

BRIEFING NOTE

Agenda Item no. 5

TO: Social Care and Inclusion Scrutiny and Performance Panel

DATE: 7 October 2013

Commissioning Mental Health Services at Broadway North Resource Centre

Purpose

This is to report on the outcome of the consultation on the closure of the residential unit at the Broadway North Resource Centre.

Broadway North Residential Service

Broadway North has been operating as a specialist facility to support those recovering from mental ill health with both day and residential care services available on the site. A review of the services has been completed by the Mental Health Commissioning Team (part of the Joint Commissioning Unit), and concluded with a recommendation to Cabinet in June 2013 to enter in to a consultation on the closure of the residential unit and to purchase equivalent provision from the independent sector.

The 10 residential care beds have offered both the opportunity for those who need some respite (usually to give carers a break and maintain an individual's mental wellbeing) and some crisis response beds for those who need help but where this does not require an admission to a psychiatric hospital. The average occupancy across the whole unit for the financial year 2012/13 was 62.8% or just over 6 beds of the 10 available, and this level of occupancy means that an alternative arrangement of spot purchasing an equivalent residential service elsewhere will offer improved value for money.

The Lonsdale House residential unit operated by Caldmore Housing Association (part of Accord Housing Association Group) does provide an equivalent quality of service at more cost effective rates and also has a total of 15 beds which will provide for greater flexibility at times of high demand. This provider already provides step down provision in line with the mental health recovery pathway to enable users who have had an acute hospital episode to have their discharge back to the local community facilitated in a timely way.

The specialist psychiatric support services of Dudley Walsall Mental Health Trust (Home Treatment, and Crisis Response Teams) will continue to support people at Lonsdale House in the same way as they have supported people at Broadway North.

Outcome of Consultation

The consultation process took place over a period of 3 months and comprised of four separate focus group sessions with service users which included the distribution of a questionnaire which was also available on online; a workshop with referring clinicians from Dudley Walsall Mental Health Trust together with a separate questionnaire designed specifically for this group; and the development of an alternative proposal from Unison on behalf of the staff group. Each of these is considered in turn:

Focus Group Sessions with Service Users

The focus groups took place during August, and September at the Broadway North Centre at various times to enable maximum opportunity for service users and their carers to participate. Staff from Broadway North and senior managers from the Council were present to support and facilitate discussion. A total of 28 service users attended the four sessions.

The most common questions/issues raised by the participants were:

- Queries over whether respite is included going forward with the new provider. “Are respite and crisis going to separate”. Each group was informed residential service provision in its entirety at Broadway North Centre was to be considered together in any future provision;
- There were concerns about respite that has already been booked and whether this commitment is likely to be honoured. There was a commitment to avoid disruption where possible and to a transition plan for the transfer of the service;
- Will the staff transfer to the new service? It was explained that there is no block contract arrangement with the new service and so the staff do not have an entitlement to transfer. Staff have been offered an opportunity to explore redeployment in line with Local Authority Human Resource policies;
- Is the new service location suitable for Detox of people with substance misuse issues? The service at Lonsdale House does not ban the use of alcohol and so alternative sites are being investigated;
- Service users spoke of the benefits of the environment and the long term therapeutic relationships that they have with staff. The group was informed that this was their opportunity to help shape the future service delivery; be it with this or any other provider and that this point will be fed back to the commissioners;
- A number of attendees spoke about the high quality of service provision at Broadway North. This has never been in question and all future provision will have to ensure minimum standards of service quality. Quality will be closely monitored via commissioner reviews, CQC Inspections and contract management;
- Some service users asked why alternatives such as a user led organisation hadn't been considered. It was explained that commissioners are prepared to consider all alternative types of provision, but none have been forthcoming that present a financially viable business case;
- A number of service users stated that they didn't feel listened to. We explained that the consultation events and questionnaire were an opportunity to express views about future provision, raise concerns and also make suggestions for future development of provision;
- There were concerns about whether the personal budget would be sufficient for service users to be able to continue to buy the service they need. It was explained

that service users could ask for a review of their support plan and thereby review the personal budget;

- There was representation to the effect that this is a cost driven exercise and people should come before funding issues. It was confirmed that the decision to close Broadway North is based on funding and is a way in which the Council is seeking to address its current predicted revenue shortfall. A more cost effective alternative is available in the local market and has greater financial viability given the predicted reduced need for residential based services in the future;
- There was some confusion as to why the residential unit was to close when the rest of the service would remain open. Current commissioning plans are to develop the day service provision at Broadway North and these plans were shared in outline.

Questionnaire Feedback From Service Users and their Carers

79 people responded to the questionnaire. A detailed analysis of the results has been conducted and is available as a separate report.

Most respondents felt that all aspects of the service at Broadway North were important to them. The service aspects that were seen as most important were;

- Skilled staff that understand my needs (83%)
- 24hr accessible service (77%)
- Relaxed stress free environment (77%)
- Safe and secure environment (77%)

The following quotes are reflective of the general feedback received from many of the participants in which they indicate the need to retain the excellent services and the centre, fearful that the service is to end altogether.

"I want Broadway North to remain open as they provide an excellent service."

"The service needs to be affordable, I could not have got through my stages without Broadway North and the full team there, without this facility and staff I would be dead by now I know that much for fact."

"I am a carer for my wife (she has Alzheimer). My concern is that if Walsall Council becomes "detached" by using independents, standards could fall."

"Keep Broadway North centre and residential unit open as it helps and provides a supportive environment where you can gain skills and move on. It is a place where the staff are available if you need help to recover by the support they offer you by promoting your independence. Without Broadway north and its excellent staff people with mental health issues have nowhere else to go for support."

Overall responses show that people need reassurance that access to and quality of the service will continue. Respondents also mentioned the importance of being supported in a clean and well managed environment that is conducive to their recovery with many stressing the need to retain the current service and staff.

Workshop and Questionnaire Feedback from Referring Clinicians

A consultation session for clinical and social care practitioner staff in the Dudley Walsall Mental Health Trust took place on the 14 August. There were 23 people that attended, primarily from the Crisis Response Teams and the Home Treatment Team. In addition, 27 clinicians completed an on-line questionnaire that was designed specifically for referring clinicians. Some of the outcomes of this session were as follows:

- Clinicians were seeking reassurance that beds will still be available as they are needed. The commissioner response was that the combination of a higher number of beds and spot purchasing arrangements offers the same if not improved availability;
- Clinicians were seeking reassurance that the skill set and experience of the staff at Lonsdale House is equivalent to the staff at Broadway North. The commissioner response was that the Caldmore Housing Association staff do have skills and experience in supporting people with mental health problems. It was agreed that Dudley Walsall Mental Health Trust specialist staff will work closely with Caldmore Housing Association staff;
- It was suggested that there should be greater emphasis on preventing people going in to crisis. The commissioner response was that the range and extent of community based psychiatric support services has been considerably increased in the last two years;
- Further information was wanted about the alternative arrangements for those beds at Broadway North which are being used to support people with drug and alcohol problems. It was explained that discussions are underway between Caldmore Housing Association and the Public Health Substance Misuse Commissioning Team to develop an equivalent service at other Caldmore Housing facilities across the Borough.

Alternative Proposal from Unison and the Staff Group

Unison and the staff group of the residential unit at Broadway North have offered an alternative proposal to achieve the required savings whilst keeping the unit open. This is made up of a combination of selling beds to commissioners outside of Walsall; changing the skill mix and rota management of the staff team; redirecting funding from Dudley Walsall Mental Health Trust inpatient services; increasing occupancy levels and the level of charging of the respite care beds; introducing a charge for the crisis beds after four weeks; relocating the rehabilitation ward at Dorothy Pattison Hospital; and changing food management in the residential unit.

