to enable disabled people to live independently in the community.

Consultation:

In undertaking the review, initial consultation has been undertaken with residents, staff, relatives and other stakeholders. It is now proposed to enter into a formal consultation process on the recommendations for the long term redevelopment of Hollybank House, subject to approval.

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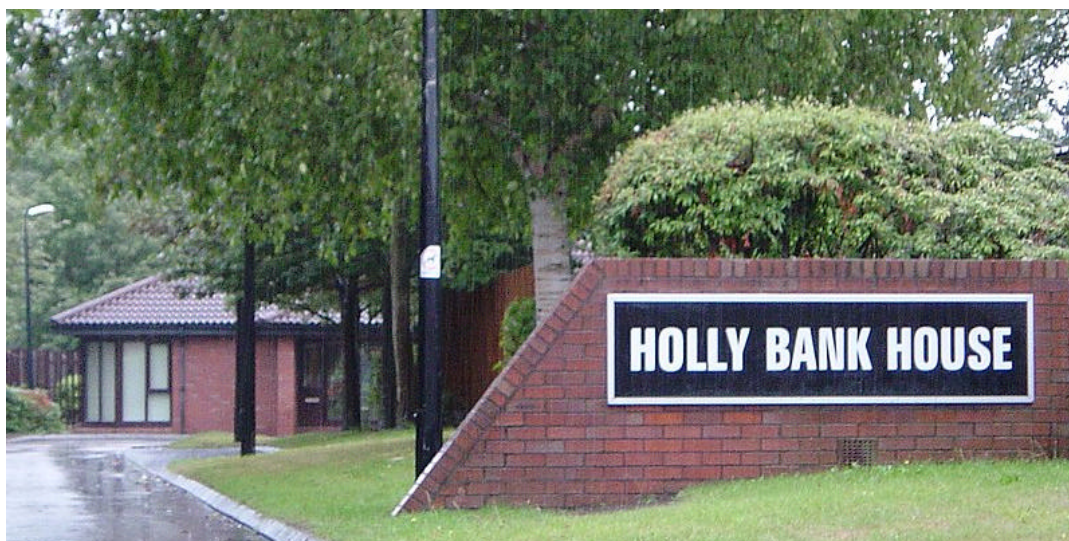
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Walsall Council

**Social Care & Inclusion
Younger Adults and Disability Service**

Review of Holly Bank House



October 2006

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Thanks

I am very grateful to all those who have spared their time to contribute information to the Review and to give me the benefit of their experience and knowledge. The co-operation of the staff and managers of Holly Bank House has been much appreciated.

I would like to extend particular thanks to the Holly Bank residents for offering both their views and their hospitality, and for making me feel welcome in their home through the weeks of the Review.

Ken Wynne

1. Executive Summary

- 1.1 The Review of Holly Bank House has been initiated by Walsall Council's Younger Adults and Disabilities Service with the aim of identifying options for the future role of the Home. It has taken account of the changes in the way care and support is offered to disabled people since the unit was opened in 1984. The Review has considered the operation of the Home itself and the wider context of Walsall's services.
- 1.2 The Review found that Holly Bank is a home providing good quality care and is well-regarded by residents, carers and respite users. It is providing long-stay residential care and planned respite, but only occasionally emergency short-stay and specialist assessments. The building is modern and spacious but in need of some re-furbishment. Some of the residents' rooms do not meet the latest space standards.
- 1.3 The Home respects the individuality of users and offers freedom and choice. It has few formal links with the local community and social opportunities for residents are limited. Holly Bank does not promote independence for residents in a focussed way and the balance between enabling and 'doing things for' residents needs to be re-evaluated. The institutionalising effects of long-term care are evident.
- 1.4 The residents group is stable with only 4 long-stay admissions in the last 3 years. Half of the residents have lived at Holly Bank for more than 13 years. Many have extensive care needs but the Home does not provide for people with severe challenging behaviours. Black and Minority Ethnic People are under-represented among respite users and the staff group.
- 1.5 The Home is serving well a relatively small number of people with disabilities but is unable to meet the needs of the broader community. Walsall has no local residential rehabilitation service for the under 65's or beds providing emergency short-stay, assessment and rehabilitation for people whose home support has broken down. Currently users with these needs have to go out of the Borough.
- 1.6 There is potential for much closer working between Holly Bank and the community teams. The expertise of the Home's staff could contribute to YADs team assessments and greater awareness of what is available in the community would benefit practice at Holly Bank and break down its isolation.
- 1.7 Government policies are now strongly in support of promoting independence for people with disabilities and enabling them to exercise choice and control over their lives. There are now more opportunities to live independently with support and in future fewer people are likely to choose residential care as their preferred option to meet their care needs.
- 1.8 Holly Bank should change in line with the changing aspirations of people with disabilities and to respond to the needs of the community and the health and social care economy.
- 1.9 The Review identifies three options for the way the Home may change. It identifies a preferred option to transform the Home into a residential rehabilitation and respite centre which does not provide long-term care, but is equipped to prepare disabled people to live independently with support. This model would require some joint working between the PCT's community physiotherapists and OTs alongside social care staff.

- 1.10 The transition will be challenging for managers and staff, and particularly for residents for whom Holly Bank is their home. They have expressed a wish to have a choice to remain at Holly Bank if they wish to. Enabling them to move to good quality settings where their quality of life will be maintained or improved will require a commissioning plan carefully implemented over time and effective partnership working with new providers.
- 1.11 The Review has identified a need for a change of strategic direction for Holly Bank but further work is required to evaluate potential models of service with PCT partners and to draw up specifications and costings as a basis for future commissioning decisions. Holly Bank cannot develop its role on its own in isolation from other services. Managers and staff need support from partners within Social Care and Inclusion, the wider Council and Walsall tPCT through joint commissioning arrangements and integrated working practices
- 1.12 This will be a time of considerable uncertainty for residents, carers and staff. It will be important to maintain close consultation and to provide advocacy support for residents through the process.

2. Introduction

The Review of Holly Bank House has been initiated by Walsall Council's Younger Adults and Disabilities Service. It is a positive step to ensure that the Home continues to provide a good quality service that meets the needs and aspirations of people in Walsall with physical or sensory impairments.

When Holly Bank opened in 1984 it provided a local, purpose-built facility for disabled people based on two key values, privacy and independence. At that time people with a substantial need for personal care and support that was not available to them through family carers faced few alternatives to residential care. In the intervening 22 years substantial progress has been made to enable independent living through a combination of adaptations to property, more flexible and intensive care and support at home, and the ability of local authorities to offer more choice and control to disabled people through Direct Payments. Against this backdrop it is appropriate to consider how Holly Bank House can continue to serve disabled people well, and make most effective use of its resources.

2.1 The Aims of the Review

A project brief was established to identify the scope of the review work¹. The Review has considered the functioning of Holly Bank House itself and its capacity to meet the needs of the current residents and respite service users. It has also taken account of the wider context in which Holly Bank functions, consulting assessment and care management staff and providers of other services for disabled people in the Borough. The Review has attempted to consider if the Home is playing an effective part in the network of local services.

The objective of the Review was to identify options for the future of Holly Bank House, taking account of the following requirements:

- meeting the needs of current and potential residents and respite users
- promoting independence for disabled people in Walsall
- making effective use of the physical assets of the property and the site
- addressing national and local policy priorities for the future
- proceeding in partnership with Health Services and Housing providers
- maintaining communication and consultation with service users, their relatives and carers
- ensuring cost-effectiveness by matching service provision to local needs
- offering flexibility for further change if required in the future

2.2 Carrying out the Review

The Review was conducted in the following ways:

- Gathering information from Holly Bank's managers and records regarding services provided and residents' needs.
- Consultation meetings with Holly Bank's residents and with their relatives/carers, collectively and individually in some cases
- A questionnaire survey of respite service users, followed up with telephone discussions when requested

¹ See Appendix 1 for the Project Outline.

- Consultation meetings with Holly Bank's staff
- Discussions with local service managers regarding current operational practice and the aims and objectives for the unit.
- Meetings with local stakeholders in partner organisations
- Consideration of national policy and practice guidance

2.3 The Review Reports

This is the full report of the Review. A shorter, more accessible version is also available in a booklet format.

The Report brings together the Review findings based on the information obtained and identifies where more information would be useful to inform subsequent commissioning decisions.

It was not within the scope of the Review to subject recommended options to close analysis and costing. This would require detailed specifications for prospective services which have not yet been drawn up. The Review is therefore the first stage in a long process. It is the intention of the reports to identify how Holly Bank is currently positioned in the range of services available and to recommend a future direction for the Home as a basis for a development plan.

3. Holly Bank House

3.1 Overview

Holly Bank is a registered residential care home with 21 beds. It offers long-stay, medium term and respite accommodation for adults with physical or sensory impairments between the ages of 18 and 65. There are currently 15 long-stay residents, most of whom regard Holly Bank as their permanent home. The remaining beds are used mostly for planned respite care and occasional short-term emergency placements, for example when there is a breakdown in care for a person living at home. A substantial core group of the residents have lived at Holly Bank for more than 15 years and several staff have worked there since shortly after it opened. The Home has enjoyed stability and consistency in the intervening years under the management of David Boyes, who was clearly held in high regard by staff and residents until his untimely death in 2005. Following a period of adjustment to his loss, there is now an opportunity for Holly Bank to look forward to the next phase of its development under his successor, Neil Farrington.

3.2 Holly Bank premises

Holly Bank House is a single story purpose-built residential care home located in the Short Heath area of Walsall. It is owned and managed by Walsall Metropolitan Borough Council. The home is on a quiet, secluded site and is largely not visible from the road. It is accessed by a lengthy driveway and pavement which also serves local residents from a neighbouring housing estate. The site is deceptively large as the position of the garage and plant rooms blocks the view of the two residential units that lie behind it. Holly Bank is conveniently situated for a small number of local shops, a pub and a health clinic.

The building is divided into four main units:

- the entrance and reception area with its communal lounge and office
- two identical 7-bedded units, each of which has a shared lounge/dining area and kitchenette and shared toilets, bathroom and shower facilities
- one unit consisting of 7 bed-sits and 5 bathrooms. This offers private en-suite facilities for three of the rooms and shared access to 2 bathrooms located between the remaining 4 adjoining rooms. Each bed-sit has a small adapted kitchen area and there is shared use of a central lounge should it be required.

In addition there are central kitchens, a wheelchair store and charging area, plant room and a double garage. There is a small general office, staff room, meeting room and laundry/ironing room, and a conservatory which serves as a quiet lounge. There are two patios at the back of the home with wheelchair access to a secluded garden area with a pond.

It is a small but interesting indication of changing expectations over the last 20 years that the building plans in 1981 designated areas in this modern home for craftwork, a shop and a visiting hairdresser. None is now used for these purposes.

3.3 Appraisal of the building

Despite its outwardly modern appearance Holly Bank does not meet modern standards for care homes for adults (18-65)². New build registrations and extensions intended for

² Department of Health, Commission for Social Care Inspection: "Care Homes for Adults (18–65) and Supplementary Standards for Care Homes Accommodating Young People Aged 16 and 17. National Minimum Standards Care Homes Regulations February 2003"

long-term placements for wheelchair users require individual en-suite bedrooms with at least 15 square metres of usable floor space, excluding the en-suite. The same space standard is required for respite and short-stay placements under 6 months, but the requirement for an en-suite bathroom does not apply.

Three of Holly Bank's bed-sits meet the new standard with 19.8²m but the other four are not fully en-suite. The remaining 14 rooms have no en-suite bathrooms and provide only 12.9²m of floor space, substantially below the standard for new facilities. The Home does not provide separate premises for respite and emergency placements as the regulations stipulate, although this requirement has not been enforced by the Inspectors because this is not an issue of concern to most residents who know many of the regular respite users well.

Although noting that the home has good standards of cleanliness and is free from unwanted odours, the latest inspection report³ refers to the fabric of the home as "tired and outdated". It identifies a number of areas in which repair and re-furbishment are required. The extensive use of timber ceilings was fashionable in the 1980s but does not create a homely atmosphere now. Statutory requirements have been made for an audit of all bedrooms and for the necessary decoration to be carried out urgently. Similarly damage caused by wheelchairs to skirting boards, architraves, doors and walls must be repaired and stained or damaged carpets in corridors replaced. In addition to the works required by CSCI further investment is needed to improve the presentation of the home and to promote the best use of the premises for the benefit of residents.

