

Response to Scrutiny Report: Elderly Persons Homes

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Date: 6th September 2012

1. Summary

The report gives a further detailed response to the report of the Scrutiny Commission entitled "A review of the consultation process and proposals to change elderly person's residential services provided by the Council. This follows an initial presentation to the Scrutiny Commission at the time of the report's publication.

2. Main report:

The Scrutiny Commission has made recommendations around a number of key themes. These are set out below with the responses to each in bold.

2.2 Recommendations around Consultation Options

1) That the Elderly Person's Homes should remain open and run by Leicester City Council

Response

In February 2012, the Executive considered the results of public consultation on the future of the Council's in house Elderly Persons' Homes. Following this, the Executive made a public announcement stating that change would be necessary, and this needs to be carefully introduced, and planned over the next few years. Working carefully with residents and their families the Executive has agreed that it will continue as a direct provider of residential care up to 2014/2015 whilst the best solution for each home is found.

The status quo cannot be maintained in the longer term for a number of reasons:

- Numbers of admissions into residential and care are declining across all sectors as people choose alternative services such as extra care and assistive technology. In addition the Council had made significant investment in services aimed at promoting independence such as reablement.
- People in Leicester have told us that they would prefer to live independently at home for as long as possible, and we need to continue to develop such services
- Continuing to run eight EPHS offers poor value for money for the Council
- It costs the Council £229 more per person per week to offer places in a Council run home compared to a home in the independent or voluntary sector
- As the numbers of older people increase this funding gap will become more and more pressured.

It is acknowledged that there will always be a need for some residential care in Leicester, particularly given the increase in people living longer with complex conditions like dementia and this will need to be addressed as solutions for change develop.

2) That the Executive note the very good levels of care, the opportunities for social activity and the dedication of our staff.

Response

The quality of care and dedication of staff is indeed recognised.

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.

Response

A detailed planned maintenance programme has been developed for EPH's from a number of sources, but mainly from the Condition Surveys carried out in November 2011 by external contractors. Maintenance requirements identified were initially re-prioritised according to LCC priority ratings, and then broken down into "landlord" or "tenant" works. For landlord priorities extensive work is planned from the Central Maintenance Fund this financial year. Initial cost estimates suggest this work will amount to approximately £375k across the sector, and work typically includes external decoration, external paving works, some re-roofing and boiler replacements. Adult Social Care also bid for capital monies on the strength of information contained within the Condition reports, and were successful in obtaining £462k from the capital programme for EPH works in 2012/13. A significant proportion of this will be spent on remedying structural issues identified in the reports. Approximately £100k has already been committed in this area, with further monies held in reserve pending the results of on-going structural monitoring.

The remainder of the capital will be spent on "tenant" items. All Homes managers have been consulted on their main priorities for the Units arising from the surveys, and an initial programme of works totalling £200k+ is almost ready to go out to tender. Works here are mainly internal redecoration, new floor coverings, bedroom refurbishment, bathroom/toilet refurbishment etc. In summary there will be considerably more spent on planned maintenance in EPH'S in 2012/13 than in recent years. This will by no means address all issues raised in the surveys, but will deal with all high priority items and should result in noticeable improvements to the environment of many of the units. Reactive maintenance will of course also continue, and officers do not anticipate much variation in expenditure levels from previous years in this regard.

- 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.**

Response

In the event of a decision being taken to convert existing homes to extra care or intermediate care, feasibility work would indeed be carried out before closure was considered. This would include a full options appraisal of all homes.

- 5) That the approach to maintenance of the council's EPHs is reviewed to improve standards, outcomes and efficiency and, if appropriate, considered as part of the maintenance service provided by Housing Services.**

Response

The approach to maintenance of the EPH's remains similar to previous years, but the detailed Condition Surveys have now given much better quality information on

which to base decisions regarding expenditure. Links with Housing regarding maintenance have been tried in the past without great success, but this will be looked at again to see if any joint working would be possible and beneficial.

- 6. That intermediate care and re-ablement services should be invested in, maximised and increased where possible.**

Response

This is agreed and was a key feature of the rationale for change outlined in the consultation on the homes.

- 7) The Executive 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.**

Response

Staff transferring to a new provider are legally protected by TUPE legislation which means that they transfer under their existing terms and conditions.

- 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.**

Response

In developing new services, it will be important to understand the range and detail of the new service models which will be required in the future. This helps to determine whether services can be delivered from existing buildings or purpose built sites.

