



meeting **CABINET COMMITTEE TO REVIEW
THE STRATEGIC DIRECTION FOR
COUNCIL RESIDENTIAL HOMES** agenda item number
**FOR OLDER PEOPLE AND FOR
EXTRA CARE SERVICES**

date 15th MAY 2007

**REPORT OF THE STRATEGIC DIRECTOR OF ADULT SOCIAL CARE AND
HEALTH**

**OPTIONS FOR THE DEVELOPMENT OF THE RESIDENTIAL HOMES
STRATEGY AND EXTRA CARE**

1. Purpose of the Report

- 1.1 The purposes of this report are a) to report on matters arising from the first meeting of this Committee and b) to outline options for the future and their implications to the members of this Committee for their consideration.

2. Information and Advice

2.1 Follow up to the first meeting of the Cabinet Committee

- 2.1.1 The first meeting of this Cabinet Committee (16th April 2007) received and commented on a paper which set the context for development of this strategy. It was agreed that this meeting should be presented with more detailed options for the future development of the strategy, around 3 models described simply in the previous report as:

- Stay as now
- Withdraw from providing – there are different ways in which this could be achieved, with different consequences
- Retain a strategic share in the market and reinvest some savings in to

extra care.

2.1.2 In addition a number of specific issues were raised at the last meeting which will be given attention in this report, particularly:

- the overall strategic direction for services
- the nature and impact of TUPE
- the range of services provided from County Council care homes and the impact of change
- the varying nature of Intermediate Care – community and residential
- the overall costs of residential care as compared with extra care
- the differential costs to the council of council provided care homes and independent sector provision.

2.1.3 As well as these, the report will also make reference to the current position in the council on Job Evaluation and a recent comparative review undertaken of the connection between care placements and hospital discharge services and processes in this and neighbouring authorities.

2.2 The overall strategic direction for services

2.2.1 This is most fully defined in the Commissioning Strategy which was approved by Cabinet on 2nd May 2007. The chapter concerning Older People includes the following:

Developing Self Directed Care

Continue to promote services that encourage independence and help a greater number of older people live at home. By increasing the number of intensive home care packages or direct payments that we provide. Also by working closely with Telecare providers, extra care schemes and 'Supporting People'.

From Exclusion to Inclusion

Continue to shift the balance of provision in Nottinghamshire away from care in hospitals and care homes towards community based services. By improving and expanding community based services. Furthermore by working with health to commission services that expedites a timely discharge from hospital and provides rehabilitation or crisis avoidance services at home.

Managing the Market

Ensure there is sufficient volume and spread of quality providers across the whole of Nottinghamshire to meet the diverse needs of the older population. Through better analysis of demand and improved market management, paying particular attention to the increasing numbers

of older people with mental health problems and the increasing emphasis on people with long term conditions.

Diversity

Ensure older people are treated with respect and dignity and are free from discrimination and harassment. This will be achieved by applying the principles of the “*dignity challenge*”; through ensuring all staff are aware of their duties under the Mental Capacity Act and ‘Safeguarding Adults’ procedures. Also we will ensure the provision of appropriate services to black and ethnic minority older people and their carers.

B	Further increases in extra care: the intention is to have extra care services in each District of the County and further developments of at least 80 places are planned. Steps will be taken to increase this amount with partners and through reconfiguring services	This will be funded by reconfiguring services and reducing costs of residential care and through additional funding as available, particularly through the Department of Health extra care fund.	Choice and control
A	Reduce residential and nursing care admissions levels: The Department intends to reduce the numbers of people entering care by providing a range of community based services.	Funds released from placements will be reinvested into community services.	
A	Review of in-house residential care: We will undertake a review of our existing residential provision during 2007/08.	This will be actioned through current funding.	
A	Quality payments to care homes: To improve standard of all Independent Sector care homes.	In 2007/08 the Department of Health has allocated the Council a £1.2 million capital grant to improve the physical environment of independent sector care homes. In addition, the Council plans to find a further £200,000 in 2007/08 to improve service quality.	

2.2.2 The full chapter is attached for information as **Appendix 1**.

2.2.3 Additionally, ‘Opportunity Age in Nottinghamshire’ – the Countywide Strategy - Ageing for the Future in Nottinghamshire - developed by the Countywide Older People’s Strategic Partnership has something to say on these matters. It states (p16) that older people in Nottinghamshire say that one of the things they want to help them to remain independent at home is ‘access to extra care housing’.

2.2.4 The Commissioning Strategy for Older People in the Supporting People Partnership's Strategy for Nottinghamshire (2005 -10) has an ambitious target that there should be an extra care scheme in every District as an alternative to residential care, by 2006: this has not yet been achieved but the Supporting People Commissioning Body is overseeing work which is currently reviewing and developing plans for older people's services and funding, and will be looking to assist in implementing this target. Any new commissioning of services must comply with the EU rules on tendering as well as the Council's Financial Regulations.

2.3 The nature and impact of TUPE

2.3.1 The Transfer of Undertakings (Protection of Employment) Regulations 2006 apply principally in 2 situations a) where there is a transfer of an undertaking, business or part of an undertaking where there is a transfer of an economic entity which retains its identity post transfer b) where there is a service provision change. A service provision change can be effected in one of three ways i) either by outsourcing ii) the transfer of services between contractors on a re-tendering exercise iii) where contracted services return in house.

2.3.2 Where there is such a transfer all staff associated with the undertaking will have their employment transferred to the new provider by operation of law. Staff will have their employment transferred on their existing terms and conditions. There are strict provisions dealing with consultation which must be observed by both the current employer and any potential employer.

2.3.3 Legal advice will need to be taken as to whether TUPE applies with regard to the recommendations of this Committee together with their implications for staff and for the contractual process.

2.4 The range of services provided from County Council care homes and the impact of change

2.4.1 As the report to the last meeting identified, the current care homes of the council do provide a wide range of services; this multi-purpose flexibility is one of the benefits of having directly provided services and of course affects the cost of them. The services provided – although not all at every home - include: short term care; breaks for carers (respite care); specialist mental health assessment; interim care (on discharge from hospital and awaiting another service); intermediate care; long term residential care; long term residential care for people with dementia; long term residential care for people who could otherwise be difficult to place (because of behaviour or risk); long term residential care for younger people (over 55) with conditions such as stroke; day care; specialist mental health assessment day services. These are more concentrated in the most

recently built homes, which were designed to be multi-purpose, but there is often a valued and wide range in the older homes.

2.4.2 The implications are that, if any homes are to close, then these services need to be either re-provided in another care home or re-provided in an alternative setting, unless they are seen as no longer necessary.

