



Leicester City Council Scrutiny Review

Elderly Person's Homes

A Report of the Adult Social Care Scrutiny Commission

July 2013

Adult Social Care Scrutiny Commission

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Minutes from Adult Social Care Scrutiny Commission meetings

The minutes from the Adult Social Care Scrutiny Commission in relation to this review can be accessed on line at:
<http://www.cabinet.leicester.gov.uk:8071/ieListMeetings.aspx?CId=664&Year=0>

Chair's Foreword

A series of special meetings have been held by the Adult Social Care Scrutiny Commission in response to the executive's Proposals for the future of Councils EPHs and the development of Intermediate care facility. This report summarises the findings and conclusions of the Commission, formulated in a situation fraught with concerns for the future of the homes and their residents. I wish to acknowledge at this point the efforts of residents' families in framing and presenting petitions to the Council to keep the homes open.

As usual, I commend the industry of members of the Commission and the officers offering us support; as well as the efforts of the Assistant Mayor, Councillor Rita Patel, and the officers in her department in providing us with requested information while facing the challenging task of working to ensure the wellbeing of all present and future elderly city dwellers, within the severe restrictions on the budget, created by Government cuts. I should also like to thank Cllr Deborah Sangster who represented the Health and Wellbeing Scrutiny Commission in one of the special meetings.

While it was not possible to present a set of firm recommendations which all members of the commission could agree, we were able to make suggestions as to a way forward; and it is my perception that we have worked together in a professional manner, and will continue to do so, to carve out a feasible and positive result.



Councillor Dr Lynn Moore

Chair, Adult Social Care Scrutiny Commission

1. Summary of the work of Scrutiny

Introduction

- 1.1 Since 2011, this scrutiny commission has been reviewing the Council's decision on the future of the Council's elderly person's residential homes. During this time the commission has kept a watching brief on the area, maintaining it as a standing item on the agenda, and it has actively reviewed the area culminating in a few reports.
- 1.2 There has been another consultation period which has run until 10th July and subsequently the Executive are ready to make a decision on the future on the Council run homes for the elderly. As such the commission have scrutinised the proposals again, building on previous work completed whilst taking a refreshed approach through a number of meetings which has resulted in this report.
- 1.3 This report provides the findings and conclusions of the Adult Social Care Scrutiny Commission's review into the executive's proposals for the future of the Councils Elderly Persons Homes and the development of an intermediate care facility building on proposals made by the previous commission (see Appendix 1).
- 1.4 The rationale given by the executive in making these proposals is given as follows:
 - The demand for residential care is changing because the requirements of older people are changing.
 - The provision of community based services, such as supported living, extra care housing, assistive technology, adaptations and home care has meant that older people are able to remain in their home and live independently for longer.
 - The changes are reflected in national and local policy and local academic research. The council's vision for adult social care also sets the direction of travel, which gives older people greater choice and control, including the support to live independently.
 - The future of the EPH's needs to be considered in the wider context of services' for older people, balancing the needs of a relatively small number of residential service users, compared to the larger number of people needing adult social care support.
 - The need to develop new services that enable older people to retain their independence as alternatives to long-term residential care such as intermediate care and re-ablement services.
- 1.5 The review has examined evidence around the above rationales. It has explored an option for retaining some homes and has asked officers to provide

costings on this option: conversion into small intermediate care units in separate locations in the city, while retaining some facility for providing residential care.

1.6 Conclusions

After deliberating all the evidence and information provided, the Adult Social Care Scrutiny Commission recommends that the Assistant Mayor for Adult Social Care and the Executive consider the following:

- 1.6.1 There is overwhelming desire to keep the homes open from staff, residents and relatives. There is no doubt should the homes be closed it will lead to great disappointment to the people in the homes and their families.
- 1.6.2 Instead of building a new intermediate care facility we were keen to encourage the building of smaller units around the city. This could have been positive in that the homes could have remained open for a dual purpose, and would have avoided the transport and parking problems associated with a single large unit. However, we now realise that funds set aside in the budget for intermediate care relied on the sale of these homes to interested buyers to raise the necessary capital. Continuing with this plan would incur massive extra costs not covered in the current budget for adult social care, without viring funds away from other essential and innovative services.
- 1.6.3 In chairing the commission, it was clear that opinion was divided between closing homes to keep within the budget; and continuing to explore the option of additional investment to retain and/or rebuild existing homes to provide intermediate care. In these circumstances i.e. that there was no unanimity in making a central recommendation, the chair decided to report this to executive rather than take a vote.
- 1.6.4 It was possible, however, to agree some proposals as follows:
- 1.6.5 Moving an elderly resident to a different location, either because a home is closed permanently, or to be rebuilt, will require full consultation with resident (if possible) and family members as to choice of location. It will be imperative that key members of staff who have formed a particular close relationship with the resident will be involved in the transition, accompanying them on visits (if physically possible) as a prelude to a final move; and being present for several days to attend to their care alongside staff in the new location, until the resident is happily and comfortably settled.
- 1.6.6 While the authority regularly inspects private residential provision, it will be doubly important, should our homes be closed, that a rigorous inspection regime is put in place, so that inspections are carried out frequently and without warning, family members are regularly contacted for their views on provision, and control action is taken immediately any instances of poor care or neglect are detected or reported. There is a need to monitor quality, quantity and choice of food, quality of physical care and quality of amenities.

2. Report

Background Information

- 2.1. The 2011 Census population estimate for Leicester City is 329,900 which is an increase of 47,000 (16.7%) since the last census in 2001. 37,200 (11.3%) of the population are aged 65 and over, a decrease of 700 (-1.8%) in the over 65s since 2001.
- 2.2. There are fewer older people in the city than nationally, but the proportion of older people across the Local Authority with any level of social care need (39%) is above the regional average (35%). These needs are often complex and include for example isolation, poverty, frailty and increasing dementia. There are increasing numbers of older people, mostly women, caring for others.
- 2.3. The Joint Specific Needs Assessment on Dementia estimates that there are 2,700 people aged 65 and over living with dementia, and this figure will increase to 3,700 people by 2030. There are 800 new cases a year being diagnosed. We expect to see about 70 younger people with dementia. Early diagnosis, care of carers, integrated care pathway, collaboration between health and social care are key issues.
- 2.4. The older population of Leicester is growing with an estimated increase of people aged 65 and over of 67% by 2033. The 65+ population is projected to grow significantly in Leicester over the next 20 years - a 7% increase in the 65+ age group to 2016 and a 48% increase in 65+ by 2031.
- 14,600 (39%) of people aged 65+ are estimated to have some level of social care need
 - With 10,300 having 'moderate' to 'very high' needs
 - 3,700 (10%) having 'very high' needs
 - Of the 'very high' needs group, 1,160 are estimated to have severe functional disability resulting from a high level of cognitive impairment (primarily dementia).
- * source Planning4care (local data set, which uses a range of information).
- 2.5. The council currently runs eight homes that provide care for the elderly and one home that provides intermediate care. The Department of Health refers to Intermediate Care as being *"a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, to support timely discharge from hospital and maximise independent living"*.
- 2.6. It is being proposed that a phased approach is taken to consider either selling the homes as going concerns or to permanently close the homes. In doing so, it is also proposed to open a brand new purpose built intermediate care facility.