The design of the building was no doubt influenced by the size and shape of the plot, and this has led to a very long building with the accommodation units connected by a central corridor. It may have been envisaged that each of the three residential areas (known as Blocks A, B and C) would provide the focus for their groups of residents when they are in the home. In practice residents seem to divide their time mostly between their own rooms and the communal lounge at the entrance to the Home. This is understandable as the unit lounges are not configured to provide a welcoming focus, most residents have their own TV, music systems and PC/internet in their rooms and the communal lounge is the area of the home where the company of staff, residents and visitors is most often to be found.

Despite the modern fabric of the Home and its relatively small scale, Holly Bank has some institutional features. The bathrooms, shower rooms and toilets in Blocks B and C have small window areas, are gloomy and poorly lit and are tiled from floor to ceiling. Support rails to assist access to the garden are not of a domestic style or aesthetically pleasing, and despite the availability of kitchens in each unit and each bed-sit, almost all food preparation is done through the central kitchen, although efforts are made to cater for individual meal choices. Washing and ironing is taken care of through the home's full laundry service. Residents and staff together have decided not to change the term "Block" to describe their living areas, a term that seems to have survived from the original building plans.

Although their dimensions exceeded the standards of the day it is unfortunate that 14 rooms in B and C Blocks were constructed without en-suite facilities. There is no statutory requirement to address this because they pre-date the introduction of the standards, but it will become increasingly difficult to sustain their usage for long-term occupancy by wheelchair users. The available floor space would make it difficult to introduce bulky items of equipment that some disabled residents may require to meet their needs, and it is not possible to accommodate a double bed in these rooms,

³ CSCI , September 2006

restricting user choice and potentially personal relationships. The increasing popularity of home entertainment equipment, TVs, music systems and PCs will raise expectations among users and the limited space offered by these rooms may progressively act as a deterrent to admissions.

3.4 The Aims, Values and Criteria

Holly Bank's aims and values are stated in the Home's information:

Our aim is to respond to the needs and circumstances of individual service users, by enabling and empowering all to achieve their full potential, physically, intellectually and socially.We have a commitment to ensure that people who use our service are respected as individuals and that wherever possible they play a significant part in directing their own care. We have committed all of our resources to creating a caring and enabling environment which will ensure that you - the customer - are well catered for at all times.

The Home is available to people who have been assessed by a social worker as being in need of its facilities. Referrals are accepted through a wide range of sources but most frequently from the Younger Adults and Disabilities (YADs) Team which is responsible for assessment and care management for this group of service users. Residents should be able to play some positive part in management of their own care, perhaps by directing it through care staff. There is a commitment to maximising independence through autonomy, choice, respect and privacy.

When Holly Bank first opened it offered three main services:

- Long-term care (“*not necessarily permanent in the sense that the resident should always be free to move elsewhere*”).
- Short-term care (holiday relief and respite)
- “*Half-way house*” (assessment and rehabilitation)

The Home continues to fulfil the first two functions but no longer offers rehabilitation or specialist assessment facilities.

3.5 The long-stay residents of Holly Bank House.

This brief profile of the Home's usage and the current service user group gives a useful picture of the needs that the home is meeting and the nature of the alternative support that would be required if it were not available through Holly Bank. In the three year period from July 2003 to August 2006 there have been 4 long-stay admissions. During the same period 5 people left. Two moved to their own accommodation with support packages, one returned home, one transferred to a nursing home and one person died. Change among the resident group is therefore very gradual.

There are no records of the referrals received during this period and so it is not possible to analyse the demand for the service from this source or to assess the nature of the needs being presented. Long-stay occupancy has remained stable at 90% and is currently 93%.

Table 1: Ethnic origin of Holly Bank Residents

White U/K	Black African - Caribbean	Asian	Total
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11	2	2	15
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The resident group comprises 7 women and eight men. Eleven residents are of White (UK) ethnic origin, 2 are Black (African-Caribbean) and 2 are Asian.

All of the residents have serious physical impairments and most have a high level of care needs arising from them. The principal causes of impairments are listed in Table 2. Eleven residents are wheelchair users and need assistance to transfer, varying in degree from just

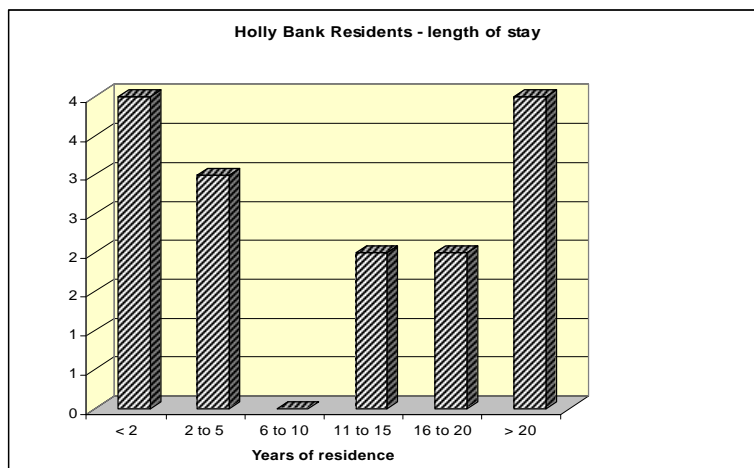


Table 2 : Principal causes of impairments

Principal cause of Impairment	Number of residents
Multiple Sclerosis	2
Cerebral Palsy	5
Acquired Brain Injury	2
Spinal Injury	1
Spina Bifida	2
Stroke	2
Huntington's Chorea	1
Total	15

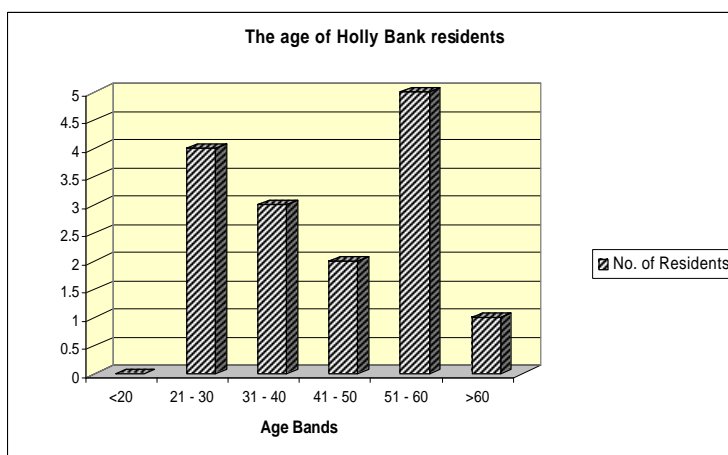
the support of one person to hoisting for residents who are unable to weight-bear. Three residents are incontinent and require staff to assist with the management of catheters or convenes.

Holly Bank does not accommodate residents who have high levels of difficulties additional to their physical care needs, as these challenge the capacity of the Home to provide for them. However, at least four residents have additional needs that require support and monitoring from specialist services. Two have mental health needs arising from depression and are monitored by the community mental health services. One has a potentially serious eating disorder

and a further resident presents challenging behaviour in the form of aggressive outbursts associated with brain injury.

The span of residents' ages is broad, ranging from 21 to 63. However, 7 residents are 36 years of age or younger and 6 residents are over 50. At 63 one resident is approaching the upper limit of the Home's specified age range of 65. A further 2 residents are 56 and 57. The Home will need to address this issue for the future to develop a sensitive approach based on meeting the continuing needs of the residents.

The length of stay for residents at Holly Bank is a significant factor when planning to meet their future needs and when considering the future role and function of the Home. Eight of the residents have lived there for over 13 years. For 6 residents Holly Bank has been their home for over 18 years. However, a second group of 7



Appendix 1

residents have lived there for less than 5 years. Four of this group are under 30, and one is 36 years of age.

3.6 Respite Service Users

Holly Bank offers a planned respite service for residents of Walsall. The Review received information from Holly Bank about the use of the respite beds in each of the last three years and considered the current pattern of usage. There is a discrepancy between the Holly Bank information and the centrally recorded figures.

Holly Bank has 20 respite users currently 'on the books'. This is fewer than were recorded in each of the last three years, when there were 35, 30 and 33 respectively. However, in each year there is a certain amount of "turnover" among the respite users, with some no longer using the service while new users take their place. It is possible that the total number of users will have increased by the end of the year.

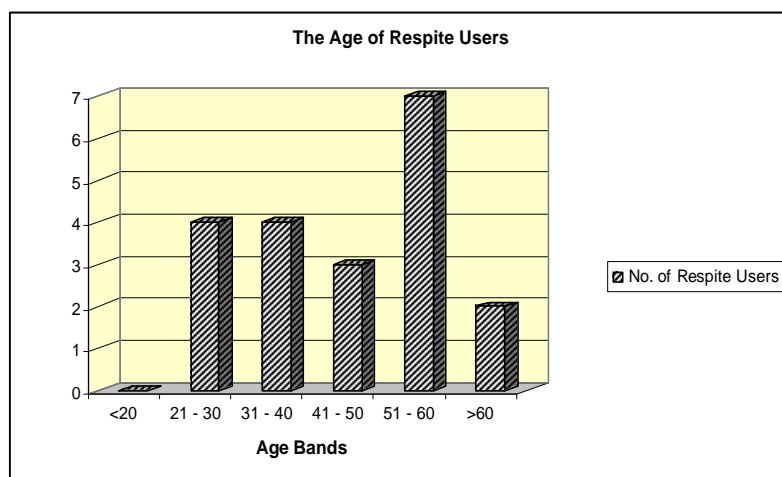
However, the overall numbers are perhaps smaller than might have been expected bearing in mind that the home has a 6 respite beds available and is the only Council Home in the Borough catering for this sizeable user group. There are a potential 2190 respite bed days available (365 x 6 beds). Usage for the past three years is set out in Table 3 below.

Table 3: Number of respite stays

	2003	2004	2005	2006 to 2/8/06
Total stays	124	114	125	51
Total days respite	1013	1017	1079	451
Respite days provided as a % of maximum days available	46.3	46.4	49.3	N/A
Average length of stay	8.2	8.9	8.6	8.8
Male users	76	78	83	39
Female users	48	36	42	12

The Holly Bank figures present a consistent picture over the last three years, with the percentage respite occupancy maintained between 46% and 49%. The central figures record a steady drop from 51% in 2003/04 to 38% in the first half of 06/07. The calculations include Christmas and New Year and assume that every room in the home is available for occupancy at any given time. In reality certain rooms may be out use for repairs or re-decoration, or be unsuitable for a particular resident's needs.

The age profile of the respite users is similar to that of the long-stay residents. Nine of the current 20 are over 50 years of age, with 2 over 60. Eight are under 40 and 5 are under 30.



The gender balance has been consistently in favour of male respite users who have comprised approximately two thirds of the total over the last three years. The ratio has changed further in this direction in the current year, with men now outnumbering

women by more than 3:1. This may prove to be a temporary factor.

Of greater concern is the ethnic breakdown of the respite users. The Ethnic origin of all twenty current users is White/UK. This requires closer examination and comparison with the user profiles in previous years' to identify if this is a temporary phenomenon or represents a consistent trend. If it is the latter it may suggest that the Home is failing to provide appropriately for Black and Minority Ethnic (BME) people and is deterring take-up of the resource. Alternatively it is possible that the needs of Walsall's substantial minority ethnic communities are not being identified through the assessment and care management processes and services are not being promoted sufficiently to reach these groups. The answers may lie in a combination of these factors and further work is needed to address this imbalance.

Table 4: Ethnic origin of Respite Users (August 2006)

White U/K	Black African - Caribbean	Asian	Total
20	0	0	20

Table 5: Principal causes of impairments for respite users

Principal cause of Impairment	Number of residents
Multiple Sclerosis	2
Cerebral Palsy	2
Acquired Brain Injury	2
Spina Bifida	2
Stroke	6
Epilepsy	2
Visually impaired	1
Other	3
Total	20

The range of impairments experienced by respite users is broad, with strokes representing the largest single group. Not surprisingly they were also among the older users, aged from 44 – 63. The number of users with MS is small in relation to the reportedly large (300+) numbers of people with MS in Walsall. This may reflect a preference of people with MS to use the specialist respite and rehabilitation facilities of Helen Ley House in Leamington Spa, although this is at some distance from the Borough.