A detailed response has been made from the Joint Commissioning Unit as to why these proposals do not present a viable financial alternative in that the Council could not take the risk associated with a model which is dependent upon selling beds to commissioners outside of Walsall; minor changes to the skill mix of the team do not create a viable alternative; Dudley Walsall Mental Health Trust does not support the transfer of funding from inpatient services or the relocation of the rehabilitation ward to Broadway North; increasing occupancy levels or charges does not create an additional income; and changing food management would compromise the quality of the service.

Both the Unison Report and the Joint Commissioning Unit response have been widely circulated prior to the Cabinet meeting.

The combination of different approaches to the consultation has meant that the process has been sufficiently thorough to have obtained a comprehensive range of views and responses. Anxieties on the part of service users and the staff group are understood, but do not detract from the need to recognise that the service is costly compared to commissioning places on a spot contract basis from the independent sector and so savings can be made that will contribute to the Council's projected revenue deficit.

Conclusion

The outcome of the consultation will be reported to the Council Cabinet on 23 October 2013. The recommendation is that the Broadway North Residential Unit is closed following a period of notice for the staff group.

Background Documents

- Report to Social Care Scrutiny and Performance Panel - 15 October 2012
- Report to Cabinet - 19 June 2013
- Report to Social Care Scrutiny and Performance Panel – 17 September 2013
- Unison/Staff Group Outline Business Case as an Alternative Proposal (6 Sept 2013) (attached appendix 1)
- Commissioner Response to Unison/Staff Group Outline Business Case (18 Sept 2013) (attached appendix 2)
- Analysis of Service User Response to Broadway North Consultation (September 2013) (attached appendix 3)
- Report of the 'Have Your Say' event held at the Broadway North Centre on 28 August (attached appendix 4)
- Commissioner response to the 'Have Your Say' report (attached appendix 5)

Report Author

Andy Rust

Head of Joint Commissioning

☎01922 654713

Andy.Rust@Walsall.nhs.uk

Broadway North Residential Service Outline Business Case for 2013-2016

Version	Final
Date	6th September 2013
Author	Unison and Staff at BNC

Business Plan Contents:

Executive Summary	p3
Organisational Summary	p4
Market Analysis	p7
Strategy and Implementation	p9
Financial Plan	p11
Conclusion	p15
References	p16

Executive Summary:

This business case will explore opportunities for the residential service as a viable and cost effective business opportunity for the local authority, aiming to use the beds to their full potential. The staff have a plethora of exemplar skills that are easily adapted to various service user client groups. It is believed that this skill set provides a unique selling point for developing the scope of Broadway North Residential Service to offer placements to out of area commissioners, which will offset the costs of the local crisis beds and hence make them the most cost effective option for the local authority.

The aim of the service is to continue to support people with severe and enduring mental health problems in crisis, or those needing step down reablement from residential or hospital care and those who are in need of Detox from substances. By remodelling the service, beds will be sold to commissioners within the Black Country and to the wider West Midlands conurbation, which will work to the principles of care closer to home and reablement.

The business plan also describes alternative ways that the savings the council needs to make can be achieved; from looking at the staff skills mix and redesigning the team to meet client need, to reviewing the food budget and including new business from out of area placements.

By implementing the themes of the business plan, income generation and cost savings could total £194,390 which would exceed the savings in the cabinet report. If further commissioning of the beds is developed, the residential service would become a viable business unit that would generate a profit on behalf of the local authority. It is estimated that if 6 beds are sold to out of area commissioners and the rest of the beds are occupied by Walsall residents, the unit cost could be as low as £332 per week.

Organisation Summary:

Introduction and historical background to service

Broadway North Centre (BNC) is a local authority facility that houses a social care day service for people with severe and enduring mental health needs, and a residential unit which offers crisis and respite care. The service is registered with the CQC to support people with mental health problems in crisis and support individuals who misuse substances through a detox.

The residential service provides an alternative to hospital, traditionally housing 4 respite beds and 6 crisis beds. However, as the service has evolved these 10 beds have become multi-use and the service provides a mixture of respite, crisis, Detox and hospital step downs.

BNC has been under a Commissioner Led Review (CLR) since July 2011. A cabinet report was submitted in June 2013 which requested to consult on the closure of the service as it was deemed not value for money, with alternative more cost effective provision being cited as available at an alternative local provider. The quality of the residential service has not been questioned; it is accepted as being excellent from service users' views and regulator inspection reports.

National Strategic and Government Policy Drivers:

National strategy is geared towards reducing the public's reliance on the state. In the social care white paper, '*A Vision for Social Care*' (DoH 2010) for adults, it emphasises prevention to keep people living independently in their own homes for as long as possible without the need for expensive residential care. Enshrined within the paper is personalisation of services with individuals rather than institutions taking control of their own care with personal budgets.

This builds on previous social care white papers (*Putting People First*, DoH 2007). To ensure diverse service provision it proposes that local authorities work in partnership with individuals, carer's, voluntary sector agencies, private sector and the NHS. Similar to the health paper emphasis will be on quality outcomes. The paper also focuses on the future skills needed for the social care workforce. To remain viable, social care services need to become more integrated with health and work with a variety of partners.

The national strategy for mental health '***No health without Mental Health***' (DoH, 2011) builds on the previous 10 year National Service Framework for Mental Health (DoH, 1999) and 'New Horizon's' (DoH, 2009) proposed by the last government. It identifies six shared objectives and has the overall aim of improving mental health and well-being, whilst providing quality outcome focused services.

The work that Broadway North residential service delivers, represents each of these national strategic ethos, and staff have developed a skills set which achieves outcomes that support service users to make a quicker recovery time in a non clinical setting.

Staff Skills and Experience:

Broadway North staff complete extensive work with service users to promote their recovery. Due to the nature of the work undertaken over a number of years, it is believed that this can offer a unique selling point to other boroughs of the Black Country. In a market analysis, estimated spare capacity (based upon previous years' occupancy levels), could be commissioned by selling available beds to neighbouring CCGs, local authorities and DAAT teams. This would enable the local authority to make the cost efficiencies that need to be made.

Below is a service matrix of the types of interventions that staff provide for service users whom reside at Broadway North Centre.

Step downs from hospital/residential care settings–
• Offers a safe supported independent environment to ease the transition from a clinical or 24 hour care setting
• Assessment of daily living skills / Action planning to monitor service users and encourage improvement in all desired areas
• Assessment of the management of medications, service user (SU) medication to be managed initially by team, with a supported programme in place to enable SU to gain understanding of medication regimes, and to be safely self medicating prior to discharge.
• Coordination of housing related issues – purchasing of furniture, removals, deep cleaning, viewing of properties, assessment of properties and works needed
• Referrals to other agencies i.e. – reablement, benefits
• Weekly reviews held with all parties involved to ensure timescales, aims and objectives are realised, roles and responsibilities identified and all accountable for outcomes; if outcomes are not met then this is challenged by staff
• Sign posting to community activities
• Discharge reviews to ensure robust care package on discharge
• Staggered discharge facilitated
• On going monitoring of mental health
• Primary focus being empowerment and independence, service users taking responsibility for their recovery And move to independence
• Liaise with commissioners re funding, objectives.
• Enable SU to be discharged from hospital into a less restrictive environment(prevent delayed discharges)
• Facilitation of Occupational Therapy assessments