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 outset based on up to date evidence.**

Response

It is accepted that more detailed information about the state of the buildings and the costs involved in refurbishing them would have been useful at the outset. However this does not detract from the key point made during the consultation that significant capital investment is required into the future to ensure the homes are fit for purpose. This was confirmed in the latest condition survey carried out by external contractors.

- 2) That when providing options as part of a consultation, there should be a range of options which include re-investment into the homes to keep them**

open. Options around ‘degrees of closing or cutting’ should not be the only options available.

Response

The Executive agreed the consultation options which were based on the need for change. As such it was important that the consultation did focus on the potential for closing all or some of the homes in order to comply with good practice that requires Councils to be transparent in their approach to consultation.

- 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.**

Response

The resourcing of any future consultation exercises will be carefully considered. It is accepted that Phase One of the consultation was not resourced effectively and because of this the Executive extended the consultation to include a second phase and to do more one to one work with residents and relatives.

- 4) That effective training should be given to those supporting the consultation of vulnerable people to ensure that personal views of carers/ interviewers don’t influence the findings.**

Response

The headline findings showed that people would prefer a no change option. This would tend to illustrate the fact that views were captured appropriately. A number of measures were put in place to ensure that the consultation was meaningful. A communication plan was developed for each resident to understand how they wanted to participate. This varied from direct participation, or nominating a relative to participate on their behalf. In the case of residents who did not have mental capacity to participate or relatives to act on their behalf an advocate from the Alzheimer’s Society represented them. In all cases the notes from meetings were sent to participants for agreement to ensure that their views had been captured correctly.

- 5) That the impact of this review on the reputation of the Council’s care homes should be considered to minimise any adverse communication.**

Response

A key theme emerging through the consultation was that relatives and residents value the quality of care provided in Council homes. As a decision was made to undertake a public consultation exercise, the profile of the homes has been raised. It is clear that some people may be less likely to choose a Council run home until the long term position is clear, however a very small number of admissions are being made and the homes are advertised in the Directory of Care Homes for the City. Staff in the consultation team worked closely with the Corporate Communications Team to minimise any adverse effects of communication where possible.

- 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.**

Response

In the event of any further reviews, staff will continue to work closely with the Corporate Communications Team to minimise any adverse impacts of consultation.

- 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.**

Response

This point is well made and staff will continue to implement a good practice approach to consultation and communication on sensitive issues.

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

- 1) That permanent staffing levels in the homes should be improved and monitored to keep agency costs to a minimum.**

Response

Staffing levels in the homes comply with the standards set out by the Care Quality Commission. Whilst it is agreed that agency costs should not be used for long term provision, some agency costs will be incurred in order to ensure staffing levels are adequate. Current agency usage across all our homes is around 28% and we are seeking to reduce this to no more than 25%.

- 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.**

Response

The Council works very closely with private providers but cannot directly influence the payment levels of staff in private care homes. This is because since the pay rates of staff are developed as part of each organisation's individual business model. However there is much scope to influence the quality of care delivered by the sector. The Care Quality Commission requires providers of care homes to take steps to ensure that staff are suitably qualified, skilled and experience regardless of the sector. They must also demonstrate that they are suitably supported in the care of residents, through training, regular supervision professional development appraisal. These requirements are built into contracts with the Council and monitored by the Adult Social Care Contracts and Assurance Team. The Council also works proactively with providers through our local Quality Assurance Framework which aims to drive up standards and performance in the independent sector.

- 3) That the city council explores opportunities to provide apprenticeships to staff in care homes - in partnership with local colleges.**

Response

The Council provides training for care providers across a range of core skills and competencies for example safeguarding, as well as carrying out internal training. Staff in all sectors are enabled to undertake NVQ qualifications, delivered through 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.**

Response

This point is agreed.

- 5) That further consideration is 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.**

Response

There is currently a very low take up of people from Asian and Asian British populations for older people's residential care homes both in house and in the independent and voluntary sectors. Residential care has traditionally not been an attractive option for people from these cultural backgrounds.

In Leicester needs can be met throughout the sector, with a small number of providers marketing themselves as Asian Lifestyle Homes.

Where services are provided, the Care Quality Commission requires providers to address the full range of cultural needs as part of high quality care provision.

In moving forward to develop future services it will be necessary for the Council to demonstrate how needs can continue to be met for the diverse communities of 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.**

Response

The IT systems in the homes have now been reviewed. It is accepted that upgrading

is necessary and this will be in place by November 12. Whilst this will improve the efficiency of administrative duties, it will not facilitate access for residents. This is because this would require considerable changes to the IT infrastructure, and capital investment which may not be appropriate in the short term. Staff will work closely with any resident who shows an interest in IT to find other ways of addressing this in the short term, through the use of other Council services such as libraries. The specification of wireless technology capable of supporting Broadband and Assistive Technology will however be a key requirement in the development of future services.