3.7 Staffing of the Home

There are 32 members of staff on the Holly Bank House assignment, allocated to the following groupings.

<u>Role</u>	<u>Hours</u>
Daytime support staff	501
Night support staff	139.8
Management Team	148
Domestic Hours	58.5
Kitchen staff	65
Laundry staff	39

Staffing ratios have improved with the creation of 4 additional posts in the past year. previously concerns had been raised during inspections about the adequacy of staffing levels. Recent adjustments to rotas have improved ratios further and with a full complement of staff it is usually possible for 4 – 6 support staff to be available on each

shift. The home has been through a recent period of vacancies but has been able to recruit and now has no vacancies on the mainstream assignment.

The number of hours provided for each resident varies significantly according to their needs and to short-term variables such as staffing vacancies, sickness and the number of residents in the home at any time. Assuming a full staff complement and 16 people in residence, 4.7 support staff hours would be available to each resident per day, or 33.4 hours per week. This figure drops to 3.4 hours per day (23.8 hours per week) if the occupancy goes up to 21. These figures exclude night staff and Management time.

The ratios of staff to residents seem sufficient to meet the assessed needs. The most intensive periods for support are in the mornings from 7.30 – 10.00 and the evenings between 7.00 and 9.30, when most residents are getting up and going to bed and require assistance with washing, dressing and transfers.

66.5% of support staff are female and 33.5% are male. There are no male night staff available, which restricts the choice of carer available to residents during the night. This has not been raised by residents as a concern during the Review. 31% of staff are aged 26-35 and 41% are 36-45. The remainder are 46 or over.

As was found with the respite residents, there is a significant imbalance in the ethnic composition of the staff team. Only 1 of the 32 permanent members of staff is of Black or Asian ethnic origin. The reasons for this are not clear. It may reflect the nature of the Short Heath area where the Home is situated, as care staff and domestic workers are more likely to seek employment in their own locality. Alternatively it could indicate that insufficient measures have been taken through recruitment practice to achieve an ethnically-balanced staff composition.

A core of the staff team has been in post since the inception of the Home or shortly after, as was the late manager. On the positive side this has provided stability for Holly Bank over a prolonged period and has helped to create a detailed knowledge of the residents' needs. Residents themselves have had a very long association with some staff who have become their highly trusted carers. Staff and managers show awareness of the significance of their relationships with residents and the responsibility their influential position places on them.

A staff training plan is in place and induction training is provided to meet the Skills for care standards. 70% of the staff team are trained to NVQ Level 2 standards with the intention of bringing all staff up to that level as a minimum.

3.8 Life at Holly Bank House

Experiences of life at Holly Bank will vary from one resident to another and over time. However, the general impression from the views expressed by users and carers during the review and their responses to the CSCI inspection suggest general levels of satisfaction with the standards of care the Home provides and the quality of life residents enjoy. One member of staff described the Home as "*a sunny place*" and another commented that "*we're one big family*".

The Home meets its aim to offer choice and to respect privacy. Residents can determine how they spend their time and can choose the activities they attend inside and outside of the Home. They are free to get up and go to bed when they wish and to spend time in the company of other residents or in their own rooms if they prefer. A choice of food is available for each meal although this is from a limited range, and

residents can choose to eat together or in their own rooms. Residents may receive visitors at any reasonable time and may entertain them in their own rooms if they wish.

The long-stay residents are a stable but diverse group of individuals who, for the most part, know each other well. There appear to be few strong friendships within the group and, as in any such group of individuals living together, there are irritations from time to time. The space afforded by the Home and the availability of individual rooms allows residents to choose company or their own space, according to personal preference.

Residents seem mostly satisfied with the nature of the support they receive from staff and the respect they are shown. Isolated concerns were expressed to the Review that certain staff members could show more awareness of equalities issues and had a tendency to be domineering in their approach to users when disagreements arose or users demonstrated challenging behaviour. This needs to be considered and responded to if necessary as an on-going training issue. Difficult relationships exist with one resident who has submitted repeated complaints about the attitude and unhelpfulness of staff, although these appear not to have been upheld by extensive investigations.

Staff encourage residents to come together for occasional leisure activities in Holly Bank, but the Home is not equipped to provide a regular leisure programme. Residents are for the most part left to their own devices. Staff find it difficult to find activities that encourage residents to extend their evenings and a small number choose to go to bed from 7.30 onwards.

Whilst there is no restriction on the freedom of residents to participate in activities of their choice outside the Home, there are large variations in the frequency with which residents go out and the number and range of those activities is small. Some residents have infrequent trips out unless it is to the Pinfold Day Centre.

As a matter of policy the Home does not undertake large group outings and this is to be welcomed. However, staffing numbers have usually prevented staff from accompanying residents on individual visits, especially in the evening when residents might want to go to the theatre or cinema, to have a meal out etc. More than half of the residents have contact with family or friends, with several spending significant time with them each week. It seems that informal carers offer more opportunities for leisure activities than Holly Bank is able to.

Table 6 lists the number of long-stay residents whose care plans or notes identified specified activities outside the Home. The list should not be regarded as definitive because it is possible that more activities take place in practice or spontaneously, and have not been recorded. However, the list is disappointingly limited, for example with only 2

Table 6: Residents' activities

Activity	No. of Residents
Pinfold Centre	10
College Course	2
Support group	1
Dancing	2
Bowling	2
Social Club	4
Visits/outings with family or partners	8
Shopping	6
Theatre	2
Cinema	1
Trips to the Races	1
Attending football matches	1

residents undertaking any form of further educational course and only 1 recorded as visiting the cinema. It is noticeable that some residents have much more active social lives than others, and they may appear several times in the Table's numbers. Consequently other residents may appear hardly at all. Five Care Plans showed no significant outings apart from to the Pinfold Day Centre.

The Review has not been able to investigate these patterns in more depth and a closer examination of the residents' day-to-day routines might give a fuller picture. The impression is one of a greater poverty of experience for some residents than outward appearances would suggest.

There are barriers caused by the costs involved for residents on a limited income, especially if taxis are to be used, and the unreliability of the Ring-and-Ride service was criticised by a number of residents who had been disappointed by a failure to pick them up for a planned event. No doubt it is also the case that some residents choose not to participate in activities that are available for a number of reasons, and they may lead a similarly restricted social life if they were living in a community setting. A necessary consequence of respecting individual choice is acceptance of the residents' prerogative not to do things that may appear to others to be beneficial and enriching. Nevertheless attempts could and should be made to increase the community opportunities for residents by directing more one-to-one staff time for this purpose. The provision of a small wheelchair adapted vehicle for the Home's use may also help to overcome some obstacles to greater community access.

Holly Bank does not have a high profile in the neighbourhood, and whilst it is good for the Home to "blend in" the downside appears to be few links with local organisations and few visitors from the community who could help to extend friendship networks for residents or help with access, for example through volunteer drivers or befrienders. There is no "Friends" organisation to help with fund-raising or to create social opportunities. A staff member described Holly Bank as "*a bubble*". Carers also expressed concern that for some residents there seemed to be insufficient to occupy their time, with life revolving around the Home and Pinfold Centre, and little else.

Holly Bank has established links with local health services but the experience of GP support is very variable, with poor relationships reported with some doctors. Holly Bank staff work more closely with local District Nurses, Continence Services and Specialist Nurses, and staff feel that these working relationships are positive and helpful to residents.

An important aspect of life at Holly Bank raised throughout the Review by staff and residents is the balance the Home achieves between independence and care, between enabling and "doing for", between placing expectations on residents and respecting their freedom of choice. This has become a topical issue for all in the Home with the arrival of the new manager. He has prompted staff and residents to reconsider practices which are acting counter to the Home's aim of promoting independence, such as staff making phone calls and arrangements for residents that they are capable of making themselves, and the reliance on meals from the central kitchen instead of residents participating in the preparation and the clearing away. During the Review no one cast doubt on the commitment of staff to the care of the residents and their respect for residents' choices. One member of support staff commented that:

"we are the arms and legs of people who can't use their own."

Some staff clearly felt uncomfortable with the changing expectations of their role from the management team. The changes were described as "*a culture shock*" and "*too*

much, too soon” and one person likened it to *“having a security blanket taken away”*. Concerns were expressed that the character of the home would change from a homely, personalised ‘family’ atmosphere to become *“a factory”* that is *“business orientated”*. The change in approach is impacting on the relationship between staff and residents and requires more negotiation of roles, more encouragement and more time. For a busy staff member it may be easier and quicker to do the task themselves – *“doing for”* rather than *“doing with”*.

The response of the residents to the change in expectations has been varied. Some have been unhappy about being asked to take responsibility for things they feel they cannot do, but others have recognised there are benefits from greater independence.

*What you don't like to hear is “let me do it....it will take you all day”.
There's satisfaction knowing you've done it, even if it has taken all day.*
(Holly

Bank Resident)

Despite their serious difficulties some were self-critical, describing life at Holly Bank as *“a cushy number”*. *“It's Easy Street, and people like Easy Street”*. Generally residents were in favour of staff asking if they wanted things to be done for them, and trying to take more initiative themselves. In some cases however, residents have interpreted the aims of staff to encourage independence as merely unhelpfulness, and feel they are being told to *“do it yourself”*. There is clearly much further to go in developing enabling partnerships between residents and staff and the regular reviews and adjustments of care plans will be important tools to use.

3.9 Unit Costs and charges for services

The Home's running costs are £615,106 per annum net of income from charges. When corporate costs are included the overall cost per long-stay bed and the charge levied is £738 per week. Direct comparisons with Independent Sector costs are not possible in this review because they will be based on individual needs rather than fixed fees. On the basis of the information currently available about the needs of Holly Bank residents fees for their support in alternative residential care homes or in supported living situations could be expected to vary widely, in line with the intensity of their needs.

The Home's budget is current projected to be overspent. At the time of the Review this was to be investigated by the Finance Department to ensure the correct data had been used. The budget is under pressure and leaves little scope for staff absences to be covered through agency staff, or for residents to be supported to access community facilities.

In line with the Council's charging policy for short-term breaks, charges for respite care at Holly Bank are levied according to the user's age group, taking account of their Benefits entitlements. The charges for 2006/07 are:

Age group	Weekly Charge
18 - 24	£25.90
25 - 59	£37.85
60+	£94.45

4. The drivers of change

4.1 National Policy Context and Legislation

The National Assistance Act 1948 may have laid the foundations of the modern welfare state and for the provision of care homes for vulnerable adults, but much has changed in the years since the establishment of welfare provision as a safety net. Continual progress has been made to give disabled people greater independence and more choice over the way support is offered. If passed, a Bill currently before Parliament⁴ will afford disabled people the same choice, freedom, dignity and control over their lives as people who are not disabled, whether this is at work, at home or in the community.

When Holly Bank was conceived in the early eighties it represented a significant step forward from large residential homes by providing modern, fully wheelchair accessible accommodation in the local community. With 21 beds it balanced economies of scale with attempts to create homely living environments in 7 bedded units with individual rooms, and it aimed to break the mould of institutional life by offering bed-sits where residents could live with substantial independence and with staff support when needed. This model of support for people with disabilities is no longer in keeping with the aspirations of people with disabilities or with Government policy objectives. Several key steps have supported changing expectations.

- *The NHS and Community Care Act 1990* brought real shifts in the balance of care provision from an over-emphasis on long-term care in hospitals and care homes towards more care at home, bringing with it more choice and independence.
- The introduction of the *Independent Living (1993) Fund* has enabled more people with severe impairments to live in their own homes instead of residential care. The Fund is financed by the Government and provides cash payments of up to £455 per week to purchase personal and domestic care. The Fund is available to people who are over 16 and under 66 and are able to get social services support to the value of at least £200 a week. The Fund also aims to help people who are at risk of entering residential care (or are currently in residential care and wish to leave and live independently).
- *The Disability Discrimination Act (DDA) 1995* (amended by the DDA 2005) has raised the profile of the rights of disabled people by making it unlawful for providers of goods or services to discriminate against disabled people by refusing to provide services available to others, or providing them to a lower standard. Providers are required to make reasonable adjustments to enable the disabled person to use the service.
- The Community Care (Direct payments) Act 1996 Came into effect in 1997, allowing Councils to offer *Direct Payments* to community care service users over the age of 18 if they have an assessed need for a service and meet specified conditions. The Health and Social Care Act 2001 introduced a *duty* on local authorities to offer Direct Payments and although growth has been slow, this is an empowering provision that is helping to give much greater control over their services to disabled people.
- Between 1999 and 2001 the Government allocated councils *Promoting Independence Grants* to encourage them to work in partnership and to prioritise developing preventative services and supporting carers.

