

<b>Report to:</b>	<b>STRATEGIC PLANNING AND CAPITAL MONITORING</b>
<b>Date:</b>	21 September 2020
<b>Executive Member/Reporting Officer:</b>	Councillor Eleanor Wills – Executive Member (Adult Social Care and Health) Stephanie Butterworth – Director of Adult Services
<b>Subject:</b>	<b>ADULTS CAPITAL PROGRAMME</b>
<b>Report Summary:</b>	<p>This report provides an update of the development and plan in relation to the Adults Capital Programme which now includes three schemes that are being funded from the Disabled Facilities Grant (DFG) as well as the two schemes previously reported on. The schemes are included in the financial summary in <b>Appendix 1</b>. Progress on these schemes is reported alongside the main DFG within the Growth Directorate Capital update report.</p> <p>The five projects therefore now contained within this report are:</p> <ol style="list-style-type: none"> <li>1. The review of the day time offer</li> <li>2. Christ Church Community Developments (CCCD) - 4C Community Centre in Ashton</li> <li>3. Moving with Dignity (Single Handed Care)</li> <li>4. Disability Assessment Centre</li> <li>5. Brain in Hand</li> </ol>
<b>Recommendations:</b>	<p>That the STRATEGIC PLANNING AND CAPITAL MONITORING PANEL be recommended to NOTE the updates provided in this report, including:</p> <ol style="list-style-type: none"> <li>(i) The progress of the review of the day time offer (which includes the Oxford Park development reported in previous reports) and the potential development of a full business case thereafter</li> <li>(ii) The progress of Christ Church Community Developments (CCCD) including the success of obtaining match funding to support the project</li> <li>(iii) The progress and update of the three schemes funded from the DFG: <ul style="list-style-type: none"> <li>○ Moving with Dignity (Single Handed Care)</li> <li>○ Disability Assessment Centre</li> <li>○ Brain in Hand</li> </ul> </li> </ol>
<b>Corporate Plan:</b>	The proposals contained within this report support the delivery of the Corporate Plan.
<b>Policy Implications:</b>	In compliance with Council policy.
<b>Financial Implications:</b> <b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	The Council's capital programme ambition is currently unsustainable. The current committed programme requires £18.8m of corporate resources, with only £14.6m available in reserves, leaving a £4.2m shortfall which needs to be met from the proceeds from the sale of surplus assets. Whilst this report is not identifying significant cost pressures at this stage, incremental cost pressures across a number of schemes will soon result in substantive additional resource requirements. Any cost pressures arising as a result of Covid-19 or other factors will

increase the resources needed to deliver the approved programme, and the current shortfall of £4.2m will increase.

The broader ambition of the Council points to a further requirement of £33.2m of corporate funding to pay for schemes identified as a priority and subject to future business cases. Clearly these will be unable to progress until additional capital receipts are generated. The Growth Directorate are reviewing the estate and developing a pipeline of surplus sites for disposal.

### **Oxford Park**

In March 2018 Executive Cabinet approved a capital budget of £455k for Oxford Park. The project has experienced a number of on-going delays and a number of different procurement routes have been explored. A final quote for the completion of the works was received via the Local Enterprise Partnership (LEP) in early June 2019 which is significantly in excess of the approved budget. Therefore the approved capital is no longer sufficient, nor offers value for money on this development. Alternatives were investigated in the form of demountable buildings.

A wider strategic review of the Council's estate (including Sports and Leisure facilities) is due to take place during Summer 2020. The Oxford Park proposal will be included in this review.

The scheme was originally expected to deliver revenue savings for Adults Services which are no longer achievable of £267k in 2020/21. It is therefore essential that alternative proposals to achieve the level of savings are considered and implemented urgently. The ongoing revenue operation costs have been included in the Councils Medium Term Financial Plan.

### **4C**

In March 2018 Executive Cabinet approved a capital budget of £150k, alongside match funding to be raised from other sources by 4C. The capital project was approved to support the delivery of a new community based development, building on the successful Grafton Centre model, in partnership with CCCD who were to lever £51.5k of match funding from other sources. There have been on-going delays to this project due to change in contractors which has resulted in an increase of £34k in costs and an increase in the match funding required to be raised by CCCD.

CCCD have thus far been successful in securing an element of the additional match funding requirement from external sources.

It should be noted however that, due to the impact of Covid-19, there have been significant delays to the construction work due to the implications of the Government guidelines and restrictions. Revised timelines are included in Section 3.

### **Moving with Dignity**

Funding identified to meet the cost of a dedicated Single Handed Care team has been re-profiled with element being slipped to 2020/21 in order to fund the 2 year fixed term duration. It is envisaged that at the end of this period the new model will be fully embedded as business as usual and there will no longer be a

requirement for a dedicated team.

