



AGENDA

CABINET

Monday, 10th January, 2011, at 10.00 am Ask for: **Karen Mannering /
Geoff Mills**

Darent Room, Sessions House, County Telephone: **(01622) 694367/
Hall, Maidstone** **694289**

Tea/Coffee will be available 15 minutes before the meeting.

Webcasting Notice

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UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

1. Introduction/Webcasting
2. Declaration of Interests by Members in Items on the Agenda for this meeting
3. Minutes of the Meeting held on 29 November 2010 (Pages 1 - 6)
4. Revenue & Capital Budget Monitoring Exception Report (Pages 7 - 18)
5. Provisional Local Government Grant Settlement 2011-13
For report see Section 2 of the Draft Budget Book published on 6 January 2011
6. Care Quality Commission - Annual Performance Assessment Report for Adult Social Care 2009/10 (Pages 19 - 44)
7. Older Person's Modernisation (Pages 45 - 222)
8. Inspection of Safeguarding and Looked After Children Services - Recovery and Improvement Plan (Pages 223 - 248)
9. Follow up Items and Decisions from Cabinet Scrutiny Committee - 8 December 2010 (Pages 249 - 260)
10. Other items which the Chairman decides are relevant or urgent

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Katherine Kerswell
Group Managing Director
Thursday, 30 December 2010

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

KENT COUNTY COUNCIL

CABINET

MINUTES of a meeting of the Cabinet held in the Darent Room, Sessions House, County Hall, Maidstone on Monday, 29 November 2010.

PRESENT: Mr P B Carter (Chairman), Mr G K Gibbens, Mr R W Gough, Mr P M Hill, OBE, Mr A J King, MBE, Mrs S V Hohler, Mr R A Marsh and Mr J D Simmonds

ALSO PRESENT: Mr D L Brazier and Mr M A Wickham

IN ATTENDANCE: Mr D Cockburn (Executive Director, Strategy, Economic Development & ICT), Mr M Austerberry (Executive Director, Environment, Highways and Waste), Ms A Honey (Managing Director Communities), Mr O Mills (Managing Director - Adult Social Services), Ms R Turner (Managing Director Children, Families and Education), Mr A Wood (Acting Director of Finance), Ms M Peachey (Kent Director Of Public Health) and Mr G Mills (Democratic Services Manager (Executive))

UNRESTRICTED ITEMS**1. Minutes of the Meeting held on 11 October 2010**
(Item 3)

The Minutes of the meeting held on 11 October 2010 were agreed and signed by the Chairman as a true record.

2. Revenue & Capital Budgets, Key Activity and Risk Monitoring
(Item 4 - Report by Cabinet Member for Finance; and the Acting Director of Finance)

(1) Mr Simmonds outlined the key areas of this report and emphasised the importance for there to be a balanced budget by year end because of anticipated cuts in government funding and spending pressures which would need to be resisted. Mr Carter spoke about the effect of a recent court judgement which related to the responsibilities of local authorities for supporting unaccompanied minors. The judgement could have an additional effect on the budgets of local authorities such as Kent and he asked for a letter to be sent on this matter to the government highlighting KCC's concerns.

(2) Cabinet resolved to:

(a) note the latest monitoring position on the revenue and capital budgets,

(b) note that management action would be required within the CFE & KASS portfolios in order to deliver a balanced outturn position

(c) note and agree the changes to the capital programme,

(d) agree that £16.129m of re-phasing on the capital programme be moved from 2010-11 capital cash limits to future years

(e) agree that £0.915m capital under spend against Non TSG Land & Part 1 compensation can be used for East Kent Access Phase 2 to offset prudential/revenue funding

(f) agree that a general capital receipt released from the Upper Stone Street lay-by scheme, which was no longer considered viable, could be used to contribute towards the Maidstone High Street improvement project at a maximum cost to KCC of £0.4m

(g) note the latest financial health indicators and prudential indicators

(h) note the directorate staffing levels as at the end of September, compared to the end of 2009-10 and the previous quarter

(i) agree a virement of £0.161m from the under spend on the debt charges budget within the Finance portfolio to a new Restructure budget, also to be held within the Finance portfolio, to cover the costs of the Transformation Programme Manager and related project costs.

(j) agree a letter be sent to the government highlighting the Council's concerns of the effects the judgement in the Barking and Dagenham case could have on local authority budgets in relation to provision for unaccompanied minors.

3. Autumn Budget Statement

(Item 5 - Report by Leader of the Council, the Cabinet Member for Finance, the Group Managing Director and the Head of Financial Management)

(1) This report set out the context at both the national and local level within which the County Council's revenue budget and medium term plan would be developed. Mr Simmonds highlighted the critical issues the Council faced and said the forecast was KCC would have to address a budget shortfall of some £340m over the next 4 years, £98m from anticipated cuts in government funding and the rest from resisting spending pressures. The likelihood was the Council would only get a Local Government Finance settlement figure for 2011/2012 and 2012/13 and therefore it was proposed to publish a detailed financial medium term financial plan for the next two years but set within the context of a 4 year strategy compatible with the Spending Review announcement. Mr Carter said that the potential reductions in the level of grants must not be under estimated and any delayed announcement on those grants would place pressure on the Council being able to publish its draft budget book in January 2011.

(2) Cabinet resolved to:

- (a) note the outcome of the Spending Review 2010 including the transfer of and reduction in government grants to Local Government, and the associated risks of those transfers as detailed in the Cabinet report,
- (b) note that the forthcoming Local Government Finance settlement would give more detail of the provisional grant allocations to the County Council
- (c) note the unavoidable pressures which are anticipated would need to be funded for 2011/12 and 2012/13
- (d) note the budget strategy proposed in the report to close the gap between spending requests and likely tax revenue funding sources through a combination of income generation, efficiency savings and re-prioritisation of services
- (e) note the proposed re-presentation of the draft budget book in a more transparent and public facing format
- (f) note the impact of KCC restructuring on the approval of delegations to manage in-year expenditure
- (g) note the proposed Medium Term Financial Planning key milestone dates set out in Appendix 4 of the Cabinet report.

4. Bold Steps for Kent - The Medium Term Plan to 2014

(Item 6– Report by Leader of the Council and Group Managing Director) (Mr David Whittle, Policy Manager was present for this item)

(1) Mr Whittle briefed Cabinet on the main points set out the report which would be submitted to the Council at its meeting on 16 December 2010. During the course of discussion some members of Cabinet spoke about areas in the report relevant to their portfolio and suggested some points of drafting detail which Mr Whittle said he would reflect on prior to the report going on to the County Council meeting.

(2) Cabinet resolved that, subject to the views expressed during the course of discussion, the latest draft of *Bold Steps for Kent* be endorsed and the final version be recommended to the County Council for approval at its meeting on the 16 December 2010.

5. Inspection of Safeguarding and Looked After Children Services (To follow)

(Item 9 – report by the Cabinet Member for Children, Families and Education and the Managing Director for Children, Families and Education) (Helen Davies, Director of Specialist Children’s Services was present for this item)

(1) As this report was not available at the time of the despatch of the agenda the Chairman declared its consideration to be urgent on the grounds that it contained

important information and recommendations relevant to the Council's response to the inspection.

(2) Mr Carter said he had already apologised on behalf of the County Council for the poor level of service which had been identified in the Ofsted report. The aim now was for KCC working with its partners to put in place actions to put right those failings identified in the report and to return the service to good standards, providing quality support to children, young people and their families. Rosalind Turner and Helen Davies spoke of the measures being taken to address the findings of the OfSTED report and the absolute commitment of all staff to turn the situation round. Mrs Hohler said there was total commitment on the part of all concerned to see quick and positive improvement and she highlighted the actions which are already in place and those which were being put in place in order to address the concerns of OfSTED. It was also said the action plan crossed over into other KCC Directorates and its successful delivery would require collaborative action not just within KCC but with the Council's partners in bodies such as Health, Police and Probation.

(3) Discussion concluded with Cabinet agreeing a further report should be submitted to its meeting in January 2011 which brought together in more detail all the actions being taken by KCC and its partners in order to address the findings of the OfSTED report.

(Mr Alex King was in the Chair for the remainder of the meeting)

6. Mid-year update to the Strategic Risk Register

(Item 7– Report by Mr J Simmonds, Cabinet Member for Finance and the Acting Director of Finance) (Mr David Tonks, Head of Audit and Risk was present for this item)

(1) Mr Simmonds said the report set out areas of risk to the Council and these being graded low, medium or high. He said in a dynamic organisation such as KCC there would naturally be some areas of risk which the Council would need to monitor more than others and that these were reflected in the report. Mr Tonks said that the prime purpose of the register was to identify risks in relation to the council's objectives and to further identify the actions necessary to mitigate those risks.

(2) Cabinet resolved to note the report and the actions being taken to mitigate the identified risks.

7. Core Monitoring Report

(Item 8– Report by the Cabinet Member for Corporate Support Services and Performance Management and the Group Managing Director) (Sue Garton, Performance and Evaluation Manager was present for this item)

(1) Mrs Garton said the purpose of this report was to inform Cabinet of the key areas of performance up to the end of September 2010 and to brief members on progress against the business plans for 2010/11 as at mid year in terms of the key elements and projects.

(2) The report highlighted areas which showed the good work going on within KCC to raise standards of service and delivery and areas where action may be necessary. The report also provided a mid-year stock take on some key projects and actions within service business plans. During the course of discussion Mrs Hohler referred to the exceptional progress in the improvement of results at foundation stage, the progress in Key Stage 2 standards and the pleasing improvement in those attaining 5 GCSE's at grade A* to C. Mr Mills said that KASS had now received the Annual Performance Assessment for 2009/10 from the Care Quality Commission and that would be the subject of a report to Cabinet at its meeting in January 2011

(3) Cabinet resolved to note the report which would now be reported to the relevant Policy and Overview Committee during the course of January 2011.

8. Select Committee: Renewable Energy in Kent

(Item 10– Report by Cabinet Member for Environment, Highways and Waste; and Executive Director, Environment, Highways and Waste) (Mr Keith Ferrin, Chairman of the Select Committee was present for this item)

(1) In presenting the report of this Select Committee Mr Ferrin highlighted its key findings and recommendations and spoke in particular about the potential savings that KCC would make by reducing its energy costs. In 2009 KCC spent some £24m on buying energy and from the work of the Select Committee it was clear that that figure could be substantially reduced by the adoption of a mixture of improvements in energy efficiency and the exploitation of the subsidies available for the use of renewable energy. Mr Ferrin also spoke of the particular measures the Committee had looked at in order to increase renewable energy levels. As an example Kent had large areas of woodland and therefore was well placed to bring coppicing back into productive management as an efficient and sustainable source of wood fuel. Such an initiative had the added advantage of not only reducing the reliance on imported wood fuel but providing employment, increased biodiversity and improving access to the countryside. He therefore commended the Report and its recommendations.

(2) During the course of discussion Mrs Hohler spoke in support of the reports findings and in particular those initiatives designed to increase sustainability such as increasing areas of coppiced woodland. Mr Simmonds also supported the reports findings and said some of its recommendations had to be viewed from a spend to save aspect.

(3) Cabinet then thanked Mr Ferrin for presenting the report of the Select Committee which would now be discussed at the County Council meeting on 16 December 2010. Cabinet also recorded its thanks to those witnesses and others who had provided evidence to the Committee during the course of its work.

9. Select Committee: Extended Services

(Item 11– Report by Cabinet Member for Communities; and Cabinet Member for Children, Families and Education)(Mr R Burgess, Chairman of the Select Committee and Mr M Vye were present for this item)

(1) Mr Hill and Mrs Hohler both said they welcomed this report. Mrs Hohler referred to paragraph 5.2 of the covering report and said that for clarity she thought it

unlikely government funding for promoting extended services provision would come from a dedicated grant and therefore there was need to think creatively about how funding can be provided.

(2) In presenting the report of the Select Committee Mr Burgess highlighted the need to ensure the cost effective use of school buildings and to use best practice in the ways that they can be used as a resource to both school students and the wider community. He spoke in particular about the recommendations for consortia to be developed and the recommendations around appointing Coordinators with the specific task of delivering the local priorities local set by that consortia. Mr Burgess also spoke about the importance of the voluntary sector and the Committees wish to see The Kent Children's Trust place more emphasis on extended services when setting out its priorities in the new Children and Young Person's Plan. In conclusion Mr Burgess said that he believed the work undertaken by the Committee was key to developing local engagement and making Kent a better place. Mr Vye said the effective provision of extended services could only be achieved by adopting a collaborative approach and for policies for the provision of extended services to become an integrated part of a corporate policy which was promoted through the Young Person's Plan and actively supported by the relevant Cabinet Members, local Children Trust Boards and other partners.

(3) During the course of discussion Mr Hill spoke of the good work and collaboration which was already going on between KCC Directorates. He also supported extended services being delivered at the local level and said the Kent Children's Trust formed a good basis to undertake the coordination of that delivery using as far as possible the existing infrastructure.

(3) Cabinet then thanked Mr Burgess and Mr Vye for attending the meeting and noted the report of the Select Committee would now be discussed at the County Council meeting on 16 December 2010. Cabinet also recorded its thanks to those witnesses and others who had provided evidence to the Committee during the course of its work.

10. Follow up items and Decisions from Cabinet Scrutiny Committee - 15 and 20 October 2010 and Recommendations from the Policy Overview and Scrutiny Committees

(Item 12– Report by Deputy Leader; and Head of Democratic Services and Local Leadership)

(1) The report sets out the decisions from the Cabinet Scrutiny Committee, items which the Committee had raised previously for follow up and any specific recommendations from the Policy Overview and Scrutiny Committees.

(2) Cabinet resolved that the comments and actions detailed in the report be noted and that the responses be reported to the Cabinet Scrutiny Committee.

To: CABINET – 10 January 2011

By: John Simmonds, Cabinet Member – Finance
Andy Wood, Acting Director of Finance

REVENUE & CAPITAL BUDGET MONITORING EXCEPTION REPORT

1. Introduction

1.1 The second full monitoring report for 2010-11 was presented to Cabinet in November. This exception report, based on the monitoring returns for November, highlights the main movements since that report.

2. REVENUE

2.1 There are a number of significant pressures that will need to be managed during the year if we are to achieve an underspend in the current year. The current underlying net revenue position by portfolio, before and after the implementation of assumed management action, compared with the net position reported last month, is shown in **table 1** below.

Table 1: Net Revenue Position before and after Proposed Management Action

Portfolio	Gross Position £m	Proposed Management Action £m	Net Position after mgmt action £m		Movement £m
			This month	Last month	
Children, Families & Education	+3.724	-3.724	-	-	-
Kent Adult Social Services	+1.939	-1.939	-	-	-
Environment, Highways & Waste	-0.313	-	-0.313	-0.324	+0.011
Communities	-0.620	-	-0.620	-0.124	-0.496
Localism & Partnerships	-0.028	-	-0.028	-0.028	-
Corporate Support & Performance Mgmt	-0.256	-	-0.256	-0.256	-
Finance	-5.241	-	-5.241	-3.741	-1.500
Public Health & Innovation	-	-	-	-	-
Regeneration & Economic Development	-0.089	-	-0.089	-0.065	-0.024
Total (excl Schools)	-0.884	-5.663	-6.547	-4.538	-2.009
Schools	+4.481	-	+4.481	+3.481	+1.000
TOTAL	+3.597	-5.663	-2.066	-1.057	-1.009

2.2 **Table 2** shows the forecast underlying gross position **before** the implementation of proposed management action, compared with the gross position reported last month.

Table 2: Gross Revenue Position before Management Action

Portfolio	Variance		Movement £m
	This Month £m	Last Month £m	
Children, Families & Education	+3.724	+0.979	+2.745
Kent Adult Social Services	+1.939	+2.581	-0.642
Environment, Highways & Waste	-0.313	-0.324	+0.011
Communities	-0.620	-0.124	-0.496
Localism & Partnerships	-0.028	-0.028	-
Corporate Support & Performance Management	-0.256	-0.256	-
Finance	-5.241	-3.741	-1.500
Public Health & Innovation	-	-	-
Regeneration & Economic Development	-0.089	-0.065	-0.024
Total (excl Schools)	-0.884	-0.978	+0.094
Schools	+4.481	+3.481	+1.000
TOTAL	+3.597	+2.503	+1.094

- 2.3 The gross underlying revenue underspend (excluding schools) is currently -£0.884m as shown in table 2 above, but this is expected to increase to -£6.547m by year end, after assuming the implementation of management action, as shown in table 1.
- 2.4 A significant amount of management action is expected to be achieved by year end within the KASS & CFE portfolios. There is a risk that not all of this will be achieved. The position will be closely monitored throughout the remainder of the financial year so that, if necessary, a decision on further action can be taken as soon as possible.
- 2.5 Table 2 shows that this month there has been a small increase of £0.094m in the overall gross pressure before management action (excluding schools). However within this there are some significant movements. The main movements, by portfolio, are detailed below:

2.6 Children, Families & Education portfolio:

- 2.6.1 The pressure on this portfolio (excluding schools) has increased by £2.745m this month to £3.724m. The main changes are:
- 2.6.2 +£0.133m Residential Care – an increase in the pressure from £0.671m to £0.804m due to an increase of approximately 70 independent sector client weeks.
- 2.6.3 +£0.428m Fostering – the fostering budget continues to experience increased demand for its services with the forecast pressure increasing from £2.457m to £2.885m. The service has seen an increase of 348 independent fostering weeks, at an average weekly cost of just over £1,000, which accounts for approximately £0.350m of the movement. The service has also experienced an increase in its in-house fostering weeks of 209, which at an average weekly cost of nearly £390, accounts for approximately £0.080m of the movement.
- 2.6.4 +£0.120m Adoption Services – an increase from an underspend of £0.015m to a pressure of £0.105m. This movement relates to a combination of minor movements on Adoption payments, Guardianship and the County Adoption Team.
- 2.6.5 +£0.111m 16+ Service – an increase in the pressure from £1.086m to £1.197m which relates to a minor increase in demand for Independent Sector Residential Care.
- 2.6.6 +£0.410m Assessment & Related – a reduction in the underspend from £1.720m to £1.310m which is a result of continuing success in recruiting to vacant social work posts, especially from European countries (+£0.2m) and also the continuing use of agency staff to fill vacant posts (+£0.2m).
- 2.6.7 +£1.409m Asylum – an increase in the pressure from £0.777m to £2.186m. This increase relates to the current year and previous years settlements as follows:

2008-09 and 2009-10 (+£1.299m)

We have now received the final settlements for previous years from UK Border Agency (UKBA). These are significantly less than we had forecast at year end and increases KCC's funding shortfall by £1.299m. This is split between our two client groups:

Unaccompanied Asylum Seeking Children (UASC) Under 18's (+£0.309m)

At last year end we estimated that there would be a funding shortfall of £0.152m, on our spend of £15.322m. Our "per capita" grant was forecast at £14.389m with additional income from the Social Worker Intake Grant and other provisions total income was estimated to be £15.170m.

The final per capita grant for UASC Under 18s is £14.080m, which is £0.309m less than forecast at year end. This was due to UKBA refusing to pay for 7 young people who did not meet the criteria grant rules, in particular 5 young people who UKBA considered to be Accompanied rather than Unaccompanied.

18+ Care Leavers (+£0.990m)

At the end of the 2009-10 financial year we were forecasting a funding shortfall of £2.877m after total income of £2.850m and an additional £1.235m was forecast that was allocated to off-set 2008-09 funding shortfall (£0.985m additional leaving care grant and £0.250m additional intake team grant). The income comprised of 3 funding streams: Per Capita Grant, additional leaving care grant and additional intake team grant.

2010-11 (+£0.110m)

The forecast pressure on this service has increased from £0.777m to £0.887m this month. This movement relates entirely to the increase in the number of ARE clients who we support but for whom we are unable to recover our costs through the Home Office grant.

The Asylum Service is currently undertaking a detailed piece of work around the impact of the increasing number of ARE clients, and an update will be provided next month.

2.6.8 Management Action

In relation to the £1.299m shortfall in the Asylum grant for 2008-09 & 2009-10, we are not accepting what the UKBA have done and the Leader has written to the UKBA Chief Executive challenging the grant settlement. He has also written a separate letter to Ministers about this issue.

With regard to the CFE Directorates remaining pressure of £2.425m, the CFE directorate is undertaking an urgent exercise to construct a plan of management action to cover this pressure in full by 31 March 2011. The majority of this will come from re-badging eligible expenditure against underspends against 2010-11 specific grants and we will provide an update of this exercise including details of the key budgets to be targeted in the next exception report to Cabinet in February. We will provide the full detail in the third full monitoring report to Cabinet in April. If the UKBA do not alter their position regarding previous years grant settlements, then we will look at the possibility of re-badging further eligible CFE expenditure to cover this pressure.

2.6.9 Delegated Schools Budgets

The previous forecast of +£3.481m represented the reduction in schools reserves from 23 schools converting to academy status during 2010-11 and taking their reserves with them.

The first budget monitoring returns from schools detailing their six monthly monitoring were received during October, and they are showing that school reserves will reduce by approximately £1m during the 2010-11 financial year (excluding the -£3.481m impact of 23 schools converting to academies). Schools have traditionally been cautious in their forecasting, however the new tighter balance control mechanism is now in operation for its second year and we believe that the overall level of school reserves have reached their optimum operational level and we are therefore not expecting reserves to change significantly this year.

2.7 Kent Adult Social Services portfolio:

The latest forecast indicates a pressure of £1.939m, which is a reduction of £0.642m since last month. Guidelines for Good Financial Practice are in place to reduce the pressure in order to achieve a balanced budget position by the end of the financial year, which KASS is still hopeful of achieving.

The movements over £0.1m this month are:

2.7.1 **-£0.603m Older Persons Nursing** – an increase in the underspend from £0.119m to £0.722m. At the end of October there were 1,395 clients in permanent nursing placements provided through the independent sector, against 1,405 reported for September. Furthermore the snapshot for November is 1,394. Following the continued reduction in the number of clients, the year end forecast of clients has been adjusted down by 30 clients. There has also been a small reduction in non-permanent weeks, which combined with the drop in the permanent forecast, has reduced the forecast weeks from the last monitoring report by 962. The current average unit cost is £471.89, down £0.40 from last month. The changes to weeks and unit cost have resulted in a reduction of £0.390m in the forecast. The income forecast has increased by £0.213m based on the latest year to date information from client billing.

2.7.2 **+£0.233m Older Persons Domiciliary** – an increase in the pressure from £0.128m to £0.361m. The gross forecast has increased by £0.136m following small increases to in-house, enablement and block contracts and the income forecast has reduced by £0.097m based on the latest year to date information from client billing.

2.7.3 **-£0.130m Learning Disability Other Services** – an increase in the underspend from £2.174m to £2.304m as a result of small changes to a number of services within this line including day-care, payments to voluntary organisations and supported employment.

2.8 Environment, Highways & Waste portfolio:

The underspend on this portfolio has slightly reduced this month from £0.324m to £0.313m, however there are significant offsetting movements within this as follows:

- 2.8.1 +£0.450m Kent Highway Services - an increase in the pressure from £0.752m to £1.202m. The response to the November/early December snow emergency has cost approximately £0.450m. This amount would normally be drawn down from the emergency conditions reserve (held corporately) but fortunately Waste is now reporting a higher underspend (see 2.8.2 below), which will be used to offset the bad weather costs. This will give us the opportunity to protect the emergency reserve and give the Authority some cover for the probable continued snow and icy conditions through the remainder of the winter, including the 'episode' during mid December.
- 2.8.2 -£0.439m Waste Management – an increase in the underspend from £1.354m to £1.793m. Despite the slight increase in waste volumes for the previously reported two months, Waste is predicting a further underspend of £0.439m. This comprises an increase of £0.059m in the underspend on the wood recycling contract from £0.244m reported last month to £0.303m and an expectation that recycling income will exceed the target by a net £0.380m.
- 2.8.3 This gives the portfolio a slightly reduced underspend of £0.313m, of which £0.2m is committed for the re-phasing of the MIDAS replacement project, leaving a net underspending of £0.113m.
- 2.8.4 Member Highway Fund
The two year Member Highway Fund pilot is scheduled to come to an end on 31 March 2011. However, it is predicted that there will be an unspent balance on the fund at that date of approximately £2.6m. Under the terms of the pilot scheme, there is currently no roll forward facility at the end of 2010-11 into 2011-12 but it is recommended that these balances are rolled into the new financial year, in order to complete Member plans for their areas. **Cabinet is asked to agree the extension of the pilot into the 2011-12 financial year.**

2.9 Communities portfolio:

The gross underspend on this portfolio has increased by £0.496m this month from £0.124m to £0.620m. The main movements are:

- 2.9.1 -£0.100m Coroners – a reduction in the pressure from £0.286m to £0.186m. A pressure of £0.150m arising from an increase to post mortem and body storage charges from Dartford & Gravesham NHS Trust has previously been reported. Negotiations with the Trust have been ongoing in the intervening months and without a viable alternative, this increase in costs has been reluctantly accepted by the authority. However, as this is an unfunded pressure, positive negotiations with the Trust has led to a phased increase in pricing over a 3-year period, meaning the 2010-11 pressure has reduced from £0.150m to £0.050m.
This is a temporary reduction and a further £0.050m cost, over and above this will be incurred in each of the next two years. The service is examining capacity within other Trust's mortuary facilities, where charges are significantly less, as well as continuing to explore the possibility of an invest to save scheme to build a purpose built KCC mortuary, however this is a mid to long term aspiration.
- 2.9.2 -£0.040m Libraries – an increase in the underspend from £0.003m to £0.043m. The service has achieved significant underspends by accelerating planned savings programmes, managing staff vacancies and, in addition, there have been a number of resignations that have arisen over the past few months since the Radio Frequency Identification (RFID - self service) project consultation commenced. These underspends are partially offset by contributions being made to capital in relation to anticipated additional costs on the Beaney project, as referred to in the capital monitoring.
- 2.9.3 -£0.368m Youth – an increase in the underspend from £0.031m to £0.399m. The Youth Service were previously forecasting an underspend of £0.031m, achieved by acceleration of programmed management action and savings, and this proposed underspend included a number of projects that had not yet commenced but were expected to be completed prior to the year-end. One of these projects related to apprentices and expenditure was forecast to be fully spent by the year-end but circumstances have prevented the commencement of this project and this will now not be possible until quarter 4 of 2010-11, or maybe even quarter 1 of 2011-12.

Due to the late timing of this development, and the need to ensure value for money for any services/projects that are undertaken, part of this funding has been diverted to other projects within the Youth Service - where the expenditure and scope can be expanded - but the remaining funding is reported as an underspend as it cannot be spent in an economic way in 2010-11.

A revised programme of expenditure is currently being devised for the apprentices scheme, to start either late in 2010-11 or early in 2011-12, as the authority is committed to delivering these projects and services, but it has just proved impossible to do so in the current year. The underspend has therefore increased to £0.399m in the current year.

2.9.4 Directorate wide - Despite the continuing pressures on Coroners and KSS, the Directorate is reporting a net underspend for the year largely as a result of not appointing to vacant roles where possible, accelerating planned savings from future years and also carefully reviewing non essential expenditure.

A gross pressure in excess of £0.400m, currently being reported by Community Learning & Skills, is not included in the forecast for the portfolio. This relates to the Adult Learner responsive contract, which funds Adult Education accredited courses and Skills for Life provision. This is the anticipated reduction in forecast income over the academic year August 2010 – July 2011 and this reduction has now been forecast following the first three months enrolments which have been significantly below expectation. Enrolments on Apprenticeships and Train to Gain are below performance contract values for the first Quarter leading to the forecast shortfall in income. However, this pressure is being mitigated through management action, by one-off reductions as well as reducing the number and regularity of courses following the anticipated reduction in enrolments. The service remains confident of delivering a balanced budget at the end of the financial year despite this pressure and the in-year grant reductions that the service has had to absorb.

2.10 Finance portfolio:

The forecast underspend for the portfolio has increased by £1.5m this month from £3.741m to £5.241m. This is due to further underspending on the debt charges budget as a result of lower than expected costs of the Property Enterprise Fund.

2.11 Regeneration and Economic Development portfolio:

The forecast underspend for the portfolio has increased from £0.065m to £0.089m as a result of a further two staff vacancies.

3. CAPITAL

3.1 There have been a number of cash limit adjustments this month as detailed in **table 3** below:

Table 3: Capital Cash Limit Adjustments

		£000s	£000s
		2010-11	2011-12
1	Cash Limits as reported to Cabinet on 29th November	492,285	400,664
2	Re-phasing agreed at Cabinet on 29th November		
	Children, Families & Education	-8,442	8,356
	Kent Adult Social Services	-680	700
	Environment, Highways & Waste	-5,933	5,320
	Communities	62	-62
	Regeneration & Economic Development	-660	660
	Corporate Support Services & Performance Management	-476	550
		476,156	416,188
3	PFI	45,101	88,000
		521,257	504,188

3.2 The current forecast capital position by portfolio, compared with the position reported last month is shown in **table 4** below.

Table 4: Capital Position

	Real and Re-phasing Variance This month	Real Variance Last month	Movement This month
Portfolio	£m	£m	£m
Children, Families & Education (CFE)	-15.759	0.210	-15.969
Kent Adult Social Services	-1.784	-0.895	-0.889
Environment, Highways & Waste	-2.696	0.063	-2.759
Communities	0.166	0.063	0.103
Regeneration & Economic Development	0.217	0.217	0.000
Corporate Support Services & PM	1.484	2.127	-0.643
Localism & Partnerships	0.000	0.000	0.000
Total (excl Schools)	-18.372	1.785	-20.157
Schools	0	0	0
Total	-18.372	1.785	-20.157

This month there is re-phasing of -£21.1m and a real variance of +£2.8m. -£0.6m of the re-phasing and +£2.4m of the real variance was reported in the previous month. The main movements this month are detailed below:

3.3 Children, Families & Education portfolio:

The forecast for the portfolio has moved by -£15.969m in the last month. There is an overspend of £0.013m against the Playbuilder project across all years which is to be met from a revenue contribution. Projects subject to re-phasing and overall variances affecting 2010-11 are:

- Academy Programme (-£12.700m, re-phasing): Delays to Isle of Sheppey (-£11.000m) & Skinners' Kent Academy (-£1.700m) - the recent Government announcements relating to the Building Schools for the Future and Academies capital programmes has meant that both the Isle of Sheppey Academy and the Skinners' Kent Academy projects were put on hold for a period of time over the summer of 2010. Both projects have now been given the go ahead although final confirmation of funding is still to be received. The schemes are due to reach financial close in the new year
- Children's Centres & Early Years Programme (-£1.689m, re-phasing): a number of delays on the Children Centre side of the programme has resulted in the need for significant re-phasing between 2010/11 & 2011/12. The projects affected are :
 - Beaches Children's Centre – a delay in agreeing and concluding land swap details with Swale Borough Council has resulted in the start date of the project being deferred until February 2011.
 - Blossoms Children's Centre - delays caused whilst the Secretary of State approval for a change of use of school playing fields (Section 77 approval) was obtained.
 - Marden Children's Centre – 5 week delay whilst awaiting planning approval.
 - The IT Connectivity, Signage & CCTV programmes, which are undertaken once the build programmes are complete, have been affected by the delays identified above.

Included in the -£1.689m re-phasing is an amount of -£0.798m which is a potential saving against Kent County Council's prudential borrowing contribution to the programme. This potential saving is dependent on two issues; firstly, that enough expenditure is incurred within this financial year to enable all of the remaining Surestart grant to be applied before it expires on the 31st March 2011 and, secondly, that the projects, a few of which are still at tender stage, are completed within current financial forecasts.

- Special Schools Review - Phase 2 (-£0.640m, re-phasing): the re-phasing relates to the project at Wyvern School - planning permission had been agreed but the project at tender was unaffordable. A redesign and resubmission for planning approval has been necessary delaying the project start date. Once planning has been agreed we hope to start on site in early March 2011.
- Practical Cookery Programme (-£0.732m, re-phasing): the re-phasing relates mainly to projects at :
 - The Judd School (-£0.255m) - delays in the decision process on how the practical cookery scheme fitted in with the overall reconfiguration of the School.
 - Furness School (£-0.248m) - delays in obtaining planning permission and producing tender documentation.
 - Wrotham School (£-0.220m) – delays caused by difficulties in agreeing a brief with the School and a slowness to employ consultants for their self managed project.
- Primary Improvement Programme (£-0.224m, re-phasing): The majority of the re-phasing relates to the project at Beaver Green Community Primary School (-£0.173m) – there have been a number of delays including site issues whilst confirming the scope of the works and waiting for asbestos to be removed. The scope of the project has changed whilst waiting for instructions with regard to a covered courtyard.

Overall there is a residual balance of +£0.003m on a number of minor projects.

3.4 Kent Adult Social Services portfolio:

Excluding PFI, the forecast for the portfolio has moved by +£0.889m since the last month. Projects subject to re-phasing and overall variances affecting 2010-11 are:

- Edenbridge (-£0.259m, re-phasing): this is part of a bigger project being managed by the Communities directorate and funding is to be vired to them. Communities have requested the re-phasing of this project into 2011-12.
- IT Infrastructure – Swift Enhancements (-£0.195m, re-phasing): as a result of changes in business need, the implementation of certain elements of this project have been delayed.
- Modernisation of Assets (-£0.204m, re-phasing): -£0.184m of uncommitted funds have been re-phased to cover ongoing commitments in relation to the SWIFT project. The remaining balance of -£0.020m is the sum of smaller projects.
- Home Support Fund (-£0.103m, re-phasing): projects have been delayed due to either the application of a legal charge or decisions from local councils regarding Home Improvement Agencies or Disabled Facilities Grant.
- Learning Disability – Good Day Programme (-£0.090m re-phasing): the project at Swalecliffe Day Opportunities Service is being re-phased by -£0.110m at it is subject to review. +£0.020m is being brought forward against the Tunbridge Wells Community Hub.

Overall there is a residual balance of -£0.038m relating to minor re-phasing.

3.5 Environment, Highways & Waste portfolio:

The forecast for the portfolio has moved by -£2.759m since the last month. Projects subject to re-phasing and overall variances affecting 2010-11 are:

- Highway Major Maintenance (+£0.511m, real variance): Member Fund works has increased by +£0.201m. Safety inspections on street lighting has identified that some columns need to be replaced at a cost +£0.310m, the costs are to be met from a revenue contribution.
- Integrated Transport (-£0.276m, real variance): the Regeneration project, Swale Parklands, had previously been included in the Integrated Transport forecast at an amount of £0.675m. Due to a reduction in Government funding, Kent Highways Services are carrying out more work that is being met by external funding.
- Ashford Ring Road (-£0.269m, re-phasing): work has been deliberately held back due to uncertainty regarding the receipt of the Interreg grant.
- Kent Thameside Strategic Transport (KTS) (-£0.357m, re-phasing): Progress on this scheme has been held back whilst the Comprehensive Spending Review (CSR) was taking place.

Discussions are taking place with Homes and Communities Agency (HCA) to utilise the fund that they have committed to carry out the scheme. The full impact of the CSR on KTS is still being evaluated and a major review of the timescales to deliver the schemes is being conducted.

- A2 Cyclo Park (formerly A2 Linear) (-£2.124m re-phasing, and +£0.300m real variance): An additional contribution of £0.300m has been received from Sports England. The project has re-phased due to a delay in completing land transfer agreements between the Highways Agency and Colyer-Ferguson.
- Household Waste Recycling Centres – approval to plan (re-phasing, -£0.500m): the re-phasing relates to the East Kent Transfer Station project. The purchase of land was expected to take place in this financial year. The owner has withdrawn the sale of the land on the open market.
- Country Park Access and Development (-£0.100m, re-phasing): the re-phasing is mainly due to one of the projects receiving a higher tender than the budget provision. The original proposal is being reviewed to see if a cost effective solution can be found, this may involve further planning permission.

Overall there is a residual balance of +£0.056m on a number of minor projects.

3.6 Communities portfolio:

The forecast for the portfolio has moved by +£0.103m since last month. Projects subject to re-phasing and overall variances affecting 2010-11 are:

- The Beaney Centre (+£0.150m, real variance): Additional funding is being sought from the Heritage Lottery Fund (HLF) and other grant funding to cover issues regarding the roof and façade of the building. Until the additional funding has been achieved it has been prudent to identify funding as follows, £0.050m to be met from an underspend against Modernisation of Assets and a £0.100m revenue contribution from libraries. Attempts are being made to get further funding from Heritage Lottery Fund (HLF) and other grant funding, if successful this additional funding will not be required.
- Modernisation of Assets (-£0.050m, real variance): see comment above.

Overall there is a residual balance of +£0.003m on a number of minor projects.

3.7 Corporate Support & Performance Management portfolio:

The forecast for the portfolio has moved by -£0.643m since last month. The main variances are detailed below:

- Commercial Services (-£0.643m, real variance): Commercial Services have revised some of their investment plans for spend on the Kent Fleet. As this programme is funded from renewals, there are no funding implications from this change.

Overall this leaves no residual balance.

3.8 Capital Project Re-phasing

It is proposed that a cash limit change be recommended for projects that have re-phased by greater than £0.100m to reduce the reporting requirements during the year. Any subsequent re-phasing greater than £0.100m will be reported and the full extent of the re-phasing will be shown. Following last month's Cabinet meeting there were changes made of £16.129m for re-phasing and the table below summarises the proposed re-phasing this month of £20.056m.

Table 5 – re-phasing of projects >£0.100m

Portfolio	2010-11	2011-12	2012-13	Future Years	Total
	£k	£k	£k	£k	£k
CFE					
Amended total cash limits	213,105	243,557	246,045	153,712	856,419
Re-phasing	-15,946	15,945	1	0	0
Revised cash limits	197,159	259,502	246,046	153,712	856,419
KASS					
Amended total cash limits	9,034	10,817	4,170	1,521	25,542
Re-phasing	-761	761	0	0	0
Revised cash limits	8,273	11,578	4,170	1,521	25,542
E,H&W					
Amended total cash limits	154,218	98,285	89,424	248,278	590,205
Re-phasing	-3,349	1,463	136	1,750	0
Revised cash limits	150,869	99,748	89,560	250,028	590,205
Communities					
Amended total cash limits	26,538	12,336	3,392	350	42,616
Re-phasing	0	0	0	0	0
Revised cash limits	26,538	12,336	3,392	350	42,616
Regen & ED					
Amended total cash limits	11,336	4,890	3,242	2,980	22,448
Re-phasing					0
Revised cash limits	11,336	4,890	3,242	2,980	22,448
Corporate Support & PM					
Amended total cash limits	14,132	11,512	9,225	2,663	37,532
Re-phasing					0
Revised cash limits	14,132	11,512	9,225	2,663	37,532
Localism & Partnerships					
Amended total cash limits	503	500	500	0	1,503
Re-phasing					0
Revised cash limits	503	500	500	0	1,503
TOTAL RE-PHASING >£100k	-20,056	18,169	137	1,750	0
Other re-phased Projects below £100k	-1,086	+822	+91	+173	0
TOTAL RE-PHASING	-21,142	+18,991	+228	+1,923	0

Table 6 details individual projects which have further re-phased since being reported to Cabinet on 29th November

	2010-11	2011-12	2012-13	Future Years	Total
	£k	£k	£k	£k	
CFE					
Primary Improvement Programme - Beaver Green					
Original budget	+2,096	+583	+13	0	+2,692
Amended cash limits	-120	+128	-8	0	0
additional re-phasing	-185	+184	+1	0	0
Revised project phasing	+1,791	+895	+6	0	+2,692
Children's Centres Phase 1, 2, 3 & Early Years					
Original budget	+18,796	+7	0	0	+18,803
Amended cash limits	-764	+764	0	0	0
additional re-phasing	-1,689	+1,689	0	0	0
Revised project phasing	+16,343	+2,460	0	0	+18,803
KASS					
IT Infrastructure Grant					
Original budget	+511	0	0	0	+511
Amended cash limits	-162	+162	0	0	0
additional re-phasing	-195	+195	0	0	0
Revised project phasing	+154	+357	0	0	+511
Modernisation of Assets					
Original budget	+1,163	+267	+275	0	+1,705
Amended cash limits	-221	+221	0	0	0
additional re-phasing	-204	+204	0	0	0
Revised project phasing	+738	+692	+275	0	+1,705
E,H&W					
Kent Thameside Strategic Transport Programme					
Original budget	+2,317	+9,743	+11,497	+127,510	+151,067
Amended cash limits	-1,704	-7,119	-3,701	+12,524	0
additional re-phasing	-357	+13	+344	0	0
Revised project phasing	+256	+2,637	+8,140	+140,034	+151,067
Household Waste Recycling Centres and Transfer Stations - Approval to Plan					
Original budget	+1,950	+8,132	+2,250	0	+12,332
Amended cash limits	-1,450	+1,450	-500	+500	0
additional re-phasing	-500	-5,980	+4,730	+1,750	0
Revised project phasing	0	+3,602	+6,480	+2,250	+12,332
East Kent Access Phase 2					
Original budget	+47,048	+19,892	+5,850	+3,240	+76,030
Amended cash limits	-742	+742	0	0	0
additional re-phasing	+1	+4,937	-4,938	0	0
Revised project phasing	+46,307	+25,571	+912	+3,240	+76,030

4. RECOMMENDATIONS

Cabinet is asked to:

- 4.1 **Note** the latest forecast revenue and capital budget monitoring position for 2010-11.
- 4.2 **Agree** to the extension of the Member Highway Fund pilot into the 2011-12 financial year so that the unspent balance from 2009-10 and 2010-11 can be rolled forward into 2011-12 in order to complete Member plans for their areas.
- 4.3 **Note** the changes to the capital programme.
- 4.4 **Agree** that £20.056m of re-phasing on the capital programme is moved from 2010-11 capital cash limits to future years.

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By: Graham Gibbens, Cabinet Member, Adult Social Services
 Oliver Mills, Managing Director, Kent Adult Social Services

To: Cabinet – 10 January 2011

Subject: **CARE QUALITY COMMISSION – ANNUAL PERFORMANCE ASSESSMENT REPORT FOR ADULT SOCIAL CARE 2009/10**

Classification: Unrestricted

Summary: Enclosed is the Annual Performance Assessment Report for Kent Adult Social Services 2009/10. It outlines the Care Quality Commission's view of Kent Adult Social Services Directorate's performance over the last year.

Introduction

1. (1) On 6 July 2010, Kent Adult Social Service's Annual Review Meeting with the Care Quality Commission (CQC) took place to audit performance for the year 2009/10. This was the fifth year where adult social care was reviewed separately from Children's Social Services. Enclosed with this report is the letter from CQC informing us of our performance rating for the period 2009 - 2010 (Appendix 1). There is a requirement to present the letter to an executive meeting of elected members by 31 January 2011.

(2) Although in the main the services this assessment applies to cover the Kent Adult Social Services Directorate, it does cover some services now managed within the Communities Directorate such as KDAAT (Kent Drug & Alcohol Action Team).

(3) On 3 November 2010, the Minister of State for Care Services, Paul Burstow, announced that the CQC will no longer conduct an Annual Performance Assessment of councils' commissioning of care under the existing framework. The discontinuation of the Annual Performance Assessment will take place with immediate effect and there will be no CQC Annual Performance Assessment for 2010/2011.

Policy Context

2. (1) The Care Quality Commission no longer award star ratings to Local Authorities and has made the annual performance assessment a 'harder test'.

(2) This is the second year running in which star ratings have not been awarded. In addition, there is no rating given for Capacity to Improve. The rating is based solely on the Delivery of Outcomes. As the table illustrates, over the last four years we have continued to improve in the Delivery of Outcomes.

Delivery of Outcomes	2006-7	2007-8	2008-9	2009-10
1. Improved health and emotional well-being	Good	Good	Good	Good
2. Improved quality of life	Good	Good	Excellent	Excellent
3. Making a positive contribution	Good	Excellent	Excellent	Excellent
4. Increased choice and control	Good	Excellent	Good	Good
5. Freedom from discrimination and harassment	Good	Good	Good	Good
6. Economic well-being	Good	Good	Excellent	Excellent
7. Maintaining personal dignity and respect	Good	Good	Good	Good
Capacity to Improve (Combined judgment)	EXCELLENT	EXCELLENT	Not graded	Not graded
Leadership	Excellent	Excellent	Not graded	Not graded
Commissioning and use of resources	Excellent	Excellent	Not graded	Not graded
Performance Rating	3 STARS	3 STARS	PERFORMING WELL	PERFORMING WELL

(3) The letter outlines areas where Kent Adult Social Services have improved and recommends areas for improvement. The recommendations are intended to help the council improve outcomes and the quality of services.

(4) Key points we were commended for were:

- A strong commitment to the continued development and provision of preventative services, personalisation and Self Directed Support.
- **Safeguarding** – The safeguarding of vulnerable adults continues to be a high priority and safeguarding continues to be well publicised by the council.
- **Partnership working** – The council continues to focus on working with partners to implement the prevention agenda. Partnership working is focused on leading the transformation of local services and is considered by the council as vital for the continued development of social care.

- **Service users and carers** – The council continues to strengthen the public's role in helping set priorities and planning services. A high percentage of carers were assessed or reviewed during the year, which is helping to ensure the changing needs of carers are considered. Activity in this area is significantly higher than the average of similar councils.

(5) The six areas for improvement identified were:

- Improve reporting of activity across the twelve local district councils associated with the delivery of major adaptations.
- Ensure all individuals in receipt of a care package provided by the council receive an annual review.
- Ensure that by April 2011, 30% of eligible individuals are in receipt of a Personal Budget.
- Improve data quality to ensure that Adult Protection cases are audited and closed on SWIFT promptly.
- Develop solutions to evidence a clear picture of uptake of safeguarding training in the independent sector.
- Develop an effective and sensitive way of obtaining feedback from people who have been the subject of safeguarding alerts.

(6) An action plan has been developed to address the areas of improvement and progress towards the action plan will be monitored on a regular basis by Kent Adult Social Services and by the Care Quality Commission.

(7) The outcome of the performance analysis of Kent Adult Social Services for 2009-10 was announced on 25 November 2010. Kent Adult Social Services was awarded 'Excellent' in three of the seven outcomes:

- Improved Quality of Life
- Making a Positive Contribution
- Economic Well-being

and was judged as 'Good' in the other four outcomes. A performance rating of '*Performing Well*' was awarded to the Directorate.

(8) This reflects last year's performance where we were judged as 'Excellent' on achieving three outcomes and 'Good' on the four others. This year's grading demonstrates consistent performance in a time of major change during which the Directorate has restructured in order to deliver on the personalisation agenda set out by Government.

(9) This is excellent news for KCC and people and their carers who use Kent Adult Social Care Services, reflecting the energy, commitment and skill of staff right across the Directorate.

Recommendations

3. Cabinet is asked to NOTE this report and the Annual Performance Assessment letter attached as Appendix 1.

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Background documents: None

Assessment of Performance Report 2009/10

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10: Kent



Contact Name	Job Title
Carol Williams / Jennifer Dickins Warren Coppin	Compliance Manager Regional Intelligence and Evidence Officer

The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.

Performing Poorly - not delivering the minimum requirements for people.

Performing Adequately - only delivering the minimum requirements for people.

Performing Well - consistently delivering above the minimum requirements for people.

Performing Excellently - overall delivering well above the minimum requirements for people.

We also make a written assessment about

Leadership and

Commissioning and use of resources

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: [Outcomes framework](#)

You will also find an explanation of terms used in the report in the glossary on the web site.

2009/10 Council APA Performance

Delivering outcomes assessment Overall council is:	Well
Outcome 1: Improved health and well-being	Well
Outcome 2: Improved quality of life	Excellent
Outcome 3: Making a positive contribution	Excellent
Outcome 4: Increased choice and control	Well
Outcome 5: Freedom from discrimination and harassment	Well
Outcome 6: Economic well-being	Excellent
Outcome 7: Maintaining personal dignity and respect	Well

Council overall summary of 2009/10 performance

The ongoing transformation of adult social care is well led by senior management and remains fully supported by key partners. There is a strong commitment to the continued development and provision of preventative services, personalisation and self directed support (SDS). A restructure of services into six localities is enabling individuals to access community services more easily, with needs met through a focus on prevention and provision of information.

Findings from the Care Quality Commission service inspection, March 2009, helped the council create and implement a robust action plan for addressing identified areas for improvement.

Of the total number of carers known to the council, who use services, a high percentage were assessed or reviewed during the year, which is helping to ensure the changing needs of carers are considered and addressed. Activity in this area of work is significantly higher than the average of similar councils.

The 'Total Place' pilot aims to improve services by reducing duplication and improving efficiency across the local public sector through fully integrated health and social care services. The council strengthened the public's role in setting priorities and planning services. This is demonstrated by the recently re-designed 'Directorate Involvement Group', which is jointly chaired by a member of the public and a senior manager, giving the public direct links with the council's senior management team.

The council continues to work to deliver effective community based preventative services in partnership with both health and social care sectors. The focus on personalisation is leading to more localised commissioning arrangements as individuals are assisted to commission local community support of their choice. The development of specialist joint assessments has enabled the council and its partners to address the specific local needs of people with dementia, mental health, stroke and carers

The council aims for safeguarding to be embedded in practice across all key agencies through safeguarding co-ordinators, staff training, job descriptions and all services being required to have policies and procedures in place to help safeguard individuals. However, the actual percentage of independent sector staff who received safeguarding training has fallen further behind the average of similar councils. Although the reported number of completed safeguarding cases has increased the council's final case audit process is delaying closure of safeguarding cases on its electronic recording system. This issue must be addressed in order to ensure that monitoring and evaluation systems enable the council to satisfy the public and partners that most investigations lead to clear outcomes within reasonable timescales.

Leadership

"People from all communities are engaged in planning with councilors and senior managers. Councilors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce".

Conclusion of 2009/10 performance

The council continues to receive robust political and senior manager leadership. The ambitious and fast developing transformation of adult social care is fully supported by key partners and there is a strong commitment to the continued development and provision of preventative services. This ambition is fully supported by the ten year 'Active Lives' strategy launched by the council in 2006, which continues to provide direction for the council in development of the transformation process. This strategy was recently refreshed, with partners and the public, to ensure its objectives are delivered within the next three years. Findings from the Care Quality Commission service inspection, March 2009, helped the council create a robust action plan for addressing identified areas for improvement.

The council continues to engage with key partners, including the independent sector, to ensure that they fully understand the implications and benefits of 'personalisation' and importantly the changes they are required to make to their every day businesses. During recent years the council has maintained a sustained shift of resources to support the development of preventative services. Much of this activity has been achieved jointly with health partners and investment in the independent sector. A key area of activity during the year was the transfer of responsibility and funding for the commissioning of adult social care for adults with a learning disability from health. This involved the council taking social care commissioning responsibility for over five hundred individuals many of whom have profound and complex needs. This successful activity was supported by a Kent wide multi-agency Project Board.

There are a range of forums, which support and promote joint commissioning, overseen by a joint senior team of commissioners from both health and social care. The continued refresh and use of the Joint Strategic Needs Assessment (JSNA) has recently helped identify the impact dementia will have on local people, which the commissioning agencies will need to be planning for to ensure access to relevant services and care pathways for this particular group of people. There is a continued focus on redesigning the delivery of social care using a SDS model and following the principles of 'Putting People First'. Subsequently, the council restructured its older persons and physical disability care management teams, occupational therapy and homecare teams.

Following consultation the restructuring resulted in the establishment of six localities across Kent, enabling individuals to access community services earlier. Individuals seeking support are offered a proportionate self assessment or assessment by trusted assessors to ensure people get the support they need without having to talk to numerous people. The council, through brokerage arrangements, help individuals to identify the support and services they need after they have been assessed.

The council are involved in an ambitious pilot, 'Total Place', which aims to improve services to individuals, by reducing duplication and improving efficiency, across the local public sector. The proposition offers significant revenue and capital savings by rationalising that estate. The pilot also seeks to make a reality of fully integrated service facilities between the council and health.

The council continue to strengthen the public's role in helping set priorities and planning services. This is supported by the recent re-design of the 'Directorate Involvement Group', which is based on a partnership model. The group is jointly chaired by a member of the public and a senior manager, giving the public direct feed into the senior management team of the council. Across the council there is strong leadership supported by financial, performance and planning systems. These are contributing factors in enabling the council to deliver a balanced budget at the end of year, whilst maintaining its eligibility criteria at a 'moderate' level. Another significant factor is the importance attached to adult social care by councillors, which has meant the availability of good levels of financial support for the provision and development of adult social care.

Implementation of the modernisation of adult social care programme has depended upon the commitment of all staff working across the social care sector. To enable this to happen the council ensure staff are able to be involved in the shaping of this ambition. Despite this major activity staff retention remains good, turnover low and sickness rates have fallen. Training has also been a major component in the delivery of the modernisation agenda. Staff within the council and across the social care sector have been involved in a wide range of training focused on personalisation, which includes SDS and enablement. Importantly this also included the development of a positive risk policy, which was implemented to help support staff manage the challenges to risk and safeguarding that personalisation can present to practitioners.

The council remain committed to an effective performance framework to monitor performance and importantly to drive future improvements. Regular reporting to all management levels helps ensure steps can be taken to address identified areas of concern. However, the council remain unable to report activity across the twelve local district council associated with the delivery of major adaptations. The data presented for nine of the twelve district councils indicates an average completion time that is more than twice that of similar councils. This is an area of activity the council must seek to address, if it is to fully understand the impact of service delivery and the impact on the outcomes for individuals.

Key strengths

- The transformation of adult social care is well led and fully supported by key partners. There is a strong commitment to the continued development and provision of preventative services.
- The new structure of six localities is enabling individuals to access community services earlier, with needs met through a focus on prevention and provision of information, which will reduce the number coming to the council for advice and help.
- The 'Total Place' pilot aims to improve services to individuals, by reducing duplication and improving efficiency, across the local public sector and seeks to make fully integrated service facilities between the council and health partners a reality.
- The council continue to strengthen the public's role in helping set priorities and planning services. This is supported by the recent re-designed 'Directorate Involvement Group'. This group is based on a partnership model, jointly chaired by a member of the public and a senior manager, giving the public direct feed into the senior management team of the council.

Areas for improvement

- The council remain unable to report activity across the twelve local district councils associated with the delivery of major adaptations. Data presented for nine of the twelve district councils indicates an average completion time that is more than twice that of similar councils. This is an area of activity the council must seek to address, if it is to fully understand the impact of service delivery and the impact on the outcomes for individuals

Commissioning and use of resources

"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value"

Conclusion of 2009/10 performance

Partnership working is focussed on leading the transformation of local services and is considered by the council as vital for the continued development of social care. The Joint Strategic Needs assessment (JSNA) has contributed to developing shared priorities and joint commissioning arrangements with health partners. Relationships with the independent sector and the current commissioning arrangements reflect the needs of individuals choosing to direct and control their own support. The views of individuals continue to be routinely collected and used extensively to deliver local priorities. This is helping to ensure the quality of commissioned services is maintained as evidenced by the home care survey and the carers and transition planning research. Commissioning is an area where individuals continue to have significant involvement and is evidenced by numerous positive activities during the year, including the modernisation of day services for individuals with a learning disability. In addition, work with local minority groups is helping shape services to ensure cultural needs are met.

As part of the council's review of its existing public involvement strategy, staff visited local black and minority ethnic (BME) groups to ascertain different ways of involving people. The council aim to use this feedback to assist them produce information and to make informed decisions about communicating with people from groups BME backgrounds. The council utilises findings from complaints to help identify problems and drive up quality. Regular reports to senior staff and lessons learnt are published in a public involvement newsletter. Additionally, the council receive regular feedback from district groups and forums about services, which also feeds into the business planning and commissioning processes. Health configurations support joint commissioning arrangements and offer a focus on pathway redesign, emphasising prevention and early intervention in critical areas such as stroke, dementia, support for carers and long-term conditions. Personalisation is also leading to more localised commissioning arrangements as individuals are enabled to commission local support of their choice from within the immediate community.

During the heavy winter snowfall the council successfully worked on capacity building with the independent sector and ensured operational readiness regarding out of hours arrangements and social care arrangements. Despite the snowfall the council, working with a range of partners and the independent sector, managed to continue with the effective delivery of a range of

community based services including meals on wheels. The council have now moved away from block contracts and remain committed to looking at new ways to commission services within an outcomes focused framework. This is illustrated by recent work in respect of the enablement services and scrutiny arrangements to monitor the quality of commissioned services. To support local commissioning the council employs a specialist demographer to collate and interpret demographic data, enabling the identification of patterns of demand and future trends. Demographic and need modelling have fed into a range of planning initiatives including the JSNA and SDS, which enable the council to identify efficiencies and is evidenced by the modernisation of day services for individuals with a learning disability. The council continues to focus on working with partners to implement the prevention agenda. This is evidenced by the jointly appointed Director of Public Health and work with district councils to implement projects focussed on housing options for vulnerable people and over the last year over two hundred and seventy extra care housing units have been delivered.

The council has in place an effective contracting function to support its commissioners, which focuses on quality and value for money. This is important as the council commission over 85% of its services from external providers and has seen a continued improvement in the quality of care services commissioned, despite not being able to offer price increases to the market. In line with the ambition of the council to promote independence and prevention, the number of individuals placed in residential or nursing establishments continues to reduce. Historically Kent has a large number of people with learning disabilities living in residential care, many of whom are from other local authorities and the council is seeking to reduce the current high costs associated with this service. This is supported by the granting of health assets to independent housing providers to develop new housing options during the period 2008/11 and local district councils developing independent housing facilities.