⁴ The Independent Living (Disabled Person's) Bill, introduced by Lord Ashley in July 2006

- The *Supporting People* (2001) programme delegated to local authorities resources previously centrally administered, so that they may provide flexible, low level support enabling people to remain in their own homes.
- Under *Modernising Social Services (1999)* the Government set a new agenda for Social Services authorities focussed on promoting independence, improving protection and raising standards of care. The modernising agenda is extensive in its breadth and depth but the guidance is linked by consistent themes:
 - ⇒ users and carers needs are the primary consideration
 - ⇒ services must give fair and equal access, avoid age discrimination and fit individual needs
 - ⇒ the standard of services must improve
 - ⇒ there will be closer integration of NHS and Social Care services
 - ⇒ developing partnership approaches between agencies and across market sectors
 - ⇒ Applying the principles of Best Value (challenging current services, comparing performance, consulting with users and other stakeholders, and competing to achieve higher standards).
- This has been taken forward in the NHS through National Service Frameworks (NSFs) in each of the major service areas. The NSF for Long-term conditions was published in 2005 listing 11 quality requirements including:
 - ⇒ person-centred services
 - ⇒ early and specialist rehabilitation
 - ⇒ community rehabilitation and support and
 - ⇒ providing personal care and support to enable people with long-term neurological conditions to achieve maximum choice about living independently at home⁵
- In January 2006 the Government introduced the White Paper *“Our health, our care, our say - a new direction for community services”* which continues the process of integration of health and social care services based on the following vision:

“Our vision for social care for adults in England

*Services should be person-centred, seamless and proactive. They should support independence, not dependence and allow everyone to enjoy a good quality of life, including the ability to contribute fully to our communities. They should treat people with respect and dignity and support them in overcoming barriers to inclusion. They should be tailored to the religious, cultural and ethnic needs of individuals. They should focus on positive outcomes and well-being, and work proactively to include the most disadvantaged groups”.*⁶
- The *Disabled Persons (Independent Living) Bill* currently is before Parliament. It aims to deliver the policy shift set out in the paper published by the Prime Minister’s Strategy Unit in 2005 *“Improving the Life Chances of Disabled People”*. The Bill seeks to establish a rights-based framework as the foundation for the delivery of independent living.

⁵ “‘Home’ in this context means the place where the individual chooses to live, which may be their own accommodation or a residential or care home” (NSF for Long-term conditions).

⁶ White Paper *“Our health, our care, our say - a new direction for community services”* January 2006

*“The key objective is that disabled people of all ages should have the same freedoms, choice, dignity and control as all other citizens at home, at work and in the community. This means that they must be provided with practical assistance and support to participate in society and to live an ordinary life”.*⁷

In this context independent living does not mean the ability to live alone. It refers to the capacity to control and direct one’s own life with the resources and support needed overcome the effects of impairments.

Part one of the Bill establishes principles for the delivery of independent living services based on freedom, choice, control, participation and self-assessment of need. Part 2 of the Bill aims to ensure local authorities offer real choice for disabled people and includes:

- a duty on local authorities to promote independent living
- Ensuring that local authorities provide independent advocacy, support and equipment for daily living, advice and information, flexible housing services and employment support.
- a requirement on local authorities to support user-led organisations, including Centres for Independent Living.

Part 3 of the Bill requires residential support providers to show how they meet individual’s needs for choice, freedom, control and dignity.

*“So far, disabled people have been expected to fit into services, but the Bill provides that services should be personalised after assessment and therefore suit the person. It also provides that disabled people should be empowered to determine where they live and who they live with—another crucial point. This ensures that no one can be obliged to live in an institution against their will. If and when the Bill becomes an Act, it will be unlawful to force anyone into an institution against their will”.*⁸

The policy framework has never before been so strongly supportive of disabled people’s control over their own lives. If it is implemented the new Bill will herald another step-change by taking the entitlement to independent living away from good intentions and placing it in a context of civil rights. Regardless of what is made law, the requirement of promote independent living will continue to grow through the advocacy of the independent living movement and developing network of Centres for Independent Living.

4.2 The impact of local needs

Information collection in the Borough is not yet sufficiently well-developed to enable a sound analysis of need to be provided. However, the available data can give a general indication of the extent of needs in the community and the potential demand for support.

Walsall has a resident population of 253,499, a fall of 7,800 since 1991. The population is predicted to fall by a further 8% by 2021 as a result of outward migration. The profile of the population is broadly consistent with the national picture and suggests an ageing population.⁹

⁷ Lord Ashley, introducing the second reading of the Bill in the House of Lords. July 2006

⁸ Lord Ashley. Ibid

⁹ Census data and Walsall profile information has been sources from the Supporting People and Homeless Needs Analysis for Walsall” Peter Fletcher Associates March 2005

Table 7. Distribution of population across age brackets for Walsall and England and Wales

Age bracket	% of Walsall population	% of England and Wales population
Under 16	21.7	20.2
16 to 19	5.0	4.9
20-29	11.6	12.6
60-74	14.6	13.3
75+	7.0	7.6

Source: 2001 Census, ONS

Walsall was ranked 54th out of 354 areas on England’s Index of Multiple Deprivation 2000. This makes it one of the most deprived areas in the country. 45% of the population live within areas that are in the 10% most deprived areas nationally. 44.3% of residents in Walsall do not own a car or van compared with the average of 26.8% for England and Wales, making residents more reliant on public transport. National studies have regularly identified deprivation as a driver for increased levels of poor health, substance misuse and crime. Substance misuse is itself becoming a causal factor in Acquired Brain Injury and impairment.

At 14.9%, BME communities form a higher proportion of the Walsall population than the national average (7.8%). The largest representations are from the Indian community with just under 14,000 people and the Pakistani community with just over 9,000.

The Health of Walsall residents appears to be significantly worse than the national average based on the numbers of people who rated their health as poor by describing themselves to the Census as having a limiting long-term illness.

Table 8. Self-evaluation of health compared between Walsall, and England and Wales (Census 2001 figures)

Rating	% of Walsall population	% of England and Wales population
Not good	10.9	9.2
LT illness	20.4	18.2

12,065 people were in receipt of Disability Living Allowance (DLA) in August 2000. Fewer people are owner-occupiers in Walsall than in England and Wales and a far higher percentage of properties are rented from social landlords. A higher than average number of people live alone in Walsall. 32.4% of households are 1-person households, compared to a 30% average across England and Wales.

In summary the evidence shows that Walsall is an area still suffering from its industrial heritage with high levels of poor health, low incomes and social deprivation. This supports the view that there are similarly high levels of need arising from impairments and disabilities.

It is estimated using the widest survey definition that there are 11 million disabled adults in the UK, or roughly 24% of the adult population. Three million people are in receipt of disability-related benefits. The population of disabled people is very diverse and includes people from all socio-economic groups and communities. 10% of disabled people are from Black and Minority Ethnic groups. Among adults the numbers of people reporting physical impairments is decreasing, but increasing life expectancy makes it likely that more disabled people will achieve old-age.¹⁰

¹⁰ Source: “Improving the Life Chances of Disabled People” Prime Minister’s Strategy Unit 2005

The prevalence of impairments has been calculated by many studies. For every 100,000 population

- between 100-150 people experience sustained impairment resulting from a head injury (Acquired Brain Injury – ABI).
- 186 people have Cerebral Palsy (CP)
- 7 have Motor Neurone Disease (MND)
- 144 have Multiple Sclerosis (MS)
- 500 have experienced a stroke
- 53 have a spinal cord injury each year ¹¹

In Walsall 300 people with MS are known to the specialist nursing service. The PCT's Community Occupational Therapy service received 358 referrals in 2005-06, of which 33% (120) were for patients under 65 years of age. 60% of referrals to the Community physiotherapy service are for people with MS and relapses for this patient group are treated as urgent. On average between 2001-2004 for every 100,000 of the Walsall patient population 17 people with MS were admitted to hospital and 13.8 people with ABI.

Walsall Social Care and Inclusion is providing domiciliary support to 530 adults with disabilities under 65, and funds 48 placements in Residential Care Homes and 44 people in Care Homes with Nursing. The YADS team is receiving new referrals at an average rate of 36 per month in 2006. Estimations have been made of the numbers of respite and long-term placements made by the YADS Team using the Team's records. In 2006

- ❑ An average of 6 respite stays were arranged each month
- ❑ These stays have been used by 25 individual service users
- ❑ 52% of the stays have been at Helen Ley House and Mali Jenkins House
- ❑ New long-stay placements have been made at the rate of approximately 2 per month¹²

Although independent living has been slow to develop figures provided by the YADS Team record 59 people with disabilities receiving Direct Payments.

Despite the difficulties in obtaining consistent data there is clear evidence of a high levels of impairments experienced by Walsall residents and demand for supportive services. Service users receiving support at home outnumber those in Care Homes by almost 6 to 1. Comparative figures showing the trend in this ratio are not available, but with the increasing availability of Direct Payments, the potential for Individualised Budgets and the drive to improve the intensity of support available at home, the demand for independent living looks set to increase further.

4.3 The need for Rehabilitation services in Walsall

The Review consulted Physiotherapy and Occupational Therapy Services in Walsall Manor Hospital NHS Trust, Walsall tPCT and the Dartmouth House Rehabilitation unit. Information was provided by the Council's own OT service and the Pinfold Rehabilitation Centre. A visit was made to the Rushall Mews Rehabilitation Centre to look at the model of operation, although this is principally a resource for older people.

¹¹ Source: The Neurological Alliance

¹² These estimates are extrapolations made on the basis of only a few months' data.

It is clear that there are significant resources directed to Rehabilitation with evidence of partnership working and flexible approaches to roles and tasks. An example is the rehabilitation unit established at Pinfold Centre where the Council's "Rehabilitation Assistants" deliver physiotherapy programmes with assessment and monitoring by a Physiotherapist from the PCT. Despite evidence of good practice however, there is concern about a fragmented and reactive service which can result in significant delays, for example in providing community physiotherapy. The Rehabilitation Steering Group has mapped current service pathways and proposed new ones as a basis for a strategic development plan and a business case for an LDP bid.

There is common concern about the lack of a local resource offering residential rehabilitation for adults under 65 who have completed the medical stages of their recovery, but require continued social rehabilitation with ongoing Physio' and OT inputs. Special note was made of patients with ABI who have complex needs. On completion of the acute phase of their recovery the options currently available for patients with intensive or complex rehabilitation needs are a transfer to the West Park unit in Wolverhampton where the PCT has contracted 6 beds, or to Moseley Hall Hospital or the West Midlands Neuro-rehabilitation Centres in Birmingham. There is no local resource in Walsall and the PCT's West Park contract for in-patient care is more than twice over-subscribed.

Some people with ABI (and their families) have long-term needs after hospital discharge, e.g. regaining independence in the home, regaining self-esteem and social skills and assistance with returning to employment wherever possible. Although these patients are small in number, their needs can be intensive. Addressing these needs requires a multi-disciplinary approach through rehabilitation officers, physios, OTs, psychologists and speech therapists. People with ABI currently have to access this support through the generic Rehabilitation services available to other groups with long-term neurological conditions such as MS, Stroke and Parkinsons, but they have lower priority due to the lack of a specialist service. The lack of a rehabilitation service creates an increased risk of relapse and further use of high cost services. It adds to the difficulties of families and carers, escalating the risks of a breakdown of care, resulting in a need for high cost Hospital or Care Home placements, often out of Borough.

Again there is insufficient data available to measure need and demand, as each service holds its own service-specific information. There is no consolidated data to indicate the potential demand for a residential rehabilitation service. There seems little doubt however that activity data and the prevalence figures in 3.2 support the review that a small, appropriately resourced residential rehabilitation facility would be well used in Walsall. Further work to quantify this demand would be valuable.