### **Disability Assessment Centre**

Funding of £250k has been agreed from the 2020/21 Disabled Facilities Grant allocation. The availability of the centre was envisaged to deliver cost avoidance efficiencies by offering assessments in a more timely manner to allow people to live independently in the community with less reliance on formal social care services. Delays in identifying a suitable location will lead to delays in any efficiency that will be realised.

### **Brain In Hand**

The Executive Cabinet approved £20k on 24 July 2019 to support the initiative via Disabled Facilities Grant funding. Section 6 of the report provides an update on the scheme. Progress has been delayed which has an impact on identifying the potential cost avoidance that could be realised by use of this technology via the pilot group of service users before any decision is made on a wider roll out. The report explains that efforts are being made to recoup the delays and progress at pace where possible. Related financial implications will be included in future progress update reports on the initiative.

### **Legal Implications:**

**(Authorised by the Borough Solicitor)**

This report is intended to provide Members with details of the 3 new schemes for their consideration and monitoring and also to provide an update on the progress on the projects which have already been reported on as part of the capital programme to ensure that the anticipated progress has been made.

In addition the report highlights variations in anticipated project costs, funding together with changes in anticipated service delivery which Members will be wanting to take particular regard to especially in light of the Council's overall budgetary position

Consideration of the future of these projects is on-going and it is anticipated that all of the projects will be subject to further individual, due diligence, governance and Executive decision making. It would be helpful to have a simple schedule of milestones and costs which members can measure progress against and satisfy themselves that project on time and budget to deliver intended outcomes.

### **Risk Management:**

Key risks are outlined in the body of the report, however, a summary is provided below for each project:

1. Day time offer review
  - Risk of the potential for short/medium term savings proposals – but an overall day time offer review will be able to provide a more holistic view of financial efficiencies
  - Rise in demand and unmet need affecting outcomes for local people
2. Christ Church Community Developments (CCCD)
  - In relation to CCCD, the major risks associated with time delays occurring during the development and delivery phases are increasing costs.
  - CCCD has a robust business plan and cost plan in place. Grant funding conditions are to be applied which will outline the monitoring and evaluation


requirements of the Council, including the mitigation of risks.

3. Moving with Dignity (Single Handed Care)
  - Delays in recruitment, vacancies and due to the pandemic have impacted delivery, however, good progress is being to recover and continue to identify savings in this financial year.
4. Disabilities Assessment Centre
  - Delays in the development of disabilities assessment centre will impact on the Occupational Therapy service to meet a rise in demand and result in an unmet need affecting the outcomes for the residents of Tameside.
5. Brain in Hand
  - Any delays in implementation will result in delays to the potential benefits, but does not adversely affect meeting the needs of people who meet eligibility criteria.

**Access to Information:**


The background papers relating to this report can be inspected by contacting:

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## 1. INTRODUCTION

- 1.1 The Oxford Park business case report and the Christ Church Community Developments (CCCD) 4C Community Centre in Ashton reports were submitted to the Strategic Planning and Capital Monitoring Panel on 27 November 2017 and to Executive Cabinet on 21 March 2018. This report provides an update on both schemes, as well as schemes funded from the Disabled Funding Grant (DFG), which have previously been reported to Strategic Capital Monitoring Panel (SCMP) through the Growth Directorate.
- 1.2 In March 2018 Executive Cabinet approved a capital budget of £455k for Oxford Park. The capital investment was sought to support the development of the Oxford Park facility to provide a purpose built disability and community facility that will host a wide range of services to children and adults. The investment was expected to enable the commissioning and provision of services that meet the needs of vulnerable children and adults within the borough, and avoiding the additional costs of out of borough provision. This remains the focus; however, due to the significant delays in the Oxford Park development as explained in previous reports, it was felt an opportunistic time to review all day time provision. The outcome of this review is likely to result in the request for future capital funding and a full business case will be presented accordingly.
- 1.3 The March 2018 Executive Cabinet meeting also approved a £150k capital grant to Christ Church Community Developments Charitable Organisation (CCCD). The capital grant was approved to support the delivery of a new community based development, building on the successful Grafton Centre model, in partnership with CCCD who were to lever £51,583 of match funding from other sources.
- 1.4 A further 3 schemes funded through the Disabled Funding Grant (DFG) were approved at Executive Cabinet on 24 July 2019. These are:
- Funding to support Pilot for Moving with Dignity (Single Handed Care) Scheme - £375,000
  - Funding to support a new Disability Assessment Centre - £250,000
  - Funding to support pilot for “Brain in Hand” - £20,000
- 1.5 Since the approval of this budget, short updates have been presented to the SCMP through the Growth Directorate report. However, these are Adults projects and the progress against delivery of these schemes is outlined below, and will continue to be reported in this way.