2.4.3 This needs to be taken account of in considering the options. The strategic direction for care homes, and particularly the phasing of decisions, will be affected by the feasibility of change and re-provision (including adequate time for any necessary tendering procedures).

2.5 The varying nature of intermediate care – community and residential

2.5.1 The recent report from Professor Ian Philp, the National Director for Older People's Services and Neurological Conditions, entitled 'A recipe for care – not a single ingredient' reinforces the need for a range of NHS and social care services for older people. (Intermediate care is NHS led.) This would echo professional experience of the different circumstances in which older people need help of this nature; some people are unable to return home straight away, perhaps because there is no carer present, or because of a particular condition or operation from which they are recovering. Other people will be able to return home as long as intensive enough services are available.

2.5.2 In the county, residential intermediate care has been developed on a Locality basis in partnership with the PCTs and now stands as follows – all are now in recently built Departmental care homes, except Newark and Sherwood, where Woods Court - an older Departmental home - provides the service, and Ashfield, where the service is 'block purchased' from an independent sector provider:

Bramwell, Broxtowe	15
Braywood Gardens, Gedling	15
Maun View, Mansfield	15
Sutton Manor, Ashfield	10
Woods Court, Newark and Sherwood	10
Westwood, Bassetlaw	<u>15</u>
Total	80

2.5.3 Generally, these beds are well used and seen as effective; there have been some vacancies, particularly in the south of the county, but these have at times been affected by absence of GP cover and it is thought that take up can be improved by better processes in hospital.

2.5.4 A similar amount of intermediate care is in the community and the intention is to continue to expand this and to keep the overall balance under review in the Department and with the PCTs: community places are as follows

and reflect differential growth and changes in investment patterns in past years:

Broxtowe, Gedling and Rushcliffe	55
Mansfield & Ashfield	23 (+ 5 night sitting)
Bassetlaw	4
Newark and Sherwood	<u>8</u>
Total	80 (+5)

2.6 The costs of residential care compared to extra care

- 2.6.1 Overall cost comparisons between extra care and residential care are difficult to make due to a lack of published information. Whilst residential care costs are widely available and measured in a standard way, the costs of extra care differ from scheme to scheme depending on the level of care provided and the extent to which economies of scale are achieved. The evidence that is available, however, indicates that costs of extra care schemes are most reasonable when there are at least 40 places to allow care providers to staff appropriately for night cover and volume of service required.
- 2.6.2 In looking at costs, it is important to consider the impact on both service users and the council.
- 2.6.3 **Service users:** For service users in Nottinghamshire, the costs of care in extra care are a much cheaper option than residential care. Older people living in extra care on a low income would be left with considerably more of their pension/benefits after meeting their care costs, but of course also have to meet their other housing, support and living costs. In a care home, they would be only given a personal allowance; for home care/extra care, they would be exempt from any care charge.
- 2.6.4 For very dependent people with assets over £21,000, residential care in Nottinghamshire could be expected to cost them £334 per week (or more, as some homes will charge more than this council payment level). This is compared to the current maximum charge for home care of £75 per week, though in living at home, they would have to meet their housing, support and living costs as well.
- 2.6.5 The reason why care costs in extra care would be cheaper than residential care for service users in Nottinghamshire is the difference in the charging policies that apply. Service users in residential care are subject to national charging regulations, and if they have relevant assets (including property) in excess of £21,000 they are required to meet their care bills in their entirety. Home care, however, is financially assessed against Fairer Charging criteria, with the County Council charging a maximum of £75 per week to service users. In an extra care context, assuming a minimum level

of care service, all service users regardless of their wealth would be subsidised for their care by at least £173 per week under the Council's current home care charging policy.

2.6.6 **The Council:** As stated previously to the committee, as a result of the different charging policies for residential and home care, in 2007/08 residential care for a very dependent older person could cost the council between £0 and £334 per week, whilst extra care for the same individual will always cost the council at least £173 per week, rising to a maximum of £248 for those who can not afford any contribution.

2.6.7 In the absence of specific schemes to consider, the following general points about the revenue cost to the Council of increasing extra care can be made:

- Service users in Council care homes tend to have relatively low incomes and make small contributions to the cost of their care. If extra care was used as an alternative to direct provision for future service users with relatively low incomes, then there could be reduced costs to the Council and to service users.
- If extra care was used more widely for all income groups as an alternative to making placements in Independent Sector residential care homes, then under the existing home care charging policy there could be a significant cost to the Council. For those service users with assets over £21,000 this could amount to the Council paying an additional £9,000 per person per year.

2.7 The differential costs to the council of council provided care homes and independent sector provision

2.7.1 The report to the first meeting described the different unit costs and the main reasons behind that. It also identified the significant reduction in care provided by the council over recent years, and the range of occupancy levels which independent sector providers were experiencing.

2.7.2 As indicated then there has been a continuing dialogue about this with providers and the Nottinghamshire Care Association. This is continuing through the consultation group with the Care Association, where we are exploring with the Association the implications of introducing a framework for a pricing structure and the impact and implications if this were to be pursued.

2.8 Job Evaluation

2.8.1 The Authority is currently undertaking a Job Evaluation exercise. Most jobs in the County Council are covered by the job evaluation process and the pay structures are being reviewed in two parts. Phase 1 was completed in

2004 and covered senior managers and used the Hay job evaluation scheme. Phase 2 is currently being implemented and is using the National Job Evaluation Scheme (NJE). All jobs in Phase 2 have now been evaluated and job scores have been released.

- 2.8.2 A new pay and rewards package is being developed which will take the job scores, revised employee 'rewards' and involve a new pay scale; this is currently being negotiated. Until pay strategy phase 2 and the job scores are matched to a pay scale, it is impossible to be clear what impact the job evaluation exercise may have on care home staff pay and the service.

2.9 A recent comparative review undertaken of care placements and hospital discharge services and processes in neighbouring authorities

- 2.9.1 A recently retired, very experienced Team Manager who had previously worked for the Department in a hospital setting was commissioned to review the processes, services and practice in large hospitals in some nearby authorities. Among her key findings was that other authorities were stronger in having arrangements available as required which allowed for assessment and 'reablement' to bring a person to their full potential for independence before decision making about their long term service needs. Although in this county, intermediate care is intended to achieve this, her perception was that some intermediate care services locally can be exclusive and limited in their admissions, whereas other councils had services which were more inclusive and much simpler to achieve admission to. In Leicester, there is now a policy line that normally nobody would enter residential care without such a period of reablement. As in the comments on intermediate care above, such services may be in the community or in a residential setting, according to the needs of the individual.
- 2.9.2 These findings are significant in that these are services which achieve the aims of promoting independence and which also ensure that residential care numbers are kept as low as possible – that people only go in to long term care when that is a fully assessed and considered position. That is consistent with the various 'drivers' described in the report to the first meeting.
- 2.9.3 This approach is also consistent with the service change which is being undertaken in home care, where the 'Direct Services' home care is being reshaped to become an 'initial response service', where there will be an increasing emphasis on continuing assessment and reablement. This is based on a similar concept – that the period of critical change or sudden loss of independence is one when good care is crucial, the potential and motivation to recover or learn new skills is high, and the need for services may appear very different after a few weeks of recovery and skilled interventions.