4.4 Meeting community needs through Holly Bank House

The support needs of disabled people in Walsall are responded to by the YADS team of assessors and care managers. Their perspective on demand and the resources to meet it is important in considering the role that Holly Bank plays in meeting local needs and its value to the Council in fulfilling its responsibilities. Holly Bank is the Borough's only Council-run care home for people with disabilities under the age of 65. Social Work staff approach Holly Bank as the first port of call when a residential or respite placement is needed, especially in times of budget pressures which constrain the use of independent sector placements.

The greatest difficulty faced by the YADS team is finding short-term placements for people whose care arrangements have broken down. These "emergencies" usually require alternative arrangements to be found within the week, or exceptionally the same day. Social Work staff and managers find it difficult to get an emergency placement at Holly Bank which leaves them uncertain of the role of the Home and the criteria for admission. Social Workers

report that they usually have to make emergency placements in the independent sector, using care homes out of Borough. In this respect therefore the Home is not acting as a safety net provision for the Authority.

The second greatest need reported by the social work staff was for residential rehabilitation, either as step-up from the community or a step-down from acute hospitals, where there is severe pressure to prevent delayed discharges. At the time of the Review social workers reported there were four patients awaiting discharge from a stroke unit to a rehabilitation resource.

Thirdly, good quality respite is in regular demand. Holly Bank meets some of this need but a substantial number of people with MS feel that the specialist facilities of Helen Ley House at Leamington Spa offer a preferred resource, despite its distance from Walsall. (Earlier figures noted that only 2 people with MS currently use respite at Holly Bank, of the 300 people the Borough reported to have the condition).

YADS team members felt unclear about the criteria for admission to Holly Bank and found the negotiating process unhelpful. They found it difficult to get acceptance of residents requiring oxygen or with insulin-dependent diabetes, for people with mental health difficulties or more than minimally-challenging behaviour in addition to their physical impairments, and for people whose length of stay is uncertain.

As long-stay admissions to Holly Bank have been running at the rate of approximately one a year and the YADS Team requires two placements a month, it is clear that Holly Bank is not a significant resource for the team in meeting demand. There is reportedly a shortage of local schemes providing accessible accommodation with support as an alternative to residential care. Care agencies and the Council's Home Care Service are providing intensive packages of support and one case was quoted with 84 hours of care per week. In some of the most challenging cases, however, the agencies available can be exhausted and in these circumstances Care Managers may look to Holly Bank for a short-term residential resource which it is not geared up to provide.

4.5 Meeting Holly Bank's needs through the YADS Team

Concerns about the role of Holly Bank are mirrored by concerns at Holly Bank about expectations placed on the unit. Staff feel there is insufficient understanding of the function of the Home or the limitations on staff capacity, leading to pressure for inappropriate placements. Contact from Social Workers is said to be infrequent and the Home's staff feel that they have received insufficient support with the work necessary to help residents return to community living. Assessment information provided is sometimes thought to be insufficient. The over-riding concern from Holly Bank is that once a resident has been admitted, there will be little follow-up with the consequence that the resident may become "stuck", with diminishing prospects of a return to the community with the passage of time. For a time earlier in the year reviews were significantly overdue. This situation has now been addressed through the allocation of a reviewing social worker.

4.6 The wishes and aspirations of people with disabilities

The wishes of people with disabilities should drive the development of person-centred services. There are several distinct groups of people whose wishes need to be considered:

- the residents whose home is Holly Bank House
- the current users of its respite services
- disabled people in the community with needs that are not met by Holly Bank

We cannot know or sum up the views of all these groups, but the Review asked for responses from residents about the future of Holly Bank and for the experiences of respite users. As the review is only the initial stage of a development process opinions sought from residents were collective and general and were voiced through two group meetings. Respite users were sent a questionnaire and those who wished to discuss the review were contacted by phone.

4.7 The views of Holly Bank residents

The consensus was:

- that residents liked living at Holly Bank and wanted to continue to do so.
- all would be very concerned if they thought they would lose their home
- it is a good thing to have a choice about where to live and how to receive support
- there should be opportunities for people to move on if they want to
- before residents could decide if they wanted to move, they would need to have good information about what was available, in which area, how stable and reliable carers would be and how their financial position would be affected.
- residents recognised there would be risks involved and didn't want to end up "in at the deep end"
- residents were content that respite care should continue at Holly Bank and did not find it intrusive
- some residents were concerned that if part of the home were used for rehabilitation it might change the character of the home for everybody.
- two residents welcomed the idea because they do not plan to make Holly Bank their home for ever, and rehabilitation would help them prepare for independence

The residents concluded the meetings with 3 key messages from the discussion:

- | |
|---|
| <ul style="list-style-type: none">• The residents want long-stay care at Holly Bank to remain a choice• They want the option to move on to be available for any resident who wants to take it• They want the Home to move forward by encouraging residents to be more independent, by agreement with each individual, and they want staff to support them with that aim |
|---|

Some residents have previously planned to move from Holly Bank and have withdrawn from plans at a late stage, when properties had been found. The reasons for this are individual and complex, but anxiety about the risks associated with a move are very real. So too is the concern that there will be no going back, having left Holly Bank. One resident saw leaving as very much "a one-way ticket" and was concerned about being much worse off financially.

It should be borne in mind that these views were given in response to a hypothetical situation, and far stronger feelings are likely to be expressed in subsequent rounds of consultation around specific proposals.

4.8 The views of respite service users

Questionnaires were sent to each of the 20 people currently using Holly Bank's respite service¹³. 12 were returned and follow-up calls were made to 8 users at their request. The main findings from this survey were:

95% of respondents were satisfied with the standard of care they receive at Holly Bank

95% said that the Home offered them what they need from a respite service.

The length of time they had used the service varied from 1 year to 18 years.

5 people (41%) had used the service for over 10 years.

7 people (58%) had used the service for 5 years or less, suggesting there is "turnover" in the respite user population

66% of stays were for 7 days duration

The shortest stays were for 5 days and the longest 14 days

The frequency of respite breaks varied from once a year to 10 times a year, and the average was 4-5 times a year.

50% of respondents had not heard about the Direct Payments Scheme and would like information about it.

None of the respondents used other forms or venues for respite care

Only 2 people (16%) were interested in respite by a carer staying with them.

10 people (83%) were interested in holiday breaks with care and support available

The overwhelming impression from the questionnaires received was one of satisfaction with the service and appreciation of the care and assistance users received at Holly Bank from the staff. Users who identified areas for improvement referred to the need for:

- more evening activities to alleviate boredom
- more outings such as a shopping trip or pub meal
- making a TV available in each of the respite rooms
- improving the heating system

On a cautionary note it is reasonable to assume that current and long-standing users will by self-selection be those people who are generally satisfied with the service. The Review could not undertake a wider survey of respite users who have stopped using the service in recent years. The reasons why they stopped using it might give a more balanced picture and this would be of greater value in improving the service.

¹³ See Appendix 3

4.9 The views of relatives and Carers

Relatives and carers of the long-stay residents were invited to provide information about the Review and to attend a meeting at Holly Bank to give their views. Relatives of 5 residents attended and took part in a constructive discussion at which the Home Manager was also present. Comments were received from the Carers of respite service users through the questionnaires and follow-up conversations. The key points raised were as follows:

Carers acknowledged there is a fear of change and of the unknown, and recognised that as they age there is a growing wish to ensure security for their relatives.

The stability of life at Holly Bank encourages residents and families to “get set in their ways”.

There were concerns that residents could do more, and that for some it seems that life consists of being in the Home or at the Pinfold Centre.

There is a vicious circle caused by lack of knowledge on the part of staff, residents and carers about what is available in the community. This leads to residents doing less, becoming de-motivated and in turn being less interested in what is available.

Carers thought the Home’s staff could do more with residents beyond practical care, by promoting social activities, and that there should be more involvement in Holly Bank of local organisations, to reduce isolation.

Carers of long-stay residents were positive about the role of respite and thought it was good for the residents, giving them more company and stimulation. One family found respite a valuable introduction to residential care, helping their daughter make the break from home.

Carers did not know about alternative forms of respite care. They thought a week in Spain might be good, but was it realistic!

The response to the possible introduction of a rehabilitation service at Holly Bank was very positive, thinking it would stimulate change, bring in new ideas and promote staff development with support from OTs etc.

There was recognition that introducing rehabilitation would have knock on effects for residents: *“it would be nice to think we could build a new block out the back, but you’ve got to give up something to get something”*.

Relatives were concerned to manage the transition in a way that didn’t disrupt residents, and there was a fear that change could mean them being *“shunted out”*. Individual circumstances should dictate if people live in a care home or in their own accommodation.

Overall Carers were open to the possibilities of change and could see benefits if an improved quality of life could be achieved for residents.

They were anxious about sudden, far-reaching change leading to loss of the Home.

They were concerned to have feedback on the Review’s findings as soon as possible.

There was firm support for maintaining future involvement through consultation

5. Evaluation of the current position of Holly Bank House

The following section draws together the findings of the Review of Holly Bank House and its position in the context of local services, providing a basis for consideration of options for its future development.

5.1 Holly Bank House

Holly Bank provides a good standard of care for its residents. Its services and the support offered by staff are valued by residents and carers. The home respects the dignity of service users and their right to privacy and choice.

Inspections of the Home by CSCI are generally positive and affirming of good practice with all assessed standards met or almost met. The areas identified for improvement can be remedied and are being acted on by the Home's managers.

The Home has a stable and committed staff team. Some may find it difficult to adapt to a change of role and function for the home, and there are understandable anxieties and insecurities arising from the Review process.

The staff have not had the opportunity to keep up with the developments in social care for disabled people by their inward focus on the day-to-day needs of Holly Bank and their distant relationship with the Social Work Teams.

Holly Bank is providing 2 main services - long-stay residential care and planned respite care. In the 22 years since it opened it has mostly lost its third intended function to provide assessment and rehabilitation.

The Home is not meeting its stated aim of *“enabling and empowering all to achieve their full potential, physically, intellectually and socially”*¹⁴. Care practice is not promoting or maintaining independence as effectively as it could, and although residents are encouraged to direct their own care, in practice there is more “doing for” than enabling. The bed-sits which were designed to support independent living are not serving this purpose as their occupants are still receiving most of the services of the residential home and there are no focused approaches to achieving move-on for residents who wish to do so.

Holly Bank has slipped into institutional ways of life as a self-contained “bubble” with few links with the community beyond it, particularly for residents with limited social networks and family support. Residents are heavily-dependent on staff for more than just personal care.

The levels of impairment accommodated by Holly Bank vary from moderate to very severe, and dependency from low to very high. A judgement of the alternative living arrangements available to the residents would require individual holistic assessments of their needs. Making a rule of thumb judgement for this Review, it would appear that the physical care needs of most if not all of the long-stay residents could be met in other settings that allow more independent living, with appropriate packages of support.

Some residents have additional needs such as mental health difficulties or moderately challenging behaviour which would have to be taken into account in assessing their capacity to move to other supported living settings. Some residents could be vulnerable if their care and support are de-stabilised.

¹⁴ Holly Bank House: Statement of Purpose

5.2 The premises

The premises are relatively modern and in basically sound condition. There are no problems known with the building that would jeopardise its future viability.

Recent Inspection reports have highlighted the need for re-furbishment and modernisation of the premises. It is not possible to put a cost on these works until a specification is drawn up for their scope. Re-furbishment and improvement of the bathrooms is likely to be the most significant cost.

The building is mostly well-equipped. Its large size makes it difficult to provide a “homely” environment for long-stay residents, but gives considerable potential for further uses.

The layout and use of the building discourage residents from using the lounges and kitchens, with some waste of the facilities and an institutional feel for the entrance foyer.

There are no significant problems with the location of the Home, except that its seclusion might lead to it being “out of sight and out of mind”.

The site offers some potential for extension of the building if required and subject to planning consents. Parking is restricted and may be a factor if staff and visitor numbers increase.

5.3 The views of residents and carers

Most residents like living at Holly Bank and want to be able to stay there if they choose to.

Some residents would like to have the option to move on to more independent living and they support changes in the home to promote this approach.

Generally it might be expected that moving will be more difficult for the group of older residents who have lived there from 15-20 years.

Although change will be difficult, there is a basis for working with residents to achieve it.

The residents would benefit from independent advocacy to develop their capacity to exercise choice and control and to represent their wishes.

Carers value the Home but can see ways that the quality of life of residents could be improved.

