



Report of the Director of Adult Social Services

Scrutiny Board – Adult Social Care

Date: 10 November 2010

Subject: Inquiry into the Future of Residential Care Provision for Older People in Leeds

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

At the previous Scrutiny Board meeting Members were advised that expectations around the choice, quality and control of the provision of care for older people have increased significantly in recent years, particularly around supporting more people for longer within their own homes. There has also been an increasing expectation in relation to the standard and quality of provision of long term residential care for those people who can no longer be supported in their own homes.

On the basis of the information offered in the first part of the inquiry, Members concluded that the Local Authority was in no position to do nothing.

Information is offered within this report broadly setting out more detail in relation to what options could be pursued in relation to each of the current 19 residential homes for older people currently operated by the Local Authority.

This report also includes a description of the structure of the consultation process that will need to be followed in relation to these options, generally and specifically as part of a formal programme, subject to the endorsement of the Executive Board at their December meeting.

Members are invited to consider and comment on the range of options set out in this report and the structure of the consultation programme proposed as part of the duties of the Local Authority to seek the wider views of stakeholders and specifically of those people currently living in, or using these facilities, their carers and the staff who provide care and support.

Members are additionally invited to comment on the exemplar consultation questionnaire attached in relation to the potential use of some of its features in a Leeds context.

1.0 Purpose of this report

Information is offered within this report broadly setting out more detail in relation to what options could be pursued in relation to each of the current 19 residential homes for older people currently operated by the Local Authority.

1.2 This report also includes a description of the structure of the consultation process that will need to be followed in relation to these options, generally and specifically as part of a formal programme, subject to the endorsement of the Executive Board at their December meeting.

1.3 Members are invited to consider and comment on the range of options set out in this report and the structure of the consultation programme proposed, as part of the duties of the Local Authority to seek the wider views of stakeholders and specifically of those people currently living or using these facilities, their carers and the staff who provide care and support.

2.0 Background Information

Members were previously provided with a significant amount of information at the October meeting setting out the rationale for needing to generate options for change in relation to 19 residential care homes for older people operated by the Local Authority.

2.1 Having considered the information offered, Members concluded that doing nothing was not an option which could be accepted. Officers were invited to consider what options might be available in relation to each of the 19 units and to provide those options to a further meeting of the Board.

2.2 Officers have carefully considered three aspects of that request, which are covered in this report. Firstly, the potential range of options which exist for all the units; secondly the criteria (or determining features) that would need to be applied in coming to a proposal about the option(s) applicable for each individual unit; and thirdly, a description of the consultation process, both general and specific that could be followed.

2.3 Officers have examined the proposals contained in this report with similar programmes of work either undertaken or in the process of being undertaken by other local authorities whose proposals were outlined to the previous meeting of the Board. Learning from those authorities is being incorporated into the proposals under development in Leeds.

2.4 The previous report and presentation to Members set out an outline of the vision for the future direction of adult social services in Leeds, with significant emphasis on increasing self directed care and support, with its provision reduced in scale and focused on short term high intensity, high impact interventions. These are designed to divert people from hospital or long term care settings and are delivered by staff working in close partnership or integrated with NHS colleagues in a context of increased efficiency, value and effectiveness.

2.5 As part of the budget report to the November Executive Board, proposals were made to consult with the wider public of Leeds on a range of future responses for the Council following the publication of the October comprehensive spending review. A specific part of that consultation relates to the adult social care vision and the feedback we receive will be used to inform our approach to the refinement of the proposals set out below.

3 Main issues

The Options

3.1 Officers have concluded that the following range of options could apply for each unit after the application of the determining factors (criteria).

Option 1 - Recommission – the facility is suitable overall, with no or minimal structural alteration, to be used as a specialist care facility, in line with the proposed future vision for adult social care provision. This option lends itself to opportunities to integrate health and social care services within the city, particularly for intermediate care interventions for physically frail older people and those experiencing dementia.

Option 2 - Decommission – the facility has significant limitations overall to continue with its current use. In relation to this option sub-options apply:

3.2 **Option 2 (a) Gradual Decommission**

If no alternative, nearby facility exists where existing residents could be offered alternative accommodation, the decommission would be phased over a period of years.

3.3 **Option 2 (b) Decommission Phased with Introduction of new provision**

If an alternative facility is planned nearby, or is under construction (ie independent sector care home or extra care housing) which will better meet the future needs of older people in the locality, the decommission would be phased to accommodate construction/ completion.

3.4 **Option 2 (c) Decommission into existing provision**

If appropriate alternative proximate accommodation is currently available, then residents would be offered opportunities to move there and the decommission would be planned to coincide with the residents' move.

3.5 **Option 2(d) Sale as a going concern.**

Although a building(s) and facilities may be limited overall in the context of their future use by the Local Authority, they may be of interest to third sector or independent sector providers wishing to operate them subject to appropriate guarantees preserving benefit to Leeds people and the Local Authority.