To assist in delivering efficiency savings the council continues to invest in the independent sector to help them deliver services in line with the rapidly developing personalisation programme and has reconfigured its in house homecare programme to provide an enablement service. The council also continue to roll out telecare and telehealth equipment and have invested in their contact and assessment centre to enable equipment to be fast tracked for eligible users at the point of contact. These actions enable the council to contain expenditure on traditional care services, despite an increasing ageing population and increased demand for services.

Key strengths

- The council continues to deliver effective community based preventative services. The focus on personalisation is leading to more localised commissioning arrangements as individuals are enabled to commission local support of their choice from within the immediate community.
- The development of specialist joint assessments capture the specific needs of individuals with dementia, mental health, stroke and carers.
- The council and health partners actively promote the sharing of resources to deliver and promote independence. A range of positive examples exist including the delivery of mental health services and an integrated Learning Disability Service, with a focus on promoting independence and personalisation.

Areas for improvement

- Not applicable

Outcome 1: Improving health and emotional well-being

“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 1** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at a **‘good’** level in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

Areas for improvement

Outcome 2: Improved quality of life

“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 2** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at an **‘excellent’** level in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

Areas for improvement

Outcome 3: Making a positive contribution

“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 3** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at an ‘**excellent**’ level in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

Areas for improvement

Outcome 4: Increased choice and control

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

Conclusion of 2009/10 performance

The council restructured during the year to deliver SDS support through a countywide service that offers help and information. Individuals with lower level needs can access fast track assessments and receive information, advice and guidance, access to equipment, minor adaptations and enablement services speedily. The service is operated by qualified staff to ensure decisions reached are appropriate and that individuals are signposted to a range of effective community based services that promote and encourage individuals with simple needs to remain living independently in the local community. Signposting services include the seven established ‘Gateway’s’ service and ‘Contact Kent’. The council recently undertook a survey to formally determine the effectiveness of outcomes achieved. The results will contribute to commissioning and business planning arrangements which include plans for five additional ‘Gateway’s’ across the county. The council actively reviews its range and quality of public information and available support to ensure it is both accessible and relevant to the needs of the whole local community. This is demonstrated by the recent re-design of its public website, which also included public involvement to ensure ease of access. Carers can also access information and services relevant to their specific needs. The availability of financial assessments enables individuals to access benefits.

During the year the council undertook a mapping exercise to evaluate the level of advocacy across the county and subsequently voluntary organisation agreements were revised to facilitate increased availability and access to advocacy services. Individuals continue to receive timely initial assessments of need. However, the delivery of timely care packages to entitled individuals is below the average of similar councils. As a result of the restructure of staff teams and localities and the implementation of SDS an increasing number of individuals in receipt of a care package provided by the council did not receive an annual review during the year. This is an area of activity the council must seek to address so that it can be assured the needs of concerned individuals remain appropriately addressed.

Of the total number of carers known to the council, who use services, a high percentage were assessed or reviewed during the year, which is helping to ensure the changing needs of carers are considered and addressed. Activity in this area of work is

significantly higher than the average of similar councils. The use and take up of SDS, overall, is increasing although performance is below the average of similar councils. To enable individuals to maximise their personal choice and control the council must deliver on its plan to enable 30% of eligible individuals to benefit from the use of SDS options by April 2011. This target is based on evidence that SDS is now available for all new service users and existing service users at the point of a review of their needs. The introduction of SDS has meant people in minority groups with eligible needs, such as those with autism, are able to receive additional co-ordination and brokerage support in planning bespoke support that meets their specific needs. Individuals who are unable to, or do not want to manage their personal budget, are offered an option to use the 'Client Money Service', provided by the council. The council also offer criminal records bureaux checks free to people who want to employ personal assistants and provide them with access to training course run by the council.

The council is supporting people with learning disabilities to exercise choice and control over their lives and the learning disability re-provision programme is a good example of person centred planning in partnership with health. The scheme is helping people who use services to move from residential care to community settings where they are able to be more independent. The carers' emergency card now has over one thousand two hundred registered carers and provides access to support when unexpected emergencies arise. The service is offered to all carers and not just those people receiving community care services. Additionally, the council provides a range of short breaks, which benefit carers and the individuals they support. The latest carers survey commissioned showed people are satisfied with the help they received from the council.

The council, with partners, continues to offer an increasing range of community based options; to encourage and enable individuals with complex needs to live independently. Locally, approximately 85% of services are now purchased from other sources. Importantly, this approach has led to the continued reduction in the number of people admitted to residential care homes. The availability and use of assistive technology has developed through existing partnership arrangements and its use is associated with fewer hospital admissions. County wide the council now offers an assessment and enablement team providing easy access to enablement services. As well as being community focused, part of each team is hospital based, working with health colleagues to manage hospital discharges. The council has acknowledged that the popularity of the scheme has led to demand outstripping supply and therefore work is in place to increase capacity. Strategies to develop increased capacity include providing 'train the trainer' courses to the independent sector and council staff in order to increase access to enablement services.

The council is committed to promoting its complaints procedures to local communities and is keen to learn from complaints received. This is evidenced by a regular complaints report that is considered by senior staff and council members to identify current activity and lessons learnt.

Key strengths

- A countywide service offers individuals with lower level needs easy access to information, advice and guidance, equipment, minor adaptations and enablement services.
- The council actively reviews its range and quality of public information and available support to ensure it is both accessible and relevant to the needs of the whole local community. This is demonstrated by the recent re-design of its public website, which included public involvement to help ensure ease of access.
- The council offers free criminal records bureau checks to people who want to employ personal assistants and use of their jobs website to advertise positions. Personal assistants can also access training through the council.
- The learning disability re-provision programme is a good example of person centred planning in partnership with health to move people from residential care to community settings, which is helping support individuals to live how they want and where they want.
- A high percentage of carers were assessed or reviewed during the year, which is helping to ensure the changing needs of carers are considered. Activity in this area of work is significantly higher than the average of similar councils.

Areas for improvement

- As a result of the restructure of staff teams and localities and the implementation of SDS an increasing number of individuals in receipt of a care package provided by the council did not receive an annual review during the year. This is an area of activity the council must seek to address so that it can be assured the needs of concerned individuals remain appropriately addressed.
- The use and take up of SDS is increasing, overall, although performance is below the average of similar councils. To enable individuals to maximise their personal choice and control the council must deliver on its plan to enable 30% of eligible individuals to benefit from the use of SDS by April 2011.

Outcome 5: Freedom from discrimination and harassment

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 5** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at a **‘good’** level in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

Areas for improvement

Outcome 6: Economic well-being

“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 6** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at an **‘excellent’** level in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

Areas for improvement

Outcome 7: Maintaining personal dignity and respect

“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.

Conclusion of 2009/10 performance

The council and its partners continue to make the safeguarding of vulnerable adults a high priority with safeguarding arrangements implemented through the multi-agency Kent and Medway safeguarding adults committee, chaired by Kent’s Director of Adult Social Care. Arrangements were recently enhanced by the appointment of a Board Manager to take forward the strategic development of safeguarding issues. Safeguarding continues to be well publicised by the council and has contributed to an increase in the number of safeguarding referrals received during the year.

The council undertook an audit to understand the high number of cases reported as not complete, during 2008/09. Consequently, all adult protection cases are now audited prior to closure to ensure the resolution of any outstanding actions. Attention is paid to any cases with an inconclusive outcome. The reported number of completed safeguarding cases has since increased. However, the council’s final case audit process is delaying closure of safeguarding cases on the council’s electronic recording system. Data provided by the council indicates that 42% of cases are not closed within the council’s own standard of six months. This issue must be addressed to enable the council to satisfy the public and partners that most investigations lead to clear outcomes within reasonable timescales

An additional multi agency training consultant has been employed to further develop the multi agency safeguarding training strategy. Care and health workers are also supported through regular supervision, teamwork and training to manage complex safeguarding cases. The council utilise staff from specialist services, when required, to offer advice and support to staff working with individuals with complex needs. Safeguarding is now incorporated within staff job descriptions to help reinforce the ethos that safeguarding adults is the responsibility of all staff and is supported by a range of safeguarding training courses. Despite a range of strategies to provide safeguarding training, the council is not able to provide a clear picture of uptake in the independent sector. This is an area of activity the council needs to focus on in the future to ensure the quality of outcomes for individual who use services.

The availability of safeguarding co-ordinators ensures that learning is fully embedded in practice across all key agencies and workshops and practice sessions are routinely held with council staff to focus on safeguarding practice. The council is planning to develop an effective and sensitive way of obtaining feedback from people who have been the subject of safeguarding alerts. The aim will be to ensure victims of abuse are more directly engaged in the safeguarding process and to inform and improve practice.

During the year the council undertook a mapping exercise to evaluate the level of advocacy provided across the county and subsequently voluntary organisation agreements were revised to facilitate increased availability. Vulnerable adults going through the safeguarding process now have access to an independent advocate to represent them as required. With the on-going development and take up of SDS the council is continuously seeking ways to ensure that potential risks to the safety of individuals are reduced and this is evidenced by the increased employment of safeguarding officers. The council is mindful of the need to engage with all regulated care services, whether commissioned by the council or not, to help improve the quality and safety of the wider market place. Care providers identified as being below standard are approached and improvement plans implemented to help deliver an improved quality of service.

The council continues to work closely with partners to ensure that there is a clear understanding and expectation that failure to respect the personal dignity of service users is considered as abuse of an individual. Services commissioned by the council are required to have policies and procedures in place to help safeguard individuals. Activity is also supported by effective partnership working with the local constabulary to help raise awareness and tackle hate crime against those vulnerable individuals living within wider local communities. The arrangement for the Deprivation of Liberty Safeguards is a partnership agreement between the five key social care and health bodies in Kent and Medway. A gradual upward trend in activity in dealing with enquiries from care homes and hospitals is reported, in line with Department of Health estimates.

Key strengths

- The availability of safeguarding co-ordinators ensures that learning is fully embedded in practice across all key agencies and workshops and practice sessions are routinely held with council staff to focus on safeguarding practice.
- A range of effective community based services are commissioned to enable individuals to remain living independently. These services are required to have policies and procedures in place to help safeguard individuals.
- Safeguarding is now incorporated within staff job descriptions to help reinforce the ethos that safeguarding adults is the responsibility of all staff and is supported by a range of safeguarding training courses. A significant level of training was also delivered to relevant council staff during the year.

Areas for improvement

- Data provided by the council indicates that 42% of cases are not closed within the council's own standard of six months. The council must ensure that cases open for more than six months are reviewed and closed in order to assure partners and the public that outcomes for people at risk are effectively managed and the council is promoting good safeguarding practice.
- Despite a range of strategies to provide safeguarding training, the council is not able to provide a clear picture of uptake in the independent sector. This is an area of activity the council needs to focus on in the future to ensure the quality of outcomes for individual who use services.
- The council must deliver on its plan to develop an effective and sensitive way of obtaining feedback from people who have been the subject of safeguarding alerts. This will ensure victims of abuse are more directly engaged in the safeguarding process and to inform and improve practice.

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By: Graham Gibbens, Cabinet Member, Adult Social Services and Oliver Mills, Managing Director, Kent Adult Social Services

To: Cabinet - 10 January 2011

Subject: **OLDER PERSON'S MODERNISATION**

Classification: Unrestricted

Summary: To provide a summary of the consultation, to share the final reports and to obtain sign-off on the recommendations in order for the Cabinet member for Adult Social Services to make his decisions.

Introduction

1. (1) Cabinet members are aware of the consultation undertaken on the future of Older Peoples Provision between 21 June 2010 and 1 November 2010, a total period of 19 weeks.

(2) These proposals were:

Establishment	Proposal
Bowles Lodge, Hawkhurst Manorbrooke, Dartford Cornfields, Dover	To close, demolish and build Extra Care Housing with PFI funding in partnership with District Councils – services to be re-provided to current residents and service users following a review of needs
The Limes, Dartford Sampson Court, Deal Ladesfield, Whitstable	To close – services re-provided to current residents and service users following a review of needs
Blackburn Lodge, Sheerness Doubleday Lodge, Sittingbourne Kiln Court, Faversham	To modernise through partnership with an independent sector provider. Services may not be delivered at these sites in future
Wayfarers, Sandwich	To sell to the independent sector as a going concern
Dorothy Lucy Centre, Maidstone	To review and identify opportunities and to consult on the identified proposal in 2011

(3) The drivers behind the proposals are:

- People are living longer and the numbers of older people are increasing including those with dementia and they rightly expect more choice in care.
- People wish to remain in their own homes with dignity and expect high quality care.
- Residential care should be in high quality buildings. Our older buildings have reached the end of their life and do not meet the required standards for new build.

- Good quality care can be commissioned for less money in the independent sector. Unit costs for in-house services are substantially higher.

(4) The considerations to inform the proposals for each home were:

- a) The range of alternative local services for older people
- b) The opportunity for developments with partners in the local area
- c) The condition of the buildings and likely capital expenditure required to maintain services
- d) The appropriateness of the design of the buildings for the services delivered and required
- e) The need to release money that is tied in to services that could be used to deliver equivalent services to more people

Consultation Process:

2. (1) Kent Adult Social Services (KASS) officers held 82 meetings to discuss the proposals and over 1400 people attended. Over 5000 individuals accessed the information on the website. 490 people shared their views in writing either directly or through their local councillor or MP. 499 people completed the questionnaire which was designed as an additional method for participating in the consultation. The feedback from the questionnaire is attached to the final reports.

(2) Petitions were heard at County Council in October for Manorbrooke, Cornfields and Sampson Court and at County Council in December for The Limes, Blackburn Lodge and Bowles Lodge.

(3) Dedicated project officers from care management teams have been meeting with the individuals living at or accessing the services from the units to identify their needs and wants should the proposals be agreed. This information has informed the re-provision plans for alternative services.

(4) Alternative proposals were received for Cornfields, The Limes, Bowles Lodge, Ladesfield and Sampson Court and were evaluated against how they would address the four main drivers behind the proposals. The detail of the alternative proposals is documented in the final reports.

(5) KASS officers sought advice from the KCC Legal department on the consultation process. The view was that the processes had been followed satisfactorily and that the opportunities for people to contribute to the consultation were enhanced with the additional time period and the production of the questionnaire.

Re-provision:

3. (1) KASS Commissioners undertook strategies for each unit affected, identifying how the services for current service users can be re-provided. Current services delivered and take up are as follows including the number of permanent residents.

Unit	Services	Residents at 1.6.10	Residents at 30.11.10	Average daily day care attendance	Respite users (people)
Cornfields	Permanent, respite, ICT, day care	10	4	10	52
Sampson Court	Permanent, respite, day care (dementia)	19	14	12	39
Ladesfield	Permanent, respite, ICT, day care	19	14	3	58
Manorbrooke	Permanent, respite	31	22	0	0
The Limes	Enablement, day care	0	0	17	0
Bowles Lodge	Permanent, respite, day care	29	20	13	42
Total		108	74		

The above table does not include data for Intermediate Care or Enablement

(2) Local KASS commissioners have been liaising with the independent sector and partners to:

- clarify capacity in the existing available market for re-provision of residential, respite enablement/intermediate care beds and day care,
- ascertain the interest in developing new services where existing capacity is not available and
- assess the viability of proposed alternatives.

(3) It is not possible to make definite plans for new services until such time as the proposals have been agreed as this would inevitably run the risk of being accused of pre-empting the outcome of the consultation and the decision.

(4) Commissioners are confident that suitable local alternative services can be provided within the timeframes documented in the reports, should the proposals be agreed. Largely, the re-provision is within the independent sector particularly for Manorbrooke, Cornfields, Sampson Court and Ladesfield with some services moved to remaining in-house provision including the enablement service and some day care at The Limes (to Gravesham Place) and some residential and day care at Bowles Lodge (to Westview in Tenterden).

Authorisation:

4. (1) The reports have been finalised, one for each unit. The reporting schedule was as follows:

Meeting	Date	Status
Strategic Management Team	3 Dec 2010	Confidential
Corporate Management Team	7 Dec 2010	Confidential
Reports published	30 Dec 2010	
Cabinet	10 Jan 2011	
Adult Social Services Policy Overview and Scrutiny Committee (ASSPOSC)	12 Jan 2011	
Decision		
Cabinet Scrutiny (if called)	19 Jan 2011	

(2) If the proposals are agreed, full Individual Needs Portrayals (INP) of each permanent resident will be completed in line with the agreed Policy for home closures. The INP is a full and detailed re-assessment of need and will identify the elements of importance to those individuals such as location of home and facilities. This could include health colleagues where necessary. The INP equally will detail the projected timescales for any proposed move specific to the individual.

(3) The project officers will also undertake full reviews of those accessing day care services to make sure that alternative services meet their needs.

(4) Kent Adult Social Services have significant experience of successfully moving older people, for instance when their needs change and the homes can no longer meet those needs. KASS officers will ensure that individuals and their families are fully informed and involved in every stage of the process, that they are provided with options of alternative quality accommodation that will meet the individuals needs and that, where appropriate, friendship groups are kept together.

(5) KASS officers will use a variety of strategies to make sure that there is a seamless transition into the new home and/or service.

(6) A plan for communicating the decisions to staff and service users will be agreed to make sure all stakeholders are kept up to date. The communication strategy will also include notifying councillor colleagues and other key stakeholders.

Consultation outcome and Reports:

5. (1) The recommendations for each unit are the same as the original proposals. During the consultation at both Bowles Lodge in Hawkhurst and Sampson Court in Deal an estimated date of closure was given of September 2011. However in both areas commissioners believe that a short extension to January 2012 for Bowles and December 2011 for Sampson would enable them to better guarantee the full range of new services will be in place for the current users prior to closure.

(2) The impact on the PFI project is that the works schedule for Bowles Lodge will be put back however it is still planned that contractual and financial close will be achieved in October 2011.

(3) There has been strong resistance to the proposals from campaigners.

Financial impact:

6. (1) The revenue funding currently allocated to the running of the homes proposed for closure will be re-invested to provide alternative services in the independent sector to those currently accessing the services. As services can be purchased for less than it costs to provide in KCC homes, there will be funding available to deliver services to more older people that meet the KASS eligibility criteria. In addition, the proposals will generate savings of £2.2m over the next two years.

Risks and Issues:

7. (1) Risks include the political impact of the proposals being agreed particularly in the face of strong and high profile opposition.

(2) Other risks identified include maintaining services with a diminishing staff group. Agency staff are being used and existing staff are working additional shifts to ensure continuity of service. However, if the decision is taken for the homes to close, further staff may leave.

(3) The buildings may need some expenditure to keep the services running. Known areas include the roof at Bowles Lodge and the hot water boiler at Ladesfield. The winter period will put additional pressure on both sites and they are being monitored to make sure the services remain operational whilst capital investment is kept to the minimum.

(4) Assuming the decision is taken to proceed with the proposals, the risk of legal challenge from one of the campaigners is high. This is based on the inevitable response from campaigners that their views were not considered given that the vast majority of feedback including that from the questionnaires was for the homes to remain unchanged. The view from KCC Legal department was that KASS has followed its agreed policy and process and fulfilled the requirements under the consultation protocol and thus could resist a technical challenge.

(5) If the proposals are not agreed, the savings will not be realised and will need to be found elsewhere. Furthermore the imperatives which underpinned the proposed changes will not be addressed and the future of older peoples services will not have been addressed and will inevitably need to be tackled at a later date.

Conclusion:

8. (1) The stakeholders with whom we are required to consult are primarily the service users, carers/relatives and staff. They are understandably and predictably not in favour of these proposals. However many carers/family members have expressed their support for extra care housing but only if it is not built on the site where their relative is living. Also many people are supportive of the need for KCC to plan for the future.

(2) A detailed consultation was undertaken for a period of 19 weeks. Comprehensive analysis of alternative provision and indicative planning for individuals has been completed. The reports include the detail of the alternative provision, how service users needs would be met and any alternative proposals.

(3) Equality Impact Assessments have been finalised with regard to all 11 reports.

Recommendation:

9. Cabinet is asked to NOTE the contents of this report and the attached 11 reports.

Margaret Howard
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Background documents:

- Government White Paper 'Our Health, Our Care, Our Say' – January 2006
- National Dementia Strategy – February 2009
- Active Lives for Adults 2006-2016
- Closure/Variation Policy for the closure/variation in the service use of a Social Services Establishment
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care
- Locality Commissioning Strategies

By: Oliver Mills - Managing Director, Kent Adult Social Services

To: Graham Gibbens - Cabinet Member, Adult Social Services

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON THE CLOSURE/VARIATION OF KCC'S OLDER PERSONS PROVISION WHICH INCLUDES THE DOROTHY LUCY CENTRE, MAIDSTONE**

Classification: Unrestricted

Summary: This report asks the Cabinet member for approval to proceed with a full analysis of services and opportunities within the Maidstone district and to further consult on the proposal at a later date.

1. Background

(1) Kent County Council (KCC) is modernising the way older people are supported and cared for in the county.

(2) On Monday 14 June 2010, Kent County Council's Cabinet agreed for Kent Adult Social Services (KASS) to begin a formal consultation on the future of its Older Person's Service Provision. From Monday 21 June 2010, KASS officers met with staff, service users, relatives, trades unions and other key stakeholders to talk about the proposals.

(3) The full consultation covered 11 of the 16 homes owned and managed by KASS.

(4) This report covers the Dorothy Lucy Centre. The proposal for the Dorothy Lucy Centre is for it to remain as it is while work is undertaken to review the other opportunities within the Maidstone district and incorporate the future of the services into wider planning. Once the plan is determined, a full consultation process will be undertaken in 2011.

The main drivers for the full consultation are:

- **More people are living longer and living with dementia. People rightly expect more choice in care.**
- **High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.**
- **Residential care should be in high quality buildings. Some KCC buildings have reached the end of their useful life and don't meet expectations or standards for new builds.**
- **Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people.**

(5) The considerations and options evaluated to determine the proposals for each home included:

- a) The range of alternative local services for older people
- b) The opportunity for developments with partners in the local area
- c) The condition of the buildings and likely capital expenditure required to maintain services
- d) The appropriateness of the design of the buildings for the services delivered and required
- e) The need to release money that is tied in to services that could be used to deliver equivalent services to more people

(6) The proposals combined across Kent will generate savings of £1m in 2011/12 and £1.2m in 2012/13.

(7) The Dorothy Lucy Centre is a detached 28-bed unit built in 1985. It is freehold, single storey and purpose built in a residential area in Northumberland Road, Maidstone. It includes three units:

Allington is a respite unit for older people,

Mereworth is a respite unit for older people with mental health needs,

Leeds unit offers older people an assessment and rehabilitation service to inform where their needs can be best met, such as a return home or to longer term care. The centre specialises in respite assessment/rehabilitation services and also offers a range of day care services across the week. These include specific services on certain days for people from the Asian community, people with dementia and people with a general frailty. The maximum number of people that can be accommodated in the day care service is 25.

(8) The Dorothy Lucy Centre was purpose built and would not meet the national minimum standards of the Care Standards Act 2000 as regulated by the Care Quality Commission if it were to be built today. There is, however, protection against these standards being applied for as long as significant structural improvements are not required. The building will soon, because of its age, require considerable investment to maintain services and meet future needs and expectations.

(9) An extract from the most recent Condition Survey at the Dorothy Lucy Centre can be found below. This should be viewed as indicative. Generally, the buildings were seen in good condition internally and externally. Works were not considered to be urgent.

Roofs: £28,519

Floors and stairs: £87,027

Ceilings: £10,531

External doors, windows and screens: £89,963

Internal walls and doors: £36,920

Sanitary Services: £3,425

Electrical services: £405

External areas: £2,058

Total: **£258,848**

(10) The unit cost (gross), based on 100% occupancy, for one bed was £821.10 per week for 09/10. The unit cost (gross), based on 100% occupancy, in the day centre was £56.90 for 09/10. The annual gross expenditure for 2009/10 was £1,198,900 for residential and £175,700 for day care totalling **£1,274,600**.

(11) The maximum charge for individuals accessing the beds in the units is currently capped at £407.92 per week. Everyone that accesses residential and respite services is financially assessed for a contribution towards their care in line with the Charging for Residential Accommodation Guide (CRAG). This means that individuals who have savings of more than £23,250 are charged £407.92 per week and anyone with less than £23,250 is assessed against their means to determine their level of payment. A snapshot undertaken in the summer of 2010 indicated at that time there were 51 people living in the in house residential services being charged £407.92 per week.

(12) The Dorothy Lucy Centre has one permanent resident. All bedrooms are single with no ensuite facilities. The unit was running at 79% occupancy in 2009/10 making the unit cost £1046.14 per week. The recuperative care service is free of charge for up to six weeks. The day centre was running at 75% occupancy in 2009/10 which making the unit cost £75.93. Occupational therapists work at the centre to help people maintain or regain their independence.

(13) The Care Quality Commission (CQC), in its last inspection in 2008, rated the service as 'good'. There was positive feedback about the services both from inspectors and service users. It is registered for older people and for people with dementia. The CQC inspectors referred specifically to the size of the bedrooms, which were considered adequate overall, although some are small. CQC also noted that there are no walk-in showers.

(14) Commissioning managers in and around Maidstone have recognised that, at the moment, the Dorothy Lucy Centre offers important services to the community both in terms of health and social care services for people with dementia and general frailty. There is no community/cottage hospital in Maidstone. The Dorothy Lucy Centre supports hospital discharges from Maidstone hospital. In line with the National Dementia Strategy, commissioning managers want to continue developing integrated services in Maidstone. These will include home treatment, carers support, nursing support and respite services.

(15) There are a number of opportunities in the Maidstone district. These need to be considered in line with any proposal for modernised and integrated services for the future including services which are currently delivered at the Dorothy Lucy Centre. A locality commissioning strategy will be needed and, when a proposal has been developed, a full consultation period will be launched in line with the standard Closure/Variation Policy at KCC adult social services. This consultation would last for a minimum of 12 weeks.

(16) The proposals need to take into account any likely capital investment needed in order for services to be modernised. They would also need to reflect any opportunities from Section 106 developer contributions and funding from the NHS. Services would be modernised and/or replaced in the Maidstone district.

(17) There are no known covenants on the site. The site shares its access with other buildings not owned by Kent County Council.

2. Consultation Process

(1) The county council has a duty to undertake formal consultation on any proposed changes to services. There was no definite proposal for the future of the Dorothy Lucy Centre at the point when KASS entered a consultation period on the future of the rest of its Older Persons Provision. However, it was considered appropriate that the Dorothy Lucy Centre was part of the wider consultation given the intention to develop and consult on a proposal in 2011. When firm proposals are developed, a specific consultation process will be required. The procedure for consultation on modernisation/variation or closure of establishments in KASS was followed as below:

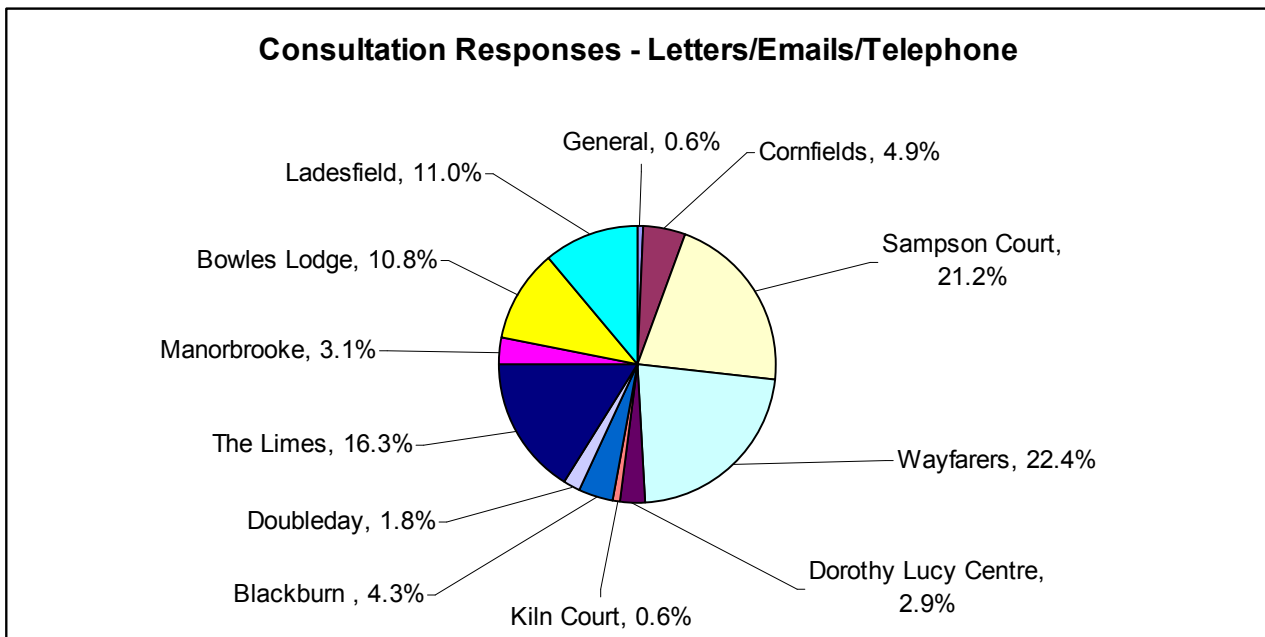
Process	Date Action Completed
Obtained agreement in principle from the Cabinet Member for Adult Social Services.	14 June 2010
<p>Cabinet member chaired a meeting to discuss the proposals and information packs were sent to those who were invited and who attended:</p> <p style="padding-left: 40px;">The Chairman of the Adult Social Services Policy Overview Committee (ASSPOSC) Vice Chairman Opposition spokesman Local KCC member(s) Elected members Responsible member of KCC adult social services Strategic Management Team Heads of Services (updated to reflect new title) Area Personnel Manager</p>	<p>10 June 2010 10 June 2010 10 June 2010 24 June 2010 14 June 2010 10 June 2010 14 June 2010 14 June 2010</p>
<p>Stakeholders were informed in writing and invited to comment: -</p> <p style="padding-left: 40px;">Users, relatives and carers Head of Service Staff Trades Unions Local KCC member(s) District Council Parish /Town Council Relevant NHS bodies Any other relevant person or organisation and the Local MP</p>	<p>Letter sent 14 June 2010. Consultation period ended 1 November 2010 (19 weeks from 21 June 2010).</p> <p>Summary of meetings and correspondence received as a result of the consultation</p> <p>Informed MP and answered questions</p> <p>Held individual meetings and group meetings with local councillors, county councillors, MPs</p>

<p>Directorate issued a Press Release</p>	<p>The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.</p>
<p>A wide range of stakeholder meetings were held</p>	<p>Meetings with staff and union representatives held between 21 June and 2 July.</p> <p>Stakeholder Roadshows were held in each District (not Maidstone) in October.</p> <p>Individual meetings with permanent residents and carers offered but not requested for those accessing Dorothy Lucy Centre.</p> <p>Meeting with respite users and carers on 24 June 2010.</p> <p>Meeting with day care users/carers on 24 June 2010.</p> <p>West Kent Area Management Team Commissioning Board on 9 August 2010 and 11 October 2010.</p> <p>Presentation at members' briefing on 26 July 2010 on proposals.</p> <p>Presentation to Older People's Development Forum West Kent on 30 September 2010</p>
<p>Report to Cabinet member for decision making on the closure/variation proposal.</p>	<p>This report dated 30 December 2010</p>
<p>The Cabinet member or the Chairman of the Adult Services Policy Overview Committee will decide if a meeting between him/themselves, KCC members and consultees is necessary.</p>	<p>In addition to the extensive consultation, these matters will also be discussed at Adult Social Services Policy Overview Committee on 12 January 2011</p>
<p>Instigate options appraisal and develop proposal</p>	<p>From January 2011.</p>

(2) The 19-week consultation period for the modernisation of our Older Person's Provision concluded on 1 November 2010. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered. Clients and their carers were consulted about the alternative options of service provision.

(3) The overall consultation received **490** letters; most were relating to specific units. A number of letters were copied to the local MP, local councillor, Councillor Gibbens, and officers within KCC. Each letter was responded to either by a standard acknowledgement or a more detailed letter responding to any queries or inaccuracies in their statements. Of the total number, **2.9%** related directly to the Dorothy Lucy Centre. However, this should not be interpreted as a reflection of the value of the services as there is currently no proposal for people to respond to.

The chart below shows the responses for all units consulted on.



(4) A petition was received against the proposals with 32 signatures.

(5) KCC developed a questionnaire as an additional method for people to contribute to the consultation. This questionnaire was available either by responding directly on line, downloading from the website or through a hardcopy with postage paid.

3. Alternative/Replacement Services

(1) There are no details submitted in this area of the report as there is currently no specific proposal.

4. Alternative Proposals

(1) An Evaluation Panel met on 15 November 2010 to review all alternative proposals that had been submitted. The panel had representation from Commissioning, Finance, Contracting and Standards, Provision and Personnel.

(2) Two alternative proposals were received. One was a response from Unison across all services. Unison's feedback called on the county council to withdraw its proposals and retain its role as a direct provider of social care. This has been considered as an alternative proposal and evaluated by a panel of KASS officers. Unison reports that there is extreme difficulty identifying vacancies in independent sector homes of a satisfactory standard. It does not think specialist services should be provided in an untested market and believes KCC should remain a direct provider in order to help set high standards. The comments from Unison state that the buildings are fit for purpose and that quality of care should be considered above the fabric of the building. Unison argues that reducing council provision reduces choice and that "attrition rates for residents remain high for enforced moves". Unison argues that KCC's cost comparisons with the independent sector have not been made like-for-like and do not take into account transaction costs. For the partnership proposals (Blackburn Lodge, Doubleday Lodge, Kiln Court), Unison argue that TUPE Plus should be a minimum expectation, should these be taken forward. The submission also stated that an independent sector operator would drive to reduce costs, that staff would move on and ultimately that quality would be reduced as a result.

(3) The proposal from Unison is largely asking to maintain the status quo, which does not enable KCC to address the four key reasons for change and therefore is not an option that KCC can support. In response to the Unison issues, the panel made the following observations:

- KCC will retain control of the market as a key purchaser of care and standards.
- There are vacancies in homes rated 'good' or 'excellent' in the independent sector.
- The proposal for the specialist enablement beds at The Limes is for them to be provided at Gravesham Place which has previous experience of this service.
- The buildings will require the investment of significant capital funding that KCC does not have access to – and the long term future of the services could be more uncertain, possibly resulting in emergency closure rather than planned closure.
- There is no statutory duty to directly provide residential care. KCC should be directing resources to further enhance the quality monitoring and contract management responsibilities it has in commissioning services – and providing personal budgets for people who meet KASS eligibility criteria.
- It is KCC's stated long term intention to focus on undertaking a commissioning role with services provided by a plurality of independent sector providers.
- Where moves are necessary, KCC has considerable experience of carefully and successfully moving older people. Each case will be managed and supported on an individual basis to ensure their personal needs are met at an appropriate pace for the individual.
- It is acknowledged that purchasing intermediate care/enablement beds in the independent sector would require a premium above guide price however commissioners are confident they could purchase these beds in the independent sector at less than half the gross unit cost of an in-house enablement bed.

(4) The other alternative proposal was from a provider of residential care indicating an interest in purchasing the Dorothy Lucy Centre.

The panel made the following observations:

- As there is no current proposal for DLC this alternative should be considered when the proposals are developed in Maidstone

5. Issues raised during the consultation

(1) The following issues were raised by those participating in the consultation process:

a) **The Dorothy Lucy Centre provides a vital and valuable service to vulnerable people and their carers in Maidstone.** This is acknowledged by KASS. The proposal, when developed, will need to address the issues that KASS faces with growing numbers and expectations of people using the services. The occupational therapy and physiotherapy services complement respite and recuperative work and provide an enhanced service to people returning home in the absence of any specialist hospital services (community or cottage hospitals) in the district and this will need to be factored in to the proposal.

b) Members of **staff treat people with dignity and respect and make people feel comfortable and welcome.** Feedback from the individuals and their carers, including feedback from CQC inspectors, show that the staff are delivering a good service. The proposals for change in our Older Peoples homes are not a reflection of the standard of care in the homes but about providing appropriate and adequate services in the future with the resources available.

c) **Kent County Council should retain their services in-house in order to both compete in and control the market.** In all, 85% of residential care services are bought by Kent from the independent sector. Other local authorities who have a smaller percentage of in house beds than Kent have similar negotiated guide prices at which they can buy beds in the independent sector. This demonstrates that their ability to buy beds in the independent sector at competitive prices has not been negatively impacted by having few or no in house services.

(2) Questionnaire:

a) A questionnaire was developed in August and distributed in September. It was designed as an additional method to generate feedback not only from key stakeholders but also members of the general public. The Questionnaire asked questions both about the proposal and what was important to people in the future should they need to access support services. There were a number of opportunities for people to enter free text in addition to answering the questions. Key areas of feedback from the Questionnaires received on the Future of Older Person's Provision were:

b) **The proposals:**

42% of people, when asked what they thought of the proposals, answered they had mixed views with 24% responding they thought it was a bad idea and 15% that it was a good idea. In the free text field the greatest number of comments (31) acknowledged that planning for the future was a good idea with 27 people saying they were against the proposal because of the disruption to the clients. Other common comments included support for extra care housing, emphasising the importance of day care and concerns about the quality of care in the independent sector.

c) **Should KCC run its own homes?**

59% of respondents stated that the council should continue to run its own homes with 20% disagreeing. The largest number of comments wanted to know why KCC homes cost double the price KCC can buy it in the independent sector. 22 recommended that KCC should review staff contracts and KCC processes to reduce the cost. Other comments included concerns about the quality of care in the independent sector. 8 people criticised the question as leading.

d) **On what basis should KCC make the decision about the proposals?**

80% thought quality of care an essential factor, 75% continuity of care for the residents, and 47% felt keeping some homes in the management of KCC was essential. Fewer people thought value for money (175) and freeing up resources to care for more people (132) were essential although these issues were considered very important by 41.5% of respondents.

e) **Thinking about the future**

When asked about their preferred choice of how they would like to receive care most people wanted to be able to live at home for as long as possible followed by a situation similar to extra care housing.

The most important issues to people considering moving into a care home were trained and friendly staff, home cooked nutritious food and being with ones partner. Other factors that were important to people were to remain a respected member of their local community treated with respect and able to exercise choice and control and the ability to have pets.

The top five things that people rated as essential or very important to them when they were older were:

1. help and support available when needed
2. a safe and secure environment
3. being able to maintain links with family, friends and local community
4. ability to remain as independent as possible with own routine and choices
5. accessibility (no steps etc)

6. Summary

(1) The current consultation on the Future of Older Person's Provision does not include any options or proposals for the Dorothy Lucy Centre. The future of the service needs to be considered in light of other opportunities and wider commissioning needs for Maidstone.

(2) An initial screening as part of the Equality Impact Assessment was undertaken prior to the consultation on the modernisation proposals. A further impact assessment will be undertaken once the full proposal for the Dorothy Lucy Centre has been determined.

7. Recommendations

(1) The Cabinet member is asked to **note** the contents of this report. Proposals will be developed and a request made to commence consultation on the future of the Dorothy Lucy Centre some time in 2011.

Margaret Howard
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Background Documents

- Government White Paper 'Our Health, Our Care, Our Say' – January 2006
- National Dementia Strategy – February 2009
- Active Lives for Adults 2006-2016
- Closure/Variation Policy for the closure/variation in the service use of a Social Services Establishment
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care

By: Oliver Mills, Managing Director, Kent Adult Social Services

To: Graham Gibbens, Cabinet Member, Adult Social Services

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON THE VARIATION OF SERVICE AT WAYFARERS REGISTERED CARE CENTRE, SANDWICH**

Classification: Unrestricted

Summary: This report considers the proposal to sell Wayfarers as a going concern to a private organisation and summarises the responses to the consultation. The report asks the Cabinet member to approve the proposal to sell Wayfarers as a going concern

1. Background

(1) Kent County Council (KCC) is modernising the way older people are supported and cared for in the county.

(2) On Monday 14 June 2010, Kent County Council's Cabinet agreed for Kent Adult Social Services (KASS) to begin a formal consultation on the future of its Older Person's Service Provision. From Monday 21 June 2010, KASS officers met with staff, service users, relatives, trades unions and other key stakeholders to talk about the proposals.

(3) The full consultation covered 11 of the 16 homes owned and managed by KASS.

The main drivers for the full consultation are:
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- | |
|--|
| <ul style="list-style-type: none">• More people are living longer and living with dementia. People rightly expect more choice in care.• High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.• Residential care should be in high quality buildings. Some KCC buildings have reached the end of their useful life and don't meet expectations or standards for new builds.• Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people. |
|--|

(4) The considerations and options evaluated to determine the proposals for each home included:

- a) The range of alternative local services for older people
- b) The opportunity for developments with partners in the local area

- c) The condition of the buildings and likely capital expenditure required to maintain services
- d) The appropriateness of the design of the buildings for the services delivered and required
- e) The need to release money that is tied in to services that could be used to deliver equivalent services to more people

(5) The proposals combined across Kent will generate savings of £1m in 2011/12 and £1.2m in 2012/13.

(6) This report covers Wayfarers Registered Care Centre in Sandwich. The proposal in the consultation is for the home to be sold as a going concern to an independent sector provider.

(7) Wayfarers is a detached, 33-bed unit built in 1983. The home is separated into two distinct wings; Hollyside and Cherry Way. Each has its own dining area and communal spaces. The home is set in a relatively quiet residential area of Sandwich, close to the town centre with good access to local amenities and popular tourist and recreational facilities. The home has been well maintained. Planned redecoration and refurbishment is routinely completed. There are attractive gardens to the rear of the home. The service is provided on a single floor with easy access throughout for all service users. All bedrooms are single occupancy. The home offers a dedicated respite service alongside the residential unit and there is also an integrated day centre.

(8) The building of Wayfarers is freehold and has no known restrictive covenants. The accommodation is registered for older people with general frailty. Wayfarers would not meet the national minimum standards of the Care Standards Act 2000 as regulated by the Care Quality Commission if it were to be built today. There is, however, protection against these standards being applied for as long as significant structural improvements are not required. The building may, soon, require because of its age considerable investment to maintain services and meet future needs and expectations.

(9) The unit cost (gross), based on 100% occupancy, for one bed was £649.55 per week for 09/10. The unit cost (gross) for day care, based on 100% occupancy, was £46.56 per day. The annual gross expenditure for 2009/10 for residential was £1,151,700 and £88,500 for day care, totalling **£1,240,200**.

(10) Wayfarers offers 24 permanent general frailty beds and nine respite beds for general frailty. On 11 November 2010, there were 24 permanent residents. In 2009/10, the building ran at 88% of its residential capacity which made the bed unit cost £736.83 per week. The day care centre has a capacity of 8 people per day and was running at 57% capacity in 2009/10 which made the unit cost £82.29. One day a week a dementia day care service is delivered.

(11) The maximum charge for individuals accessing the beds in the units is currently capped at £407.92 per week. Everyone that accesses residential and respite services is financially assessed for a contribution towards their care in line with the Charging for Residential Accommodation Guide (CRAG). This means that individuals who have savings of more than £23,250 are charged £407.92 per week and anyone with less than £23,250 is assessed against their means to determine their level of payment. A snapshot undertaken in the summer of 2010 indicated at that time there were 51 people living in the in house residential services being charged £407.92 per week.

(12) KASS has a guide price for the independent sector and can buy services in the Dover district at £328.65 per week for standard residential care.

(13) The Care Quality Commission (CQC), in its last inspection in 2009, rated the service as good. There was very positive feedback about the services both from inspectors and service users. CQC commented that the people living in Wayfarers spoke of having lots of choices and of being well looked after by helpful staff. They saw that people really had a say about what goes on in the home and that staff were well trained and competent.

(14) Local commissioners recognise that Wayfarers is the only residential home serving the town of Sandwich and the proposal reflects the uniqueness of the service.

2. Consultation Process

(1) The county council has a duty to undertake formal consultation on any proposed changes to services. The procedure for consultation on modernisation/variation or closure of establishments in KASS was followed as below:

Process	Date Action Completed
Obtained agreement in principle from the Cabinet Member for Adult Social Services.	14 June 2010
<p>Cabinet member chaired a meeting to discuss the proposals and information packs were sent to those who were invited and who attended:</p> <p>The Chairman of the Adult Social Services Policy Overview Committee (ASSPOSC) 10 June 2010 Vice Chairman 10 June 2010 Opposition spokesman 10 June 2010 Local KCC member(s) 30 June 2010 Elected members 14 June 2010 Responsible member of KCC adult social services Strategic Management Team 10 June 2010 Heads of Services (updated to reflect new title) 14 June 2010 Area Personnel Manager 14 June 2010</p>	
<p>Stakeholders were informed in writing and invited to comment: -</p> <p>Users, relatives and carers Head of Service Staff Trades Unions Local KCC member(s) District Council Parish/Town Council Relevant NHS bodies Any other relevant person or organisation and the Local MP</p>	<p>Letter sent 14 June 2010. Consultation period ended 1 November 2010 (19 weeks from 21 June 2010).</p> <p>Summary of meetings and correspondence received as a result of the consultation</p> <p>Informed MP and answered questions</p>

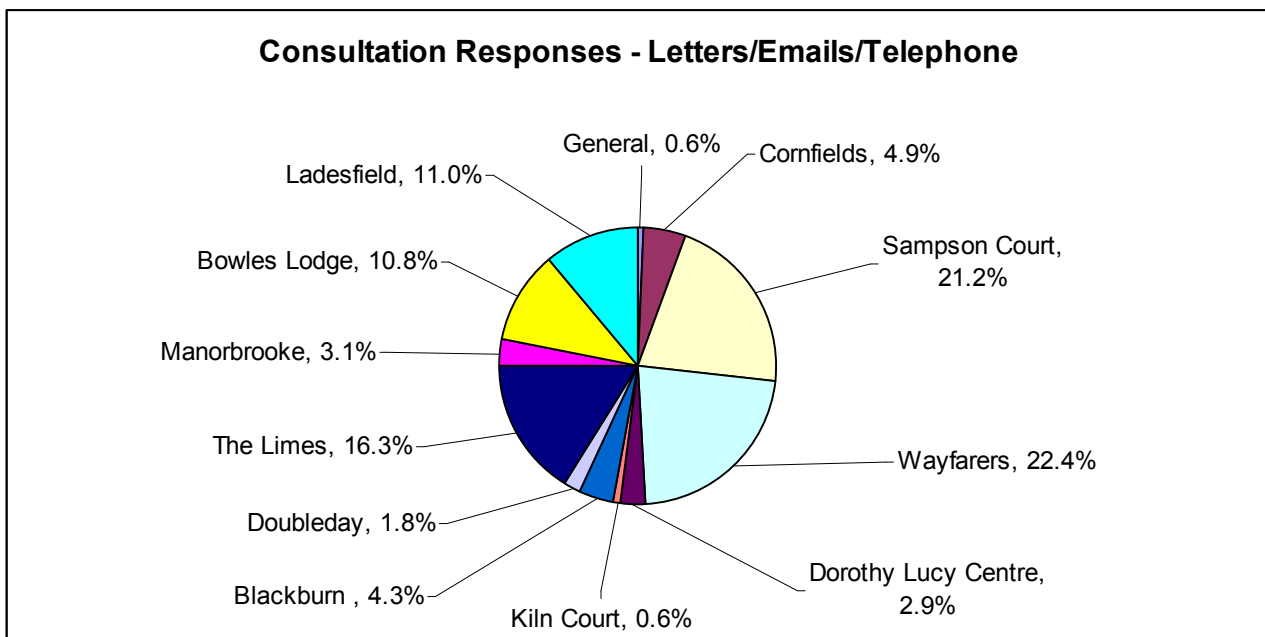
	<p>Held individual meetings and group meetings with local councillors, county councillors, MPs</p>
<p>Directorate issued a Press Release</p>	<p>The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.</p>
<p>A wide range of stakeholder meetings were held</p>	<p>Meetings with staff and union representatives held on 1 July 2010.</p> <p>Stakeholder Roadshow held for Dover on 29 October 2010</p> <p>Individual meetings with permanent residents and carers offered but not requested for those accessing Wayfarers</p> <p>Meeting with permanent and respite users and carers on 1 July 2010.</p> <p>East Kent Area Management Team Commissioning Board on 6 September 2010 and 1 November 2010.</p> <p>Presentation at members' briefing on 26 July 2010 on proposals.</p> <p>Presentation to NHS Eastern and Coastal Kent Commissioning Strategy Committee (Swale, Dover and Whitstable PBC) Meeting on 25 August 2010</p> <p>Dover District Voluntary and Community Sector Network on 30 September 2010</p> <p>Adult Social Services Policy Overview and Scrutiny Committee Chair and Vice-Chair visit to Wayfarers on 27 October 2010</p>

Report to Cabinet member for decision making on the closure/variation proposal.	This report dated 30 December 2010
The Cabinet member or the Chairman of the Adult Services Policy Overview Committee will decide if a meeting between him/themselves, KCC members and consultees is necessary.	In addition to the extensive consultation, these matters will also be discussed at Adult Social Services Policy Overview Committee on 12 January 2011
Instigate any change programme	From January 2011.

(2) The 19-week consultation period for the modernisation of our Older Person's Provision concluded on 1 November 2010. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered. Clients and their carers were consulted about the alternative options of service provision.

(3) The overall consultation received **490** letters; most were relating to specific units. A number of letters were copied to the local MP, local councillor, Councillor Gibbens and officers within KCC. Each letter was responded to either by a standard acknowledgement or a more detailed letter responding to any queries or inaccuracies in their statements. Of the total number of responses, **22.4%** related directly to Wayfarers.

The chart below shows the responses for all units consulted on.



(4) A petition was received against the proposals containing 351 signatures.

(5) KCC developed a questionnaire as an additional method for people to contribute to the consultation. This questionnaire was available either by responding directly on line, downloading from the website or through a hardcopy with postage paid.

3. Future Service Delivery

(1) The proposal for Wayfarers is for it to be sold as a going concern to the independent sector with an ultimate aim of modernised services. This should secure the future of the service for the residents, service users and staff – and the Sandwich community. Independent sector providers may have access to funding that KCC does not

and therefore may be better placed to ensure the delivery of future maintenance and modernisation.

(2) If the decision is made to go ahead with the sale of Wayfarers as a going concern, the contract will make sure that current residents will not be put at any financial disadvantage.

4. Interest Shown in the sale

(1) In order to explore the possible sale of Wayfarers as a going concern, a market sounding exercise was carried out. This involved writing to all residential care homes in Kent, contacting key housing providers and placing an advert on the South East Business portal and a Prior Information Notice in the official Journal of the European Union to invite expressions of interest.

(2) By the closing date of 26 November 2010 14 expressions of interest were received relating to Wayfarers. This provides adequate assurance that a successful provider could be found to take over Wayfarers as a going concern.

(3) If the proposal to sell Wayfarers as a going concern is agreed, a key element of the criteria for selecting a partner would be their track record of providing care services and their long term plan for providing good quality services for older people. KCC would also expect them to have experience with TUPE and Pension regulations.

(4) If the decision was made to progress the sale of Wayfarers, a formal procurement process would be carried out and all those who have expressed an interest would be contacted with the objective of securing a purchaser and signing a contract during the 2011-2012 financial year.

(5) Appendix One details the list of organisations that have expressed an interest in purchasing Wayfarers. This is a strictly confidential list and is only shared with limited individuals who require it as part of the decision making process.

5. Alternative Proposals

(1) An Evaluation Panel met on 15 November 2010 to review all alternative proposals that had been submitted. The panel had representation from Commissioning, Finance, Contracting and Standards, Provision and Personnel.

(2) There was one alternative proposal submitted from Unison as a generic response to all units covered in the consultation. Unison's feedback called on the county council to withdraw its proposals and retain its role as a direct provider of social care. This has been considered as an alternative proposal and evaluated by a panel of KASS officers. Unison reports that there is extreme difficulty identifying vacancies in independent sector homes of a satisfactory standard. It does not think specialist services should be provided in an untested market and believes KCC should remain a direct provider in order to help set high standards. The comments from Unison state that the buildings are fit for purpose and that quality of care should be considered above the fabric of the building. Unison argues that reducing council provision reduces choice and that "attrition rates for residents remain high for enforced moves". Unison argues that KCC's cost comparisons with the independent sector have not been made like-for-like and do not take into account transaction costs. The submission also stated that an independent sector operator would

drive to reduce costs, that staff would move on and ultimately that quality would be reduced as a result.

(3) The proposal from Unison is largely asking to maintain the status quo, which does not enable KCC to address the four key reasons for change and therefore is not an option that KCC can support. In response to Unisons issues, the panel made the following observations:

- KCC will retain control of the market as a key purchaser of care and standards.
- There are vacancies in homes rated 'good' or 'excellent' in the independent sector.
- The proposal for the specialist enablement beds at The Limes is for them to be provided at Gravesham Place which has previous experience of this service.
- The buildings will require the investment of significant capital funding that KCC does not have access to – and the long term future of the services could be more uncertain, possibly resulting in emergency closure rather than planned closure.
- There is no statutory duty to directly provide residential care. KCC should be directing resources to further enhance the quality monitoring and contract management responsibilities it has in commissioning services – and providing personal budgets for people who meet KASS eligibility criteria.
- It is KCCs stated long term intention to focus on undertaking a commissioning role with services provided by a plurality of independent sector providers.
- Where moves are necessary, KCC has considerable experience of carefully and successfully moving older people. Each case will be managed and supported on an individual basis to ensure their personal needs are met at an appropriate pace for the individual.
- It is acknowledged that purchasing intermediate care/enablement beds in the independent sector would require a premium above guide price however commissioners are confident they could purchase these beds in the independent sector at less than half the gross unit cost of an in-house enablement bed.

(4) If the proposal to sell Wayfarers as a going concern is agreed, a key element of the criteria for selecting a partner would be their track record of providing care services and their long term plan for providing both local and good quality services for older people. KCC would also expect them to have experience with TUPE and Pensions regulations.

5. Issues raised during the consultation

a) Letter/Email responses:

(1) A campaign, driven by the local town council and Friends of Wayfarers, urged people to write to Cllr Leyland Ridings, Laura Sandys MP and Oliver Mills, Managing Director for KCC adult social services. Copies of these letters were forwarded and were registered as part of the consultation. A number of these letters showed that people had misunderstood the proposals and thought Wayfarers would close. It was also thought that services would, instead, be provided at the Dorothy Lucy Centre in Maidstone. Letters of reply were sent to clarify that the proposals was not to close Wayfarers but to sell as a going concern.

(2) **Wayfarers is a 'jewel' and for it to be run by a private provider will just drive up costs for less quality.** KCC acknowledges that Wayfarers is a good service and is valued by the Sandwich community. Care homes, those run by the local authority and by the independent sector, are inspected by the Care Quality Commission against the same standards. Wayfarers is rated a 'good' service by the CQC and there are others in the district at equal ratings or 'excellent' ratings. Not all independent sector providers are profit making organisations. Some of these are not-for-profit organisations. KASS buys 85% of its residential services in the independent sector and has a wide range of mechanisms for monitoring quality and standards – including individual reviews, safeguarding investigations, contract quality and performance monitoring. This is in addition to the CQC independent inspections. KCC should be directing resources on further enhancing the quality monitoring and contract management responsibilities for commissioning services or providing personal budgets for people who meet the KASS eligibility criteria. The contract would make sure current residents are not put at financial disadvantage. Future KCC supported residents would be financially assessed in the same way as current residents are and their contribution determined based on this assessment. Future clients who have capital above the threshold may be required to pay the full cost.

(3) **The staff are excellent at Wayfarers.** The proposals are not a reflection of the quality and performance of the staff. If a sale did go ahead, members of staff would transfer to the new provider with the same terms and conditions.

(4) **If the service is run by the independent sector, what is to stop them from closing the service if it doesn't make a profit?** If the proposed sale did go ahead, the contract for that sale would state clearly that services will need to continue. KCC would only sell Wayfarers to an organisation that could run the service in the long term and could invest money to modernise it and keep it running. KCC has extensive experience of transferring homes to independent sector providers and monitoring contracts thereafter to maintain quality and standards. In order to give enough time for complex negotiations to be undertaken, the transfer (if approved) would not be completed until 2012.

(5) **KCC is disposing of its duty to provide care to the elderly.** KCC does not have a statutory duty to directly provide services. KCC has a statutory duty to make sure that care is provided to those that meet the eligibility criteria and this will remain. KASS has to review how it can best meet growing numbers and growing expectations through commissioning services through the independent sector. KCC already does this for 85% of its service users.

b) Questionnaire:

(6) A questionnaire was developed in August and distributed in September. It was designed as an additional method to generate feedback not only from key stakeholders but also members of the general public. The Questionnaire asked questions both about the proposal and what was important to people in the future should they need to access support services. There were a number of opportunities for people to enter free text in addition to answering the questions. Key areas of feedback from the Questionnaires received on the Future of Older Person's Provision were:

(7) **The proposals:**
42% of people, when asked what they thought of the proposals, answered they had mixed views with 24% responding they thought it was a bad idea and 15% that it was a good idea. In the free text field the greatest number of comments (31) acknowledged that

planning for the future was a good idea with 27 people saying they were against the proposal because of the disruption to the clients. Other common comments included support for extra care housing, emphasising the importance of day care and concerns about the quality of care in the independent sector.

(8) Should KCC run its own homes?

59% of respondents stated that the council should continue to run its own homes with 20% disagreeing. The largest number of comments wanted to know why KCC homes cost double the price KCC can buy it in the independent sector. 22 recommended that KCC should review staff contracts and KCC processes to reduce the cost. Other comments included concerns about the quality of care in the independent sector. 8 people criticised the question as leading.

(9) On what basis should KCC make the decision about the proposals?