Carers are open to proposals for change but will be concerned if residents are made to leave the Home against their will.

5.4 Does Holly Bank meet local needs?

Holly Bank provides a service for only a small proportion of people with impairments in Walsall, with a total of 35 service users currently (15 long-stay and 20 respite). This is 2.5% of the total number of people with disabilities supported at home or in residential care homes (593) by Social Care and Inclusion.

Holly Bank’s long-stay placements represent 23.8% of Walsall’s current total placements in Residential Care Homes. Holly Bank’s rate of placements (the number of new admissions) represents only 4% of the annual total long-stay admissions for people with disabilities. On the other hand Holly Bank’s respite placements appear to comprise 62.5% of the total for the Borough, a very significant contribution.

These figures support the view that Holly Bank is playing a limited role in the infrastructure of services. It is not acting as a local resource for assessment, short-medium stay and rehabilitation. As it is not assisting with emergency admissions it is not acting effectively in partnership with the YADS Team to manage local need.

There is significant demand from both health and social care staff in the Borough for a local residential rehabilitation resource for people under 65.

5.5 Does Holly Bank give value for money?

Direct comparisons of the cost of Holly Bank's services with independent sector placements are unreliable unless based on like-for-like services to meet needs defined through an individual assessment and care plan. With a placement cost of £738 per week Holly Bank falls in the mid-range of contracted placements. A minority of residents are not in need of or receiving the equivalent of £738 of care per week, and in this respect their placements represent poor value in monetary terms.

Bearing in mind the range of needs of the Holly Bank residents it is likely that if alternative care arrangements were made for them, some support costs would be higher than £738 and some would be lower. Different Benefit regimes would apply and the Council's income per service user would also change. However, residents transferring to independent living arrangements could also be eligible for alternative sources of support and funding, such as the Supporting People programme and the Independent Living (1993) Fund, helping to reduce the costs to Walsall Social Care and Inclusion.

Overall the Home could be regarded as offering good value for money for placements of people with the highest levels of need and support. Conversely support for people with lower levels of impairment and need could probably be provided more cost-effectively in community settings. The same conclusions are likely to apply to respite service users, for whom a different set of comparisons applies, from independent sector respite placements to Holiday Centres.

5.6 Holly Bank and National Policy and Guidance.

The thrust of government policy is strongly in the direction of independent living, giving choice, control and full citizenship to people with impairments. Local Authorities have been encouraged to make available a flexible range of support options, but in the foreseeable future the right to independent living for disabled people may be enshrined in law.

In this context units like Holly Bank House are anachronistic. A measure of this is to pose the question "Would a proposal to build Holly Bank be approved now?" The answer would surely be "No". As the independent living movement grows there will be greater expectations from younger disabled people to have the support that will enable them to live independently in their own homes. The demand for long-stay care in institutional settings will diminish and the number of new residents for Holly Bank will decline.

There will continue to be a need for some care home places for people whose needs cannot be met in their own accommodation, perhaps through challenging behaviour, but with an appropriate commissioning strategy these could be provided through contracted independent sector resources.

5.7 Summary

Holly Bank is a home providing good quality care founded on a 1980's ethos. The pull towards institutionalisation is disempowering of users and has taken away their motivation for independence and control. It is not promoting independence in the way that modernised services ought, and it is questionable if this is possible in a large, long-term care home. Most residents could be supported in settings that give more independence but they want to have the choice to remain at Holly Bank.

The Home is serving well a small number of users and is an important respite provider, but it does not meet the needs of the YADS team for a flexible local resource to respond to breakdowns of care and short-term assessments. The Home is not operating within a genuine partnership framework and is not contributing enough to the strategic objectives of the health and social care economy.

Holly Bank is looking for and in need of a new direction, and the Home is well-placed to play a more active role in supporting a wider range of disabled people in the Borough. Without change Holly Bank will continue to under-perform its potential and over time its current role will diminish. Gaps in the local service infra-structure will remain.

Holly Bank cannot develop its role on its own or in isolation from other services. Managers and staff will need support from partners within Social Care and Inclusion, the wider Council and Walsall tPCT through joint commissioning arrangements and integrated working practices.

6. Options for the future development of Holly Bank House

6.1 Outline of options

This section presents an outline of 3 options for the future role of Holly Bank House along a continuum starting with the least change and progressing to the most extensive. Other options are also possible, and combinations of the changes considered here. Options at either end of the continuum have been disregarded: i.e. no change at all, and closure of Holly Bank.

The case for no change may be supported by some residents, carers and staff. However, the preceding sections of this report have explained why change is required and the several factors driving this need. Standing still is the outcome most likely to lead to the demise of Holly Bank against residents' wishes, and consequently this has not been presented as an option.

No suggestion has been received from any quarter for the closure of the Home, and as there are no known drivers for such a proposal and there is a continuing need for the resource, this option has also been disregarded.

The advantages and disadvantages of the options are discussed below. The Options have also been considered against the project requirements listed in section 1.2. and the outcomes are summarised in the grid attached as Appendix 3.

- | |
|--|
| <p><u>Option 1</u> Provide approximately 15 long-stay placements and respite care
Accept emergency placements/short-term assessments.
Actively promote independence
Total 21 beds</p> |
| <p><u>Option 2</u> Provide approximately 7 long-stay placements
Open a 7-bedded residential rehabilitation resource for neurological conditions/ABI
Provide Respite care
Accept emergency placements and short-term specialist assessments
Actively promote independence
Total 21 beds</p> |
| <p><u>Option 3</u> Operate Holly Bank as residential rehabilitation resource and respite centre
Provide no long-stay placements
Provide:
- residential rehabilitation
- respite care
- emergency placements and short-term specialist assessments
Actively promote independence
Total 17/18 beds approximately</p> |

6.2 Discussion of options

6.2.1 Option 1

This option maintains the existing core functions of Holly Bank by retaining all of the long-stay beds and the respite provision. The only new service that will be provided is a formalising of the function to admit users in need of emergency placements through breakdown of care arrangements at home, for short-term assessment and move-on to appropriate alternatives. The most significant change will be to the ethos of the Home by actively putting into practice the intention to promote independence. This could and should result in some residents transferring with their agreement to more independent living arrangements in the community after a period of focussed independence work at Holly Bank and careful planning with Housing, OTs and other Rehabilitation staff from local teams.

Advantages

- This option does not present any risk to the stability of personal care and support for current residents which can be maintained at a high standard.
- This option does not cause anxiety for current residents as only those who wish to move will do so. It will be supported by carers and the change to promoting independence within the Home is likely to be generally supported.
- It improves YADS access to Holly Bank emergency beds, reducing the need to buy in placements from the independent sector, out of Borough and at high cost.
- It continues to provide a local long-stay option in-house as a choice and a safety net.
- It will receive support from staff and not threaten the stability of the staff team.
- It will maintain high levels of occupancy and income, helping to keep down unit costs.

Disadvantages

- Option 1 continues the provision of long-stay care in a large residential setting and consequently it will not comply with the need to promote independence. Although levels of independence can be increased, the institutional environment will not permit real choice, control and community participation for people with disabilities at Holly Bank.
- It will be difficult for staff to maintain an ethos of promoting independence in an environment focused primarily on long-stay care. They will be expected to work in different ways with residents who could be in adjoining rooms. To avoid confusion and dissipating the focus on independence, the unit needs to have a common purpose.
- It is difficult to maintain motivation for residents in a long-term environment.
- Residents will continue to have insufficient opportunities for community activities to enrich their lives.
- The Home will remain isolated from the mainstream of community services which will impede the development of the unit and its staff.

- Only 6/7 beds will be available for respite/emergency usage, giving no foreseeable prospect of improving some room sizes by reducing bed numbers.
- The Home will become increasingly anachronistic with the passage of time and the changing the expectations of disabled people will mean that the choices currently before the Council will have to be faced at some point.

Conclusion

Option 1 retains most of the current model of operation with better prospects of change for some residents who wish to move and improved access for emergency placements. It retains the limitations of the Home's current role and does not equip the Council to meet the requirements of Government policy, the needs of NHS partners or growing aspirations of disabled people.

6.2.2 Option 2

Option 2 offers a mixed range of functions for Holly Bank requiring substantial change from the current arrangements. It retains 7 long-stay places within a total of 21 beds. As in Option 1 the Home will offer respite provision, emergency placements and short-term assessment, but with the significant addition of a 7-bedded unit for residential rehabilitation for people with neurological conditions or ABI. Again a promoting independence ethos will apply.

Advantages

- Option 2 offers the additional services provided under Option 1 for emergency placements, short-term assessment and respite, and consequently has the advantages they give.
- In addition it retains approximately 7 long-stay places and this gives the opportunity for almost half of the current residents to continue living at Holly Bank. This may be sufficient for those residents who have a strong wish not to move in the foreseeable future, and therefore it maintains stability of personal care and support for a significant group.
- Using a unit freed up by the movement to the community of 7/8 residents, a residential rehabilitation unit can be commissioned jointly with Walsall tPCT to meet the demand for this service.
- The introduction of rehabilitation on-site will act as a catalyst for development throughout the home, and the evidence of some residents moving to independent living may encourage interest in others.
- This option *may* avoid the need to confront residents and carers who resist proposals for them to move, if sufficient numbers are willing to do so.
- It offers the possibility of a "half-way house" on the way to achieving Option 3 in incremental stages.
- It may be perceived as a compromise option and consequently may get more support from residents and carers.

Disadvantages

- For the long-stay residents remaining at Holly Bank it will continue to be difficult to achieve improvements in their quality of life, or to achieve more independent lifestyles.
- The “mixed-use” environment will pose management challenges:
 - distinguishing the needs and functions of each unit and their staff
 - balancing bed-use to accommodate fluctuating needs
 - satisfying residents and CSCI that the living environment of the long-stay residents will be protected and free from disruption. Bearing in mind the layout of the building this could mean creating a separate access to the Rehabilitation unit, at considerable expense.
- The ethos of promoting independence will be harder to maintain in a setting where long-stay care is also available.
- Providing limited long-stay accommodation for a defined group will itself cause problems. In view of their ages many may expect to live at Holly Bank for another 20 years at least. This will raise registration issues and require Variations to continue accommodating residents over 65. When vacancies arise there will be cost pressures to fill them, probably with younger people. If new admissions are blocked the remaining group of residents will gradually diminish over a long period, reducing the quality of life for those remaining.
- The preceding scenario will effectively block further development of the service at Holly Bank for an indefinite period, perhaps for up to 20 years, resulting in a unit that is “stuck” and is not fulfilling any one specific function to the standard required.
- It may be more difficult to attract tPCT support for a unit that only partially supports the NSF and independent living agendas.

Conclusion

Option 2 retains some aspects of the current model and introduces a change of use for part of the building. This gives an initial way forward but the attempt to serve several different purposes is unlikely to be satisfactory in the longer-term. The crux issue of long-stay provision will remain and could prove more challenging to resolve with time. The new model under Option 2 would help the Council to meet the requirements of Government policy and the needs of NHS partners, while continuing to offer a local choice to disabled people.

6.2.3 Option 3

Option 3 constitutes the most extensive change for Holly Bank and, if adopted, it should be regarded as the long-term goal, to be achieved over a planned timescale. Under this option Holly Bank will no longer provide long-stay accommodation. All current long-stay residents would be required to transfer to alternative settings planned around their needs.

This would enable the unit to focus on the provision of a 7- 10 beds for residential rehabilitation for people with neurological conditions or ABI, 4 beds for emergency placements/community assessment and 5 respite beds (numbers are approximate and usage could be flexible according to need, within a total of 18 beds).

Advantages

- This option allows Holly Bank to develop as a multi-agency and multi-disciplinary resource for the Walsall Borough, with practice that addresses the future agenda of the NSF and independent living.
- The focus on short-term and rehabilitation functions opens up the possibilities of operating parts of the service as intermediate care for “step-up” and “step-down” purposes, and for closer partnership working with Walsall tPCT.
- Users and carers expectations of the unit will be clear from the outset, with no long-term accommodation provided. This will focus the roles of staff and act as a catalyst to support developments in independent living as a form of “declaration of intent”. It will help Holly Bank staff to develop a community focus instead of looking inwards, and will make good joint working arrangements with YADS and Housing partners a necessity.
- With the functions of the entire unit given over to short-term purposes there could be greater flexibility over the management of the building, access requirements etc.
- Space standards in some rooms could be improved by removing dividing walls in 6 bedrooms to make 3 larger rooms, exceeding modern standards and allowing more rehabilitation work in them, or (subject to feasibility) providing en-suite facilities.
- Respite rooms could be upgraded to achieve “hotel” standards, reflecting the aim to provide enjoyable short breaks for guests, with care available. (This could also be achieved under Options 1 and 2).

