



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

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

**FURTHER INFORMATION IN CONSIDERING THE DEVELOPMENT OF THE
STRATEGY FOR RESIDENTIAL HOMES AND EXTRA CARE**

1. Purpose of the Report

- 1.1 The purpose of this report is to provide additional information and proposals on issues which have been considered at previous meetings of the committee.

2. Information and Advice

2.1 Day services – proposed principles for development

- 2.1.1 The report to the second meeting of the committee on the 15th May highlighted the importance of day services in considering the development of the strategy. All the existing homes provide substantial amounts of day services for older people, which will need to continue to be provided in whatever options are pursued for the residential homes. The report mentioned some of the ways in which this could be done, and introduced the idea of “multi use day service centres, with distinct areas for particular service user groups” in each District. This idea has generated considerable interest and some concern about the impact for different service user groups in sharing the same building, even where there would be distinct and separate areas for different groups.

2.1.2 The specific changes in services which would be required as a result of the second and third options considered at the last meeting of the committee would take some time to be determined, District by District. There would be no single solution and a range of options could be adopted, which would no doubt require some pragmatism. The point made by the Care Association representatives, that there are many independent sector homes which could offer a small number of day care places is one which merits further exploration.

2.1.3 In this context, the following principles for any developments in day services are proposed, to assist in shaping services in the future. As with many lists of principles, there may be conflict between some of them, which would require careful consideration in developing an implementation plan. The service elements would not necessarily apply to every day service.

2.1.4 Day services should:

- Meet the needs of older people who are eligible for funded services
- Meet the needs of older people with physical disabilities, functional mental ill health and dementia
- Provide short-term services which assist in assessment, reablement and rehabilitation
- Assist in promoting and maintaining the independence of older people
- Assist in preventing the need for admission to care homes
- Provide respite for carers, with recognition of the times of the day when they would value these services
- Provide value for money
- Be as local as possible
- Be developed jointly with the NHS and other providers where appropriate
- Make best use of available accommodation.

2.2 Working with the NHS – intermediate care and mental health services for older people

2.2.1 As previous reports to the committee have indicated, some services provided from some of the council's care homes have been developed with NHS partners. This particularly applies in the more recently built homes, but not exclusively so. It is therefore important that the relevant NHS partners are kept informed of the work of this committee, and their views taken account of in any redevelopment of services.

2.2.2 There are two areas where the Department works closely with the NHS in the care homes – intermediate care and mental health for older people.

2.3 Intermediate Care

- 2.3.1 With regard to intermediate care, this is provided jointly with the NHS in Jubilee Court, Braywood Gardens, Maun View, Westwood and Woods Court. The services are part of a wider range of community and residential-based intermediate care services, led by the NHS but in close partnership with this Department.
- 2.3.2 With the reduction and change in functions of Primary Care Trusts (PCTs), the services are now provided with the provider arms of the Nottinghamshire Teaching PCT and Bassetlaw PCT, and NHS funding and strategic direction comes from the commissioners in those PCTs. Commissioners and providers have been kept informed of the work of this committee.
- 2.3.3 As the information provided to the last meeting of the committee demonstrated, the current spread of intermediate care services is not consistent across the county. The level of provision, particularly of community-based services, is also relatively low in Nottinghamshire. With the creation of the County PCT, and the filling of key posts within it, key staff in the County PCT and Bassetlaw PCT are also now keen to review the nature of these services. The Department's Service Director for Older People and Strategic Partnerships and the County PCT's Deputy Director of Provider Services have met and commissioned work from key staff across both organisations to address current issues on a 'task and finish basis', concluding in September. The group will review equity, the performance framework and outcomes from the service and the effectiveness of 'pathways' to access services.
- 2.3.4 Staff in the County PCT have expressed their support in principle for the idea in Option 3 presented to the last meeting of the committee, in which there would be a care home in each District which provided a range of services designed to assist in the support of people to stay in their own home. This would include short-term care, breaks for carers, intermediate care and 'reablement' services. They would have the potential to prevent some hospital admissions and support and rehabilitate people leaving hospital once they were medically fit for discharge.
- 2.3.5 Such developments would need to be carefully developed along side changes taking place in the NHS designed to reduce hospital admissions and stays in acute hospitals. For example, the services in Ashfield Community Hospital are currently being reviewed, moving towards the concept of Ashfield Health Village, incorporating proposals for a pilot scheme with some short stay beds overseen by GPs and some intermediate care. This could provide a model to be built upon in care homes elsewhere in the county in the longer term.