80% thought quality of care an essential factor, 75% continuity of care for the residents, and 47% felt keeping some homes in the management of KCC was essential. Fewer people thought value for money (175) and freeing up resources to care for more people (132) were essential although these issues were considered very important by 41.5% of respondents.

(10) Thinking about the future

When asked about their preferred choice of how they would like to receive care most people wanted to be able to live at home for as long as possible followed by a situation similar to extra care housing.

The most important issues to people considering moving into a care home were trained and friendly staff, home cooked nutritious food and being with ones partner. Other factors that were important to people were to remain a respected member of their local community treated with respect and able to exercise choice and control and the ability to have pets.

The top five things that people rated as essential or very important to them when they were older were:

1. help and support available when needed
2. a safe and secure environment
3. being able to maintain links with family, friends and local community
4. ability to remain as independent as possible with own routine and choices
5. accessibility (no steps etc)

6. Personnel implications

(1) The sale of Wayfarers as a going concern will result in the staff transferring to the new employer. The Transfer of Undertakings (Protection of Employment) Regulations (TUPE), protects the transferring employees' terms and conditions of service on the day of transfer. Separate legislation covers certain protections for the pension rights of staff. The new employer may also need to give considerations to issues arising over the "Two Tier Workforce". Where the new employer brings in new recruits to work on the service that transferred they must be employed on "fair and reasonable terms and conditions which are, overall, no less favourable than those of the transferred employees". They must also be offered reasonable pension arrangements.

(2) The staffing information for Wayfarers as at 23 November 2010 is as follows:

Head count	No. of contracts	No. of Permanent Contracts	No. of Temporary Contracts	No. of Fixed Term Contracts	No. of Full Time Contracts	No. of Part Time Contracts	No. of Relief Contracts	FTE
47	64	60	4	0	4	39	21	26.95

7. Summary

(1) The proposal for Wayfarers is for it to be sold to an independent provider as a going concern. 14 expressions of interest had been received relating to Wayfarers by the closing date of 26 November 2010. This is enough for the sale process to go ahead to the next stage.

(2) There has been strong local resistance to the proposals to sell Wayfarers to the independent sector. However, if a decision to go ahead with the sale is agreed, local community leaders have indicated they would work with the successful purchaser to help make sure that the long term delivery of services was a success.

(3) An initial screening as part of the Equality Impact Assessment was undertaken prior to the consultation on the modernisation proposals. This identified the need for a full Equality Impact Assessment to be undertaken on each proposal, which has now been done. The assessment confirms that the proposals can be delivered in a way that adequately takes account of the individual needs of existing residents and of other service users.

8. Recommendations

(1) The Cabinet member is asked to **consider** the contents of this report and **agree** that Wayfarers should be sold as a going concern.

Margaret Howard
Director of Operations
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Background Documents

- Government White Paper 'Our Health, Our Care, Our Say' – January 2006
- National Dementia Strategy – February 2009
- Active Lives for Adults 2006-2016
- Closure/Variation Policy for the closure/variation in the service use of a Social Services Establishment
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care
- Locality Commissioning Strategy

By: Oliver Mills, Managing Director, Kent Adult Social Services

To: Graham Gibbens, Cabinet Member, Adult Social Services

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON THE VARIATION OF SERVICES AT BLACKBURN LODGE REGISTERED CARE CENTRE, SHEERNESS**

Classification: Unrestricted

Summary: This report considers the proposal to transfer services at Blackburn Lodge into a partnership with an independent sector provider and summarises the responses to the consultation. The report asks the Cabinet member to approve the proposal to transfer services at Blackburn Lodge into a partnership with a private organisation that will continue to deliver services but develop, modernise and tailor services under separate arrangements and possibly at a different locations in Sheppey

1. Background

(1) Kent County Council (KCC) is modernising the way older people are supported and cared for in the county.

(2) On Monday 14 June 2010, Kent County Council's Cabinet agreed for Kent Adult Social Services (KASS) to begin a formal consultation on the future of its Older Person's Service Provision. From Monday 21 June 2010, KASS officers met with members of staff, service users, relatives, trades unions and other key stakeholders to talk about the proposals.

(3) The full consultation covered 11 of the 16 homes owned and managed by KASS.

The main drivers for the full consultation are:
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| <ul style="list-style-type: none">• More people are living longer and living with dementia. People rightly expect more choice in care.• High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.• Residential care should be in high quality buildings. Some KCC buildings have reached the end of their useful life and don't meet expectations or standards for new builds.• Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people. |
|--|

(4) The considerations and options evaluated to determine the proposals for each home included:

- a) The range of alternative local services for older people
- b) The opportunity for developments with partners in the local area
- c) The condition of the buildings and likely capital expenditure required to maintain services
- d) The appropriateness of the design of the buildings for the services delivered and required
- e) The need to release money that is tied in to services that could be used to deliver equivalent services to more people

(5) The proposals combined across Kent will generate savings of £1m in 2011/12 and £1.2m in 2012/13.

(6) This report covers Blackburn Lodge Registered Care Centre in Sheerness. The proposal in the consultation is for the services in the home to be transferred into a partnership with a private organisation, which would continue to deliver services and/or develop, modernise and tailor services under separate arrangements and possibly at different locations in Sheppey. A similar proposal has been made for Doubleday Lodge, Sittingbourne and Kiln Court, Faversham.

(7) Blackburn Lodge is a detached 34-bed unit (33 single rooms and one double with no ensuite facilities) built in 1982. It offers residential care, respite care, intermediate care and day care. The land is freehold and subject to a restriction in favour of the Secretary of State for Defence to use for local authority educational purposes which was amended in 1982 to permit Kent County Council "to use for local authority purposes which the Council deem necessary to enable the council to discharge its social function as carried out under the auspices of its director of Social Services". If the above purpose of use ceased, a right to buy for £2,100 in addition to the value of any buildings erected on the property is triggered in favour of the Secretary of State.

(8) Blackburn Lodge was purpose built and is positioned on the seaward side of a busy main road in Sheerness on the Isle of Sheppey. The accommodation is on the first floor and is registered for older people with general frailty. The building would not meet the national minimum standards of the Care Standards Act 2000 as regulated by the Care Quality Commission if it were to be built today. There is, however, protection against these standards being applied for as long as significant structural improvements are not required. The building will, very soon because of its age, require considerable investment to maintain services and meet future needs and expectations. In 2007, a survey was undertaken which identified works needed totalling £273,560. The majority of the quoted cost was in relation to external areas but internally was around floors and stairs, walls and doors, ceilings, windows and mechanical services.

(9) The unit cost (gross), based on 100% occupancy for one bed, was £637.51 per week for 09/10, in the day centre was £39.96 per day for 09/10. The annual gross expenditure for 09/10 is £1,130,300 for residential and £298,500 for day care – totalling **£1,428,800**.

(10) Blackburn Lodge offers 21 permanent general frailty beds and six respite beds for general frailty. At 11 November 2010, there were 20 permanent residents. In 2009/10, the building was running at 85% of its residential capacity. This made the bed unit cost £752.53 per week. The day care centre has a capacity of 30 people per day

Monday to Friday, and was running at 69% capacity in 2009/10 which made the unit cost £57.64 per day.

(11) The maximum charge for individuals accessing the beds in the units is currently capped at £407.92 per week. Everyone that accesses residential and respite services is financially assessed for a contribution towards their care in line with the Charging for Residential Accommodation Guide (CRAG). This means that individuals who have savings of more than £23,250 are charged £407.92 per week and anyone with less than £23,250 is assessed against their means to determine their level of payment. A snapshot undertaken in the summer of 2010 indicated at that time there were 51 people living in the in house residential services being charged £407.92 per week.

(12) KASS has a guide price for the independent sector and can buy services in Sheppey for £342.85 per week for standard residential care.

(13) The Care Quality Commission (CQC), in its last inspection in April 2010, rated the service as good. There was very positive feedback about the services both from inspectors and service users. CQC reported that "The home continues to let us know about things that have happened since our last key inspection and they have shown that they have managed issues well. They work well with us and have shown us that their service continues to provide good outcomes for the people who use it."

(14) Local commissioners recognise that Blackburn Lodge offers some services that they would be looking to continue to provide in partnership. This would be with an independent organisation that has a good track record, access to capital funding and long term viability. This may not be on the same site as Blackburn Lodge but will be on the Isle of Sheppey.

2. Consultation Process

(1) The county council has a duty to undertake formal consultation on any proposed changes to services. The procedure for consultation on modernisation/variation or closure of establishments in KASS was followed as below:

Process	Date Action Completed
Obtained agreement in principle from the Cabinet Member for Adult Social Services.	14 June 2010
Cabinet member chaired a meeting to discuss the proposals and information packs were sent to those who were invited and who attended:	
The Chairman of the Adult Social Services Policy Overview Committee (ASSPOSC)	10 June 2010
Vice Chairman	10 June 2010
Opposition spokesman	10 June 2010
Local KCC member(s)	28 June 2010
Elected members	14 June 2010
Responsible member of KCC adult social services Strategic Management Team	10 June 2010
Heads of Services (updated to reflect new title)	14 June 2010
Area Personnel Manager	14 June 2010

<p>Stakeholders were informed in writing and invited to comment: -</p> <ul style="list-style-type: none"> Users, relatives and carers Head of Service Staff Trades Unions Local KCC member(s) District Council Parish/Town Council Relevant NHS bodies Any other relevant person or organisation and the Local MP 	<p>Letter sent 14 June 2010. Consultation period ended 1 November 2010 (19 weeks from 21 June 2010).</p> <p>Summary of meetings and correspondence received as a result of the consultation</p> <p>Informed MP and answered questions</p> <p>Held individual meetings and group meetings with local councillors, county councillors, MPs</p>
<p>Directorate issued a Press Release</p>	<p>The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.</p>
<p>A wide range of stakeholder meetings were held</p>	<p>Meetings with staff and union representatives held on 28 June 2010.</p> <p>Stakeholder Roadshow held for Swale on 20 October 2010</p> <p>Individual meetings with permanent residents and carers offered but not requested for those accessing Blackburn Lodge</p> <p>Meeting with permanent and respite users and carers on 28 June 2010.</p> <p>East Kent Area Management Team Commissioning Board on 6 September 2010 and 1 November 2010.</p> <p>Presentation at members' briefing on 26 July 2010 on proposals.</p> <p>Presentation to NHS Eastern and</p>

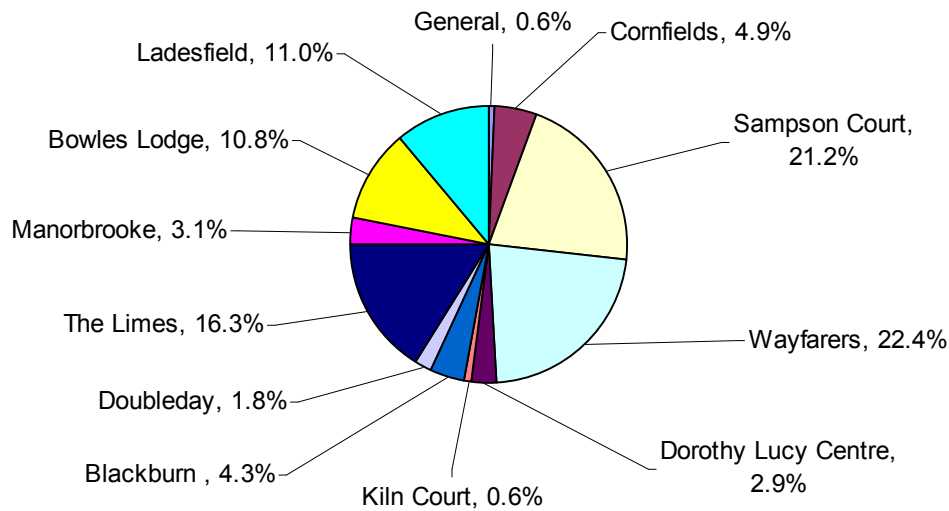
	<p>Coastal Kent Commissioning Strategy Committee (Swale, Dover and Whitstable PBC) Meeting on 25 August 2010</p> <p>Sheppey Community Engagement Forum on 19 October 2010</p> <p>Adult Social Services Policy Overview and Scrutiny Committee Chair and Vice-Chair visit to Blackburn Lodge 26 October 2010</p>
Report to Cabinet member for decision making on the closure/variation proposal.	This report dated 30 December 2010
The Cabinet member or the Chairman of the Adult Services Policy Overview Committee will decide if a meeting between him/themselves, KCC Members and consultees is necessary.	In addition to the extensive consultation, these matters will also be discussed at Adult Social Services Policy Overview Committee on 12 January 2011
Instigate any change programme	From January 2011.

(2) The 19-week consultation period for the modernisation of our Older Person's Provision concluded on 1 November 2010. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered. Clients and their carers were consulted about the alternative options of service provision.

(3) The overall consultation received **490** letters; most were relating to specific units. A number of letters were copied to the local MP, local councillor, Councillor Gibbens and officers within KCC. Each letter was responded to either by a standard acknowledgement or a more detailed letter responding to any queries or inaccuracies in their statements. Of the total number of responses, **4.3%** related directly to Blackburn Lodge.

The chart below shows the responses for all units consulted on.

Consultation Responses - Letters/Emails/Telephone



(4) KCC developed a questionnaire as an additional method for people to contribute to the consultation. This questionnaire was available either by responding directly on line, downloading from the website or through a hardcopy with postage paid.

3. Future Service Delivery

(1) Commissioners in the Swale district are developing a Commissioning Needs Schedule for the future. This will include a range of residential care services; long term, short stay, dementia care, intermediate care, day care and other services.

(2) If the decision is made to go ahead with the transfer of services from Blackburn Lodge into a partnership, a full set of local service requirements will be included for potential partners to bid against.

4. Interest Shown in Partnership Arrangements

(1) In order to explore the potential for transferring services delivered at Blackburn Lodge into a partnership with a private organisation a market sounding exercise was carried out. This involved writing to all residential care homes in Kent, contacting key housing providers and placing an advert on the South East Business portal and a Prior Information Notice in the official Journal of the European Union inviting expressions of interest.

(2) By the closing date of 26 November 2010, 14 organisations responded to the expression of interest for Blackburn Lodge.

(3) There are 14 organisations that would be included in the next phase. Officers are therefore assured and confident that a suitable provider could be secured to progress with this proposal.

(4) If the decision is made to go ahead with the transfer of services at Blackburn Lodge into a partnership with a private organisation, there will be a formal procurement process involving all those who have expressed an interest. The objective would be to sign a contract during the 2011-2012 financial year.

(5) Appendix One details the list of organisations that have expressed an interest in a partnership to re-provide the services at Blackburn Lodge. This is a strictly confidential list and is only shared with limited individuals who require it as part of the decision making process.

5. Alternative Proposals

(1) An Evaluation Panel met on 15 November 2010 to review all alternative proposals that had been submitted. The panel had representation from Commissioning, Finance, Contracting and Standards, Provision and Personnel.

(2) One alternative proposal was received for Blackburn Lodge which was the generic Unison Proposal. Unison's feedback called on the county council to withdraw its proposals and retain its role as a direct provider of social care. This has been considered as an alternative proposal and evaluated by a panel of KASS officers. Unison reports that there is extreme difficulty identifying vacancies in independent sector homes of a satisfactory standard. It does not think specialist services should be provided in an untested market and believes KCC should remain a direct provider in order to help set high standards. The comments from Unison state that the buildings are fit for purpose and that quality of care should be considered above the fabric of the building. Unison argues that reducing council provision reduces choice and that "attrition rates for residents remain high for enforced moves". Unison argues that KCC's cost comparisons with the independent sector have not been made like-for-like and do not take into account transaction costs. For the partnership proposals (Blackburn Lodge, Doubleday Lodge, Kiln Court), Unison argue that TUPE Plus should be a minimum expectation, should these be taken forward. The submission also stated that an independent sector operator would drive to reduce costs, that staff would move on and ultimately that quality would be reduced as a result.

(3) The proposal from Unison is largely asking to maintain the status quo, which does not enable KCC to address the four key reasons for change and therefore is not an option that KCC can support. In response to Unisons issues, the panel made the following observations:

- KCC will retain control of the market as a key purchaser of care and standards.
- There are vacancies in homes rated 'good' or 'excellent' in the independent sector.
- The proposal for the specialist enablement beds at The Limes is for them to be provided at Gravesham Place which has previous experience of this service.
- The buildings will require the investment of significant capital funding that KCC does not have access to – and the long term future of the services could be more uncertain, possibly resulting in emergency closure rather than planned closure.
- There is no statutory duty to directly provide residential care. KCC should be directing resources to further enhance the quality monitoring and contract management responsibilities it has in commissioning services – and providing personal budgets for people who meet KASS eligibility criteria.
- It is KCCs stated long term intention to focus on undertaking a commissioning role with services provided by a plurality of independent sector providers.
- Where moves are necessary, KCC has considerable experience of carefully and successfully moving older people. Each case will be managed and supported on an individual basis to ensure their personal needs are met at an appropriate pace for the individual.

- It is acknowledged that purchasing intermediate care/enablement beds in the independent sector would require a premium above guide price however commissioners are confident they could purchase these beds in the independent sector at less than half the gross unit cost of an in-house enablement bed.

(4) If the proposal to transfer the services at Blackburn Lodge into a partnership with a private organisation was agreed, a key element of the criteria for selecting a partner would be their track record of providing care services and their long term plan for providing both local and good quality services for older people. KCC would also expect them to have experience with TUPE and Pension regulations.

6. Issues raised during the consultation

a) Petitions

(1) A petition was received with 342 signatures. The accompanying statement referred to **Blackburn Lodge currently not being able to accept new day care clients and not extending the number of days people can attend. It mentions that respite has been restricted. It also refers to higher costs in the private sector, quality of care being eroded and livelihoods being threatened.** The petitioners were making representation against both the proposal and the KASS actions in place to manage the budget across all services. A further petition was submitted with 1332 signatures which triggered a debate at county council on 16 December 2010. Attached at Appendix Two is the presentation text provided for County Council.

b) Letter/Email responses:

(1) **No one can run services better than the local authorities as it is not essential for a profit to be made.** Care homes run by the local authority and by the independent sector are inspected by the Care Quality Commission against the same standards. Blackburn Lodge is rated as 'good' by the CQC and there are others at equal ratings or 'excellent' ratings. Not all independent sector providers are profit making organisations, some are not-for-profit.

(2) **Ensuite facilities are not offered by the private sector and most have to share rooms.** It is correct that the majority of older homes do not have ensuite facilities. This is, however, a requirement for any new build homes or homes that need significant improvements. It will also become a basic expectation for future generations. KCC does not place people in shared rooms unless requested.

(3) **The staff are marvellous at Blackburn Lodge.** The proposals are not a reflection of the staff and the partnership arrangements would mean that affected staff would transfer into the partnership with their same terms and conditions.

(4) **Day care is a vital service and Age Concern does not offer a personal service.** Day care will be part of the future commissioning for Swale and there is a specific requirement for services to be available on the Isle of Sheppey. Commissioners will specify that new services must offer personal services including services for people with dementia not currently provided at Blackburn Lodge.

(5) **Continuity of service is extremely important to older people. Currently those people receiving day care can also get respite care with familiar staff and surroundings.** Respite also remains a vital service and will be part of the future commissioning for the Swale district.

(6) **Not allowing new permanent admissions or day care people is winding down the service, making it non-viable and forcing early closure.** It would be irresponsible for the county council to accept further admissions into homes while the future is uncertain. As a result, beds not occupied on a permanent basis will be used for people needing respite services. During the consultation it was agreed that new referrals for day care would be considered based on the individual circumstances.

(7) **Private providers do not have enough compassion to care for people with dignity.** There have been a number of comments about the quality of staff in the independent sector. These operators are covered by the same care standards and inspection regime as Blackburn Lodge. KCC homes provide a service to 15% of people that are eligible for residential services in Kent. KCC buys 85% of its residential services through the independent sector already and monitors both quality and user satisfaction.

(8) **There is a lack of services on the Isle of Sheppey and these proposals will reduce that further.** The proposals for Swale are very different from others covered by the consultation. One of the reasons for this is that there is a lack of services on the Island. Entering into a partnership with the independent sector could realise the vision to develop services on the Island such as nursing care, which is not currently available on the Island at all and ultimately expand the range of services available.

c) Questionnaire:

(9) A questionnaire was developed in August and distributed in September. It was designed as an additional method to generate feedback not only from key stakeholders but also members of the general public. The Questionnaire asked questions both about the proposal and what was important to people in the future should they need to access support services. There were a number of opportunities for people to enter free text in addition to answering the questions. Key areas of feedback from the Questionnaires received on the Future of Older Person's Provision were:

(10) **The proposals:**
42% of people, when asked what they thought of the proposals, answered they had mixed views with 24% responding they thought it was a bad idea and 15% that it was a good idea. In the free text field the greatest number of comments (31) acknowledged that planning for the future was a good idea with 27 people saying they were against the proposal because of the disruption to the clients. Other common comments included support for extra care housing, emphasising the importance of day care and concerns about the quality of care in the independent sector.

(11) **Should KCC run its own homes?**
59% of respondents stated that the council should continue to run its own homes with 20% disagreeing. The largest number of comments wanted to know why KCC homes cost double the price KCC can buy it in the independent sector. 22 recommended that KCC should review staff contracts and KCC processes to reduce the cost. Other comments included concerns about the quality of care in the independent sector. 8 people criticised the question as leading.

(12) On what basis should KCC make the decision about the proposals?

80% thought quality of care as an essential factor, 75% continuity of care for the residents, and 47% felt keeping some homes in the management of KCC was essential. Fewer people thought value for money (175) and freeing up resources to care for more people (132) were essential although these issues were considered very important by 41.5% of respondents.

(13) Thinking about the future

When asked about their preferred choice of how they would like to receive care most people wanted to be able to live at home for as long as possible followed by a situation similar to extra care housing.

The most important issues to people considering moving into a care home were trained and friendly staff, home cooked nutritious food and being with ones partner. Other factors that were important to people were to remain a respected member of their local community treated with respect and able to exercise choice and control and the ability to have pets.

The top five things that people rated as essential or very important to them when they were older were:

1. help and support available when needed
2. a safe and secure environment
3. being able to maintain links with family, friends and local community
4. ability to remain as independent as possible with own routine and choices
5. accessibility (no steps etc)

6. Personnel implications

(1) The affect on staff of the proposal to enter into a partnership will depend on the nature of that arrangement and the services included. However, the likelihood is that the outcome of the tendering process will involve some sort of transfer of some staff with the services being provided. Therefore, the main consideration will be that the Transfer of Undertakings (Protection of Employment) Regulations or TUPE, protects the transferring employees' terms and conditions of service on the day of transfer. Separate legislation covers certain protections for the pension rights of staff. The new employer may also need to give considerations to issues arising over the "Two Tier Workforce". Where the new employer brings in new recruits to work on the service that transferred they must be employed on "fair and reasonable terms and conditions which are, overall, no less favourable than those of the transferred employees". They must also be offered reasonable pension arrangements.

(2) The staffing information for Blackburn Lodge as at 23 November 2010 is as follows:

Head count	No. of contracts	No. of Permanent Contracts	No. of Temporary Contracts	No. of Fixed Term Contracts	No. of Full Time Contracts	No. of Part Time Contracts	No. of Relief Contracts	FTE
64	67	67	0	0	3	55	9	34.70

7. Summary

(1) The proposal for services at Blackburn Lodge to be transferred under partnership arrangements is recommended. There were 14 organisations that expressed an interest in developing services at Blackburn Lodge. Officers are confident that there is enough interest for the procurement of an appropriate partner to move forward to the next stage.

(2) Subject to the agreement to proceed, the next steps will be for further details to be sent to Providers who expressed an interest on the homes, its staffing details, maintenance and supply contracts and the Commissioners requirements for the provision of services. This will be by March 2011. Providers will then be asked to submit outline bids and work to progress the procurement will continue into the summer with an estimated completion date of November 2011.

(3) An initial screening as part of the Equality Impact Assessment was undertaken prior to the consultation on the modernisation proposals. This identified the need for a full Equality Impact Assessment to be undertaken on each proposal, which has now been done. The assessment confirms that the proposals can be delivered in a way that adequately takes account of the individual needs of existing residents and of other service users.

8. Recommendations

(1) The Cabinet member is asked to **consider** the contents of this report and **agree** that services at Blackburn Lodge should be transferred under a partnership arrangement.

(2) Subject to agreement to proceed, KASS will undertake a full tender process to select a suitable provider or providers to deliver the modernised services required as part of the commissioning strategy for Sheppey.

Margaret Howard
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Background Documents

- Government White Paper 'Our Health, Our Care, Our Say' – January 2006
- National Dementia Strategy – February 2009
- Active Lives for Adults 2006-2016
- Closure/Variation Policy for the closure/variation in the service use of a Social Services Establishment
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care
- Locality Commissioning Strategy

APPENDIX 1

Confidential appendix containing details of those who have submitted an expression of interest.

APPENDIX 2

Text from the Petitioners to County Council 16 December 2010

BLACKBURN LODGE

Keep Blackburn Lodge on the Isle of Sheppey

What UNISON is campaigning to Kent County Councillors.

Blackburn Lodge provides a residential service to the residents who live on the Isle of Sheppey. Local residents who have signed UNISON's position have indicated.

Keeping services on the Isle of Sheppey is important to the local community, local employment as well as the local economy.

Providing good, well run services is promoted by UNISON. Keeping Blackburn Lodge would allow the residents of the Isle of Sheppey have a local KCC run residential home when staff straining is of a high standard which allows good quality care along with assisting the local economy. Travelling on and off the Isle of Sheppey could be difficult for some service users and their carers. In the event of this service going and insufficient provision on the Island, this could result in many difficulties for the local community.

By: Oliver Mills, Managing Director, Kent Adult Social Services

To: Graham Gibbens, Cabinet Member, Adult Social Services

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON THE VARIATION OF SERVICE AT DOUBLEDAY LODGE REGISTERED CARE CENTRE, SITTINGBOURNE**

Classification: Unrestricted

Summary: This report considers the proposal to transfer services at Doubleday Lodge into a partnership with an independent sector provider and summarises the responses to the consultation. The report asks the Cabinet member to approve the proposal to transfer services at Doubleday Lodge into a partnership with a private organisation who will continue to deliver services but develop, modernise and tailor services under separate arrangements and possibly at a different locations in Swale

1. Background

(1) Kent County Council (KCC) is modernising the way older people are supported and cared for in the county.

(2) On Monday 14 June 2010, Kent County Council's Cabinet agreed for Kent Adult Social Services (KASS) to begin a formal consultation on the future of its Older Person's Service Provision. From Monday 21 June 2010, KASS officers met with members of staff, service users, relatives, trades unions and other key stakeholders to talk about the proposals.

(3) The full consultation covered 11 of the 16 homes owned and managed by KASS.

The main drivers for the full consultation are:
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- | |
|--|
| <ul style="list-style-type: none">• More people are living longer and living with dementia. People rightly expect more choice in care.• High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.• Residential care should be in high quality buildings. Some KCC buildings have reached the end of their useful life and don't meet expectations or standards for new builds.• Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people. |
|--|

(4) The considerations and options evaluated to determine the proposals for each home included:

- a) The range of alternative local services for older people
- b) The opportunity for developments with partners in the local area
- c) The condition of the buildings and likely capital expenditure required to maintain services
- d) The appropriateness of the design of the buildings for the services delivered and required
- e) The need to release money that is tied in to services that could be used to deliver equivalent services to more people

(5) The proposals combined will generate savings of £1m in 2011/12 and £1.2m in 2012/13.

(6) This report covers Doubleday Lodge Registered Care Centre in Sittingbourne. The proposal in the consultation is for the services to be transferred into a partnership with a private organisation, which would continue to deliver services but develop, modernise and tailor services under separate arrangements and possibly at a different location in Swale. A similar proposal has been made for Blackburn Lodge, Sheerness and Kiln Court, Faversham.

(7) Doubleday Lodge is a detached 27-bed unit built in 1974. It offers residential care and respite care. It is freehold and has no known restrictive covenants. It was purpose built in a residential area in Glebe Lane, Sittingbourne. The accommodation is across two storeys and is registered for older people with general frailty. The building would not meet the national minimum standards of the Care Standards Act 2000 as regulated by the Care Quality Commission if it were to be built today. There is, however, protection against these standards being applied for as long as significant structural improvements are not required. The building may, very soon because of its age, require considerable investment to maintain services and meet future needs and expectations.

(8) The unit cost (gross) based on 100% occupancy for one bed was £741.05 per week for 09/10. The annual gross expenditure for 2009/10 was **£1,043,400**.

(9) Doubleday Lodge offers nine permanent general frailty beds and 18 respite beds for general frailty. As at 11 November 2010, there were six permanent residents. In 2009/10, the building was operating at 82% of its residential capacity making the unit cost £907.30.

(10) The maximum charge for individuals accessing the beds in the units is currently capped at £407.92 per week. Everyone that accesses residential and respite services is financially assessed for a contribution towards their care in line with the Charging for Residential Accommodation Guide (CRAG). This means that individuals who have savings of more than £23,250 are charged £407.92 per week and anyone with less than £23,250 is assessed against their means to determine their level of payment. A snapshot undertaken in the summer of 2010 indicated at that time there were 51 people living in the in house residential services being charged £407.92 per week.

(11) KASS has a guide price for the independent sector and can buy services in the Swale District for £342.85 per week for standard residential care.

(12) The Care Quality Commission (CQC), in its last inspection in February 2010 rated the service as good. There was very positive feedback about the services both from inspectors and service users. The Annual Quality Assurance survey completed by Doubleday Lodge showed that one of the barriers of service improvement included the increasing dependency of service users.

(13) Local commissioners recognise that Doubleday Lodge offers some services that they would be continuing to provide in partnership. This would be with an independent organisation that has a good track record, access to capital funding and long term viability – but this may not be on the same site as Doubleday Lodge.

2. Consultation Process

(1) The county council has a duty to undertake formal consultation on any proposed changes to services. The procedure for consultation on modernisation/variation or closure of establishments in KASS was followed as below:

Process	Date Action Completed
Obtained agreement in principle from the Cabinet Member for Adult Social Services.	14 June 2010
<p>Cabinet member chaired a meeting to discuss the proposals and information packs were sent to those who were invited and who attended:</p> <p style="padding-left: 40px;">The Chairman of the Adult Social Services Policy Overview Committee (ASSPOSC)</p> <p style="padding-left: 40px;">Vice Chairman</p> <p style="padding-left: 40px;">Opposition spokesman</p> <p style="padding-left: 40px;">Local KCC member(s)</p> <p style="padding-left: 40px;">Elected members</p> <p style="padding-left: 40px;">Responsible member of KCC adult social services Strategic Management Team</p> <p style="padding-left: 40px;">Heads of Services (updated to reflect new title)</p> <p style="padding-left: 40px;">Area Personnel Manager</p>	<p>10 June 2010</p> <p>10 June 2010</p> <p>10 June 2010</p> <p>28 June 2010</p> <p>14 June 2010</p> <p>10 June 2010</p> <p>14 June 2010</p> <p>14 June 2010</p>
<p>Stakeholders were informed in writing and invited to comment: -</p> <p style="padding-left: 40px;">Users, relatives and carers</p> <p style="padding-left: 40px;">Head of Service</p> <p style="padding-left: 40px;">Staff</p> <p style="padding-left: 40px;">Trades Unions</p> <p style="padding-left: 40px;">Local KCC member(s)</p> <p style="padding-left: 40px;">District Council</p> <p style="padding-left: 40px;">Parish/Town Council</p> <p style="padding-left: 40px;">Relevant NHS bodies</p> <p style="padding-left: 40px;">Any other relevant person or organisation and the Local MP</p>	<p>Letter sent 14 June 2010. Consultation period ended 1 November 2010 (19 weeks from 21 June 2010).</p> <p>Summary of meetings and correspondence received as a result of the consultation</p> <p>Informed MP and answered questions</p> <p>Held individual meetings and group meetings with local</p>

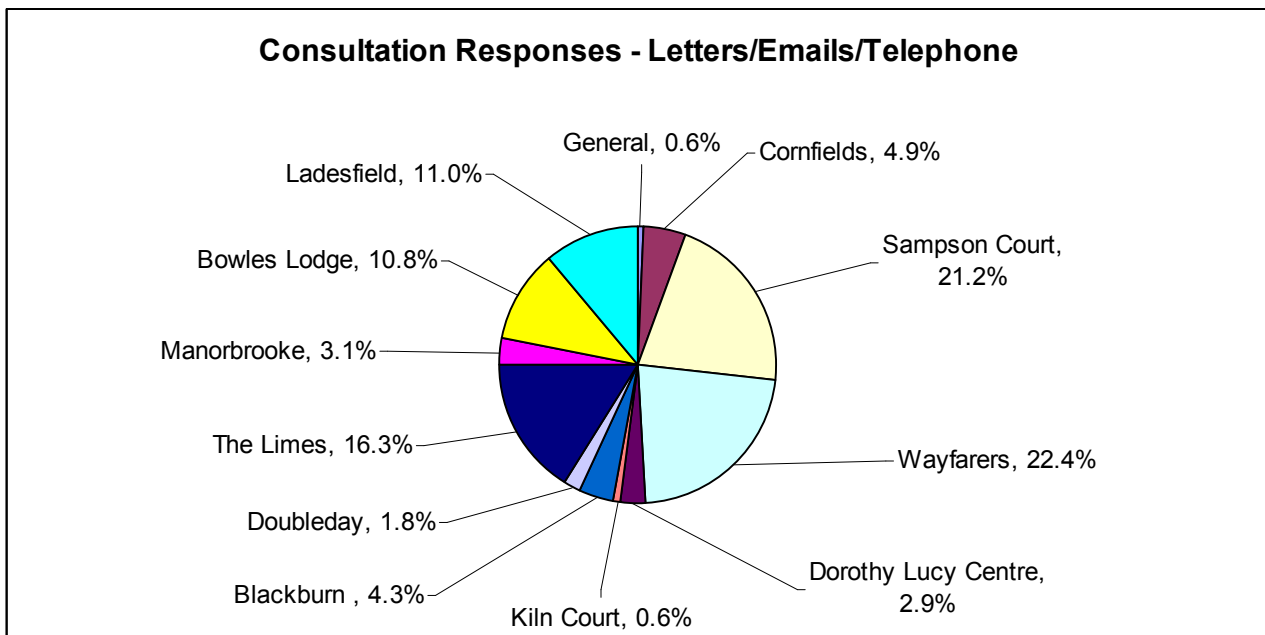
	councillors, county councillors, MPs
Directorate issued a Press Release	The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.
A wide range of stakeholder meetings were held	<p>Meetings with staff and union representatives held on 29 June 2010.</p> <p>Stakeholder Roadshow held for Swale on 20 October 2010</p> <p>Individual meetings with permanent residents and carers offered but not requested for those accessing Doubleday Lodge</p> <p>Meeting with permanent and respite users and carers on 29 June 2010.</p> <p>East Kent Area Management Team Commissioning Board on 6 September 2010 and 1 November 2010.</p> <p>Presentation at members' briefing on 26 July 2010 on proposals.</p> <p>Presentation to NHS Eastern and Coastal Kent Commissioning Strategy Committee (Swale, Dover and Whitstable PBC) Meeting on 25 August 2010</p> <p>Sittingbourne Community Engagement Forum on 20 October 2010</p> <p>Adult Social Services Policy Overview and Scrutiny Committee Chair and Vice-Chair visit to Doubleday Lodge 26 October 2010</p>

Report to Cabinet member for decision making on the closure/variation proposal.	This report dated 30 December 2010
The Cabinet Member or the Chairman of the Adult Services Policy Overview Committee will decide if a meeting between him/themselves, KCC Members and consultees is necessary.	In addition to the extensive consultation, these matters will also be discussed at Adult Social Services Policy Overview Committee on 12 January 2011
Instigate any change programme	From January 2011.

(2) The 19-week consultation period for the modernisation of our Older Person's Provision concluded on 1 November 2010. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered. Clients and their carers were consulted about the alternative options of service provision.

(3) The overall consultation received **490** letters; most were relating to specific units. A number of letters were copied to the local MP, local councillor, Councillor Gibbens and officers within KCC. Each letter was responded to either by a standard acknowledgement or a more detailed letter responding to any queries or inaccuracies in their statements. Of the total number of responses, **1.8%** related directly to Doubleday Lodge.

The chart below shows the responses for all units consulted on.



(4) A petition was received against the proposals with 201 signatures.

(5) KCC developed a questionnaire as an additional method for people to contribute to the consultation. This questionnaire was available either by responding directly on line, downloading from the website or through a hardcopy with postage paid.

3. Future Service Delivery

(1) Commissioners in the Swale district are developing a Commissioning Needs Schedule for the future. This will include a range of residential care services, long term short stay, dementia care, intermediate care, day care and other services.

(2) If the decision is made to go ahead with the transfer of services at Doubleday Lodge into a partnership, a full set of local service requirements will be included for potential partners to bid against.

4. Interest Shown in Partnership Arrangements

(1) In order to explore the potential for transferring services delivered at Doubleday Lodge into a partnership with a private organisation a market sounding exercise was carried out. This involved writing to all residential care homes in Kent, contacting key housing providers and placing an advert on the South East Business portal and a Prior Information Notice in the official Journal of the European Union inviting expressions of interest.

(2) By the closing date of 26 November 2010, 13 organisations responded to the request for an expression of interest for Doubleday Lodge.

(3) The proposal for Doubleday Lodge is for the services to be delivered in a partnership arrangement therefore there are 13 organisations that would be included in the next phase. This provides assurance and confidence that a suitable provider could be secured to progress with this proposal.

(4) If the decision is made to go ahead with the transfer of services at Doubleday Lodge into a partnership with a private organisation, there will be a formal procurement process involving all those who have expressed an interest. The objective would be to sign a contract during the 2011-2012 financial year.

(5) Appendix One details the list of organisations that have expressed an interest in a partnership to re-provide the services at Doubleday Lodge. This is a strictly confidential list and is only shared with limited individuals who require it as part of the decision making process.

5. Alternative Proposals

(1) An Evaluation Panel met on 15 November 2010 to review all alternative proposals that had been submitted. The panel had representation from Commissioning, Finance, Contracting and Standards, Provision and Personnel.

(2) One alternative proposal was received for Doubleday Lodge which was the generic Unison Proposal. Unison's feedback called on the county council to withdraw its proposals and retain its role as a direct provider of social care. This has been considered as an alternative proposal and evaluated by a panel of KASS officers. Unison reports that there is extreme difficulty identifying vacancies in independent sector homes of a satisfactory standard. It does not think specialist services should be provided in an untested market and believes KCC should remain a direct provider in order to help set high standards. The comments from Unison state that the buildings are fit for purpose and that quality of care should be considered above the fabric of the building. Unison argues that reducing council provision reduces choice and that "attrition rates for residents remain

high for enforced moves”. Unison argues that KCC’s cost comparisons with the independent sector have not been made like-for-like and do not take into account transaction costs. For the partnership proposals (Blackburn Lodge, Doubleday Lodge, Kiln Court), Unison argue that TUPE Plus should be a minimum expectation, should these be taken forward. The submission also stated that an independent sector operator would drive to reduce costs, that staff would move on and ultimately that quality would be reduced as a result.

(3) The proposal from Unison is largely asking to maintain the status quo, which does not enable KCC to address the four key reasons for change and therefore is not an option that KCC can support. In response to Unisons issues, the panel made the following observations:

- KCC will retain control of the market as a key purchaser of care and standards.
- There are vacancies in homes rated ‘good’ or ‘excellent’ in the independent sector.
- The proposal for the specialist enablement beds at The Limes is for them to be provided at Gravesham Place which has previous experience of this service.
- The buildings will require the investment of significant capital funding that KCC does not have access to – and the long term future of the services could be more uncertain, possibly resulting in emergency closure rather than planned closure.
- There is no statutory duty to directly provide residential care. KCC should be directing resources to further enhance the quality monitoring and contract management responsibilities it has in commissioning services – and providing personal budgets for people who meet KASS eligibility criteria.
- It is KCCs stated long term intention to focus on undertaking a commissioning role with services provided by a plurality of independent sector providers.
- Where moves are necessary, KCC has considerable experience of carefully and successfully moving older people. Each case will be managed and supported on an individual basis to ensure their personal needs are met at an appropriate pace for the individual.
- It is acknowledged that purchasing intermediate care/enablement beds in the independent sector would require a premium above guide price however commissioners are confident they could purchase these beds in the independent sector at less than half the gross unit cost of an in-house enablement bed.

(4) If the proposal to transfer the services at Doubleday Lodge into a partnership with a private organisation was agreed, a key element of the criteria for selecting a partner would be their track record of providing care services and their long term plan for providing both local and good quality services for older people. KCC would also expect them to have experience with TUPE regulations and achieve admitted body status.

5. Issues raised during the consultation

a) Letter/Email responses:

(1) Gordon Henderson MP made enquiries on behalf of his constituents through letters and a meeting.

(2) **Will people be able to afford the new arrangements? Why not consider giving Doubleday Lodge to a not-for-profit organisation?** Organisations that have shown an interest in the partnership include both profit and not-for-profit organisations. The contract will specify that the existing service users face no financial disadvantage. Residential services are currently means tested, so those with more than £23,250 will contribute the full cost. Those individuals who are assessed as full cost currently in Doubleday Lodge will not be charged any more from the change of arrangement. Future KCC supported residents would be financially assessed in the same way as current residents are and their contribution determined based on this assessment.

(3) **We visit care homes regularly and are impressed with the level of care given to the residents and the dedication of staff [at Blackburn Lodge, Doubleday Lodge and Kiln Court]. The homes provide a range of participatory activities. We fully understand and accept the need for the consultation process, for the reasons that you give, and how difficult this is going to become given the financial constraints and financial crisis – but we feel it is essential that the current level of care is not diminished and that residents continue to enjoy the same quality of life, dignity and remain happy.** There is a lot of work to do in confirming the partnership arrangements and contractual detail. However, we would expect and specify that new services continue at the same standards or higher. KCC will retain and develop an ongoing role in quality monitoring and performance management for all contracted services.

(4) **The quality of buildings and the need for ensuite bathrooms should not overshadow the criteria for a happy life.** It is recognised that people who are accessing the services at Doubleday Lodge would prefer that the building and services were to remain as they are, rather than have access to ensuite toilets. However, in time, that will become a minimum expectation for individuals and it is incumbent on KASS that services meet future need and expectation.

(5) **Respite care is a vital service and friendships have been made.** Swale commissioners recognise that respite care is a very important service to individuals and to carers and remains an important part of future commissioning. It would therefore be expected that this will be part of the future partnership arrangements.

(6) **Changes to the service will make clients anxious and concerned.** As KCC moves through any programme of change, individuals will be provided with all the information at key points to make sure their anxieties and concerns are addressed. Both members of staff in Doubleday Lodge and case managers will have this information in order to reassure individuals and their families at every stage.

b) Questionnaire:

(7) A questionnaire was developed in August and distributed in September. It was designed as an additional method to generate feedback not only from key stakeholders but also members of the general public. The Questionnaire asked questions both about the proposal and what was important to people in the future should they need to access support services. There were a number of opportunities for people to enter free text in addition to answering the questions. Key areas of feedback from the Questionnaires received on the Future of Older Person's Provision were:

(8) The proposals:

42% of people, when asked what they thought of the proposals, answered they had mixed views with 24% responding they thought it was a bad idea and 15% that it was a good idea. In the free text field the greatest number of comments (31) acknowledged that planning for the future was a good idea with 27 people saying they were against the proposal because of the disruption to the clients. Other common comments included support for extra care housing, emphasising the importance of day care and concerns about the quality of care in the independent sector.

(9) Should KCC run its own homes?

59% of respondents stated that the council should continue to run its own homes with 20% disagreeing. The largest number of comments wanted to know why KCC homes cost double the price KCC can buy it in the independent sector. 22 recommended that KCC should review staff contracts and KCC processes to reduce the cost. Other comments included concerns about the quality of care in the independent sector. 8 people criticised the question as leading.

(10) On what basis should KCC make the decision about the proposals?

80% thought quality of care as an essential factor, 75% continuity of care for the residents, and 47% felt keeping some homes in the management of KCC was essential. Fewer people thought value for money (175) and freeing up resources to care for more people (132) were essential although these issues were considered very important by 41.5% of respondents.

(11) Thinking about the future

When asked about their preferred choice of how they would like to receive care most people wanted to be able to live at home for as long as possible followed by a situation similar to extra care housing.

The most important issues to people considering moving into a care home were trained and friendly staff, home cooked nutritious food and being with ones partner. Other factors that were important to people were to remain a respected member of their local community treated with respect and able to exercise choice and control and the ability to have pets.

The top five things that people rated as essential or very important to them when they were older were:

1. help and support available when needed
2. a safe and secure environment
3. being able to maintain links with family, friends and local community
4. ability to remain as independent as possible with own routine and choices
5. accessibility (no steps etc)

6. Personnel implications

(1) The affect on staff of the proposal to enter into a partnership will depend on the nature of that arrangement and the services included. However, the likelihood is that the outcome of the tendering process will involve some sort of transfer of some staff with the services being provided. Therefore, the main consideration will be that the Transfer of Undertakings (Protection of Employment) Regulations or TUPE, protects the transferring employees' terms and conditions of service on the day of transfer. Separate legislation covers certain protections for the pension rights of staff. The new employer will also need to give considerations to issues arising over the "Two Tier Workforce". Where the new

employer brings in new recruits to work on the service that transferred they must be employed on "fair and reasonable terms and conditions which are, overall, no less favourable than those of the transferred employees". They must also be offered reasonable pension arrangements.

(2) The staffing information for Doubleday Lodge as at 23 November 2010 is as follows:

Head count	No. of contracts	No. of Permanent Contracts	No. of Temporary Contracts	No. of Fixed Term Contracts	No. of Full Time Contracts	No. of Part Time Contracts	No. of Relief Contracts	FTE
38	41	40	1	0	1	34	6	22.00

7. Summary

(1) The proposal for services at Doubleday Lodge to be transferred under partnership arrangements is recommended. There were 13 organisations that expressed an interest in developing a partnership for the services at Doubleday Lodge. Officers are confident that there is enough interest for the procurement of an appropriate partner to move forward to the next stage.

(2) Subject to the agreement to proceed, the next steps will be for further details to be sent to Providers who expressed an interest on the homes, its staffing details, maintenance and supply contracts and the Commissioners requirements for the provision of services. This will be by March 2011. Providers will then be asked to submit outline bids and work to progress the procurement will continue into the summer with an estimated completion date of November 2011.

(3) An initial screening as part of the Equality Impact Assessment was undertaken prior to the consultation on the modernisation proposals. This identified the need for a full Equality Impact Assessment to be undertaken on each proposal, which has now been done. The assessment confirms that the proposals can be delivered in a way that adequately takes account of the individual needs of existing residents and of other service users.

8. Recommendations

(1) The Cabinet member is asked to **consider** the contents of this report and **agree** that services at Doubleday Lodge should be transferred under a partnership arrangement.

Margaret Howard
Director of Operations
01622 696763 (7000 6763)
margaret.howard@kent.gov.uk

Background Documents

- Government White Paper 'Our Health, Our Care, Our Say' – January 2006
- National Dementia Strategy – February 2009
- Active Lives for Adults 2006-2016
- Closure/Variation Policy for the closure/variation in the service use of a Social Services Establishment
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care
- Locality Commissioning Strategy

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By: Oliver Mills, Managing Director, Kent Adult Social Services

To: Graham Gibbens, Cabinet Member, Adult Social Services

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON THE VARIATION OF SERVICE AT KILN COURT REGISTERED CARE CENTRE, FAVERSHAM**

Classification: Unrestricted

Summary: This report considers the proposal to transfer services at Kiln Court into a partnership with an independent sector provider and summarises the responses to the consultation. The report asks the Cabinet member to approve the proposal to transfer services at Kiln Court into a partnership with a private organisation that will continue to deliver services but develop, modernise and tailor services under separate arrangements and possibly at a different locations in Faversham

1. Background

(1) Kent County Council (KCC) is modernising the way older people are supported and cared for in the county.

(2) On Monday 14 June 2010, Kent County Council's Cabinet agreed for Kent Adult Social Services (KASS) to begin a formal consultation on the future of its Older Person's Service Provision. From Monday 21 June 2010, KASS officers met with members of staff, service users, relatives, trades unions and other key stakeholders to talk about the proposals.

(3) The full consultation covered 11 of the 16 homes owned and managed by KASS.

The main drivers for the full consultation are:

- **More people are living longer and living with dementia. People rightly expect more choice in care.**
- **High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.**
- **Residential care should be in high quality buildings. Some KCC buildings have reached the end of their useful life and don't meet expectations or standards for new builds.**
- **Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people.**

(4) The considerations and options evaluated to determine the proposals for each home included:

- a) The range of alternative local services for older people
- b) The opportunity for developments with partners in the local area
- c) The condition of the buildings and likely capital expenditure required to maintain services
- d) The appropriateness of the design of the buildings for the services delivered and required
- e) The need to release money that is tied in to services that could be used to deliver equivalent services to more people

(5) The proposals combined will generate savings of £1m in 2011/12 and £1.2m in 2012/13.

(6) This report covers Kiln Court Registered Care Centre in Faversham. The proposal in the consultation is for the services to be transferred into a partnership with a private organisation, which would continue to deliver services but develop, modernise and tailor services under separate arrangements and possibly at different locations in Swale. A similar proposal has been made for Blackburn Lodge, Sheerness and Doubleday Lodge, Sittingbourne.

(7) Kiln Court is a detached 30-bed unit built in 1988. It offers residential care, short term rehabilitation care and day care to a maximum capacity of 13 people per day, four days per week. It is freehold and has no known restrictive covenants. It was purpose built in a residential area in Lower Road, Ospringe, Faversham. The accommodation is on a single floor and is registered for older people with general frailty. The building would not meet the national minimum standards of the Care Standards Act 2000 as regulated by the Care Quality Commission if it were to be built today. There is, however, protection against these standards being applied for as long as significant structural improvements are not required. The building may, very soon because of its age, require considerable investment to maintain services and meet future needs and expectations.

(8) The unit cost (gross), based on 100% occupancy for one bed, was £621.49 per week for 09/10. The unit cost (gross), based on 100% occupancy in the day centre, was £42.25 per day for 09/10. The annual gross expenditure for 2009/10 was £972,000 for the residential unit and £109,900 for the day care, totalling **£1,081,900**.

(9) Kiln Court offers 12 permanent for general frailty beds, 10 respite beds for general frailty and eight intermediate care beds. At 11 November 2010, there are 10 permanent residents. The day care centre has capacity for 13 people a day (Monday to Thursday). In 2009/10, the building was running at 78% of its residential capacity making the actual unit cost £799.34 and the day care at 31% occupancy making the unit cost £137.84 per day.

(10) The maximum charge for individuals accessing the beds in the units is currently capped at £407.92 per week. Everyone that accesses residential and respite services is financially assessed for a contribution towards their care in line with the Charging for Residential Accommodation Guide (CRAG). This means that individuals who have savings of more than £23,250 are charged £407.92 per week and anyone with less than £23,250 is assessed against their means to determine their level of payment. A snapshot undertaken in the summer of 2010 indicated at that time there were 51 people living in the in house residential services being charged £407.92 per week.

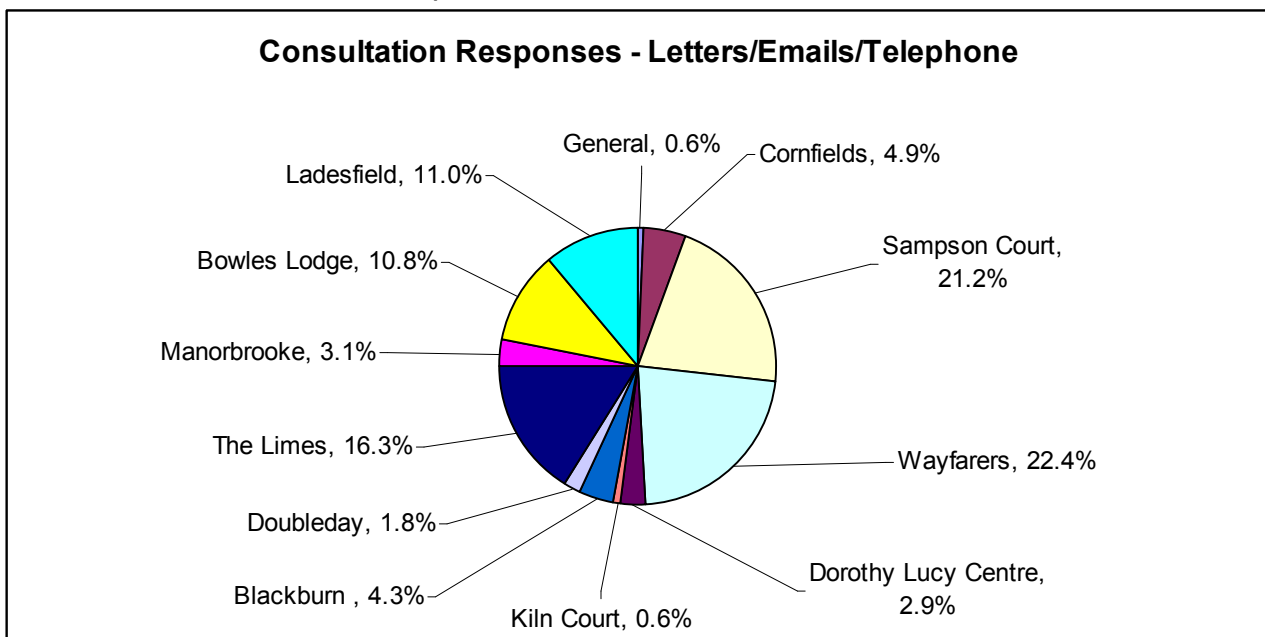
<p>Local KCC member(s) District Council Parish/Town Council Relevant NHS bodies Any other relevant person or organisation and the Local MP</p>	<p>Summary of meetings and correspondence received as a result of the consultation</p> <p>Informed MP and answered questions</p> <p>Held individual meetings and group meetings with local councillors, county councillors, MPs</p>
<p>Directorate issued a Press Release</p>	<p>The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.</p>
<p>A wide range of stakeholder meetings were held</p>	<p>Meetings with staff and union representatives held on 29 June 2010.</p> <p>Stakeholder Roadshow held for Swale on 20 October 2010</p> <p>Individual meetings with permanent residents and carers offered but not requested for those accessing Kiln Court</p> <p>Meeting with permanent respite users and carers on 29 June 2010.</p> <p>Meeting with day care users/carers on 29 June 2010.</p> <p>East Kent Area Management Team Commissioning Board on 6 September 2010 and 1 November 2010.</p> <p>Presentation at members' briefing on 26 July 2010 on proposals.</p> <p>Presentation to NHS Eastern and Coastal Kent Commissioning Strategy Committee (Swale, Dover and Whitstable PBC) Meeting on 25 August 2010</p> <p>Faversham Community</p>

	Engagement Forum on 6 October 2010 Adult Social Services Policy Overview and Scrutiny Committee Chair and Vice-Chair visit to Kiln Court 26 October 2010
Report to Cabinet member for decision making on the closure/variation proposal.	This report dated 30 December 2010
The Cabinet member or the Chairman of the Adult Services Policy Overview Committee will decide if a meeting between him/themselves, KCC Members and consultees is necessary.	In addition to the extensive consultation, these matters will also be discussed at Adult Social Services Policy Overview Committee on 12 January 2011
Instigate any change programme	From January 2011.

(2) The 19-week consultation period for the modernisation of our Older Person's Provision concluded on 1 November 2010. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered. Clients and their carers were consulted about the alternative options of service provision.

(3) The overall consultation received **490** letters; most were relating to specific units. A number of letters were copied to the local MP, local councillor, Councillor Gibbens and officers within KCC. Each letter was responded to either by a standard acknowledgement or a more detailed letter responding to any queries or inaccuracies in their statements. Of the total number of responses, **0.6%** related directly to Kiln Court.

The chart below shows the responses for all units consulted on.



(4) A petition was received against the proposal containing 132 signatures.

(5) KCC developed a questionnaire as an additional method for people to contribute to the consultation. This questionnaire was available either by responding directly on line, downloading from the website or through a hardcopy with postage paid.

3. Future Service Delivery

(1) Commissioners in and around the Swale district are developing a Commissioning Needs Schedule for the future. This will include a range of residential care services, long term, short stay, dementia care, intermediate care, day care and other services.

(2) If the decision is made to go ahead with the transfer of services at Kiln Court into a partnership, a set of local service requirements will be included for potential partners to bid against.

4. Interest Shown in Partnership Arrangements

(1) In order to explore the potential for transferring services delivered at Kiln Court into a partnership with a private organisation a market sounding exercise was carried out. This involved writing to all residential care homes in Kent, contacting key housing providers and placing an advert on the South East Business portal and a Prior Information Notice in the official Journal of the European Union inviting expressions of interest.

(2) By the closing date of 26 November 2010, 17 organisations responded to the request for expression of interest for Kiln Court.

(3) Therefore there are 17 organisations that would be included in the next phase. This provides assurance and confidence that a suitable provider could be secured to progress with this proposal.

(4) If the decision is made to go ahead with the transfer of services at Kiln Court into a partnership with a private organisation, there will be a formal procurement process involving all those who have expressed an interest. The objective would be to sign a contract during the 2011-2012 financial year.

(5) Appendix One details the list of organisations that have expressed an interest in a partnership to re-provide the services at Kiln Court. This is a strictly confidential list and is only shared with limited individuals who require it as part of the decision making process.