Disadvantages

- All current long-stay residents will be required to move, possibly against their wishes, making it more difficult for the Council to achieve agreement with residents and carers.
- It is unlikely that suitable resources will be available from current provision, and so some new schemes may need to be commissioned in partnership with RSLs to make sure alternative opportunities offer an improved quality of life over Holly Bank.
- Occupancy of the home will be much less stable and the Home will become more vulnerable to lower occupancy. Consequently unit costs may rise. It is not possible to project the financial effects of this unless the funding basis is agreed with PCT partners.
- Depending on an assessment of the facilities with PCT partners and the specification of the rehabilitation services, there could be a need for new building work. A separate interim access to the rehabilitation unit may be needed, at considerable expense.
- The Council will depend on independent sector provision for people who need long-stay residential care, with no “leverage” created through its own provision. In reality however, it is already substantially dependent.
- The costs of some alternative care arrangements for current residents may rise, but should be off-set by reductions in others through the availability of the ILF etc.

<h3><u>Conclusion</u></h3>

Option 3 enables the Council to develop Holly Bank House in partnership with Walsall tPCT and to direct resources locally to address NSF priorities for rehabilitation. It supports independent living objectives and develops Holly Bank as a valuable local resource in the mainstream of local provision. Option 3 is likely to cause concerns for residents and carers because it does not meet their wish to have a choice to continue living at the Home.

6.3 Preferred option

The conclusion of the Review is that Option 3 represents the future model of operation the Council should aim to provide, in partnership with Walsall tPCT, because it is the model which will best equip the Home for provide the services needed in future.

7. Approaches to achieving change at Holly Bank

There are several possible approaches to achieving change at Holly Bank following a continuum from “so slow as to be imperceptible” to “the big bang”. The recommendation of the Review is that the process of change is approached by:

- ❑ setting a clear vision and goal for the future operation of the Home
- ❑ adopting a project management approach with a clear accountability structure.
- ❑ identifying a realistic target timescale for the achievement of the goal
- ❑ defining the incremental steps necessary to achieve it
- ❑ taking account of day-to-day management issues during the change process.
- ❑ identifying and committing the resources required
- ❑ in the meantime working to improve services in ways consistent with the long-term goal
- ❑ negotiating the terms for participation of service users and carers in the process
- ❑ arranging and funding advocacy support for residents as required throughout the process
- ❑ establishing partnership arrangements with Housing providers and the tPCT to steer and manage the project and to create new facilities that may be needed, such as supported housing schemes etc.
- ❑ maintaining regular consultation with service users, carers staff and CSCI.

The outcomes of the Review should be shared with residents, carers and staff, and it is natural to anticipate concerns from them. As yet however, there is no model for the operation of a residential rehabilitation unit in Walsall and no feasibility study has been carried out of the Holly Bank premises to confirm if this proposal is viable. Before final decisions are taken about the goals for Holly Bank further work should be done to design the service the Council and the tPCT want to operate and to test the feasibility of establishing it there.

Change cannot be achieved by Holly Bank staff and residents on their own. It requires a whole systems approach within an active partnership group, comprising YADS social work staff, housing officers, tPCT rehabilitation teams, RSLs, voluntary sector organisations, the Centre for Independent Living and advocates.

The success of the project will depend on gaining the confidence of residents and carers that the move to community living will happen, that residents' quality of life can improve, that they can be safe and secure and that a good quality of care can be maintained. Therefore the support arrangements for each resident must be carefully planned around their needs and based on a holistic assessment. In other words, the offer residents receive must be better than what they have at Holly Bank, and this won't be easy.

Residents need to be empowered through advocacy. They should be invited to join local organisations of disabled people promoting and giving information about independent living, raising their awareness and their expectations.

It is not possible to put a timescale on this based on current information, but the probability that new housing and support schemes will be needed means that a timescale of 3-4 years may be realistic. Consequently if option 3 is adopted, achieving option 2 may be an appropriate interim step.

8. Recommendations

The Review recommendations are divided into three groups:

- ⇒ Recommendations (A) for actions to follow up the Review
- ⇒ Recommendations (B) for the development of Holly Bank's services, to be implemented as soon as possible
- ⇒ Recommendations (C) for the long-term re-development of Holly Bank as a residential rehabilitation centre

8.1. Recommendations (A) for actions to follow up the Review

- 8.1.1 The outcomes of the Review and its recommendations should be reported to residents, carers and staff at HBH and their views heard and acknowledged.
- 8.1.2 An accessible summary of this report should be made available to residents, carers and staff at Holly Bank.
- 8.1.3 The Council should make clear the process and timescales for considering the Review findings and recommendations, so that stakeholders can know how and when to submit their views.
- 8.1.4 Residents should be consulted about involving advocates to provide support for them during this process, and the necessary steps taken to provide this if requested.
- 8.1.5 The recommendations of this report and the responses of residents, carers and staff should be considered by the Walsall Partnership Board and agreement sought for a clear direction for Holly Bank's development.
- 8.1.6 Subject to the Partnership Board's agreement further work should be done to develop the rehabilitation service model for Walsall and to examine the viability of the role for Holly Bank recommended by the Review.
- 8.1.7 The Commission for Social Care Inspection should be consulted formally about the proposals under consideration and be asked for their views on the potential change of use and the requirements on the Council through the period of change.
- 8.1.8 Advice should be sought from the Council's User Involvement and Consultation Officer and legal services to identify the necessary procedural steps to be followed in circumstances where the residents of Holly Bank may be required to re-locate from their care home.
- 8.1.9 The proposals should be reported to Members requesting approval to proceed with further work to develop the new service, in consultation with HBH residents.

8.2 Recommendations (B) for the development of Holly Bank's services

- 8.2.1 In consultation with residents, carers and staff, review the aims, objectives and principles of the Home and the way they will be applied in practice.
- 8.2.2 Re-examine the operational arrangements for the Home to identify how they can be changed to support the new aims and objectives (e.g. meal preparation

arrangements, responsibilities for domestic tasks, allocations of staff time to residents, activities in and out of the Home and the use of living accommodation).

- 8.2.3 Initiate staff training to develop practice which is focused on promoting independence in partnership with residents.
- 8.2.4 Ensure holistic assessments have been carried out of each resident's needs as a sound basis for future work and a care plan that represents their aspirations and needs. Identify a timescale for this.
- 8.2.5 Develop individual service agreements with each resident identifying their personal goals and the way staff will work with them to achieve their goals.
- 8.2.6 Establish partnership arrangements with SC&I OT services and the PCT's rehabilitation teams to support rehabilitation practice within the Home and to provide specific inputs into programmes designed to help individual residents to move on from Holly Bank.
- 8.2.7 Establish structures with the Walsall Strategic Housing Service and with Housing providers to identify suitable properties to allow move on for residents wishing to do so.
- 8.2.8 Review the criteria for admission and the referral and assessment processes jointly with YADS fieldwork service managers to determine the levels and types of need that will be met by Holly Bank in each of the categories of support (long-term, respite and emergency/short-term assessment).
- 8.2.9 Consider the competencies staff need to carry out the functions of the Home, including the support of people with some mental health needs and challenging behaviours. Based on an analysis of training needs, arrange training and staff development inputs to build confidence in the contribution Holly Bank can make to the community.
- 8.2.10 Establish closer working partnerships between Holly Bank staff and the YADS team. Ways of achieving this should be agreed between the respective managers but could include:
 - identifying link worker roles for staff and regular contacts
 - undertaking joint assessments with Holly Bank staff in the community
 - exchange visits to promote better awareness, knowledge and understanding
 - shared training opportunities
 - develop shared protocols around day-to-day practice issues such as responsibility for risk assessments, reviews, re-assessments and respite reviews.
 - a commitment by YADS to offer closer follow-up work after new admissions and to provide active support with the planning of rehabilitation for residents leaving Holly Bank.
- 8.2.11 Invite the Residents' Committee to identify activities within Holly Bank and in the community that they would like access to, and to work with nominated staff members to identify how this can be achieved.
- 8.2.12 Develop advocacy links for residents to support them independently to articulate their needs and wishes.

- 8.2.13 Review the Home's capacity to meet equalities and diversity requirements, particularly its capacity to meet the needs of BME users who are under-represented among respite users and in the staff team.
- 8.2.14 Review the provision of respite care and develop aims and objectives and a specification and standards for the service as a foundation for developing it in future.
- 8.2.15 Develop a quality assurance system to monitor the effectiveness of the Respite Service and to follow up users who discontinue respite stays.
- 8.2.16 The YADS team should examine if there are alternative forms of respite care that would meet users' and carers' needs for a break in ways they would value (e.g. identifying Holiday Homes with care provided).
- 8.3.17 After consultation with residents the Council should carry out a programme of re-furbishment of the Home to bring rooms and communal areas up to standard, to modernise bathroom facilities, make better use of the lounge and kitchen areas, and to brighten the extensive timber ceilings.

8.3 Recommendations (C) for the long-term re-development of Holly Bank as a residential rehabilitation centre

Holly Bank is the home of 15 people, many of whom have severe physical impairments and additional difficulties giving rise to high levels of support needs. The change of function recommended here will require them to transfer to other settings where their needs can be met. This is not a decision to be entered into lightly or without clarity about the need for and the feasibility of the new role for Holly Bank House.

- 8.3.1 Based on a rehabilitation model for Walsall (7.1.6) a detailed development plan should be drawn up for Holly Bank with defined timescales that can be shared with residents, carers and staff.
- 8.3.2 It is recommended that Option 3 is adopted as the intended model for Holly Bank's future operation.
- 8.3.3 From a date to be specified in consultation with operational managers, a decision should be made that no further admissions will be made to Holly Bank House with the expectation of long-stay care.
- 8.3.4 All residents newly admitted should be advised before admission (and re-inforced subsequently) that the unit does not provide long-stay care.
- 8.3.5 The official description of the unit should change to reflect this, for example to Holly Bank Rehabilitation Centre.
- 8.3.6 Walsall Strategic Housing should become engaged in the project to begin the lengthy process of identifying and planning the provision of adapted housing suited to the individual needs of the Holly Bank residents.
- 8.3.7 A thorough assessment should be carried out of each resident's needs. This should take a holistic and person-centred approach so that each person's total support needs can be identified, including for example, access to leisure, educational and employment needs, financial support, relationships and family contacts. This

assessment should act as the basis for planning of each resident's future accommodation and their care and support arrangements to enable them to transfer successfully from Holly Bank.

- 8.3.8 Risk assessments should be carried out with each resident to inform their Care Plan and to help identify the most appropriate setting where their future needs can be met. In some circumstances this could be an alternative care home if this best meets their needs and wishes.
- 8.3.9 Formal consultation and communication processes should be established with users, carers and staff to maintain effective communication and partnership working throughout the process.
- 8.3.10 An Advocacy service should be contracted for the duration of the transition project and made available to each long-stay resident as required, to ensure their views and needs are effectively communicated throughout the process.
- 8.3.11 A detailed evaluation of the building's suitability for its recommended use should be carried out by tPCT and SC&I staff in consultation with CSCI. Any alterations or further improvements required should be costed and planned.
- 8.3.12 A financial model for the new service will be required based on the specification that is developed.
- 8.3.13 Data should be collected systematically from relevant service providers through the planning stages of the new service, so that there is a firm basis in management information identifying the numbers of potential users of the new services at Holly Bank. This should incorporate the YADS team activity, Walsall tPCT Rehabilitation services and Walsall Manor Hospitals NHS Trust.
- 8.3.14 Walsall Social Care and Inclusion should review its commissioning strategy for long-term care to ensure it is focussed on providing for long-term needs through independent living arrangements wherever users' needs can be met in this way.

Holly Bank House Review: Project Outline

1. Purpose of the Project

The project will provide a foundation from which Walsall MBC can move forward with plans for the modernisation and possible re-development of Holly Bank House, a care home offering residential accommodation for younger adults with a physical disability.