## 2. DAY TIME OFFER

### Background

- 2.1 Significant delays to the implementation of Oxford Park resulted in increased costs of construction; in excess of the capital funding that had initially been approved. In considering the best way to proceed to meet the intended outcomes and in line with Adults' wider transformation plans, it was felt this presented an ideal opportunity to holistically consider the wider day time offer that could be transformed. Oxford Park is therefore one element of this.

### Progress Update

- 2.2 Adult Services, as part of its 'living well at home' transformation agenda, is reviewing its day time offer. The project will be looking at three main stands:
- Employment
    - Whether that be paid or voluntary work
    - Pre-employment training and skills, preparing people and supporting people to be work ready
    - Preparing people for adulthood building on people's aspirations

- What employment opportunities are available; working with employers/organisations to develop these opportunities
- Support whilst in employment – both for the employee and employer.

- Education

- What are the options available for people
- Increasing people's independence and their citizenship
- Looking at what support there is available towards the end of their education path and beyond.

- Community based/building base offer

- Range of facilities available which facilitate choice for people
- Provision of carers support/respite
- Enabling people and facilitate 'move on'
- Supporting people to become more independent
- Incorporating the use of technology and drawing on what has been learnt during the pandemic.

2.3 All services will continue to be person centred and outcome focussed. This will be achieved through co-production, working together to improve people's outcomes and giving people better options, better skills and ultimately, better lives.

2.4 Services will be developed to encourage and support people to manage and maintain their independence, with a range asset based community support.

2.5 Service will be designed to ensure that people can get the right level and type of support, at the right time to help prevent, reduce or delay the need for on-going support, and to maximise people's independence.

2.6 Once the review has been completed it is anticipated there may be a requirement for capital funding. When this has been ascertained, a full business case will be brought back to the Strategic Capital Monitoring Panel for consideration.

### **Risks**

2.7 Oxford Park has been incorporated into the day time offer review and a dedicated project officer has been recruited to drive this forward. Through the pandemic, the project officer was redirected to support some of the pandemic relief efforts for a short time.

2.8 There was a different, and somewhat reduced day time offer available through the pandemic. It is a testament to the Council that it was able to maintain provision in different and creative ways whereas many areas regionally and nationally made the decision to close their day services.

2.9 All this has contributed to some delays in the wider day time offer review, but this has now been resumed as described above, and the different ways that these services can be delivered due to the pandemic can be incorporated. This has really provided an opportunity to look at different and innovative ways to deliver services, meet people's needs, and future sustainability.

2.10 Delays, however, will impact on the ability to identify financial benefits in this financial year. The Oxford Park scheme was originally expected to deliver revenue savings of £267k for Adults Services which are no longer achievable in 2020/21. Alternative proposals to achieve the level of savings are being considered urgently as part of Adult Services' wider savings proposals.

### **3. CHRIST CHURCH COMMUNITY DEVELOPMENTS (CCCD) - 4C COMMUNITY CENTRE**

#### **Background**

- 3.1 The sole purpose of CCCD is the development of the 4C Community Centre project to build and operate a centre in the grounds of Christ Church, Ashton-under-Lyne for the benefit of all members of the community. The capital investment approved by Executive Cabinet in March 2018 was intended to support this development, alongside match funding to be raised from other sources by CCCD.
- 3.2 As the Council plays a vital role in leading change and stimulating action within the local community with a broader role in promoting health and wellbeing, for the last three years the Council has been working with CCCD to establish and complete the development of a new community asset in Ashton.
- 3.3 As part of the Council's ongoing development of the asset based community development offer, to date, the Council has been successful in developing services via the asset transfer model, for the whole of the community with a focus on specific areas. The Grafton Centre in Hyde had a specific focus on older people whilst still being accessible to all. The Together Centre @ Loxley House has a specific focus on people with disabilities, again, whilst still being accessible to all. The focus now has developed to that of providing a whole family offer and this is where the developments at 4C Community Centre are integral to providing services and support to all members of the family from children through the spectrum to grandparents.