5. Alternative Proposals

(1) An Evaluation Panel met on 15 November 2010 to review all alternative proposals that had been submitted. The panel had representation from Commissioning, Finance, Contracting and Standards, Provision and Personnel.

(2) One alternative proposal was received for Kiln Court which was the generic Unison Proposal. Unison's feedback called on the county council to withdraw its proposals and retain its role as a direct provider of social care. This has been considered as an alternative proposal and evaluated by a panel of KASS officers. Unison reports that there is extreme difficulty identifying vacancies in independent sector homes of a satisfactory standard. It does not think specialist services should be provided in an untested market

and believes KCC should remain a direct provider in order to help set high standards. The comments from Unison state that the buildings are fit for purpose and that quality of care should be considered above the fabric of the building. Unison argues that reducing council provision reduces choice and that “attrition rates for residents remain high for enforced moves”. Unison argues that KCC’s cost comparisons with the independent sector have not been made like-for-like and do not take into account transaction costs. For the partnership proposals (Blackburn Lodge, Doubleday Lodge, Kiln Court), Unison argue that TUPE Plus should be a minimum expectation, should these be taken forward. The submission also stated that an independent sector operator would drive to reduce costs, that staff would move on and ultimately that quality would be reduced as a result.

(3) The proposal from Unison is largely asking to maintain the status quo, which does not enable KCC to address the four key reasons for change and therefore is not an option that KCC can support. In response to Unisons issues, the panel made the following observations:

- KCC will retain control of the market as a key purchaser of care and standards.
- There are vacancies in homes rated ‘good’ or ‘excellent’ in the independent sector.
- The proposal for the specialist enablement beds at The Limes is for them to be provided at Gravesham Place which has previous experience of this service.
- The buildings will require the investment of significant capital funding that KCC does not have access to – and the long term future of the services could be more uncertain, possibly resulting in emergency closure rather than planned closure.
- There is no statutory duty to directly provide residential care. KCC should be directing resources to further enhance the quality monitoring and contract management responsibilities it has in commissioning services – and providing personal budgets for people who meet KASS eligibility criteria.
- It is KCCs stated long term intention to focus on undertaking a commissioning role with services provided by a plurality of independent sector providers.
- Where moves are necessary, KCC has considerable experience of carefully and successfully moving older people. Each case will be managed and supported on an individual basis to ensure their personal needs are met at an appropriate pace for the individual.
- It is acknowledged that purchasing intermediate care/enablement beds in the independent sector would require a premium above guide price however commissioners are confident they could purchase these beds in the independent sector at less than half the gross unit cost of an in-house enablement bed.

(4) If the proposal to transfer the services at Kiln Court into a partnership with a private organisation was agreed, a key element of the criteria for selecting a partner would be their track record of providing care services and their long term plan for providing both local and good quality services for older people. KCC would also expect them to have experience with TUPE and Pension regulations.

6. Issues raised during the consultation

a) Letter/Email responses:

(1) **We visit care homes regularly and are impressed with the level of care given to the residents and the dedication of staff [at Blackburn Lodge, Doubleday Lodge and Kiln Court]. The homes provide a range of participatory activities. We fully understand and accept the need for the consultation process, for the reasons**

that you give, and how difficult this is going to become given the financial constraints and financial crisis – but we feel it is essential that the current level of care is not diminished and that residents continue to enjoy the same quality of life, dignity and remain happy. There is a lot of work to do in confirming the partnership arrangements and contractual detail. However, we would expect and specify that new services continue at the same standards or higher. KCC will retain and develop an ongoing role in quality monitoring and performance management for all contracted services.

(2) **The quality of buildings and the need for ensuite bathrooms should not overshadow the criteria for a happy life.** It is recognised that people who are accessing the services at Kiln Court would prefer that the building and services were to remain as they are, rather than have access to ensuite toilets. However, in time, that will become a minimum expectation for individuals and it is incumbent on KASS that services meet future need and expectation.

b) Questionnaire:

(3) A questionnaire was developed in August and distributed in September. It was designed as an additional method to generate feedback not only from key stakeholders but also members of the general public. The Questionnaire asked questions both about the proposal and what was important to people in the future should they need to access support services. There were a number of opportunities for people to enter free text in addition to answering the questions. Key areas of feedback from the Questionnaires received on the Future of Older Person's Provision were:

(4) **The proposals:**

42% of people, when asked what they thought of the proposals, answered they had mixed views with 24% responding they thought it was a bad idea and 15% that it was a good idea. In the free text field the greatest number of comments (31) acknowledged that planning for the future was a good idea with 27 people saying they were against the proposal because of the disruption to the clients. Other common comments included support for extra care housing, emphasising the importance of day care and concerns about the quality of care in the independent sector.

(5) **Should KCC run its own homes?**

59% of respondents stated that the council should continue to run its own homes with 20% disagreeing. The largest number of comments wanted to know why KCC homes cost double the price KCC can buy it in the independent sector. 22 recommended that KCC should review staff contracts and KCC processes to reduce the cost. Other comments included concerns about the quality of care in the independent sector. 8 people criticised the question as leading.

(6) **On what basis should KCC make the decision about the proposals?**

80% thought quality of care an essential factor, 75% continuity of care for the residents, and 47% felt keeping some homes in the management of KCC was essential. Fewer people thought value for money (175) and freeing up resources to care for more people (132) were essential although these issues were considered very important by 41.5% of respondents.

(7) Thinking about the future

When asked about their preferred choice of how they would like to receive care most people wanted to be able to live at home for as long as possible followed by a situation similar to extra care housing.

The most important issues to people considering moving into a care home were trained and friendly staff, home cooked nutritious food and being with ones partner. Other factors that were important to people were to remain a respected member of their local community treated with respect and able to exercise choice and control and the ability to have pets.

The top five things that people rated as essential or very important to them when they were older were:

1. help and support available when needed
2. a safe and secure environment
3. being able to maintain links with family, friends and local community
4. ability to remain as independent as possible with own routine and choices
5. accessibility (no steps etc)

7. Personnel implications

(1) The affect on staff of the proposal to enter into a partnership will depend on the nature of that arrangement and services. However, the likelihood is that the outcome of the tendering process will involve some sort of transfer of some staff with the services being provided. Therefore, the main consideration will be that the Transfer of Undertakings (Protection of Employment) Regulations or TUPE, protects the transferring employees' terms and conditions of service on the day of transfer. Separate legislation covers certain protections for the pension rights of staff. The new employer may also need to give considerations to issues arising over the "Two Tier Workforce". Where the new employer brings in new recruits to work on the service that transferred they must be employed on "fair and reasonable terms and conditions which are, overall, no less favourable than those of the transferred employees". They must also be offered reasonable pension arrangements.

(2) The staffing information for Kiln Court as at 23 November 2010 is as follows:

Head count	No. of contracts	No. of Permanent Contracts	No. of Temporary Contracts	No. of Fixed Term Contracts	No. of Full Time Contracts	No. of Part Time Contracts	No. of Relief Contracts	FTE
41	47	43	3	1	4	28	15	21.71

7. Summary

(1) The proposal for services at Kiln Court to be transferred under partnership arrangements is recommended. There were 17 organisations that expressed an interest in developing a partnership for the services at Kiln Court. Officers are confident that there is enough interest for the procurement of an appropriate partner to move forward to the next stage.

(2) Subject to the agreement to proceed, the next steps will be for further details to be sent to Providers who expressed an interest on the homes, its staffing details, maintenance and supply contracts and the Commissioners requirements for the provision of services. This will be by March 2011. Providers will then be asked to submit outline bids and work to progress the procurement will continue into the summer with an estimated completion date of November 2011.

(3) An initial screening as part of the Equality Impact Assessment was undertaken prior to the consultation on the modernisation proposals. This identified the need for a full Equality Impact Assessment to be undertaken on each proposal, which has now been done. The assessment confirms that the proposals can be delivered in a way that adequately takes account of the individual needs of existing residents and of other service users.

8. Recommendations

(1) The Cabinet member is asked to **consider** the contents of this report and **agree** that services at Kiln Court should be transferred under a partnership arrangement.

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Background Documents

- Government White Paper 'Our Health, Our Care, Our Say' – January 2006
- National Dementia Strategy – February 2009
- Active Lives for Adults 2006-2016
- Closure/Variation Policy for the closure/variation in the service use of a Social Services Establishment
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care
- Locality Commissioning Strategy

By: Oliver Mills, Managing Director, Kent Adult Social Services

To: Graham Gibbens, Cabinet Member, Adult Social Services

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON THE CLOSURE OF BOWLES LODGE REGISTERED CARE CENTRE, HAWKHURST**

Classification: Unrestricted

Summary: This report considers the proposal to close Bowles Lodge and develop extra care housing on the site and summarises the responses to the consultation. The report asks the Cabinet member to approve the proposal to close Bowles Lodge and replace with extra care housing.

1. Background

(1) Kent County Council (KCC) is modernising the way older people are supported and cared for in the county.

(2) On Monday 14 June 2010, Kent County Council's Cabinet agreed for Kent Adult Social Services (KASS) to begin a formal consultation on the future of its Older Person's Service Provision. From Monday 21 June 2010, KASS officers met with staff, service users, relatives, trades unions and other key stakeholders to talk about the proposals.

(3) The full consultation covered 11 of the 16 homes owned and managed by KASS.

The main drivers for the full consultation are:
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- | |
|--|
| <ul style="list-style-type: none">• More people are living longer and living with dementia. People rightly expect more choice in care.• High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.• Residential care should be in high quality buildings. Some KCC buildings have reached the end of their useful life and don't meet expectations or standards for new builds.• Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people. |
|--|

(4) The considerations and options evaluated to determine the proposals for each home included:

- a) The range of alternative local services for older people
- b) The opportunity for developments with partners in the local area

- c) The condition of the buildings and likely capital expenditure required to maintain services
- d) The appropriateness of the design of the buildings for the services delivered and required
- e) The need to release money that is tied in to services that could be used to deliver equivalent services to more people

(5) The proposals combined across Kent will generate savings of £1m in 2011/12 and £1.2m in 2012/13.

(6) This report covers Bowles Lodge in Hawkhurst. The proposal in the consultation is for the home to be closed, demolished and the site used to build extra care housing.

(7) The proposed extra care housing scheme is part of a project led by Kent County Council in partnership with five district councils to develop a minimum of 228 units of additional social housing, including 201 extra care housing apartments for older people with smaller blocks for people with mental health problems and younger adults. In 2008, the partnership successfully bid to the Homes and Communities Agency for the funding and the money is still available following the Comprehensive Spending Review in October 2010. Tunbridge Wells Borough Council have identified that this type of development would fit with the local housing strategy and that a need for this type of housing has been demonstrated. The proposed scheme will have at least 20 one bedroom flats and 20 two bedroom flats with a range of communal facilities for the tenants to use and also for the wider community to access. These facilities could include a shop, restaurant, gym, hairdressers and activity room.

(8) Extra care housing is a national model. It is recognised as making a valuable contribution in offering choice for older people who are considering care in later life. It is offered as a choice to those who previously would have only had the option of residential care. Individuals will have tenant status in their own home with their own front door and at the same time will have access to care staff 24 hours a day in an environment that has been built to meet the needs of people with a range of disabilities. KASS will commission the care contract separately, which will make sure that care staff will be on site 24 hours a day and that individuals have tailored care packages that respond to what their assessment says they need. The two bedroom apartments could accommodate a couple that would have been separated previously if one needed residential care. This would allow separate sleeping arrangements if necessary and would allow a couple to stay together longer and retain caring roles – with access to support if needed.

(9) Bowles Lodge is a detached 35-bed unit built in 1978. It offers residential, respite and day care to a maximum capacity of 18 people each day, six days a week. It is freehold and has no known restrictive covenants. It was purpose-built in a residential area in All Saints Road, Hawkhurst. The accommodation is on one level. There are staff call points and television points in all bedrooms. There are telephone points in some bedrooms and at other places around the home. There is a large garden to the rear of the building and car parking to the front.

(10) The building would not meet the national minimum standards of the Care Standards Act 2000 as regulated by the Care Quality Commission if it were to be built today. There is, however, protection against these standards being applied for as long as significant structural improvements are not required. The building will, very soon because of its age, require considerable investment to maintain services, meet future needs and

expectations. The roof on the building will require replacing if the service is to continue. The quote received is in the region of £280,000. KASS is currently undertaking some emergency remedial work. The builders have confirmed the remaining mono-pitched roof areas all have mortar joints that have failed and are therefore allowing some water penetration but are not yet unstable.

(11) The unit cost (gross) based on 100% occupancy for one bed was £583.53 per week for 09/10. The unit cost (gross) based on 100% occupancy in the day centre was £36.08 per day for 09/10. The annual gross expenditure for 09/10 is £1,064,900 for residential and £169,400 for day care - totalling **£1,234,400**

(12) There are 20 permanent residents and five long term respite residents currently living in Bowles Lodge. The service offered 29 frail permanent places and six frail respite places. In 2009/10, the building ran at 92% of its residential capacity making the actual unit cost £633.14 and the day care at 68% of its capacity making the actual unit cost £53.05.

(13) The maximum charge for individuals accessing the beds in the units is currently capped at £407.92 per week. Everyone that accesses residential and respite services is financially assessed for a contribution towards their care in line with the Charging for Residential Accommodation Guide (CRAG). This means that individuals who have savings of more than £23,250 are charged £407.92 per week and anyone with less than £23,250 is assessed against their means to determine their level of payment. A snapshot undertaken in the summer of 2010 indicated at that time there were 51 people living in the in house residential services being charged £407.92 per week.

(14) KASS has a guide price for the independent sector and can buy services in the Tunbridge Wells district for £342.85 per week for standard residential care.

(15) The Care Quality Commission (CQC), in its last inspection (2009) rated the service as 'good'. There was positive feedback about the services from both the inspectors and the service users. The report commented that residents enjoy living in a clean and comfortable environment, although they may benefit from minor repair and they are protected by a safe environment, although the covering of two exposed radiators would enhance this.

(16) South West Kent commissioning managers recognise that Bowles Lodge offers important day care, residential and respite services. These will need to be provided through the independent sector.

(17) The original site for the proposed extra care scheme was an area in Cranbrook called Longfield. The site search through KCC found that Longfield was a suitable site based on size and ownership. An application was then submitted from the community for village green status which subsequently blighted the land and it could no longer be considered for the extra care development. A further site search was carried out and based on the necessary criteria, along with the future use of Bowles Lodge being considered, it was agreed to progress the extra care scheme at the Bowles Lodge site as the only suitable site within the area. Hawkhurst and the Tunbridge Wells district will benefit from affordable extra care housing providing security of services for older people for at least the next 30 years.

2. Consultation Process

(1) The county council has a duty to undertake formal consultation on any proposed changes to services. The procedure for consultation on modernisation/variation or closure of establishments in KASS was followed as below:

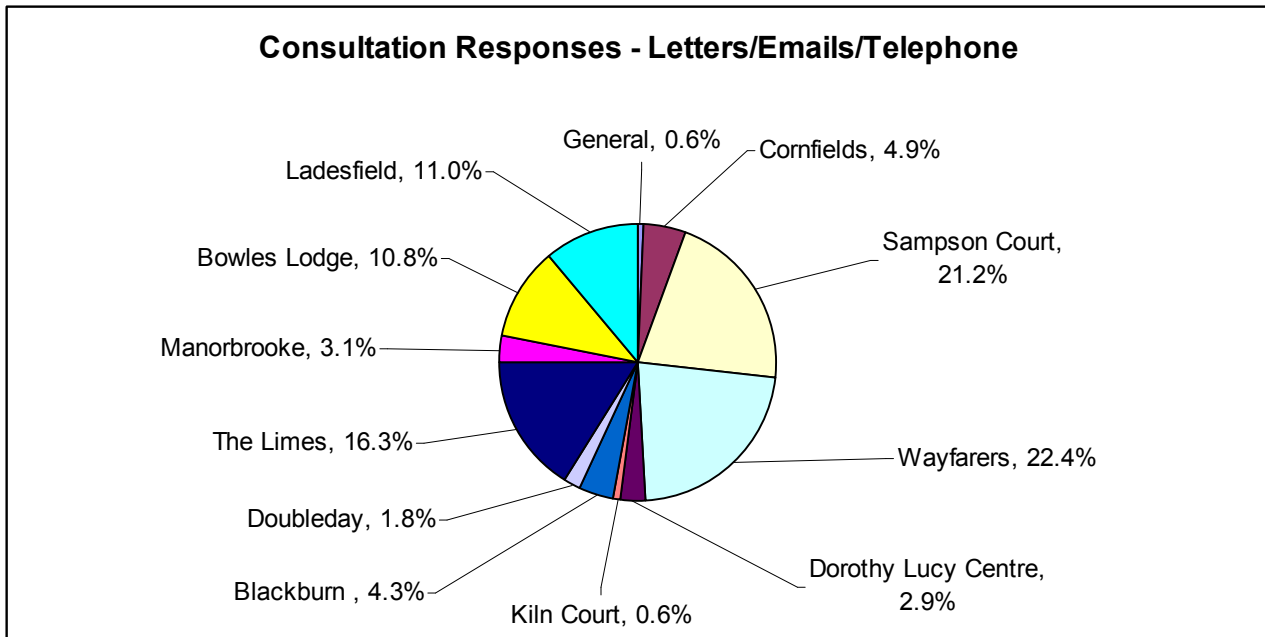
Process	Date Action Completed
Obtained agreement in principle from the Cabinet member for Adult Social Services.	14 June 2010
<p>Cabinet member chaired a meeting to discuss the proposals. Information packs were sent to those who were invited and who attended:</p> <p style="padding-left: 40px;">The Chairman of the Adult Social Services Policy Overview Committee (ASSPOSC)</p> <p style="padding-left: 40px;">Vice Chairman</p> <p style="padding-left: 40px;">Opposition spokesman</p> <p style="padding-left: 40px;">Local KCC member(s)</p> <p style="padding-left: 40px;">Elected members</p> <p style="padding-left: 40px;">Responsible member of KCC adult social services Strategic Management Team</p> <p style="padding-left: 40px;">Heads of Services (updated to reflect new title)</p> <p style="padding-left: 40px;">Area Personnel Manager</p>	<p>10 June 2010</p> <p>10 June 2010</p> <p>10 June 2010</p> <p>23 June 2010</p> <p>14 June 2010</p> <p>10 June 2010</p> <p>14 June 2010</p> <p>14 June 2010</p>
<p>Stakeholders were informed in writing and invited to comment: -</p> <p style="padding-left: 40px;">Users, relatives and carers</p> <p style="padding-left: 40px;">Head of Service</p> <p style="padding-left: 40px;">Staff</p> <p style="padding-left: 40px;">Trades Unions</p> <p style="padding-left: 40px;">Local KCC member(s)</p> <p style="padding-left: 40px;">District Council</p> <p style="padding-left: 40px;">Parish/Town Council</p> <p style="padding-left: 40px;">Relevant NHS bodies</p> <p style="padding-left: 40px;">Any other relevant person or organisation and the Local MP</p>	<p>Letter sent 14 June 2010. Consultation period ended 1 November 2010 (19 weeks from 21 June 2010).</p> <p>Summary of meetings and correspondence received as a result of the consultation</p> <p>Informed MP and answered questions – a visit was undertaken on 24 September and a meeting held on 8 October 2010</p> <p>Held individual meetings and group meetings with local councillors, county councillors, MPs</p>
Directorate issued a Press Release	The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.

<p>A wide range of stakeholder meetings were held</p>	<p>Meetings with staff and union representatives held on 23 June 2010</p> <p>Stakeholder Roadshow held for Bowles Lodge on 28 October 2010</p> <p>Individual meetings with permanent residents and carers offered but not requested for those accessing Bowles Lodge</p> <p>Meeting with respite users and carers on 23 June 2010</p> <p>Meeting with day care users/carers on 23 June 2010</p> <p>West Kent Area Management Team Commissioning Board on 9 August 2010 and 11 October 2010</p> <p>Presentation at members' briefing on 26 July 2010 on proposals</p> <p>Presentation to Public Meeting requested by Cllr Roger Manning 30 July 2010</p> <p>Presentation to Local Strategic Partnership Health & Older Persons sub-group 27 September 2010</p> <p>ASSPOSC Chair and Vice-Chair visit to Bowles Lodge 27 October 2010</p>
<p>Report to Cabinet Member for decision making on the closure/variation proposal.</p>	<p>This report dated 30 December 2010</p>
<p>The Cabinet member or the Chairman of the Adult Services Policy Overview Committee will decide if a meeting between him/themselves, KCC members and consultees is necessary.</p>	<p>In addition to the extensive consultation, these matters will also be discussed at Adult Social Services Policy Overview Committee on 12 January 2011</p>
<p>Instigate any change programme</p>	<p>From January 2011.</p>

(2) The 19-week consultation period for the modernisation of our Older Person's Provision concluded on 1 November 2010. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered. Clients and their carers were consulted about the alternative options of service provision.

(3) The overall consultation prompted **490** letters and most related to specific units. A number of letters were copied to the local MP, local councillor, Councillor Gibbens and/or KCC officers. Each letter was responded to either by a standard acknowledgement or a more detailed letter, responding to any queries or inaccuracies in their statements. Of all the responses, **10.8%** related directly to Bowles Lodge.

The chart below shows the responses for all units consulted on.



(4) A petition was received, containing 1562 signatures. This prompted a debate at county council on 16 December 2010. The text from the petitioner's presentation at county council is attached at Appendix One.

(5) KCC developed a questionnaire as an additional method for people to contribute to the consultation. This questionnaire was available either by responding directly on line, downloading from the website or through a hardcopy with postage paid.

(6) A website was established by the lead campaigner at www.bowleslodgestays.blogspot.com.

3. Alternative/Replacement Services

(1) The proposal is for Bowles Lodge to be demolished and the site to be used for extra care housing. Private Finance Initiative (PFI) will be used for funding the housing. The project is complex with many partners. The project timetable assumes that contract and financial formalities would be completed in October 2011, at which point the site would be handed over and the contractor would secure the site. However, because of the particular circumstances relating to Bowles Lodge and the replacement services it is proposed that Bowles Lodge may remain open up to January 2012. Staff and service users would move out by that date at the very latest. Should the re-provision plans progress more quickly and suitable alternatives be in place Bowles Lodge could be closed

sooner. There could be a period of time where Bowles Lodge stands empty while financial and contract matters are concluded prior to the demolition. The extra care housing would be open to accept tenants in September 2013, assuming the January 2012 deadline is met.

Residential:

(2) South West Kent commissioners recognise that the services provided at Bowles Lodge are important and would need to be re-provided. Every individual accessing Bowles Lodge will have a full reassessment of their needs and will be supported in finding alternative services:

(3) There are currently 20 permanent residents in Bowles Lodge and five people who are long term respite. A desktop exercise has been undertaken to identify peoples needs based on their current care plan and it is anticipated that the following provision would be required based on the 25 individuals. This shows that 12 individuals may need accommodation locally (Hawkhurst and surrounding villages).

(4) Some individuals are currently looking to move following a re-assessment of their needs. Bowles Lodge is registered for people with a general frailty.

Potential Client Relocation	Residential	OPMH Residential	Nursing	OPMH Nursing	Dual Purpose	Other
Local Area	9	1	1			1
Out of Area	4			1	1	1
Out of County	4	1				1
Vacancies 30/11/10	Residential	OPMH Residential	Nursing	OPMH Nursing	Dual Purpose	Other
Local Area under 5 mile radius	1	4				
10 mile radius	17	7	11	15		
10 mile radius from centre of Tunbridge Wells	15	29	13			

(5) Hawkhurst has two other homes within a five mile radius. One is in between Hawkhurst and Cranbrook and the other is in Ticehurst.

(6) The home in Cranbrook is 'not yet rated' by the CQC. There was a recent change of management which removes the previous rating (which was 'good'). It is being remodelled and will have some additional residential beds available in the near future. Planning permission is being sought to extend the existing premises to offer up to 34 additional rooms. The first phase if approved will probably offer 14 new rooms and could be ready by November 2011. The current accommodation offers 30 single and 7 double rooms.

(7) The home in Ticehurst is out of Kent's area for quality monitoring. KASS has spoken to colleagues in East Sussex regarding the home which is an 18 bed residential home with some ensuite rooms, set in a couple of acres of gardens. KASS has previously

placed residents in the home and it is felt that it is warm, caring and welcoming. This home has been rated 'adequate' by CQC and would not be used unless it was able to demonstrate that it has met the performance improvement plan and is compliant with the standards.

(8) Westview Integrated Care Centre is a KCC managed home in Tenterden. This home meets the environmental standards and could be used for people who may need to move out of Bowles Lodge. Westview is 10 miles from Bowles Lodge and can be reached by car in 20 minutes.

(9) Should the proposal be agreed to close Bowles Lodge, KCC would actively engage with these homes to ensure that waiting lists could be managed and places secured for the individuals affected at Bowles Lodge (plus the additional three beds required for respite). The Project Officer would work with the individuals and their families to identify appropriate options for accommodation and also take into account any friendship groups.

(10) There are a further 17 homes within a 10 mile radius offering 626 beds. Two are rated excellent and 12 good. The 626 beds are not vacant but it is expected that suitable alternative accommodation for the remaining permanent residents can be secured. The national vacancy rate is 9%

(11) As there are 12 residents who may need alternative accommodation in Hawkhurst and surrounding area, it is recommended that the closure of the home is delayed, if necessary, up to January 2012 to enable the change programme to be delivered.

(12) Individuals will not be at a financial disadvantage through the proposals. People will be assessed and their needs recorded. Individuals and their families will be offered options to consider that meet the assessed needs of those individuals. KASS will take every reasonable step to secure appropriate alternative accommodation at the best available price.

Respite:

(13) Bowles Lodge has provided regular booked respite placements which are difficult to obtain in the private sector without a block contract. Analysis of admissions in this category has been undertaken for the period 24 June 2009 to 5 July 2010 which is an admissions period of 12 months. In this time 1,291 bed days had been used amounting to 184 weeks or 3.5 beds used for 52 weeks per year.

(14) Below is a table showing the case management teams that refer people for respite at Bowles Lodge.

Ashford	1
Maidstone	7
Sevenoaks	6
Tonbridge and Malling	8
Tunbridge Wells	38

(15) Respite services will be purchased from the independent sector. It is proposed that three respite beds will be secured in the South West Kent locality for the people who use the service from within that locality. These beds will be used for planned respite

(16) Emergency respite will continue to be accessed through vacancies in the independent sector.

Day Care:

(17) There are 47 regular users, 10 who live with a carer and the remainder alone. At least three attend from sheltered housing and there are two couples. The majority have either a Cranbrook (18) or a Hawkhurst (15) address. Of the regular attendees, 38 travel less than five miles to the day services.

(18) Dependency levels using the in-house assessment tool are largely low (30) with only two high or very high. Planned attendance varies between 12 and 16 per day. 27 come for only one day per week, 13 for two days and five for three days. Two are listed as needing dementia care and the remainder were referred due to issues of social isolation or to promote their independence. In 12 instances the day care also provides respite to the carer.

(19) Proposed re-provision is modelled on meeting the needs of current day care services users focused on meeting the needs of people who attend due to:

- Social isolation reasons (low needs level)
- Personal care reasons (substantial needs level)
- Dementia care reasons (critical needs level)

1. Social Isolation	How needs are proposed to be met
<p>KCC moderate criteria 35 people (approx 8 people per day)</p>	<p>Through voluntary sector organisations For instance, the WRVS and Age Concern would be able to provide activities groups to promote mental and physical stimulation thereby promoting independence enabling people to remain in their own homes in the community. In parallel the activities will break the cycle of isolation. These groups could be run from community locations and/or sheltered housing complexes in Cranbrook Activities such as Tai Chi, Wii, art, creative writing, photography, ICT sessions etc could be provided. A pilot in 2009 at Cranbrook provided such an initiative and was successful.</p>
2. Dementia	How needs are proposed to be met
<p>KCC substantial criteria 10 people (approx 4 people per day)</p>	<p>Through voluntary sector organisations Alzheimer's Association, and/or, by the WRVS at Hawkhurst Hospital 3 days per week. Alzheimer's Association have the experience in running such groups and require a venue in the Hawkhurst area. Furthermore, WRVS are also looking to develop their service for this client group. Westview specialist dementia support day centre in Tenterden has the capacity to accommodate these requirements.</p>

3. Physically frail	How needs are proposed to be met
KCC critical criteria 2 people (approx 2 per day)	This could also be provided at Westview

(20) Discussions are underway with the strategic manager for Hawkhurst Hospital who has agreed, in principle, that KASS, working with a partner, can access the Hospital to run day support services 3 days. These discussions, along with tendering processes, can be achieved in time for the service to be running before Bowles Lodge closes.

(21) All current services users will be offered the opportunity of a personal budget with which they could develop their own individual solution to meet their day care needs.

(22) Transport is principally provided by Valley Travel using specialist minibuses through a block contract with the addition of some users on Direct Payment. Payments to Valley Travel cover 45 passengers during the week. 1 person comes in by Taxi from Paddock Wood paid for by KASS. Of these 46 people 9 are in receipt of Direct Payment for transport.

(23) It is the intention that, if needed, new day activities could also be provided at the extra care scheme when it opens in 2013.

(24) Local commissioners are confident, given the interest and the plans from the independent and statutory sector for day care, including if necessary developing day care in the extra care scheme, that both current and future needs can be met locally within the revised timescale.

4. Alternative Proposals

(1) An Evaluation Panel met on 15 November 2010 to review all alternative proposals. The panel had representation from Commissioning, Finance, Contracting and Standards, Provision and Personnel. The panel agreed that the first priority for Bowles Lodge would be for it to be used for extra care housing.

(2) There were three alternative proposals received for Bowles Lodge.

(3) Unison's feedback called on the county council to withdraw its proposals and retain its role as a direct provider of social care. This has been considered as an alternative proposal and evaluated by a panel of KASS officers. Unison reports that there is extreme difficulty identifying vacancies in independent sector homes of a satisfactory standard. It does not think specialist services should be provided in an untested market and believes KCC should remain a direct provider in order to help set high standards. The comments from Unison state that the buildings are fit for purpose and that quality of care should be considered above the fabric of the building. Unison argues that reducing council provision reduces choice and that "attrition rates for residents remain high for enforced moves". Unison argues that KCC's cost comparisons with the independent sector have not been made like-for-like and do not take into account transaction costs.

(4) The proposal from Unison is largely asking to maintain the status quo, which does not enable KCC to address the four key reasons for change and therefore is not an option that KCC can support. In response to Unisons issues, the panel made the following observations:

- KCC will retain control of the market as a key purchaser of care and standards.
- There are vacancies in homes rated 'good' or 'excellent' in the independent sector.
- The proposal for the specialist enablement beds at The Limes is for them to be provided at Gravesham Place which has previous experience of this service.
- The buildings will require the investment of significant capital funding that KCC does not have access to – and the long term future of the services could be more uncertain, possibly resulting in emergency closure rather than planned closure.
- There is no statutory duty to directly provide residential care. KCC should be directing resources to further enhance the quality monitoring and contract management responsibilities it has in commissioning services – and providing personal budgets for people who meet KASS eligibility criteria.
- It is KCCs stated long term intention to focus on undertaking a commissioning role with services provided by a plurality of independent sector providers.
- Where moves are necessary, KCC has considerable experience of carefully and successfully moving older people. Each case will be managed and supported on an individual basis to ensure their personal needs are met at an appropriate pace for the individual.
- It is acknowledged that purchasing intermediate care/enablement beds in the independent sector would require a premium above guide price however commissioners are confident they could purchase these beds in the independent sector at less than half the gross unit cost of an in-house enablement bed.

(5) **The Hawkhurst Village Society** requested that other sites be investigated and secured for the extra care scheme. The sites they requested were looked at included The Swattenden Centre, The Highways Depot, Babies Castle and again at the Longfield in Cranbrook. The result of securing an alternative site would mean, they believe, that Bowles Lodge could remain. A full investigation was undertaken and all of these were discounted as options as they did not fulfil the criteria required to provide assurance to the Government that the site is in KCC ownership, would be available at the time required and has no restrictions that could delay the progress of the PFI project.

(6) A further alternative proposal was received. This was from the leader of the **'Bowles Lodge Stays' campaign**. The full proposal is attached at Appendix Two. A summary of the key features are:

- a. To use as an enhanced respite centre supporting those moving out of hospital
- b. To retain residential services until all permanent residents no longer need the service
- c. Supplement this service using NHS partners and services to support people to move home
- d. Retain the day centre

(7) The panels response to this proposal was that the service will be used for respite when permanent beds are being vacated and with the development of the Enablement at Home service over the last year, people are now wanting more to be supported at home when they leave hospital. The local community hospital undertakes a

similar role and there would be both duplication and over supply if this proposed service was to be developed longer term at Bowles Lodge. It is recognised that families understandably do not want services to change for the permanent residents. However the proposal would not necessarily preclude people having to move if their needs changed and they required, for instance, nursing care. This proposal would mean that KCC and Tunbridge Wells Borough Council would lose its share of the PFI funding to develop extra care housing in the district. There would be no option for an alternative site to be found. The panel agreed that the priority should be to secure services for older people through extra care housing for the future and therefore this proposal was not considered viable. The Project Executive Board agreed with the panel that this proposal was not viable and should not be recommended.

5. Issues raised during the consultation

a) Letters/Emails

(1) Letters, emails and telephone calls were received including some directed to Oliver Mills, Managing Director for KASS, local councillors, Councillor Gibbens and from both Greg Clarke, MP and Helen Grant MP. A number of other letters were received from the local Parish Councils. Each letter was responded to.

(2) **Why did you not detail where people will go before you developed the proposal? By closing Bowles Lodge will reduce choice for people. Hawkhurst Castle and the extra care housing should be developed before any plans to close Bowles Lodge are considered.** It is anticipated that peoples needs will change from when the proposals were put together in early 2010 to when they would be delivered in 2011. To re-provide appropriately KASS needs to undertake a current review of care needs with each individual so that services can be matched against those needs and offered accordingly. This review can also include family members to ensure that all the important factors are taken in to account. If the decision is taken to close Bowles Lodge in January 2011, the home may not close until January 2012 providing sufficient time to secure suitable alternative accommodation that meets current need. Where Officers talk about choice, they mean about the range and choice of services rather than providers. With the proposed replacement of Bowles Lodge for extra care housing, there is an alternative choice of service. The funding for the extra care housing, to be built on the site of Bowles Lodge, would only be secured if the site can be vacated in the timescales.

(3) **Gyms and internet cafes are not needed for people in this age group and certainly not for people that have care needs.** Gyms and internet cafes are used for a number of reasons and will be increasingly used as new generations of older people enter these services. That said, existing tenants are using them to keep in touch with family members abroad and are learning how to use the internet for shopping deliveries etc. Individuals are accessing the gym following an induction and peoples physical strength and wellbeing is improving. People from the outside community can also access the gym.

(4) **This is not a consultation. You have already made your decision and our views will not be considered.** This is a genuine consultation. In order to arrive at the proposals, an options appraisal exercise was undertaken against all of the homes affected under the consultation. The proposals were the 'best fit' achievable to meet the challenges that KASS is facing. It is KCC's role to develop the proposal and consult. The consultation exercise is to listen to peoples views, and possible alternative proposals that may not have been thought of, and also address the reasons behind the proposal, and to evaluate

these against all the factors facing the council. No decision has been taken. The Cabinet member will take his decision, based on all the evidence (including the reasons behind the proposal), in January 2011.

(5) **Bowles Lodge should close. This is a way of instantly saving money.** One letter was received from a member of the public making this statement and justifying their reasons.

(6) **Seven letters were received asking for a review from a multi-disciplinary team of current residents. The letter asked for a risk assessment and details at how KASS proposes to mitigate any risk of premature death.** These letters were responded to advising that as no decision had been made, it was not appropriate to undertake such a review. It was explained that once a decision has been made, the home closures protocol will be followed which includes the full Individual Needs Portrayal and would include health staff as appropriate. However, it is clear that from those messages, the families wanted to be assured of the risk mitigation given the information they received that people die following a home closure. It has already been made clear through the report the steps that would be taken if a decision is taken to close the service. KCC has considerable experience of carefully and successfully moving older people. Each case will be managed and supported on an individual basis to ensure residents personal needs are met at an appropriate pace for the individual. KASS will make sure that the home's care staff will support the moves for individuals to enable a period of settling in to ensure that the transition is seamless.

(7) **People at Bowles Lodge do not need ensuite facilities and extra care housing will not be suitable for them.** KASS recognises that current residents would prefer to retain the services as they are. However, in future people will expect private facilities in residential care. The extra care housing services will provide 24 hour care for tenants/residents in their own apartments when they need it and have additional facilities such as a gym and a shop. The care currently provided at Bowles Lodge is of a good standard, although it is increasingly difficult to carry out for people with enhanced needs in an ageing residential care home that does not meet the CQC standards. Current residents and their relatives will be given choices about appropriate alternative care home places.

There are residents currently living in Bowles Lodge who would meet the criteria and could manage in an extra care housing scheme if that choice was available for them. The extra care housing would suit older people who were looking at moving into residential care and would provide more choices to the people of Tunbridge Wells district.

(8) **Bowles Lodge provides a vital and valuable service to vulnerable people and their carers by way of respite and day care. Friendships have been made through day care. The loss of these services will be devastating to the community.** Respite services will be commissioned, initially as block contracts to make sure this vital service is retained. Longer term, there is a wider strategic review of respite beds being carried out by KASS to make sure of value for money and increased occupancy. The ultimate aim is for people to get access to the services directly following assessment. There will be alternative respite services offered to all those who currently access Bowles Lodge.

It is recognised that day care and respite are crucial services for people to maintain their independence and relationships with carers or relatives at home. Both will be essential parts of the replacement services commissioned in future.

(9) **People cannot afford services from the independent sector.** Throughout the consultation, KASS has consistently said that no one currently using the services would be put at a financial disadvantage if there are moves to alternative services and their needs remain the same.

In an extra care housing setting, people would have their own tenancy so would be required to pay rent and service charges (for the vast majority, Housing Benefit would be accessed). In addition, each person's care package would be individually assessed and a charge would be made if appropriate after means testing. This is done in the same way that KASS carries out a financial assessment for domiciliary care.

(10) **The closure will provide increased pressure, distress and worry on the residents, carers and relatives.** It is acknowledged that the change proposal has inevitably worried residents, carers and relatives. KASS has allocated a dedicated project officer to work with those individuals currently supported by services at Bowles Lodge to make sure that a consistent approach is taken. The officer will work with the individuals and report to case managers to provide an update on each individual's circumstances. The project officer has worked previously as a care manager assistant for a number of years and has experience of working closely and sensitively with people in times of uncertainty. Some relatives of service users have expressed a concern that there could be a devastating affect on individuals who move from being settled and happy. Members of KASS staff would work at the pace of the individual and their family, providing help and support to find and secure alternative accommodation that meets the individual's assessed needs. KASS has to routinely move individuals all of the time because of changes in levels of need. This could be from one home that no longer meets the needs of the individual to another (for instance if they develop dementia or have nursing needs that the first home is not registered to respond to). KASS has many years of experience in carefully and successfully helping older people to move. Each case will be managed and supported on an individual basis to ensure personal needs are met at an appropriate pace for the individual.

(11) **Why is Bowles Lodge not being refurbished with the money secured for its proposed replacement?** The PFI money can only be used for extra care housing. The money that has been secured for extra care housing is PFI funding from central government. Bids were made to provide services that were known to be needed and housing is a growth area, especially adapted housing. We know that people want to remain at home for as long as possible and extra care housing allows this. Independent sector providers are able to access money that local governments cannot and they are responding to the growing needs of residential, specialist residential and nursing provision for older people. KCC does not have access to the significant capital funding that would be needed to refurbish these services to the level that would be required by the CQC. Bowles Lodge has an imminent need to make improvements to the roof. The quote received to fully fix the roof is in the region of £280,000. This funding is not easily identifiable for the county council and even if it were the property would still not meet the standards.

(12) **Bowles Lodge is an excellent service and the care cannot be matched. The staff are caring and the building is bright and airy and clean.** The proposals for Bowles Lodge have not been made because of the quality of the service or staff. Other services within a 10 mile radius of Bowles Lodge are of equal standard, or better, as independently inspected by CQC. Work will take place with staff, the residents and carers to secure alternatives. Staff will have an intensive programme of support should the proposals be agreed.

On 2 October, a separate consultation event was undertaken by MORI attended by 75 people who were looking at the county council's priorities. A case study was used for the future of older person's services. Feedback from the individuals was that older people's accommodation should be a priority and it was less important who provided the services as long as KCC retained a role in making sure of quality.

b) Questionnaire:

(13) A questionnaire was developed in August and distributed in September. It was designed as an additional method to generate feedback not only from key stakeholders but also members of the general public. The Questionnaire asked questions both about the proposal and what was important to people in the future should they need to access support services. There were a number of opportunities for people to enter free text in addition to answering the questions. Key areas of feedback from the Questionnaires received on the Future of Older Person's Provision were:

(14) **The proposals:**

42% of people, when asked what they thought of the proposals, answered they had mixed views with 24% responding they thought it was a bad idea and 15% that it was a good idea. In the free text field the greatest number of comments (31) acknowledged that planning for the future was a good idea with 27 people saying they were against the proposal because of the disruption to the clients. Other common comments included support for extra care housing, emphasising the importance of day care and concerns about the quality of care in the independent sector.

(15) **Should KCC run its own homes?**

59% of respondents stated that the council should continue to run its own homes with 20% disagreeing. The largest number of comments wanted to know why KCC homes cost double the price KCC can buy it in the independent sector. 22 recommended that KCC should review staff contracts and KCC processes to reduce the cost. Other comments included concerns about the quality of care in the independent sector. 8 people criticised the question as leading.

(16) **On what basis should KCC make the decision about the proposals?**

80% thought quality of care an essential factor, 75% continuity of care for the residents, and 47% felt keeping some homes in the management of KCC was essential. Fewer people thought value for money (175) and freeing up resources to care for more people (132) were essential although these issues were considered very important by 41.5% of respondents.

(17) **Thinking about the future**

When asked about their preferred choice of how they would like to receive care most people wanted to be able to live at home for as long as possible followed by a situation similar to extra care housing.

The most important issues to people considering moving into a care home were trained and friendly staff, home cooked nutritious food and being with ones partner. Other factors that were important to people were to remain a respected member of their local community treated with respect and able to exercise choice and control and the ability to have pets.

The top five things that people rated as essential or very important to them when they were older were:

1. help and support available when needed
2. a safe and secure environment
3. being able to maintain links with family, friends and local community
4. ability to remain as independent as possible with own routine and choices
5. accessibility (no steps etc)

6. Personnel implications

(1) Issues raised by members of staff related to redeployment opportunities, redundancies and support for staff through the consultation process. From 14 June 2010 all staff vacancies in the Registered Care Centres, learning disability provision and the Enablement service were only being offered on a temporary basis to maximise any opportunities for the redeployment of existing staff. Staff will be offered one-to-one meetings with a personnel officer and their union representative and the opportunity to receive skills training to enable them to continue their employment within Kent County Council, where possible. Redundancies, where possible, will be kept to a minimum.

(2) Special arrangements will be put in place to give members of staff an opportunity to apply for posts while continuing to support service users until the service has closed. Those who are not successfully redeployed into these posts will be offered support to help them to secure alternative employment. The Redundancy & Redeployment procedure would be followed and people will be offered Priority Consideration status once they are at risk of redundancy in order to help them find work in KCC.

(3) The staffing information for Bowles Lodge as at 23 November 2010 is as follows:

Head count	No. of contracts	No. of Permanent Contracts	No. of Temporary Contracts	No. of Fixed Term Contracts	No. of Full Time Contracts	No. of Part Time Contracts	No. of Relief Contracts	FTE
48	56	52	4	0	9	31	16	29.19

7. Summary

(1) The proposal for Bowles Lodge to be closed, demolished and be replaced by extra care housing is recommended. The individuals accessing the services will all receive a reassessment and be offered an alternative service at no financial disadvantage.

(2) During the consultation, the suggested date for closure for Bowles Lodge was given as September 2011 however given the further detailed analysis of current users needs and the availability of local alternative replacement services, a revised timescale is now proposed of no later than January 2012. KASS Officers are confident that the revised date will be achievable.

(3) The need for extra care housing in the Tunbridge Wells district and the ability to access PFI funding to secure modernised services for older people in Hawkhurst remains a priority for commissioners and partners.

(4) If Bowles Lodge were to remain open, it would require significant investment and any major refurbishment would probably need residents to move out while the works took place.

(5) There is alternative residential provision within the district. There are plans for increasing the numbers of local residential beds and also to develop local nursing provision and opportunities to develop further choice through day care.

(6) If the decision is taken to close Bowles Lodge, the land value of the site will be part of the PFI contract and the site will be leased to the successful contractor. In April 2011 full planning applications for the extra care housing will be submitted.

(7) A proportion of the revenue previously used for the operation of Bowles Lodge will be used for the Tunbridge Wells locality to offer more services to more older people.

(8) An initial screening as part of the Equality Impact Assessment was undertaken prior to the consultation on the modernisation proposals. This identified the need for a full Equality Impact Assessment to be undertaken on each proposal, which has now been done. The assessment confirms that the proposals can be delivered in a way that adequately takes account of the individual needs of existing residents and of other service users.

8. Recommendations

(1) The Cabinet member is asked to **consider** the contents of this report and **agree** that Bowles Lodge should close and for the site to be used for extra care housing. Individuals will be assisted to access alternative services in the independent sector at a timescale to suit the individual with an ultimate end date of January 2012. Should the recommendation not be agreed, the future of Bowles Lodge will need to be revisited and a further consultation period would be required on any revised proposal.

Margaret Howard
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Background Documents

- Government White Paper 'Our Health, Our Care, Our Say' – January 2006
- National Dementia Strategy – February 2009
- Active Lives for Adults 2006-2016
- Closure/Variation Policy for the closure/variation in the service use of a Social Services Establishment
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care
- Locality Commissioning Strategy

Text from Petitioners to County Council

Bowles Lodge

Save Bowles Lodge is an important campaign for the residents and staff who provide the only KCC elderly care service in the Royal Tunbridge Wells area.

It is located in the village of Hawkhurst and provides day care, residential and respite services for the local community.

Bowles Lodge helps local services and businesses as well as providing local jobs. The campaign around Bowles Lodge have highlighted the need for this service by the local rural community who have demonstrated their views by signing the UNISON petition.

We urge Kent County Council to keep Bowles Lodge in-house as a means to maintain a local service which has high standards of care and a good and well respected training protocol. UNISON is committed to campaigning for services to remain within the local authority's control with its management to maintain a service to local residents and keep jobs.

UNISON

Appendix 2

Alternative Proposal submitted by 'Bowles Lodge Stays' Campaign

"By far the SAFEST option is to let the current permanent residents to carry on living at Bowles Lodge until their death. The proposal is for the service to be turned into an **Enhanced Advanced Respite Centre that could attract Beacon Status** and a centre of excellence. This is a great opportunity to tap directly into the money announced in last week's Spending Review for adult social care that seeks to tackle the, quite frankly, ludicrous battles that have taken place over the years between the NHS and local authorities about who pays for what and whether a person's needs are purely social or medical. In truth the edges have always been and always will be blurred. I welcome the Government's approach. Partnership with the NHS in this Centre will challenge the main current purpose of respite care – giving family, friends and carers a much needed break.

Here are the key points behind my rationale and criteria:

- Elderly people who are admitted to hospital for an acute reason are then often transferred to convalesce and recover in cottage hospitals. These will be the type of temporary resident in this Centre. It means they can be discharged earlier from cottage hospitals providing they are free of contagious infections.
- The approach at cottage hospitals such as Sevenoaks and Hawkhurst is to have multidisciplinary teams working with patients to assist in their healing, recuperation and to build sufficient strength for them to return to independent or semi-independent living (at home with/without carers or in Extra Care accommodation).
- Hospital beds in acute hospitals are extremely expensive and beds in cottage hospitals are expensive.
- The Enhanced Respite Centre will take people that are infection free and provide a programme of activities with the prime purpose of assisting them to live independent and semi-independent lives.
- It will also take people that are considered to be at risk of an acute admission to hospital such as a sequence of falls. This proactive approach could save

thousands of pounds and enable them to return home stronger with the intervention of the falls team and other staff.

- Carers, friends and family could also be invited to attend group classes (particularly falls prevention exercises) at the Centre which encourages participation and mutual support as progress can be celebrated.
- The partnership between the NHS and Kent County Council is crucial though I propose that even this be widened to form a comprehensive and cohesive multi-disciplinary/multi-dimensional approach.
- Many of the existing care staff team have all the skills necessary to assist in helping people with their social needs.
- This team should be supplemented by the expertise of a falls team (one of the biggest factors for re-admission to hospital) which could be two people – a physiotherapist and an occupational therapist. This would also encourage increased physical movement, build weak muscles and sense of well being.
- They would work with each resident and help them back into living in their own accommodation.
- Existing district nurse provision may be sufficient or could be stepped up due to the higher demands of the anticipated resident group.
- I propose a team of volunteers be recruited who can spend time getting to know and befriend residents and people there for enhanced respite – particularly those who have a history of social isolation and feel like they have little control of their destinies and those whose relatives live more than 25 miles away which is likely as the centre would be a Kent-wide resource.
- The current social, educational and physical activities, much of which is funded by donation, through the dedicated Friends of Bowles Lodge, will continue.

The Day Centre should be retained as it becomes an integral part of the Centre. People that are suitable for living independently can attend every day to ease the transition. This may require a few reserved places.

There are challenges having people with different needs in the same home but, so long as no-one is admitted with a contagious infection then I think this can be managed. As the current permanent resident population decreases through death, which has already been reduced by 15% in three months) then the Centre can be exclusively for enhanced respite.

I believe this proposal is the safest option for my mother and the other permanent residents at Bowles Lodge and that it gives Kent County Council an opportunity to enhance its reputation in the UK by creating an enhanced facility that Hawkhurst and the rest of Kent tax payers will be proud of and may need soon or in the future.

I appreciate that retaining Bowles Lodge and gradually transforming its function will be logistically challenging and that another site will need to be found if the full PFI Extra Care project is to proceed. Elderly people that would normally be placed in Kent County Council's residential homes for the elderly and are unsuitable for Extra Care can be placed by block or spot contracts in the independent sector.

I have consulted the Care Quality Commission whether this gradual shift in use from permanent care to enhanced respite care would mean that the existing provision of non en-suite facilities at Bowles Lodge would be a problem with the new rules and they said no so long as there are toilet facilities within a short distance of bedrooms and lounges which is the case.

With an increasing aging population Kent is adopting a good approach by providing a range of options such as Extra Care. The Enhanced Respite Centre widens that range and facilitates independence thus preventing the need for permanent residential care or extremely expensive nursing care.”

By: Oliver Mills, Managing Director, Kent Adult Social Services

To: Graham Gibbens, Cabinet Member, Adult Social Services

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON THE CLOSURE OF CORNFIELDS REGISTERED CARE CENTRE, DOVER**

Classification: Unrestricted

Summary: This report considers the proposal to close Cornfields and develop extra care housing on the site and summarises the responses to the consultation. The report asks the Cabinet member to approve the proposal to close Cornfields and replace with extra care housing.

1. Background

(1) Kent County Council (KCC) is modernising the way older people are supported and cared for in the county.

(2) On Monday 14 June 2010, Kent County Council's Cabinet agreed for Kent Adult Social Services (KASS) to begin a formal consultation on the future of its Older Person's Service Provision. From Monday 21 June 2010, KASS officers met with staff, service users, relatives, trades unions and other key stakeholders to talk about the proposals.

(3) The full consultation covered 11 of the 16 homes owned and managed by KASS.

The main drivers for the full consultation are:
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- | |
|--|
| <ul style="list-style-type: none">• More people are living longer and living with dementia. People rightly expect more choice in care.• High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.• Residential care should be in high quality buildings. Some KCC buildings have reached the end of their useful life and don't meet expectations or standards for new builds.• Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people. |
|--|

(4) The considerations and options evaluated to determine the proposals for each home included:

- a) The range of alternative local services for older people
- b) The opportunity for developments with partners in the local area

- c) The condition of the buildings and likely capital expenditure required to maintain services
- d) The appropriateness of the design of the buildings for the services delivered and required
- e) The need to release money that is tied in to services that could be used to deliver equivalent services to more people

(5) The proposals combined across Kent will generate savings of £1m in 2011/12 and £1.2m in 2012/13.

(6) This report covers Cornfields in Whitfield, Dover. The proposal in the consultation is for the home to be closed, demolished and the site used to build extra care housing. Cornfields staff and service users have been aware of this proposal since 2008 when outline planning permission was submitted to make sure the site was suitable for this type of development.

(7) The proposed extra care housing scheme is part of a project led by Kent County Council in partnership with five district councils to develop a minimum of 228 units of additional social housing, including 201 extra care housing apartments for older people with smaller blocks for people with mental health problems and younger adults. In 2008, the partnership successfully bid to the Homes and Communities Agency for the funding and the money is still available following the Comprehensive Spending Review in October 2010. Dover District Council and KCC previously delivered 'Buckland Court', a similar scheme, and have identified that this type of development would fit with the local housing strategy and that a need for this type of housing has been demonstrated. The proposed scheme will have at least 20 one bedroom flats and 20 two bedroom flats with a range of communal facilities for the tenants to use and also for the wider community to access. These facilities could include a shop, restaurant, gym, hairdressers and activity room.

(8) Extra care housing is a national model. It is recognised as making a valuable contribution in offering choice for older people who are considering care in later life. It is offered as a choice to those who previously would have only had the option of residential care. Individuals will have tenant status in their own home with their own front door and at the same time will have access to care staff 24 hours a day in an environment that has been built to meet the needs of people with a range of disabilities.

(9) KASS will commission the care contract separately, which will make sure that care staff will be on site 24 hours a day and that individuals have tailored care packages that respond to what their assessment says they need. The two bedroom apartments could accommodate a couple that would have been separated previously, if one needed residential care. This would allow separate sleeping arrangements if necessary and would allow a couple to stay together longer and retain caring roles – with access to support if needed.

(10) Cornfields is a detached 28-bed unit built in 1970 and refurbished in 1995. It offers residential, respite and intermediate care and day care to a maximum capacity of 12 people each day, four days per week. It is freehold and has no known restrictive covenants. It was purpose-built in a residential area in Cranleigh Drive, Whitfield, Dover. The accommodation is on two floors. Shamrock and Rose Lodge wings are on the ground floor. Daffodil and Thistle wings are on the first floor. Each wing has a similar layout with a main lounge/dining area and a small kitchenette. There is a lift between floors providing access around all parts of the building.

(11) Cornfields would not meet the national minimum standards of the Care Standards Act 2000 as regulated by the Care Quality Commission if it were to be built today. There is, however, protection against these standards being applied for as long as significant structural improvements are not required. The building may very soon because of its age require considerable investment to maintain services and meet future needs and expectations.

(12) The unit cost (gross), based on 100% occupancy, for one bed was £741.30 per week for 09/10. The unit cost (gross), based on 100% occupancy, in the day centre was £44.90 per day for 09/10. The annual gross expenditure for 09/10 is £1,082,300 for residential and £108,500 for day care – totalling **£1,190,800**.

(13) Cornfields has four permanent residents (at 18 November 2010). The service offered 10 frail permanent places, 10 frail respite places and eight intermediate care (non-permanent) places. In 2009/10, the building ran at 79% of its residential capacity making the unit cost £944.43 and the day care at 75% of its capacity making the unit cost £60.33.

(14) The maximum charge for individuals accessing the beds in the units is currently capped at £407.92 per week. Everyone that accesses residential and respite services is financially assessed for a contribution towards their care in line with the Charging for Residential Accommodation Guide (CRAG). This means that individuals who have savings of more than £23,250 are charged £407.92 per week and anyone with less than £23,250 is assessed against their means to determine their level of payment. A snapshot undertaken in the summer of 2010 indicated at that time there were 51 people living in the in house residential services being charged £407.92 per week.

(15) KASS has a guide price for the independent sector and can buy services in Dover for £328.65 per week for standard residential care.

(16) The Care Quality Commission (CQC), in its last inspection (2009) rated the service as 'good'. There was positive feedback about the services from both the inspectors and the service users. CQC commented about what Cornfields does well; *"People are supported to return to their own homes if that is their wish. They are given the option to have a short stay to recuperate before returning home and are supported to be as independent as they can."*

(17) Dover commissioning managers recognise that Cornfields offers important intermediate care and respite services. These will need to be provided through the independent sector and, long term, in redevelopments planned in the district with the PCT.