Detox referrals-
<ul style="list-style-type: none"> • Work with the local Substance Misuse Service (SMS) team to a locally agreed protocol to support clients to detoxify safely and avoid a hospital admission out of borough
<ul style="list-style-type: none"> • Management of medications, liaison with SMS team whom visit daily to complete medical checks on service users whilst they are detoxing. Team provide addition support to ensure medication is taken properly and monitor any changes and notify SMS team as and when they occur
<ul style="list-style-type: none"> • Titration of medication to allow safe medication changes to be made outside of a hospital setting
<ul style="list-style-type: none"> • Sign posting – e.g. for social issues
<ul style="list-style-type: none"> • Monitoring of mental health and daily functioning – reporting back to care team
<ul style="list-style-type: none"> • Social and emotional support 24 hours

Crisis admissions –
<ul style="list-style-type: none"> • Monitoring of service users' mental health
<ul style="list-style-type: none"> • Monitoring and management of medications
<ul style="list-style-type: none"> • Consultants able to conduct medication, increases/decreases/changes in a safe supported environment, without the need for hospital admission
<ul style="list-style-type: none"> • Social and emotional support offered 24 hours
<ul style="list-style-type: none"> • Able to offer an alternative to hospital for service users who need more intensive support than provided by Home Treatment Team (HTT)
<ul style="list-style-type: none"> • Work with HTT to provide all round care packages
<ul style="list-style-type: none"> • Work with Community Recovery Service (CRS) teams to ensure safe and timely discharges back to community
<ul style="list-style-type: none"> • Work with service users both with severe and enduring mental health problems and those experiencing first episode.
<ul style="list-style-type: none"> • Effectively manage and minimise risk to individuals, inc those with a history of self harm/suicidal ideation
<ul style="list-style-type: none"> • Identify/work towards resolving, social issues impacting on individuals mental health
<ul style="list-style-type: none"> • Review with referrers, multi agency work
<ul style="list-style-type: none"> • Promote independence, maintaining individuals existing social networks and skills.
<ul style="list-style-type: none"> • Empower service users to be responsible for own outcomes and recovery

The focus remains on the service user returning to a community setting with minimum delay; staff work to ensure this, complimenting the work of the care co-ordinator. Any loss of focus or delay in discharge is challenged in reviews and planned for, and liaison occurs with commissioners to ensure funding in place and timescales are adhered to. This model would be replicated in other boroughs to ensure that beds are utilised effectively.

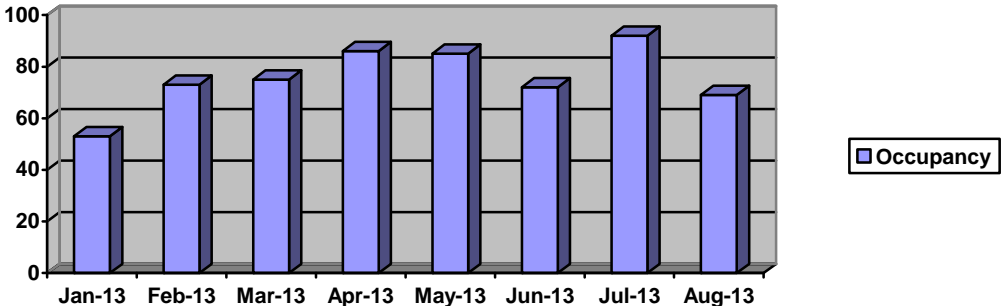
Market Analysis:

Service Vision:

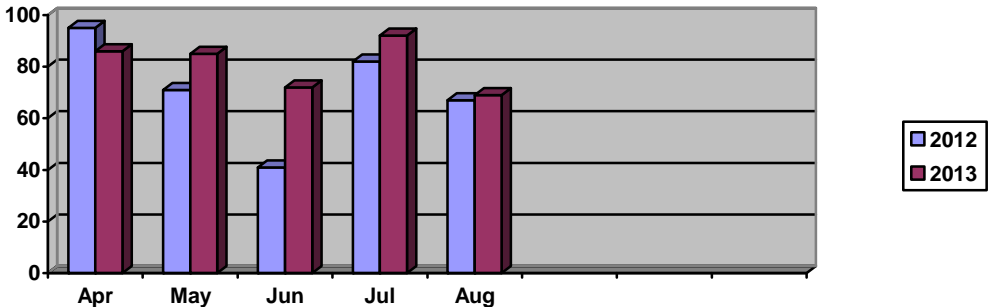
Current usage and demand has provided the service with a vision for how the future of Broadway North residential service could look. Mental health issues are on the increase, and local data from the Community Recovery Service has confirmed that referrals are up by 33%.

The residential service has seen an increase in occupancy levels in recent years, most recently from 62% in 2012/13, to 76% by August 2013 (average occupancy from Jan to Aug 2013). In exceptionally busy periods the service has experienced a waiting list; at times when the residential service has been full, referrals have had to wait for a bed to become available before an admission could take place. The waiting times have occurred since the Caldmore Housing pilot has been running, which means an additional 2 beds were full at the time.

The graphs below do not include the 2 pilot beds that have been provided by Caldmore Housing since July 2013. If the referrals to these beds had been included, the residential service occupancy levels would have been higher. Unfortunately data is not available from Caldmore Housing to factor in this additional bed usage.



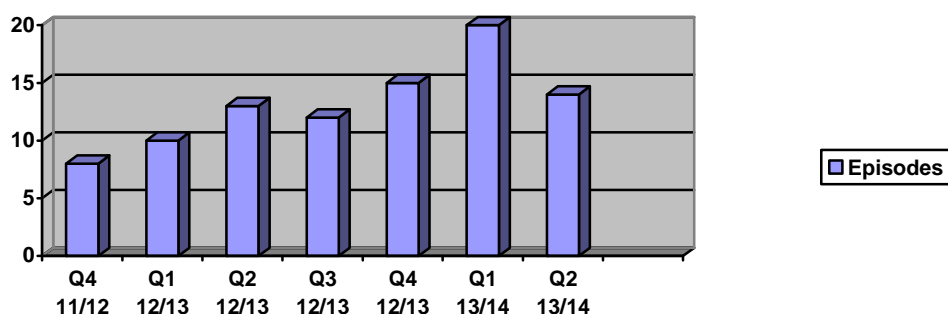
Graph 1 to show occupancy percentages for Jan to Aug 2013. There has been a 14% increase since the figures included in the cabinet report.



Graph 2 to show occupancy percentages for Apr to Aug 2013, compared to last year's corresponding period. Average occupancy for this period is 81%, compared to last year's period which was 71%. There has been a 14% increase since the figures included in the cabinet report.

Detox Market:

The service has provided beds for Detox referrals for a number of years. In February 2012 payment for these beds was established and referrals have shown a steady increase, which has produced an income. Based upon figures for the last year (to August 2013), the average income for the year is predicted to be £33,665. If Detox beds were sold outside of the borough, this income would increase. Expressions of interest for this service have been obtained for other areas of the West Midlands for detox beds. If the service remained and beds were commissioned from outside of Walsall, this would help to produce the cost saving that the local authority needs to make.



Graph 3 to show detox occupancy levels since commissioning for this service began in February 2012

The detox occupancy has gradually increased as the local working protocol has become embedded and staff have developed excellent working relationships. This has generated a better outcome for service users as it has avoided out of area placements and kept their care closer to home. This has also generated a financial saving as each of the referrals to Broadway North have avoided more expensive medical detoxs at Broadway Lodge. It is estimated that this saving could total £72,680 since February 2013.

Since detox beds have been commissioned from Broadway North in February 2012, 92 detoxs have been completed. This has resulted in £42,320 of income. If the additional nights had been charged for too, it would have resulted in £4,370 extra income (*additional nights would be charged at the nightly rate of £115).