2.10 Options for the future

2.10.1 This section provides information relating to the three options simply described in the report to the first meeting. All of these will have a considerable impact over time in their different ways. For the second two in particular there would be a major and urgent process of change management if the benefits are to be realised.

2.10.2 Detailed cost assessments of each model have not been included but financial implications are described for each option and more detail can be worked up on selected options for the next meeting as required. Given the financial context the aim would be to work within the existing funding envelope and identify what savings and improvements in service and performance could be achieved in a particular scenario or scenarios.

(i) Stay as now

2.10.3 This option would involve maintaining the Department as a provider of the current level of residential services. This would mean maintaining the current care homes for as long as possible and replacing each of them with new build homes as they became too outdated or expensive to maintain any longer. This would have the advantage of maintaining homes which are well regarded and popular, provide the range of services described above, and would not disrupt current residents. The initial report outlined the unit costs of these homes compared to other providers, and for the older homes, the number of relatively very small rooms, the costs of maintenance and the impact of trying to modernise the rooms and facilities. To build new homes would be very expensive, especially if there was no contribution from the sale of any land.

a) Impact for service users and carers

This option would provide continuity for service users and carers for now and would allow them to stay with the county council as a provider. There would be disruption as homes were repaired, modernised or replaced.

b) Consistent with the Council's strategic plan?

This option is not consistent with the objectives to:

- strengthen community care to help more vulnerable, elderly or infirm people to live independently at home
- promote greater choice and independence through community care services.

c) Legal implications

There are no specific legal implications arising from this option.

d) Financial implications

This option would commit the Authority to substantial long term commitments over and above current expenditure in order to maintain the status quo. It would not provide any savings or capital release to modernise services or to increase community based services. New build replacements would be very expensive – Leawood Manor, where there is a 32 bed residential unit and 40 day care places cost the council £2.4 million and a 60 bed care home with day care would now cost at least £3.6 million.

e) Performance implications

This option would do nothing to enhance the performance direction expected by the Department of Health of shifting the balance away from residential care, and increasing numbers helped to live at home, nor would it contribute to the objectives of the Strategic Plan.

f) Workforce implications

This option would sustain the current workforce.

g) Major Risks

- The financial requirements of this objective would not allow other developments, and would require increasing funding from the council over time, thus potentially impacting on performance and external judgements of the Department and Authority
- A long term commitment made at this point in time could be reversed in the not too distant future in order to meet financial or performance targets
- Increasing frustration from other providers at the differential costs
- Potential cost increases as a result of Job Evaluation
- A continued reduction in use of long term care places could lead to reduced occupancy.

(ii) Withdraw from providing – there are different ways in which this could be achieved, with different consequences

2.10.4 This option would involve a commitment no longer to remain a provider of services. This could be achieved by closing homes and selling the land for development; closing homes and selling the land and the property for renewal as a care home; selling the homes for continued running as a 'going concern' by another provider; transferring the stock for running by another provider, which could be one established for this purpose, including a social enterprise model – or a combination of these options.

The option allows individual judgements to be made about particular homes within this range of alternatives, with a view to maximising the benefits.

2.10.5 Although the market has not been tested, it is a perhaps reasonable supposition that there would be little interest from other providers to take on current homes other than the recently built ones, either as a going concern or empty but for use as a care home, given the costs and nature of the buildings identified in the first report. The assumption that several homes would not continue as care homes is built in to the comments which follow about this option.

2.10.6 Although reinvestment in the development of extra care was not originally included in the definition of this option, the potential to do so is similar to option 3 and so needs to be considered as a feature of this option too.

a) Impact for service users and carers

There are short term and longer term impacts, as with the other options. Residents who had made a choice with their carers to live in a home run by the council would no longer continue in council care. There would be uncertainty after the policy decision before it was clear what was going to happen to their individual home. There would be loss of their home for those where the home closed. There would be potential change in the nature of the service if it was under new management: this could be an improvement or deterioration. There would be no option of living in a council run home for future residents. There could be difficulties in getting the specialist services run by the council now, to be delivered, or delivered as well, by other providers. But there could be improved services in cost and/or quality if run by others. By releasing funding for other developments, this would enable the development of extra care or other community based services.

b) Consistent with the Council's strategic plan?

This option could be consistent with the objectives to:

- strengthen community care to help more vulnerable, elderly or infirm people to live independently at home
- promote greater choice and independence through community care services.

But it would remove the choice of living in a council run care home for any people who could not be sustained in the community.

c) Legal implications

There would be a need to consult with the residents and other interested

parties on the plans for each home and to take account of this consultation in arriving at decisions. If other providers were to be invited to take on the running of homes, there would need to be a tender process which was very clear on the requirements for the service, users and staff and followed procurement legislation and guidance. If an 'arms length' provider organisation were to be created, this would need to be created and appropriate detachment and governance set up, within legal parameters.

d) Financial implications

Closure of homes judged non viable and sale of land would bring in capital which could be used for redevelopment of services to meet need. Reduced revenue outgoings resulting from closures could be used to fund some care places in the independent sector and some new and different services, potentially at better value. In particular, there is the potential for concentration of reinvestment in to extra care. The financial implications of extra care development are described in more detail in Option (iii) but would apply in this option too.

The overall unit cost of long term care would be expected to reduce if all were provided by independent sector providers. This is because – as reported to the first meeting of the committee, with the table shown again below – the unit cost for a funded resident in an independent sector care home is significantly less than the unit cost of an older person staying in a council care home. Although there are continuing discussions about the rate paid to the independent sector and costs can be expected to rise over time, comparison with rates paid elsewhere would indicate that the cost will still be significantly less. This issue was the subject of a detailed examination by Cabinet Committee last year.

Unit Cost Comparisons for Older People Residential Care – 2005/06

	Nottinghamshire	County Council Average	Difference
Council run homes – gross cost per resident per week	558	600	42
Independent Sector run homes – gross cost per resident per week	315	392	77

Source: Department of Health, PSSEX1 2005/06

Additionally, if there were a need to tender for specialist services – such as short breaks for carers, or mental health assessment services – which are now run by the local authority, it is conceivable that the market rates offered by other providers would increase in the absence of a local authority provider.