#### **Progress Update**

- 3.4 Since the approval of the Capital grant by Executive Cabinet in March 2018, there has been a change in contractors which has resulted in an increase of £34k in costs and an increase in the match funding required to be raised by CCCD. The additional costs have arisen due to the change in contractor and their increased price, increased cost of materials and the delay in funding being made available. These additional costs will be met by 4C through their own fundraising activities. The majority of the match funding will be delivered through external bids.
- 3.5 CCCD have successfully obtained funding from Viridor Credits to the value of £50k and are in discussion with a number of other funders. The match funding will also be quantified through voluntary hours given in kind to complete the development.
- 3.6 Since the last report, it has been confirmed that registering the charge with Companies House and Land Registry is in the process of being made.
- 3.7 As reported previously, due to the current climate and the impact of Covid-19, there have been significant delays to the construction work due to the implications of the Government guidelines and restrictions. This has resulted in no significant progress taking place onsite and as a result the previously reported timescales have obviously not been met.
- 3.8 In responding to the implications of Covid 19 and the current government guidance and restrictions, CCCD have now amended the current project specification to allow for the design and layout of the building to accommodate the delivery of services in a new, Covid 19, safe environment, taking into consideration the ongoing social distancing guidelines. Discussions have taken place with between CCCD and the contractors to agree a new cost effective and safe layout within budget and it is anticipated that building work will commence in September 2020. Once this is confirmed, a new set of timescales can be agreed.
- 3.9 The grant agreement includes details of the payment schedule and these are shown in Table 1. Payments due from April to August have not yet been invoiced due to the delays in construction work due to the implications of Covid 19. It is anticipated that once construction work commences, the next instalment will be released on receipt of the relevant invoice.

**Table 1**

<b>Amount of Grant payable</b>	<b>Date of Payment</b>
<b>£15,000</b>	February 2020
<b>£15,000</b>	March 2020
<b>£55,000</b>	April 2020 (not yet paid due to delays)
<b>£35,000</b>	May 2020 (not yet paid due to delays)
<b>£15,000</b>	June 2020 (not yet paid due to delays)
<b>£15,000</b>	July 2020 (not yet paid due to delays)
<b>£150,000 TOTAL</b>	

- 3.10 The estimated milestones as a result of the delays referred to in section 3.9 of the report are shown in Table 2.

**Table 2**

<b>Key Milestone</b>	<b>Target Date for Completion</b>
Build start (16 weeks)	September 2020
Build completion	December 2020
New facility open	January 2021

- 3.11 The primary risks associated with 4C are:

<b>Risk</b>	<b>Mitigation</b>
Funding being released and CCCD do not progress the agreed works	CCCD have been committed totally to the provision of a community centre in the area for the benefit of the local area – having secured over £1 million to construct the shell of the building it is believed that the chance of the Council's funding not being used as planned are remote. However, to mitigate the chances of this it is proposed that the funding will be released in phases and visits will be arranged to monitor that the work at each stage has been delivered before the next phase of funding is released.
No take up of service	Intensive, ongoing engagement with communities has taken place and consultation has highlighted that people are very interested in the centre and take up will be high. Plans are in place to focus on all areas of the community and good relationships have already been achieved and are being maintained.
No volunteers to support the development of the centre	The centre already has a pool of volunteers and trustees and could be supported by paid workers once the centre is financially viable.



Other external funders do not take up the investment opportunity	Match funding discussions are taking place and the CCCD are confident of the planned investment opportunities. CCCD are in the process of having discussions with other funders.
Maintaining interest and demand for building throughout final build stage of the project	There has been ongoing and continued engagement with the local communities.
Impact of Covid 19	As a consequence of the restrictions put in place as a direct result of Covid-19, building work has not yet been able to commence. In response to the current climate, however, structural and internal design changes have needed to be made to ensure that the building is safe for members to attend post Covid and with social distancing guidelines and practice in place.  CCCD are also putting into place a Special Measures/Risk Assessment to ensure that all safe practice is adhered to and risk is managed effectively.

#### 4. MOVING WITH DIGNITY (SINGLE HANDED CARE)

##### Background

- 4.1 On-going engagement with the borough's six contracted support-at-home providers has raised the issue of risk averse manual handling practices across the piece leading to a high level of double handed manual handling transfers where there is often scope for safe, more person centred single handed approaches.
- 4.2 Providers have been consistent in highlighting the difficulties they routinely face providing staff to undertake transfers risk assessed as requiring two staff. One of the most significant impacts of this is delayed hospital discharge.
- 4.3 This view chimes with the trend nationally towards reduced care handling options; a trend that recognises the benefits to be realised by such an approach:
- The doubling up of calls places restrictions on how support at home providers rota and use their staff flexibly within a person centred, outcomes focussed model. Providers employing single handed care techniques report increased flexibility for staff, hours 'freed up' and greater scope to provide an outcomes-focussed service.
  - Single handed care techniques can reduce the lead time to get packages of care in place thus potentially speeding up hospital discharges.
  - The lack of clarity within manual handling plans as to the exact role of the second staff member can lead to potentially ambiguous and unsafe manual handling practices.
  - Double handed approaches can negatively impact on the experience of the person needing support. An individual's dignity can be enhanced by a reduction in the number of people providing intimate support whilst potentially they benefit from less intrusive responses to achieving outcomes associated with their activities of daily living.
  - Double ups can, unintentionally, undermine an asset based approach to support at home by working in opposition to approaches that engage and utilise the support of family, friends and other informal carers.
- 4.4 An individual's active involvement in their handling builds upon physical, mental and emotional wellbeing and hands back a level of choice and control within their package of care.