Quarter	No of detoxs	No of extra days*	Income	Medical Detox (£1,250 per wks)	Weekly Saving from Potential Medical Detox *
Feb 2012 – March 2012	8	0	£3,680	£10,000	£6,320
April 2012 – June 2012	10	2	£4,600	£12,500	£7,900
July 2012 – Sept 2012	13	8	£5,980	£16,250	£10,270
Oct 2012 – Dec 2012	12	3	£5,520	£15,000	£9,480
Jan 2013 – Mar 2013	15	5	£6,900	£18,750	£11,850
Apr 2013 – June 2013	20	8	£9,200	£25,000	£15,800
July 2013 – Aug 2013	14	12	£6,440	£17,500	£11,060
TOTALS	92	38	£42,320		£72,680

Table 1 to show actual quarterly income from detox referrals and savings made from potential medical detoxs.

*NB Week 1 saving is £790 as a SMS team purchase 4 night Detox at £460, each further week saving is £1,250.

Strategy and Implementation:

Detox Market Segment:

Substance Misuse Commissioners and the service provider have been working together to develop Detox placements and have been utilising 2 beds on average per week. A fee of £460 per episode was agreed for this provision; however, negotiations have been undertaken to explore if:

- More beds are purchased to offer more detoxes, including methadone detoxes, with the suggestion that when demand occurs up to 4 beds are purchased per week (thus increasing the weekly income)
- Additional bed nights are purchased (and potentially used) for 7 nights instead of 4 nights (methadone detoxes are on average 10-14 nights)
- Block contract is explored to secure ongoing revenue generation to offer the service some stability and to make the cost savings required to keep the Residential Service open, although this has been deemed not appropriate at this time.

So far, the service has reached an agreement that up to 4 detox beds can be purchased per week when required.

Risks:

Risks have already been considered and a working protocol with Substance Misuse Services (SMS) has been developed. Lantern House staff support their client group and visit them twice daily to monitor their physical health. All service users will be assessed prior to admission by Lantern House and Broadway North (BN) staff. Risk assessments are completed by both sets of staff. BN staff have experience and training to support this client group and have excellent working relationships with Lantern House colleagues. This protocol would be rolled out to other areas to set the standard for this work.

In addition the Residential Deputy Manager has been asked by the Commissioner to attend the DAAT funding panel so that she can consider individual cases and risks prior to referral.

Further risks relate to the closure of the Residential Service. Out of area placements could increase, staff travel would increase and service users will be further away from their families and support networks. Also following closure fewer Detoxes may be achieved due to lack of local bed availability.

Opportunities:

It is believed that there could be an opportunity to secure the commissioning of 4 of the 10 beds at Broadway North Centre, leaving 6 beds that are used locally for crisis admissions. Any negotiations with other commissioners will explore block purchases; however, opening up the residential service to the wider Black Country and West Midlands is envisaged to generate enough financial stability even if based upon spot purchasing. This would enable Broadway North staff to meet the demand as detailed in the cabinet report, and would ultimately be more cost effective than spot purchasing these beds in the private sector

provision as stated in the report. If more beds are required than the 6 predicted, it could ultimately cost the local authority more if these cannot be provided locally. However, maintaining the service at Broadway North means that if more beds are required, there will be no additional cost of purchasing them, and it could prevent unnecessary hospital admissions. If these type of hospital admissions are not avoided, it will put future pressures on social care staff when they try to rehabilitate these service users, as historically, hospital stays are lengthier than on a crisis unit.

Commissioners have been contacted in the West Midlands and so far Wolverhampton, Coventry and Sandwell have expressed an interest for further detail on detox beds. This would produce an additional income to the local SMS income of £33,665 per annum.

Crisis/Respite Market Segment:

Walsall is unique in having a dedicated crisis service such as Broadway North. A recent report commissioned by MIND (2011), highlighted the importance of these services and their popularity with service users.

Other areas may have one crisis bed (e.g. Dudley), whilst others have used other funding streams to heavily subsidise the few crisis beds that have been available (e.g. Supporting People funding subsidising Sandwell's crisis beds). Having a dedicated model of social crisis care is a unique selling point that can provide a unique business opportunity for the local authority.

In order to compete with the private sector comparator quoted in the cabinet report, these beds would be marketed at £620 per week, and any income would offset the overheads to result in the Walsall crisis beds being the most cost effective option to commissioners. Selling just one crisis bed out of area per week for 48 weeks per annum, would create an income of £29,760. The marketing of this type of bed would occur at the same time as the detox service, and therefore would be open to the wider Black Country and the wider West Midland conurbation.

Additionally, respite beds are funded via Personal Budgets. From January to August 2013 there have been 101 respite bed nights at £100 each night. This respite service could also be marketed to out of area commissioners.

Quarter	Respite Nights	Income
Q4 Jan-Mar 13	22	£2,200
Q1 Apr-Jun 13	40	£4,000
Q2 Jul-Aug 13	39	£3,900
Total	101	£10,101

Table 2 to show respite income since January 2013. NB this has not been included in the cabinet report.

Financial Plan:

The average occupancy across the whole unit for the financial year of 2012/13 is 62.8% or just over 6 beds of the 10 available, and this figure does not include bed held days. Currently bed days are held to enable Detox clients to be admitted each Monday. If bed held days were included in this figure (as DPH do), this figure would be 68.3% for 2012/13.

Commissioners have explored alternative options and they claim that they can secure crisis and respite bed provision with a trusted local independent sector provider at a cost of £620 per week with a total yearly cost of £32,240 per bed.

Resource:	Cost per bed per week (£)
Broadway North (100% of beds used)	566
Broadway North (current usage 62%)	913
Private sector comparison	620

Table 3 to show weekly bed costs, as taken from the cabinet report in June 2013

If Broadway North residential service had higher occupancy or generated higher income, then it would actually become the most cost effective option.

Important assumptions:

1) Detox Market:

Since the cabinet report in June 2013 quoted occupancy figures of 62% for 2012/13, occupancy levels have risen by 19% to 81% (from April to August 2013). To break even with the private sector comparator Caldmore Housing, Broadway North residential service would need to maintain a 91.5% occupancy rate based on the current model. However, this does not take into account the SMS funding for detox beds of £33,665 per annum. If this is included and the service cost and bed days are taken into account, the break even point would be lower, and hence the service would be a cheaper alternative. This income was not included in June's cabinet report.

The financial profile for the Detox beds suggests a yearly income of £33,665. Below is a table that describes the breakeven points for when detox income has been included in the cost effectiveness calculations. Selling just 2 beds at the full 7 night price would ensure that the service was the most cost effective.

No of detox beds filled	No of weeks	Income (£) generated at £805 for 7 nights	Crisis/res beds	No of weeks	100% week	90% week	85% week	80% week
2	50	80500	8	52	509	565	599	636
3	50	120750	7	52	469	521	552	586
4	50	161000	6	52	417	463	491	521

Table 4 to show the effects detox income has on the cost of crisis beds, therefore reflecting accurate bed costs

As stated previously, detox beds produce an annual income of £33,665. Detox commissioners have agreed to increase the number of beds to 4 when demand requires it. Based upon the current figure, if the 7 nights were purchased for each service user episode, the cost would be £805 per 7 night bed occupancy. If all 4 detox beds were purchased for 50 weeks per annum, income would equate to £156,170. This would exceed the cost saving required by 50% and would actually produce an income for the service over and above the cost savings required.