Most significantly, any provider which took on care homes as a 'going concern' would be obliged by TUPE to honour existing pay rates and terms and conditions, so there would be little likely financial benefit from such a transfer.

If homes were to close, there would also be significant 'transitional costs'. These would include some low occupancy, as long term admissions were stopped and plans for the future of existing residents were made and put in to place. The homes would still need to run with all or most of their staffing and overhead costs, but income would be reduced.

Additionally, there would be likely to be significant redundancy costs for staff. Without new build homes opening, and with the changes which have been occurring in home care and day services, there will not be the same level of redeployment opportunities for staff which there were when there were previous closures.

e) Performance implications

This option could result in improved performance, with reduced numbers in residential care, and improved services in the community, as long as funding gains were diverted to community based services. It should improve the performance indicators for the balance of residential against non residential care, numbers receiving intensive home care and numbers helped to live at home – all very significant indicators where the council needs to improve. If funding were diverted in to extra care, then it would also improve performance in the specific count of extra care places, which CSCI has pointed out is relatively low in this authority.

f) Workforce implications

With this model, all council staff could cease to be employed by the council, although some may be redeployed. Where homes close, then staff would face redeployment but ultimately potential redundancy. Where homes transfer as a going concern, there is an obligation for the new provider to take staff with their existing terms and conditions under TUPE.

g) Major Risks

- Potentially a significant reduction in long term beds available in the county. Against increasing numbers of older people through demographic growth, there would need to be a continuing reduction in the numbers of older people funded in care homes, and enhanced community services to balance this loss.
- Loss of the guaranteed capacity in the market and in each District which the council provides; loss of the accompanying flexibility in being prepared to meet any needs which have to be met from

anywhere in the county.

- Where other local authorities have created an arms length service provider, there have been tensions; with independent sector providers, who see preferential treatment; and with the authority, which expects but does not necessarily see efficiencies, and which loses the hands on flexibility which it had, 'in house'.
- Significant opposition to any proposed closures; impact on residents, carers and staff of any closures, disruption to services during a programme of closures.
- Reduced public confidence in the absence of the council being a care provider.
- Day care and specialist services such as mental health services now in homes which might close would need to be re-provided elsewhere; the council would need to decide whether to remain as a provider for these.
- Major change programme required, needing staffing and funding for change managers and transitions costs.

(iii) Retain a strategic share in the market and reinvest some savings in to extra care

2.10.7 This option would involve deciding to retain or redevelop some homes for particular functions and to close others but redirect savings towards the further development of extra care. This option would also allow individual judgements to be made about particular homes within the range of alternatives, with a view to maximising the benefits. The homes which would clearly lend themselves to retention would be the recently built homes, given their excellent condition and 'fit for modern purpose' design. However, judgements about other homes would need to take account of their condition, the context of services in their locality, the services they provide and the ways in which they could be replaced, and the potentials for further development of extra care and other services.

2.10.8 In terms of the 'strategic share', the argument for the service which the council is least justified in providing is long term care. This can currently be purchased from other providers, who have capacity across the county and can provide this service at a lower cost to the Department. Costs could be expected to increase over time, given the relatively low payments which the Department makes. The additional use of other providers for long term care would enhance their viability, for those who have had occupancy shortfalls. With more, stronger alternatives such as extra care the numbers in long term care are also likely to reduce over time.

2.10.9 There are much stronger arguments for the council to retain – and develop – the specialist functions where it has already been the dominant provider. These include short term and respite care, intermediate care – and the potential to further develop this in to an inclusive assessment and

reablement service, including one which can reduce hospital admissions as well as taking people on hospital discharge – specialist mental health services and day care.

2.10.10 The arguments for the council retaining such functions are that they provide a continuum of care management with fieldwork staff and home care initial response; they involve close partnerships with key NHS organisations, such as the provider services of the PCTs and the mental health for older persons services of the Healthcare Trust; the expertise in delivering such services is not widespread among other local providers. The counter would be that there is no need for the local authority to monopolise such services – that other providers could tender for them and potentially could provide them more efficiently and effectively, although TUPE would be a factor. Indeed, with the changes affecting provider services in the NHS, which are developing models for new forms of organisation for service delivery away from the PCT itself, there would be scope to explore a partnership development for such services with local PCT providers.

2.10.11 If this option were followed through, with a starting point to retain all the six new build homes and redefine their purpose, then each District currently has a new build home, except Newark and Sherwood. That district has two homes which are among the more recently built older homes and Woods Court has also had more recent development to give it intermediate care capacity. The homes would have a prime function of assessment and promoting independence for older people in their district. This could be through a broader defined assessment, rehabilitation and reablement service, incorporating intermediate care. This would use the residential functions and the day care service, working closely with the home care initial response and community based intermediate care, and developed in partnership with the PCT and the Healthcare Trust. This service could be developed as part of an objective that normally no decision would be made for older people to go in to a care home on a long term basis until they had been through such a community based assessment – i.e. in particular, not directly from hospital.

2.10.12 In addition, short term care and breaks for carers would continue to be provided. Remaining capacity would be used for long term care. This could be focussed on older people with dementia and particularly complex situations.

2.10.13 This option also seeks to further develop extra care. This would also be feasible as part of Option 2. As the report to the first committee meeting explained, the Department of Health and much professional practice promote extra care as a real alternative to residential care for most people with that level of need. It can sustain independent living, with the additional benefit of shared living with others and high available levels of support and care services. In leasehold units, it allows people with capital

to invest it and protect some of their inheritance. Local experience in the schemes which exist, supports the analysis and benefits.

a) Impact for service users and carers

For residents who had made a choice with their carers to live on a long term basis in a home run by the council, they would potentially have to move to a home in the independent sector. This would depend on the phasing involved in any closures and in altering or ceasing any long term service delivered in a retained council home. There would be uncertainty after the policy decision before it was clear what was going to happen to their individual home. There would be loss of their home for those where the home closed.

Evidence from previous closures indicates that if extra care services are available for residents of a closing home, then a small number will choose and successfully manage a transfer in to extra care.

For future residents, the choice of the council as a long term provider would be reduced or removed; but this would be replaced by an improved assessment and reablement service across sectors and greater potential to remain independent. Funding diverted to extra care development would enable more opportunities for remaining independent in a community setting.

b) Consistent with the Council's strategic plan?

This option could be consistent with the objectives to:

- strengthen community care to help more vulnerable, elderly or infirm people to live independently at home
- promote greater choice and independence through community care services.