2.7. The proposal for the phased approach is as follows:

No. perm Beds	No. of perm res at 25/01/13	Name	Plan	Comment
38	9	Elizabeth House	Close in 2013 with site available for disposal	Low number of long term residents
31	16	Nuffield House	Close in 2013 with site available for disposal	Low numbers of long term residents. Specialist Respite care would be delivered elsewhere
40	5	Herrick Lodge	Close in 2013 with site available for disposal	Low number of long term residents
29	28	Cooper House	Seek sale as going concern. Procurement to commence 2013, with sale anticipated in 2014/15	Soft Market testing indicates interest
33	28	Abbey House	Seek sale as going concern. Procurement to commence 2013, with sale anticipated in 2014/15	Soft Market testing indicates interest
Evaluation of Phase 1				
Proposed Phase 2				
No. perm Beds	No. of perm res at 25/01/13	Name	Plan	Comment
40	27	Arbor House	Consider sale as going concern, late 2015	Soft Market testing indicates interest
38	31	Thurncourt	Consider sale as going concern, late 2015	Soft Market testing indicates interest
27	N/A Intermediate Care Facility	Brookside Court	Will close when the new intermediate care facility opens	Intermediate care would be provided from one facility
40	17	Preston Lodge	Transfer intermediate care provision to new facility and consider options, including closure	Intermediate care would be provided from one facility

N/A	N/A	Abbey Mills	New 78 Extra Care facility will open in September 2014	LCC will have nomination rights to 50 beds
N/A	N/A	New Intermediate Care Facility	New 60 bed facility will open in 2015	Will replace current fragmented service, including Brookside Court

Evidence submitted to the scrutiny commission

- 2.8. The Adult Social Care Scrutiny Commission has held a series of meetings to consider in detail the proposals around the future of the elderly person's homes. In two meetings in early July, the commission invited submissions from unions and also from family members/carers and stakeholders affected by the proposals.
- 2.9. On behalf of the unions Janet McKenna and Gaynor Garner from Unison (the full Unison submission is attached as Appendix 2) and Steve Barney, from GMB together made the following points:
- The plan to invest in a 60 bed facility was of no interest to current service users.
 - Current service users did not want their care home to close and the least-worst option would be for the home to be sold.
 - Current service users wanted the staff to retain their salary, terms and conditions. There was a difference between the pay and conditions offered by the local authority and those offered by private care homes, and there were fears that staff would leave to find a better paid job with less stress and pressures if council homes became privately owned.
 - People wanted to live independently but it was likely that they would need more intensive care as they got older.
 - The rules of procurement could prove to be disadvantageous to local authority care homes; as the approved companies were not necessarily the cheapest.
 - The proposals were about making economies and there was a need to identify whether this degree of saving was required.
 - The residents were happy with the current provision and with the care they received. The council should be proud of their staff.
 - There was a gap in the market relating to nursing and dementia care, which was likely to increase. The local authority could not provide nursing care; this was provided by the NHS.
 - There was a need to increase respite provision to ease the burden on spouses.

- There was a need for a mixture of both local authority and private care homes.
- The council did not do enough to promote their own care homes.

2.10. Philip Parkinson, Interim Chair of Healthwatch Leicester also stated the following:

- In his opinion the Council and the Scrutiny Commission faced a tough dilemma when considering these proposals.
- It is evident that the City Council had a tradition of providing high quality care.
- It was clear that existing residents/carers do not want any change at all and did not want homes to be handed over.
- Residents/Relatives at Nuffield House did not want to be moved elsewhere.
- There are real concerns if homes were handed over, standards would slip.
- Real challenges would have to be faced with funding levels cut by the Government and one of the options on the table would have to be followed.
- Although it would be good to see an option where the homes could stay open, it was felt that, without that being a possibility, these proposals were the best possible option.

2.11. There were a number of other representations given from family members of people in the care homes. These are summarised as follows:

- Concern around 'top up' fees and what was going to happen with them and whether there would be an added cost there.
- Reassurance was sought that the Council had looked at all options, other than the closure of care homes in Leicester. In a recent consultation some respondents had opted for the sale of existing homes to private providers in the absence of an option to keep all homes open.
- It was questioned whether consideration had been given to amalgamating a couple of the under-utilised homes into one instead of closing them all.
- Residents could now end up in homes further away from their preferred area.
- Concerns were raised over people choosing to go elsewhere, in that they did not have a choice and many of the private sector homes were not of a good quality; also what would happen if a move did not prove successful.
- Some people had been told that a block had been put on people coming into City Council homes, with people being purposefully put off which led to a decrease in the numbers that were being quoted. It was felt this was a deliberate attempt by the Council to skew the numbers in their favour.

- 2.12. In most cases a response was provided to all the above submissions by the Assistant Mayor for Adult Social Care and officers who were present; as for example, when a move was not successful, in which case full support would be given. Where questions couldn't be answered at the time it was agreed that extra information would be provided.
- 2.13. These submissions are important as they support the earlier consultation findings and what is considered common knowledge: that people do not want the council run homes to close. There were also serious accusations of people being actively deterred from entering the homes, but there had been no formal complaints given to the Assistant Mayor and she stated that she was still actively investigating these claims although to date there had been no confirmation of them. One family member of a resident did quote a council report from 2011 which stated a policy to actively stop taking referrals to the homes proposed for closure. Prior to that, occupancy in 2011 was between 90% and 98%

Nursing Care combined with Residential Care

- 2.14. The scrutiny commission has been informed by officers that the Council cannot provide nursing care in their homes as they are not legally allowed to do so. However, the commission has found that Hampshire County Council has managed to combine nursing care with residential care, with the creation of dual purpose homes, providing long-term residential care, but with a nursing wing funded by the NHS. This was however the only example of such an arrangement nationally. It had been set up through a specific arrangement with government in special circumstances.

Consideration of the proposals

- 2.15. The commission has considered the proposals in great details. Even though it may not be favoured, earlier consultations and evidence gathered by the commission shows overwhelming support to keep the homes. Few alternative options have been put forward. The scrutiny commission has requested that an alternative option - deploying monies earmarked for a 60-bed intermediate facility to convert existing homes into dual purpose residential care/intermediate care - should be fully costed, to consider whether this could provide a feasible option for keeping the homes open.
- 2.16. Under occupancy of the homes has continually been cited as a reason to close and sell the homes with 161 permanent residents in the council's elderly persons' homes out of a possible 282 beds. Commission Members have considered the prospect that the occupancy rates in the local authority care homes would increase and the homes would become the place of choice if people knew that improvements would be carried out and that the homes would be kept open. Although there has been a decrease in occupancy figures, the numbers dropped considerably more in 2011 when these

proposals were initially released, showing that there may well be a direct correlation. However, numbers have increased since then.