- 4.5 In addition, there are clear financial benefits to be had across the health and social care economy by embracing a concerted, comprehensive switch to risk assessed single / reduced handed care; principally in the number of homecare hours commissioned. To some extent this will be offset by a reduction in revenue from charging, as service users pay for the hours of one member of staff rather than two, and there is no immediate financial benefit to the Council from implementing single-handed care for a service user already assessed as a full cost payer. Overall however, the number of hours in question is significant, and the Council will still obtain a financial benefit where service users do not meet the full cost of their care.
- 4.6 The purpose of the Moving with Dignity (single handed care team) is to provide clinical and project leadership as well as additional capacity, and will work with the existing manual handling team and hospital based practitioners with the following brief:
- Review existing best practice in safe manual handling specifically related to single handed care
  - Apply this to the review of the existing 200+ cases across the borough within the initial 12 – 18 month period
  - Review all service users with two carers to identify appropriate equipment (hoist, ReTurn etc.) that can be prescribed by use of one person and/or use of alternative techniques would safely meet their manual handling needs and therefore eliminate the need for the second carer
  - Work with a range of stakeholders to achieve a common understanding of, and develop an effective approach to, risk assessment and management regarding manual handling across all assessment and provider staff
  - Contribute to integration with local health partners by promoting a common understanding of and approaches to risk assessment and management with hospital and community based therapists
  - Coordinate the training of all prescriber staff in understanding of and use of alternative techniques and (where appropriate) the use of specialist equipment
  - Support service users, providers and carers in the use of techniques and equipment to reduce double (or more) handling
  - Inform on-going arrangements across the borough to deliver a sustainable approach to manual handling

#### **Progress Update**

- 4.7 The capital funding for the Moving with Dignity (Single Handed Care) scheme was approved on 24 July 2019 at Executive Cabinet. It is an investment of £0.375m Disabled Facilities Grant that has funded a dedicated team. The team has been tasked with instigating whole system change with the aim of reducing the instances of double-up staffing in order to undertake safe manual handling activities associated with the provision of care and support.
- 4.8 The team consists of:
- 1 x FTE Senior Occupational Therapist Practitioner
  - 1 x FTE Occupational Therapist
  - 1 x FTE Manual Handling Assessor
  - 1 x FTE Occupational Therapist Assessor
- 4.9 There was some initial delay in recruiting to all posts. Interviews took place in October 2019 and all posts were filled, however one staff member has since moved on to a different role leaving a vacancy which is currently being covered by an agency worker.
- 4.10 Recruitment is underway to the vacant post and the team is now fully operational with a focus on driving this work forward.

- 4.11 Covid 19 has had an impact in terms of moving the project forward as during this period, staff from the team supported with hospital discharge to ensure that people could move from a hospital setting in a timely manner.
- 4.12 All staff within the Moving with Dignity team are now trained in single handed care and have the required skill set to support the wider staff group in developing this approach.
- 4.13 Training in Single Handed Care techniques have been delivered to staff across all of the home care providers and the wider workforce of Moving and Handling Advisors and Occupational Therapists.
- 4.14 Each trained staff member is a champion in their area. They are delivering training across the wider workforce to ensure that this practice is embedded in order to challenge and shape cultural change to a needs led, person centred approach in dignified manual handling and use of a risk assessed, reduced handling approach to care provision.
- 4.15 The team is central to a wider workforce approach supporting them is the identification and implementation of the correct equipment and handling approaches to maximise user independence.
- 4.16 The team are working closely with colleagues in Finance to track reductions in care and estimate the resulting savings. These will be reported in the period 6 (at 30 September 2020) projected outturn revenue monitoring report. As of Friday 7 August 2020, assessments had been completed for a total of 119 service users; a single-handed approach had been implemented for 62 service users with the remaining 57 assessed as being unsuitable, and a further 72 service users were either in the process of assessment or had been identified as potential assessments.
- 4.17 The team are currently in discussion with health colleagues to look at how the model can be introduced within health settings to ensure joined up practice with health services, IUCT and the hospital discharge team.
- 4.18 Discussions are taking place regarding NHS core staff having access to the appropriate single handed care training with a view to cascading this to all relevant staff and single handed care assessment skills being implemented at point of discharge (where safe and appropriate to do so).
- 4.19 There have been some delays to the project due to recruitment / staffing issues. Covid 19 has also had an impact in terms of this work progressing. Lock down was shortly after all of the training had been delivered. Ideally, to embed this practice staff needed to have the opportunity to champion this immediately following the training.
- 4.20 To conclude the Single Handed approach is a more dignified approach to care. Advancement in technology is enabling single handed care to be considered in more situations which would previously have been risk assessed as too complex however the change in practice takes time to embed it with staff, service users and families.