Other Detox/SMS opportunities that could be explored could include;

- Day opportunities for SMS clients (e.g. in the Well Being Centre)
- Relapse Prevention Service pilot to explore offering SMS service users support during their recovery journey to ensure that they abstain from their substance misuse.
- Service users who are pregnant are currently being sent to Broadway Lodge for medical support. If these service users were supported locally, drawing in local services from maternity and SMS, it would enable pregnant women to remain near to their families.
- Service users with poor physical health are also in a similar situation and would be better suited to being supported locally.
- Other local DAAT commissioners could be approached to explore whether they would like to purchase beds for their residents. Expressions of interest for further information has already been obtained for 3 areas.

2) Building Security Costs:

The recent building report stated that no major essential work needs to be undertaken. However, the financial cost saving in the cabinet report, does not take into account the additional recurring costs for maintaining the health, safety and security of the building, which is discussed in more detail further here.

The cabinet report states that the basis of commissioning 6 beds from the private sector it is possible to estimate the total cost would be £193,440. The proposals would therefore produce a full year saving against the budget of £101,004 based on the principle that we require only 6 beds and not the current 10 available at Broadway North. This assumes no other additional costs of closing the residential facility are incurred elsewhere. However, as Park Hall Community Association are now resident in the building there would be an additional cost of caretaking, building security and building management that would occur out of hours. Residential staff assume responsibility for the 24 hour security and health/safety management of the whole building; this includes security/alarms, fire alarms, risk assessments, legionella and general maintenance. The staff also facilitate the multi use function of building for out of hours usage such as nights and weekends.

An estimated recurring cost for securing the building is £33,200; however this does not include the cost of extending the burglar alarm. This figure does include care taking facilities to ensure the building is locked up after Park Hall classes have ended and the building is spot checked by a security patrol out of hours. As already stated, additional detox income is £33,665, prior to any additional beds being sold out of area. Therefore, the cost saving stated in the cabinet report of £101,004 will no longer be realised; instead the cost saving will be £34,139, and this is before any other cost efficiencies have been made.

Additionally, the cleaning costs for the building are circa £20,000 and this is likely to go up if the residential space is used for alternative use as currently staff maintain the unit within their core duties (maintaining the environment is a key Care Quality Commission standard).

3) Other Viable Options to Consider:

As there is an increased demand upon acute hospital beds, if the step down facility that has been trialled at BN is lost, there will be an increased cost of delayed discharge. This will impact on social care staff as rehabilitation costs will be higher which will put pressure on other parts of the social care workforce.

There are various methods which can produce the cost savings. Most of the suggestions so far have focussed on generating income; however, there are also cost savings that can be made which would help relieve the cost pressure of the budget. Some of these savings would focus on reducing the food provisions budget. Other opportunities may come from exploring the possibility of restructuring the staff team and conducting a thorough skills mix review.

Option	Detail of potential Staff Redesign/Skills Mix Appraisal	Total Existing Cost	Saving
	Night staff shift remodelled to include only one waking night staff, and one sleep in staff member.		
1	Sleep in cost, £25 per night (senior on call rate)	£9,125	£0
2	Adjusting the staffing levels required via a restructure.	£107,974	£53,982
3	Conduct staff skills review	£53,982	£6,143
		Total saving	£60,125

Table 5 to show the possible skills mix review that could occur to make further savings

The below table explores further opportunities to develop the service, with clear timescales.

Recommended Business Opportunities:

Opportunities	Benefits	Timescale/ Priority
Sell crisis beds to out of area commissioners	Generate an income to offset Walsall crisis bed costs	April 2014
Sell Detox beds to out of area commissioners	Generate an income to lower the unit cost	Dec 2013
Market beds to medium stay step down/Reablement service.	There is a growing need to support service users who do not need to remain in, or be admitted to, acute inpatient services. Explore ways of redirecting funding from inpatient services, although this is unlikely. Could produce an income.	Oct 2013
Increase occupancy levels by	Supports carers to take a break,	Oct 2013

networking with referrers within whole care pathway, and market beds to other markets such as carers or older adults	provides a fully inclusive service to all ages	
Explore relocation of rehab ward	Service users would be reabled / rehabilitated in a community setting, which should have shorter recovery times	Sept 2014
Change food provisions to only provide staple items, or explore opportunity to utilise food bank	Reduce food budget cost by potentially £12k	Dec 2013
Increase charges for respite stays, and introduce charge for crisis admissions after 4 weeks	Generate additional income	Dec 2013
Scope out potential cost savings from evaluating skill mix and rota management. Explore alternatives to the current staffing model, including exploring having sleep in staff rather than waking night staff	Remodelled staff team that is fit for purpose and produce a cost saving	Jan 2014

Table 6 to highlighting potential savings and income to reduce bed costs

Developing a Future Business Case:

In order to move forward the progression and development of BNC, the service would need to undertake further redesign to include a variety of changes. These changes are achievable and could demonstrate cost benefits before the end of the financial year. Making these changes would produce a viable business model that will result in sustainability for the residential service, and consequently in maintaining the alternative care pathway for service users with severe and enduring mental health problems, as well as potentially developing preventative services for this client group.

Redesign Opportunities	Income Generated	Saving	Recurring Costs
Current Detox Beds	£33,665		
Reduce food budget to offer only staple food products to crisis admissions		£12,000	
Security Management and Caretaking			£33,200
Staff skills mix review with the opportunity of reducing night staff to 3 waking staff and 3 sleep in staff		£60,125	
One additional detox bed sold to out of borough commissioners (7 nights at 50 weeks)	£40,250 each bed		
Respite Charges not previously accounted for (per annum)	£15,150		
Total	£89,065	£72,125	£33,200
Overall Total Potential Income/Savings			£194,390

Table 7 to show the cost effectiveness of Broadway North residential service from both income and cost pressures of securing the building.

Detox bed sold	Crisis bed sold external to Walsall	Beds remaining	Weekly cost of occupancy of remaining beds (ORB)100%	Weekly cost of ORB 90%	Weekly cost of ORB 85%	Weekly cost of ORB 80%
2	1	7	£490	£545	£576	£613
3	1	6	£450	£500	£530	£563
4	1	5	£383	£426	£451	£479

Table 8a demonstrating bed unit costs if more beds are sold externally to Walsall

Detox bed sold	Crisis bed sold External to Walsall	Beds remaining	Weekly cost of occupancy of remaining beds (ORB)100%	Weekly cost of ORB 90%	Weekly cost of ORB 85%	Weekly cost of ORB 80%
2	2	6	£467	£520	£550	£585
3	2	5	£420	£467	£494	£525
4	2	4	£332	£368	£390	£414

Table 8b demonstrating bed unit costs if more beds are sold externally to Walsall

It is with confidence that the staff and unions present this business case as a viable option as alternative to closure. It is acknowledged that unoccupied beds is no longer tolerable, however with the correct management and business plan, the cost of the beds at Broadway North could reduce significantly if all of the income is taken into account appropriately (see tables 8a & 8b). This would ensure that a service which already has an excellent reputation locally continues to offer a service to the people of Walsall.

Conclusions:

If this business plan is implemented successfully, beds will be sold out of borough to offset the costs to Walsall MBC of the remaining crisis beds. In addition, further savings could be made by redesigning the staffing structure and making key changes to other aspects of the budgets such as food provisions. These changes could not only make the cost of the beds more cost effective, but could actually result in the service becoming a profitable business unit.

Walsall Council already has an excellent service that can easily be redesigned to generate an income and be a cost effective measure to offer reactive crisis interventions that ultimately support and enable service users to remain in their own home. The service offers reablement to mental health service users to prepare them for returning home after their crisis has ended or acts as a preventative service, resolving issues quickly and stopping service users entering into secondary care. It does not institutionalise individuals and offers them a quality alternative on their care pathway when hospital intervention is not necessary. Acknowledgement is given to the unhelpful title of 'residential service' as this service does offer important time limited reablement support and is not a long or medium term option for any service user. The unit works effectively with Home Treatment Team, in line with the Operating Model, where service users come into and exit services timely and without the need for long term interventions.