2.17. The lack of en-suite bathrooms in the care homes has also been cited as a reason that the homes are not adequate. Current residents report that they are happy with the situation. In fact having a bigger bathroom, shared or otherwise, can allow for better care than a smaller en-suite as some residents may not be safe in using these unaccompanied. However the commission accepts that future residents will expect to have en-suite facilities and this should be respected.

2.18. In terms of having an intermediate care facility, the proposals are to have a new purpose built facility. Economies of scale have been cited as the reason for having just one site for intermediate care. The commission felt that the provision of one purpose built facility could create problems for families and friends if they have to incur costly travel expenses when visiting. There might also be risks in the creation of a care culture which values efficiency and staff convenience over the specific care needs of individuals. Consequently, the commission asked for full costings for four options to compare costs.

2.19.

Table 1 Total Current Capital Funding (Provided at the request of the Chair)

Option	Description	Cost	Funding to be found
Option A	1 Intermediate Care Facility. New Build and Fixtures and Fittings. EPHs or Brookside (30 intermediate care and 30 respite beds) to be sold to raise capital.	£6.7m	£0.66m
Option B	4 Converted EPHs to provide intermediate care and residential care. Sell Brookside. (60 intermediate care and 72 residential beds)	£16.3m	£11.67m
Option C	3 New Build EPHs to provide intermediate care. Sell Brookside. (60 intermediate care beds)	£11.61m	£6.97m (approx.)

3.

4. Revenue Expenditure (Provided by officers)

Option	Description	Cost	Saving against current cost
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'Do Nothing' Current Costs	8 EPHs + Brookside	£9.5m	0
Option A	1 Intermediate Care Facility. No EPHs or Brookside.	£6.0m	£3.5m
Option B	4 Converted EPHs to provide intermediate care and residential care. Sell/dispose other 4 EPHs and Brookside.	£8.0m	£1.5m
Option C	4 Converted EPHs to provide intermediate care and residential care. Retain 4 EPHs and dispose of Brookside.	£9.5m	0

5.

- 5.1. The commission requests that people currently residing in intermediate care facilities should be asked what their needs are and what they believe to be sufficient support for them in such a facility.
- 5.2. Greater investment in things such as home adaptations have been quoted as increasing 'independence' and therefore requiring less social care support and reducing the need of residential care. The commission questioned whether these adaptations were used as frequently as stated and although agreeing they might make it easier for people, they might not actually reduce the care needed if some people need support in using the adaptations. The commission recommends regular monitoring of use, particularly when a person does not have a carer present.
- 5.3 The commission accepts the reality of the current situation in which the cost of maintaining council homes is more expensive than finding places with private providers, largely because staff in council homes receive better pay and conditions, commensurate with better skills. In a weekly comparison of supporting a resident within a council home (£805 per person per week) at current occupancy and that of a independent sector home (£401 per person per week), the difference at first glance is quite considerable at £404 more at current occupancy in a council run home. The previous commission considered costs when homes were in full occupancy. This indicated that there were sufficient resources to keep Council-run homes up to standard, based on projection of maintenance costs over 5 years; and that pound for pound, they cost as much to run as private homes. However, staff costs inflated the overall cost.
- 5.4 Agency costs for 2012/13 were broken down based on the roles that were undertaken by agency staff and added to the cost of Council staff. Of the £652 weekly cost, approximately £115 relates to the use of agency staff. Of the £1.5m spent on agency staffing in 12/13, approximately £1.4m was spent on care assistants.

- 5.5 Table 2 below shows a comparison of the average hourly cost of employing staff within the EPH's (including on-costs, annual leave and sickness) compared with the rates paid to agencies for 2012/13:

Role	EPH Staffing Cost (including on-costs, annual leave and sickness)	Average Rate Paid to Agencies
Senior Care Assistant	£17.81	£11.82
Care Assistant	£13.75	£11.01
Chef / Cook	£15.67	£12.79
Domestic, Laundry & Catering	£10.20	£8.02
Handy Person	£11.71	£9.57
Admin Assistant	£12.76	£9.90

- 5.6 It should be noted that in all roles the cost of using agencies is lower than the equivalent cost to the Council of employing staff. If Council staff had been employed rather than using agency staff, the additional cost for the year would have been around £385k. This means that the total cost of the EPHs in 2012/13 would have increased from £8.5m to £8.885m.
- 5.3. The commission notes that more than 800 elderly people are accommodated in privately-run homes. A recent survey with a sample of these residents established that the main reason for choosing a particular home was to be near to family members. The commission was told that the city council has provided a safety net for residential care when a private care home had to close.

6. Summary and Conclusions

- 6.1. The Commission has heard a great deal of detail around the proposals for the future of the Council's elderly person's homes, including specialist care requirements around dementia and other conditions; but is conflicted as to whether these homes should remain open in some capacity so was not able to make firm recommendations on the issue. The commission requested that minutes of the final meeting should be appended to this report as an indication of the individual views of members. (Appendix 4)
- 6.2. The commission is supportive of investing in intermediate care but questions whether it is worth exploring the possibility of housing it in separate facilities to provide a more localised service, rather than a single facility.

- 6.3 Moving an elderly resident to a different location, either because a home is closed permanently, or to be rebuilt, will require full consultation with resident (if possible) and family members as to choice of location. It will be imperative that key members of staff who have formed a particular close relationship with the resident will be involved in the transition, accompanying them on visits (if physically possible) as a prelude to a final move; and being present for several days to attend to their care alongside staff in the new location, until the resident is happily and comfortably settled. The commission recognises the commitment given by the Assistant Mayor to fully support residents and family in any move.
- 6.4 Census data indicate that the number of elderly people in Leicester is projected to increase over time, so there is a need to ensure the city is future-proofing care services for the elderly.
- 6.5 There is no doubt that should any of the homes be closed it will lead to disappointment for many people in the house, their families and staff. There is an overwhelming desire in the staff, residents, relatives and some members of the commission to keep the homes open and invest in them to ensure the council can be part of residential care for the elderly in the future. This includes providing specialist dementia care and intermediate care. The commission also noted that the consultation did not include an option about keeping the homes open under local authority ownership.
- 6.6 We hope the decision of the Executive will take into account the considerable work done by the commission to ensure that all avenues have been explored and examined. The commission will continue to monitor the progress as part of their work programme and hope that the best decision will be made in the interests of the residents of the homes and their families and carers as well as in the interests of future residents and their families.
- 6.7 The executive's proposals to provide intermediate care rely on the sale of some of the homes and some of the sites. It is not clear nor guaranteed that these sales will be possible and that puts the executive's proposals at risk. This would leave the council with no homes and no intermediate care facility.
- 6.8 The commission tried to explore options to keep the homes open and provide intermediate care in these facilities. Information on these options was very late in coming to the commission and it has not been possible to fully explore those options. The commission is supportive of investing in intermediate care but did not agree that a larger single facility was the best. It did not accept that proposals for a 60 bed intermediate care facility were best for the city; and was concerned about parking, traffic and access issues for local people, and the impersonal nature of such a large facility. Furthermore the commission questioned that consistency of care could only be delivered on one site. The commission feels this is a training issue, and that intermediate care could be delivered over small sites around the city, which would be more local to communities and more homely.