2. Consultation Process

(1) The county council has a duty to undertake formal consultation on any proposed changes to services. The procedure for consultation on modernisation/variation or closure of establishments in KASS was followed as below:

Process	Date Action Completed
Obtained agreement in principle from the Cabinet member for Adult Social Services.	14 June 2010

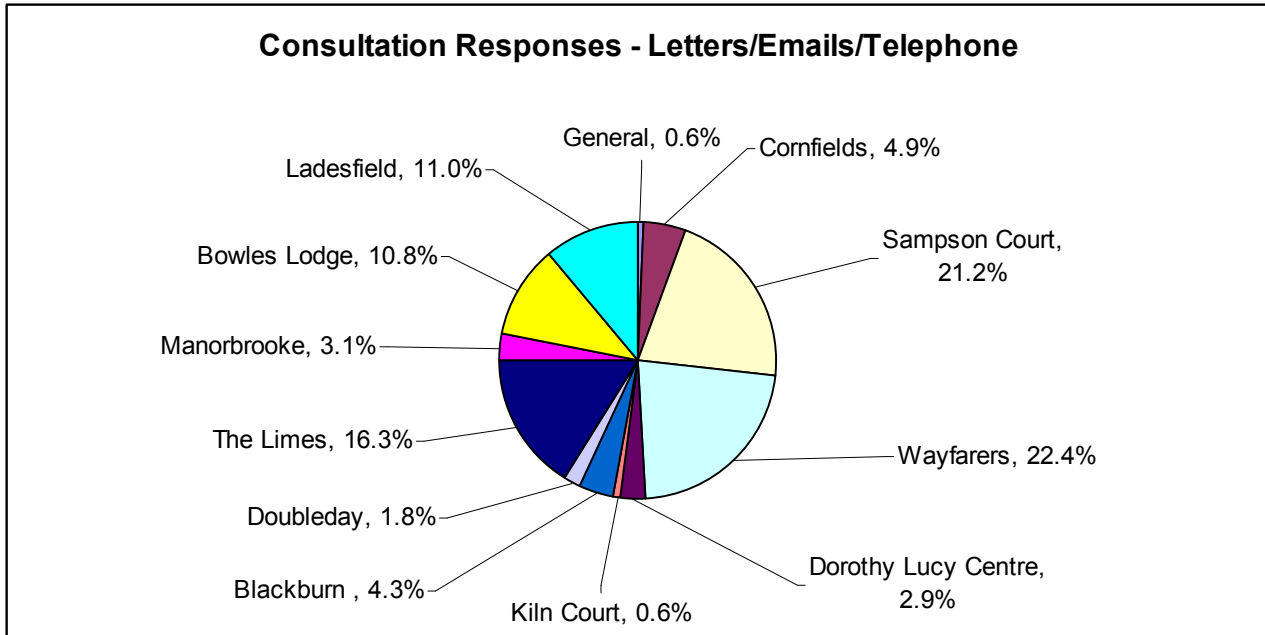
<p>Cabinet member chaired a meeting to discuss the proposals. Information packs were sent to those who were invited and who attended:</p> <p>The Chairman of the Adult Social Services Policy Overview Committee (ASSPOSC) Vice Chairman Opposition spokesman Local KCC member(s) Elected members Responsible member of KCC adult social services Strategic Management Team Heads of Services (updated to reflect new title) Area Personnel Manager</p>	<p>10 June 2010 10 June 2010 10 June 2010 30 June 2010 14 June 2010 10 June 2010 14 June 2010 14 June 2010</p>
<p>Stakeholders were informed in writing and invited to comment: -</p> <p>Users, relatives and carers Head of Service Staff Trades Unions Local KCC member(s) District Council Parish/Town Council Relevant NHS bodies Any other relevant person or organisation and the Local MP</p>	<p>Letter sent 14 June 2010. Consultation period ended 1 November 2010 (19 weeks from 21 June 2010).</p> <p>Summary of meetings and correspondence received as a result of the consultation</p> <p>Informed MP and answered questions</p> <p>Held individual meetings and group meetings with local councillors, county councillors, MPs</p>
<p>Directorate issued a Press Release</p>	<p>The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.</p>
<p>A wide range of stakeholder meetings were held</p>	<p>Meetings with staff and union representatives held on 1 July 2010</p> <p>Stakeholder Roadshow held for Cornfields on 18 October 2010</p> <p>Individual meetings with permanent residents and carers offered but not requested for those accessing Cornfields</p>

	<p>Meeting with respite users and carers on 1 July 2010</p> <p>Meeting with day care users/carers on 1 July 2010</p> <p>East Kent Area Management Team Commissioning Board on 6 September 2010 and 1 November 2010</p> <p>Presentation at members' briefing on 26 July 2010 on proposals</p> <p>Presentation to Dover District Voluntary and Community Sector Network on 30 September 2010</p> <p>Presentation to Dover Housing Officers on 1 October 2010</p> <p>Meeting with East Kent MPs on 8 October 2010</p> <p>Meeting with Dover Councillors on 15 October 2010</p> <p>Presentation to Age Concern Collaboration Meeting on 20 October 2010</p> <p>Attended Cornfields staff team meeting on 26 October 2010</p> <p>Adult Social Services Policy Overview and Scrutiny Committee Chair and Vice-Chair visit to Cornfields 27 October 2010</p>
<p>Report to Cabinet member for decision making on the closure/variation proposal.</p>	<p>This report dated 30 December 2010</p>
<p>The Cabinet member or the Chairman of the Adult Services Policy Overview Committee will decide if a meeting between him/themselves, KCC members and consultees is necessary.</p>	<p>In addition to the extensive consultation, these matters will also be discussed at Adult Social Services Policy Overview Committee on 12 January 2011</p>
<p>Instigate any change programme</p>	<p>From January 2011.</p>

(2) The 19-week consultation period for the modernisation of our Older Person's Provision concluded on 1 November 2010. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered. Clients and their carers were consulted about the alternative options of service provision.

(3) The overall consultation prompted **490** letters and most related to specific units. A number of letters were copied to the local MP, local councillor, Councillor Gibbens and/or KCC officers. Each letter was responded to either by a standard acknowledgement or a more detailed letter, responding to any queries or inaccuracies in their statements. Of the total number of responses, **4.9%** related directly to Cornfields.

The chart below shows the responses for all units consulted on.



(4) A petition from The Carers of Cornfields was submitted to Cllr Brian Cope on 26 August 2010. This contained 1816 signatures. This prompted a hearing at County Council on 14 October and Cllr Wendy Bowman (Whitfield Parish Council) presented the petition on behalf of The Carers of Cornfields. The petition opposed the closure of Cornfields as signatories strongly disagree that the building has outlived its intended purpose. They said current or future service users would not and could not use ensuite facilities without assistance – and fear that people will have to pay more money for services in future. They state that extra care housing provision will not provide day care or respite services, which are vital services and give carers and relatives a break. The petition repeated some of the views seen in letters from individuals. Attached at Appendix One is the text from the petitioners that was presented at County Council in October. A further 1873 standard letters were submitted as part of the petition.

(5) KCC developed a questionnaire as an additional method for people to contribute to the consultation. This questionnaire was available either by responding directly on line, downloading from the website or through a hardcopy with postage paid.

3. Alternative/Replacement Services

(1) Dover commissioners recognise that the services provided at Cornfields are important and would need to be re-provided. Every individual accessing Cornfields will have a full reassessment of their needs and will be supported in accessing alternative services.

(2) The proposal is for Cornfields to be demolished and the site to be used for extra care housing. Private Finance Initiative (PFI) will be used for funding the housing. The project timetable assumes that contract and financial formalities would be completed in October 2011, at which point the site would be handed over and the contractor would secure the site. With these timescales, it is proposed that Cornfields would be closed at the end of September 2011. Staff and service users would move out by that date at the latest. Should Cornfields have little demand and little use, it could be closed sooner. There could be a period of time where Cornfields stands empty while financial and contract matters are concluded. The extra care housing would be open to accept tenants in May 2013, assuming these October 2011 deadlines are met.

(3) Extra care housing has a number of two bedroom apartments allowing a couple to move in that would have otherwise been separated if one person needed residential care. This allows the carer to retain a caring role and also to access 24 hour care, if the individual needs support or to have a short break from caring responsibilities. It also means the individual can stay in their home environment.

(4) The extra care housing facility could provide access to day care services in future. This depends on what alternative services are offered for day care by the independent sector as well as whether day care providers choose to work with the extra care scheme. There is certainly the space and the opportunity to develop some form of day support service. Residents of the scheme will have access to the main lounges and the restaurant. This way they can choose to participate in group activities, remain on their own in their flat or invite people into their flat. They can participate as much or as little as they like. Where there is a risk of isolation, care staff will be aware and will be able to encourage and support people to get involved.

Residential:

(1) There are currently four permanent residents in Cornfields who will be helped to find alternative services in the independent sector following an updated assessment of their needs, and an analysis of friendship groups, should the proposals be agreed.

Potential Relocation	Client	Residential	OPMH Residential	Nursing	OPMH Nursing	Dual Purpose
Deal			1			
Dover		3				

Vacancy snapshot 28/09/10	Residential	OPMH Residential	Nursing	OPMH Nursing	Dual Purpose
Dover	21	5	0	0	0
Walmer/Deal	9	27			
River	3	0	5	1	0

(2) The town of Dover has 12 residential homes. These offer 313 beds registered for residential and residential Older Persons with Mental Health Needs (OPMHN) use. There are 279 beds in residential homes that are within the KASS band rate of which 275 beds in residential homes that are rated 'Good' or 'Excellent'. These are not vacant beds but it is expected that suitable alternative accommodation for the remaining permanent residents can be readily secured. The national vacancy rate is 9%

(3) Individuals will not be at a financial disadvantage through the proposals. People will be assessed and their needs recorded. Individuals and their families will be offered options to consider that meet the assessed needs of those individuals. KASS will take every reasonable step to secure appropriate alternative accommodation at the best available price.

Respite:

(3) There are 52 individuals who access the respite services at Cornfields. The home towns of these individuals are shown below.

Current Residence
33 Dover
7 Deal
4 Sandwich
2 Folkestone
5 Canterbury
1 Ashford

(4) Proposals for the future development of respite will be linked to the KASS Respite Strategy currently under review. Commissioners have been liaising with providers in the Dover area regarding expanding the provision of respite beds. There is interest in the Independent Sector and the preferred provision is two small blocks of five, or 10 beds together in one block across the Dover district. Service users will eventually access respite services directly utilising a Personal Budget.

Intermediate Care:

(5) The definition of Intermediate Care is “Targeted, time-limited services provided on a basis of multi- professional working based on a comprehensive assessment with a planned outcome.”

ICT	Current Residence	Comments
(analysis based on 68 previous service users and 100% occupancy of the beds)	48 Dover 10 Deal 5 Sandwich 1 Folkestone 1 Margate 2 Canterbury 1 Ashford	If the decision is made to close, a phased programme will be implemented where Cornfields beds reduce. Simultaneously, beds within the Independent Sector will be increased for Intermediate Care.

(6) Dover commissioners are having ongoing discussions with the independent sector to develop intermediate care in their services. One bed is already purchased in the independent sector. The independent sector has confirmed that they are interested in developing services and therefore Dover commissioners are confident that this can be re-provided.

Day Care:

Day care	Current Residence	Transport	Early indications
(analysis based on 27 service users)	17 Dover 8 Deal 1 Sandwich 1 Folkestone	27 Taxi	8 people have respite at Cornfields

(7) Booked day care is as follows:

Monday 12
Tuesday 10
Wednesday 11
Thursday 12

The actual attendance rate is 67% as at 22 November 2010.

(8) Work is underway with Age Concerns and other Independent sector providers to expand existing day care provision within realistic travelling distance of existing service users home addresses and with a view to opening up the centres at different times, including weekends. New opportunities are being explored in relation to the longer term provision of day care, including expanded use of personal budgets to enable people to access opportunities in more individual ways.

(9) Local commissioners are confident, given the range and volume of day services in the Dover area, the day service users can be re-provided with a suitable alternative service.

4. Alternative Proposals

(1) An Evaluation Panel met on 15 November 2010 to review all alternative proposals that had been submitted. The panel had representation from Commissioning, Finance, Contracting and Standards, Provision and Personnel.

(2) There were two proposals; one was the response from Unison covering all of the proposals and one was from an independent sector provider.

(3) Unison's feedback called on the county council to withdraw its proposals and retain its role as a direct provider of social care. This has been considered as an alternative proposal and evaluated by a panel of KASS officers. Unison reports that there is extreme difficulty identifying vacancies in independent sector homes of a satisfactory standard. It does not think specialist services should be provided in an untested market and believes KCC should remain a direct provider in order to help set high standards. The comments from Unison state that the buildings are fit for purpose and that quality of care should be considered above the fabric of the building. Unison argues that reducing council provision reduces choice and that "attrition rates for residents remain high for enforced moves". Unison argues that KCC's cost comparisons with the independent sector have not been made like-for-like and do not take into account transaction costs.

(4) The proposal from Unison is largely asking to maintain the status quo, which does not enable KCC to address the four key reasons for change and therefore is not an option that KCC can support. In response to Unisons issues, the panel made the following observations:

- KCC will retain control of the market as a key purchaser of care and standards.
- There are vacancies in homes rated 'good' or 'excellent' in the independent sector.
- The proposal for the specialist enablement beds at The Limes is for them to be provided at Gravesham Place which has previous experience of this service.
- The buildings will require the investment of significant capital funding that KCC does not have access to – and the long term future of the services could be more uncertain, possibly resulting in emergency closure rather than planned closure.
- There is no statutory duty to directly provide residential care. KCC should be directing resources to further enhance the quality monitoring and contract management responsibilities it has in commissioning services – and providing personal budgets for people who meet KASS eligibility criteria.
- It is KCCs stated long term intention to focus on undertaking a commissioning role with services provided by a plurality of independent sector providers.
- Where moves are necessary, KCC has considerable experience of carefully and successfully moving older people. Each case will be managed and supported on an individual basis to ensure their personal needs are met at an appropriate pace for the individual.
- It is acknowledged that purchasing intermediate care/enablement beds in the independent sector would require a premium above guide price however commissioners are confident they could purchase these beds in the independent sector at less than half the gross unit cost of an in-house enablement bed.

(5) A further alternative proposal was received from an independent provider known locally who has a good track record of delivering care services in the area. The alternative proposal is for the provider to buy Cornfields and continue the use as a residential home. To date, only a letter has been received registering interest. Further information was requested and has not yet been received. It is therefore not known whether the purchase would include an operational service or an empty building. KASS needs more services developed for those who are requiring nursing care and dementia services and Cornfields would not, as it is, be a suitable environment for this. Given the large number of residential care beds in Dover, standard residential care (general frailty) at this location would not be needed by commissioners. The priority remains that the site is used for extra care housing to provide additional choice for people in Dover. The Project

Executive Board agreed that this proposal was not viable and therefore should not be recommended.

5. Issues raised during the consultation

a) Letters/Emails

(1) **Cornfields meets the needs of the residents. It may not have all the modern facilities but these are not missed by the residents. Extra care housing is not a good alternative.** KASS recognises that current residents would prefer to retain the services as they are rather than experience the proposed change. However, in future people will expect modern facilities, such as ensuite, in residential care.

The Care Quality Commission, the body that enforces the care standards, would expect to see improvements to its fabric to meet the national minimum standards over time. In order for Cornfields to meet the minimum standards the following would be necessary:

- increase the size of each bedroom from 10 square metres to a minimum of 12 square metres of usable floor space;
- install ensuite facilities that include at least a toilet and wash hand basin in each room.

It is possible that extra care may not be a suitable alternative for those currently in residential care, however for people on the cusp of residential care, this is an additional choice. The extra care housing services will provide 24 hour care for tenants/residents in their own apartments when they need it and have additional facilities such as a gym and a shop. The care currently provided at Cornfields is of a good standard, although it is increasingly difficult to carry out in an ageing residential care home. The remaining residents and their relatives are being given choices about alternative local care home places of equal standard or higher ('good' or 'excellent' rated homes).

(2) **Cornfields provides a vital and valuable service to vulnerable people and their carers by way of respite and day care. Friendships have been made through day care.** Respite services will be commissioned, initially as block contracts to make sure this important service is retained. There will be respite services for those who currently access Cornfields. Longer term, there is a wider strategic review of respite beds being carried out by KASS to make sure of value for money and increased occupancy of the commissioned beds.

All individuals accessing day care have had the opportunity to talk with a project officer to confirm their needs and wants from a day care service. The places people travel from have been taken into account, along with any identified friendship or interest groups. Patterns of needs have been incorporated into the plans for providing services to those individuals.

It is recognised that day care and respite are crucial services for people to maintain their independence and relationships with carers or relatives at home. Both will be essential parts of the services commissioned in future.

(3) **Cornfields provides intermediate care services that are considered integral by the PCT to commissioning for the Dover district.** Under the proposal, a proportion of the revenue for these beds will be made available for re-provision either in the independent sector or as part of an Intermediate Care Strategy with the Dover GPs' Practice Based Commissioning Group. In the Whitfield/Buckland area, there are currently development plans for two additional care homes, one with 80 beds and one with 60 beds. Commissioners are meeting with the developers to influence the provision for longer term

commissioning. In terms of immediate replacement services for Cornfields, there is interest from the independent sector in re-providing this.

(4) **People cannot afford services from the independent sector.** Throughout the consultation, KASS has consistently said that no one currently using the services would be put at a financial disadvantage if there are moves to alternative services. The only exceptions to this would be if needs have changed. This would also be the case if Cornfields remained operational. For those individuals who are not full cost, their charge will remain the same as they are means tested and their contribution is assessed against their income. Cornfields is not registered with CQC for nursing care so, if an individual was assessed as having nursing needs, they would be supported to move on. This is a change of assessed need. Project officers will be working with the individuals and their families to secure alternative permanent accommodation that meets their needs. If there is a difference in the cost (if they are full cost), KASS will pay the reasonable difference. In an extra care housing setting, people would have their own tenancy so would be required to pay rent and service charges (for the vast majority of the tenants, Housing Benefit would be accessed). In addition, each person's care package would be individually assessed and a charge would be made if appropriate after means testing. This is done in the same way that KASS carries out a financial assessment for domiciliary care.

(5) **The closure will provide increased pressure, distress and worry on the residents, carers and relatives.** It is acknowledged that the change proposal has inevitably worried residents, carers and relatives. KASS has allocated a dedicated project officer to work with those individuals currently supported by services at Cornfields to make sure that a consistent approach is taken. The officer will work with the individuals and report to case managers to provide an update on each individual's circumstances. The project officer has worked previously as a care manager assistant for a number of years and has experience of working closely and sensitively with people in times of uncertainty. Some relatives of service users have expressed a concern that there could be a devastating affect on individuals who move from being settled and happy. Members of KASS staff would work at the pace of the individual and their family, providing help and support to find and secure alternative accommodation that meets the individual's assessed needs. KASS has to routinely move individuals all of the time because of changes in levels of need. This could be from one home that no longer meets the needs of the individual to another (for instance if they develop dementia or have nursing needs that the first home is not registered to respond to). KASS has many years of experience in carefully and successfully helping older people to move. Each case will be managed and supported on an individual basis to ensure personal needs are met at an appropriate pace for the individual.

(6) **Why is Cornfields not being refurbished with the money secured for its proposed replacement?** The money that has been secured for extra care housing is PFI funding from central government. Bids were made to provide services that were known to be needed and housing is one of these, especially adapted housing. We know that people want to remain at home for as long as possible and extra care housing allows this. Independent sector providers are able to access money that local governments cannot and they are responding to the growing needs of residential, specialist residential and nursing provision for older people. KCC does not have access to the significant capital funding that would be needed to refurbish these services to the level that would be required by the CQC. The PFI money can only be used for extra care housing.

(7) **Cornfields offers a quality service which is not matched by the independent sector.** The independent sector is regulated by the Care Quality Commission in the same way that Cornfields is regulated and to the same standards. Cornfields received a 'good' rating when it was last inspected in 2009. There are other 'good' and 'excellent' homes in the Dover district. Homes in the independent sector are monitored by KASS through individual reviews of service users, contract reviews through contract and performance monitoring, Safeguarding monitoring and investigation of complaints.

On 2 October, a separate consultation event was undertaken by MORI attended by 75 people who were looking at the county council's priorities. A case study was used for the future of older person's services. Feedback from the individuals was that older people's accommodation should be a priority and it was less important who provided the services as long as KCC retained a role in making sure of quality.

b) Questionnaire:

(8) A questionnaire was developed in August and distributed in September. It was designed as an additional method to generate feedback not only from key stakeholders but also members of the general public. The Questionnaire asked questions both about the proposal and what was important to people in the future should they need to access support services. There were a number of opportunities for people to enter free text in addition to answering the questions. Key areas of feedback from the Questionnaires received on the Future of Older Person's Provision were:

(9) **The proposals:**

42% of people, when asked what they thought of the proposals, answered they had mixed views with 24% responding they thought it was a bad idea and 15% that it was a good idea. In the free text field the greatest number of comments (31) acknowledged that planning for the future was a good idea with 27 people saying they were against the proposal because of the disruption to the clients. Other common comments included support for extra care housing, emphasising the importance of day care and concerns about the quality of care in the independent sector.

(10) **Should KCC run its own homes?**

59% of respondents stated that the council should continue to run its own homes with 20% disagreeing. The largest number of comments wanted to know why KCC homes cost double the price KCC can buy it in the independent sector. 22 recommended that KCC should review staff contracts and KCC processes to reduce the cost. Other comments included concerns about the quality of care in the independent sector. 8 people criticised the question as leading.

(11) **On what basis should KCC make the decision about the proposals?**

80% thought quality of care as an essential factor, 75% continuity of care for the residents, and 47% felt keeping some homes in the management of KCC was essential. Fewer people thought value for money (175) and freeing up resources to care for more people (132) were essential although these issues were considered very important by 41.5% of respondents.

(12) **Thinking about the future**

When asked about their preferred choice of how they would like to receive care most people wanted to be able to live at home for as long as possible followed by a situation similar to extra care housing.

The most important issues to people considering moving into a care home were trained and friendly staff, home cooked nutritious food and being with ones partner. Other factors that were important to people were to remain a respected member of their local community treated with respect and able to exercise choice and control and the ability to have pets.

The top five things that people rated as essential or very important to them when they were older were:

1. help and support available when needed
2. a safe and secure environment
3. being able to maintain links with family, friends and local community
4. ability to remain as independent as possible with own routine and choices
5. accessibility (no steps etc)

6. Personnel implications

(1) Issues raised by members of staff related to redeployment opportunities, redundancies and support for staff through the consultation process. From 14 June 2010 all staff vacancies in the Registered Care Centres, learning disability provision and the Enablement service were only being offered on a temporary basis to maximise any opportunities for the redeployment of existing staff. Staff will be offered one-to-one meetings with a personnel officer and their union representative and the opportunity to receive skills training to enable them to continue their employment within Kent County Council, where possible. Redundancies, where possible, will be kept to a minimum.

(2) Special arrangements will be put in place to give members of staff an opportunity to apply for posts while continuing to support service users until the service has closed. Those who are not successfully redeployed into these posts will be offered support to help them to secure alternative employment. The Redundancy & Redeployment procedure would be followed and people will be offered Priority Consideration status once they are at risk of redundancy in order to help them find work in KCC.

(3) The staffing information for Cornfields as at 23 November 2010 is as follows:

Head count	No. of contracts	No. of Permanent Contracts	No. of Temporary Contracts	No. of Fixed Term Contracts	No. of Full Time Contracts	No. of Part Time Contracts	No. of Relief Contracts	FTE
56	62	61	1	0	2	47	13	29.95

7. Summary

(1) The proposal for Cornfields to be closed, demolished and be replaced by extra care housing is recommended. The individuals accessing the services will all receive a reassessment and be offered an alternative service at no financial disadvantage.

(2) The need for extra care housing in the Dover district and the ability to access PFI funding to secure modernised services for older people in Whitfield remains a priority for commissioners and partners.

(3) If Cornfields were to remain open, it would require significant investment and any major refurbishment would probably need residents to move out while works took place.

(4) There is an active and thriving social care market in Dover at a cost and quality appropriate for the county council. The market is also responding and there is growth in terms of new provision planned for the district. The market is responding to the greater needs of people with dementia.

(5) If the decision is taken for Cornfields to close, the land value of the site will be part of the PFI contract and the site will be leased to the successful contractor. In April 2011 full planning applications for the extra care housing will be submitted.

(6) A proportion of the revenue previously used for the operation of Cornfields will be used for the Dover locality to offer services to more older people.

(7) An initial screening as part of the Equality Impact Assessment was undertaken prior to the consultation on the modernisation proposals. This identified the need for a full Equality Impact Assessment to be undertaken on each proposal, which has now been done. The assessment confirms that the proposals can be delivered in a way that adequately takes account of the individual needs of existing residents and of other service users.

8. Recommendations

(1) The Cabinet member is asked to **consider** the contents of this report and **agree** that Cornfields should close in September 2011 and for the site to be used for extra care housing. Should the recommendation not be agreed, the future of Cornfields will need to be revisited and further consultation undertaken on any revised proposal.

Margaret Howard
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Background Documents

- Government White Paper 'Our Health, Our Care, Our Say' – January 2006
- National Dementia Strategy – February 2009
- Active Lives for Adults 2006-2016
- Closure/Variation Policy for the closure/variation in the service use of a Social Services Establishment
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care
- Locality Commissioning Strategy

CORNFIELDS – PETITION NOTES FROM PETITIONERS

The Carers at Cornfields, the residents, families, friends, Whitfield residents and general public submit this letter in support of our petition.

The reasons given for the demolishing and rebuilding of Cornfields is that it is an old building that has out lived its purpose and Kent County Council can no longer guarantee a top quality service to the clients. We strongly disagree with this.

The proposal to replace Cornfields with Extra Care Housing will leave a large gap in the services currently provided. Clients may have a nice new apartment with en-suite facilities, but unfortunately to a majority of the residents and many future clients this will be of no use. They require assistance readily available to enable them to use such facilities. These new establishments will no longer provide this unless residents are willing to pay extra. Residents of Cornfields have this care on hand 24 hours every day.

Also these new extra care facilities will not provide Day Care a lifeline too many that are housebound, or Respite Care a vital service which gives home carers and relatives a much needed break.

Has additional costs to the clients been taken into account? Evidence shows many older persons will not be able to afford to live in these new homes. Nor will they be able to afford private day care or respite care. Care Homes in the area providing the same facilities as Cornfields are very few and have limited spaces available and their costs are much higher. Clients would have to apply for benefits putting a further burden on the taxpayer.

Kent County Council says any additional costs will be met but in the current economic climate this cannot be guaranteed. We are told funding has been secured for these projects and cannot be used for any other purpose.

The regulations concerning facilities such as en-suite apply to new build only. Why does the funding have to be used for a new build? Why can it not be used to refurbish existing facilities enabling Cornfield to continue to function as it does now providing the excellent care and service that the clients expect and receive?

Has a survey been undertaken on the cost of replacement against refurbishment using the secured funding?

The current situation has already caused much distress.

The needs of the residents must come first.

So why are these needs and views of the residents, carers, families, and public being ignored? It is stated that these changes have be bought about because older people have spoken of their wishes for the future.

None of those who signed out petitions and letters has been asked questions on the subject of the Future Care of the Older Person.

So how was this information obtained? Was a survey undertaken? If so where are the documented results?

Sadly we have found that older people perceive that these new Extra Care

Facilities will only provide them with their greatest fears Isolation and Loneliness.

By: Oliver Mills, Managing Director, Kent Adult Social Services

To: Graham Gibbens, Cabinet Member, Adult Social Services

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON THE CLOSURE OF MANORBROOKE REGISTERED CARE CENTRE, DARTFORD**

Classification: Unrestricted

Summary: This report considers the proposal to close Manorbrooke and develop extra care housing on the site and summarises the responses to the consultation. The report asks the Cabinet member to approve the proposal to close Manorbrooke and replace with extra care housing.

1. Background

(1) Kent County Council (KCC) is modernising the way older people are supported and cared for in the county.

(2) On Monday 14 June 2010, Kent County Council's Cabinet agreed for Kent Adult Social Services (KASS) to begin a formal consultation on the future of its Older Person's Service Provision. From Monday 21 June 2010, KASS officers met with staff, service users, relatives, trades unions and other key stakeholders to talk about the proposals.

(3) The full consultation covered 11 of the 16 homes owned and managed by KASS.

The main drivers for the full consultation are:
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- | |
|--|
| <ul style="list-style-type: none">• More people are living longer and living with dementia. People rightly expect more choice in care.• High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.• Residential care should be in high quality buildings. Some KCC buildings have reached the end of their useful life and don't meet expectations or standards for new builds.• Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people. |
|--|

(4) The considerations and options evaluated to determine the proposals for each home included:

- a) The range of alternative local services for older people
- b) The opportunity for developments with partners in the local area

- c) The condition of the buildings and likely capital expenditure required to maintain services
- d) The appropriateness of the design of the buildings for the services delivered and required
- e) The need to release money that is tied in to services that could be used to deliver equivalent services to more people

(5) The proposals combined across Kent will generate savings of £1m in 2011/12 and £1.2m in 2012/13.

(6) This report covers Manorbrooke in Stone, Dartford. The proposal in the consultation is for the home to be closed, demolished and the site used to build extra care housing. Manorbrooke staff and service users have been aware of this proposal since 2008 when outline planning permission was submitted to make sure that the site was suitable for this type of development.

(7) The proposed extra care housing scheme is part of a project led by Kent County Council, in partnership with five district councils, to develop a minimum of 228 units of additional social housing – including 201 extra care housing apartments for older people, with smaller blocks for people with mental health problems and younger adults. In 2008, the partnership made a successful bid to the Homes and Communities Agency for the funding. Money is still available following the Comprehensive Spending Review in October 2010, subject to a value for money review. Dartford Borough Council and KCC previously delivered Emily Court, a similar scheme, and have identified that this type of development is relevant for the district and that there is an identified need for this type of housing. The proposed scheme would have at least 20 one bedroom flats and 20 two bedroom flats, with a range of communal facilities for tenants to use and also for the wider community to access. These facilities could include a shop, restaurant, gym, hairdressers and activity room.

(8) Extra care housing is a national model. It is recognised as making a valuable contribution in offering choice for older people who are considering care in later life. It is offered as a choice to those who previously would have only had the option of residential care. Individuals will have tenant status in their own home with their own front door and at the same time will have access to care staff 24 hours a day in an environment that has been built to meet the needs of people with a range of disabilities.

(9) KASS will commission the care contract separately, which will make sure that care staff will be on site 24 hours a day and that individuals have tailored care packages that respond to what their assessment says they need. The two bedroom apartments could accommodate a couple that would have been separated previously, if one needed residential care. This would allow separate sleeping arrangements if necessary and would allow a couple to stay together longer and retain caring roles – with access to support if needed.

(10) Manorbrooke is a detached 33-bed unit built in 1965. It offers residential and respite care. It is freehold and has no known restrictive covenants. It was purpose built in a residential area in Bevis Close, Stone, Dartford. All bedrooms are single occupancy, with 19 rooms on the ground floor. Eight bedrooms have ensuite facilities. All bedrooms are connected to the call bell system and have a television point. None of the bedrooms have a telephone point. There is a passenger lift to the first floor, which serves all rooms. The home is divided into three units. The first floor unit has a lounge/dining room. The two units on the ground floor have their own day lounge, but share a large dining room.

(11) Manorbrooke would not meet the national minimum standards of the Care Standards Act 2000 as regulated by the Care Quality Commission if it were to be built today. There is, however, protection against these standards being applied for as long as significant structural improvements are not required. The building may, very soon because of its age, require considerable investment to maintain services and meet future needs and expectations.

(12) The unit cost (gross), based on 100% occupancy, for one bed was £728.22 per week for 09/10. The annual gross expenditure for 09/10 is **£1,240,200**.

(13) Manorbrooke has 22 permanent residents (as at 18 November 2010). The service offers 31 frail permanent places and one frail respite place. In 2009/10, it operated at 96.4% of its residential capacity making the unit cost £755.27.

(14) The maximum charge for individuals accessing the beds in the units is currently capped at £407.92 per week. Everyone that accesses residential and respite services is financially assessed for a contribution towards their care in line with the Charging for Residential Accommodation Guide (CRAG). This means that individuals who have savings of more than £23,250 are charged £407.92 per week and anyone with less than £23,250 is assessed against their means to determine their level of payment. A snapshot undertaken in the summer of 2010 indicated at that time there were 51 people living in the in house residential services being charged £407.92 per week.

(15) KASS has a guide price for the independent sector and can buy services in Dartford for £342.85 per week for standard residential care.

(16) The Care Quality Commission (CQC), in its last inspection in 2009, rated the service as 'excellent'. There was positive feedback about the services both from inspectors and service users. Staff training and management were identified as key areas that helped to achieve the excellent rating.

(17) Dartford commissioning managers may need to provide alternative services in the independent sector.

2. Consultation Process

(1) The county council has a duty to undertake formal consultation on any proposed changes to services. The procedure for consultation on modernisation/variation or closure of establishments in KASS was followed as below:

Process	Date Action Completed
Obtained agreement in principle from the Cabinet Member for Adult Social Services.	14 June 2010
Cabinet member chaired a meeting to discuss the proposals and information packs were sent to those who were invited and who attended:	
The Chairman of the Adult Social Services Policy Overview Committee (ASSPOSC)	10 June 2010
Vice Chairman	10 June 2010
Opposition spokesman	10 June 2010

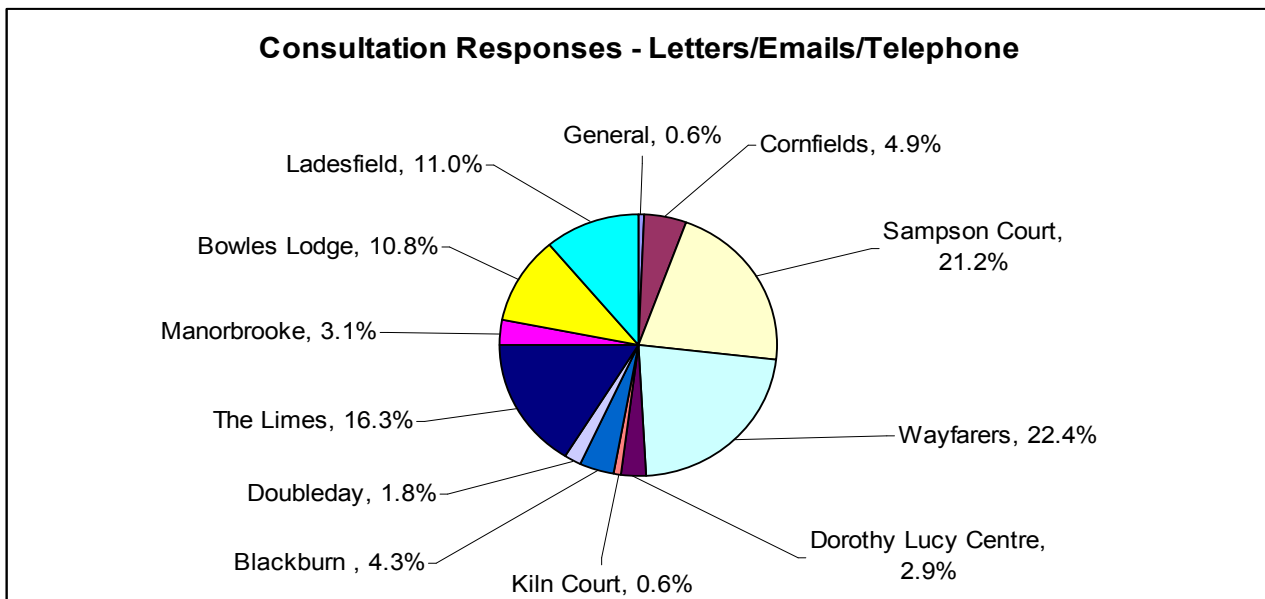
<p>Local KCC member(s) Elected members Responsible member of KCC adult social services Strategic Management Team Heads of Services (updated to reflect new title) Area Personnel Manager</p>	<p>21 June 2010 and 5 July 2010 14 June 2010 10 June 2010 14 June 2010 14 June 2010</p>
<p>Stakeholders were informed in writing and invited to comment: -</p> <p>Users, relatives and carers Head of Service Staff Trades Unions Local KCC member(s) District Council Parish/Town Council Relevant NHS bodies Any other relevant person or organisation and the Local MP</p>	<p>Letter sent 14 June 2010. Consultation period ended 1 November 2010 (19 weeks from 21 June 2010).</p> <p>Summary of meetings and correspondence received as a result of the consultation</p> <p>Informed MP and answered questions</p> <p>Held individual meetings and group meetings with local councillors, county councillors, MPs</p>
<p>Directorate issued a Press Release</p>	<p>The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.</p>
<p>A wide range of stakeholder meetings were held</p>	<p>Meetings with staff and union representatives held on 22 June 2010.</p> <p>Stakeholder Roadshow held for Manorbrooke on 11 October 2010</p> <p>Individual meetings with permanent residents and carers offered but not requested for those accessing Manorbrooke</p> <p>Meeting with users and carers on 22 June 2010.</p> <p>West Kent Area Management Team Commissioning Board on 9 August 2010 and 1 October 2010.</p>

	<p>Presentation at members' briefing on 26 July 2010 on proposals.</p> <p>Adult Social Services Policy Overview and Scrutiny Committee Chair and Vice-Chair visit to Manorbrooke 26 October 2010</p>
Report to Cabinet member for decision making on the closure/variation proposal.	This report dated 30 December 2010
The Cabinet member or the Chairman of the Adult Services Policy Overview Committee will decide if a meeting between him/themselves, KCC members and consultees is necessary.	In addition to the extensive consultation, these matters will also be discussed at Adult Social Services Policy Overview Committee on 12 January 2011
Instigate any change programme	From January 2011.

(2) The 19-week consultation period for the modernisation of our Older Person's Provision concluded on 1 November 2010. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered. Clients and their carers were consulted about the alternative options of service provision.

(3) The overall consultation received **490** letters; most were relating to specific units. A number of letters were copied to the local MP, local Councillor, Councillor Gibbens, officers within KCC. Each letter was responded to either by a standard acknowledgement or a more detailed letter responding to any queries or inaccuracies in their statements. Of the total number of responses **3.1%** related directly to Manorbrooke.

The chart below shows the responses for all units consulted on.



(4) A petition from the Manorbrooke Pressure Group was received, containing 1,390 signatures. This prompted a debate at county council on 14 October and Mrs Yvette Knight presented the petition on behalf of the Manorbrooke Pressure Group. The petition was against the closure of Manorbrooke as they believe that Manorbrooke addresses the four main drivers behind the proposals. Attached at Appendix One is the text the petitioner's used to present the petition at County Council in October.

(5) KCC developed a questionnaire as an additional method for people to contribute to the consultation. This questionnaire was available either by responding directly on line, downloading from the website or through a hardcopy with postage paid.

3. Alternative/Replacement Services

(1) The proposal is for Manorbrooke to be demolished and the site to be used for extra care housing. Private Finance Initiative (PFI) will be used for funding the housing. The project timetable assumes that contract and financial formalities would be completed in October 2011, at which point the site would be handed over and the contractor would secure the site. With these timescales, it is proposed that Manorbrooke would be closed at the end of September 2011. Staff and service users would move out by that date at the latest. Should the alternative re-provision be available earlier, Manorbrooke could be closed sooner. There could be a period of time where Manorbrooke stands empty while financial and contract matters are concluded before demolition. The extra care housing would be open to accept tenants in May 2013, assuming these October 2011 deadlines are met.

Residential:

(2) Dartford Commissioners are confident alternative services that meet the assessed needs of the individuals and address any friendship group issues can be secured in the independent sector. On 18 November 2010, there were 22 permanent residents that would need alternative accommodation if the proposals were agreed. Every individual who is supported through Manorbrooke will have a new, full assessment of their needs and will be supported in finding alternative services

(3) There are currently 22 permanent residents in Manorbrooke. A desktop exercise has been undertaken to identify peoples needs based on their current care plan and it is anticipated that the following provision would be required based on the 22 individuals:

Potential Client Relocation	Residential	OPMH Residential	Nursing	OPMH Nursing
Dartford	5	4	3	2
Gravesham	2	2		
Swanley	2	2		
Snapshot of vacancies 08/11/10	Residential	OPMH Residential	Nursing	OPMH Nursing
Dartford	5	10	24	8
Gravesham	12	5		
Swanley	1	2		

(4) Dartford has nine residential homes with 389 registered beds. Of these, 122 are for older people or people with dementia and 267 are nursing beds, including dementia provision, all rated as 'Good' or 'Excellent' by the CQC. The consultation briefings have stated that alternative provision will only be in 'Good' or 'Excellent' rated homes.

(5) An ongoing assessment of what places are available will be needed in order to secure placements for those currently at Manorbrooke and for monitoring changes to the CQC ratings as work to provide alternative places is undertaken. The national vacancy rate is 9%.

(6) A new nursing home has opened in Northfleet, adding a further 76 nursing beds. Mayflower has a combination of elderly frail nursing, dementia nursing and challenging behaviour. Other residential/nursing services have planning applications logged with the district councils.

(7) Individuals will not be at a financial disadvantage through the proposals. People will be assessed and their needs recorded. Individuals and their families will be offered options to consider that meet the assessed needs of those individuals. KASS will take every reasonable step to secure appropriate alternative accommodation at the best available price.

Respite:

(8) There are no frequent users of the respite bed at Manorbrooke. Work on a respite strategy is currently being carried out by West Kent's Strategic Commissioning Unit. At this point, the respite bed would not be re-provided elsewhere but would be accounted for in the emerging respite strategy. Any users assessed as eligible for respite would be able to access through the independent sector.

4. Alternative Proposals

(1) An Evaluation Panel met on 15 November 2010 to review all alternative proposals that had been submitted. The panel had representation from Commissioning, Finance, Contracting and Standards, Provision and Personnel.

(2) One alternative proposal was received for Manorbrooke which was the generic Unison Proposal. Unison's feedback called on the county council to withdraw its proposals and retain its role as a direct provider of social care. This has been considered as an alternative proposal and evaluated by a panel of KASS officers. Unison reports that there is extreme difficulty identifying vacancies in independent sector homes of a satisfactory standard. It does not think specialist services should be provided in an untested market and believes KCC should remain a direct provider in order to help set high standards. The comments from Unison state that the buildings are fit for purpose and that quality of care should be considered above the fabric of the building. Unison argues that reducing council provision reduces choice and that "attrition rates for residents remain high for enforced moves". Unison argues that KCC's cost comparisons with the independent sector have not been made like-for-like and do not take into account transaction costs.

(3) The proposal from Unison is largely asking to maintain the status quo, which does not enable KCC to address the four key reasons for change and therefore is not an option that KCC can support. In response to Unisons issues, the panel made the following observations:

- KCC will retain control of the market as a key purchaser of care and standards.
- There are vacancies in homes rated 'good' or 'excellent' in the independent sector.
- The proposal for the specialist enablement beds at The Limes is for them to be provided at Gravesham Place which has previous experience of this service.
- The buildings will require the investment of significant capital funding that KCC does not have access to – and the long term future of the services could be more uncertain, possibly resulting in emergency closure rather than planned closure.
- There is no statutory duty to directly provide residential care. KCC should be directing resources to further enhance the quality monitoring and contract management responsibilities it has in commissioning services – and providing personal budgets for people who meet KASS eligibility criteria.
- It is KCCs stated long term intention to focus on undertaking a commissioning role with services provided by a plurality of independent sector providers.
- Where moves are necessary, KCC has considerable experience of carefully and successfully moving older people. Each case will be managed and supported on an individual basis to ensure their personal needs are met at an appropriate pace for the individual.
- It is acknowledged that purchasing intermediate care/enablement beds in the independent sector would require a premium above guide price however commissioners are confident they could purchase these beds in the independent sector at less than half the gross unit cost of an in-house enablement bed.

(4) The panel agreed that the first priority for Manorbrooke would be for it to be used for extra care housing as this will expand the choice of service available in Dartford. Should the proposal not proceed a review will be required on the options and a further consultation period on the future of Manorbrooke will be required. The Project Executive Board agreed with the panel and therefore agreed not to recommend the alternative proposal.

5. Issues raised during the consultation

a) Letters/Emails

(1) **Manorbrooke offers a quality service that is not matched by the independent sector.** The independent sector is regulated by the Care Quality Commission in the same way that Manorbrooke is regulated and to the same standards. Manorbrooke received an 'excellent' rating when it was last inspected in 2009. There are other 'excellent' homes in the locality.

(2) **This proposal has been developed purely on cost-savings and KCC has said that these savings are negligible. Is this really worth doing compared to the huge impact on the residents?** KCC has a duty to provide for the future and to make best use of available resources. There is the requirement to make £2.2m savings over a 2 year period as part of these proposals. Although £2.2m is not negligible, it is only a small proportion of the overall KASS budget and is not a prime driver for these proposals. These

are more about using available resources as effectively as possible to provide for the future needs for older people.

(3) **Manorbrooke meets the needs of the residents, it does have some ensembles and they are not used. Extra care housing is not a good alternative as people will be isolated.** It is recognised that current residents would prefer to retain the services as they are. However, in future people will expect modern facilities in residential care. The Manorbrooke building does not meet the minimum care standards, however, does have transitional immunity until 'significant improvements' are made. The Care Quality Commission, the body which enforces these standards, would expect to see improvements to its fabric to meet the national minimum standards over time. In order for Manorbrooke to meet the minimum standards the following would be necessary:

- increase the size of each bedroom from 10 square metres to a minimum of 12 square metres of usable floor space;
- install ensuite facilities that include at least a toilet and wash hand basin in each room.

The ensuite facilities currently at Manorbrooke consist of toilets and wash basins. People do still need to use the shared bathrooms for bathing. There are individuals who do not have access to the ensuite facilities living at Manorbrooke who have stated that they would prefer them and there are individuals who would still prefer to use a commode.

The extra care housing services will provide 24 hour care for tenants/residents in their own apartments when they need it and have additional facilities such as a gym and a shop. Current residents and their relatives are being given choices about alternative local care home places to an equivalent standard.

Residents of the scheme will have access to the main lounges and the restaurant. This way they can choose to participate in group activities, remain on their own in their flat or invite people into their flat. They can participate as much or as little as they like. Where there is a risk of isolation, care staff will be aware and will be able to encourage and support people to get involved.

Extra care housing has a number of two bedroom apartments allowing a couple to move in that would have otherwise been separated if one person needed residential care. This allows the carer to retain a caring role and also to access 24 hour care, if the individual needs support or to have a short break from caring responsibilities. It also means the individual can stay in their home environment.

(4) **People cannot afford services from the independent sector.** Throughout the consultation, KASS has consistently said that no one currently using the services would be put at a financial disadvantage if there are moves to alternative services. The only exceptions to this would be if needs have changed. This would also be the case if Manorbrooke remained operational. For those individuals who are not full cost, their charge will remain the same as they are means tested and their contribution is assessed against their income.

In an extra care housing setting, people would have their own tenancy so would be required to pay rent and service charges (for the vast majority, Housing Benefit plays a part). In addition, each person's care package would be individually assessed and a charge would be made if appropriate after means testing. This is done in the same way that KASS carries out a financial assessment for domiciliary care.

(5) **The closure will provide increased pressure, distress and worry on the residents, carers and relatives.** It is acknowledged that the change proposal has inevitably worried residents, carers and relatives. KASS has allocated a dedicated project officer to work with those individuals currently supported by services at Manorbrooke to make sure that a consistent approach is taken. The officer will work with the individuals and report to case managers to provide an update on each individual's circumstances. The project officer has worked previously as a care manager assistant for a number of years and has experience of working closely and sensitively with people in times of uncertainty. Some relatives of service users have expressed a concern that there could be a devastating affect on individuals who move from being settled and happy. Members of KASS staff would work at the pace of the individual and their family, providing help and support to find and secure alternative accommodation that meets the individual's assessed needs. KASS has to routinely move individuals all of the time because of changes in levels of need. This could be from one home that no longer meets the needs of the individual to another (for instance if they develop dementia or have nursing needs that the first home is not registered to respond to). KASS has many years of experience in carefully and successfully helping older people to move. Each case will be managed and supported on an individual basis to ensure personal needs are met at an appropriate pace for the individual.

On 2 October, a separate consultation event was undertaken by MORI attended by 75 people who were looking at the county council's priorities. A case study was used for the future of older person's services. Feedback from the individuals was that older people's accommodation should be a priority and it was less important who provided the services as long as KCC retained a role in making sure of quality.

b) Questionnaire:

(6) A questionnaire was developed in August and distributed in September. It was designed as an additional method to generate feedback not only from key stakeholders but also members of the general public. The Questionnaire asked questions both about the proposal and what was important to people in the future should they need to access support services. There were a number of opportunities for people to enter free text in addition to answering the questions. Key areas of feedback from the Questionnaires received on the Future of Older Person's Provision were:

(7) **The proposals:**

42% of people, when asked what they thought of the proposals, answered they had mixed views with 24% responding they thought it was a bad idea and 15% that it was a good idea. In the free text field the greatest number of comments (31) acknowledged that planning for the future was a good idea with 27 people saying they were against the proposal because of the disruption to the clients. Other common comments included support for extra care housing, emphasising the importance of day care and concerns about the quality of care in the independent sector.

(8) **Should KCC run its own homes?**

59% of respondents stated that the council should continue to run its own homes with 20% disagreeing. The largest number of comments wanted to know why KCC homes cost double the price KCC can buy it in the independent sector. 22 recommended that KCC should review staff contracts and KCC processes to reduce the cost. Other comments included concerns about the quality of care in the independent sector. 8 people criticised the question as leading.

(9) On what basis should KCC make the decision about the proposals?

80% thought quality of care an essential factor, 75% continuity of care for the residents, and 47% felt keeping some homes in the management of KCC was essential. Fewer people thought value for money (175) and freeing up resources to care for more people (132) were essential although these issues were considered very important by 41.5% of respondents.

(10) Thinking about the future

When asked about their preferred choice of how they would like to receive care most people wanted to be able to live at home for as long as possible followed by a situation similar to extra care housing.

The most important issues to people considering moving into a care home were trained and friendly staff, home cooked nutritious food and being with ones partner. Other factors that were important to people were to remain a respected member of their local community treated with respect and able to exercise choice and control and the ability to have pets.

The top five things that people rated as essential or very important to them when they were older were:

1. help and support available when needed
2. a safe and secure environment
3. being able to maintain links with family, friends and local community
4. ability to remain as independent as possible with own routine and choices
5. accessibility (no steps etc)

6. Personnel implications

(1) Issues raised by members of staff related to redeployment opportunities, redundancies and support for staff through the consultation process. From 14 June 2010 all staff vacancies in the Registered Care Centres, learning disability provision and the Enablement service were only being offered on a temporary basis to maximise any opportunities for the redeployment of existing staff. Staff will be offered one-to-one meetings with a personnel officer and their union representative and the opportunity to receive skills training to enable them to continue their employment within Kent County Council, where possible. Redundancies, where possible, will be kept to a minimum.

(2) Special arrangements will be put in place to give members of staff an opportunity to apply for posts while continuing to support service users until the service has closed. Those who are not successfully redeployed into these posts will be offered support to help them to secure alternative employment. The Redundancy & Redeployment procedure would be followed and people will be offered Priority Consideration status once they are at risk of redundancy in order to help them find work in KCC.

(3) The staffing information for Manorbrooke as at 23 November 2010 is as follows:

Head count	No. of contracts	No. of Permanent Contracts	No. of Temporary Contracts	No. of Fixed Term Contracts	No. of Full Time Contracts	No. of Part Time Contracts	No. of Relief Contracts	FTE
51	57	55	2	0	7	37	13	27.75

7. Summary

(1) The proposal for Manorbrooke to be closed, demolished and be replaced by extra care housing is recommended. The individuals accessing the services will all receive a reassessment and be offered an appropriate alternative service at no financial disadvantage.

(2) The need for extra care housing in the Dartford district and the ability to access PFI funding to secure modernised services for older people in Stone remains a priority for commissioners and partners.

(3) Should Manorbrooke remain open, it would require significant investment and any major refurbishment would probably need residents to move out while works took place.

(4) There is an active and thriving social care market in Dartford at a cost and quality appropriate for the county council. The market is also responding and there is growth in terms of new provision planned for the district. The market is responding to the greater needs of people with dementia.

(5) If the decision is taken for Manorbrooke to close, the land value of the site will be part of the PFI contract and the site will be leased to the successful contractor. In April 2010 full planning applications for the extra care housing will be submitted.

(6) A proportion of the revenue previously used for the operation of Manorbrooke will be used for the Dartford locality to offer services to more older people.

(7) An initial screening as part of the Equality Impact Assessment was undertaken prior to the consultation on the modernisation proposals. This identified the need for a full Equality Impact Assessment to be undertaken on each proposal, which has now been done. The assessment confirms that the proposals can be delivered in a way that adequately takes account of the individual needs of existing residents and of other service users.

8. Recommendations

(1) The Cabinet member is asked to **consider** the contents of this report and **agree** that Manorbrooke should close in September 2011 and for the site to be used for extra care housing. Should the recommendation not be agreed, the future of Manorbrooke will need to be revisited and further a consultation period will be required on a revised proposal.

Margaret Howard
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Background Documents

- Government White Paper 'Our Health, Our Care, Our Say' – January 2006
- National Dementia Strategy – February 2009
- Active Lives for Adults 2006-2016
- Closure/Variation Policy for the closure/variation in the service use of a Social Services Establishment
- Vision for Adult Social Care: Capable Communities and Active Citizens
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care
- Locality Commissioning Strategy

Text from the Petitioners to County Council

MANORBROOKE PRESSURE GROUP

Manorbrooke is a residential home in Dartford (the last KCC home in the Dartford borough), that cares for 32 residents. We are campaigning to save Manorbrooke from closure. The petition collected 1,400 signatures from the Manorbrooke residents, family members and residents within the Dartford community who are opposed to the plans in KCCs consultation for the reprovision of Manorbrooke to Extra Care Homes. The KCC paper cites 4 reasons for the change as “More People living longer”, High Quality Care as a continuing priority, Buildings of high quality and Cost – less money”. Manorbrooke already provides all of those needs.

Manorbrooke provides high quality care for all who use it (verified by the Care Quality Commission who rated the care as excellent), and that the closure will put at risk the quality of life of those who live there and increase the strain on their carers.

Manorbrooke provides a building that meets the needs of the residents, and the Care Standards Act 2000 and 2008. We believe that the Care Quality

Commission who provided guidelines on ensuite facilities did not intend residential care to be closed to the detriment of the older people. Voluntary and private sector homes are providing care without en-suite facilities, so why does Manorbrooke need to be closed?

The residents have found this proposal extremely stressful, many often becoming upset and worried about their future – you are throwing extremely vulnerable people out of their homes, to provide alternative care for the elderly that is not fit for purpose for the majority of the current residents, due to their vulnerability. KCC should have purchased a piece of land to build the planned extra care homes, instead of closing Manorbrooke. If the plans go ahead, 32 residents will have to be re-housed into homes that many of the relatives and residents did not initially choose – there is not a home within a 5 mile radius that will provide the same care as Manorbrooke. Many relatives have phoned other homes in the area and the vacancies are extremely limited and more expensive (some shared rooms) – we are assuming that this will be funded by KCC?

This economic crisis has given KCC an opportunity to close this home purely on cost-savings (although we understand the savings are negligible compared to the massive impact on the residents, staff, and family members). Many alternatives for the current and future residents will mean a less than excellent rated care, a building that does not have an ensuite (although this is one of the reasons for closing Manorbrooke), and a future without a direct council provision of care in the Dartford area that enhances choice and helps set standards for the elderly care sector as a whole. These proposals will also increase costs to the tax payer to fund the additional top-up of fees. We are pleading with KCC not to proceed with the closure and to enable the residents (our family) to live out their lives in dignity in the home of their choice.

By: Oliver Mills, Managing Director, Kent Adult Social Services

To: Graham Gibbens, Cabinet Member, Adult Social Services

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON THE CLOSURE OF LADESFIELD REGISTERED CARE CENTRE, WHITSTABLE**

Classification: Unrestricted

Summary: This report considers the proposal to close Ladesfield and summarises the responses to the consultation. The report asks the Cabinet member to approve the proposal to close Ladesfield

1. Background

(1) Kent County Council (KCC) is modernising the way older people are supported and cared for in the county.

(2) On Monday 14 June 2010, Kent County Council's Cabinet agreed for Kent Adult Social Services (KASS) to begin a formal consultation on the future of its Older Person's Service Provision. From Monday 21 June 2010, KASS officers met with staff, service users, relatives, trades unions and other key stakeholders to talk about the proposals.

(3) The full consultation covered 11 of the 16 homes owned and managed by KASS.

The main drivers for the full consultation are:
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- | |
|--|
| <ul style="list-style-type: none">• More people are living longer and living with dementia. People rightly expect more choice in care.• High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.• Residential care should be in high quality buildings. Some KCC buildings have reached the end of their useful life and don't meet expectations or standards for new builds.• Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people. |
|--|

(4) The considerations and options evaluated to determine the proposals for each home included:

- a) The range of alternative local services for older people
- b) The opportunity for developments with partners in the local area

- c) The condition of the buildings and likely capital expenditure required to maintain services
- d) The appropriateness of the design of the buildings for the services delivered and required
- e) The need to release money that is tied in to services that could be used to deliver equivalent services to more people

(5) The proposals combined across Kent will generate savings of £1m in 2011/12 and £1.2m in 2012/13.

(6) This report covers Ladesfield in Whitstable. The proposal in the consultation is for the home to be closed with alternative services to be provided in the independent sector.

(7) Ladesfield is a detached 35-bed unit built in 1972. It offers residential, respite and intermediate care and day care to a maximum capacity of 10 people each day. It is freehold and has no known restrictive covenants. It was purpose built in a residential area in Vulcan Close, Whitstable. The accommodation is across three floors and is registered for people with dementia and those with general frailty. The second floor is the Somerset Suite, a respite unit for 10 people with dementia. Each bedroom has its own private handwash basin.

(8) Ladesfield would not meet the national minimum standards of the Care Standards Act 2000 as regulated by the Care Quality Commission if it were to be built today. There is, however, protection against these standards being applied for as long as significant structural improvements are not required. The building will very soon require considerable investment to maintain services and meet future needs and expectations because of its age. Some indicative survey work undertaken identified the following that will need addressing, some approximate costs have been included:

○ Boiler	£ 200,000
○ Windows and doors	£ 60,000
○ Flat roof (one)	£ 62,000
○ Refurbishment of rooms	£ 120,000
○ Light fittings and other electrical works	£ 10,000
Total	£ 452,000

(9) The unit cost (gross), based on 100% occupancy, for one bed was £723.50 per week for 09/10. The unit cost (gross), based on 100% occupancy, in the day centre was £65.30 per day for 09/10. The annual gross expenditure for 2009/10 was £1,320,400 for the residential unit and £151,300 for the day care totalling **£1,471,700**.