3.6 In relation to the four sub-options set out above, consideration will be given to the potential for:

- Expressions of interest from third and independent sector care home developers in developing new facilities on the sites, so as to offer high quality, modern facilities to future generations.
- The future availability of extra care housing on or near to sites made available through this process.
- That where neither of the above is achievable, the reinvestment of any capital receipt gained as a consequence of the sale of buildings and/or land is used in order to achieve service improvement.

3.7 Informed by the outcome of this Scrutiny Inquiry, it is proposed that consultation focuses on the implementation of a different model of care and support for older people with the following principal features:

- The potential impact the options set out in this report may have on people currently using and working in residential services. In working to address the issues set out in the previous report to Scrutiny Board, Adult Social Care is committed to ensure that adequate time and resource is allowed to ensure a full and open process of consultation on the options highlighted above.
- That the needs of those affected by service changes are adequately assessed and that appropriate alternative care and support services are identified in partnership with carers and relatives. These same considerations apply equally to staff working in current facilities on whose commitment and professionalism people rely.

- The commitment to conduct an equality impact assessment on the proposed options for change, with the objective of providing additional assurance to those people who may in future have need of similar kinds of care.
- The engagement of other key stakeholders in this process. Principal among these are our colleagues in NHS Leeds who currently commission 30 of the current bed base. It is already clear that they wish to work closely with officers as options are brought forward which could, in many cases, lead to more integrated service responses based within existing facilities.

3.8 **Determining factors (criteria)**

One or more options will be put forward for consultation for each of the 19 units, taking account of the factors set out below:

- The current profile of residents living in the facility: their needs, levels of dependency and risks associated with their care and those of their carers.
- The current profile of the staff team: their skill mix and length of service.
- The wishes of staff in relation to the recent offer of voluntary early retirement and other early leaver initiatives.
- The strategic fit of the unit in relation to the future vision for adult social care provision.
- The current profile of bed use: specialist/generic, permanent/transitional.
- The current of use of facilities under agreement by partners.
- The availability of appropriate alternative facilities close by.
- The trend in void levels.
- The unit cost of placements in the facility.
- The material condition of the building generally and specifically in relation to the 2002 national minimum standards for residential care facilities.
- The capital and revenue requirements over the next 5 years to maintain the facility to basic standards
- The capital and revenue requirements to upgrade the facility to approach compliance with the 2002 minimum standards.
- The impact of other Council initiatives on the communities in which the facility is located.

3.9 There are considerable variations between the individual units in relation to each of these factors which will need to be carefully balanced when determining the option(s) pertinent to any particular unit. Where several options exist, they will be prioritised for consideration.

3.10 **Consultation.**

Reference has already been made to the consultation paper presented to the November Executive Board. Adult social Care has been closely engaged in the development of the structure and content of the consultation which sets out the following vision and follows with questions pertinent to the future of adult social care and in turn in relation to residential and day care services:

“In adult social care, we are developing more personalised services. Our commitment is to make sure future services fit the needs and wishes of the individual as closely as possible. We will do this by ensuring services are flexible and by enabling people to choose from a wide variety of options, which are capable of being changed as people’s personal needs change. Our aim is to enable people to stay in their own homes for as long as possible. In the future, we propose that our own council-run services will be smaller, more specialised and will target people with the greatest and most complex needs. We will continue to have a focus on safeguarding and quality and will provide a new service for people who need help to regain their independence after an accident or illness, to help them stay out of hospital or residential care. In future, some adult social care services are likely to be delivered by partner organisations such as the NHS and others in the public, private and voluntary sectors, with whom we will continue to work closely.”

The question asked of the public in respect of Adult Social Care is:

Question 4 : What are your views on proposals for the council to work more with partners to reduce the need for long-term social care, by helping people remain independent and supporting people with the most complex needs? Should we increase charges for adult social care services, for those people who can afford to pay? And, do you have any other thoughts on how we best support and make efficiencies in the way we support older and disabled people?