- 6.9 The commission noted that from the evidence given by Hampshire County Council it is possible for local authorities to provide nursing care in care homes. While it was recognised that the circumstances for Hampshire may be special it does not prevent other authorities from negotiating with the NHS and the Department of Health.
- 6.10 The commission welcomed the evidence submitted by the unions, their expressed willingness to work with the City Council; and noted the stress for staff at this time.
- 6.11 While the authority regularly inspects private residential provision it will be doubly important, should the executive choose to close the council's care homes, that a rigorous inspection regime is put in place, so that inspections are carried out frequently and without warning; and that family members are regularly contacted for their views on provision and control action is taken in any instances of poor care or neglect. There is a need to monitor quality, quantity and choice of food, quality of physical care and overall quality of amenities.

7. Summary of Appendices

Appendix 1 – Recommendations in Adult Social Care and Housing Scrutiny Commission: Final Report: “A Review of the consultation process and proposals to change elderly persons’ residential services provided by the Council”

Appendix 2 – Unison Response to EPH Proposals 2013

Appendix 3 – Draft minutes of meeting of ASC Commission 5 September

2 Recommendations

2.1 The Overview Select Committee (OSC) is asked to consider the following recommendations of the Adult Social Care & Housing Scrutiny Commission. In doing so OSC is asked to recommend this report to Cabinet and to request a response from Cabinet to these recommendations within three months:

2.2 Recommendations around consultation options

1. That the Elderly Person's Homes should remain open and run by Leicester City Council.
- 2 We ask cabinet to note the very good levels of care, the opportunities for social activity and the dedication of our staff.
- 3 That there should be maintenance programme for the Elderly Person's Homes in the scope of the review (if necessary), based on the latest condition survey evidence.
- 4 Specific feasibility work should be undertaken as to the suitability of any of the homes for conversion into extra care and intermediate care facilities before closure is considered.
- 5 That the approach to maintenance of the council's EPSs is reviewed to improve standards, outcomes and efficiency and, if appropriate, considered as part of the maintenance service provided by Housing Services.
- 6 That intermediate care and re-ablement services should be invested in, maximised and increased where possible.
- 7 Cabinet needs to consider that handing over the homes to a third party provider is likely to result in significant worsening of staff terms and conditions, for large numbers of people, effectively pushing people onto the minimum wage.
- 8 As part of point 4 above the department should consider reducing the provision of single bed hostel spaces – reported to have surplus places – by closing Upper Tichborne Street Hostel and investing the saving into the development of EPHs.

2.3 Recommendations around the consultation process itself

1. That when conducting a consultation based around costing (for example a rationale for a consultation based on the state of buildings and the costs involved in refurbishing them), there should be an agreed understanding of the costs involved from the onset, based on up-to-date evidence.
- 2 That when providing options as part of a consultation, there should be a range of options which included reinvestment into the homes to keep them open. Options around 'degrees of closing or cutting' should not be the only options available.

3. That any consultation into the future forms and function of elderly persons' residential services provided by the Council should be appropriately resourced, taking resident's needs into consideration.
4. That effective training should be given to those supporting the consultation of vulnerable people to ensure that personal views of carers/interviews don't influence the findings.
5. That the impact of this review on the reputation of the Council's care homes should be considered to minimise any adverse communication.
6. That the impact of further reviews into elderly person's homes be considered from the outset to ensure communications are effectively managed and to minimise any reputation damage.
7. That those planning the consultation should consider the impact on staff, residents and families to ensure that points 3-5 above are properly implemented. These are homes where people live, and that should always be taken into account.

2.4 Recommendations around service redesign ideas and /or improvements to the quality of the service provided

1. That permanent staffing levels in the homes should be improved and monitored to keep agency costs at a minimum.
2. That the Council make recommendations that staff in privately-run homes should be paid a fair wage and receive a high standard of training.
3. That the city council explores opportunities to provide apprenticeships to staff in care homes – in partnership with local colleges.
4. That homes that are best suited to alternative uses (not necessarily those with low occupancy rates) should be considered for intermediate care.
5. That further consideration be given to redevelopment and a strategy for managing more specific cultural, linguistic and religious care needs of residents across the homes – specifically for the Asian and Asian British population which is currently 20% of over 60s in Leicester.
6. That the homes' IT systems and broadband be reviewed and if necessary upgraded to improve efficiency of administrative duties, and to provide access for residents.
7. The possibility of a retirement village should be explored, as part of a portfolio of residential options for older people in Leicester, and as part of the Ashton Green development in the first instance.

2.5 Recommendations around the wider funding issues surrounding adult social care and their impact on this review

1. That cabinet in making any decision to keep the homes open do so for the next 5 years at least.
2. That a full and up to date detailed condition survey be carried out into the health of each home to better understand the costs associated with ongoing maintenance and refurbishment to alternative use for each home and facilitate improve decision-making around each homes' future.

3. That options for increased collaboration and efficiency be developed and considered around joint-working with the NHS, particularly around referrals and admission processes.
4. That a review of communications surrounding the marketing and admissions/referral process of the homes be carried out to tackle the perceived negative reputation of Council-run homes compared to privately run homes and improve admissions and referrals.

UNISON RESPONSE TO EPH PROPOSALS – 2013

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1. Preamble

We would begin this response by highlighting the fact that the future of Leicester City Council's Elderly Persons Homes (EPHs) has been under threat for the past four years.

Initially the closures of the EPHs appeared as a budget proposal in the 2009-10 budget.

A best value review was proposed because *'in-house provision is more costly at present than externally commissioned provision. The review will examine all options for reducing that differentiation in cost. The savings attached are target savings'* (£12.7m by 2011/12).

By the 2012/13 budget – the same text appeared but the phrase *'best value review'* had been dropped. At this point the claim was made that this proposal was now driven by policy rather than budget.

By this time we were being asked to believe it was no longer about cost but about 'choice and independence' etc.

The FAQs that accompanied the consultation at this time (2011) betrayed the fact that cost remained at the heart of things.

“The Council’s homes are becoming less and less popular: the number of people choosing to live in them is falling year on year. Many of the homes require a great deal of maintenance and investment and do not meet modern standards. For example, rooms are not big enough to deal with equipment that might be needed to help a person to move around, and residents have to share bathrooms and toilets.”

It is quite clear that those people presently residing in Leicester City Council’s Elderly Person’s Homes will derive no benefit from the current proposals. Only self-deception could convince anyone otherwise.

At the outset UNISON wish to make it clear that we do not dispute the assertion that people wish to remain as independent for as long as possible and generally speaking independence is seen as remaining in their own homes. This is a perfectly natural aspiration. What can’t be ignored however is the fact that we are an aging population and dementia is an illness affecting ever greater numbers of people. Ultimately there comes a time when residential care is the safest, most cost effective option for those in the advanced stages of dementia or with complex healthcare needs.