(10) NHS Eastern and Coastal Kent placed a charge on Ladesfield based on their capital investment to develop dementia services and these charges were due to be repaid should the services cease. A letter was received from NHS Eastern and Coastal Kent dated 11 October 2010 confirming that the charges are considered discharged.

(11) On 18 November 2010, Ladesfield had 14 permanent residents. The service offered 20 frail permanent places, five frail respite places and 10 dementia respite places. In 2009/10, Ladesfield ran at 83% of its residential capacity making the unit cost £875.03 and 53% of its day care capacity making the unit cost £123.07.

(12) The maximum charge for individuals accessing the beds in the units is currently capped at £407.92 per week. Everyone that accesses residential and respite services is financially assessed for a contribution towards their care in line with the Charging for Residential Accommodation Guide (CRAG). This means that individuals who have savings of more than £23,250 are charged £407.92 per week and anyone with less than £23,250 is assessed against their means to determine their level of payment. A snapshot undertaken in the summer of 2010 indicated at that time there were 51 people living in the in house residential services being charged £407.92 per week.

(13) KASS has a guide price for the independent sector and can buy services in the Canterbury district for £328.65 per week for standard residential care.

(14) The Care Quality Commission (CQC), in its last inspection in 2009, rated the service as 'good'. There was positive feedback about the services both from inspectors and service users. The report showed that the majority of the bedrooms on the ground and first floor are small. Whilst this does not pose a problem for ambulant residents, for those who are wheelchair bound and need a hoist and two members of staff to transfer, it may do in future.

(15) Canterbury commissioning managers have recognised that Ladesfield offers important respite services that they would need to provide in the independent sector and, longer term, there may be the potential for new developments in the district with other public sector organisations.

(16) It is anticipated, should the proposal be agreed, that Ladesfield will close by September 2011 and given the confidence from commissioners of the availability of alternative provision this may be in the early part of the 2011/12 financial year.

2. Consultation Process

(1) The county council has a duty to undertake formal consultation on any proposed changes to services. The Procedure for consultation on modernisation/variation or closure of establishments in KASS was followed as below:

Process	Date Action Completed
Obtained agreement in principle from the Cabinet Member for Adult Social Services.	14 June 2010
Cabinet member chaired a meeting to discuss the proposals and information packs were sent to those who were invited and who attended:	
The Chairman of the Adult Social Services Policy Overview Committee (ASSPOSC)	10 June 2010
Vice Chairman	10 June 2010
Opposition spokesman	10 June 2010
Local KCC member(s)	2 July 2010
Elected members	14 June 2010
Responsible member of KCC adult social services Strategic Management Team	10 June 2010
Heads of Services (updated to reflect new title)	14 June 2010
Area Personnel Manager	14 June 2010

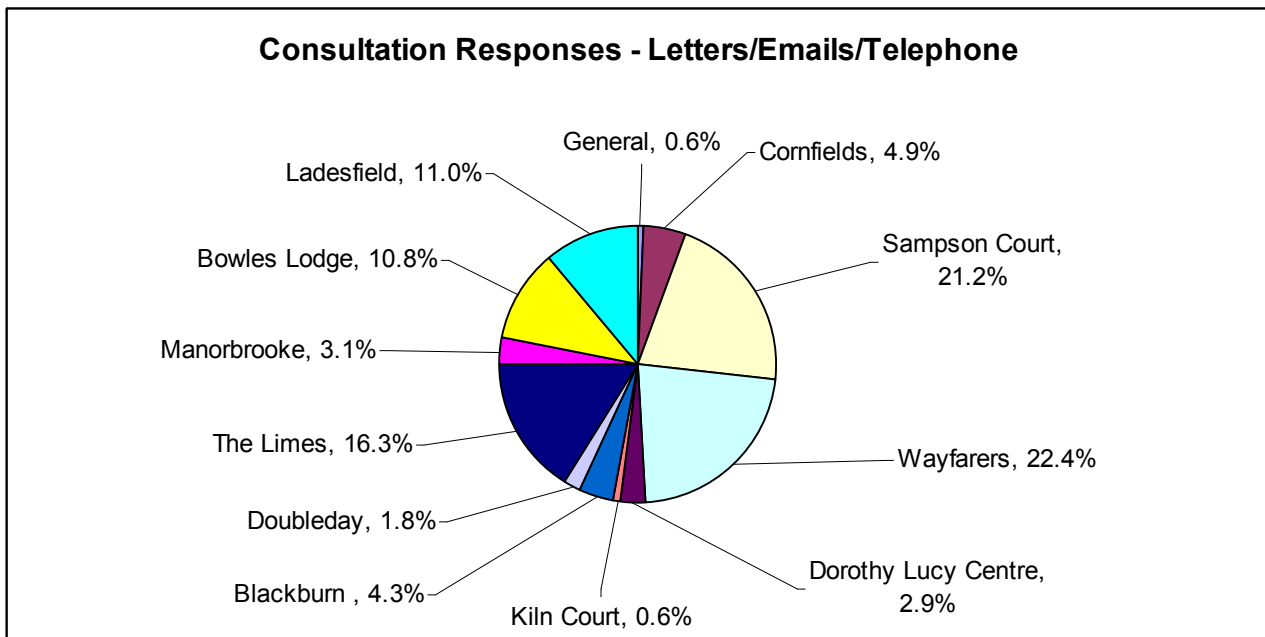
<p>Stakeholders were informed in writing and invited to comment: -</p> <ul style="list-style-type: none"> Users, relatives and carers Head of Service Staff Trades Unions Local KCC member(s) District Council Parish/Town Council Relevant NHS bodies Any other relevant person or organisation and the Local MP 	<p>Letter sent 14 June 2010. Consultation period ended 1 November 2010 (19 weeks from 21 June 2010).</p> <p>Summary of meetings and correspondence received as a result of the consultation</p> <p>Informed MP and answered questions</p> <p>Held individual meetings and group meetings with local councillors, county councillors, MPs</p>
<p>Directorate issued a Press Release</p>	<p>The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.</p>
<p>A wide range of stakeholder meetings were held</p>	<p>Meetings with staff and union representatives held on 2 July 2010.</p> <p>Stakeholder Roadshow held for Ladesfield on 7 October 2010</p> <p>Individual meetings with permanent residents and carers offered but not requested for those accessing Ladesfield</p> <p>Meeting with respite users and carers on 2 July 2010.</p> <p>Meeting with day care users/carers on 2 July 2010.</p> <p>East Kent Area Management Team Commissioning Board on 6 September 2010 and 1 November 2010.</p> <p>Presentation at members' briefing on 26 July 2010 on proposals.</p>

	<p>Meeting with East Kent MPs on 8 October 2010</p> <p>Presentation to NHS Eastern and Coastal Kent Commissioning Strategy Committee (Swale, Dover and Whitstable PBC) Meeting on 25 August 2010</p> <p>Presentation to Agewise – Canterbury on 7 September 2010</p> <p>Canterbury Health & Wellbeing group on 14 September 2010</p> <p>Ladesfield Relatives Meeting 17 September and 22 September 2010</p> <p>Kent & Medway Partnership Trust OT Empowerment & Involvement 30 September 2010</p> <p>Adult Social Services Policy Overview and Scrutiny Committee Chair and Vice-Chair visit to Ladesfield 26 October 2010</p>
Report to Cabinet member for decision making on the closure/variation proposal.	This report dated 30 December 2010
The Cabinet member or the Chairman of the Adult Services Policy Overview Committee will decide if a meeting between him/themselves, KCC members and consultees is necessary.	In addition to the extensive consultation, these matters will also be discussed at Adult Social Services Policy Overview Committee on 12 January 2011
Instigate any change programme	From January 2011.

(2) The 19-week consultation period for the modernisation of our Older Person's Provision concluded on 1 November 2010. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered. Clients and their carers were consulted about the alternative options of service provision.

(3) The overall consultation received **490** letters; most were relating to specific units. A number of letters were copied to the local MP, local councillor, Councillor Gibbens and officers within KCC. Each letter was responded to either by a standard acknowledgement or a more detailed letter responding to any queries or inaccuracies in their statements. Of the total number of responses, **11%** related directly to Ladesfield.

The chart below shows the responses for all units consulted on.



(5) KCC developed a questionnaire as an additional method for people to contribute to the consultation. This questionnaire was available either by responding directly on line, downloading from the website or through a hardcopy with postage paid.

(6) A Facebook Group was established "save Ladesfield" and 45 people 'like' this page.

(7) The lead campaign group PORCH (protect our relatives care home) was also established at <http://porch.socraticirony.org/>.

(8) A petition was received against the proposals containing 883 signatures.

3. Alternative/Replacement Services

(1) Canterbury commissioners recognise that the services provided at Ladesfield are important and would need to be provided elsewhere. Every individual who currently gets support through Ladesfield would have a full reassessment of their needs and would be supported in securing alternative services:

Residential:

(2) There are currently 14 permanent residents in Ladesfield. Two are likely to require a permanent dementia placement and one is likely to require a nursing care placement. All remaining permanent residents will be supported in securing alternative services in the independent sector following an updated assessment of their needs and an analysis of friendship groups.

(3) A desktop exercise has been undertaken reviewing care plans and talking with case management staff and it is expected that the following may need to be secured:

Potential Client Relocation	Residential	OPMH Residential	Nursing	OPMH Nursing	Dual Purpose
Canterbury					2
Herne Bay	3				
Whitstable	2	3	2		
Out of Area (2)					
Vacancies 26/9/10	Residential	OPMH Residential	Nursing	OPMH Nursing	Dual Purpose
Canterbury	14	4	0	0	1
Herne Bay	5	6	0	0	17
Whitstable	2	8	0	2	1
Upper Harbledown	0	0	0	0	5
Other	0	7	0	0	1

(4) This illustrates that there are vacancies within the district to accommodate the permanent residents in Ladesfield plus some block purchasing for respite. A more detailed analysis was undertaken looking specifically at Herne Bay and Whitstable to provide assurance that the individuals who wish to live there can be accommodated. It may be necessary to liaise with selected homes in Whitstable to make sure Ladesfield clients are prioritised through management of their waiting lists.

(5) Whitstable has a total of 139 beds in six homes for residential and residential OPMHN (older people with mental health needs). This figure excludes Ladesfield. All of these are rated 'good' or 'excellent'. KASS currently funds 54 residents in Whitstable residential homes (excluding Ladesfield)

(6) Herne Bay has a total of 465 beds in 19 homes for registered residential and residential OPMHN. There are 347 registered beds in residential homes that are rated 'good' or 'excellent' of which 228 registered are within the KASS band rate.

(7) Canterbury City has a total of 404 beds in 16 homes for registered residential and residential OPMHN. There are 396 registered beds in residential homes that are rated 'good' or 'excellent' of which 231 registered beds are within the KASS band rate.

(8) These figures exclude nursing care beds. This figure is not precise as some homes are registered for nursing and residential. In these cases, a judgement has been made as to the proportion that are used as residential beds.

Respite:

(9) The respite services that Ladesfield offers are a critical part of the commissioning for older people within the District. There are no permanent OPMHN beds. There are 10 OPMHN non-permanent beds. One of these beds is funded for 'direct access' by Carers, and another bed is supported by the Kent and Medway Partnership Trust Home Treatment Team as a 'crisis' bed.

The table below shows where people come from to access respite at Ladesfield:

Whitstable	18
Herne Bay	18
Canterbury	14
Sittingbourne	4
Faversham	2
Sheerness	1
Broadstairs	1

(10) Commissioners have identified that across the locality, three to four additional beds will be required for bookable short breaks for general frailty, and two to three additional beds on short notice (i.e. less than seven calendar days) to serve the local population. This includes current levels of short term admissions for “assessment” from hospital.

(11) Seven to eight additional beds will be required for dementia short breaks, with a high percentage of occupancy expected to be booked in advance.

(12) There are 58 clients currently recorded as using Ladesfield for regular residential respite care. 18 of these are Whitstable residents which indicates that KASS would need to procure at least two beds in the local P&V homes to continue to offer a locally accessible service. Vacancy levels in the independent sector indicate that this will be achievable. It is contingent upon suitable homes entering into a contractual arrangement with KCC and there has been interest from the independent sector in exploring and developing this. Kiln Court in Faversham can also be utilised for respite, residential and day care and could also support the hospital discharge/urgent care agenda across the locality. The partnership plans for Kiln Court will see modernised services delivered in the locality from 2013.

Day Care:

(13) There is a modest day care area within the establishment. It operates from Monday to Friday, with a maximum capacity for 10 people each day. Monday, Wednesday and Friday are for older people with general frailty. Tuesday & Thursday are for older people with dementia. Six clients, all from Whitstable, attend for dementia day care, and four of these also attend for regular residential respite care. Five other clients attend on other days for general frailty needs, also all Whitstable residents. Booked attendance ranges between four to seven people per day. Recent actual attendance over a period of time shows that only one person attends on a Monday, two on a Tuesday and four on Wednesday, Thursday and Friday.

(14) Local commissioners estimate that up to 12 additional day care places per week (2-3 per day) will be required for older people with dementia, all local Whitstable residents. At least one local home is considering offering dementia day care, and KASS would aim to secure some residential respite facility in the same place as the day care to offer service continuity.

(15) Up to 18 additional day care places per week (general frailty, 3-4 per day) will be required for the five Whitstable residents currently attending. Further to dialogue with partners, it is anticipated that the adjacent Age Concern Whitstable will be able to offer places, as well as the potential for some personalised solutions for one or two clients.

4. Alternative Proposals

(1) An Evaluation Panel met on 15 November 2010 to review all alternative proposals that had been submitted. The panel had representation from Commissioning, Finance, Contracting and Standards, Provision and Personnel.

(2) There were two proposals; one was the response from Unison covering all of the proposals and one was from a local resident.

(3) **Unison's** feedback called on the county council to withdraw its proposals and retain its role as a direct provider of social care. This has been considered as an alternative proposal and evaluated by a panel of KASS officers. Unison reports that there is extreme difficulty identifying vacancies in independent sector homes of a satisfactory standard. It does not think specialist services should be provided in an untested market and believes KCC should remain a direct provider in order to help set high standards. The comments from Unison state that the buildings are fit for purpose and that quality of care should be considered above the fabric of the building. Unison argues that reducing council provision reduces choice and that "attrition rates for residents remain high for enforced moves". Unison argues that KCC's cost comparisons with the independent sector have not been made like-for-like and do not take into account transaction costs. For the partnership proposals (Blackburn Lodge, Doubleday Lodge, Kiln Court), Unison argue that TUPE Plus should be a minimum expectation, should these be taken forward. The submission also stated that an independent sector operator would drive to reduce costs, that staff would move on and ultimately that quality would be reduced as a result.

(4) The proposal from Unison is largely asking to maintain the status quo, which does not enable KCC to address the four key reasons for change and therefore is not an option that KCC can support. In response to Unisons issues, the panel made the following observations:

- KCC will retain control of the market as a key purchaser of care and standards.
- There are vacancies in homes rated 'good' or 'excellent' in the independent sector.
- The proposal for the specialist enablement beds at The Limes is for them to be provided at Gravesham Place which has previous experience of this service.
- The buildings will require the investment of significant capital funding that KCC does not have access to – and the long term future of the services could be more uncertain, possibly resulting in emergency closure rather than planned closure.
- There is no statutory duty to directly provide residential care. KCC should be directing resources to further enhance the quality monitoring and contract management responsibilities it has in commissioning services – and providing personal budgets for people who meet KASS eligibility criteria.
- It is KCCs stated long term intention to focus on undertaking a commissioning role with services provided by a plurality of independent sector providers.
- KCC has considerable experience of carefully and successfully moving older people. Each case will be managed and supported on an individual basis to ensure their personal needs are met at an appropriate pace for the individual.
- It is acknowledged that purchasing intermediate care/enablement beds in the independent sector would require a premium above guide price however commissioners are confident they could purchase these beds in the independent sector at less than the current average cost of an in-house bed.

(4) Another alternative proposal was also received from a local resident during the consultation period as follows:

A. “THE POSSIBILITY OF EXTENDING LADESFIELD

Ladesfield could be extended, if funds could be found, to provide a 50-bed facility which I am informed is a more ideal size for a residential care home. The new bedrooms could be constructed with en suite bathrooms which would allow for potential residents who are more able to use such facilities independently. The extended area could possibly incorporate facilities for EMI residents and could comprise a layout ideal to their needs. Overall this would provide a better mix of accommodation for folk at different levels of physical and mental ability. There is sufficient room on site to permit such an extension and it could be built with minimum disruption. A larger and upgraded Ladesfield could become more widely recognised as ‘a centre of excellence for residential care’. Failing this the site could be used for ECH.

B. THE POSSIBILITY OF PARTNERSHIP WITH THE PRIVATE SECTOR

Surely there is the possibility of some partnership with the private/ voluntary sector that would permit Ladesfield to continue as a going concern? The briefing paper prepared by KASS states that: ‘*Partnering arrangements could be looked at as a way of providing modernised services that are needed, and expected, by the people of Kent.*’

A number of options could be pursued to raise capital for the refurbishment of Ladesfield as the aforementioned Porch document points out.”

(5) The Evaluation Panel did not consider that this proposal is viable for the following reasons:

- KASS has no access to capital to extend Ladesfield and should such a proposal be considered very extensive works would need to be undertaken on the original building as identified in the report.
- Extra care housing has to be delivered in partnership with the local authority that has the responsibility for housing. Canterbury City Council recently delivered extra care housing at King Edward Court in Herne Bay with the county council and currently identifies that this is adequate to meet current need.
- There is an active and thriving social care market in the Canterbury district and partnership arrangements are not required as the independent sector can adequately accommodate the client group. It is estimated that there is currently one registered Residential home bed for every nine people aged 80+ in the Canterbury District which indicates more than adequate supply

The Project Executive Board agreed with the panel.

5. Issues raised during the consultation

a) Emails/Letters

(1) A form of petition was received by way of 27 copies of a standard letter to KCC local Councillor Mark Dance. The key points were that **there would be a loss of community services, improvements should be made to existing facilities to enable clients to remain where they chose to live and that current members of staff provide excellent care.** It has always been stated that the standard of care is not one of the drivers behind the proposals. The closure of Ladesfield would mean that there would be 35 fewer beds available for the Canterbury district but these beds could be re-provided in the independent sector, providing dedicated beds for dementia respite and other needed

services. A residential home has recently been extended in Whitstable providing additional beds. In order for improvements to be made at Ladesfield, significant capital investment would be needed. KCC does not have access to such funding. The Care Quality Commission commented in their last inspection report that the rooms at Ladesfield are not of a suitable size for people who might require equipment or additional support, so would not support people with greater needs.

It is recognised that Ladesfield was a choice for some people because of its location. Residents would be supported in identifying an alternative home in their preferred location that meets their needs.

(2) **Slowly wind down Ladesfield for closure to make sure that those service users who chose to live at Ladesfield could remain there without any upheaval.** The current cost of running Ladesfield is £1.3m per year. The unit cost (gross), based on 100% occupancy, for one bed was £723.50 per week for 09/10. This increases to £875 per week if based on 2009/10 occupancy of 83%. The unit cost would only increase further with fewer individuals using it over time. If the proposal to close is agreed, KASS will have up to eight to nine months to agree and make alternative arrangements for the remaining residents. Should peoples needs change and they require nursing care, Ladesfield would not in any event be able to provide the continuity of service. Although KASS appreciates the anxiety that change generates, the way we will manage the change will be careful and individual and is detailed further below.

(3) **Moving people will shorten their lives and will have a devastating affect.** It is acknowledged that the change proposal has inevitably worried residents, carers and relatives. KASS has allocated a dedicated project officer to work with those individuals currently supported by services at Ladesfield to make sure that a consistent approach is taken. The officer will work with the individuals and report to case managers to provide an update on each individual's circumstances. The project officer has worked previously as a care manager assistant for a number of years and has experience of working closely and sensitively with people in times of uncertainty. Some relatives of service users have expressed a concern that there could be a devastating affect on individuals who move from being settled and happy. Members of KASS staff would work at the pace of the individual and their family, providing help and support to find and secure alternative accommodation that meets the individual's assessed needs. KASS has to routinely move individuals all of the time because of changes in levels of need. This could be from one home that no longer meets the needs of the individual to another (for instance if they develop dementia or have nursing needs that the first home is not registered to respond to). KASS has many years of experience in carefully and successfully helping older people to move. Each case will be managed and supported on an individual basis to ensure personal needs are met at an appropriate pace for the individual.

(4) **The Dementia day care and respite are valuable and are not available elsewhere.** KASS commissioners identified when the proposals were announced that dementia day care and respite services are important and would need to be replaced, if Ladesfield were to close. The commissioners have identified how the services could be re-commissioned in the independent sector as identified above.

(5) **Ladesfield prevents admission to hospital or to permanent residential care.** As stated above, the commissioners do recognise the important role that day care and respite play as preventative services and would be re-providing these services.

(6) **This is a money saving drive affecting the elderly. Money could be saved elsewhere in KCC and this should not be driven by the capital receipt.** The proposals are about the four key reasons that are mentioned at the beginning at this report. Although value for money is a significant factor, it is not a primary reason behind the changes. However, it is true that KCC could buy two beds in the independent sector with the same money it would use to buy one in-house. With the numbers of people requiring care in the long term, adult social services needs to use its resources for more people to access services. KCC members have confirmed that the intention for some of the capital receipts from the site sales would be made available to develop services for older people.

Each of the directorates within KCC is reviewing where money can be saved.

(7) **There is not the quality of care in the independent sector, they are not inspected and there have been examples recently of this in the press. There is not the capacity for people with dementia and no vacancies to support the closure.** The Care Quality Commission inspects homes both in the independent sector and Ladesfield. They rate services at Ladesfield as 'good', while others are excellent. Every residential care home receives an annual review and members of KASS staff are frequently in residential care homes reviewing services and quality. Where improvements are found to be needed, lessons are learned and fed back to the CQC.

KASS officers will reassess individuals living at Ladesfield and will support them to find an alternative home that meets their needs. On 26 September 2010, there were 73 vacancies across the district.

Services are being developed and the market is responding to provide services to those with greater need.

(8) A campaign group formed called PORCH – Protect Our Relatives Care Home was formed. This campaign identified a number of the issues early on and requested meetings with the Cabinet Member and the Director of Operations. These issues mainly focused upon the cost model for our services and a comparative exercise against the Laing and Buisson Model which was developed to look at a cost model for the independent sector homes. KASS shared information relating to the cost breakdown for Ladesfield and also details around the staffing model and terms and conditions. PORCH also asked for more certainty around the future of care for their relatives and the associated costs and KASS developed a memorandum of understanding which is in the process of being finalised.

b) Questionnaire:

(9) A questionnaire was developed in August and distributed in September. It was designed as an additional method to generate feedback not only from key stakeholders but also members of the general public. The Questionnaire asked questions both about the proposal and what was important to people in the future should they need to access support services. There were a number of opportunities for people to enter free text in addition to answering the questions. Key areas of feedback from the Questionnaires received on the Future of Older Person's Provision were:

(10) **The proposals:**

42% of people, when asked what they thought of the proposals, answered they had mixed views with 24% responding they thought it was a bad idea and 15% that it was a good idea. In the free text field the greatest number of comments (31) acknowledged that planning for the future was a good idea with 27 people saying they were against the proposal because of the disruption to the clients. Other common comments included

support for extra care housing, emphasising the importance of day care and concerns about the quality of care in the independent sector.

(11) Should KCC run its own homes?

59% of respondents stated that the council should continue to run its own homes with 20% disagreeing. The largest number of comments wanted to know why KCC homes cost double the price KCC can buy it in the independent sector. 22 recommended that KCC should review staff contracts and KCC processes to reduce the cost. Other comments included concerns about the quality of care in the independent sector. 8 people criticised the question as leading.

(12) On what basis should KCC make the decision about the proposals?

80% thought quality of care an essential factor, 75% continuity of care for the residents, and 47% felt keeping some homes in the management of KCC was essential. Fewer people thought value for money (175) and freeing up resources to care for more people (132) were essential although these issues were considered very important by 41.5% of respondents.

(13) Thinking about the future

When asked about their preferred choice of how they would like to receive care most people wanted to be able to live at home for as long as possible followed by a situation similar to extra care housing.

The most important issues to people considering moving into a care home were trained and friendly staff, home cooked nutritious food and being with ones partner. Other factors that were important to people were to remain a respected member of their local community treated with respect and able to exercise choice and control and the ability to have pets.

The top five things that people rated as essential or very important to them when they were older were:

1. help and support available when needed
2. a safe and secure environment
3. being able to maintain links with family, friends and local community
4. ability to remain as independent as possible with own routine and choices
5. accessibility (no steps etc)

6. Personnel implications

(1) Issues raised by members of staff related to redeployment opportunities, redundancies and support for staff through the consultation process. From 14 June 2010 all staff vacancies in the Registered Care Centres, learning disability provision and the Enablement service were only being offered on a temporary basis to maximise any opportunities for the redeployment of existing staff. Staff will be offered one-to-one meetings with a personnel officer and their union representative and the opportunity to receive skills training to enable them to continue their employment within Kent County Council, where possible. Redundancies, where possible, will be kept to a minimum.

(2) Special arrangements will be put in place to give members of staff an opportunity to apply for posts while continuing to support service users until the service has closed. Those who are not successfully redeployed into these posts will be offered support to help them to secure alternative employment. The Redundancy & Redeployment procedure would be followed and people will be offered Priority Consideration status once they are at risk of redundancy in order to help them find work in KCC.

(3) The staffing information for Ladesfield as at 23 November 2010 is as follows:

Head count	No. of contracts	No. of Permanent Contracts	No. of Temporary Contracts	No. of Fixed Term Contracts	No. of Full Time Contracts	No. of Part Time Contracts	No. of Relief Contracts	FTE
53	58	57	0	1	10	36	12	31.66

7. Summary

(1) The proposal for Ladesfield to be closed is recommended. Individuals who access the services provided at Ladesfield will all receive a new, full assessment and be offered an alternative service at no financial disadvantage should the individuals needs not have changed.

(2) There is sufficient capacity in the independent sector in and around the Canterbury district to accommodate the needs of the existing residents, respite and day care users of Ladesfield.

(3) Should the proposal be agreed, it is anticipated that Ladesfield will close no later than September 2011.

(4) An initial screening as part of the Equality Impact Assessment was undertaken prior to the consultation on the modernisation proposals. This identified the need for a full Equality Impact Assessment to be undertaken on each proposal, which has now been done. The assessment confirms that the proposals can be delivered in a way that adequately takes account of the individual needs of existing residents and of other service users.

8. Recommendations

(1) The Cabinet member is asked to **consider** the contents of this report and **agree** that Ladesfield should close no later than September 2011.

Margaret Howard
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Background Documents

- Government White Paper 'Our Health, Our Care, Our Say' – January 2006
- National Dementia Strategy – February 2009
- Active Lives for Adults 2006-2016
- Closure/Variation Policy for the closure/variation in the service use of a Social Services Establishment
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care
- Locality Commissioning Strategy

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By: Oliver Mills, Managing Director, Kent Adult Social Services

To: Graham Gibbens, Cabinet Member, Adult Social Services

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON THE PROPOSED CLOSURE OF THE LIMES REGISTERED CARE CENTRE, DARTFORD**

Classification: Unrestricted

Summary: This report considers the proposal to close The Limes and summarises the responses to the consultation. The report asks the Cabinet member to approve the proposal to close The Limes

1. Background

(1) Kent County Council (KCC) is modernising the way older people are supported and cared for in the county.

(2) On Monday 14 June 2010, Kent County Council's Cabinet agreed for Kent Adult Social Services (KASS) to begin a formal consultation on the future of its Older Person's Service Provision. From Monday 21 June 2010, KASS officers met with staff, service users, relatives, trades unions and other key stakeholders to talk about the proposals.

(3) The full consultation covered 11 of the 16 homes owned and managed by KASS.

The main drivers for the full consultation are:
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- | |
|--|
| <ul style="list-style-type: none">• More people are living longer and living with dementia. People rightly expect more choice in care.• High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.• Residential care should be in high quality buildings. Some KCC buildings have reached the end of their useful life and don't meet expectations or standards for new builds.• Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people. |
|--|

(4) The considerations and options evaluated to determine the proposals for each home included:

- a) The range of alternative local services for older people
- b) The opportunity for developments with partners in the local area

- c) The condition of the buildings and likely capital expenditure required to maintain services
- d) The appropriateness of the design of the buildings for the services delivered and required
- e) The need to release money that is tied in to services that could be used to deliver equivalent services to more people

(5) The proposals combined across Kent will generate savings of £1m in 2011/12 and £1.2m in 2012/13.

(6) This report covers The Limes Registered Care Centre in Dartford. The suggestion in the consultation is for the home to be closed with alternative services to be re-provided for individuals either in-house or in the independent sector.

(7) The Limes is a detached 16-bed unit built in 1965. It offers short term rehabilitation care and day care to a maximum capacity of 20 people each day. It is freehold and has a known restrictive covenant specifying that KCC will use the property only for an older persons home and for no other purpose. There is also a covenant that no buildings or excavation should be undertaken without the agreement of the vendor's surveyor first being obtained, with consent not being unreasonably withheld. A further covenant states that no property or structure should be erected that would "interfere with the amenity of the Livingstone Hospital adjoining the site". The site may also be subject to covenants contained in a conveyance of 1889. A small corner of the site is subject to two long leases to Seeboard. The Limes was purpose built in 1965 in a residential area in Brent Lane, Dartford and was renovated in 2002. The accommodation is across three floors and is registered for older people with general frailty to facilitate their move from hospital.

(8) The Limes would not meet the national minimum standards of the Care Standards Act 2000 as regulated by the Care Quality Commission if it were to be built today. There is, however, protection against these standards being applied for as long as significant structural improvements are not required. The building may require considerable investment to maintain services and meet future needs and expectations because of its age.

(9) The unit cost (gross), based on 100% occupancy, for one bed was £1,052.20 per week for 09/10. The unit cost (gross), based on 100% occupancy, in the day centre was £60.10 per day for 09/10. The annual gross expenditure for 2009/10 was £868,000 for the residential unit and £300,700 for the day care totalling **£1,168,700**.

(10) The Limes has no permanent residents as it is a short term rehabilitative service. The service offers 16 frail short-term places. In 2009/10, the residential care element was running at 70% of its capacity which made the bed unit cost £1,504.39 and the day care at 79% making the unit cost £75.71 per day.

(11) KASS has a guide price for the independent sector and can buy services in the Dartford district for £342.85 for standard residential care (general frailty). Enablement services would cost more than this because of the increased turnover, assessments before and during placement and other transactional costs.

(12) The Care Quality Commission (CQC), in its last inspection in 2009, rated the service as excellent. There was very positive feedback about the services both from inspectors and service users. The CQC reported that the home has a high commitment to staff training, and all care staff study for NVQ level 2. The percentage of staff that has completed this training has increased in the last year, and is now over 82 per cent.

(13) Local commissioning managers have recognised that The Limes offers important services that they will need to provide elsewhere, either within the remaining in house provision or in the independent sector.

(14) It is anticipated, should the proposal be agreed, that The Limes will close in 2011 and given the confidence from commissioners of the availability of alternative provision this may be in the early part of the 2011/12 financial year.

2. Consultation Process

(1) The county council has a duty to undertake formal consultation on any proposed changes to services. The procedure for consultation on modernisation/variation or closure of establishments in KASS was followed as below:

Process	Date Action Completed
Obtained agreement in principle from the Cabinet Member for Adult Social Services.	14 June 2010
<p>Cabinet member chaired a meeting to discuss the proposals and information packs were sent to those who were invited and who attended:</p> <p style="padding-left: 40px;">The Chairman of the Adult Social Services Policy Overview Committee (ASSPOSC) Vice Chairman Opposition spokesman Local KCC member(s) Elected members Responsible member of KCC adult social services Strategic Management Team Heads of Services (updated to reflect new title) Area Personnel Manager</p>	<p>10 June 2010 10 June 2010 10 June 2010 21 June & 5 July 2010 14 June 2010 10 June 2010 14 June 2010 14 June 2010</p>
<p>Stakeholders were informed in writing and invited to comment: -</p> <p style="padding-left: 40px;">Users, relatives and carers Head of Service Staff Trades Unions Local KCC member(s) District Council Parish/Town Council Relevant NHS bodies Any other relevant person or organisation and the Local MP</p>	<p>Letter sent 14 June 2010. Consultation period ended 1 November 2010 (19 weeks from 21 June 2010).</p> <p>Summary of meetings and correspondence received as a result of the consultation</p> <p>Informed MP and answered questions</p>

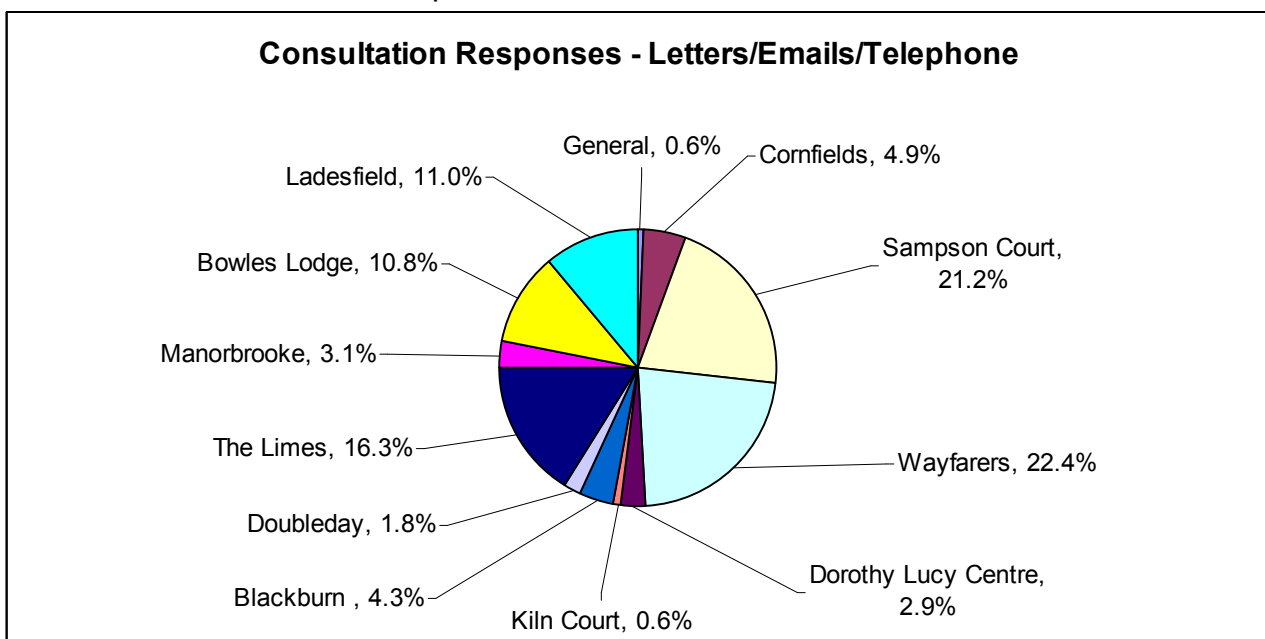
	Held individual meetings and group meetings with local councillors, county councillors, MPs
Directorate issued a Press Release	The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.
A wide range of stakeholder meetings were held	<p>Meetings with staff and union representatives held on 21 June 2010.</p> <p>Stakeholder Roadshow held for The Limes on 11 October 2010</p> <p>Individual meetings with permanent residents and carers offered but not requested for those accessing The Limes</p> <p>Meeting with respite users and carers on 21 June 2010.</p> <p>Meeting with day care users/carers on 21 June 2010.</p> <p>West Kent Area Management Team Commissioning Board on 9 August 2010 and 11 October 2010.</p> <p>Presentation at members' briefing on 26 July 2010 on proposals.</p> <p>Presentation to Older People's Development Forum West Kent on 30 September 2010</p> <p>Adult Social Services Policy Overview and Scrutiny Committee Chair and Vice-Chair visit to The Limes 26 October 2010</p>
Report to Cabinet member for decision making on the closure/variation proposal.	This Report dated 30 December 2010

The Cabinet member or the Chairman of the Adult Services Policy Overview Committee will decide if a meeting between him/themselves, KCC members and consultees is necessary.	In addition to the extensive consultation, these matters will also be discussed at Adult Social Services Policy Overview Committee on 12 January 2011
Instigate any change programme	From January 2011.

(2) The 19-week consultation period for the modernisation of our Older Person's Provision concluded on 1 November 2010. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered. Clients and their carers were consulted about the alternative options of service provision.

(3) The overall consultation received **490** letters; most were relating to specific units. A number of letters were copied to the local MP, local councillor, Councillor Gibbens and officers within KCC. Each letter was responded to either by a standard acknowledgement or a more detailed letter responding to any queries or inaccuracies in their statements. Of the total number of responses, **16.3%** related directly to The Limes.

The chart below shows the responses for all units consulted on.



(4) A petition from Unison was received containing 3,717 signatures. The petition was addressed to the Leader of Kent County Council and voiced opposition to the proposal to close The Limes, Dartford. It stated: "We believe that The Limes provides high quality care for all who use it and that closure will put at risk the quality of life of those who access the enablement care and use its day services, and increase the strain on their carers. Direct council provision of care enhances choice and helps to set standards for the elderly care sector as a whole. We call on the Council not to proceed with closure and to enable residents to be treated with dignity in a care facility of their choice". The petition received enough signatures to trigger a debate at county council on 16 December 2010.

(5) KCC developed a questionnaire as an additional method for people to contribute to the consultation. This questionnaire was available either by responding directly on line, downloading from the website or through a hardcopy with postage paid.

(6) A Facebook Group was set up. "Save the Limes Care & Day Centre in Dartford" had 117 people 'liking' this page.

3. Alternative/Replacement Services

(1) Local commissioners recognise that the services provided at The Limes are important and would need to be re-provided.

Enablement Service:

(2) The service provides 16 beds that are currently used for individuals who are recovering after a stay in hospital. This could be for rehabilitation and/or occupational therapy input. The specification for these beds was changed in November 2009. Having previously been 'recuperative beds' they were changed to be commonly referred to as 'enablement beds' to encourage increased usage. The Limes will not accept individuals with dementia, those who need more than one care worker or those who require hoisting. As a result of the change of specification, which was made to address under-occupancy, the use of these beds has increased to 78% which equates to 12.5 beds. (September 2010).

(3) In forecasting the number of beds that will need to be re-provided, commissioners have looked at, not only The Limes usage, but also changes in the Health economy and developments in the community. During the consultation, issues were raised about the changes to the accident and emergency department at the Queen Mary's hospital in Sidcup, which is closing. This could mean that Darent Valley Hospital will be busier and therefore the pressure may be greater to facilitate discharge. The Department of Health has allocated additional resources to all PCTs to promote re-ablement services and West Kent Adult Social Services is currently in dialogue with the PCT as to how this money might be spent. It is possible that if there were any additional pressure resulting from the closure from Queen Marys that this could in part be addressed through the use of these new resources.

(4) Furthermore, Enablement services for people at home have also been operating for the last year and have proved very successful in ensuring that people have a short term intensive service in the familiar surroundings of their own home following discharge from hospital. This has resulted in 63% of people not then needing to access further care services.

(5) Commissioners have taken in to account usage, success of new services, availability of new resources and possible increased pressures and estimate that between 10 and 13 enablement beds will need to be re-provided.

(6) The following options have been considered as a replacement should The Limes close.

Option 1. Remodelling of Gravesham Place – It is recommended that up to 13 respite beds are decommissioned and re-categorised as enablement beds. The structure and location of Gravesham Place offers an excellent opportunity to commission and develop an alternative service model to replace The Limes. In addition to commissioning a unit with set number of beds, there are facilities in the day care centre to provide assessment/enablement as well as advice and guidance to people before their future support plan is confirmed. The acute hospital trust and

the community trust are also interested in this proposal. Work is underway to look at how services are delivered within Gravesham Place to establish new ways of avoiding hospital admission where possible, which helps to prevent both inappropriate admission and hospital bed blocking.

(7) Officers are confident, given the level of vacancies in Dartford, Gravesham and Swanley that respite services currently provided at Gravesham Place could be purchased within the independent sector.

(8) Initial working shows that an additional four posts may be required to support the current staff at Gravesham Place to deliver the enablement service, however further analysis would be required.

Option 2. Independent sector provision – Providing enablement beds in an existing nursing or residential care home. A new nursing home opened that currently has bed spaces available within KCC's pricing structure. Other community nursing beds could be block purchased to create either a single block or pockets of enablement/rehabilitation beds across the district. The only significant challenge to this service model is that the work of the therapists to support the needs of the clients and services will be dispersed.

(9) **The preferred and recommended option is Option 1.**

Day Care:

(10) The Limes provides a 20 place a day care service, Monday to Friday with an average actual daily attendance of 15.

(11) Clients attending the service choose the activities they participate in when they attend. The majority of people are there to prevent social isolation, as most live alone. Day care clients can access certain facilities in the other parts of the building, so can be helped to have a bath, for example, if needed.

(12) At the beginning of the consultation, there were 56 service users of the day service. Of the 56 users, 52 are classed as elderly frail and four have dementia. The following shows the days that people are booked to attend:

Days a week	Numbers of service users
1	26
2	23
3	6
4	0
5	1

(13) The above demonstrate that 87.5% of the current users attend for one or two days a week. The highest attendance is on a Monday with Wednesdays having the lowest. People attend for a full day, which is currently 10-3pm.

(14) Of the 56 service attendees, the primary assessed needs are:

- 31 to prevent isolation
- 7 to provide respite to a carer
- 7 to maintain or develop friendships

6 to promote independence and
5 to maintain or develop hobbies/interests

Only two of the 56 are assessed as having a medium dependency level. The other 54 are assessed as having a low level of dependency. The assessment tool used to determine the levels of dependency was the in-house assessment tool.

The majority of service users, 35, live alone while 11 live with a carer, nine live in sheltered housing and one in extra care housing.

(15) The table below shows where people travel from. 43% travel from Swanley and surrounding areas and it is likely that these individuals were previously affected by the closure of The Mount Day Centre in 2006. The postcode DA4 is more rural.

BR8 (Swanley and surrounding areas)	24	43%
DA1 (Dartford)	14	25%
DA2 (Dartford)	9	16%
DA4 (Rural Dartford)	9	16%
Total	56	100%

(16) Local commissioners are seeking to identify or develop a range of day care opportunities to help older people remain in the community for as long as possible. In all cases, the aim will be to promote independence and to reduce social isolation. It is anticipated in future that KCC eligible clients will use the service via direct payments or a similar option.

(17) The voluntary sector has day services operating across the Dartford, Gravesham and the Swanley area. Currently there is the following availability in day care services.

	Day Care			
	Service Provided	Places available per week	Places used per week	Usage %
Darent Valley	Y	182	164	90.11%
Dartford	Y	300	200	66.67%
Northfleet	Y	320	153	47.81%
Northfleet Meopham	Y	60	34	56.67%
Gravesend	Y	350	201	57.43%
Swanscombe and Greenhithe	Y	200	150	75.00%
Total	Y	1412	902	63.88%

(18) Other services currently offered in the same locality as The Limes (although, not in all centres) are bathing services, in homes and in centres, supplying hot meals, transport to and/or from the service, foot care, hairdressing, outreach services, Silver Song clubs, fitness activities and other service delivery such as Hi Kent and shopping services. Services are also available that offer information, advice and guidance for service users. This is not a full list but illustrates the overall day care provision by the voluntary sector.

(19) Space has also been offered at Sutton Court in Sutton-at-Hone as a potential replacement service for some of the activities at The Limes. It is a Victorian building in the heart of the village that has undergone a programme of modernisation to be used as a community facility for meetings and events etc. This church-owned site has dedicated parking, a kitchen, meeting room, toilets and gardens. Renovation and modernisation work has commenced and is continuing with level access and disabled toilets being put in before the end of this year. It offers a bigger space than the current service and it is currently available from Tuesday to Thursday and may also be available at evenings and weekends.

(20) Sheltered housing providers (Dartford Borough Council, West Kent Housing, Housing 21 and Avante) have been contacted in both Dartford and Swanley to see what availability there may be their schemes. The schemes have lounges that could be used and in some cases bathing and hairdressing services. These opportunities are being developed in line with the future offering of day services on a locality basis and such work would be undertaken regardless of the decision on the future of The Limes.

(21) Attendees could be offered a direct payment, allowing them to arrange for themselves how their needs are met on an individual basis. Some service users have said that they do not want a direct payment and it may be that the reasons for this need further investigation

(22) Feedback from service users suggests that some have tried alternative services and have not enjoyed them. Further work will need to be done, looking at the reasons for this and addressing them where possible.

(23) Commissioners are very confident, given the level of availability of existing day services and the additional opportunities highlighted above that re-providing day care for the current Limes service users will be achievable in early 2011.

4. Alternative Proposals

(1) An Evaluation Panel met on 15 November 2010 to review all alternative proposals that had been submitted. The panel had representation from Commissioning, Finance, Contracting and Standards, Provision and Personnel.

(2) There were three alternative proposals received. One was from Unison, the second from The Limes Focus Group and the third from an independent provider.

(3) Unison's feedback called on the county council to withdraw its proposals and retain its role as a direct provider of social care. This has been considered as an alternative proposal and evaluated by a panel of KASS officers. Unison reports that there is extreme difficulty identifying vacancies in independent sector homes of a satisfactory standard. It does not think specialist services should be provided in an untested market and believes KCC should remain a direct provider in order to help set high standards. The comments from Unison state that the buildings are fit for purpose and that quality of care should be considered above the fabric of the building. Unison argues that reducing council provision reduces choice and that "attrition rates for residents remain high for enforced moves". Unison argues that KCC's cost comparisons with the independent sector have not been made like-for-like and do not take into account transaction costs.

(3) The proposal from Unison is largely asking to maintain the status quo, which does not enable KCC to address the four key reasons for change and therefore is not an option that KCC can support. In response to Unisons issues, the panel made the following observations:

- KCC will retain control of the market as a key purchaser of care and standards.
- There are vacancies in homes rated 'good' or 'excellent' in the independent sector.
- The proposal for the specialist enablement beds at The Limes is for them to be provided at Gravesham Place which has previous experience of this service.
- The buildings will require the investment of significant capital funding that KCC does not have access to – and the long term future of the services could be more uncertain, possibly resulting in emergency closure rather than planned closure.
- There is no statutory duty to directly provide residential care. KCC should be directing resources to further enhance the quality monitoring and contract management responsibilities it has in commissioning services – and providing personal budgets for people who meet KASS eligibility criteria.
- It is KCCs stated long term intention to focus on undertaking a commissioning role with services provided by a plurality of independent sector providers.
- Where moves are necessary, KCC has considerable experience of carefully and successfully moving older people. Each case will be managed and supported on an individual basis to ensure their personal needs are met at an appropriate pace for the individual.
- It is acknowledged that purchasing intermediate care/enablement beds in the independent sector would require a premium above guide price. However commissioners are confident they could purchase these beds in the independent sector at half the gross unit cost of a bed at The Limes.

(4) An alternative proposal was also received from The Limes Focus Group. The information was compiled from staff questionnaires and includes ideas for cutting costs and increasing income. The proposal is to keep the services at The Limes, offering enablement, day care and respite care to make sure that people leaving hospital have the services they need. The summary of the proposal can be found at Appendix Two along with the full response from the panel. The panel recognised the efforts and determination from The Limes Focus Group and members of staff in the preparation of the alternative proposal. The alternative proposal does respond to a rise in the number of people living with dementia by proposing to open services up to this client group. However, the building is not designed for people with dementia. The proposal does not reflect the range of other community based enablement services available in the area which the proposal in part duplicates and the suggestions for increasing income, where achievable, would not have generated significant income to offset the unit cost.

(5) Interest was also received from an organisation to look at the accounts of The Limes with a view to purchase The Limes as a going concern. The panel made the following observations:

- The commissioning strategy identifies a suitable and acceptable alternative for provision of the enablement beds and day care
- Analysis of the vacancies in the locality shows that there are more than adequate alternative services
- The original proposal and commissioning strategy will deliver the element of savings required to contribute to the county-wide target.
- The proposal to replace the enablement beds at Gravesham Place would mean that additional enablement beds at The Limes would no longer be needed.

- KASS could not talk with one provider for any sale or transfer, a full tendering exercise would be required if this option should be pursued.

(6) The panel understood that for any alternative proposals that are considered viable, this would require a further separate consultation period. However, the panel made the recommendation to the Project Executive Board that these proposals should not be recommended and this was subsequently agreed.

5. Issues raised during the consultation

a) Petitions:

(1) A petition was received with 3,372 signatures. The introduction said: **“We believe that The Limes provides high quality care for all who use it and that closure will put at risk the quality of life of those who access the enablement care and use its day services, and increase the strain on their carers. Direct council provision of care enhances choice and helps to set standards for the elderly care sector as a whole. We call on the Council not to proceed with closure and to enable residents to be treated with dignity in a care facility of their choice”**. The Limes does provide high quality care and this was recognised by the Care Quality Commission (CQC), which rated the service as ‘excellent’ in its last inspection in 2009. It has always been stated that the standard of care is not one of the drivers behind the proposals. In order for improvements to be made at The Limes, significant investment would be needed and KCC does not have access to funding for this. Replacement enablement services will be commissioned at Gravesham Place which is a KCC provision also rated excellent.

(2) A form of petition was used by way of a standard letter, was sent to Cllr Graham Gibbens and Cllr Mike Snelling, the local member. It said that the **service offers the highest intermediate, enablement and day care... it eases hospital bed blocking at Darent Valley Hospital and The Livingstone, highly trained staff help service users to improve mobility and give back confidence so they can return home, prompts independence to prevent readmissions to hospital and provides a social life, friendship, cooked meals and entertainment so that carers can have a few hours respite. It offers a service that plays such a useful part in the health and wellbeing of the community**. The same letter was sent to Cllr Ann Allen, Cllr Mike Angel, Cllr Robert Brookbank and Cllr Penny Cole. The local MP, Gareth Johnson, wrote directly to Katherine Kerswell, KCC Group Managing Director. Individual letters were also sent to Adam Holloway MP, Cllr Mike Angel, Cllr Ann Allen, Cllr Penny Cole, Jo Johnson MP, and Michael Fallon MP. Responses were sent in each case.

It is correct that the service is rated by the CQC as ‘excellent’. The service supports the important first step when coming out of hospital, providing individuals with an enablement service before they return home. This provides intensive support that helps people to regain confidence and be ready to live independently. It has been made clear from the outset, the proposal was not about the level of care given but about making sure that more services could be offered to more older people with more complex needs.

Day care is recognised as an important service – both for those who access it and for their carers and this will be provided elsewhere. Enablement beds will be developed at Gravesham Place.

b) Letter/Email responses:

(3) **The Limes delivers specialist day care. It reduces isolation and increases mobility with the falls prevention classes. People moved to The Limes having previously been at The Mount and they want to stay together, which could not be achieved without The Limes. People spend too much time in their flats in extra care and sheltered housing. The day care service has helped friendships to develop between service users and staff, and offers carers a break. Alternative services will not be local and there will be long journeys for people.** The Limes day care is not a specialist service. Local commissioners will make sure day care is re-provided for those currently accessing services at The Limes taking into consideration friendship groups and making sure carers are able to have a break. Some individuals want local, tailored services and do not consider that staying together as a group is the highest priority. If the proposals were agreed, individual planning would take place to discuss the options for a continued service. People in sheltered housing and extra care housing can make choices, they can either interact with people in the communal areas or remain in their flats and invite people in – or stay on their own if they prefer. In extra care housing, with care staff on site, members of staff know the individuals and their choices and needs. They can help to motivate those at risk of isolation.

(4) **The Limes is fit for purpose. In 2002, it was refurbished at a cost of more than £600,000. People would prefer the building to stay, rather than have ensuite facilities. A lot of homes in the independent sector do not meet the environmental standards. People do not want cafes and gyms.** The building was renovated eight years ago with the majority of the expenditure used to improve the mechanical and electrical operations of the unit including the boiler and heating system. Some of the expenditure was used for building works and cosmetic improvements. People who are accessing the services at The Limes would, of course, prefer that the building and services were to remain, rather than have access to ensuite facilities. However, in time these facilities will become a minimum expectation for individuals. Future older people will want access to facilities and areas where they can meet people in a welcoming and well equipped environment.

(5) **Closing The Limes would provide less choice rather than more. It would destroy the future for future populations. KCC are eroding the services for older people. The Limes should be replaced with a building that meets the standards before it is closed and this will ensure stimulation of the market.** The budget for The Limes only delivers 16 beds. Freeing up this money would make it possible for KCC to buy more services for more older people. There is no capital funding available to KCC for buying a building to replace The Limes and also it is the commissioners view that this is not needed. The independent sector is developing services in the local area and a new nursing home opened recently in Gravesend. Planning permission has also been approved for a home for people with dementia in Dartford. KCC would buy places in these homes, if they meet the guide price and services would not then be eroded and will overtime, in fact, expand.

(6) **The staff are excellent at The Limes. The Limes should be used as a training centre for the independent sector. Services should be reviewed for income opportunities including charging people for meals when they are accessing the enablement beds.** One of the strongest areas of feedback from the consultation is the quality of staff right across KCC's in-house residential care. The proposals were not made as a reflection of the staff. In all, 85% of residential care services are bought from the independent sector. An analysis has been undertaken on other local authorities that no

longer have any of their own residential care homes. This demonstrates that their ability to buy beds in the independent sector at competitive prices has not been negatively impacted by having no in house services.

Charging for meals when people stay at The Limes or charging for training would not generate enough income to balance the cost of keeping the service running in its current form.

(7) **The Limes and The Livingstone should work as one.** It is important that Health and Social Care work together in meeting the needs of older people and this is one of the key features of the proposal for the alternative provision at Gravesham Place.

(8) **The independent sector employs cheap labour and members of staff who have English as a second language. The sector does not pay pensions or higher salaries and, by KCC not having a presence in the market, costs to the tax payer will spiral. Private residential homes will not be viable in the long term as KCC pay low costs with no increases. KCC is preparing for the future at the expense of those who need it now.** KCC buys 85% of its residential care beds from the independent sector and monitors the quality of those homes. KCC pensions have larger contributions and the terms and conditions, including enhancements for weekend working, all contribute to far higher costs in comparison to the independent sector. KCC negotiates the costs it will pay and the independent sector continues to accept KCC funded clients at these costs.

(9) **Moving people from one home to another will have a devastating effect on people. By closing The Limes and Manorbrooke KCC is removing valuable resources to older people.** It is acknowledged that the change proposal has inevitably worried residents, carers and relatives. KASS has allocated a dedicated project officer to work with those individuals currently supported by services at The Limes to make sure that a consistent approach is taken. The officer will work with the individuals and report to case managers to provide an update on each individual's circumstances. The project officer has worked previously as a care manager assistant for a number of years and has experience of working closely and sensitively with people in times of uncertainty. Some relatives of service users have expressed a concern that there could be a devastating affect on individuals who move from being settled and happy. Members of KASS staff would work at the pace of the individual and their family, providing help and support to find and secure alternative accommodation that meets the individual's assessed needs. KASS has to routinely move individuals all of the time because of changes in levels of need. This could be from one home that no longer meets the needs of the individual to another (for instance if they develop dementia or have nursing needs that the first home is not registered to respond to). KASS has many years of experience in carefully and successfully helping older people to move. Each case will be managed and supported on an individual basis to ensure personal needs are met at an appropriate pace for the individual.

(10) **KCC is selling the land for more housing and services are already overstretched with no infrastructure. KCC just wants the large capital receipt from the sale of the land.** If The Limes was sold, KCC's corporate property team would market the land to get the highest price. The issues surrounding the covenant would need to be resolved in the first instance. Allowing housing to be built on the land is a planning authority decision, taken by members of the borough council. It is not a KCC decision. The land is not expected to generate a large capital receipt. Once vacant, the site would be secured until its future is decided.

c) Questionnaire:

(11) A questionnaire was developed in August and distributed in September. It was designed as an additional method to generate feedback not only from key stakeholders but also members of the general public. The Questionnaire asked questions both about the proposal and what was important to people in the future should they need to access support services. There were a number of opportunities for people to enter free text in addition to answering the questions. Key areas of feedback from the Questionnaires received on the Future of Older Person's Provision were:

(12) **The proposals:**

42% of people, when asked what they thought of the proposals, answered they had mixed views with 24% responding they thought it was a bad idea and 15% that it was a good idea. In the free text field the greatest number of comments (31) acknowledged that planning for the future was a good idea with 27 people saying they were against the proposal because of the disruption to the clients. Other common comments included support for extra care housing, emphasising the importance of day care and concerns about the quality of care in the independent sector.

(13) **Should KCC run its own homes?**

59% of respondents stated that the council should continue to run its own homes with 20% disagreeing. The largest number of comments wanted to know why KCC homes cost double the price KCC can buy it in the independent sector. 22 recommended that KCC should review staff contracts and KCC processes to reduce the cost. Other comments included concerns about the quality of care in the independent sector. 8 people criticised the question as leading.

(14) **On what basis should KCC make the decision about the proposals?**

80% thought quality of care an essential factor, 75% continuity of care for the residents, and 47% felt keeping some homes in the management of KCC was essential. Fewer people thought value for money (175) and freeing up resources to care for more people (132) were essential although these issues were considered very important by 41.5% of respondents.