Generating income through out of area bed commissioning would be the responsibility of the service manager and team. Whilst, the risk would remain with Walsall Council, the manager would be accountable to mitigate this by robust bed vacancy management and

marketing the service to the wider market. The savings detailed in this plan can be implemented immediately, however a more thorough financial profile showing financial efficiencies can be modelled for each year.

In conclusion, although the strategic direction of Social Care and Inclusion is to move away from bed based services, it is recommended that this residential service continues to develop as a viable business unit that is allowed to grow and thrive.

REFERENCES

Department of Health (2007) *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*. London: Crown

Department of Health (2010) *A Vision for Adult Social care: Capable Communities and Active Citizens*. Crown

Department of Health (2011) *No health without mental health: a cross government outcomes strategy for people of all ages*. Crown

MIND (2011) *Listening to Experience: An Independent Inquiry into Acute and Crisis Mental Healthcare*. MIND

Response to Unison/Staff Proposal for Broadway North Centre

Thank you for the responding to the consultation with an Outline Business Case for an alternative proposition to achieving the savings targets during 2013-2016. You have clearly taken the matter seriously and spent some considerable time on your proposal.

Your proposition has several strands to it and the response from commissioners is as follows:

Overall Policy Direction

As you state in your conclusion, the strategic direction of social care is to move away from bed based services. There has been considerable additional investment in enhanced primary care services in order to reduce demand for bed based services and so any proposition to increase bed based services undermines that policy and strategic direction.

Selling Beds Elsewhere

The notion of attracting business from elsewhere in sufficient quantity and with sufficient assurance is not a viable proposition. Best practice for supporting the recovery of people with mental health problems is to support people locally to where they live and preferably in the community. This is the main driver behind our stated strategy to reduce the amount of residential provision, to which you refer in your conclusion. This is also the case for commissioners outside of Walsall, and we find it unlikely that commissioners elsewhere would see a residential provision outside of their area a means of achieving good outcomes for their service users. Our local and regional contacts with commissioners elsewhere confirm this to be the case. There may be some interest from substance misuse commissioners elsewhere, but again our contacts have confirmed that this could only be on an occasional spot purchase basis and would not provide sufficient viability for a sustainable business case going forward.

Therefore, there is a high level of risk that this additional business will not be forthcoming, and neither the Council nor Dudley Walsall Mental Health Trust are able to take on such a risk.

Detox Market

The Public Health Substance Misuse Commissioning Team have advised that the projected average level of bed activity during the year is no higher than 2 beds per week for the population of Walsall. They have utilised the Broadway North Service whilst it has been available at a favourable rate, and they recognise that the charge for this activity does not reflect the full costs of the service. They are engaged in developing an alternative equivalent arrangement within Walsall which will continue to deliver savings associated with the higher cost of sending people to medical Detox elsewhere.

Financial Viability

A 7/24 residential unit of any type has to have a minimum level of business to achieve sustainable financial viability. When the costs of the full staff rota to provide a 7/24 service are taken in to account then a service with less than 10 beds is challenged to attract the income necessary to achieve financial viability in any residential or hospital setting. There is a more cost effective alternative provision for the respite and crisis beds and so only the Detox part of the service at Broadway North would remain. There is insufficient demand from within Walsall to make a 10 bed unit solely for Detox a viable proposition.

Skill Mix and Rota Management

The proposal to reduce the level and grades of the night-time staff are noted. However, any proposition for continuing the service would have to be that it has a level of business viability that is sustainable in the open market. That means taking account of full cost recovery. Management overheads have not been considered. Further than this, however, is that the projected level of income needed to sustain the remaining staffing levels would depend upon retaining the crisis and respite activity and being able to sell beds elsewhere. We have established that respite and crisis beds are available elsewhere at a more cost effective rate; and that the notion of selling beds elsewhere is not viable. This means that small adjustments to the staffing levels do not make the overall business case viable.

Redirecting Funding from Inpatient Services

As you say, this is unlikely. Mental Health Inpatient Services are currently experiencing unprecedented demand and the Trust is not in a position to transfer funding for inpatient services to support the continuation of a residential unit at Broadway North.

Increase Occupancy Levels by Marketing Respite Care Beds to other User Groups such as Carers or Older Adults

There are plenty of opportunities for other user groups to purchase respite care and we find it unlikely that they would be attracted to Broadway North as a venue in sufficient quantity to make the whole unit viable. The current bed night charge for a respite stay at Broadway North is currently £100 per night and this is higher than the costs available for bed based respite generally.

Explore Relocation of Rehabilitation Ward

The Trust has considered Broadway North as a venue and found it to be unsuitable. In any case, the model would change to a medical rehabilitation service and the staffing would be made up of those staff currently working in that area of the service.

Change Food Provisions

The proposed savings associated with food provision raise concerns about the degree to which a service would offer a personalised response. The Food Bank is already experiencing unprecedented demand and has explicit criteria associated with immediate risk of hardship. This should not be the case for anyone staying at Broadway North.

Increase Charges for Respite Stays

There would be no increase in income from this proposition because charges for respite stays are met from personal budgets, and these are funded by the Council.

Introduce a Charge for Crisis Stays After Four Weeks

Crisis response beds are not commissioned to provide a service for longer than 4 weeks.

Security Management and Property Maintenance

The costs of property maintenance and security are covered within the Corporate Council Property Services budget, and an allowance for any additional costs has already been factored in to the plans. Therefore, although there may be some additional costs, they do not offset the savings in the SC&I budget. The actual costs of additional security are not expected to be of the order expressed in your proposal.

Developing a Future Business Case

In the table on page 14 you have summarised the overall potential savings amounting to £194,390. However:

- the figure of £33,665 that is included for current Detox beds refers to already existing expenditure and so would not contribute additional saving;
- reducing expenditure on food to the extent of £12,000 per annum would compromise the quality of the service;
- costs of security and property management are covered by a different part of the Council's budget;
- the proposed savings from changing the staff skill mix are noted, but would be offset by having to take account of management overheads;
- selling one additional Detox bed is not in itself sufficient to sustain the business model, and carries a high degree of risk;
- adding to the charge of a respite bed does not raise any additional income to the Council.

*Report Author: Andy Rust
Head of Joint Commissioning
Walsall Council/Walsall CCG
Tel 01922 654713
Andy.Rust@walsall.nhs.uk
September 2013*

BRIEFING NOTE

TO: Social Care and Inclusion Scrutiny and Performance Panel
DATE: 7 October 2013

Analysis of service user responses to Broadway North Consultation (2013) in respect of proposed decision and impact of de-commissioning residential services.

Purpose

The consultation process took place over a period of 3 months and comprised of four separate focus group sessions with service users which included the distribution of a questionnaire which was also available on online; a workshop with referring clinicians from Dudley Walsall Mental Health Trust; and the development of an alternative proposal from Unison on behalf of the staff group. Each of these is considered in turn:

Focus Group Sessions with Service Users

Four focus groups with service users and carers met on 24th July, 30th July, 14th August, and 4th September 2013. All focus groups were held at the Broadway North centre at various times to enable maximum opportunity for service users and their carers to participate. Staff from Broadway North and senior managers from the Adult Social care and Inclusion Directorate were present in order to support and facilitate discussion. Each group was informed that the consultation was on the Cabinet's decision to terminate residential services at Broadway North and move away from residential care bed based provision.

Attendance numbers at each session varied.