But it would reduce or remove the choice of living in a council run care home on a long-term basis.

c) Legal implications

There would be a need to consult with the residents and other interested parties on the plans for each home and to take account of this consultation in arriving at decisions. Any decision to establish a new partnership arrangement with PCT provider services would need to be undertaken in line with the legal regulations governing such a development, including, where appropriate, rules regarding tendering.

It should be noted that there are numerous different ways to package and scope services for procurement and early consideration of the issues and

objectives with colleagues in Legal Services should assist in identifying the best options and developing an appropriate timetable for implementation.

d) Financial implications

Closure of homes judged non viable and sale of land would bring in capital which could be used for redevelopment of services to meet need. Reduced revenue outgoings resulting from closures could be used to fund some care places in the independent sector and some new and different services, potentially at better value.

The overall unit cost of long term care would be expected to reduce if all were provided by independent sector providers. There would also be transitions costs and redundancy costs. All these elements would apply as described in this section in Option ii) above.

Extra care development carries the financial risks described in the report to the first cabinet committee, in relation to the charges and contributions of service users. Supporting People would be expected to cover the support costs of extra care and there is already a commitment within the Supporting People Investment Plan to fund the support element of around 120 units of extra care at an anticipated cost of £156,000 per year. Any variation to this would need to be approved by the Supporting People Commissioning Body.

Capital funding for extra care developments would need to be sought with partners from the Housing Corporation, from the sale of leaseholds as part of the scheme and from capital available to RSLs (Registered Social Landlords) and stock transfer ALMOs (Arms Length Management Organisations). The mechanism for selecting appropriate partners will also have to comply with the relevant legal rules and tendering procedures.

There would need to be an increase in staffing at retained homes in order to deliver the specialist services described, with some contributions from PCT and Healthcare Trust services. There is, however, evidence from other reablement schemes, such as in Leicestershire, that an effective scheme is cost-effective in reducing the need for more expensive long term services, in care homes or the community.

e) Performance implications

This option would result in improved performance, with reduced numbers in long-term residential care, more people successfully rehabilitated in to the community and improved services in the community with the additional extra care provision. It would improve the performance indicators for the balance of residential against non residential care, numbers receiving intensive home care and numbers helped to live at home – all very

significant indicators where the council needs to improve. It would also increase numbers in extra care settings, which CSCI has pointed out is relatively low in this authority.

f) Workforce implications

With this model, where homes close, council staff would face redeployment but ultimately potential redundancy. If remaining homes were to take on the roles described above, then there would be a need for further training, developing the skill mix in the workforce to ensure effective reablement and high quality mental health services and a higher staffing ratio in order to achieve the tasks allocated.

Extra care requires support services, usually funded through Supporting People, so such staff would need recruiting by the service provider, and care services would need to be tendered for by the council. This does provide new opportunities for home care workers. There are some recruitment and retention difficulties in the home care sector, although working in a dedicated unit such as an extra care unit is more attractive to some staff than a more dispersed home care role.

g) Major Risks

- A significant reduction in long term beds available in the county. Against increasing numbers of older people through demographic growth, there would need to be a continuing reduction in the numbers of older people funded in care homes, through enhanced reablement and intermediate care services and community services to balance this loss.
- Reduction of the guaranteed capacity in the market and in each District which the council provides; loss of the accompanying flexibility in being prepared to meet any needs which have to be met from anywhere in the county
- Potential cost increases for council staff as a result of Job Evaluation
- Cost increases in providing care in a multi purpose unit reduce the funding available for potential extra care development
- Lack of engagement and funding from PCT commissioners and providers in developing integrated assessment, reablement and intermediate care services
- If all council services are provided from one unit in a district, this will create pressures for service users and carers who are not local to that unit
- Recruitment and retention of necessary staff
- Reduced income to the council with current charging policy as residents in extra care are charged less for care services than people with equivalent needs in care homes.

- Major change programme required, needing staffing and funding for change managers and transitions costs.

2.11 Impact of any change process on specific services and issues arising

a) Long term residential care

2.11.1 If there are to be any closures of any existing homes, it will have a significant effect on residents, staff, carers and the local community. If residents have to move from what has been their home and had been expected to continue as such, it can be very traumatic. Past experience has shown that any such change has to be very carefully managed and the needs and preferences of each individual carefully worked with, and family carers closely involved. The council has managed this very successfully in the past, and this experience and expertise would be built on, if required.

2.11.2 Closures of local authority homes in the past have usually been accompanied by the development of a new home, in which case, residents have had the opportunity to move to another local authority home; in the options presented in this report, there would not be the same opportunity. Time needs to be allowed for residents and carers to come to terms with the implications and the options open to them.

2.11.3 In the options proposed, there will also not be the opportunities for staff redeployment which there have been in previous circumstances. As well as assisting residents to deal with change, staff will be concerned about their own futures, and management of the homes can be challenging as staff move on. The timing and phasing of any closure programme is therefore critical.

2.11.4 Moving older people to alternative homes of their choice may be affected by the varying levels of occupancy in independent sector care homes in different districts. This was found in the survey which was reported to the first committee meeting. Rushcliffe and Newark were identified in the survey as Districts with high levels of occupancy and also with homes which required 'top-ups'. The council may need to pay 'top ups' beyond the normal level of payment in order to move some people to the homes which meet their needs and reasonable choices. As with any closures in the past, there may be occasions when closure leads to losses for a resident which cannot be made good, e.g. if the very specific location of a home was its appeal, perhaps because it was very closely located to relatives.

2.11.5 If there were to be transfer of any homes, this would have an impact for residents, with the anxiety about new management, but this could be eased by sensitive handling, and is less a cause of distress than a closure.

b) Short term care and breaks for carers

2.11.6 The department has been a major provider of short term care and breaks for carers (respite care) in its homes for older people. These services are of crucial importance in sustaining many arrangements in the community. Some independent sector care homes also provide this service. It almost inevitably leads to lower levels of occupancy, with the time required between resident departures and admissions and the difficulties of matching individual needs and available beds. If this service were to be shifted to the independent sector, they could be expected to require this to be funded on a block booking basis, i.e. with guaranteed payment for a set number of beds.

c) Specialist mental health services

2.11.7 The department has been providing some services in partnership with the Healthcare Trust; so at Bramwell, there is an assessment residential wing for 14 older people with mental health needs, and a 10 place day care unit providing assessment services 5 days a week. At St Michael's View, there is an assessment day service running one day a week, and at James Hince Court, which specialises in providing mental health services, there is a 12 place assessment day centre running five days a week, with a social service on Saturday. At Beauvale Court there is a mental health assessment and support day care service three days a week and at Leawood Manor a one day a week mental health assessment service. These have all been valuable services and would need to be planned for in any transfers or closures which might be proposed. In addition to these arrangements, which involve Healthcare staff working in Departmental units with our staff, all Departmental services provide high quality care for older people with mental health needs, and this would need to be replaced in other service plans.

d) Day services

2.11.8 All the Department's current care homes have an integrated day service, providing care for over 2000 local residents, often open on a seven day a week basis. Full details were provided in Appendix 5 of the report to the first meeting of the committee. These are a bedrock of support services to older people and their carers and are of critical importance in keeping many people at home, rather than in care. Because they are managed within the homes, their unit costs are low – on a value for money comparison with other councils, we have a slightly above average level of service, provided at slightly below average cost. If homes were transferred, it would be important to transfer the day service too. Other than Kirklands, there is no potential for the day service unit to 'stand alone' if the home were to be closed. Retaining a day service alone affects the potential to sell the land.