Whilst investing in intermediate care may be both commendable and necessary it is not a replacement for residential care and UNISON believes that the public sector ought to be part of the provision of that care.

2. Rationale for Closure/Sale

(i) Falling Numbers

A variety of reasons have been forwarded for what is essentially a decision by Leicester City Council to divest itself of its EPHs; falling numbers is cited as one of the major factors. As supporting evidence for the proposals a document entitled ‘Declining Numbers’ was presented to the trades unions. On the face of it this appears show diminishing demand for residential care in both the public and private sector.

The column headed ‘National demand for places in public sector care homes’ appears to show a startling drop in demand; however UNISON

believes what it actually reflects is the falling number of public sector care homes (and therefore places) available. Leicester City Council isn't the first Authority to sell off its homes. A truer picture might be derived if there was also a column showing national demand for places in independent care homes.

Also whilst numbers are diminishing currently (probably due in part to falling birth rates in the 1930s), most people are well aware of the demographic time bomb that the country faces with a growing elderly population set to rise significantly by 2031. The proposed strategy in respect of intermediate care will not help address the problem that this city will face over the next 10 -25 years.

The very report which is being relied on to evidence the aspirations of the aging population shows that there will be an increase in those aged 65+ in Leicester and Leicestershire of over 30,000 by 2025. There will be particularly significant increases in those aged 80-84 and 85+¹. In fact by 2031 there will have been an increase in the over 85s by 53%². It is this section of the population for whom residential care may ultimately become a necessity.

In respect of the other figures presented, it is of note that the numbers within the Authority's EPHs began to decline shortly after 2009/10 – the time when the uncertain future of the EPHs was made public; it looks entirely possible from the figures that the number of residents was on the increase again. Given that 82 people opted for Council's EPHs despite the uncertainty it seems likely that if the future had been more certain these figures would be higher.

UNISON believes that at least in the period 2010 – 11 social workers were being 'advised' not to place people in Council run homes. It is clear from the consultation exercise undertaken in 2011 that this perception was shared by service users and their relatives. Indeed one advocate from the Alzheimer's Society asserted they had been told by social

¹ A Qualitative Assessment of the Housing Needs and Aspirations of Older People in Leicestershire – Andy Steele May 2010

² Executive Decision Report – Proposal for the Future of the Council's Elderly persons Homes and the development of Intermediate Care Facility – Deb Watson

workers that they could not make referrals for placements in local authority homes³.

If consideration of such statistics form part of the decision making process then it needs to be remembered that statistics can be presented in such a way as to demonstrate any assertion; discovering the actual truth of the matter requires more rigorous examination – a more enquiring mind.

(ii) The wish to remain at home/independent

The research by Andy Steele of the University of Salford⁴ is being cited as part of the rationale for the proposals to close or sell the EPHs; specifically it is being used to support the contention that residential care isn't what people want any more. This conclusion however isn't actually the focus of the research; - there was clearly a far wider remit relating to examining under-occupancy in housing, extra care, sheltered housing, retirement villages, as well as trying to establish the aspirations of the BME population and the Gypsy and Traveller community.

Amongst the issues raised in the report were that loneliness and isolation were the attendant problems of 'staying put'; that people wanted company, activities and entertainment. It can't be ignored that staying at home; even for those able to do so, is not without its problems.

Ultimately for many there comes a time when home is not an option; touting Extra Care as an alternative to residential care is all very well however it is not for everyone. Those interviewees currently accessing Extra Care expressed concerns about residents with a range of disabilities and high health needs effectively diminishing the level of care provided [to them] overall.

³ Consultation on the Future of Leicester City Council's Residential Care homes for Older People- part 13

⁴ A Qualitative Assessment of the Housing Needs and Aspirations of Older People in Leicestershire – Andy Steele May 2010

The Joint Dementia Commissioning Strategy⁵ itself acknowledged ‘Extra Care may not be appropriate for people who are at the advanced stages of dementia’. Worse still, given the reliance on this and similar types of housing provision for the future, is the admission within the strategy itself that ‘due to the affordability of Extra Care Housing schemes and with changes in the funding/grant arrangements from the Homes & Communities Agency (HCA), it is unlikely that many traditional Extra Care schemes will be built in the future’.⁶

Similarly Sheltered Housing will not be appropriate for those with multiple health problems

(iii) The desire to have en-suite bathrooms

The ‘requirement’ for better bathroom facilities has been cited on numerous occasions over the past four years – although significantly not by any of the consultees. The claim however is made that ‘Current residents have said that they value the quality of care they receive more than the building they live in, but expectations of future generations will be different. For example the sharing of bathrooms is unlikely to be acceptable in future’⁷.

This assertion is inconsistent with the findings of the assessment of housing needs study which found amongst those consulted that familiar areas near family and social support networks were ‘perceived as a higher priority than the *type* [my emphasis] of housing provision’⁸.

Further it also overlooks the truth of the situation which is those requiring residential care are frail, elderly and often have dementia and/or physical disabilities. Of the current 161 residents within the City Council’s Elderly Persons Homes 32% have dementia; 19% mental health needs; 34%

⁵ Leicester, Leicestershire and Rutland Joint Dementia Commissioning Strategy 2011-2014 p.23

⁶ Ibid p.24

⁷ Consultation on the Future of Leicester City Council’s Residential Care Homes for Older People

⁸ A Qualitative Assessment of the Housing Needs and Aspirations of Older People in Leicestershire – Andy Steele May 2010 p.33

physical disabilities and 15% are described as frail or having a temporary illness.⁹.

The oft ignored reality is that the majority of residents will require assistance with their personal care. Personal privacy in the bathroom is lost as safety becomes the greater concern and support is required. What these people need (and get currently) is care - not en-suite bathrooms.

There is clearly an attempt by those involved in establishing strategies/services for the future to empathise and project their own wants into the process; however one of the problems encountered is that it is very difficult to envisage yourself being so highly dependent. No-one wants to believe that there will come a time when they are almost entirely dependent on another person to take them to the toilet; to bathe them or to deal with their incontinence.

The other contention in respect of this issue is that the independent sector currently provides such facilities or if it doesn't 'the market will provide'.

Alas neither of those assertions is entirely true.

(iv) Cost

As stated at the outset the proposition to close and/or sell the EPHs arose initially as a budget proposal; and despite assertions about choice, personalisation, falling numbers etc. UNISON believes cost remains at the heart of the matter. As such the issue is essentially one of priority.

No-one is claiming that residential care is no longer necessary – it clearly is; the decision by Leicester City Council to sell or close its homes is simply LCC saying it no longer wishes to be in the market to provide such care.

Whilst UNISON acknowledge that we live in more austere times we take the view that this means a more thorough examination of priorities in

⁹ Executive Decision Report – Proposal for the Future of the Council's Elderly persons Homes and the development of Intermediate Care Facility – Deb Watson p12

terms of public spending in general and in this instance capital spending more specifically.