(15) **Thinking about the future**

When asked about their preferred choice of how they would like to receive care most people wanted to be able to live at home for as long as possible followed by a situation similar to extra care housing.

The most important issues to people considering moving into a care home were trained and friendly staff, home cooked nutritious food and being with ones partner. Other factors that were important to people were to remain a respected member of their local community treated with respect and able to exercise choice and control and the ability to have pets.

The top five things that people rated as essential or very important to them when they were older were:

1. help and support available when needed
2. a safe and secure environment
3. being able to maintain links with family, friends and local community
4. ability to remain as independent as possible with own routine and choices
5. accessibility (no steps etc)

6. Personnel implications

(1) Issues raised by members of staff related to redeployment opportunities, redundancies and support for staff through the consultation process. From 14 June 2010 all staff vacancies in the Registered Care Centres, learning disability provision and the Enablement service were only being offered on a temporary basis to maximise any opportunities for the redeployment of existing staff. Staff will be offered one-to-one meetings with a personnel officer and their union representative and the opportunity to receive skills training to enable them to continue their employment within Kent County Council, where possible. Redundancies, where possible, will be kept to a minimum.

(2) Special arrangements will be put in place to give members of staff an opportunity to apply for posts while continuing to support service users until the service has closed. Those who are not successfully redeployed into these posts will be offered support to help them to secure alternative employment. The Redundancy & Redeployment procedure would be followed and people will be offered Priority Consideration status once they are at risk of redundancy in order to help them find work in KCC.

(3) The staffing information for The Limes as at 23 November 2010 is as follows:

Head count	No. of contracts	No. of Permanent Contracts	No. of Temporary Contracts	No. of Fixed Term Contracts	No. of Full Time Contracts	No. of Part Time Contracts	No. of Relief Contracts	FTE
56	76	76	0	0	8	37	31	27.77

7. Summary

(1) The proposal for The Limes to be closed is recommended. The individuals accessing the services will all receive a new, full assessment and be offered an alternative service that will not put them at a financial disadvantage.

(2) Commissioners are confident that alternative enablement and day care services can be re-provided.

(3) Subject to the proposal being agreed, closure will be in 2011 and could be in the early part of the financial year of 2011/12.

(4) An initial screening as part of the Equality Impact Assessment was undertaken prior to the consultation on the modernisation proposals. This identified the need for a full Equality Impact Assessment to be undertaken on each proposal, which has now been done. The assessment confirms that the proposals can be delivered in a way that adequately takes account of the needs of existing service users.

8. Recommendations

(1) The Cabinet member is asked to **consider** the contents of this report and **agree** that The Limes should close in 2011 with services re-provided as detailed.

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Background Documents

- Government White Paper 'Our Health, Our Care, Our Say' – January 2006
- National Dementia Strategy – February 2009
- Active Lives for Adults 2006-2016
- Closure/Variation Policy for the closure/variation in the service use of a Social Services Establishment
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care
- Locality Commissioning Strategy

Petitioner's presentations

THE LIMES

UNISON, supplementing statement in relation to the proposals to close The Limes Residential Home.

The Limes provides a service for residents from the age of 55 and above to assist recovery.

The importance of a local recovery services is imperative for the local community and local jobs.

KCC provides a high standard of care and control of its residential and enabling services which allows individuals back in to the community within their own homes. The Limes assist the local economy which local businesses benefit from as well as providing local jobs.

The prevention of bed blocking is important to the local services and local community in the area. UNISON view is that this service needs to continue in order to keep local jobs and social services.

Save The Limes

We would like The Limes Care & Day Centres to remain open and continue to provide a valuable service to the vulnerable people aged 55+ of North West Kent. (Supported by 3,372 signatures petition)

8 years since the Limes was reopened as a care centre, hundreds of people have received recuperative therapy to help regain their mobility, confidence and **have been able to return to their own home.**

Others have been assessed to require residential or nursing care, not only for their own safety and dignity, but peace of mind for their families.

If the Limes Centre no longer existed, vulnerable people will have to stay in hospital until they are considered medically fit to return home, escalating the workload onto already pressured medical staff and **BED BLOCK** hospital emergency and ward beds. Frequently there is a bed crisis at Darent Valley Hospital, and we take referrals as an emergency and now Queen Mary's Hospital's A&E department, Sidcup has closed, there has been an increase for hospital beds at local hospitals. It was recently reported on the BBC in November 2010 that bed blocking in Kent costs more than £60,000 a day. The Limes closure would add to these costs. If we were to remain open additional use of the services could alleviate the problem.

The Limes would continue to support the enablement programme to progress service Users back to their own homes, with safe transitions from hospital to home and accept referrals from the community to avoid hospital admissions or as a place of safety if their house is uninhabitable or at risk from a family member.

Does this look like a building beyond it's useful life?

Day Centre Service Users are able **to stay in their own homes and be as independent** . They socialise and interact with like minded people. This helps them with their mental wellbeing, which we are confident supports them in keeping healthy and happy. Services provided are, holistic therapy, hairdressing, chiropody, opticians, a visiting minister giving pastoral care and mobile shop, entertainment and pampers days. We are happy to continue to provide the venue for the Falls Prevention Exercise Classes promoted by Dartford Council and the West Kent NHS Trust Get Active campaign, a popular class which most Day Centre Service Users attend.

When they moved from The Mount to the Limes, staff and Service Users were given the concept of a new purpose building that was to be built in Dartford and would be allocated to them. We question, what ever happened to these plans, were there any?

Similar to the funding received by the Guru Nanak Day Centre in Gravesend from the Kent Adult Social Services and European funding earlier this year, which was confirmed in a letter from Oliver Mills, why cannot we request European or National Lottery funding for our Service Users?

The Limes - a valuable resource that should not be closed!

The Limes Focus Group

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Kent Adult Social Services

Kent County Council

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123-135 Week Street

Maidstone

Kent ME14 1RF

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Ask for:

Our ref:

Date: 11 May 2010

Narinderjit Singh Thandi

General Secretary

SIRI GURU NANAK DARBAR

GURDWARA

Clarence Place

Gravesend

Kent

Dear Mr Thandi

Guru Nanak Day Centre, Khalsa Avenue, Refurbishment Costs

I am writing in response to an invitation by you to clarify to the local Sikh Community the role of Kent Adult Social Services in the recent refurbishment of the new Guru Nanak Day Centre. Kent Adult Social Services Directorates funded the refurbishment and successfully secured European funding towards the costs. This was done so that elders in the local community could continue to benefit from the local day services.

The Gurdwara Management Committee played no part in funding the development or in the delivery of the refurbishment project. However both as a representative of local people and as the landlord of the Day Centre, we valued your general encouragement for the project. Indeed, our regular liaison and dialogue helped considerably to complete the project within a short period of time.

The result is a new Day Centre which has excellent facilities and we hope that local elders will enjoy them for many years into the future.

Yours sincerely

Oliver Mills
Managing Director
Kent Adult Social Services

ALTERNATIVE PROPOSAL SUBMISSION FROM THE LIMES FOCUS GROUP

The document states that closing The Limes would lead to more delayed transfers of care, also known as bed blocking. It also suggests that people would be sent home when they are not ready. The proposal suggests offering more respite care to all categories of intermediate care – including dementia.

The lower ground unit has 10 rooms, five of which have ensuite facilities and can be used for dementia care. The document refers to frequent requests for respite services. It says that service users enjoy their stay and that there has been investment in the facilities as recently as 2009.

The proposal is for the NHS to fund, or jointly fund with KASS, the enablement centre, which would become part of a hospital provision. There are frequent referrals from the Darent Valley Hospital and the closure of the accident and emergency facilities at Queen Mary's Hospital, Sidcup, is expected to put more pressure on services.

Members of The Limes Focus Group suggest they could promote and market the services through an information desk at the Darent Valley Hospital, or through links with local voluntary organisations.

The Limes has multiple therapy areas, equipment and facilities that were showcased in the document. The proposal suggests adding an internet café and a gym and sensory room.

The document looks at suggestions to increase income such as charging service users, charging staff for using the office area and making the area available for training. Facilities could also be used, the proposal says, as a drop in centre for older people with a charge.

The document looks at cutting costs including giving The Limes authority to manage its own maintenance, using the handyman more and paying invoices directly rather than through the accounts department at KASS.

The document covers day care provision. The Limes day care service has been running since 2006, following the closure of The Mount in Wilmington, and was only planned to be a temporary arrangement. The Guru Nanak day centre in Gravesend received European funding to act as a replacement.

Response from Evaluation Panel

In evaluating the alternative proposal from The Limes Focus Group, the panel considered the policy direction from the new coalition government. This direction promotes closer working between the NHS and social care. The Department of Health is committed to providing re-ablement services, although the definition of these services is not the same as the service provided by KCC as enablement. The KASS definition of enablement is *“Purposefully structured, time-limited services that work with people by helping to restore their confidence, promote independence and minimise the need for long term residential care, minimise the need for long term ongoing domiciliary support and do not involve active therapy.”*

The current direction from the Department of Health is that the NHS is responsible for effective hospital discharges and that support for people should be individually planned and delivered. Hospitals will have responsibility for making sure discharges are successful and for arranging the care and support to do so. The funding for this will be provided to the NHS and KCC is already meeting with NHS colleagues to discuss how to provide the right support framework by working together.

The latest direction for transforming social care is set out in the government's Think Local, Act Personal document. This focuses on supporting preventative services and avoiding crisis admission. This means helping people to stay in their own homes and taking support to them. The Enablement at Home service, provided by KASS, supports this document.

Local commissioners have shown how the enablement service from The Limes could be provided instead at Gravesham Place under Section 3 of the report. This action would mean that closing The Limes would not trigger a rise in delayed transfers of care.

The Focus Group did not provide data to support the level of enquiries suggested for respite care, or referrals from Darent Valley Hospital. Also, no financial breakdown was provided to show how the NHS could run services more efficiently. The cost of The Limes is a factor in the proposals so comparative data would have been useful to make sure the alternative proposal was fully evaluated.

NHS colleagues want to work with KASS to deliver re-ablement services but have not identified The Limes in this.

The Limes Focus Group looked at ways to increase income and cut costs and the panel noted the following points:

- i) The enablement service is non-chargeable for up to six weeks under the 2003 Regulations.
- ii) Individuals may not choose to access the service if they were charged for the 'actual cost of the beds'. This is in the region of £1,000- £1500 per week (depending on occupancy). The current capped charge for a placement in an in house older persons home for those who have more than £23,250 is £407 per week, which does not reflect the full cost of the services. KCC has a duty to financially assess individuals based on their means, so would not be able to recover the actual cost of the beds in the majority of cases.
- iii) Charging staff for using the office area would generate marginal income. There would also be a cost to KCC linked to administering the charges.
- iv) Training is currently part of The Limes service. Charging KCC for this would increase the cost of the service provision.
- v) Other income would be marginal.
- vi) For The Limes to take on its own maintenance responsibilities and pay invoices directly could not be done while it remained part of KCC. This is because KCC operates within formal financial procedures that require specific processes including using Property Desk and Accounts Payable structures.

The intention from the closure of The Mount in 2006 was for day care to be provided at The Limes until plans for Dartford town centre were approved. Dartford town centre plans were dependent in part on Section 106 funding and have been delayed in part due to the downturn in the market. There are no grants that KCC can access to build a centre for day care elsewhere.

The building will be in need of significant investment and does not meet the standards for new buildings that future generations would expect. By closing The Limes, it would be

possible for some money to be put towards the savings target and also provide further money to buy more care for more older people.

RESPONSE FROM PROJECT EXECUTIVE BOARD: Not recommended

By: Oliver Mills, Managing Director, Kent Adult Social Services

To: Graham Gibbens, Cabinet Member, Adult Social Services

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON THE PROPOSED CLOSURE OF SAMPSON COURT REGISTERED CARE CENTRE, DEAL**

Classification: Unrestricted

Summary: This report considers the proposal to close Sampson Court and summarises the responses to the consultation. The report asks the Cabinet member to approve the proposal to close Sampson Court

1. Background

(1) Kent County Council (KCC) is modernising the way older people are supported and cared for in the county.

(2) On Monday 14 June 2010, Kent County Council's Cabinet agreed for Kent Adult Social Services (KASS) to begin a formal consultation on the future of its Older Person's Service Provision. From Monday 21 June 2010, KASS officers met with staff, service users, relatives, trades unions and other key stakeholders to talk about the proposals.

(3) The full consultation covered 11 of the 16 homes owned and managed by KASS.

The main drivers for the full consultation are:
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| <ul style="list-style-type: none">• More people are living longer and living with dementia. People rightly expect more choice in care.• High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.• Residential care should be in high quality buildings. Some KCC buildings have reached the end of their useful life and don't meet expectations or standards for new builds.• Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people. |
|--|

(4) The considerations and options evaluated to determine the proposals for each home included:

- a) The range of alternative local services for older people
- b) The opportunity for developments with partners in the local area

- c) The condition of the buildings and likely capital expenditure required to maintain services
- d) The appropriateness of the design of the buildings for the services delivered and required
- e) The need to release money that is tied in to services that could be used to deliver equivalent services to more people

(5) The proposals combined across Kent will generate savings of £1m in 2011/12 and £1.2m in 2012/13.

(6) This report covers Sampson Court in Deal. The proposal in the consultation is for the home to be closed with services provided to those currently accessing the service through the independent sector.

(7) Sampson Court is a detached 34-bed unit built in 1985. It offers residential, respite and day care to a maximum capacity of 12 people each day and is open Monday to Saturday. It is freehold and has no known restrictive covenants. It was purpose-built in a residential area in Deal. The accommodation is on one level and is divided into two self-contained wings, one wing has two units; Poppy and Sunflower for general frailty and the other has two units; Bramble and Bluebell for people with dementia. All of the people who live in the service have their own bedroom with private wash hand basin. There is a call bell system and there is a call point in each bedroom. Each of the units has a main lounge that has a kitchenette area and bathroom with toilets.

(8) Sampson Court would not meet the national minimum standards of the Care Standards Act 2000 as regulated by the Care Quality Commission if it were to be built today. There is, however, protection against these standards being applied for as long as significant structural improvements are not required. The building may soon require, because of its age, considerable investment to maintain services and meet future needs and expectations. Capital work to the value of £135,000 was made in 2009/10 to ensure that each of the bedrooms had access to hot water and the building was effectively heated over the winter period.

(9) NHS Eastern and Coastal Kent placed a charge on Sampson Court based on their capital investment to develop dementia services and these charges (approximately £100,000) were due to be repaid should the services cease. A letter was received from NHS Eastern and Coastal Kent dated 11 October 2010 confirming that the charges are considered discharged.

(10) The unit cost (gross) based on 100% occupancy for one bed was £813.86 per week for 09/10. The unit cost (gross) based on 100% occupancy in the day centre was £39.87 per day for 09/10. The annual gross expenditure for 09/10 is £1,443,000 for residential and £146,500 for day care totalling **£1,589,500**.

(11) Sampson Court has 15 permanent residents (at 18 November 2010). The service offered nine frail permanent places and 8 frail respite places, 10 permanent dementia places and seven respite dementia places. In 2009/10, the building ran at 81% of its residential capacity making the bed unit cost £999.98 and the day care at 78% of its capacity making the unit cost £51.28.

(12) The maximum charge for individuals accessing the beds in the units is currently capped at £407.92 per week. Everyone that accesses residential and respite services is financially assessed for a contribution towards their care in line with the

Charging for Residential Accommodation Guide (CRAG). This means that individuals who have savings of more than £23,250 are charged £407.92 per week and anyone with less than £23,250 is assessed against their means to determine their level of payment. A snapshot undertaken in the summer of 2010 indicated at that time there were 51 people living in the in house residential services being charged £407.92 per week.

(13) KASS has a guide price for the independent sector and can buy services in the Dover district for £328.65 per week for standard residential care, £362.51 for Older Persons enhanced and £396.49 per week for dementia care.

(14) The Care Quality Commission (CQC), in its last inspection (2008) rated the service as 'good'. There was positive feedback about the services from both the inspectors and the service users. CQC commented that there is a relaxed and homely atmosphere. They reported that the people who live in the service say, or indicate by their relaxed manner, that care workers are kind and attentive.

(15) Dover district commissioning managers recognise that Sampson Court offers important day care, residential and respite services, particularly for those with dementia. These may need to be re-provided through the independent sector.

2. Consultation Process

(1) The county council has a duty to undertake formal consultation on any proposed changes to services. The procedure for consultation on modernisation/variation or closure of establishments in KASS was followed as below:

Process	Date Action Completed
Obtained agreement in principle from the Cabinet member for Adult Social Services.	14 June 2010
<p>Cabinet member chaired a meeting to discuss the proposals. Information packs were sent to those who were invited and who attended:</p> <p>The Chairman of the Adult Social Services Policy Overview Committee (ASSPOSC) Vice Chairman Opposition spokesman Local KCC member(s) Elected members Responsible member of Kent Adult Social Services Strategic Management Team Heads of Services (updated to reflect new title) Area Personnel Manager</p>	<p>10 June 2010 10 June 2010 10 June 2010 30 June 2010 14 June 2010 10 June 2010 14 June 2010 14 June 2010</p>
<p>Stakeholders were informed in writing and invited to comment: -</p> <p>Users, relatives and carers Head of Service Staff Trades Unions Local KCC member(s)</p>	<p>Letter sent 14 June 2010. Consultation period ended 1 November 2010 (19 weeks from 21 June 2010).</p>

<p>District Council Parish/Town Council Relevant NHS bodies Any other relevant person or organisation and the Local MP</p>	<p>Summary of meetings and correspondence received as a result of the consultation</p> <p>Informed MP and answered questions</p> <p>Held individual meetings and group meetings with local councillors, county councillors, MPs</p>
<p>Directorate issued a Press Release</p>	<p>The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.</p>
<p>A wide range of stakeholder meetings were held</p>	<p>Meetings with staff and union representatives held on 30 June 2010</p> <p>Stakeholder Roadshow held for Sampson Court on 8 October 2010</p> <p>Individual meetings with permanent residents and carers offered and some were requested for those accessing Sampson Court</p> <p>Meeting with respite users and carers on 30 June 2010</p> <p>Meeting with day care users/carers on 30 June 2010</p> <p>East Kent Area Management Team Commissioning Board on 6 September 2010 and 1 November 2010</p> <p>Presentation at members' briefing on 26 July 2010 on proposals</p> <p>Presentation to Dover District Voluntary and Community Sector Network on 30 September 2010</p> <p>Presentation to Dover Housing Officers on 1 October 2010</p>

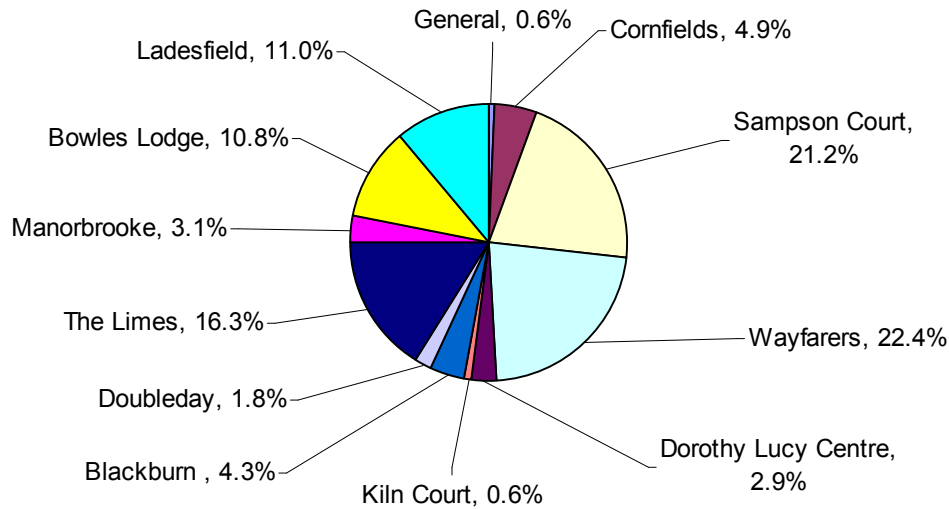
	<p>Meeting with East Kent MPs on 8 October 2010</p> <p>Meeting with Dover Councillors on 15 October 2010</p> <p>Presentation to Age Concern Collaboration Meeting on 20 October 2010</p> <p>Adult Social Services Policy Overview and Scrutiny Committee Chair and Vice-Chair visit to Sampson Court 27 October 2010</p>
Report to Cabinet Member for decision making on the closure/variation proposal.	This report dated 30 December 2010
The Cabinet member or the Chairman of the Adult Services Policy Overview Committee will decide if a meeting between him/themselves, KCC members and consultees is necessary.	In addition to the extensive consultation, these matters will also be discussed at Adult Social Services Policy Overview Committee on 12 January 2011
Instigate any change programme	From January 2011.

(2) The 19-week consultation period for the modernisation of our Older Person's Provision concluded on 1 November 2010. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered. Clients and their carers were consulted about the alternative options of service provision.

(3) The overall consultation prompted **490** letters and most related to specific units. A number of letters were copied to the local MP, local councillor, Councillor Gibbens and/or KCC officers. Each letter was responded to either by a standard acknowledgement or a more detailed letter, responding to any queries. Of the responses **21.2%** related directly to Sampson Court.

The chart below shows the responses for all units consulted on.

Consultation Responses - Letters/Emails/Telephone



(4) The 'Save Sampson Court' campaign had a form of petition printed in the local press whereby a resident's picture and details were included to save their home. People could fill in their name and address and send to OP Futures consultation in support. 91 of these were received. Some of the individuals who had completed these had also written in separately.

(5) A further form of petition which was a standard letter "Hands off our care home" where people could complete their details and send the letter in support of saving Sampson Court was received. 83 of these letters were received by KCC Democratic Services.

(6) A petition was received on 1 July 2010 containing 86 signatures objecting to the closure. A further petition was received containing 4157 signatures which prompted a debate at county council on 14 October. Mrs Hubble presented the petition on behalf of the 'Save Sampson Court' Group. The petition was against the closure of Sampson Court as they believe that no other homes match the quality of service that Sampson Court provides and that the building is far better than any local alternative. The petition captures a lot of the views from individuals who also wrote in and the themes are explored further in section 5. Attached at **Appendix One** is the text of the petitioner's presentation to Council. A further petition was presented to the Mayor of Deal following a march and it is reported that this contained in the region of 5000 signatures.

(7) A4 photos of individuals were circulated to officers and councillors as part of the 'Save Sampson Court' campaign.

(8) A Facebook Group was established to 'Save Sampson Court' which had 434 members.

(9) KCC developed a questionnaire as an additional method for people to contribute to the consultation. This questionnaire was available either by responding directly on line, downloading from the website or through a hardcopy with postage paid.

3. Alternative/Replacement Services

Residential:

(1) As at 18 November 2010, there are 15 permanent residents at Sampson Court and they are categorised as either frailty (7) or Older People with Mental Health Needs (OPMHN) (8).

(2) In the Dover district there are 33 homes providing residential and nursing places for Older People. Of these nine are in Dover and 13 are in Deal with the remaining homes interspersed around the district, e.g. Sholden.

(3) Of the 33 homes, 1 is not yet rated, 4 are adequate, 22 are good and 6 are excellent.

(4) Maximum capacity in the district is a total of 936 registered beds of which the total number of nursing beds for dementia clients is 45.

(5) A vacancy mapping exercise carried out on the 28th September 2010 identified 71 vacant beds across the District. The shortage of supply for the category of nursing with dementia will be addressed within the locality action plan and market development discussions with providers. Planning permission has been submitted in the Dover District for 60-bed and 80-bed units responding to this shortfall.

Potential Client Relocation	Residential	OPMH Residential	Nursing	OPMH Nursing	Dual Purpose
Deal	1	7	1	0	0
Dover	1	0	0	0	0
Other (local)	1	4	0	0	0
Vacancies 28/9/10	Residential	OPMH Residential	Nursing	OPMH Nursing	Dual Purpose
Dover	21	5	0	0	0
Walmer/Deal	9	27	0	0	0
Other (local)	4	5	0	0	0

General Frailty

(6) For the permanent resident service users and long term respite service users categorised as general frailty, places will be offered within existing private sector residential homes. Vacancy mapping exercises carried out by the Contracts section throughout the consultation (snapshot) have clearly identified sufficient availability within the sector to accommodate the service users within Sampson Court in this category. Commissioners are confident, based on this availability, that following assessments of individual needs and an analysis of friendship groups there will be adequate alternative accommodation to meet need.

Dementia

(7) An additional exercise was carried out on the 22 November to identify vacancies for EMI residential placements within Deal. This exercise identified 28 vacancies within 8 homes.

Dementia (OPMH) Vacancies	No. of Registered Beds	No. of Registered beds for EMI	No. of Registered beds for OP
28	198	122	188

(8) Commissioners are confident that it would be possible to find alternative appropriate provision for the clients with dementia within the timeframe available. The head of service, locality support manager and planning officer will continue to meet with providers through December 2010 and into the new year.

There are an additional six long term respite clients (4 OPMHN and 2 general frailty) who will require an updated assessment and offer of an alternative placement.

Respite:

(9) There are 39 regular users of respite services. Two of the individuals also access day care. The following table shows where people currently live that access the respite services at Sampson Court.

Current Residence
1 Sandwich
14 Deal
1 Folkestone
1 Ash
1 Hawkinge
6 Dover
1 Whitstable
1 N/K

(10) Proposals for the future development of respite will be linked to the KASS Respite Strategy currently under review. Commissioners estimate that to re-provide for Sampson Court current respite users two small blocks of three or four beds together in the independent sector within the Deal area will be needed. With the capacity of the homes in Deal and the indicative vacancies, it is proposed that the independent sector market is sufficient for both respite and re-provision of permanent residential beds from Sampson Court. Commissioners will continue to work with the independent sector to ensure the availability and quality of these beds. The Dover clients will be able to access respite services in the Dover area as part of the re-commissioning of Cornfields.

(11) Commissioners met regularly with the independent sector and early discussions indicate that there is an interest and willingness to provide respite and day care and it is planned that this will be commissioned in the same venue to provide continuity.

(12) Local commissioners are confident that this can be re-provided before December 2011.

Day Care:

(13) The day centre at Sampson Court is open Monday to Saturday and is utilised on all days. Replacement services will need to replicate this.

There are 44 individual service users who access the service as follows:

- 1 day a week – 23
- 2 days a week – 17
- 3 days a week – 6

(14) A total of 69 places are booked per week out of a maximum of 72. The capacity is 12 per day and 12 people are booked on a Monday, Tuesday and Thursday with 11 people booked on a Wednesday, Friday and Saturday.

Day care	Current residence	Transport	Early indications
(analysis based on 44 service users)	29 Deal 8 Dover 1 Shatterling 1 Ash 2 Sandwich 1 Hawkinge 1 Aylesham 1 Wingham	29 Minibus 7 Family 4 Own transport 3 Taxi 1 N/K	17 users also have respite at Sampson Court 3 have respite at Wayfarers 1 has day care at Wayfarers 1 user looking for permanent residential

(15) It is proposed that those travelling in from outside of the immediate Deal area are helped to access suitable services nearer to their homes which leaves 33 individuals. It is anticipated people from Dover will readily be accommodated by the new plans for the re-provision of day care at Cornfields.

(16) The table below shows the attendance of the remaining 33 individuals from Deal:

Day	Attendance
Monday	10
Tuesday	8
Wednesday	6
Thursday	10
Friday	7
Saturday	9

(17) The locality commissioner is developing a range of day services for the locality in line with the National Dementia Strategy. This will lead to a range of services that offer a care pathway to clients with dementia. This means that they will be able to access day care, respite and ultimately permanent placement in the same unit in much the same way that Sampson Court has offered in the past.

(18) The commissioner has been in contact with a number of interested residential home providers in the Deal area and is intending to develop two new day service opportunities for groups of five people alongside the three to four respite beds.

(19) Additionally, Age Concern in Sandwich is implementing a new service for people with dementia starting with five people in January 2011 with a view to extending to 11 if this is successful and there is adequate demand. Age Concern in Deal is developing a similar model from April 2011 again for people with dementia that will initially provide a service at the weekends.

(20) Local commissioners are confident, given the plans and willingness of providers that new provision can be developed and the day service users can be re-provided with a suitable alternative service by December 2011.

4. Alternative Proposals

(1) An Evaluation Panel met on 15 November 2010 to review all alternative proposals that had been submitted. The panel had representation from Commissioning, Finance, Contracting and Standards, Provision and Personnel.

(2) Three alternative proposals were received. One from Unison and another was a suggestion at County Council in October 2010 which included maintaining the services at Sampson Court as they are, allowing an organisation to be established to take over the services such as a social enterprise or community interest company or using as a site for extra care. No further information was received to demonstrate how these may be achieved however the points were considered in principle. Furthermore, an additional alternative proposal was received from a provider of residential care indicating an interest in purchasing Sampson Court.

(3) Unison's feedback called on the county council to withdraw its proposals and retain its role as a direct provider of social care. This has been considered as an alternative proposal and evaluated by a panel of KASS officers. Unison reports that there is extreme difficulty identifying vacancies in independent sector homes of a satisfactory standard. It does not think specialist services should be provided in an untested market and believes KCC should remain a direct provider in order to help set high standards. The comments from Unison state that the buildings are fit for purpose and that quality of care should be considered above the fabric of the building. Unison argues that reducing council provision reduces choice and that "attrition rates for residents remain high for enforced moves". Unison argues that KCC's cost comparisons with the independent sector have not been made like-for-like and do not take into account transaction costs.

(3) The proposal from Unison is largely asking to maintain the status quo, which does not enable KCC to address the four key reasons for change and therefore is not an option that KCC can support. In response to Unisons issues, the panel made the following observations:

- KCC will retain control of the market as a key purchaser of care and standards.
- There are vacancies in homes rated 'good' or 'excellent' in the independent sector.
- The proposal for the specialist enablement beds at The Limes is for them to be provided at Gravesham Place which has previous experience of this service.
- The buildings will require the investment of significant capital funding that KCC does not have access to – and the long term future of the services could be more uncertain, possibly resulting in emergency closure rather than planned closure.
- There is no statutory duty to directly provide residential care. KCC should be directing resources to further enhance the quality monitoring and contract management responsibilities it has in commissioning services – and providing personal budgets for people who meet KASS eligibility criteria.
- It is KCCs stated long term intention to focus on undertaking a commissioning role with services provided by a plurality of independent sector providers.
- Where moves are necessary, KCC has considerable experience of carefully and successfully moving older people. Each case will be managed and supported on

an individual basis to ensure their personal needs are met at an appropriate pace for the individual.

- It is acknowledged that purchasing intermediate care/enablement beds in the independent sector would require a premium above guide price however commissioners are confident they could purchase these beds in the independent sector at less than half the gross unit cost of an in-house enablement bed.

(4) The proposal from the care home provider and also reference made to a social enterprise running the building can both be considered together. The panel made the following observations:

- The original proposal was developed taking into account the range of alternative services in the area at equal or better quality. In comparison to other areas of the County, there is an over-provision of care services in the area.
- The commissioning strategy identifies that all individuals can be found suitable alternative accommodation, with the development of day care.
- The original proposal and commissioning strategy will deliver the element of savings required to contribute to the county-wide target.
- KASS could not talk with one provider/organisation for any sale or transfer, a full tendering exercise would be required if this option should be pursued.

(5) The alternative proposal referenced at County Council on 14 October included:

- i. For Sampson Court to stay open and continue as it is
- ii. To find another provider to take it over
- iii. To look at the feasibility for extra care housing
- iv. To allow time for a proper and robust business case for a Community Interest Company or Social Enterprise to be submitted
- v. For Sampson Court to be given a temporary reprieve to give time for a credible not for profit organisation to submit a bid

No further detail was received.

(6) As stated previously in the report and throughout the consultation, alternative suggestions at i, ii, iv and v would mean that there would be little change to what is currently being provided which is, as stated, not an option for the future. Item iii would require discussion with the local district council and could provide potential developments which will be explored, however this would not directly impact on the immediate proposal for Sampson Court.

(7) The panel understood that, should any alternative proposals be considered viable, this would require a further separate consultation period. However, the panel made the recommendation to the Project Executive Board that the alternative proposals directly impacting on the immediate future of Sampson Court should not be recommended and this was subsequently approved.

(8) The panel did agree, however, that extra care housing should be considered for Deal and that the locality commissioners will contact the district council to explore any opportunities to deliver affordable services in partnership. Should the district council agree to develop services, KCC would look favourably on any requirement to use the Sampson Court site or contribute capital from the sale of the Sampson Court site.

5. Issues raised during the consultation

a) Letters/Emails

(1) Letters were sent to Charlie Elphicke MP, Ben Bano Mayor of Deal, Laura Sandys MP, Kathryn Kerswell Group Managing Director KCC and the Queen to obtain support against the closure. These letters were responded to. Letters were also received from children attending the local school.

(2) **The staff are fantastic and caring. They get a well deserved salary and they benefit from training and pensions which private providers do not allow for. Good staff means good quality and no other home offers services to the same quality.** These proposals are not a reflection on a staff. KASS already buys 85% of its residential services from the independent sector. The independent sector is regulated by the Care Quality Commission in the same way that Sampson Court is regulated and to the same standards. Sampson Court received a 'good' rating when it was last inspected in 2008. There are other 'good' and 'excellent' homes in the Dover district. Homes in the independent sector are monitored by KASS through individual reviews of service users, contract reviews through contract and performance monitoring, Safeguarding monitoring and investigating of complaints.

On 2 October, a separate consultation event was undertaken by MORI, attended by 75 people who were looking at the county council's priorities. A case study was used for the future of older person's services. The feedback from the individuals was that older persons accommodation should be a priority and it was less important who provided the services as long as KCC retained a role in making sure of high quality.

(3) **KCC has a legal duty to provide care and it should be provided in homes that it runs. Money should be invested to update the facilities, substantial money was invested only recently to improve the heating system and this will be wasted.** KCC has a duty to meet assessed eligible needs. This does not have to be through directly provided services and can be commissioned. KCC does not have access to the capital money required to update the facilities and if it were to access the funding required it is likely that the disruption would require people to move out while works were being done. KCC did spend £135,000 on a new heating and hot water system. If it did not, it may have resulted in an emergency closure and people would have had to move.

(4) **Sampson Court functions perfectly, ensembles are not necessary, most clients need help with toileting and bathing. This is not a reason to close Sampson Court. The homes in the independent sector do not have ensembles either.** KASS recognises that current residents would prefer to retain the services as they are. However, in future people will expect private facilities in residential care. There is evidence that people with early signs of dementia remain more independent if they can see their toilet as it will prompt them in using it. It is likely that older people would need support to use the facilities at some stage in their life but ensuite facilities will become a basic expectation and is one of the CQC minimum environmental standards for new build residential homes. The Sampson Court building does not meet these minimum care standards but does have transitional immunity until 'significant improvements' are made. Homes in the independent sector also have transitional immunity but would need to meet the standards if significant improvements are made. All new homes including the new developments in the Dover/Deal area will have to be built to the new standard.

(5) **The cost of services in the independent sector is higher than at Sampson Court and we will not be able to afford it.** Throughout the consultation, it has been consistently said that no one would be put at a financial disadvantage unless their needs have changed. The process, if their needs change, would be the same if Sampson Court remained operational. For instance, Sampson Court is not registered with the CQC for nursing care so if an individual was assessed with nursing care needs they would be supported to access a nursing home. This is a change of assessed need. Project officers will be working with the individuals and their families to secure alternative, permanent accommodation that meets their needs. If there is a difference in the cost (if they are full cost) then KASS will pay the reasonable difference. For those individuals who are not full cost, their charge will remain the same as they are means tested and their contribution is assessed against their income.

(6) **This is a money saving drive affecting the elderly. Money could be saved elsewhere in KCC. KCC intends to sell the land for a vast profit. If the site use is changed a £90,000 covenant shall have to be repaid.** The proposals across all of the homes would see a saving of approximately £2.2m over two years. The consultation has made clear from the outset that there are four main drivers for these change proposals and value for money is only one of these. As detailed previously in the report, the NHS does not require repayment of their capital investment. All KCC directorates are reviewing their spending. The proposals were compiled before the detail of the Comprehensive Spending Review was announced.

(7) **Moving people shortens lives or reduces quality of life.** It is acknowledged that the change proposal has inevitably worried residents, carers and relatives. KASS has allocated a dedicated project officer to work with those individuals currently supported by services at Sampson Court to make sure that a consistent approach is taken. The officer will work with the individuals and report to case managers to provide an update on each individual's circumstances. The project officer has worked previously as a care manager assistant for a number of years and has experience of working closely and sensitively with people in times of uncertainty. Some relatives of service users have expressed a concern that there could be a devastating affect on individuals who move from being settled and happy. Members of KASS staff would work at the pace of the individual and their family, providing help and support to find and secure alternative accommodation that meets the individual's assessed needs and address friendship groups. KASS has to routinely move individuals all of the time because of changes in levels of need. This could be from one home that no longer meets the needs of the individual to another (for instance if they develop dementia or have nursing needs that the first home is not registered to respond to). KASS has many years of experience in carefully and successfully helping older people to move. Each case will be managed and supported on an individual basis to ensure personal needs are met at an appropriate pace for the individual.

(8) **Why are you closing these homes when the data shows an increase in older people who will need this?** The cost per bed at Sampson Court is more than double the amount that KCC can buy in the independent sector. Put simply, KCC could buy twice the amount of services than it can currently with the money allocated to Sampson Court. KCC needs to use its resources more effectively to make sure that value for money is achieved by the tax payer and that resources are used to meet increased demand.

(9) **Dementia day care and respite are valuable services and must be replaced.** KASS commissioners identified when the proposals were announced that dementia day care and respite services are important and would need to be replaced, if Sampson Court were to close. The commissioners have identified how the services could be re-commissioned in the independent sector as identified above.

(10) **Transport is crucial for day care and any replacement services must be local.** KASS agrees and has developed strategies to ensure that people receive local services as detailed above.

(11) **Why can you not tell us what our alternative services are?** KASS needs to undertake a review of care needs with each individual so that services can be matched against those needs and offered accordingly. This review can also include family members to ensure that all the important factors are taken in to account. There is sufficient capacity plus the capacity in the new developments in the independent sector for people to be provided with an alternative service before Sampson Court closes in December 2011.

(12) **Respite is not accessible elsewhere. How am I supposed to plan my holidays if I cannot guarantee that my relative will be looked after?** Respite will be commissioned in the independent sector for planned respite as detailed above. KASS recognises that respite is a crucial service to individuals and their carers.

(13) **Why is Sampson Court not accepting any new permanent placements?** It would be irresponsible for KASS to allow people to believe that Sampson Court would become their new home while the uncertainty of its future is under consultation. People are being accepted for respite to make sure that the beds are used.

(14) **I have not read anything that makes me think this is consultation. In fact I believe it is a foregone conclusion.** The proposals have been made after considering a number of options and this is how KCC proposes it can best meet the future needs of older people including the future anticipated growth in numbers of older people needing a service. This is a genuine consultation and KASS needs to consider the views of the individuals and see whether there are any other alternative proposals that meet the drivers behind the proposals. The consultation period was extended from the recommended 12 weeks to 19 to make sure that as many people as possible are able to respond to the proposals.

(15) **Why can you not develop extra care in Deal?** Extra care, if commissioned by the county council, has to be developed in partnership with the district council. Dover District Council assessed that the priority need for extra care housing in the current programme of new development, Excellent Homes for All, was in the Dover town area. However extra care housing in Deal may be an opportunity that could be pursued in the future although this would take considerable time to plan and deliver and may not be suitable for the service users currently living at Sampson Court.

b) Questionnaire:

(16) A questionnaire was developed in August and distributed in September. It was designed as an additional method to generate feedback not only from key stakeholders but also members of the general public. The Questionnaire asked questions both about the proposal and what was important to people in the future should they need to access support services. There were a number of opportunities for people to enter free

text in addition to answering the questions. Key areas of feedback from the Questionnaires received on the Future of Older Person's Provision were:

(17) The proposals:

42% of people, when asked what they thought of the proposals, answered they had mixed views with 24% responding they thought it was a bad idea and 15% that it was a good idea. In the free text field the greatest number of comments (31) acknowledged that planning for the future was a good idea with 27 people saying they were against the proposal because of the disruption to the clients. Other common comments included support for extra care housing, emphasising the importance of day care and concerns about the quality of care in the independent sector.

(18) Should KCC run its own homes?

59% of respondents stated that the council should continue to run its own homes with 20% disagreeing. The largest number of comments wanted to know why KCC homes cost double the price KCC can buy it in the independent sector. 22 recommended that KCC should review staff contracts and KCC processes to reduce the cost. Other comments included concerns about the quality of care in the independent sector. 8 people criticised the question as leading.

(19) On what basis should KCC make the decision about the proposals?

80% thought quality of care an essential factor, 75% continuity of care for the residents, and 47% felt keeping some homes in the management of KCC was essential. Fewer people thought value for money (175) and freeing up resources to care for more people (132) were essential although these issues were considered very important by 41.5% of respondents.

(20) Thinking about the future

When asked about their preferred choice of how they would like to receive care most people wanted to be able to live at home for as long as possible followed by a situation similar to extra care housing.

The most important issues to people considering moving into a care home were trained and friendly staff, home cooked nutritious food and being with ones partner. Other factors that were important to people were to remain a respected member of their local community treated with respect and able to exercise choice and control and the ability to have pets.

The top five things that people rated as essential or very important to them when they were older were:

1. help and support available when needed
2. a safe and secure environment
3. being able to maintain links with family, friends and local community
4. ability to remain as independent as possible with own routine and choices
5. accessibility (no steps etc)

6. Personnel implications

(1) Issues raised by members of staff related to redeployment opportunities, redundancies and support for staff through the consultation process. From 14 June 2010 all staff vacancies in the Registered Care Centres, learning disability provision and the Enablement service were only being offered on a temporary basis to maximise any opportunities for the redeployment of existing staff. Staff will be offered one-to-one

meetings with a personnel officer and their union representative and the opportunity to receive skills training to enable them to continue their employment within Kent County Council, where possible. Redundancies, where possible, will be kept to a minimum.

(2) Special arrangements will be put in place to give members of staff an opportunity to apply for posts while continuing to support service users until the service has closed. Those who are not successfully redeployed into these posts will be offered support to help them to secure alternative employment. The Redundancy & Redeployment procedure would be followed and people will be offered Priority Consideration status once they are at risk of redundancy in order to help them find work in KCC.

(3) Below is a table showing the staffing information at Sampson Court.

Head count	No. of contracts	No. of Permanent Contracts	No. of Temporary Contracts	No. of Fixed Term Contracts	No. of Full Time Contracts	No. of Part Time Contracts	No. of Relief Contracts	FTE
55	68	64	2	2	7	48	13	33.49

7. Summary

(1) The proposal for Sampson Court to be closed is recommended. All individuals accessing the services will receive a reassessment and be offered an alternative service at no financial disadvantage.

(2) If Sampson Court were to remain open, it would require significant investment and any major refurbishment would probably need residents to move out while works took place.

(3) There is an active and thriving social care market in Deal at a quality appropriate for the county council. This market is able to service the needs of the individuals living at Sampson Court as there are adequate vacancies. The residential market is also responding to the increased demand for services for people with dementia and there is growth in terms of new provision planned for the wider district.

(4) During the consultation, the suggested date for closure for Sampson Court was given as September 2011 however given the further detailed analysis of current users needs and the availability of local alternative replacement day care services, a revised timescale is now proposed of no later that December 2011.

(5) Commissioners are working closely with the independent sector to develop additional respite and day places, some of which will become available in early 2011. They are confident that new services will be in place to enable the closure of Sampson Court by December 2011.

(6) An initial screening as part of the Equality Impact Assessment was undertaken prior to the consultation on the modernisation proposals. This identified the need for a full Equality Impact Assessment to be undertaken on each proposal, which has now been done. The assessment confirms that the proposals can be delivered in a way that adequately takes account of the individual needs of existing residents and of other service users.

8. Recommendations

(1) The Cabinet member is asked to **consider** the contents of this report and **agree** that Sampson Court should close and for the individuals to be secured alternative services in the independent sector at a timescale suitable to the individual with an ultimate end date of December 2011. Should the recommendation not be agreed, the future of Sampson Court will need to be revisited and further consultation will be required on any revised proposal.

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Background Documents

- Government White Paper 'Our Health, Our Care, Our Say' – January 2006
- National Dementia Strategy – February 2009
- Active Lives for Adults 2006-2016
- Closure/Variation Policy for the closure/variation in the service use of a Social Services Establishment
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care
- Locality Commissioning Strategy

SAMPSON COURT – PETITION NOTES FROM PETITIONERS

More live longer and with dementia. Surely it is wrong to close dementia homes whilst building homes for those with less needs.

Sampson Court purpose built, single storey and only 25 years old is not past it's useful life. Why sanction £135,000 for heating works if the building was redundant.

If the site use is changed a £90,000 covenant shall have to be repaid.

Sampson Court functions perfectly, en-suites are not necessary, most clients need help with toileting and bathing. Other features, kitchens and internet cafes and gyms, are distractions to bolster the argument. KCC's proposals sound like sheltered housing not vital needs met by Sampson Court. In the prevailing economic climate KCC must concentrate on necessities not niceties.

KCC have not detailed proposals for re-housing clients. Quality Care Commission's website reveals most available homes are older, converted, houses on several floors. A minority - less for those with dementia patients - have en-suites, internet, let alone gyms. An inspection by a dementia specialist found care at Sampson Court exceeded that found in the private sector. Sampson Court welcomes placement students studying dementia. Relatives are concerned about lack of training and qualifications in the private sector. Lower wages mean inferior staff. What are KCC's plans for monitoring those moved from public care?

To allow carers a break Sampson Court gives day-care for twelve people six days a week and longer periods of respite for holidays. Will private homes keep beds empty to let this happen? Without respite more people will be put into homes at greater cost to the community.

Will the private sector cope without what KCC currently provide? A person staying in one of KCC's new residential became ill with an infection, they couldn't cope so she was transferred to Sampson Court, without Sampson Court what would have happened. KCC also claim that the additional load will be partly borne by volunteers. We receive assistance from Crossroads, and have been advised that this will be jeopardised by cuts in central funding.

The claim that KCC care costs more than it does in the private sector needs examining. Eight KCC staff were present at our initial meeting. If eight people can disappear from their desks at once it suggests lax management that is top heavy and inefficient.

To ensure effectiveness, homes should be able to do their own purchasing, taking advantage of supermarket offers. Maintenance costs could be reduced by using local rather than preferred contractors. It is absurd for a Maidstone firm to travel to Deal to repair a leaking tap when a local plumber would cost less. Dedicated staff already raise additional funds for Sampson Court through galas and open days. If it meant saving their jobs they would undertake more of these duties.

The phrase "old person's futures" brings to mind lifeless terms like oil and coffee futures. But the elderly and vulnerable must not be treated like commodities and traded merely to balance the books. More thought must be given to the traumas these closures will create.



Older People's Futures Consultation Questionnaire Feedback

November 2010

Kent County Council (KCC) undertook a programme of consultation from the 21 June to 1 November 2010 about the future of 11 of its 16 older peoples homes that it owns and manages.

The main purpose of this consultation has been to gather information as we plan for the future to make sure we can meet the needs of older people. A commitment was given to seek the views of a wide group of stakeholders including those who use the services, family/carers, staff, health colleagues, local district/borough councils, Members, local councillors and the general public.

A range of approaches have been taken to share details of the proposals and to seek individual views including holding consultation meetings, sending out written communications, website, telephone helpline and making available a questionnaire for completion. Copies of the questionnaire were sent out to all in-house residential units affected by these proposals, Age Concerns, Libraries, Carers forums, Housing forums, voluntary groups and at stakeholder consultation meetings in addition to being available on-line.

1460 Questionnaires were sent out and **162** were completed on-line and **337** were returned in hard copy – a total of **499**.

Response rate = 34%

The Proposal

1. This consultation document explains the proposals in detail. Have you read it?

Yes	=	80%	(401)
No	=	16%	(82)
No answer	=	4%	(16)

2. What do you think about the changes proposed in the consultation document?

Good	=	15%	(74)
Don't know	=	11%	(53)
Bad	=	24%	(120)
I have mixed views	=	42%	(209)
No answer	=	9%	(43)

Reasons for answers

Theme	No. comments
Planning for the future is good	31
Cause disruption to people	27
Extra Care Good	22
Day Care Vital	21
P&V Sector will see staff and quality decline	19
Replacement services not finalised	17
Keep KCC Homes	17
P&V Sector will reduce standards	17
Dementia Care Services are vital	16
P&V = Profit and will cost more	15
Respite Vital	14
Keep status quo - find another way to modernise	14
Reprovision of services must be local	13
Need to improve quality & monitoring in P&V homes	11
Improvements to the homes are needed	11
Cause death to people	9
People are isolated at home	8
Do not need gyms/en suite/modernised facilities	7
Extra Care not needed	7
Buildings old/decoration poor/lots of vacancies	6
This is all about cutting costs	6
Need to save money	6
Enablement Vital	5
Care Home is needed more than flats	5
Care is better in P&V homes	5
Affect on staff in a recession	5
Why does it cost so much for in-house services?	5
Services needed on the Island	4
Need to get value for money	4
Other areas of KCC should be cut - not elderly care	3
Reducing services for the elderly	3
This is not a consultation	2
Review and reduce staffing costs	2
P&V sector employ foreign workers that are cheaper	2
KCC are looking after the elderly with the proposals	1
Criticism of Questionnaire (Q2 responses)	1
Threatening/strong feedback on proposals	3

3. Do you think the council should continue to run its own residential services even though this costs around double the price of the independent sector homes?

Yes	59%	(292)
No	20%	(101)
Don't know	18%	(88)
Not answered	4%	(18)

Of 499 responses, 259 people completed the comments box (people had more than 1 view)

Theme	No. comments
Why does it cost double?	28
Keep KCC Homes	24
Effectively monitor the independent sector to increase quality	24
Revise/review staff contracts & KCC processes to reduce costs	22
KCC should set standards and commission services	21
Care should be consistent across KCC and Independent Sector	18
Trained, excellent staff - kind, loyal, caring	16
Independent homes increase prices and reduce quality and don't train staff	14
Independent homes are driven by profit	13
Reduce costs by reducing management in KCC	10
Private homes are not monitored	10
Older people cannot afford the independent sector	10
Do not believe it costs double	9
This is a leading question	8
Should not disrupt or change services for older people	7
Redirect money for more services - value for money	7
Lives first - not money	6
Private homes are not paid enough by KCC	5
Older people deserve KCC services regardless of cost	5
Restricts choice if you close	4
Partnerships/Pool resources etc	4
Independent sector choose the people they take	4
Homes do need improving/state of them increases cost	4
Direct Provision fills the gaps in the market	3
Residential, respite and day care needed	2
Offer training to generate income	2
KCC has a duty to provide the services	2
Independent sector employ foreign staff and pay badly	2
Dementia services should be retained by KCC	2
Charge residents more for KCC services	2
Political exercise	1
KCC should not pay double	1
KCC homes choose the people they take	1
Independent Sector is better	1
Increase council tax by 2% to pay for the services	1

4. When making the decision about these proposals, on what basis do you think we should make the decision?

	Essential	Very Important	Useful, but less important	Not important	Not answered
Continuity of care for existing residents	75% (376)	21.6% (103)	2.2% (11)	0.2% (1)	1.6% (8)
Value for money	35% (175)	41.5% (207)	17.4% (87)	1.6% (8)	4.4% (22)
Quality of care	80.3% (401)	15.6% (78)	0.4% (2)	0.2% (1)	3.4% (17)
Freeing up resources to offer more care for more people	26.5% (132)	41.5% (207)	20.8% (104)	1.4% (7)	9.8% (49)
Keeping some homes that Kent County Council manages itself	46.9% (234)	24.6% (123)	16.6% (83)	7% (35)	4.8% (24)

Thinking about your Future:

5. Place in order of 1 – 3 with 1 being preferred choice how you would like to receive care services, should you need them.

	1 st choice	2 nd choice	3 rd choice	Not completed
Care services delivered to me at home to allow me to live at home for as long as possible	60% (299)	19% (94)	7% (36)	14% (70)
Care services delivered to me in a way that means I keep my independence, stay included in the community and get access to 24 hour care (as in Extra Care Housing)	41% (204)	35% (173)	7% (37)	17% (85)
Care services delivered in a residential setting	18.5% (92)	12% (61)	48.5% (239)	21% (107)

6. Imagine you moving into a care home for the first time, moving into a new or different or are already living in a care home – how important is the following?

	Essential	Very Important	Useful, but less important	Not important	Not answered
Well trained and friendly staff	90.5% (451)	8.5% (42)	0% (nil)	0% (nil)	1% (6)
A garden or outside space	31% (155)	38% (193)	26% (130)	3% (12)	2% (9)
Home cooked nutritious food	61% (304)	34% (168)	3% (16)	0% (1)	2% (10)
Good sized bedroom with its own bathroom	46% (229)	9% (45)	20% (99)	3% (14)	2% (12)
Plenty of social Activities	34% (168)	43% (217)	18% (88)	2% (11)	3% (15)
Space for entertaining visitors in private	30% (148)	35% (173)	30% (151)	2% (12)	3% (15)
Enough space for some possessions and my own furniture	38% (188)	38% (189)	20% (99)	2% (10)	2% (13)
Close to where I live	38% (195)	36% (175)	20% (100)	2% (11)	4% (18)
My partner to live with me	47% (233)	24% (120)	9% (44)	7% (34)	13% (68)

Is there anything else not listed above which is really important to you?

Of 499 responses, 132 people completed the comments box (people had more than 1 view)

Theme	No. comments
Member of society/community/respected/choice/control/local	21
To have pets	11
Trained staff/ratios	8
More stimulating social activities	7
Personal needs respected	6
24 hour quality care	6
Not to have to move/a home for life	6
Medical Care	5
Safety/Security	5
Comfort	4
Needing support and advocacy	4
Day trips	4
Knowing the service is monitored	3
Not to be stuck in front of a loud TV	3
Good staff/good food	3
Not being lonely or isolated	3
En suite	3
Question based on individual circumstances so difficult to answer	3
Ground level	2
Parking for visitors	2
Affordability/Costs	2
To live in LA home	2
Having a range of options, not just residential care	2
To not have pets	2
Clean environment, good state of repair	2
Meet spiritual/religious needs	2
Privacy when wanted	2
Flexibility of time of day for services	2
Good sized rooms	2
En suite not important	2
Involved in running the service	2
Visitors welcome any time	2
Own room	2
Good public transport links	2
Wheelchair access	1
For KCC to tell the truth - political cost cutting	1
Extra Care Housing will not work for very frail & will cost more	1
Internet access	1
Poor questionnaire - if you cant get that right how can you run care for elderly?	1
Proper adaptations	1
Tailored care service	1
Outside organisations delivering services for interaction	1
No bingo or commodes	1

7. How important do you think each of the following would be for you as an older person? For each item please indicate how important you think it is.

	Essential	Very Important	Useful, but less important	Not important	Not answered
Spacious accommodation (e.g. two bedrooms)	12% (59)	23.2% (116)	44% (221)	14% (72)	6% (31)
Accessibility (e.g. no steps, wide doors etc.)	50.5% (252)	38.5% (192)	8% (40)	0% (1)	3% (14)
A level-access shower	48% (239)	34% (169)	12% (60)	1.6% (8)	5% (23)
Accessible private bathing facilities with space for carers to assist	42% (210)	35% (176)	16% (81)	2% (8)	5% (24)
A safe and secure environment	72% (362)	22% (111)	1% (5)	1% (3)	4% (18)
Communal facilities (e.g. lounge, café, gym etc.)	20% (103)	38% (184)	31% (155)	7% (36)	4% (21)
A location close to shops and transport links	32% (161)	38% (192)	21% (104)	4% (19)	5% (23)
Help and support available when needed	68% (339)	27% (133)	2% (10)	0% (0)	3% (17)
Living among people of a similar age	20% (100)	37% (185)	30% (148)	8% (43)	5% (23)
Being with people from the same culture	12% (58)	28% (138)	35% (176)	18% (93)	7% (34)
Staying at home with appropriate care and support	40% (199)	39% (192)	11% (54)	5% (24)	6% (30)
Ability to remain as independent as possible with own routine and choices	56% (282)	34% (169)	3% (17)	1% (4)	6% (27)
Being able to maintain links with family, friends and the local community where I live	64% (317)	28% (141)	2% (11)	0% (1)	6% (29)

Other (please specify)

Theme	Nos of comments
Quality of staff/time spent/ quality of care	9
Choice	9
Environment/Building not a factor	8
Difficult to answer - don't know until you get there	7
To be at home	4
Mixed culture/age	4
Responsive care services	3
Human interaction	3
Pets	3
Extra Care not needed	3
Having family to stay/ near by	3
Plants	2
Protection from abuse and neglect	2
Respite/Day care/activities	2
Internet	2
Close to family/friends/where I lived	2
Trips out	2
Own toilet	2
KCC home	2
Comfort	1
24 hour care	1
Good food	1
Consistency of care	1
Cost	1
Stimulating activities	1
Telephone in room	1
maintain/improve health & wellbeing	1
Racist question about culture	1

8. The main purpose of Kent Adult Social Services is to help the people of Kent to live independent, safe and fulfilled lives in their local communities.

What does being independent mean to you?

Maintaining my health	83% (412)
Not relying on anyone else	57% (282)
Being able to continue to pursue my interests and hobbies	79% (393)
Being able to continue to keep in contact with friends and family	90% (447)
Being seen as making a valuable contribution to my local community	41% (203)
Being able to choose and make decisions on how I lead my life	61% (303)
Being able to remain in my own home	39% (194)

Other comments

What does being independent mean to you?