### **Risks**

- 4.21 The key risks associated with the Moving with Dignity project are outlined below:

<b>Risk</b>	<b>Mitigation</b>
Impact of Covid 19	During the period of lockdown the Moving with Dignity team supported hospital discharge as a Covid support measure. As a consequence this has caused some delays to moving forward with the project although this work has reduced costs to the NHS and potentially in the longer-term to the Council itself,

	should it become responsible for the provision of care to those clients after the Covid period ends. Work is underway to consider how the model can be introduced and embedded in health settings.
Variance of need	Due to changes in need, the single handed care approach may only be suitable for a short period of time for some people as needs and abilities can decrease quite quickly or require a variable approach to handling
Reduced staffing	Due to recent loss of staff across team, agencies and wider workforce there may be delays in the wider roll out of training and support.

## 5. DISABILITY ASSESSMENT CENTRE

### Background

- 5.1 The development of a Disability Assessment Centre in Tameside was proposed in response to the growing demand for Occupational Therapy assessments in Tameside. The aim of our Occupational Therapist service is to enable adults and older people with physical, mental and/or learning difficulties to be as independent as possible within their home.
- 5.2 Occupational Therapists undertake assessments of need and, where appropriate, provide equipment and adaptations to improve levels of ability, independence and confidence and promote a safer home environment. This supports people to live longer at home and reduce the need for formal support.
- 5.3 The strategic vision of the development of a Disability Assessment Centre was to provide these assessment and interventions in a more timely and cost efficient manner. At present, all assessments are carried out in a person's home. By offering appointments at an assessment clinic (to those where it has been identified as appropriate to do so), it will allow staff to carry out significantly more assessments in a day.
- 5.4 This will reduce wait times and ensure that as a Council, as well as continuing to meet our statutory duty to carry out assessment of need, the service is able to do so within a time frame as recommended by the Local Government and Social Care Ombudsman (LGSCO).
- 5.5 The LGSCO recommended wait times for a non-urgent assessment should be no longer than 3 months to complete. Within Tameside, this was taking up to 6 months to complete. However, at present, the wait for an Occupational Therapy Assistant assessment is 9-10 months due to the pandemic.
- 5.6 By assessing in a timelier manner, we are also ensuring that people are managing their activities of daily living safely in their home thus reducing their risk of injury, reducing demand on acute services and promoting independence.
- 5.7 As well as carrying out assessments of need at the Centre, it is envisioned that this space will allow people to try adaptations such as stair lifts before they are installed in their homes. This will ensure that these adaptations meet their needs fully before costly works are carried out.
- 5.8 Advice and guidance can also be provided to people who have been assessed as not meeting the criteria for equipment/adaptations, such as retail options which they can self-purchase. This is in keeping with the Council's aim of developing and providing an assists-based community offer. Home visits will still be carried out for those identified with high level

complex needs or where it has been deemed not feasible for a person to attend an appointment at the assessment centre.

- 5.9 It is proposed that this Assessment Centre will be staffed with existing Occupational Therapy staff. The main financial objective of this project is cost avoidance. This Centre will allow assessments to be carried out in a timely manner reducing risk of injury, reduce need for acute services, promote independence, reduce need for formal support services and reduce complaints.
- 5.10 This model of assessment is used successfully by a number of local authorities across the country such as Sussex, Somerset and Oldham. It also capitalises on a strength based appropriate to assessment and provision, gives people a greater choice of assessment method and encourages them to be active participants in provision of services.

**Progress Update**

- 5.11 A number of initial meetings took place to discuss the proposal of an Assessment Centre and support to find an appropriate space. The last meeting was in February 2020 and this meeting focussed on actions / next steps to move the project forward. The size of the building required was discussed in relation to equipment to be housed / floor space required and the functions of the Assessment Centre. It was agreed that it would be beneficial to liaise with the Estates Team in order to identify a suitable property in terms of size and location. It was also agreed that a scoping exercise of the project was required. Unfortunately these actions experienced slight delays due to the impact of Covid-19 on essential services being delivered, with staff being redirected to support the wider system.
- 5.12 Since then, work has progressed by researching models of assessment centres that are run efficiently in other areas, such as Oldham. It has now been identified what would be required from an Assessment Centre in Tameside.
- 5.13 This includes the importance of location, access to public transport, space and facilities required within the Centre. An outline specification has been drawn up for the Centre and required floor space identified. It is likely that the Centre will be based in Ashton due to good transport links and Tameside One being a place where potential users of the new facility can also go to for further assistance.
- 5.14 Once a space has been located, further work can begin regarding costing for the project in terms of refurbishing of the space and on-going running costs. We are now in a position to move forward on these actions as a priority.