24 July 2013	7 service users attended
30 July 2013	5 service users attended
14 August 2013	8 service users attended
4 September 2013	8 service users attended

The most common questions/issues raised by the participants were:

- Queries over whether respite is included going forward with the new provider. "Are respite and crisis going to separate". Each group was informed residential service provision in its entirety at Broadway North Centre was to be considered together in any future provision.
- There were concerns about respite that has already been booked and whether this commitment is likely to be honoured? There is a commitment to avoid where possible any disruption, cost or inconvenience to service users and their carers.
- Staff – are they being transferred? All Staff have been offered the opportunity to explore relocation in line with Local Authority Human Resource policies. All staff are

subject to both informal and formal consultation. Relevant trade unions are also fully involved in this process.

- Fear over the use of alcohol and drugs by residents at Lonsdale. The groups were advised that on the two visits carried out by Council officer's there was no visible evidence noted and assurances were given by Lonsdale management that drinking activity on site was not allowed by the provider.
- Service users spoke of the benefits of the environment and the long term therapeutic relationships that they have with staff. The group was informed that this was their opportunity to help shape the future service delivery; be it with this or any other provider and that this point will be fed back to the commissioners.
- Numerous feedback regarding the quality of Broadway North Centre. A number of attendees spoke about the high quality of service provision at Broadway North. We assured all attendees that all future provision will have to meet various criteria for registration to ensure minimum standards around service quality.
- Service users sought reassurance on the quality of any new service provision and queried what happens if it doesn't work. Assurances were given that the quality of the new service would be monitored using regular commissioner-led service reviews, regular procurement monitoring framework feedback, CQC inspections and Care Programme Approach reviews. Collectively this should ensure quality standards are of a sufficiently high standard going forward. Any lessons from the pilot exercise and feedback from consultations will also inform quality provision.
- Some service users asked why alternatives such as a user led organisation hadn't been considered. It was explained that all alternative types of provision and models of provision would be considered. However in the first instance these alternative models would need to be outcome focused and based on financially viable business cases.
- A number of service users stated that they didn't feel listened to. We explained that the consultation events and questionnaire were an opportunity to express views about future provision, raise concerns and also make suggestions for future development of provision.
- If our personal budget doesn't stretch to buying a placement at the new provider, what happens then? It was explained that service users could ask for a review of their care plan and thereby seek a review of the allocated budget behind the personal budget.
- Money comes before people – can you not get money from different people? We explained that the Council faces stringent financial challenges going forward. The decision to close Broadway North is based on an economic basis, of cost effective alternative provision being available in the local market economy and the reduced need for residential based services in the future.
- You are keeping downstairs open – so what are you saying? Currently there are plans to develop the day service provision at Broadway North and these plans were shared in outline with consultation event attendees.

Questionnaire feedback from service users and their carers

79 people responded to the questionnaire.

Most respondents were either current (29%) or past users of BNRC (52%).

Day services (49%), residential respite (51%) and crisis bed services (41%) were the most commonly used services amongst respondents.

Slightly more females than males responded to the survey (56% compared to 43%). Most respondents reported themselves as having a mental health condition (57%) and / or a long standing illness or health problem.

A quarter of respondents said they themselves had a physical disability.

Around a fifth of respondents said their partner had a mental health condition or a long standing illness or health condition.

The average age of respondent was 51, ranging from 24 to 82 years.

The vast majority of respondents were White (90%) and 8% Black or Minority Ethnic groups.

Most respondents felt that all aspects were important to them. The service aspects that were seen as most important were:

- Skilled staff that understand my needs (83%)
- 24hr accessible service (77%)
- Relaxed stress free environment (77%)
- Safe and secure environment (77%)

The following quotes are reflective of the general feedback received from many of the participants in which they indicate the need to retain the excellent services and the centre, fearful that the service is to end altogether.

"There are no services of this kind in Walsall area. I need constant respites. Broadway North is well needed centre if this services go, where will people like me can go to. The only place to go to would be Dorothy Pattison Hospital. Please keep this centre open."

"I want Broadway North to remain open as they provide an excellent service."

"The service needs to be affordable, I could not have got through my stages without Broadway North and the full team there, without this facility and staff I would be dead by now I know that much for fact."

"Cost can be a major factor in accessing residential services. Would an independent provider be more expensive?"

"Broadway residential is a valuable service. If this provision is closed, then I worried that it will be replaced by something cheap and nasty."

"I am a carer for my wife (she has Alzheimer). My concern is that if Walsall Council becomes "detached" by using independents, standards could fall."

"The relationship with the supporting staff is most important to me. I would like a particular member of staff to build a relationship with me, to understand how my life is- not because they have to as part of their job, but because they want to improve my quality of life."

“Keep Broadway North centre and residential unit open as it helps and provides a supportive environment where you can gain skills and move on. It is a place where the staff are available if you need help to recover by the support they offer you by promoting your independence. Without Broadway north and its excellent staff people with mental health issues have nowhere else to go for support.”

Overall responses show that people need reassurance that access to and quality of service will not be affected. Respondents also mentioned the importance of being supported in a clean and well managed environment that is conducive to their recovery with many stressing the need to retain the current service and staff.

Broadway North Residential Service

Broadway North has been operating as a specialist facility to support those recovering from mental ill health with both day and residential care services available on the site. A review of the services has been completed by the Mental Health Commissioning Team (part of the Joint Commissioning Unit), and concluded with a recommendation to Cabinet in June 2013 to enter in to a consultation on the closure of the residential unit and to purchase equivalent provision from the independent sector.

The 10 residential care beds have offered both the opportunity for those who need some respite (usually to give carers a break and maintain an individual’s mental wellbeing) and some crisis response beds for those who need help but where this does not require an admission to a psychiatric hospital. The average occupancy across the whole unit for the financial year 2012/13 was 62.8% or just over 6 beds of the 10 available, and this level of occupancy means that an alternative arrangement of spot purchasing an equivalent residential service elsewhere will offer improved value for money.

The Lonsdale House residential unit operated by Caldmore Housing Association (part of Accord Housing Association Group) does provide an equivalent quality of service at more cost effective rates and also has a total of 15 beds which will provide for greater flexibility at times of high demand. This provider already provides step down provision in line with the mental health recovery pathway to enable users who have had an acute hospital episode to have their discharge back to the local community facilitated in a timely way.

The specialist psychiatric support services of Dudley Walsall Mental Health Trust (Home Treatment, and Crisis Response Teams) will continue to support people in these beds in the same way as they have supported people at Broadway North.

Progress with Consultation

The consultation was formally started at the beginning of August and is on target to be completed by the beginning of September. There have been three sessions with staff and service users of the centre. A questionnaire has been developed in partnership between Walsall Council (including advice from Council Consultation and Customer Feedback Officer) and Dudley Walsall Mental Health Trust managers. This has been widely circulated and is available on line (see attached):

http://www2.walsall.gov.uk/consultations/broadwaynorth_referrers/broadwaynorthreferrers.htm

A consultation session for clinical and social care practitioner staff across the Dudley Walsall Mental Health Trust took place on the 14 August. There were 20 or so people that attended. Some of the outcomes of the consultation to date are as follows:

- To seek reassurance that beds will be available as they are needed. Commissioner response is that the combination of a higher number of beds and spot purchasing arrangements offers the same if not improved availability.
- To seek reassurance that the skill set and experience of the staff at Lonsdale House is equivalent to the staff at Broadway North. Commissioner response is that the Caldmore Housing Association staff do have skills and experience in supporting people with mental health problems. Dudley Walsall Mental Health Trust specialist staff will work closely with Caldmore Housing Association staff.
- There should be greater emphasis on preventing people going in to crisis. The range and extent of community based psychiatric support services has been considerably increased in the last two years.
- Some of the beds at Broadway North were at times being used to support people with drug and alcohol problems. Discussions are underway between Caldmore Housing Association and the Drug and Alcohol Commissioning Team to develop an equivalent service at Lonsdale House, and other Caldmore Housing facilities across the Borough.