Of 499 responses, 68 people completed the comments box (people had more than 1 view)

Theme	No. comments
To do what I know - be at home, have choices etc	12
Independence only ok if capable	6
Not sure how to answer	5
Money	5
Well run residential home	4
Driving/transport	3
Choice	3
Good reliable carers	3
Like minded people/social stimulation	3
KCC home	3
When you cannot cope this does not apply	2
Need help to be independent	2
KCC supports the Health economy	2
Respect & Dignity	2
24 hour care	2
Trips out	2
Being valued/having a say	2
Day care	1
Pets	1
Staying healthy and independent	1
Other	10

9. Day services are delivered in some of the homes that are included in the proposal. Kent Adult Social Services recognises that this is a vital service, both for those who use the service and their carers – and will need to be purchased elsewhere.

Which of these statements about day care best reflect your views?

	Essential	Very Important	Useful, but less important	Not important	Not answered
I would like to attend in order to meet and talk to people	26% (129)	36% (182)	20% (101)	6% (29)	12% (58)
I would like to attend to spend time with other like minded people of a similar age	20% (99)	38% (191)	22% (112)	7% (33)	13% (64)
I would like to attend to receive personal care	20% (97)	29% (143)	26% (131)	9% (46)	16% (82)
I would like to provide my relative/ carer with a break	39% (196)	36% (180)	8% (40)	5% (23)	12% (60)
I have an active social life and would not want day care	9% (46)	16% (79)	25% (126)	16% (80)	34% (168)
I would prefer to have a Direct Payment and organise my own activities	17% (84)	21% (105)	22% (107)	14% (72)	26% (131)
I would prefer to meet with people who have similar interests for specific activities of mixed age groups	17% (85)	34% (171)	21% (106)	8% (42)	19% (95)

Your Details: Please indicate your age:

Under 35	5.8% (29)
36-49	15.8% (79)
50-64	31.7% (158)
65-74	11.8% (59)
75-84	19.4% (97)
85+	13.6% (68)
Not answered	1.8% (9)

Your gender?

Male	26.7% (133)
Female	68.7% (343)
Not specified	4.6% (23)

Where do you live now?

Renting from the Council or a Housing Association	7.6% (38)
Renting from a private landlord	5.2% (26)
Owned by myself or my partner	71.1% (355)
Sheltered Housing	4.6% (23)
Extra Care Housing	2% (10)
Residential care home	1% (5)
Residential Care Home included in the proposals	1.2% (6)
Nursing home	0% (0)
Other – with Parents/relatives	4.8% (24)
Not answered	2.4% (12)

About you:

An older person currently receiving support services	9.6% (84)
A relative/unpaid carer for an older person	21.2% (106)
A member of the public	38.5% (192)
A social services employee	16.4% (82)
A health services employee	4% (20)
A District/borough council employee	6.2% (31)
Working in the voluntary sector	6.8% (34)

Other : 7.6%

Older person living independently	15
Carer looking after someone	11
Public sector employee/KCC	10
Councillor/Mayor	3
Volunteer	3
Tax payer	1
Manager of a private care facility	1
Comments on the questionnaire format/content	5
Value of Older Peoples services	8
Want reassurance about provision of services being available in the future	9

Thank you for taking the time to complete this questionnaire - your views are very important to us and have informed the consultation.

¹Extra Care Housing offers self contained flats for older people with care staff on site 24 hours a day.

²Direct Payments are local council payments for people who have been assessed as needing help from social services, and who would like to arrange and pay for their own care and support services instead of receiving them directly from the local council.

By: Sarah Hohler, Cabinet Member, Children, Families and Education
 Rosalind Turner, Managing Director for Children, Families and Education

To: Cabinet – 10 January 2011

Subject: Inspection of safeguarding and looked after children services – Recovery and Improvement Plan

Classification: Unrestricted

Summary: This report provides information on the recovery and improvement plan, following the OFSTED Inspection of Safeguarding and Looked after Children Services in Kent

Introduction

1. (1) A report was presented to Cabinet on 29 November 2010 on the outcome of the Ofsted announced inspection of safeguarding and looked after children services in Kent that took place between 11-22 October 2010.

(2) The inspection concluded that the overall effectiveness of safeguarding services is inadequate and that capacity for improvement is inadequate. It concluded that the overall effectiveness of services for looked after children is also inadequate, while the capacity for improvement is adequate.

(3) The Leader of the Council and Cabinet requested a follow up report outlining the recovery plan was brought to the meeting of Cabinet on 10th January 2011.

(4) A seminar for all Members on 26th January 2011 which will include an in-depth discussion on the issues concerning Children's Social Services.

Improvement Plan

2. (1) A meeting with the Minister for Children, Tim Loughton, took place on 14 December to review arrangements for improvement, and to consider next steps. Kent was represented by the Leader, Cabinet Member for Children, Families and Education, Group Managing Director, Managing Director for Children, Families and Education, and the Chief Executive of Eastern and Coastal Kent PCT. A presentation was made to the Minister and DfE officials, analysing the current position and expressing firm leadership and determination to address the improvement and recovery. A draft improvement and plan was discussed with the Minister and his officials. An updated plan is attached as Appendix 1. This will need to be amended in the light of the targets set in the improvement notice.

(2) The DfE was impressed by the determination and resolve of the local authority, and the strong support from Health and other partners. They advised a long term programme of reform and change, emphasising that change needs to be sustainable, focusing on cultural change and not just process improvement. The DfE expects to scrutinise the improvement programme over the next couple of years. They advised that there may still be further systemic problems as yet uncovered. It is anticipated that the Minister will issue an improvement notice in January, with targets. An improvement Board will be required, with an independent chair nominated by DfE.

Progress since the inspection

3. (1) A review of all active cases has been underway since mid November (around 7000 children) due for completion by 23 December. These include children with child protection plans, children in need and looked after children who came into the service in the past year. The remaining looked after children cases will be reviewed by the end of January 2011. At 21 December 5976 (83%) had been reviewed; total remaining was 1185 (17%). The total where concerns have been raised is 541 (9% of the total number of cases reviewed so far). Key themes identified included drift in care planning, delay in management decisions, delays in convening final strategy meetings after child protection investigations and lack of appropriate focus in work with vulnerable teenagers. Other issues included timescales and quality of assessments, health assessments not in place for looked after children, and some did not have a personal education plan. Management action is now in place for all these cases. .

(2) A Head of Service Improvement has been recruited, Pam Rowe, who has assisted Surrey with their improvement programme in the past 2 years. Eva Learner, a very experienced advisor, who has worked with several services subject to an improvement notice, has been recruited to lead the improvement plan for the Duty and Initial Assessment teams. Malcolm Newsam, previously a Director of Social Services and Director of Children's Services for Bedfordshire, and recently interim Director of Children's Services in Essex, leading their improvement programme, will join the service in January.

(3) The improvement team will be further developed in January. This will include project management, HR capacity, recruitment, workforce development, performance monitoring and quality assurance. ISG will work closely with the improvement team, leading on necessary changes to the ICS electronic social care recording system. Costings for the programme are currently being worked on.

(4) The Improvement Steering Group established after the unannounced inspection in August, chaired by Cabinet Member, Mrs Hohler will continue to meet until the Improvement Board is established. The Steering Group includes frontline staff who will continue to be involved in the improvement programme through a focus group. The proposed governance arrangements are set out on page 5 of the improvement and development plan. Elected members will be fully involved and service users will play an active part, including the children in care council.

(5) Following initial analysis by external consultants, all duty and initial assessment teams will be subject to external audit and RAG rating in January to ensure safe practice. The focus needs to be on safety as well as quality at

the front door of the service. Core social work vacancies have reduced to 9% in December, but there is a need now to build experience and ensure manageable caseloads. There are currently 8000 allocated cases in the 12 districts. While it is difficult to define an “acceptable” caseload for a social worker, given that levels of experience and competence play a part, we should aim for an average of 20. This would require a review of existing social work capacity. There is also a need for focussed recruitment to the 16 principal social worker vacancies, alongside consideration of increasing the establishment by 12 to strengthen the duty and initial assessment teams. Another unannounced inspection of these teams could be as early as Spring of this year.

(6) The focus since the unannounced inspection in August has been primarily the duty and initial assessment teams, the front door of the services. A chart explaining the workflow is attached as Appendix 2. The work from January needs to include the long term children and families teams. These will be subject to external audit in January/February. Change plans will be developed to ensure dedicated focus on looked after children, while the children in care council will be actively involved in refreshing the local authority pledge. The education team for looked after children, led by Tony Doran, the “virtual” head teacher needs strengthening. Education attainment for Kent looked after children at GCSE is poor compared to other authorities. This is a problem in many authorities and it is important that we develop qualitative as well as quantitative improvement. However, this is an Ofsted limiting judgment, which means that until attainment improves, services for looked after children in Kent will continue to be graded as inadequate.

(7) Other keys aspects of the improvement plan include:

- Review of the effectiveness of Kent Contact and Assessment Service (KCAS)
- Continued focus on prevention and early intervention to reduce referrals to Children’s Social Services through embedding the Common Assessment Framework (CAF). The establishment of CAF Coordinators needs to be increased to a minimum of 1 per district
- Work with Adult Services, the NHS and other partner agencies to reduce the number of referrals and develop family based services, notably to tackle domestic abuse, parental substance misuse and parental mental illness
- Improving accountability through the Kent Safeguarding Children Board to better manage the performance of all partner agencies.
- The Care Quality Commission produced more detailed recommendations for Health with regard to safeguarding and looked after children. These require a health led improvement plan by early January.

Improvement Board

4. An Improvement Board will be established, overseen by the Leader, and reporting quarterly to Cabinet. The work of the current Improvement Steering Group will be integrated into the overall improvement plan. All agencies will be involved as appropriate, both on the Improvement Board and through the Kent Safeguarding Board. Additional capacity and external support have been

brought in to assist the recovery plan. Appendix 3 (to follow) details the Membership of the Board.

Conclusion

5. Progress has been made in developing a sound improvement plan and in reviewing all active cases. The improvement programme presents a massive challenge to transform social work with children in Kent.

Recommendations

6. Members are requested:
to note the report and improvement plan

Background Documents:

Report to Cabinet on 29 November 2010 - Inspection of safeguarding and looked after children services

OFSTED Report – 19 November 2010: Safeguarding and Looked After Children Services. [www.ofsted.gov.uk/oxcare_providers/la_view/\(leaid\)/886](http://www.ofsted.gov.uk/oxcare_providers/la_view/(leaid)/886)

Unannounced inspection letter August 2010

Ofsted grade criteria and inspection framework

ADCS report on national safeguarding pressures

Interim report of the Munro review of safeguarding

Report to County Council on 1 April 2010 - Safeguarding Children in Kent: Defending and Developing the Service

Reports to County Council on 14 October 2010;
Progress Report in response to Safeguarding Children in Kent: Defending and Developing the Service

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**“Putting Children First”
Safeguarding and Looked After Children Services
Improvement and Development Plan**

December 2010

Draft



Introduction by Paul Carter, Leader

Kent County Council (KCC) has been given an inadequate rating for our safeguarding and looked after children's services by Ofsted. We have always had a reputation for delivering quality, value for money services and we take the Ofsted judgement extremely seriously. Delivering a first class service to children in need of safeguarding and being looked after is now KCC's top priority – we will do everything possible to deliver this transformation with our public agency partners.

Let us be under no illusions that supporting and protecting vulnerable children is the most complex and challenging task. Our social workers are dedicated people who work very hard and we need to support them effectively to deliver a good front-line service. This is a service which is rooted in making judgements about the lives of families. This work entails some of the most difficult and demanding judgements that have to be made in public service.

As leaders of the service we need to re-focus our efforts so that work at the frontline is of the highest quality and well supported, not fuelled by processes and tick box procedures. Our staff will be equipped with the best support to carry out their front-line jobs effectively.

The Ofsted report has implications for all our public agency partners who work across the field of safeguarding and provide support for looked after children – strong leadership will be needed to effect the changes required. Together, we start immediately on the recovery plan to restore the level of services to good or outstanding.

My energies and those of Cabinet and our senior management team will be absolutely focused on supporting the changes essentially needed to put right the shortcomings and weaknesses that have been identified by the Ofsted inspection. KCC and our partners will implement every recommendation and we will do so in an open and transparent way.

Mission Statement – Putting Children First

We are committed to ensuring children and young people are safe and are supported to achieve good outcomes and to being good corporate parents for our looked after children.

To achieve this we will:

- Learn from our failings.
- Support our front-line staff with the very best back office support and equipment.
- Challenge partnership organisations to deliver good standards of practice and service delivery.
- Ensure manageable workloads for our staff
- Review staffing levels and rewards – re-introduce our staff care packages.
- Rigorously quality assure and performance manage all aspects of the service.
- Review all governance arrangements, making sure we challenge beyond the norm.
- Challenge unnecessary bureaucratic processes that divert valuable front-line staff time.
- Fundamental review of how we recruit and retain staff, including career development and training programmes.

Model of Improvement

- Prompt action to safeguard children, focused timescales for improvement
- Internal managers working alongside external experts to develop and embed improvements.
- Feedback from children and young people and front-line workers informing the actions taken.
- Partners, elected members and officers from across the council collaborating to secure improvements.
- Building in external challenge to secure sustained improvement.
- Creating a culture of transparency and openness to encourage staff to raise concerns/issues to improve accountability across all levels of the organisation.

Summary of key overarching actions to be taken:

Protecting children from harm – Workstream 1

- Review/audit of all live cases, c.7,000 – CIN, CP LAC including checks by external auditors by the end of February 2011.
- Risk assessment (RAG rated) of all ‘front door’ (DIAT) teams to inform the programme of improvement – end of January 2011.
- Review and make appropriate changes to duty arrangements.
- Allocate all cases to appropriate staff.
- Improve the timeliness and quality of assessments

Improving outcomes for looked after children – Workstream 2

- Improve engagement with looked after children (LAC), including the Children in Care Council with a view to refreshing the corporate parenting pledge.
- Increase capacity in the education for LAC team.
- Work with Health to achieve health assessments for LAC.

Recruitment and Retention – Workstream 2

- Recruit to Principal Social Worker posts.
- Increase administrative, social work assistant and social work capacity.
- Complete workload and capacity analysis with a view to ensuring manageable and balanced caseloads
- Restructure social worker teams to secure dedicated focus on LAC, reasonable size teams and balanced skill mix
- Review of the social worker recruitment and retention policy including social worker pay scales and make recommendations for implementation.
- Review and take action to secure better workplace conditions.
- Ensure good supervision and management.
- Implement a programme of engagement with front line staff including staff surveys to inform the improvement programme.

Learning and Development – Workstream 3

- Revise the learning and development programme to achieve responsiveness to the concerns about the quality of practice.
- Implement a workforce development strategy to achieve an on-going pool of appropriately qualified, developed and supported staff delivering services to children and their families across the partnership.
- Attend to the learning and development needs of newly recruited social workers.

Culture change, leadership and management – Workstream 4

- Embed good customer care behaviours including feedback to service users and partners.
- Develop and embed quality standards within the service.
- Establish an understanding of required management and leadership competencies, values and behaviours including enforcement of must -do essentials.
- Put in place a development programme for all managers including a review of current competency and provide coaching and mentoring opportunities.
- Improve the quality assurance and performance management skill base of all managers.

Strengthening challenge – senior officers and elected members – Workstream 5

- Review all safeguarding governance arrangements including the role of the Policy Overview and Scrutiny Committees and the Children's Champion Board.
- Strengthen the performance information/management framework and include service user feedback.
- Implement the social work task-force health check evaluation tool (as part of the performance information framework). The health check is a tool used to continuously evaluate progress in relation to recruitment, retention and workloads and other factors that impact on safe social work practice.
- Capitalise on opportunities for external challenge via the Improvement Board, LGA and other arrangements.

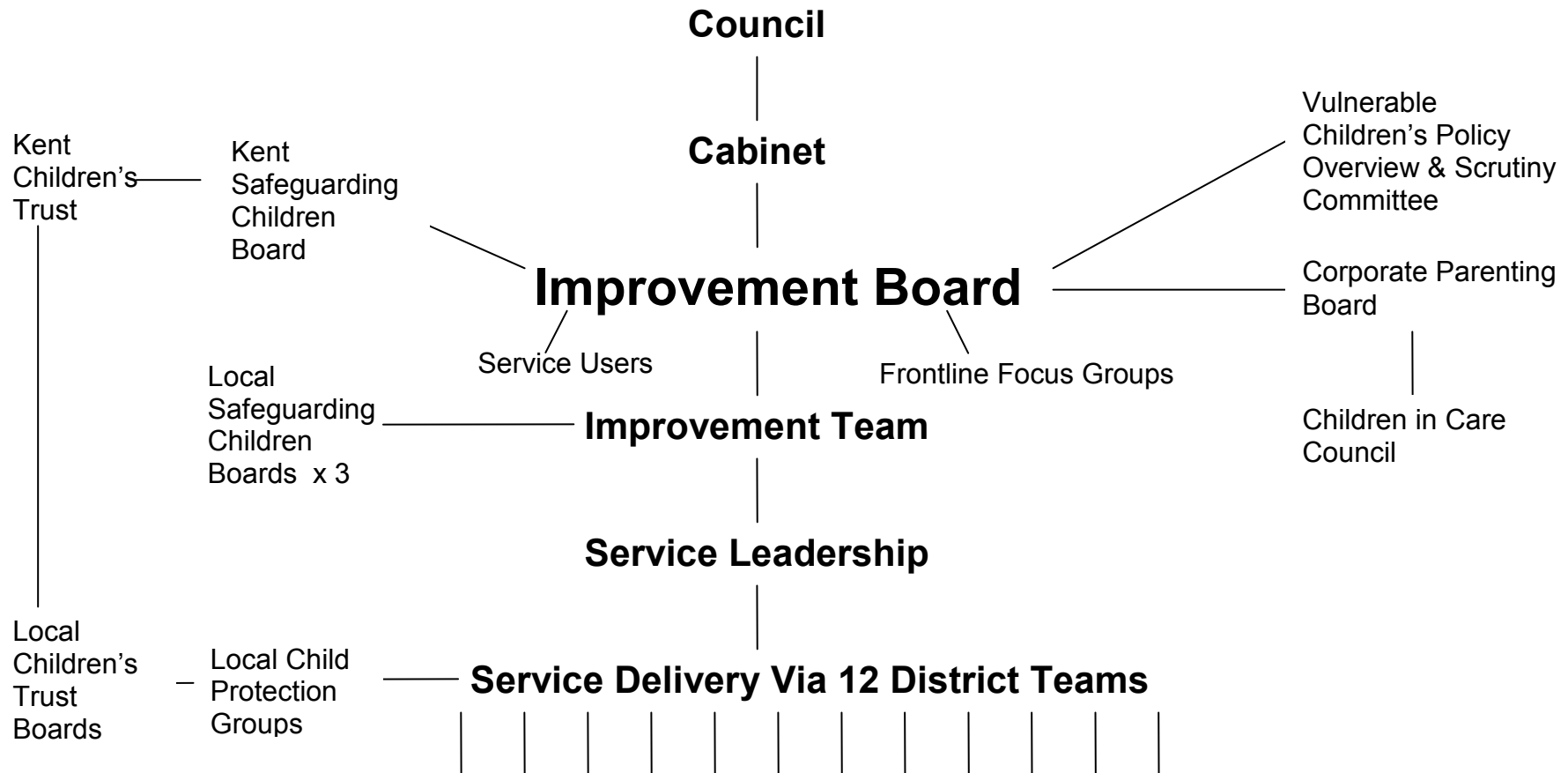
Early Intervention – Workstream 6

- Work with partners via the KSCB and the Kent Children's Trust to secure a comprehensive understanding of thresholds for universal, targeted and specialist services.
- Develop the role of the new Preventative Services managers to work with partners to embed the understanding of appropriate thresholds for social care intervention and for the Common Assessment framework (CAF),
- Develop multi-agency integrated team working – at the front door in particular

Support systems and processes – Workstream 7

- ISG to ensure that the ICS system is fit for purpose
- Social work managers to ensure good use of the ICS system
- Review of the Kent Contact and Assessment Service (KCAS)

Governance arrangements



The Improvement team

PROGRAMME OFFICE - Additional dedicated capacity to deliver the improvement plan

- Head of Service Improvement – driving the improvement actions to secure delivery – Pam Rowe
- Improvement Programme Coordination
- Front door improvement lead – Eva Learner
- Dedicated Human Resources lead officer
- Dedicated Quality Assurance lead officer
- Performance Information lead officer
- IT (ICS) systems development lead
- Workforce development lead (supported by LGSD formerly IDeA)
- Communications support
- Change team alongside SCB partners
- Corporate capacity to review of office accommodation and to assist with culture change endeavours
- Capacity to review of KCAS

The Improvement team will be supported by named senior managers within the service and across the council who will assist the delivery of the workstreams outlined on pages 3-4.

KCC Draft Improvement Plan

Under development in collaboration with partners and will be reviewed to reflect the Improvement Notice

Draft Ofsted Inspection Action Plan

Ref.	Requirements	Actions in response	Leads		Timescale		Compl- etion/ Evidence	Governance and Accountability	Notes
			A	R	Start	End			
	Immediately								
A1.	Review the current childcare caseload and ensure that all children in need of safeguarding and protection are identified and receive appropriate services.	A1.1 Audit all Child in Need (CIN), Child Protection (CP) and Looked after Children (LAC) cases. Take any necessary actions to address any gaps and respond immediately to safeguarding issues if identified.	HD	HOS DMs TLs	Nov 2010	Dec 2010 (CP CIN) Jan 2011 (LAC)		KCC-Internal accountability frameworks Improvement Steering Group/Board	
		A1.2 Senior managers to audit a sample of cases to quality assure managerial decision making.	HD	HOS	Nov 2010	Dec 2010 (CP CIN) Jan 2011 (LAC)			

Ref.	Requirements	Actions in response	Leads		Timescale		Completion/ Evidence	Governance and Accountability	Notes
			A	R					
Page 235		A1.3 External review of above audit and of implementation of follow up actions.	PR	Imp. Team	Jan 2011	Feb 2011	10 % of audits will be reviewed by external auditor		<i>Monthly review through performance monitoring to establish percentage of caseloads that comply</i>
		A1.4 Team leaders to review individual social work caseloads and ensure that appropriate caseloads are in place - (initial target 30 children). Further reductions to be agreed.	HD	HOS DMs TLs PSWs	Nov 2010	March 2011		KCC-Internal accountability frameworks Improvement Steering Group/Board	
		A1.5 Increase staffing levels (admin, SWA, SW, PSW and team leaders)	CY	HOS HR	Sept 2010	Ongoing			
A2.	Ensure that all partners are fully conversant with the threshold for accessing social care services and provide the appropriate levels of referral information	A2.1 Work with KSCB and Kent Children's Trust to secure a comprehensive understanding of thresholds for social care intervention, including review and re-launch of the eligibility criteria.	HD	PD	Nov 2010	January 2011		KSCB KCT Improvement Group/Board	<i>Eligibility review will be carried out in partnership with Medway Council to develop a more joined up approach for partner agencies</i>

Ref.	Requirements	Actions in response	Leads		Timescale		Completion/ Evidence	Governance and Accountability	Notes
			A	R					
		A2.2 Deliver multi-agency, localised workshops to develop understanding regarding thresholds for referrals to social care.	HD	PD EL	Feb 2011	Ongoing	Review progress and effectiveness May 2011		
A3.	Improve the quality and timeliness of initial and core assessments	A3.1 Engage with front-line staff and managers to secure an understanding of the issues that impact on the timeliness and quality of assessments.	HD	HOS DM's	Nov 2010	Nov 2010	✓	KCC - accountability frameworks Improvement Steering Group/Board	<i>Meetings/discussions undertaken and ongoing</i>
		A3.2 Re-issue guidance in relation to timescales and re-emphasise the importance of compliance with the use of the assessment tracking tool	HD	DM	Sept 2010	Sept 2010	✓		<i>Written communication disseminated</i>
		A3.3 Review the effectiveness of the tracking tool (with front line managers) & implement any changes required	DM	TLs	Dec 2010	January 2011			
		A3.4 (cross reference with A1.5) Increase administration capacity to enable social workers to focus on assessments.	HR/ CY	HOS	Sept 2010	Feb 2011			<i>Temporary staff in place whilst permanent staff recruited</i>

Ref.	Requirements	Actions in response	Leads		Timescale		Completion/ Evidence	Governance and Accountability	Notes
			A	R					
Page 237		A3.5 Implement the 12 week development programme for managers and social workers in relation to initial and core assessments to address timeliness and quality.	HD	DM EL	Nov 2010	March 2011			<i>First 3 district teams programme complete & second batch commenced</i>
		A3.6 Managers/supervisors to ensure that assessments are of a good quality, timely and provide evidence of management oversight	HD	HOS DMs TLs PSWs	Nov 2010	Ongoing			<i>Audits and routine scrutiny by managers should confirm improvements</i>
		A3.7 Team Leaders to ensure all assessments show evidence of management decision-making and quality assurance actions	HD	HOS DMs TLs PSWs	Nov 2010	Ongoing			<i>Audits and routine scrutiny by managers should confirm improvements</i>
A4.	Establish clear arrangements for the referral and treatment of young people aged 16-18 requiring a CAMHS service	A4.1 Review of current arrangements and make recommendations for improvement.	LG	KG	Nov 2010	Feb 2011		KCT PCT Board Improvement Steering Group/Board	

Ref.	Requirements	Actions in response	Leads		Timescale		Compl- etion/ Evidence	Governance and Accountability	Notes
			A	R					
A5.	Ensure that all assessments of looked after children are completed to the standards required by statutory guidance, contain the necessary health and educational information and are included on the child's record.	A5.1 (cross reference to A1.1) As part of the audit of LAC cases, ensure updated core assessments, care plans, health assessments and PEPs.	PR	HOS Imp. Team	Nov 2010	March 2011		KCC - accountability frameworks Improvement Steering Group/Board	<i>Ongoing audits and routine scrutiny by managers should confirm improvements.</i> <i>Actions taken in response, by managers, will be tracked and included in the monthly performance report and IRO annual report</i>
		A5.2 Line managers at all levels to ensure that practice complies with the above requirements, through supervision, tracking and other managerial mechanisms.	HD	HOS DMs, TLs PSW	Nov 2010	Ongoing			
		A5.3 Statutory reviews to ensure that the above (A5.1) are in place and that themes and issues are reported to senior managers.	DM	PB	Jan 2011	Ongoing			
		A5.4 IRO quarterly and annual reports to be provided to Director, Managing Director and Corporate Parenting Board for response to issues identified.	DM	PB	Jan 2011	Ongoing			
A6.	Improve the quality of case planning and ensure that all relevant professionals are able to participate and contribute to the process.	A6.1 Develop and implement a multi-agency LAC Strategy which clarifies expectations of all agencies.	LT	MAG	Nov 2010	May 2011		KCT Corporate Parenting Board Improvement Steering Group/Board	<i>Further delay in issuing the national guidance will impact</i>
		A6.2 Issue the new national guidance on new care	DM	PB	Jan	Jan 2011			

Ref.	Requirements	Actions in response	Leads		Timescale		Completion/ Evidence	Governance and Accountability	Notes
			A	R					
		planning regulation following publication.							<i>on achievement of timescale</i>
		A6.3 (cross reference to A1) Case audit findings to inform practice, supervision and appraisal, training and quality assurance activity via any necessary revision to procedures, training programmes and audit tools	PR	Imp. Team	Feb 2011	Feb 2011			
		A6.4 Implement multi-agency care planning training	PR	MW	March 2011	July 2011			
Within Three Months:									
A7. Page 239	Establish systematic performance management processes at all levels to improve the quality of practice and management across the partnership.	A7.1 Develop performance management and quality assurance frameworks	PR JW	Imp. team	Feb 2011	March 2011		KCC-Internal accountability frameworks Improvement Steering Group/Board	
		A7.2 Implement new performance management and quality assurance frameworks	JW	HD PR	March 2011	May 2011			
		A7.3 Review the new frameworks and amend as required.	JW		June 2011	July 2011			
A8.	Improve the child protection conference process to ensure that professionals are properly prepared and service user confidence is restored.	A8.1 Social workers to complete and share reports with families in line with current requirements of 5 days in advance of the conference.	HD	HOS DMs TLs PSWs	Jan 2011	Ongoing		KCC-Internal accountability frameworks Improvement Steering	<i>Percentage to be monitored and report through Independent chairs QA reporting</i>

Ref.	Requirements	Actions in response	Leads		Timescale		Completion/ Evidence	Governance and Accountability	Notes
			A	R					
		A8.2 Agencies to ensure that reports are shared with families and submitted to chair prior to conference.	KSCB		March 2011	April 2011		Group/Board	<i>KSCB Multi- agency audit to report progress</i>
		A8.3 Review the conference process in collaboration with partners and ensure guidance is provided as appropriate	PD		Jan 2011	April 2011			<i>KSCB Multi- agency audit to report progress</i>
		A9.1 Commission external training for child protection conference chairs to produce SMART plans	MW PR	Imp. Team	Feb 2011	April 2011			
A9.	Ensure that each child protection plan sets out measurable recommendations	A9.2 (cross reference to A7.2) Standards are established through the development of a quality assurance framework in respect of child protection planning	HD	DM HOS	Jan 2011	March 2011			
		A10.1 Review KCAS and DIAT interface to minimise duplication and streamline processes and make recommendations to the access and assessment board.	HD PR	Imp Team	Feb 2011	April 2011		KCC-Internal accountability frameworks Improvement Steering Group/Board	<i>Commission Independent Review</i>
A10.	Review the effectiveness and value for money of the Kent contact and assessment service (KCAS).	A10.2 Agree recommendations and begin implementation	KK RT		May 2011	June 2011			

Ref.	Requirements	Actions in response	Leads		Timescale		Compl- etion/ Evidence	Governance and Accountability	Notes
			A	R					
A11.	Ensure that ethnicity data is entered in each child and young person's electronic and paper file	A11.1 Ethnicity data to be entered for all cases	DS	HOS DMs TLs SWs	Jan 2011	Feb 2011		KCC-Internal accountability frameworks	
		A11.2 Ethnicity code to be made mandatory field on ICS	DS		Jan 2011	Jan 2011		Improvement Steering Group/Board	
A12.	Ensure that health services subscribe to a suitably independent interpreter service	A12.1 Review arrangements for the provision of independent interpreters	LG					PCT Board and	
		A12.2 Agree recommendations and Implement.	LG					Improvement Steering Group/Board	
A13.	Establish a functional performance management system and ensure that the integrated children's system is fit for purpose	A13.1 (to be addressed through A7.1 and A18.1)	JW PR DC	Imp Team				KCC - accountability frameworks and Improvement Steering Group/Board	
A14.	Ensure that all looked after children can access CAMHS up until 18 years of age	A14.1 Review arrangements for access to CAMHS for all 16-18 year old and specifically those who are Looked After	LG					PCT Board and Improvement Steering Group/Board	
		A14.2 Agree recommendations and Implement	LG						
A15.	Ensure that missing from care and missing from school policies are aligned for looked after children	A15.1 Align current missing children policies to result in a single KSCB missing children policy and procedure	CB		Jan 2011	Jan 2011		KSCB Corporate Parenting Board Improvement Steering Group/Board	

Ref.	Requirements	Actions in response	Leads		Timescale		Completion/ Evidence	Governance and Accountability	Notes
			A	R					
A16.	Reduce the numbers of looked after children who are excluded from school and ensure that policies and practices relating to excluded children are consistent across the county	A16.1 Review current policy in relation to exclusion of LAC and implement improvements.	TD					Corporate Parenting Board and Improvement Steering Group/Board	
		A16.2 Implement virtual school improvement plan	TD						<i>Proposal to extent the Virtual team to be considered by Corporate Parenting Board</i>
Within Six Months:									
A17	Review the workforce and take the necessary steps to address capacity and capability shortfalls.	A17.1 Continue to implement the recruitment and retention strategy to ensure adequate capacity to meet workload requirements	CY	HOS	Nov 2010	Ongoing		KCC-Internal accountability frameworks Improvement Steering Group/Board	<i>Measured by reduction in vacancies and monitored via performance report information</i>
		A17.2 Supervision and appraisal to be in place for all social work staff and managers to address capability and development needs.	HD HR	HOS DMs TLs PSWs	Nov 2010	Ongoing			
		A17.3 (cross reference with A7.1) Development of performance framework to include indicators to monitor adherence to the supervision policy	PR JW	Imp Team	See A7.1	See A7.1			
		A17.4 Qualitative audit of supervision to establish that supervision is in place and responding to identified need.	DM		June 2011	August 2011			<i>Report to CSSMT, SMT and Improvement Board</i>

Ref.	Requirements	Actions in response	Leads		Timescale		Completion/ Evidence	Governance and Accountability	Notes
			A	R					
A18.	Review the effectiveness and value for money provided by the current computer based recording systems	A18.1 Review of ICS functionality and review of current arrangements for the storage of records to ensure that records are accurate and support social workers to record in a timely and cost effective manner.	DC PB		Nov 2010	Feb 2011		KCC-Internal accountability frameworks Improvement Steering Group/Board	
		A18.2 Implement recommendations from review	DC RT		Feb 2011				
A19. Page 243	Take steps to align training and development opportunities with service prioritised outcomes	A19.1 In response to inspection and audit findings, revise the learning and development programme to target identified service priorities	MW PR	Imp Team	Nov 2010	Jan 2011 and ongoing		KCC-Internal accountability frameworks Improvement Steering Group/Board	
		A19.2 Implement revised programme	MW	Imp Team	Jan 2011	Ongoing			
A20.	Review the effectiveness of generic social care teams for looked after children and their impact upon the quality of service that is provided	A20.1 Review the current configuration of C+F Teams in relation to their ability to manage and prioritise CIN, CP and LAC cases.	HD PR	Imp Team HOS	March 2011	May 2011		KCC-Internal accountability frameworks Improvement Steering Group/Board	
		A20.2 Restructure inline with the recommendations	HD PR	Imp Team HOS	May 2011	December 2011			
A21.	Develop a multi-disciplinary looked after children strategy and clarify management and leadership roles and accountabilities	A21.1 (Cross reference to A6.1) Strategy to clarify management and leadership roles and accountabilities.	LT		Nov 2010	May 2011		Corporate Parenting Board and Improvement Steering Group/Board	

Ref.	Requirements	Actions in response	Leads		Timescale		Completion/ Evidence	Governance and Accountability	Notes
			A	R					
A22.	Develop a screening tool for substance misuse for use with looked after children and young people	A22.1 Develop screening tool and integrate into current arrangements for LAC Health Assessments.	AS		Jan 2011	April 2011		Corporate Parenting Board and Improvement Steering Group/Board	
A23.	Strengthen the arrangements for the contribution of the voluntary sector to enable their full contribution to good outcomes for young people and care leavers	A23.1 (Cross reference to A6.1) voluntary sector to contribute to the LAC strategy	JA	PD	Jan 2011	May 2011		Corporate Parenting Board and Improvement Steering Group/Board	

Key

Safeguarding actions – white background

LAC actions – yellow background

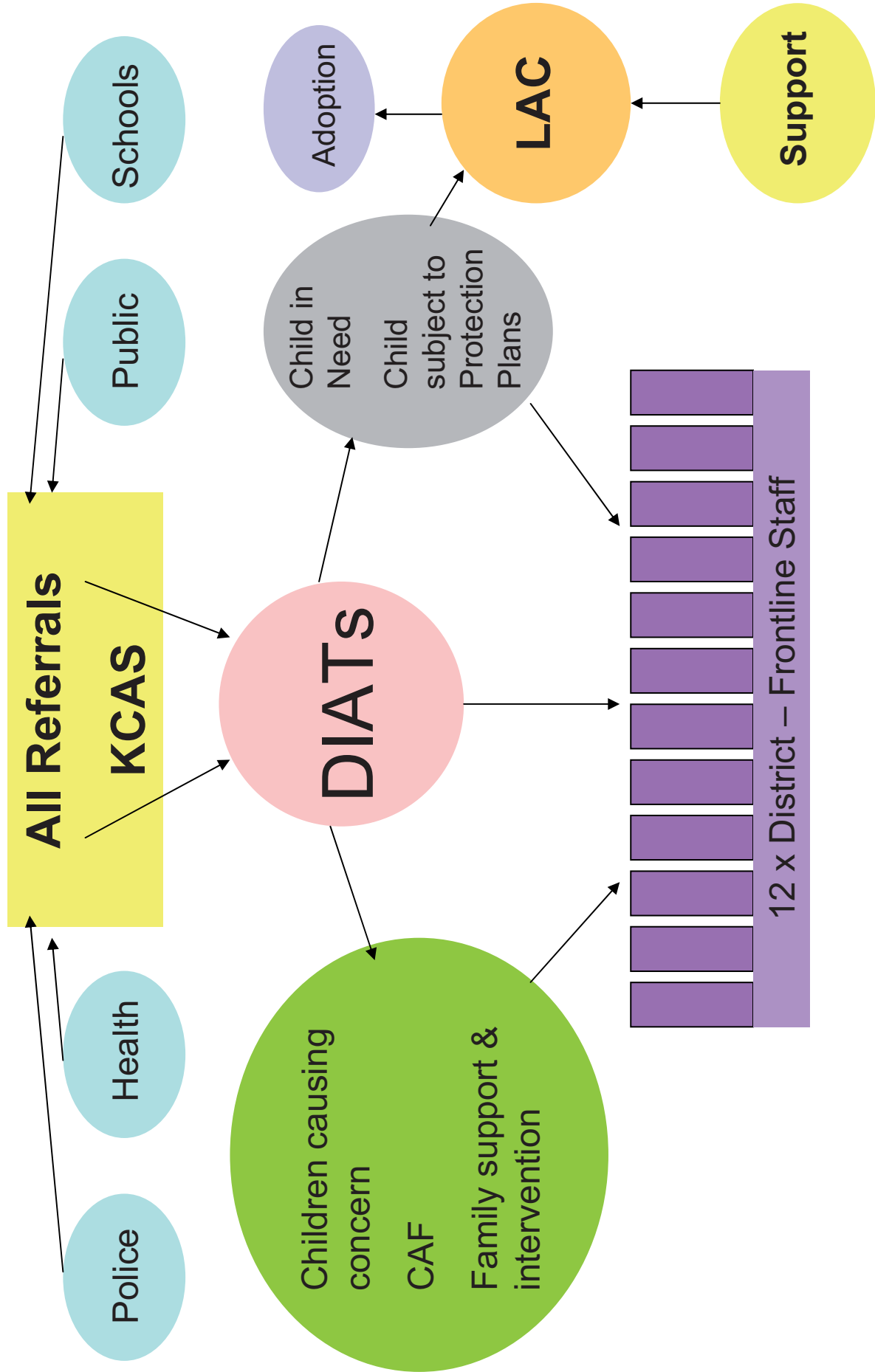
A – Accountable

R – Responsible

Leads

AS	–	Angela Slaven, Director, Youth & Community Support Services
CB	–	Chris Berry, Head of Attendance & Behaviour Service
CY	–	Cathy Yates, Head of Children's Services Mid Kent (Job Share)
DC	–	David Cockburn, Executive Director, Strategy, Economic Development & ICT
DM	–	Donna Marriott, Head of Safeguarding
DMS	–	District Managers
DS	–	Donna Shkalla, Head of Management Information
EL	–	Eva Learner, consultant
HD	–	Helen Davies, Director of Specialist Services for Children
HOCs	–	Heads of Children's Services (CY, MW, KL, KG)
HOS	–	Heads of Service (CY, MW, KL, KG, LT)
HR	–	Human Resources
Imp. Team		Improvement Team
JA	–	Joy Ackroyd, Kent Children's Trust Partnership Manager
JW	–	Joanna Wainwright, Director, Commissioning and Partnerships
KG	–	Karen Graham, Head of Children's Services East Kent
KK	–	Katherine Kerswell, Group Managing Director
KL	–	Kathryn Lambourn, Head of Children's Services, West Kent
KSCB	–	Kent Safeguarding Children Board
LG	–	Lorraine Goodsell, Director of Commissioning, Child Health
LT	–	Liz Totman, Head of Corporate Parenting
MAG	--	Multi-Agency Group
MW	–	Michelle Woodward, Head of Children's Services Mid Kent (Job Share) & Professional Development Manager
PB	–	Paul Brightwell, Performance and QA Manager - Looked After Children
PD	–	Penny Davies, Kent Safeguarding Children Board Manager
PR	–	Pam Rowe, Head of Service Improvement
PSWs	–	Principal Social Workers
RT	–	Rosalind Turner, Managing Director, Children, Families and Education
SWs	–	Social Workers
TD	–	Tony Doran, Head teacher virtual school Kent (LAC)
TLs	–	Team Leaders

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By: Alex King – Deputy Leader
Peter Sass - Head of Democratic Services and Local Leadership

To: Cabinet – 10 January 2011

Subject: Follow up items and Decisions from Cabinet Scrutiny Committee –
8 December 2010

Classification: Unrestricted

Summary: This report sets out the decisions from the Cabinet Scrutiny Committee, items which the Committee has raised previously for follow up.

Cabinet Scrutiny Committee

1. (1) Attached as Appendix 1 is a rolling schedule of information requested previously by the Cabinet Scrutiny Committee. If the information supplied is satisfactory to the Committee it will be removed following the meeting, but if the Committee should find the information to be unsatisfactory it will remain on the schedule with a request for further information.

(2) The decisions from the meeting of the Cabinet Scrutiny Committee on 8 December 2010 are also set out in **Appendix 1**, together with the response of the relevant Cabinet Member.

Policy Overview and Scrutiny Committees

2. (1) At its meeting on 15 July 2010, the Scrutiny Board agreed that any specific recommendations to Cabinet arising from Policy Overview and Scrutiny Committees should also be fed back to the Cabinet. There have not been any meetings of Policy Overview and Scrutiny Committee since the last meeting of Cabinet on 29 November 2010.

Recommendation:

3. That the Cabinet agree responses to these decisions, which will be reported back to the Cabinet Scrutiny Committee.
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Contact: Peter Sass
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Background Information: *Nil*

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Highways Business Plan IMG – Gulley Emptying Schedules (10 December 2008)

Cabinet portfolio: Mr N Chard

Synopsis: The report to Cabinet Scrutiny Committee consisted of the minutes of the Highways Business Plan IMG held on 2 December 2008. During that meeting, it was resolved that gulley emptying schedules would be provided to Members after the County Council elections.

Reason for call-in: The minutes of the Highways Business Plan IMG of 2 December 2008 formed an item on the Cabinet Scrutiny Committee agenda of 10 December 2008. The Chairman asked that the request from the IMG be actioned.

Recommendations and responses:

**1. Highways Business Plan IMG 02.12.08:
That a list of gulley schedules be supplied to all Members after the elections**

The gulley emptying schedules would be issued to Members in the next few weeks.

Date of response: 21 July 2010

Date actioned: Not applicable

Members have received a map showing gulley emptying routes and schedule information would be available in the next few weeks

Date of response: 15 September 2010

Date actioned: 15 September 2010

Members will begin to be provided with the gulley emptying schedules from 18 October onwards

Date of response: 11 October 2010

Date actioned: 19 October 2010

Note:

A spreadsheet detailing the number of gullies in each parish and when they had been or were due to be emptied was circulated to Members on 19 October 2010. At the meeting of the Cabinet Scrutiny Committee on 20 October 2010, the Chairman expressed concern that the information requested by the Committee had still not been received. The Chairman and Vice-Chairmen will be meeting with officers to discuss a way forward

Following a meeting between the Chairman and the Director of Highway Services, a briefing note has been provided to the Committee on this issue, and further information is expected to be provided to Members before the meeting of Cabinet Scrutiny Committee on 8 December.

20.12.10 - details of 'hotspots' was provided to all Members of the Cabinet Scrutiny Committee, and Mr Burr has requested that if Members have any additional local information Highways would be glad to hear from them. A follow-up report on progress will be provided to Cabinet Scrutiny Committee in the New Year

Kent Design Guide: Parking Consultation (9 December 2009)

Cabinet portfolio: Mr N Chard

Synopsis: The report to Cabinet Scrutiny Committee consisted of the decision notice which was signed by the Cabinet Members in May 2009; the report which recommended that the Quality Audit and Residential Parking Interim Guidance Notes be approved for adoption by Kent County Council and by Kent's District Councils; the report to the Kent Planning Officers' Group in October 2008 on the consultation responses to the Kent Design Guide Review; and the full list of consultees.

Reason for call-in: The Chairman explained that this call in was as a result of her being approached as Chairman of the Committee and that it was a decision made by two Cabinet Members in May 2009. The meeting was not to discuss the decision relating to the guidance, but to consider whether the consultation process in this instance was satisfactory.

Recommendations and responses:

3. Ask that the KCC consultation protocol be circulated to all Members, as the Committee was concerned that the protocol might not have been properly applied in this instance and that the Scrutiny Board and/or Corporate POSC be asked to examine whether the Consultation Protocol needed to be amended, in the light of the concerns expressed about this particular consultation, i.e. whether the list of consultees was full and appropriate; whether the method of consultation was appropriate; and whether steps should have been taken to chase up non-respondents.

A report was presented to Environment Highways and Waste Policy Overview and Scrutiny Committee on this issue at its meeting on 29 July 2010.

The following recommendations were agreed:

- a) Endorse the testing of the robustness of IGN3 described in Section 4 and receive a report on the outcomes when they are available.*
- b) Acknowledge the concerns of the Kent Developers' Group, and the work that is being undertaken to address these concerns, and encourage further dialogue at appropriate levels to understand the actual implications of and opportunities presented by IGN3, and its interpretation at local level.*
- c) Note that public consultation on Ashford Borough Council's draft Residential Parking SPD offers developers and designers an opportunity to make further representations on the implications of 'IGN3 based guidance', having regard for the need to address the problems of some past approaches.*
- d) Acknowledge the widespread concern among residents concerning parking in recent residential developments, and the social and cost implications arising from the problems caused, and welcome collaborative working approaches that are seeking to avoid replication of these problems in future developments.*

Date of response: 29 July 2010

Date actioned: 29 July 2010

Notes:

15.09.10 – The Chairman and Vice-Chairmen of the Cabinet Scrutiny Committee are due to discuss this issue with the Director of Environment, Highways and Waste

08.10.10 - The Head of Transport & Development has met with the Chairman and Spokespersons of the Cabinet Scrutiny Committee. Concerns have been raised by several development companies and Members and officers of KCC about the discounting of garages and tandem parking from the minimum guidance levels for certain areas. In particular, it has been argued that this will have the 'unintended consequences' of reducing densities of development and degrading the quality of the streets. As a consequence, there has been some pressure for IGN3 to be amended. Because the Kent Planning Officers Group (KPOG) owns IGN3, any review would only be meaningful if it was commissioned by KPOG. After all, IGN3 was endorsed for interpretation at LPA level. A report to address these issues will be taken to KPOG on 29 October, and the Chairman and Spokesmen have been asked to be kept informed of the results of the discussion.

Review of SEN Units – Outcome of the Evaluation of the Lead School Pilot (15 September 2010)

Cabinet portfolio: Mrs S Hohler

Synopsis: The report set the context for the SEN Unit Review, presented the findings of the Lead School Pilot evaluation and made recommendations and proposals for the development of a new SEN Strategy to meet the special educational needs of Kent children and young people.

Reason for call-in: This item was called in to enable Members to ask questions about the outcome of the Lead School Pilot, the consultation process and the future funding of SEN Units.

Recommendations and responses:

1. Ask the Managing Director, Children, Families and Education to ensure that the CFE (Vulnerable Children and Partnerships) Policy Overview and Scrutiny Committee is given a formal opportunity to monitor progress of the SEN review at all appropriate stages.

A report will be taken to the CFE (Vulnerable Children and Partnerships) Policy Overview and Scrutiny Committee.

Date of response: 30 September 2010

Date actioned: awaiting date

2. Ask the Cabinet Member for Children, Families and Education to ensure that during the formal consultation process, consultees are made aware of the budgetary implications associated with the proposals as well as the policy implications, and that all headteachers are engaged in the consultation process.

Full consultation on budgetary issues will be undertaken through the Schools Forum

Date of response: 30 September 2010

Date actioned: Ongoing to be determined by March 2011

3. Welcome the assurance given by the Managing Director, Children, Families and Education, that KCC will continue to lobby central Government to ensure that, where there are SEN units in mainstream schools, exam results of SEN pupils are disaggregated. This is to avoid these results affecting league table positions and disincentivising mainstream schools admitting SEN pupils.

A letter will be sent to the new Secretary of State, and this issue will be picked up in our response to the SEN and disability green paper.

Date of response: 30 September 2010

Date actioned: 17 October 2010

Note: 20.12.10 - The Committee is awaiting a copy of the letter that was sent to the Secretary of State

**Kent Connexions and Work Related Learning Services Contract 2010-2013:
Budget Saving Options (20 October 2010)**

Cabinet portfolio: Mrs S Hohler

Synopsis: The original paper outlined the proposed budget saving options for the Kent Connexions and Work Related Learning Services Contract 2010-2013.

Reason for call-in: Members wanted more information on the basis of the decision that was taken under urgency procedures to reduce Connexions funding by £5 million over the final two years of the contract.

Recommendations and responses:

1. Ask the Cabinet Member, Children Families and Education to ensure that the proposed revisions to the Connexions Budget and services would be brought back to the Cabinet for consideration prior to implementation in April 2011, so that this Committee can consider whether to call-in the proposals for examination.

Final decisions on all KCC budgets for implementation in the next financial year, including that of Connexions will be achieved through KCC's budget setting process in the New Year.

Date of response: 11 November 2010

Date actioned: TBC

2. Ask the Cabinet Member, Children, Families and Education to ensure that any decision taken about further reductions to the Connexions budget beyond the £5m already identified will also be taken by the Cabinet.

No further reductions have been identified beyond the £5m already identified. However, should national or local developments change this funding position, Members will be informed.

Date of response: 11 November 2010

Date actioned: Not applicable

3. Ask that the Managing Director, Children Families and Education provide comparative information on the performance of other organisations in helping NEETs into employment.

As explained at the Committee, the only comparative information that can be relied upon is that from other Local Authorities in respect of comparison of the percentage of NEETs. This is because "comparative information on the performance of other organisations in helping NEETs into employment" is often held by private sector contractors who would deem this information to be "commercial in confidence" and would not agree therefore to make it publicly available. Consequently there is no consistent comparative national data on this specific topic.

However, Kent's favourable position on NEETs is shown on the table below

Latest available (2010) Comparison to Statistical Neighbours

	<i>July</i>	<i>August</i>	<i>September</i>	<i>Average</i>
<i>Nottinghamshire</i>	5.0%	5.4%	4.5%	4.9%
Kent	5.2%	5.2%	5.6%	5.4%
<i>Staffordshire</i>	5.5%	5.8%	6.9%	6.1%
<i>Worcestershire</i>	6.3%	6.6%	5.9%	6.2%
<i>Warwickshire</i>	5.8%	6.3%	6.4%	6.2%
<i>West Sussex</i>	5.9%	6.3%	7.2%	6.5%
<i>Swindon</i>	7.7%	8.2%	5.2%	6.8%
<i>East Sussex</i>	7.3%	7.6%	6.8%	7.2%
<i>Essex</i>	7.5%	8.1%	8.6%	8.1%
<i>Northamptonshire</i>	6.9%	7.6%	9.9%	8.3%

Date of response: 11 November 2010

Date actioned: 11 November 2010

Note: 20.12.10 The Chairman is in discussion with officers about the provision of comparative information on the performance of other organisations in helping NEETs into employment.

Inspection of Safeguarding and Looked After Children Services (8 December 2010)

Cabinet portfolio: Mrs S Hohler

Synopsis: This report to Cabinet summarised the outcome of the Ofsted Inspection of Safeguarding and Looked After Children Services in Kent

Reason for call-in: Members wanted more information on the Inspection of Safeguarding and Looked After Children Services, including why the risk of the judgement had not been identified earlier.

Recommendations and responses:

1. Thank Mr Carter, Mrs Hohler, Ms Turner, Mr Wood and Mr Tonks for attending the meeting and answering Members' questions.

Noted

2. The Committee acknowledges the Leader's acceptance that there are serious concerns about the effectiveness of safeguarding services and that Members and Officers are fully committed to tackling the shortcomings as a matter of urgency.

Noted

3. Welcome the assurances given by the Leader of the Council, the Cabinet Member for Children, Families and Education and the Managing Director, Children Families and Education that the points made during the discussion at Cabinet Scrutiny Committee will be included as part of the recovery plan. These are as follows:

- a. that a review of the governance arrangements relating to safeguarding would be carried out, including the future role of the Policy Overview and Scrutiny Committees and the Children's Champion Board.
- b. that the current reward policy for front line social workers be reviewed, to ensure the right staff are recruited and retained within the authority.
- c. that a rota between working within Safeguarding and with Looked After Children be considered, to reduce staff 'burn-out'
- d. that concerns around the caseload and training levels of staff are examined
- e. that the previous culture of silence from social workers is examined to ascertain why it had become ingrained within the organisation, and to avoid this happening again
- f. that the use of the Integrated Children's System is reviewed to ensure it is fit for purpose and being used as effectively as possible
- g. that the Council work more closely with the Courts to help reduce the amount of experienced social workers' time depleted through lengthy proceedings
- h. to explore ways in which Members can be involved in Serious Case Reviews, if necessary with bespoke Member training for this purpose
- i. that all Members who serve on the relevant Overview and Scrutiny

bodies should be strongly encouraged to be more robust and challenging in performing their role to hold decision-makers to account for their actions, including being better prepared with searching questions prior to the meeting, and that opportunities for specific training on scrutiny questioning techniques should be taken up.

- j. **that the need for a ‘triage’ system be highlighted, in order to effectively prioritise referrals**

Responses a to j (apart from action i which is an action for the party whips) are being considered for inclusion in the recovery plan. An updated recovery plan will be circulated to the Cabinet Scrutiny Committee on 19th January.

4. Ask the Leader of the Council that the outcome of the meeting with the Minister to discuss safeguarding and looked after children services in Kent be reported back to the Cabinet Scrutiny Committee.

5. Ask the Cabinet Member to ensure that the outcomes of the review into the circumstances surrounding the judgement be reported back to the Cabinet Scrutiny Committee, given the seriousness of the subject.

6. Ask the Cabinet Member to provide a report on the actual number of social worker posts and historical data on the number of vacancies within the Children, Families and Education Directorate since April 2009.

7. Ask the Cabinet Member to provide a report on the number of safeguarding referrals to the Children, Families and Education Directorate from different agencies since April 2009.

A report will be produced for Cabinet Scrutiny on 19th January encompassing responses 4 to 7. The author of this report is Helen Davies/Victoria Widden.

Bold Steps for Kent - The Medium Term Plan to 2014 (8 December 2010)

Cabinet portfolio: Mr P Carter

Synopsis: The report to Cabinet asked Cabinet to endorse of the latest draft of Bold Steps for Kent and make a recommendation to County Council to approve the final version at its meeting on the 16th December 2010.

Reason for call-in: Members wanted more information on Bold Steps for Kent – The Medium Term Plan to 2014.

Recommendations and responses:

1. Thank Mr Carter, Ms Kerswell, Mr Whittle, Mr Tonks and Mr Shipton for attending the meeting and answering Members' questions.

Noted

2. Ask the Leader to explore how there can be greater Member involvement and scrutiny of the award of KCC contracts to ensure anti-competitive behaviour does not stifle the opportunity of small businesses in Kent

This is a very interesting point and an area where additional member input could provide real value. In the new senior management structure the post of Director of Commercial Operations will be reviewing how the County Council can stimulate more commercial activity both by council services but also by local Kent businesses. It will be important for that post holder to consider this point.

There is also work currently being undertaken within the Finance Division by the Procurement Team to review how effectively the council is procuring through contracts and this point can be included in that work stream as well.

3. Ask the Leader to ensure that specific and measurable targets and milestones are set against each of the objectives in the Medium Term Plan, and that an appropriate performance management framework is put in place that ensures robust reporting of the performance of the Organisation against those targets and milestones.

A commitment was made by the Leader both at the Board and also at Full Council to ensure the involvement of all POSC's in discussing the performance management framework that should oversee the delivery of Bold Steps for Kent. Work will be undertaken by officers prior to those discussions to provide some ideas to members to help stimulate the debate.

4. Ask the Leader to ensure that the reporting of risk is embedded into the next steps of the development of the Medium Term Plan.

Noted

5. Ask the Leader that any data on the increase in Small and Medium Enterprises (SMEs) accessing KCC contracts be made available

Noted and this will be programmed in within the work stream referred to above

6. Ask that the Leader provide a report on the number of companies in Kent that employ less than 250 people

Noted. Report to be provided by the Economic Development team

7. Ask the Leader that any acronyms within the document be spelled out in full to ensure that it is understandable to the public.

Noted.

8. Ask the Leader that ways of engaging members of the public in the Big Society who are not members of Local Strategic Partnerships or other similar bodies be addressed in the Medium Term Plan.

Noted. Officers are working on ideas for how the Big Society can really take effect within Kent and how Kent County Council can help that. There are no assumptions in that work stream that only members of LSP's will be engaged in this.

9. Welcome the assurance that the Kent School Games would continue with KCC funding, following the recent announcement from the Coalition Government to withdraw funding for school sports activity.

Noted.

(Post Meeting Note: Education Secretary, Michael Gove, has announced that £112m is available to provide continued funding for the School Sports Partnerships (SSPs)).