**Risks**

- 5.15 The primary risks associated with the Disabilities Assessment Centre are:

Risk	Mitigation
No take up of service	<p>The introduction of a Disability Assessment Centre will introduce a new model of assessment for Tameside residents. To ensure take-up of services, there will a robust initial screening of referrals to ensure only those who it is appropriate to attend an Assessment Centre will be offered an appointment. Those with complex needs, or where it has been identified that attending a clinic appointment is not feasible, will be offered a home visit.</p> <p>A clear criteria and pathway will be in place for the Assessment Centre and service users will be given appropriate information as to why their assessments will take place in a clinic. Follow up home visits will be offered if deemed necessary.</p>

	This model of assessment is already established in a number of other authorities with good engagement from service users and high appointment attendance.
Impact of Covid 19	Due to the going COVID-19 pandemic and uncertainty regarding future social distancing restrictions, how assessments are carried out will need to be thoroughly risk assessed and monitored on an ongoing basis to ensure safety of the staff and service user.
Delays in developing the disability assessment centre	There is a high demand for Occupational Therapy services which is only increasing. This is leading to delays in assessment and long wait lists. The provision of an Assessment Centre will allow the service to continue to meet its statutory obligation to assess need and do so in a timely manner without having to increase staffing levels.

## 6. BRAIN IN HAND

### Background

- 6.1 Living with autism, a mental health condition or learning disability can lead to problems making decisions, controlling emotions and appropriate behaviour. The extent to which people are affected varies, but with individualised support, significant progress can be made, helping increase independence and achieve goals. The settings in which Brain in Hand (BiH) can work spans learning disabilities, autism and some mental health conditions providing support in areas such as managing anxieties, organising a structured daily routine, supporting to make positive decisions, coping with unexpected events, travel training, transition into adulthood, and step-down service support to name a few.
- 6.2 Brain in Hand (BiH) is a professional digital support system – an app - that can be accessed via mobile phone. It works by combining three essential elements: personal planning, software tools for users and supporters (these could be job coaches, support workers, family, emergency contact etc.), and access to a responder service for a human connection. There is a traffic light system in place where people can press a red, amber or green button to signify how they are feeling and their anxiety levels. Pressing the red button will activate and alert the responders' service.
- 6.3 BiH does not replace a care and support plan that may be in place. It complements and enhances it by programming the individual's personal goals, triggers and coping mechanisms into the software. The set-up is completely personalised in this way and this is the reason it takes some time initially to get it right. However, it is a comprehensive process which includes the supporter and they are trained to amend the software if the person's circumstances change at any point. The supporter is best placed to do this as they know the individual well. In this way it is also a sustainable model.
- 6.4 Using BiH could potentially manage some people's conditions more effectively, increasing confidence, maximising independence and implementing prevention and early intervention techniques to stop people reaching crisis point and forming dependency on formal services. In this way it is felt that there would be increased outcomes for people and potentially some cost avoidance across the wider health and social care system.

### Progress Update

- 6.5 Using the DFG 20 licences were procured to enable a small pilot of 20 people for duration of 12 months. In addition, it was deemed beneficial to include the BiH responder service and a small evaluation as part of the contract.

- 6.6 The BiH responders deliver a non-medical support service designed to help people to get their day back on track when needed. If the red traffic light button is pressed or amber three times, a traffic light responder will be alerted that the person has requested help. They'll then get in touch via the person's preferred contact method (text, call, or email) to see if the individual needs a hand accessing the right coping strategies, or just some reassurance to help them feel better about a situation.
- 6.7 Throughout the pilot period, the idea is to monitor and review the role of the BiH responder service, the type of support offered, and the demand on the service from the users with a view that if successful, we could consider a way to replicate and sustain this responder service model within Tameside's existing services. It is felt the Community Response Service (CRS) could be explored for this purpose.
- 6.8 Finally, in order to ensure that there was effective monitoring and oversight, an evaluation was also included in the procurement of this pilot. This would enable us to consider the impact of BiH both in terms of recording positive outcomes and assessing any financial benefits.
- 6.9 Active Tameside contributed funding to support this in return for a number of licenses (6-8) to trial with supported internships and supporting young people through the transition process.
- 6.10 The other licences are planned to be made up of people being referred from People First Tameside, Adult Services Long Term Support and potentially some Looked After Children.
- 6.11 Currently, there are 6 people actively using BiH on the supported internship with Active Tameside. There were 8 people, but some people have dropped out or have been unresponsive through the pandemic. Licences are fully transferrable and can easily be recycled by identifying other people this could help.
- 6.12 Finance colleagues are working with the service to ensure effective support and challenge is provided to monitor any financial impact, and that this is effectively captured to support a full and holistic evaluation to consider whether BiH could be rolled out more widely in Tameside.