2.4 Mental health services for older people

- 2.4.1 Joint services are provided with Nottinghamshire Healthcare Trust, particularly in Bramwell, James Hince Court, St Michael's View, Beauvale Court and Leawood Manor, as described in the report at the last Committee meeting.
- 2.4.2 Key staff in the Healthcare Trust have been provided with the reports to the Cabinet Committee and have commented that the potential changes under discussion would fit with their direction of travel and they would not anticipate any major issues, if the implementation of change was carefully managed together. They have also commented that they would hope that any opportunities for the constructive sharing of premises could be discussed.
- 2.4.3 The Healthcare Trust are also in the process of reviewing their own day service provision and are strengthening the focus on assessment and short-term intervention. While this will be very valuable, the nature and funding of longer term services for older people with mental health needs will need to be determined jointly with the Trust and PCT commissioners.

2.5 Not for profit sector

- 2.5.1 There was some discussion at the last meeting of the Cabinet Committee about the option of services which are currently run by the council being provided by the 'not for profit' sector. Organisations such as Abbeyfield were mentioned. The attraction of a not for profit provider is that additional costs arising from delivery of profit to shareholders or other investors does not apply.
- 2.5.2 The issues which would apply here are not dissimilar to those applying to Option 2 – 'withdraw from providing' - in the report to the last meeting of the Committee.
- 2.5.3 The principle costs of running a care home are the land and buildings, the payment of staff, other running costs such as fuel and insurance and other organisational overheads.
- 2.5.4 Any not for profit provider would face the same improvement and maintenance costs, particularly for the older homes, which were described in the report to the first meeting of the committee. The new build homes are, however, a significant asset for the council, and there would need to be a decision on how this was viewed in transferring or selling to a not for profit provider, the decision having a significant impact on the financial context in which the provider was then operating.
- 2.5.5 Staff would have the right to transfer to the new provider under the protection of TUPE, and the provider would be expected to appoint new

staff to the same terms and conditions under TUPE. There would not, therefore, be any significant reduction in the costs of staffing. If there were to be a major reorganisation and change of the business, then it would be conceivable that TUPE would cease to apply, but the contract which the Department would be expected to have with the provider would preclude any such major change in the foreseeable future.

2.5.6 Other running costs would be likely to be similar for any provider; organisational overheads, however, could be smaller, although this would be a relatively small proportion of overall costs.

2.5.7 These options were reviewed in considerable detail in the 1998 care home review and were not seen as desirable options at that time. Although it has not been possible to research the position in other Authorities on this subject in detail as part of the current review, there is some awareness that other Authorities have made or entered in to arrangements with 'not for profit' care providers as part of reshaping residential care homes, which have not led to significant savings. Because of TUPE and sometimes development costs, such arrangements have usually been set up on a 'block contract' basis at higher levels of payment than other independent sector providers receive, which causes continued resentment with other providers, and does not have the benefit of releasing savings to the council to be used for other purposes.

2.6 Development of extra care

2.6.1 As the previous report to this meeting has indicated, the funding for extra care services is not a simple matter. It is thought that there are a number of major developers of housing and providers of supported housing, including extra care, who would be interested in working with the council in the development of such services, should Cabinet decide that this direction should be pursued. Within the county, there may be some existing supported housing providers who have facilities which could be developed to provide enhanced services, as well as developers who would consider new developments. Achieving planning permission for new developments may be a significant challenge.

2.6.2 There are different ways in which this could be pursued. Options 2 and 3 both suggest the development of extra care linked to closures of some existing homes. It would be possible to tender for a very specific service replacement, providing a specific number of places in a very defined area. However, it may be more constructive to take a broader approach, inviting expressions of interest in ways of contributing to a countywide scale of development, with the potential to work with a number of partners to achieve the range of developments which the council could ultimately want to see in place.

2.7 Media and other responses to the work of the Committee

- 2.7.1 This Committee has worked in a very open way, wanting to publicise the nature of its work and the issues it is confronting, and inviting informed comment to assist in decision making. The local media have taken considerable interest. As a result of this, the work of the committee has featured in the following ways:

Nottingham Evening Post (3 articles so far):

1. General feature on the review following a briefing. Headline: 'Crunch over homes for Notts older people.' First line: 'A major review to decide the future of the County Council's last 15 homes for old people starts today.'
2. Article following first Cabinet Committee. Headline: 'Council homes sale 'may price out OAPs'.' First line: 'Elderly people in need of residential care could be priced out of the market if council homes close, a committee set up to review council-run care homes has heard.' Quotes from Councillor Lonergan.
3. Article on day centre review following second Cabinet Committee. Headline: 'Plan to merge elderly care.' First line: 'Old people could attend day centres alongside adults with learning and physical disabilities.' Quotes from Malcolm Dillon.