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.

Response

The design and development of Ashton Green is to have a village feel with a priority to meet the housing need of families. It has the potential to deliver 3000 units of accommodation between 5 – 15 years. Based on the Strategic Housing Market Assessment and evidence of need the indicative housing requirements for Ashton Green (from 2009) does include a substantial number of units for older people that includes a mix of affordable, market and supported housing. This means that social housing, home ownership and sheltered/supported housing for older people can be delivered on this site. This combination potentially could deliver 500+ units of accommodation for older people.

We are still at an early stage of deciding how the identified units of accommodation for older people are to be delivered i.e. a larger Extra Care Scheme, clusters of accommodation, co-location or interspersed across the site. There may need to be further consultation with older people, particularly home owners about potential services for older people on the Ashton Green site.

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

1) The Executive in making any decision to keep the homes open do so for the next 5 years at least.

Response

In February 2012, the Executive considered the results of public consultation on the future of the Council's in house Elderly Persons' Homes. Following this, the Executive made a public announcement stating that change would be necessary, and this needs to be carefully introduced, and planned over the next few years. Working carefully with residents and their families the Executive has agreed that it will continue as a direct provider of residential care up to 2014/2015 whilst the best solution for each home is found.

The status quo cannot be maintained in the longer term for a number of reasons:

- Numbers of admissions into residential and care are declining across all sectors as people choose alternative services such as extra care type schemes and assistive technology

- People in Leicester have told us that they would prefer to live independently at home for as long as possible, and we need to continue to develop such services
- Continuing to run eight EPHS offers poor value for money for the Council
- It costs the Council £229 more per person per week to offer places in a Council run home compared to a home in the independent or voluntary sector
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It is acknowledged that there will always be a need for some residential care in Leicester, particularly given the increase in people living longer with complex conditions like dementia and this will need to be addressed as solutions for change develop.

- 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 on-going maintenance and refurbishment to alternative use for each home and facilitate improved decision-making around each homes' future.**

Response

Detailed Condition Surveys were carried out to all EPH's in November 2011 with the results reported to Scrutiny. This now provides much better base information on which to base maintenance expenditure decisions. Information in the surveys has also prompted a much higher level of maintenance expenditure in the Homes than recent years as detailed in 2.2.3.

- 3) That options for increased collaboration and efficiency be developed and considered around joint- working with the NHS, particularly around referrals and admissions processes.**

Response

LCC works collaboratively with the NHS in a range of areas, including the provision of intermediate care, reablement services and equipment. Our shared focus is the provision of support which enables people to remain independent, within their own homes.

With regards to residential care, individuals have the right to choose a home which meets their assessed needs. Social workers will guide residents and relatives as to the type of services that are appropriate. Very often health professionals will have contributed to the individual assessment of need and consideration will have been given to whether nursing care is required. LCC's own admission process already requires that these assessments have taken place.

Local Authorities are not permitted in law to provide nursing care and neither is this locally provided by the NHS; it is delivered by the independent sector. Local Authorities are also required to ensure that anyone entering their own provision is eligible (this does not preclude self funders, who may be eligible, but unlike the independent sector, Councils cannot provide placements to self funders who are not eligible for residential care. This arises from the Chronically Sick and Disabled Persons Act)

There is felt to be scope for further collaboration with the NHS in relation to developing short term residential care for assessment purposes and rehabilitation, to ensure maximum use of Council provided services which promote independence. This is being progressed with health partners currently.

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.

Response

The consultation findings indicate concerns about private rather than Council lead provision. More information would be needed to understand why the Scrutiny Commission holds this view before a response can be given.

It is acknowledged that uncertainty about the future of the homes may be affecting choice with some people.

3. Options

4. Details of Scrutiny

This report is in response to the report produced by the Scrutiny Commission following its review in 2011.

5. Financial, legal and other implications

5.1 Financial implications

The financial implications associated with this review are set out in the Executive

report on EPHS.

5.2 Legal implications

The legal implications associated with this review are set out in the Executive report on EPHS.

5.3 Climate Change and Carbon Reduction implications

There are no climate change implications in relation to this report.

5.4 Equality Impact Assessment

A full equalities impact assessment has been carried out as part of the Executive report on EPHS.

5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

None.

6. Background information and other papers:

Not applicable.

7. Summary of appendices:

Not applicable.