### **Risks**

- 6.13 Unfortunately there were some delays initially setting up people on the software and training the local supporters, due to critical illness of the BiH Programme Manager. BiH were unable to identify capacity to replace this for a short time and work was halted. Not long afterwards, we entered lockdown due to the Covid-19 pandemic. BiH informed the service that they could only continue to support existing users in this time, and setting up new people on the scheme would have to cease until further notice.
- 6.14 In mid-July, the service met with BiH to re-instate this work. A new BiH Programme Manager has been assigned to work with the service and new set ups are now being conducted. The service has updated its referrals and highlighted those people it would like to be set up as a matter of priority, based on supporters informing us of the wellbeing of the individual through the pandemic.
- 6.15 BiH have suggested that due to the unforeseen circumstances, they are also happy to negotiate the current contract terms and potentially extend the initial 12 month timescales, which ceases in October 2020. A meeting with the BiH Business Manager has been scheduled to progress.
- 6.16 These delays will impact on the potential for any financial impact/cost avoidance that could have been identified in this financial year but efforts are being made to recoup the delays and progress this at pace where possible, understanding those people who are in need of additional support to manage their anxieties through the pandemic, those who may have had

to access their provision differently in this time and understanding the impact on families, friends and carers.

## **7. CONCLUSION**

- 7.1 All of the capital projects have been delayed for different reasons as outlined in the body of the report.
- 7.2 More recently, the COVID-19 pandemic has impacted and caused delays progressing all projects with resources having to be redirected, a change in circumstance and people's needs, thinking of ways to creatively deliver our services taking into consideration social distancing and infection prevention and what can realistically be delivered with partners.
- 7.3 However, recovery plans are being developed and ways to 'build back better' working across services, partner agencies and reviewing all transformation plans locally and regionally. This includes consideration of different ways of working to meet people's outcomes as well as focussing on the financial impact of the work.
- 7.4 All projects are now applying significant efforts to recover and progress work at pace. Meeting outcomes of vulnerable people and understanding their change of circumstances through the pandemic has been paramount to all these schemes to inform and shape the delivery of proposed services, as well as national and local guidance from the Department of Health and Social Care and Public Health.
- 7.5 The learning is being built into all plans, and all costs and benefits are being reviewed and revised to factor in the part-year impact, and a potential change in the way services are to be delivered. For example, the review of the day time offer will be considering social distancing, a flexible offer through the day and potentially weekends, in depth risk assessments, safe and effective infection control, transport etc. Therefore, the costs and benefits will need to be revised in line with all recommendations and guidance available.
- 7.6 The service is working closely with service users, wider partners, and Finance to update and amend all project plans accordingly taking all of the learning into account and with a clear focus to deliver these as soon as possible in this financial year.

## **8. RECOMMENDATIONS**

- 8.1 As set out at the front of the report.



# Service Area Detail - Adults

Adults Capital Programme						
Capital Scheme	2020/21 opening capital budget £000	Approved 2020/21 budget re-profiling at P3 £000	Approved 2020/21 budget changes £000	Re-profiled 2020/21 budget £000	Re-profiled 2021/22 budget £000	Re-profiled 2022/23 budget £000
4C Capital	120	0	0	120	0	0
Oxford Park Development	433	0	0	433	0	0
Moving With Dignity	339	-160	0	179	160	0
Disability Assessment Centre	250	0	0	250	0	0
<b>Total</b>	<b>1,142</b>	<b>-160</b>	<b>0</b>	<b>982</b>	<b>160</b>	<b>0</b>

## Adults Services Approved Budget Re-profiling:

**Moving with Dignity (£0.160m)**- The Moving with Dignity scheme was approved on the 24th July 2019 at executive cabinet. Investment of £0.375m Disabled Facilities grant will fund a dedicated team. They will be tasked with instigating whole system change with the aim of reducing the instances of double up staffing in order to undertake safe manual handling activities associated with the provision of care and support. As of w/c 6 July, the team is fully staffed, but one of the practitioners has recently been offered and accepted a new post and so will be leaving shortly. The intention is to replace him as soon as possible to ensure the team is working to full capacity for the remainder of its two year duration. As there is a 2 year fixed term contract in place forecast has been based on the actual pay of this financial year and the re-profiled budget will cover next years costs.