- 2.11.9 Where there have been the 6 replacement homes built in the last decade, and the Southwell development, day services have been built as a key part of the service. If homes are to close in the next phase of the strategy, without replacement homes, then there has to be planning for day service replacement.
- 2.11.10 Some of this could happen in an extra care development; so for example, it is proposed to include day services in the potential 'retirement village' in Ashfield and Mansfield. Such developments do have significant capital costs. But in smaller extra care developments which there have been, where an existing sheltered housing scheme has been upgraded, there has not been the same potential.
- 2.11.11 So there would be a need to plan for new developments for day services. There are two ways in which this could be achieved.
- 2.11.12 First, there are currently changes happening across day services in the department. So, for younger adults with learning disabilities, in line with Valuing People, there has been a steady move towards individualised care planning, supported living and integration into a range of work, learning and leisure directed activities, in which the more conventional day centre becomes less and less the place for daily activity. Likewise, more and more adults with a physical disability, often supported by direct payments, are engaged in a range of day time activities to suit their individual choices, and again, the day centre for many has become much less the place to be during the week. Mental health day services have also continued to increase their integration with community activities, with more movement out of people to other activities, and some increases in use of the service by external groups.
- 2.11.13 This changing approach to day services applies less to older people, in that for most older people, attendance at a day centre should only happen when all other community based options have been exhausted. But an overview of current services suggests that there are not consistent eligibility criteria applied for admission to the services attached to the homes. Admissions tend to be related to the presence or lack of other services in the area, or assessors' knowledge of them, and some people are in council day services whose needs could well be met by good local voluntary sector services, for example.
- 2.11.14 In this changing context, there have already been examples where some of the larger stand-alone departmental day centres for younger adults in the county have been used to provide services for more than one service user group. It would therefore now be timely to consider the development in each District of one (or possibly more) multi-use day service centres, with distinct areas for particular service user groups. This would also allow for flexibility across age ranges, so that, for example, there could be more use of the rehabilitative skills of staff working with adults with a physical

disability to work with some older people. In reviewing the current day services provided by the Department, it is possible to identify ways in which such a centre could be developed in each District.

2.11.15 Secondly, there are other day services provided or funded by the Department in the community, as well as a range of lunch clubs, sheltered housing centres and resource centres where day time activities for older people take place, and which could provide for, or be developed to provide for, older people affected by potential closures of day services.

2.11.16 It is clear that, if an option which proposes closures of homes is pursued, then there will need to be detailed planning to ensure that necessary day services to meet needs in the future are in place.

2.12 Impact of any change processes, district by district

2.12.1 There are different issues arising in each District in relation to the development of the strategy. These are not listed in detail for this report but the following provides key information, including information from the outcomes of the bed survey undertaken with the independent sector last August, and reported to the Cabinet Committee which considered levels of payment to the independent sector in the autumn of 2006. The information about proximity of other care home provision to the older homes, reported to the last meeting of the Cabinet Committee, is also included.

(a) Bassetlaw

2.12.2 Bassetlaw has Westwood new build home in Manton, Worksop, which provides intermediate care. There are two older homes, James Hince Court (1985) in Carlton in Lindrick and St Michael's View (1972, refurbished in 1995) in Retford. These include specialist mental health services as described above. There are extra care schemes in Worksop and Retford. Eastgate is a large day centre in Worksop, whose main purpose is to provide for adults with a physical disability. There is a resource centre developed through Link Age in Retford.

Bed survey – Bassetlaw – Total of 27 Care Homes

- 11 homes low occupancy, below 90%
- 10 homes above 90%
- 6 homes at 100%
- Range of occupancy 57.8 to 100%.

The home that carried the 57.7% is in an isolated village location and it is a comparatively large home for a small catchment area.

Proximity of other care home beds

	0 MILE	1MILE	2 MILE	3 MILE	4 MILE	5 MILE	TOTAL
ST MV	0	5 – 171	0	2 – 54	1 - 13	0	8 - 238
JHC	0	0	4 – 248	3 – 67	7 – 395	2 – 69	16 – 779

2.12.3 Bassetlaw is a very large district with services mostly concentrated on the two main towns. Any decision to close a home in Retford would have a particular impact, especially given the relatively low number of nearby alternative beds, although this would be partly compensated for by an early decision to tender for extra care services. There was capacity in the independent sector at the time of the survey.

(b) Newark and Sherwood

2.12.4 Uniquely, there is no new build care home in the District. There is the new build day care and extra care development, with short term care, in Southwell. There are two older homes, Bishops Court (1984) in Boughton, and Woods Court (1987) in Newark. Intermediate care is provided from Woods Court which had a Department of Health capital grant to achieve this. There are extra care schemes in Newark and Southwell. There is a large day centre for adults with a physical disability at Balderton and centres for adults with a learning disability and older people on the Dukeries site in Ollerton.

Bed survey – Newark – Total of 26 Care Homes

- 9 homes below 90%
- 10 homes above 90%
- 7 homes at 100%
- Range of occupancy 67.6 to 100%

The home that carries the 67.6% occupancy has some outstanding CSCI Regulatory Requirements and is in an old building that is in need of extensive refurbishment.

2.12.5 A proportion of the low occupancy within the locality is due to the geographical isolation of some homes. In addition some of the low occupancy homes in both Newark and Bassetlaw carried a high number of Regulatory Requirements from CSCI inspections and received low scoring outcomes from inspections.

Proximity of other care home beds

	0 MILE	1MILE	2 MILE	3 MILE	4 MILE	5 MILE	TOTAL
BISHOPS	0	1 - 28	0	0	4 - 144	1 - 45	5 - 189
WOODS	0	7 - 222	2 - 74	0	0	0	9 - 296

2.12.6 Newark is also a large District with distinct areas of population. The lack of a new build home means particular consideration would need to be given to the homes in this District if Option 3 were pursued. It is also notable that there is a relatively low amount of independent sector provision nearby, that occupancy in the District is relatively high, and it is also known that third party top ups to the fee levels of the council are regularly sought. These factors all argue for very careful consideration to be given to any potential closures in this District.