Newark Advertiser (3 articles so far):

1. Headline: '£1.3m home sale feared.' First line: 'A home that has looked after frail pensioners in Newark for 20 years is under threat of closure.' This article includes a comment from the editor criticising the Council for not allowing their journalist to have access to Woods Court. Quote: 'The council has reacted by barring our staff from the premises because, it claims, the residents might be unduly alarmed. Although it is tempting to interpret this as a clumsy attempt to muzzle dissent, the more charitable view is to regard it simply as patronising arrogance.'
2. Article based on interview with a former worker at Woods Court. Headline: 'Fearing closure has been decided.' First line: 'A former worker at a Newark care home under threat of closure believes a decision has already been made.'
3. Article following second Cabinet Committee. Headline: 'Decision delay on care homes.' First line: 'A committee deciding whether to close care homes including Woods Court in Newark will delay making its recommendations.'

Radio Nottingham

Malcolm Dillon did an interview with Alan Clifford about the review on 16th April.

Correspondence

Information about the work of this Cabinet Committee was also placed on the entry page of the council's web site and the intranet. As a result of this and the media publicity, there has also been correspondence from some staff and from members of the public, usually people with relatives who have been or are currently in a council care home. Points made included:

- Homes should focus more on assessment and ways of preventing admission to hospital and achieving safe discharge from hospital
- Extra care would reduce the likelihood of a relative with Alzheimer's entering residential care, which she was very opposed to
- Residents feel safer in council homes as they know where to go to put things right, which can take an age in privately run homes even with CCSCI.
- Extra care would help reverse the reduction in wardens in sheltered housing

Other correspondence has been from Newark, with concerns about the future of Woods Court in the light of the way the Newark Advertiser had presented the story.

- A GP practice praised the 'exceptional' service and urged that any reduction or cessation of the service would be extremely detrimental.
- The intermediate care had prevented an otherwise seemingly inevitable entry to residential care
- Carers value the breaks service as a completely reliable local service.
- Staff were excellent and the service should not be closed for cost reasons

Care homes

In the care homes themselves, the reports to the committee and an immediate summary of outcomes have been put on notice boards and are discussed with residents, staff and carers. There has been concern at the potential for closure and the uncertainty that a review of this nature generates, and the recommendations of the committee are awaited with understandable anxiety. This is particularly the case at Kirklands, Ashcroft and Daleside, given that they have already been identified for potential closure in Cabinet, and at Woods Court, following the local media

approach. Staff are particularly concerned at the lack of redeployment opportunities which would be available for them following any closures.

Nottinghamshire OPAG – the Older Persons Advisory Group

Members of Older People's Advisory Group (OPAG) attended the first meeting of the cabinet committee and commented there. The Service Director for Older People and Strategic Partnerships attended a subsequent meeting, with Councillor J Taylor in the Chair, and is due to attend another meeting on June 7th to discuss the progress of the review and the options which have been considered. Members of OPAG had much to say, including the following:

- The increasing number of older people will have an impact on care that is to be provided
- More care was being undertaken in the home
- Opportunity Age in Nottinghamshire – one of the aims of the strategy is to improve the social care of older people in the community
- Council care homes were coming under threat due to the private care homes which are run by accountants
- Worry that private homes are money led not service led
- New council homes that have built recently are highly regarded and well regarded by both residents and their families
- Sustainability – end of prevention pilot funding – what happens then?
- Nottinghamshire County Council have to find more funding over the next two years to maintain prevention initiatives
- Care workers are among the lowest paid workers and with the Equal Pay situation this cost has to be met by the Nottinghamshire County Council
- Suggestion of alternative care with voluntary and community sector and more support from these sectors
- Work closer with partners.

Age Concern, Nottingham and Nottinghamshire

A paper was sent by Age Concern to members of the Cabinet Committee and mentioned at the last meeting. It emphasises the importance of choice of services; quality in care homes – usually experienced through staff more than environment and locally generally better in council homes; active involvement of affected older people through change; and decision making by the council in an informed context concerning anticipated needs.

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

There are none immediately arising from this report.

3.1.2 Financial Implications

There are none immediately arising from this 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 in previous reports. 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 note and comment on the information in this report.

5. Legal Services' Comments (DLS 31/05/07)

- 5.1 Consideration and comment on the content and proposals within the report are within the terms of reference of the Cabinet Committee. It will be important to ensure that any proposals that involve engaging private sector partners take account of the requirements relating to procurement. Specialist legal staff are available to assist in this area. There are no other legal issues arising from the report that require specific comment.

6. Strategic Director of Resources Financial Comments (SLM 31/05/07)

- 6.1 Whilst there are no financial Implications immediately arising, each proposed principle for development will have to be considered within the overall total budgetary cost envelope as available within Nottinghamshire

County Council and Primary Care Trust partners and provide best value for money.

7. Background Papers Available for Inspection

- 7.1 Newspaper articles mentioned are accessible through Corporate Communications
- 7.2 Excerpt from minutes of OPAG meeting 16th April 2007
- 7.3 Response from Age Concern, Nottingham and Nottinghamshire – 1st May 2007.

8. Electoral Division(s) Affected

- 8.1 Nottinghamshire.

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(CABINET/CABINET COMMITTEE/CABCOMM11)