We note the statement within the EIA which accompanies the proposals -‘The Council cannot afford to modernise its homes to meet long term needs’.¹⁰

It appears to us the Council chooses not to afford to modernise its homes. Without wishing to appear glib the Council (even in these straitened times) can afford capital projects of a less people- centred nature, and can invest both capital and revenue on historical and cultural projects which are unlikely to provide any obvious benefits to the majority of people in Leicester; yet providing the continuity of care that the residents of its EPHs both require and deserve seems beyond their means.

UNISON accepts that alongside a re-evaluation of current corporate capital priorities other finance generating programmes may be required. The increased provision of -and charging for respite care is one possibility (see Para. 6(iii))

Further pooled Local Authority and NHS budgets ought to be considered to fund homes that can provide both specialist dementia care together with nursing care.

It is UNISON’s position that the market works better in a mixed economy; with the public sector providing the model in relation to both standards of care and staffing. Better trained and paid staff (with better terms and conditions) results in a stable and well -motivated workforce which is central to the good care of the elderly. Unfortunately this is often lacking in the independent sector.

3. Consultation

In March-June 2011 the consultation centred on the proposal to close 6 of the EPHs and ‘the change of use of 2 homes to short term care’.

¹⁰ EIA - 28 Oct 2011 Appendix 5 221211.

There was then apparently the suggestion that ‘more options for change’ should be looked at which resulted in a further period of consultation on revised proposals between July and September 2011.

The options at this point were not much improved and are paraphrased below:

- (i) Close some or all of the homes and invest in intermediate care
- (ii) Sell or lease some or all of the homes
- (iii) Close the homes with low occupancy.

UNISON is of the view that the basis on which the consultation was undertaken was somewhat disingenuous. Residents and their families were being told that their views were important and would be ‘taken into account’ or ‘fed into the decision making process’. Worse still at the Thurn Court meeting (21/7/11) attendees were told ‘what we are consulting on is whether the Council should still run homes itself’¹¹

Clearly that wasn’t what was being consulted on and in respect of the notion that views would be taken into account/considered; from the outset it was apparent there was nothing the consultees could do or say which would result in an alternative option being adopted. What the results of the consultation show beyond any doubt is what the vast majority of people wanted was **no change**.

Of the options presented to them, the first, investment in intermediate care, was of no relevance to their present situation. Whilst keeping people in their homes for longer is a commendable aim it is not an option open to the existing residents of the City’s EPHs.

The results of the consultation are being presented as option 2 having received the most support. It’s apparent that this was regarded as the ‘best of a bad bunch’ and even then a number of conditions/caveats were forwarded by those consulted.

¹¹ Consultation on the Future of Leicester City Council’s Residential Care Homes for Older People p.76

At Elizabeth House service users and their relatives were ‘happy for another provider to take over the home, provided it would be run in the same way as it is now, with the same staff, same health care and same GP etc.’¹²

At Thurn Court the view was ‘as long as it was run as well as it is now, the same staff group, the same price, the standards were maintained, the staff salaries and pensions stayed the same’¹³

Leicester City Council however cannot give these guarantees; the provisos raised by consultees in respect of option 2 are not within their gift – yet it appears no-one sought to advise the residents and their families of this fact.

In order to believe the consultation is in any way meaningful requires a high level of cognitive dissonance. The closure/sale of the homes is only linked to the strategy of investing in intermediate care in that Leicester City Council have taken the decision that financially the two cannot co-exist. The long (?) term strategy requires that the stability and security of the current service users be sacrificed.

4. Impact on Service Users

A number of concerns were common throughout the consultation. Many felt there would be a detrimental effect on the health of service users; that they would lose their support networks in that they would be separated from friends and family. For those with dementia the changes could prove devastating.

In reality no matter how carefully moves are managed it is difficult to see a positive outcome for all (see Para. 7 for further discussion).

Financial considerations were also raised. Many people were afraid that fees would increase beyond their means.

The impact on residents cannot and should not be underestimated. The people who reside in the Council’s homes are, as it recognises, ‘frail

¹² Ibid p.38

¹³ Consultation on the Future of Leicester City Council’s Residential Care Homes for Older People p.70

elderly over the age of 85'¹⁴. Yet these are the people whom LCC propose to move (or hand over to a new provider). The residents profile shows that 25 of the residents in homes earmarked for closure are aged 91-100, (32 are 81-90 and 3 are 101+).¹⁵

5. Other Considerations

(i) Prospective Buyers

There is clearly a trend within the independent sector to build ever larger care facilities as evidenced by the growth of 60 bedded units such as Beaumont Hall. Whilst the notion of large care homes has long since been rejected for children 'looked after' by the local authority, the older population do not warrant the same consideration. Large impersonal homes no doubt provide economies of scale for those seeking a profit but the levels of care offered must surely be questionable. If staying at home is the wish of the majority of those with a choice then surely an attempt should be made to replicate that homely environment for those people who don't have the choice.

UNISON are concerned that one of the conclusions of the soft market testing is 'the capability to expand on site is critical to market interest'¹⁶

This is surely a timely reminder (as if one were needed) that for many of providers in the independent sector – profit is the driver.

The consultation demonstrated that people's experiences of the independent sector were not always good. Many shared their poor experiences and equally importantly their poor perceptions of the independent sector.

Indeed even those advocates from the Alzheimer's society felt that council homes 'appear to provide a better quality of life for residents with dementia than many of the private homes they have seen'¹⁷.

¹⁴ Executive Decision Report – Proposal for the Future of the Council's Elderly persons Homes and the development of Intermediate Care Facility – Deb Watson p.4

¹⁵ Resident profile as at 180213 – Appendix D

¹⁶ Executive Decision Report – Proposal for the Future of the Council's Elderly persons Homes and the development of Intermediate Care Facility – Deb Watson p.5

Whilst we appreciate LCC's stance as to the quality of care provided in the independent sector it is difficult to detract from the views held by those with actual experience.

Whereas profit may not be the main motivator for the voluntary and social enterprise sector -funding is in the same parlous state as it is in the public sector and therefore the need to maximise finances is no different for them than it is the private or public sector provider.

(ii) 'The Market Will Provide'

Related to the previous paragraph -this claim has been made during the consultation process with the trades unions in relation to the provision of en-suite bathrooms. It prompts the question if the market is truly that responsive – ready to identify need and provide accordingly – why are their insufficient residential places for people with combined dementia and nursing needs? The answer is of course glaringly obvious – profit. If there isn't a profit to be made then the market will not provide. By divesting itself of its in-house service the Council is placing it's faith in the laissez faire - supply and demand -approach of the market to something (the care of the elderly) which ought properly to warrant greater public involvement and protection.

6. Counter Proposals

As we have highlighted throughout this response the existing residents derive no benefit from taking forward any of these proposals – what is being decided upon is just how negative or damaging the impact might be.

(i) Keep all or some of the homes open

The Alzheimer's Society suggested keeping the homes open (due to the better quality of life they offered). The overwhelming results of the

¹⁷ Consultation on the Future of Leicester City Council's Residential Care Homes for Older People p.82

consultation concurred with this. It appears this is an option that has not been fully explored and/or has been dismissed out of hand.