Proposals

Commissioners have explored alternative options and they can secure crisis and respite bed provision with a trusted local independent sector provider at a cost of £620 per week with a total yearly cost of £32,240 per bed. This service can be flexed up if required and has the benefit of having experienced staff on duty 24 hours per day.

That Broadway North Day services element continues to evolve as multi-purpose community wellbeing and recovery hub offering day based recovery programmes for people recovering from severe mental ill health alongside community based activities run by local community organisations.

Recommendations

The closure of the bedded facilities will save money to the Council whilst increasing the opportunity to develop the community resources on the site.

The total bed weeks required based on the average occupancy 2012/13 would indicate a need for just over 6 beds per week for all types of support, equating to just 62.8% average occupancy.

The budget for the Broadway North Residential unit for 2013/14 is currently £294,444 (excluding CSS recharges). It is therefore recommended that the council consider the closure of the residential element of Broadway North Centre and that alternative equivalent provision is purchased from the independent sector.

Conclusion

The outcome of the consultation and the response to the Panel of the recommendations will be reported to Cabinet on 23 October 2013.

Report Author

Peter Davis

Head of Community Care

☎01922 654711

Davispeter@walsall.gov.uk



Walsall Council

Social Care & Inclusion

Professor John Bolton
Interim Executive Director

Your Ref:
Our Ref: JB/AR/aas
Date: 24 September 2013
Direct Line: (01922) 654710
Email address: boltonj@walsall.gov.uk

David Winnick MP
House of Commons
London
W1A 0AA

Dear Mr Winnick

This is in response to your letter dated 16 September 2013 enclosing Miss Spragg's submission on the consultation over the closure of the residential unit at Broadway North Centre arising from the Have Your Say event that you organised for service users at the Centre on 28 August and associated questionnaire. Miss Spragg's submission is a lengthy one, and in the interests of keeping our response as straight forward as possible I have summarised the points she makes through her submission and provided our response in turn for each point.

First let me say that we appreciate the effort Miss Spragg has made to enable service users and their carers to get their points across as part of the consultation process.

- Raising awareness of the exercise among those likely to be interested, and in good time: As Miss Spragg says in her submission, the first proposal on the future of the residential unit dates back to 2011, and was the subject of a Social Care Scrutiny and Performance Panel held at the centre in June 2012. Service users have been aware of these proposals since that time;
- Communication was conducted by letter, phone call, questionnaire and word of mouth together with the focus groups. A total of 28 service users attended the focus groups and 79 people responded to the Council's questionnaire. The Have Your Say event made contact with 34 service users and 5 carers and also contributed to the consultation process. We recognise that some service users and carers have said they were not contacted soon enough or in a way they preferred, but these numbers are sufficient for the views and perspectives of service users and carers to have been represented;

- The consultation co-ordinators were Peter Davis for the Council and Anet Baker as part of the Joint Commissioning Unit which is part of Walsall Council and Walsall Clinical Commissioning Group. They or their representatives were present at every meeting or focus group;
- All the questionnaires have been gathered and analysed by the Mental Health Commissioning Team and the results have been summarised as part of the forthcoming report to cabinet on 23 October 2013;
- The consultation plan was to hold separate events for service users and carers, referring clinicians and the staff group, together with questionnaires that were sent to service users and carers and posted online. The level of response to each of these was sufficient for the views and perspectives of these groups to be made known;
- One of the purposes of the consultation was to contribute to the impact assessment. This has been completed following the consultation process, to ensure that feedback from the consultation has contributed to the impact assessment;
- The timing of the consultation was influenced by several different factors. There will always be some people for whom the timing of a consultation process is inconvenient. Sufficient numbers of service users and carers have responded for the process to have gathered a comprehensive understanding of the views and perspectives of service users and their carers;
- The focus group sessions were standardised to ensure the same questions were asked each time so as to ensure the consultation was consistent no matter which representative of the Council was leading the event;
- Advocates were welcome to provide support to service users and carers to join in the consultation process. Advocacy support for people with mental health problems is commissioned for instance in the form of the Service User Empowerment Group (SUE);
- Expenses of people choosing to participate in Council run consultation events are not normally reimbursed by the Council. The Council runs a lot of consultations during the year and would not be able to afford reimbursing expenses for those involved in them. Expenses of service users participating in the commissioning process by attending commissioning forums or Partnership Boards are normally reimbursed, but this is different from a consultation process;
- Staff were involved in the consultation with service users and carers to ensure the process was open and transparent and to provide additional support;
- The staff group raised issues about their entitlement to redeployment or redundancy once they became aware of the proposals. The Council has answered their questions as comprehensively as possible, but this doesn't mean

that any decisions have been made in advance of the consultation. A final decision on the closure will be made by Cabinet on 23 October and the formal process of redundancy or redeployment cannot start until after that. Any suggestion that a decision has been made in advance is an error, and the Council wholly apologises if any such impression has been given by any of its officers;

- Operating a Detox service from Lonsdale House will be inappropriate and alternative venues are being explored by the Public Health Substance Misuse Commissioning Team working in partnership with Dudley Walsall Mental Health Trust and Caldmore Housing Group;
- Tendering for an alternative service is not necessary. An alternative is already available in the local market and placements will be commissioned on a spot contract basis in response to individual need. This has been possible for some time at Lonsdale House and so some people have already chosen to go there for their respite care. Referrals to the Lonsdale House Unit will be made by clinicians in the same way as has been the case for Broadway North. The Lonsdale Unit will provide respite care;
- The case for closure is set out in the June Cabinet report. This makes clear that the decision to close Broadway North is based on funding and is a way in which the Council is seeking to address its current predicted revenue shortfall. A more cost effective alternative is available in the local market and has greater financial viability given the predicted reduced need for residential based services in the future. That was explained in the letter to Mr Turner;
- Equality and Human Rights Legislation have to be taken in to account in any decision of the Council. An Equality Impact Assessment will be completed alongside the October Cabinet Report, as is the case for all Cabinet Reports;
- The costs of building maintenance and security are covered within the Corporate Council Property Services budget, and an allowance for any additional costs has already been factored in to the plans;
- The level of occupancy did increase in the first quarter of this financial year, but have not reached a level that means the service has achieved financial viability when compared to alternative provision. Policy and commissioning intentions are to reduce the extent to which people need to have respite care or crisis response in a residential setting and work is underway with the clinical referring teams to identify community based options for support. Our expectation is that the extent of residential based respite or crisis response as a way of responding to need will reduce;
- We are, of course, interested at all times to hear of proposals from service users for social enterprise type delivery of services and indeed we do currently expect that kind of model to emerge for the remaining daytime service at Broadway North. However, this model would be highly unusual in the registered residential sector, and as stated above, Lonsdale House will meet expected demand for such provision.

In conclusion, the combination of different approaches to the consultation has meant that the process has been sufficiently thorough to have obtained a comprehensive range of views and responses. Anxieties on the part of service users and the staff group are understood, but do not detract from the need to recognise that the service is costly compared to commissioning places on a spot contract basis from the independent sector and so savings can be made that will contribute to the Council's projected revenue deficit.

Yours sincerely

John Bolton
Interim Executive Director

CC Miss Spragg, 29 Margam Crescent, Walsall, WS3 2SH
Yvonne Jackson, Customer Liaison Officer