- 3.11 Whilst not being directly specific to the matters addressed in this report, the responses provided will provide a general context alongside which a formal consultation process will take place in relation to residential care and a similar structured consultation in relation to day services.
- 3.12 It is proposed that more detailed formal consultation will also take place (outline details of which are set out from paragraph 3.14 onward), to determine the impact of the options on individuals and to identify how these will be mitigated as plans are developed. It is essential to ensure that this formal consultation embraces not only what is being proposed but also the rationale behind the proposals and to that end people will be provided with the fullest information.
- 3.13 It is intended that the consultation will be a two way process and that the aim should be to secure ongoing engagement at every stage of the process. Involvement in the proposed consultation will be offered to current service users, families and carers, the general public, staff and all relevant partner organisations. The scope of the proposed consultation will be on the future of residential care services, highlighting a number of options for addressing the issues. It is proposed that this should begin following endorsement of these proposals by the Executive Board and be completed within three months. Subject to this timescale being achieved, the findings from the consultation, the consequent final recommendations on the option for each unit and the detailed implementation plan, will be reported to a subsequent meeting of the Executive Board.
- 3.14 **Consultation methodology and structure**
- 3.15 The way in which the determining factors set out at paragraph 3.8 above have been applied in generating the option(s) for each of the units and facilities, will be made available as part of a comprehensive suite of information for people.
- 3.16 **Who will we consult with?**
- Service users
 - Families and carers
 - Staff
 - Community groups
 - Partnership organisations
 - Trade Unions
 - The general public
 - Elected members
- 3.17 **How?**
We will undertake this by:
- One to one interviews with all residents, relatives and carers, and people who are in respite
 - Ward Member briefings
 - Attendance at Area Committees
 - The use of questionnaires for all stakeholders, including online

- Production of fact sheets setting out the individual options and how these have been arrived at
- Effective feedback arrangements
- Meetings and events with community groups with a particular interest in older people and the issues being consulted on
- Meetings and events with trades unions specifically in relation to the options being consulted on
- Group Q & A sessions for people who use day care and all interested parties
- Documentation that gives background information about each home and the available options
- Consultation events and presentations
- Staff meetings
- Meetings with key partner organisations, particularly NHS partners
- Newsletters and web based information
- A media campaign

3.18 Formal advocacy will be provided to service users when required; advocacy and support will be provided where requested. Feedback from the consultation will be reviewed and responses documented and circulated to those involved in the consultation process.

3.19 Efforts have been made to observe approaches adopted by other Local Authorities engaged with similar processes. Attached to this report is an example of a questionnaire, regarded as current best practice, used by Kent County Council as part of a similar process to the one presented in this report. Members are invited to comment on its content, structure and relevance of the questions presented.

3.20 Options subject to consultation will be subject to formal equality impact assessment.

3.21 **When will we consult?**
It is proposed that the general consultation will commence during November 2010 and be followed by the more specific formal consultation in January 2011 to be completed by April 2011.

3.22 The consultation responses and outcome of Equality Impact Assessments will be collated and presented to a future meeting of the Executive Board alongside the preferred option for each of the units and facilities. There will be detailed description of how the options will be achieved in line with the commitments given.

4.0 **Implications for Council Policy and Governance**
The options presented in the report developed for the existing Local Authority provided facilities, subject to the endorsement of the Executive Board, will be the subject of a formal and comprehensive programme of consultation and engagement as set out in the previous passage.

4.1 Colleagues in NHS Leeds who commission 30 of the current bedbase are also key stakeholders and in the development of shared plans for the development of more integrated health and care services in the City it is clear that they will wish to identify what scope exists within the emerging strategic plan for further joint work within these facilities.

4.2 Discussions so far have indicated a positive desire for more extensive partnership reflecting the good work that has been undertaken in recent years within these facilities and recognising potential economic benefits for both parties which are currently being examined in much greater detail.

5 Legal And Resource Implications

- 5.1 In discharging its responsibilities under the Human Rights Act, the Authority is required to undertake a comprehensive formal programme of consultation in relation to the options set out previously in this report, the format of that overall programme is highlighted in this report.
- 5.2 The Local Authority is also required to consult on the options with all other stakeholders many of whom are highlighted in paragraph 3.19 of this report.
- 5.3 In addition, the Authority is committed to ensure that the care and support needs of any older person affected by the options set out in this report are adequately assessed as an integral part of this process with appropriate advocacy available in support of identifying high quality alternatives where it is agreed this is the most appropriate option.

6 Conclusions

- 6.1 The previous meeting of the Adult Social Care Scrutiny Board determined that 'no change' was not an option in relation to the provision of Local Authority residential care. Supply and demand considerations in the market, rising expectations and costs of high quality building standards have required the Local Authority to consider the future of all 19 residential care homes and the future viability of continued provision.
- 6.2 The Local Authority has an important role to play in the provision of care for those older people with fluctuating and urgent need for short term and/or rehabilitative care. The proposed consultation surrounding the future options would consider the potential future of each individual residential home.

7 Recommendations

- 7.1 That Members of the Scrutiny Board consider the options for change and those factors which will be used to determine their appropriateness (criteria) as set out in this report and provide their views in relation to both the range of options and the criteria that have been generated in giving a framework for considering the most appropriate option for each establishment.
- 7.2 That Members of the Scrutiny Board consider the proposed consultation process, as described in terms of both structure, method and timing and provide their views in relation to the appropriateness of those proposals.
- 7.3 Members are invited to comment on the content, structure and relevance of the questions presented in the exemplar questionnaire produced by Kent County Council.

Background Documents referred to in this report

Scrutiny Board Report – October 2010.