UNISON believes that re-aligning capital priorities would allow some if not all of the homes to remain open.

The current proposals can only be viewed as fit for the short to medium term. As previously stated the elderly population is not declining but increasing in the long term. In the not too distant future there will be the need to increase provision. Closing and selling off the properties at this point in time is short sighted and we believe will eventually prove more costly than investment in the medium term.

(ii) Keep all or some of the homes open and focus provision on dementia care

Current figures show 32% of residents have dementia¹⁸. It is unclear whether this figure is consistent with the statement in the joint commissioning strategy that 50% of people in Leicester City with dementia remain undiagnosed. Whatever the true picture there is a strong case to increase the provision of placements for those with dementia in the city.

A truly creative approach which tackles the real gaps in provision would be to look at a joint enterprise with the NHS to provide residential care for those with dementia who also require nursing care.

As has already been identified the market has to date failed to provide in this area.

Whilst UNISON acknowledges the existence of the dementia care strategy it doesn't address sufficiently the needs of those in the advanced stages of dementia.

'It is estimated that the prevalence of dementia will increase to 1.4million [nationally] over the next 30 years; this is a 100% increase, with associated costs rising to an estimated £50 billion per year'¹⁹. The

¹⁸ Executive Decision Report – Proposal for the Future of the Council's Elderly persons Homes and the development of Intermediate Care Facility – Deb Watson p.12

¹⁹ Leicester, Leicestershire and Rutland Joint Dementia Commissioning Strategy 2011-2014 p.8

current direct cost to Leicester, Leicestershire and Rutland (LLR) is £67million per year.²⁰

These are truly terrifying figures – failure to act now will leave the public sector unable to meet the need in a timely way in the future and will cost the economy dearly.

The potential exists to convert a number of current homes into specialist dementia (over a period of time) units thus increasing the likelihood of some service users being able to remain where they are. The phasing of this move would allow those residents who do not meet the new criteria to remain where they are.

(iii) Respite Provision

In terms of provision for those with dementia the Evington centre has 80 in- patient assessment and treatment beds. 'In 2009/10 there were approximately 315 admissions to those beds....The primary reason for admissions related to family or carer breakdown which contributed to 42% of the total number of admissions'²¹

Of significance is that 48% of those admitted were discharged to care homes²²

The failure to support those caring for people with dementia has a huge potential cost to the economy – estimated at £104million pa in LLR – (a cost borne by families and carers). If these carers aren't supported this majority of this cost will pass to public services such as adult social care and the NHS.

Investment in respite supports the stated aim of helping to keep people in their homes for longer.

When closure of the homes was first put forward the proposal was to convert at least two of them into specialist dementia care units. Again UNISON takes the view that if the will existed the money could be found to do this.

²⁰ Ibid p.11

²¹ Ibid p.18

²² Ibid p.19

7. Conclusion

The response to the consultation was that no-one wanted to see any change to their current provision. Despite this fact change is what is proposed. Option 2 of the proposals was the lesser of the three evils on offer but acceptance of this came with provisos.

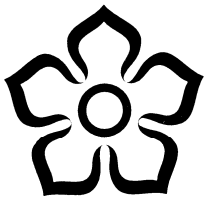
Residents and their families were anxious to keep the same staff group (on the same pay and pensions!). What no-one has said is that although staff would transfer under TUPE regulations in all likelihood it wouldn't be long before the new provider sought to make changes to their terms and conditions. In the current climate it wouldn't take much to establish an economic, technical or organisational reason which would allow them to 'restructure' salaries (down the way). Additionally pensions aren't protected by the regulations so in any event staff face a poorer deal on their occupational pension in their old age. Will staff stay? – I don't think anyone can say with any certainty they will. The continuity of care 'promised' can't necessarily be delivered.

It is those very staff facing redundancy that will be expected to help residents make that difficult transition into new homes. Whilst they will no doubt approach this in the same professional way they always have done this is a different situation to moving someone to alternative accommodation because they can no longer be cared for in the home. In the latter instance it was the residents' needs that dictated a move was necessary. In this instance their needs are not the paramount reason for change.

It will be harder for staff to adequately explain to residents that it is the Council's strategy for the future which necessitates their home closing.

It was recognised in the University of Salford report that 'older people tend not to plan or choose to move to more appropriate accommodation, they move in response to a life crisis.'²³ Peoples' psychology is such that this is unlikely to change. People don't plan to be old, frail or dependent.

²³ ²³ A Qualitative Assessment of the Housing Needs and Aspirations of Older People in Leicestershire – Andy Steele May 2010 p.31



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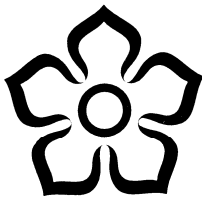
All the intermediate care, Extra Care or Sheltered Housing provision in the world won't change that.

People don't want change - they like and grow attached to the familiar – whatever that is. The consultees in the University of Salford report demonstrated that those who were in their own homes wanted to stay there, similarly those in supported housing schemes were positive about their experience, and those in Leicester City Councils EPHs speak of the care they receive there in glowing terms. Housing provision for older people needs to be a mixed economy not just to ensure people get what they want but also that they get what they need depending on the time of life they are at and their physical and mental health.

It is UNISON's position that housing for the elderly in its many forms remains the business of the public sector and for the reasons cited above Leicester City Council need to play their part in that provision.

Janet McKenna – UNISON Social Care + Health Convenor

16.05.13



Leicester
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Appendix 3

MINUTE EXTRACT

Minutes of the Meeting of the

ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 5 SEPTEMBER 2013 at 5.30pm

P R E S E N T :

Councillor Dr. Moore – Chair
Councillor Chaplin – Vice-Chair

Councillor Alfonso
Councillor Fonseca

Councillor Joshi
Councillor Willmott

Also in Attendance

Councillor Rita Patel – Assistant City Mayor (Adult Social Care)

* * * * *

27. APOLOGIES FOR ABSENCE

There were no apologies for absence.

28. DECLARATIONS OF INTEREST

Councillor Chaplin disclosed an Other Disclosable Interest as she had spoken with a number of members of the public relating to the Elderly persons Homes proposals (Minute 32 refers) and had also been one of the Councillors that had called in the notice of decision on the Older Persons Mental Health Day-Care Services item (Minute 33 refers).

Councillor Joshi disclosed an Other Disclosable Interest as his wife had formerly worked in the Reablement Team within Adult Social Care, but was still employed by the City Council (Minute 32 refers) and that he was currently working for a voluntary organisation within mental health services (Minute 33 refers).

Councillor Moore disclosed an Other Disclosable Interest as she had spoken with families and staff in relation to the item relating to Older Persons Mental Health Day-Care Services item (Minute 33 refers).

32. ELDERLY PERSONS HOMES PROPOSALS

Councillor Moore introduced the item and made reference to the previous meetings of the Scrutiny Commission that had discussed this area of work, and had been held on 1st July and 11th July 2013. Responses by officers to the questions raised by members had been circulated and an opportunity had been given for Members to seek further information from officers on the responses given.