(c) Ashfield

2.12.7 Ashfield has Jubilee Court new build home in Hucknall. There are two older homes, Ashcroft (1963, refurbished in 1993/4) in Sutton in Ashfield and Kirklands (1957, refurbished in 1993/4) in Kirkby in Ashfield. None provides intermediate care, but 10 beds are commissioned from Sutton Manor, an independent sector provider. There are no extra care schemes in the District. There is a large day centre, Willow Wood, in Sutton, which provides services for adults with a learning disability and for adults with a physical disability. There is the "Lovin' Life" resource centre in Kirkby, developed through Link Age.

Bed survey Ashfield – Total of 30 Care Homes

- 13 homes with low occupancy levels i.e. below 90%
- 9 homes above 90% occupancy
- 7 homes at full occupancy – 100%
- Range of occupancy was 52% to 100%.

Of the 13 homes with low occupancy 5 were found to have outstanding Regulatory Requirements following a CSCI inspection. Ashfield had the most variable occupancy level as compared with other localities. This may be due to a large number of homes within a relatively small area.

Proximity of other care home beds

	0 MILE	1MILE	2 MILE	3 MILE	4 MILE	5 MILE	TOTAL
ASHCROFT	5 – 186	4 – 185	8 – 329	5 -171	14 – 401	0	36-1201
KIRKLANDS	1 – 33	3 - 72	10 -397	6 -264	18 – 595	5 -195	43-1556

2.12.8 Although a compact District, Ashfield does have distinct communities in Hucknall, Sutton, Kirkby and the villages. Jubilee Court is in the south of the District. Cabinet has previously identified Ashcroft and Kirklands, with Daleside in Mansfield, as priorities for closure, and at that time, for replacement with 'mixed care' – i.e. an extra care scheme and a small residential home, as developed in Edwalton in Rushcliffe. Although there are no extra care schemes in the District, there is work in progress to try to establish a potential 'retirement village' for Ashfield and Mansfield. This would provide a large amount of support and care for older people, including extra care and day care subject to council funding. This potential development has been granted Department of Health Extra Care Sheltered Housing Grant, subject to grant conditions being met. There is a high level of capacity in the independent sector in the District.

(d) Mansfield

2.12.9 Mansfield has Maun View new build home, which provides intermediate care. It also has an older home, Daleside (1962, refurbished in 1993/4). There are no extra care schemes in the District. It has two large day centres – Dallas Street to the west, which provides services to adults with a physical disability and to older people, and Red Oaks to the east in Rainworth, which provides services to adults with a learning disability. There is the Kingsway Centre resource centre developed through Link Age in Forest Town.

Bed survey – Mansfield – Total of 16 care Homes

- 7 homes low occupancy, below 90%
- 5 homes above 90%
- 4 homes at 100%
- Range of occupancy 66.7 to 100%

Proximity of other care home beds

	0 MILE	1MILE	2 MILE	3 MILE	4 MILE	5 MILE	TOTAL
DALESIDE	1 - 50	10 -314	6 - 306	0	17 - 704	6 -223	40-1597

2.12.10 Mansfield is a compact district, although there are no council care homes outside the conurbation. Cabinet has previously identified Daleside, with Ashcroft and Kirklands, as priorities for closure, and at that time, for replacement with 'mixed care' – i.e. an extra care scheme and a small residential home, as developed in Edwalton in Rushcliffe. Although there are no extra care schemes in the District, there is work in progress to try to establish a potential 'retirement village' for Ashfield and Mansfield. This would provide a large amount of support and care for older people,

including extra care and day care subject to council funding. This potential development has been granted Department of Health Extra Care Sheltered Housing Grant, subject to grant conditions being met. There is quite a high level of capacity in the independent sector in the District.

(e) Broxtowe

2.12.11 Broxtowe has Bramwell new build home in Chilwell, which provides intermediate care and the partnership mental health service with the Healthcare Trust. It also has one older home, Beauvale Court (1984) in Eastwood. There are no extra care schemes in the District although the situation in Beeston arising from the tram development has caused a review of options. There is a large day centre, Barncroft, for adults with a learning disability in Chilwell and the 'Fifty in south Broxtowe' resource centre developed through Link Age in Stapleford.

Bed survey Broxtowe – Total of 20 Care Homes

- 7 homes below 90%
- 8 homes above 90%
- 5 homes at 100%
- Range of occupancy 64.3% to 100%

The home with 64.3% occupancy had a large number of Regulatory Requirements and 4 of the other homes below 90% also carried a number of Requirements (average of 8 per home) following CSCI inspections.

Proximity of other care home beds

	0 MILE	1MILE	2 MILE	3 MILE	4 MILE	5 MILE	TOTAL
BEAUVALE	3 - 81	4 - 139	0	1 -60	13 - 404	2- 31	23-715

Services in Broxtowe, other than Beauvale, are more concentrated in the south of the District, but Jubilee Court in Hucknall is only 3 miles from Beauvale.

(f) Gedling

2.12.12 Gedling has Braywood Gardens new build home in Carlton, which provides intermediate care. It has one older home, Leivers Court (1984) in Arnold. There are no extra care schemes in the District. Day services for younger adults are currently being changed, with a replacement being built for Beck Meadow, but there will be no large day centre. It has a resource network developed across the Borough through Link Age.

Bed survey – Gedling – Total of 23 Care Homes

- 6 homes below 90%
- 10 above 90%
- 8 at 100%
- Range of occupancy 61.5% to 100%.

All 6 of the homes below 90% occupancy carried Regulatory Requirements, one carried 22, following a CSCI inspection.

Proximity of other care home beds

	0 MILE	1MILE	2 MILE	3 MILE	4 MILE	5 MILE	TOTAL
LEIVERS	1 – 32	3 – 109	8 -291	7-328	8 – 173	6 -229	30 -1162

Gedling has distinct communities in Arnold and Carlton, with poor public transport links between the two. There is significant capacity in the independent sector care homes but the absence of both intermediate care and a day centre which could be further developed are significant.

(g)Rushcliffe

- 2.12.13Rushcliffe has Leawood Manor new build care home in Edwalton, West Bridgford. There are no older homes and no intermediate care. There is extra care at Hilton Grange on the same site as Leawood Manor and also elsewhere in West Bridgford and in Cotgrave. There is a large day centre for younger adults with a physical disability – ‘Day & Community Support Services’ – in West Bridgford.