2. Objective for the Project

The project will identify options for the future of Holly Bank, taking account of the following requirements:

- meeting the needs of current and potential residents and respite users
- promoting independence for disabled people in Walsall
- making effective use of the physical assets of the property and the site
- addressing national and local policy priorities for the future
- proceeding in partnership with Health Services and Housing providers
- maintaining communication and consultation with service users, their relatives and carers
- ensuring cost-effectiveness by matching service provision to local needs
- offering flexibility for further change if required in the future

3. Process

The following main areas of work will be undertaken to meet the objective above.

3.1 Establish a small steering group of key managers to:

- make sure the Project is closely linked with service managers
- validate the approach and modify as required
- assist with access to information and advise on contacts and sources
- overcome obstacles to the progress of the Project
- monitor progress

3.2 Communication

Early in the project, to identify stakeholders and tell them about the work proposed, so that open communication channels can be established and comments, advice and information can be received on an ongoing basis.

3.3 Evaluation of the current situation

Briefly, the history of Holly Bank

What services does it offer and what needs is it meeting?

What are the strengths and weaknesses of the unit?

Are the building and location fit for purpose?

Community presence, relationships and access

Occupancy, unit costs and value for money

Messages from Inspection

The views of residents, carers, staff, care managers and commissioners

3.4 The drivers for change

What are the aspirations of current residents?

What are the needs and aspirations of disabled people in Walsall?

National and local policy initiatives relevant to Holly Bank

How have policy and provision changed since Holly Bank was commissioned?

What is the Council's vision for the service?

Research into alternative service models to meet the accommodation and support needs of disabled people, with examples of good practice from other authorities, agencies and user groups

3.5 Needs analysis

Profile the needs of current residents and respite users

Analysis of referrals to assess potential demand for the service as currently configured

Estimations of demand from disabled people for accommodation and care in Walsall

Consideration of the needs of people in placements out of Borough (general consideration based on currently available information)

Unmet need - which types of need challenge current local provision?

Particular consideration of the needs of people with Acquired Brain Injury (ABI)

Consultation with PCT and Acute Trust partners about provision and requirements

Research Service models for ABI rehabilitation to identify best practice and requirements

3.6 Local resource mapping

A summary of information currently available from local agencies

Support services available in Walsall to meet the care and accommodation needs of disabled people

Estimations of numbers of people accessing them

Estimation of capacity in current services

Identification of gaps in provision

3.7 Consultation

Consultation will be carried out with the following key stakeholders:

Partner organisations

- Walsall PCT - to explore the issues above and the potential for shared use of the Holly Bank premises to develop rehabilitation services for people with ABI or other conditions
- Walsall Hospitals NHS Trust – to investigate current rehabilitation services and the potential need for services for patients with ABI and neurological conditions.
- Walsall Strategic Housing Agency - to better understand the needs and accommodation options for people with a disability in the Borough. To identify the process by which Holly Bank residents could access Supported Housing schemes if they chose to.
- CSCI – to inform the Inspectors about the project and to understand the impact of regulatory requirements on future proposals for Holly Bank

- Voluntary Sector – to obtain the collective views of disabled people in the Borough about accommodation options and needs. Time constraints will limit face to face consultation to a small number of umbrella organisations.

Service Users

The involvement and well-being of Holly Bank's current residents are of central importance. Managing their expectations from the consultation is a challenging aspect of the Project, and the process will be carefully planned with service managers to avoid raising anxiety and to develop positive channels of communication. Service users and carers may feel that consultation will be most meaningful when options can be presented and discussed, and their views should guide the process.

It is proposed to meet with Holly Bank residents collectively to inform them about the project and to understand their views based on the information available to them at this stage. Respite users will also be contacted for the same purpose. Managers of the unit and staff will be asked to support the consultation to make best use of their significant relationships with residents. Time allocated to the project will permit two meetings with users if required.

Carers

Carers of residents and respite users will also be contacted to inform them about the project and give them an opportunity to contribute their views before options are developed. Time allocated to the project will permit two meetings with carers.

Holly Bank staff

The purpose of the project will be explained to staff and opportunities given to contribute views to the development of options for the unit's future. Consultation about the impact of change on staff roles and terms and conditions of service are outside the Project's remit.

3.8 Appraisal of Holly Bank premises

This part of the project will require input from the Council's asset management staff, to evaluate the current premises and provide an outline costing of options to develop or re-furbish the building, in all or in part.

3.8 Options appraisal

- Consider the information gathered from the sources above, using evaluation criteria.
- Consider the impact of options on the potential for further development of the Holly Bank service if needed in future.
- Prepare a first draft of the report for consultation with Steering Group members
- Incorporate feedback and provide a final report to Julie Metcalf, Project Sponsor
- Produce an executive summary
- Produce a summary version accessible to service users and carers.

4. Timescales and time allocated to the Project

Information will be gathered in September 2006 and reports produced in October.

Ken Wynne

August 2006



1. Project Identification

Project Number:		Date of Report:	31/8/07
Project Title:	Hollybank House Reprovision		
Project Champion:		Project Manager:	
Directorate:	Social Care & Inclusion	Service Area:	YADS

2. Project Overview

a	Overview: To develop a model of service which will best equip the home to provide the type of services needed in the future

3. Project Background

a	Background: Central Government drivers focussing on reducing admissions to residential care and developing services which promote independence and choice in partnership with health and other organisations have led to a review of the services offered at Hollybank House to identify options for change. This fits in with the Corporate priority relating to making it easier to access local services

4. Business Case

a	Business Case: Depending upon the option identified, there is an opportunity to deliver better value for money in respect of people with neurological conditions who require residential rehabilitation.

5. Project Definition Assumptions

a	Projects: N/A

6. Objectives and Outcomes

a	Objectives and Outcomes: Ensure the needs of current and potential residents and respite users are met Address national and local future policy priorities Fully involve all stakeholders at all stages Ensure cost effectiveness by matching service provision to local needs Promote independence for local disabled people

7. Scope

a	Scope: All stakeholders involved in identifying future model of service provision
b	Links and Interdependencies : Link with development of community rehab services across health and social care



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8. Constraints

a	Constraints: Resources to secure staff capacity to deliver project have yet to be agreed

9. Assumptions

a	Corporate: All stakeholders, including residents, staff, carers, partner organisations, members will be involved in discussion and decision making

b	Administration: To be identified

c	Facilities: To be identified

d	Other: <Any other assumptions>

10. Project Budget Information

a	Budget: Capital monies will be required to undertake internal alterations to the home if changes to existing service provision were agreed. C£50,000

b	Capital Project Costs: <The following table should reflect the spend profile contained on the "Budget Spend Control" form. The form may be attached to this PID as an appendix replacing the table>	
	Date	Item
	Month/Year	Capital Cost £
	TOTAL	
	Reserve or contingency	
	TOTAL	

11. Project Organisation

a	Project Structure: To be determined



b	Performance Board: <The project will be overseen by a directorate performance board chaired by {name}. The membership of the performance board will be:
Name	
Title	

The performance board will monitor the progress of the project, discuss any major proposals for variation and sign off deliverables. The performance board will meet as required during the project. The performance board will be responsible for:

- Providing direction to ensure the success of the project in terms of the right activities, within budget, on time and to the correct quality standards.
- Any publicity or dissemination of information about the project to the outside world.
- Approving the start of the project through acceptance of the project initiation document.
- Ensuring sufficient resources are allocated to the project.
- Providing direction and guidance on issues brought forward by project managers.
- Taking notice of risks and their impact on project initiatives.
- Approving (and where necessary requesting) changes to the project management procedures, project plans, project deliverables etc.
- Formal closure of the project.

c	Roles and Responsibilities: <Below is a table describing the general roles and responsibilities of the Project Champion and Project Manager, additional roles/responsibilities can be added>
Key Role / Name	Responsibilities
Project Champion	<ul style="list-style-type: none"> ◆ To monitor the continued business case for the project. ◆ To authorise changes to budget, scope and project dates. ◆ To be a point of contact to escalate project risks. ◆ To notify the project manager of any proposed changes or strategic decisions which may affect the project. ◆ To secure Walsall council organisational support for the project. ◆ To have ultimate responsibility for the project; ensuring that project objectives are met. ◆ To have overall ownership and control of the project and, if relevant, associated sub-projects. ◆ To ensure appropriate resources are assigned and appropriately allocated to the project. ◆ To be the prime point of contact for the project manager. ◆ To remove blockages that are preventing the project manager from delivering the project.
Project Manager	<ul style="list-style-type: none"> ◆ Responsible to the project champion for delivering the project on time and within the agreed budget. ◆ To ensure that the day-to-day project management is effective and providing adequate control and direction. ◆ To ensure that the work undertaken by the project team is completed to the scope of the defined deliverables, and enables benefit to Walsall council. ◆ To ensure work undertaken is consistent with the acceptance criteria and Walsall council Quality Management System. ◆ To provide project information to both project members and Walsall council management as agreed. ◆ To obtain sign off for deliverables. ◆ To ensure that the change control, acceptance and risk management procedures are followed.



12. Communication Plan (see separate documentation)

a	National Stakeholders:

b	Local Stakeholders: Residents, carers, staff, tPCT, Strategic Housing, members, voluntary sector organisations, unions

c	Stakeholder Communication:

d	Equalities Monitoring:

e	Local Communication Plan: <Below is an example local communication plan. Please edit to the needs of your project>	
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Communication	Frequency	Action / Agenda
Between project manager and project champion	Monthly	By use of project highlight report
	Weekly	Formal discussion and exception reporting as and when required
Between project champion and directorate management team	Monthly	Agenda Items: Previous actions, project highlight reports, project plan, risks register etc
Between project champion and project management office	Monthly	By use of project management report (extract from project register). Generated by the PMO at end of each month for completion and return by project champion by 1 st week of each month.
Project progress meetings and team meetings	As required	
Between project management office and Executive Management Team. (SLT) (this communication is set on request of SLT)	Monthly	By extract from project register having been updated from project management report.
Press enquiries	As required	Define the name and title of the officer to which all press enquiries should be directed



13. Project / Programme Plan

a **Phases:** <A Project Gantt chart must also be produced using MS Project or Excel templates and submitted as an appendix to this PID>

Actions	Date		Resources
	From	To	
What needs to be done <May be broken down into phases with phased reporting / approvals>	Start date	End date	People £ Equipment Etc.
Phase 1 The deliverables for this phase will be:			
Phase 2 The deliverables for this phase will be:			
Phase 3 The deliverables for this phase will be:			

b **Key Milestones:** <List, the key milestones for this project>

Date	Key Milestone

Key milestone dates: These are the main timed check points on the progress and health of the project. They will normally be derived from end dates in the actions section above, but only the key dates (such as rigid deadlines and ends of phases) need to be summarised here.

c **Key Deliverables:** <List, the key deliverables for this project>

Deliverables
1.
2.
3.
4.
5.

The deliverables are the products from the project (may be documentation, a system, a process, a procedure, a new service, the decommissioning of a service). What will be different to before the project?

d **Resource Allocation:** <This section needs to include details of which resources are required, for how much, throughout the life of the project>

Resource Name	Mar	Apr	May	Jun	Jul	Aug	TOTAL
<Resource 1>							0
<Resource 2>							0
<Resource 3>							

e **Project Tolerance:** <The tolerances applicable to the project will be>

TIME	COST - £
(number) days	(number)

Exceeding of any tolerance will trigger the production of an exception report to the Performance Board in the first instance. The tolerances may be reviewed during the life of the project.



14. Project Controls <Details how the Performance Board wish to control the project>

a	Exception Process: <Exception reports will be produced when stages are not expected to run to plan and exceed the tolerance levels. These will be presented in such ways and at such times as are agreed by the performance board. The results will be incorporated in an exception plan>
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b	Risk and Contingency Plan: <Complete a risk register and submit as an appendix to this PID>
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c	Change Control: <Where changes to specifications, plans, or other assumptions are made the project issues process will be adopted. All issues raised will be administered by the project manager. In the first instance responsibility for resolution will rest with the project manager. However for any proposed changes to the agreed specification (scope change) the change control process must be instigated. The performance board will need to authorise any specification changes>
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15. Sign Off

Champion Name (1):		Date:	
Performance Board (2):		Date:	
Signature:	(1)		(2)