Councillor Moore stated that there was now a need to draw this review by the Scrutiny Commission to a conclusion so that a report could be prepared, setting out the conclusions reached, for consideration by the Executive.

Member's attention was drawn to the Responses report circulated and to an additional sheet 'Elderly Persons Homes – Financial Implications' that had been drawn up by the Chair and had been tabled at the meeting.

Capital Expenditure

Current Funding is:

Funding already approved	£3.0m
Sale of EPH Sites (Preston, Herrick, Elizabeth, Nuffield)	£1.41m
Sale of Brookside	£0.4m
NHS Funding	£1.23m
<u>Total Current Capital Funding</u>	<u>£6.04m</u>

(Table drawn up at the request of the Chair)

Option	Description	Cost	Funding to be found

Option A	1 Intermediate Care Facility. New Build and Fixtures and Fittings. No EPHs or Brookside (30 intermediate care and 30 respite beds)	£6.7m	£0.66m
Option B	4 Converted EPHs to provide intermediate care and residential care. Sell Brookside. (60 intermediate care and 72 residential beds)	£16.3m	£11.67m
Option C	3 Re-build EPHs to provide intermediate care. Sell Brookside. (60 intermediate care beds)	£11.61m	£6.97m (approx.)

Revenue Expenditure (table provided by officers)

Option	Description	Cost	Saving against current cost
'Do Nothing' Current Costs	8 EPHs + Brookside	£9.5m	0
Option A	1 Intermediate Care Facility. No EPHs or Brookside.	£6.0m	£3.5m
Option B	4 Converted EPHs to provide intermediate care and residential care. Sell/dispose 4 EPHs and Brookside.	£8.0m	£1.5m
Option C	4 Converted EPHs to provide intermediate care and residential care. Retain 4 EPHs and dispose of Brookside.	£9.5m	0

Councillor Moore stated that, in relation to provision of intermediate and residential care, she had visited one of the homes referred to in the proposals and had come away with the impression that there were no conflicts regarding the provision of these two areas of care within one facility.

Members had an opportunity to question and comment on the options reported as follows: -

Councillor Alfonso – concerns that funding not in place to retain or re-furbish existing homes, funding would likely be sourced from elsewhere within the City Council therefore affecting other services. Therefore she could see no other option than Option A.

Councillor Joshi – having looked at all options reported and having taken into consideration all the information available Option A – 1 Intermediate Care Facility, No EPHs or Brookside (Revenue Expenditure Table). Noted that moving people with care was important.

Councillor Willmott – Not here to make a decision. The City Council is in business to provide public services. Clearly been failure to invest properly to ensure retention of this service, figures tabled lacked credibility. Figures given give maximum costs for running local authority homes but minimum costs for income. At the last meeting it was established that the running costs of EPHs were similar between local authority and private sector homes, the difference came with staff wages and staff ratios. Conflict with Living Wage agenda by Deputy City Mayor.

Private sector care market was at risk of collapse, large debts and number of providers have gone bankrupt over last few years. By putting all eggs in one basket could lead to serious problems.

Suggest that, between now and full Council, all options available to the City Council, not taking the options tabled tonight at face value. There was a way forward that was not one of the options reported at the meeting.

Councillor Fonseca – Prefer Option A (Revenue Expenditure). Duty of care to support all people who need us, not just those in EPHs.

Councillor Chaplin – Expressed horror that consideration being given to close EPHs when elderly population is rising. Gov't is not demanding that we close homes, we also know that additional costs compared to private sector are down to staffing costs. Short-sighted to be considering closures now. Not reassured by the various versions of figures circulated, the Executive required accurate figures. Issue rests on sale of existing sites, what if sites were not sold, would this jeopardise whole intermediate care plans.

It was also apparent that all refurbishments of existing homes were not required immediately. En-suite facilities had also proved to be detrimental as this meant that certain elderly persons were then not likely to leave their room.

Provision of intermediate care and residential care within one site was purely a training issue. Information shared from Hampshire County Council showed that joint provision could be achieved within one facility. The City Council should in fact be approaching the Department for Health and NHS with view to assuring that nursing care was provided within residential homes.

Concerned re: equality issues for Herrick Lodge residents.

Concluded by stating that options worked up had not been thoroughly costed and assessed.

Chair – Re-iterated that Scrutiny Commission could not make a decision, but rather it would be making recommendations to Executive.

If staff were paid at a level similar to the private sector then the City Council would be able to retain homes, we chose to pay our staff a living wage. If other options of providing care were explored it could prove to be cheaper. Some people opt to go to private sector homes, often to be near families, and there was a need to strengthen inspection regimes in private homes and we needed to look at how best this could be done.

Regarding sale of EPHs, some people have said that this would be fine as long as the services were retained, purchasers of the EPHs must therefore be vetted thoroughly. There was however a need to respect the skills of staff and voluntary redundancy must be offered. The Scrutiny Commission were pursuing the issue of providing nursing care in homes.

Unhappy about proposal for a 60 bed unit (Option A) but was happier about several smaller units locally and the retention of EPH provision in the City.

- Use funding set aside for 60 bed unit to fund re-build smaller units on sites of 4 homes providing residential/intermediate care.
- Work with DoH and NHS to provide nursing care on site
- Monitor work of private sector
- Look at provision of Extra Care and nursing care in homes.
- What sort of provision were those private providers who have expressed interest in our homes looking to provide

Councillor Willmott – not prepared to recommend the sale of any of the City Council EPHs to private sector. Not sure of the viability of re-building 4 homes. £6m quoted was only available if the sites of other homes were sold. Support the pursuit of Extra Care and Nursing Care in homes.

The meeting adjourned to allow consideration of the various Options tabled. It became apparent that certain information was not available at the meeting and that officers had not had an opportunity to cost the alternative options put forward.

Councillor Joshi – Having listened to debate still of opinion that Option A (Revenue Expenditure) was the favoured option.

Chair – uneasy around Option A as this would not offer residential care in future should we want it.

Propose Option C (Capital Funding) – Re-Build 3 EPHs to provide intermediate care. Also look to provide Extra Care and look at the Hampshire model. Use the budget available in a more creative way.

Councillor Willmott – Amendment - suggest keeping all 8 homes and re-furbish where appropriate, provide residential and dementia care where appropriate and that the City Council look to make available funding for Extra Care provision.

Chair – stated that there was a divergence of opinion. Could take a vote but there was obviously a need for further information that was not available to members and officers at this meeting and that there was a need to get some of the figures referred to firmed up.

It was suggested that a report would be prepared recording the discussions that had taken place at this meeting and, following the draft report being circulated to members for comment, it would be referred to the Executive as a record of the views of the Scrutiny Commission members.

RESOLVED:

that a report to be prepared recording the discussions that have taken place at this meeting and, following the draft report being circulated to members for comment, it would be referred to the Executive as a record of the views of the Scrutiny Commission members.