Bed survey Rushcliffe – Total of 24 Care Homes

- 3 homes below 90%
- 14 homes above 90%
- 7 homes at 100%
- Range of occupancy 86.1% to 100%.

The home with 86.1% occupancy is a large nursing home situated in an old building, parts of which require refurbishment. The other 2 homes below 90% were situated in village locations, with 1 of these charging a high third-party top up fee. These figures suggest that Rushcliffe is reaching capacity, this indicates that there could be a bed crisis in this area in the near future.

- 2.12.14As the above comments indicate, there is high occupancy of care homes in Rushcliffe. Leawood Manor was built with two 20 place day centres and

there is scope for development to use the second of these. The extra care developments have been successful, particularly in the conurbation. There is also a departmental day service in Bingham.

2.13 Change management and transitions costs

2.13.1 If options for change are to be pursued, they involve a major reconfiguration of services and significant transitional costs.

2.13.2 If there are to be closures of homes, then there will be substantial transitions costs arising from reduced occupancy, additional staffing required to plan for and work with each resident on their needs and for overall programme management.

2.13.3 For some people moving from Departmental care homes in to long term places in independent care homes, there will be costs above the normal payments to independent sector homes, where it is judged that the council should pay a 'top up' to ensure their needs and choice are met.

2.13.4 A change of function for retained departmental care homes, if they are to move to the proposed broader reablement model plus specialist long-term care, would require some additional staffing on a long term basis to achieve those functions. In the longer term, there should be cost efficiencies from reduced long term care funding requirements.

2.13.5 An expansion of extra care would require programme management, costs of tendering and investment in new schemes.

2.13.6 Reconfiguration of day services as described above is a significant change programme, which would require programme management and some capital investment in adapting buildings or any more substantial land sale and service redevelopment programme which may result from a detailed review of options.

2.13.7 If members of the committee do require further work on options, then more work on the associated transitional costs can also be undertaken.

2.14 Timescales for change

2.14.1 If options are to be pursued which have major change implications, there will be significant time involved in change. Experience and evidence suggest that any closures of homes which are decided on, need to be seen through fairly quickly. Although there needs to be all the time required for detailed planning and support to residents and carers in moving, not surprisingly, once a home is defined as needing to close, then decisions have to be made about when admissions have to stop, some people will choose to move out quickly, and staff start to leave. An outer limit of perhaps two years could be defined for this as what is normally

required.

2.14.2 On the other hand, if an expansion of extra care is to take place, this can not all be achieved quickly. The council will need to tender for partners to work with us in developing suitable settings. Small local developments in existing sheltered housing may be able to be achieved fairly quickly, if the providers can bring the capital for any improvements to the buildings. But any larger scale developments may require contentious planning permission, often a partnership between the county council, the district council and potentially a town or parish council as well as the developer, funding - which may come from a range of sources, as described earlier - , the redevelopment or building of new services and tender processes for support and care contracts. The experience of a programme of major service transformation and redevelopment needing phasing across different parts of the county in the past - for example, the first stage of the residential strategy, in which the five new homes were built to replace closing homes - was that these processes could take up to five years. In some areas, this could happen much more quickly than others.

2.14.3 The differences between these timescales would require careful planning and management to ensure that adequate services are available across the county.

2.15 Charging

2.15.1 These options do again bring the question of charging in to relief. As was pointed out earlier in this report, there are very different national frameworks for charging. Residential care is governed by specific national arrangements, home based care is governed by the national Fair Access to Care Services statutory guidance, within which there is considerable local discretion.

2.15.2 Where people are also receiving a support service, the local Supporting People charging and relief policy will apply. This is governed by national Directions which prescribe that people on a low income are not required to meet the costs of their support service.

2.15.3 The income to the council from someone provided with care on hand twenty four hours a day, seven days a week, is very different for someone in a care home compared to someone living in their own home. On the other hand, someone living in a scheme such as an extra care scheme is likely to be paying significant rent (or perhaps mortgage), service and support charges and the ordinary costs of daily living in addition to their care charge. Members of the committee may want further work to be undertaken on this issue to inform their recommendations.

3. Statutory and Policy Implications

- 3.1 This report has been compiled after consideration of implications in respect of finance, equal opportunities, personnel, crime and disorder and users. Where such implications are material, they have been brought out in the text of the report. Attention is however, drawn to specifics as follows:

3.1.1 Personnel Implications

Any options to change the services provided by the council will have workforce implications which have been briefly identified.

3.1.2 Financial Implications

These are contained within the report.

3.1.3 Equal Opportunities Implications

Any future service development must ensure that the diverse needs of the county are appropriately provided for.

3.1.4 Implications for Service Users

Any options to change the services provided by the council will have implications for service users which have been briefly identified. If Cabinet were to recommend the closure of any homes, there would need to be a period of formal consultation before a final decision was reached.

4. Recommendations

- 4.1 It is recommended that members of the Cabinet Committee:
- (a) comment on the information in this report
 - (b) consider the relative merits of each option and identify initial views on whether any option appears more preferable to others
 - (c) consider what further information, work and consultation they would want in order to arrive at recommendations to Cabinet at the next meeting of the Cabinet Committee
 - (d) confirm that a plan for day services will need to be developed in line with the information and comments in this report, should any option except Option 1 be pursued.

5. Legal Services' Comments (HD 02/05/07)

- 5.1 The matters raised within the report and the proposed recommendations fall within the terms of reference of this Cabinet Committee. There will be legal implications arising from any of the options under consideration. Broad indications of the implications have been set out in the body of the report but more detailed advice and support will be required to implement any of the options. The nature and complexity of the advice will depend on what options are developed further and the final decisions of Cabinet regarding the strategic direction for this service area.

6. Strategic Director of Resources Comments (DW 03/05/07)

- 6.1 This report seeks Members' views on the content of the report and the information they would require in order to make recommendations to Cabinet. At this stage, the recommendations set out in section 4 do not have any financial implications.

7. Background Papers Available for Inspection

- 7.1 'Opportunity Age in Nottinghamshire' – the Countywide Strategy - Ageing for the Future in Nottinghamshire – Nottinghamshire County Council 2006.
- 7.2 Supporting People Partnership: Strategy for Nottinghamshire (2005 -10).
- 7.3 'A recipe for care –not a single ingredient' – Department of Health 2007.
- 7.4 Care Placements for Older People – Action Research Project, Nottinghamshire County Council 2007.
- 7.5 Final Report of the Chair of the Cabinet Committee concerning payments to independent sector providers. Nottinghamshire County Council Cabinet meeting of the 8th November 2006.

8. Electoral Division(s) Affected

- 8.1 Nottinghamshire.

DAVID PEARSON

Strategic Director for Adult Social Care and Health