

**ADULT SOCIAL SERVICES POLICY OVERVIEW AND  
SCRUTINY COMMITTEE**

**Wednesday, 12th January, 2011**

**10.00 am**

**Council Chamber, Sessions House, County Hall,  
Maidstone**

**Members are asked to bring with them to the meeting a  
copy of the Draft Budget and Medium Term Financial  
Plan documents which will be circulated on 6 January  
2011**







## AGENDA

### ADULT SOCIAL SERVICES POLICY OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 12 January 2011 at 10.00 am      Ask for:      Theresa Grayell  
Council Chamber, Sessions House, County      Telephone      01622 694277  
Hall, Maidstone

*Tea/Coffee will be available 30 minutes before the meeting*

#### Membership (13)

Conservative (11):      Mr P W A Lake      (Chairman),      Mr K H Pugh      (Vice-Chairman),  
Mrs A D Allen,      Mr R Brookbank,      Mrs P T Cole,      Mr N J Collor,  
Mr J M Cubitt,      Mrs V J Dagger,      Mr M J Jarvis,      Mr J E Scholes and  
Mr C P Smith

Labour (1):      Mr L Christie

Liberal Democrat (1):      Mr S J G Koowaree

#### Webcasting Notice

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#### **UNRESTRICTED ITEMS**

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

***The Committee has the option of breaking for lunch and continuing its business afterwards, if the weight of business dictates. The timing of the meeting will be determined on the day by the Chairman.***

Item  
No

#### **A.COMMITTEE BUSINESS**

A1      Introduction/Webcasting

- A2 Substitutes
- A3 Declarations of Members' Interest relating to items on today's agenda
- A4 Minutes of the meeting held on 16 November 2010 (Pages 1 - 10)
- A5 Chairman's Announcements
- A6 Cabinet Member's and Director's Update (oral)

#### **B. ITEMS FOR SCRUTINY**

- B1 Adult Social Services Budget Forecast Report 2010/11 and Kent Adult Social Services Debt Position, November 2010 (Pages 11 - 50)
- B2 Draft Revenue and Capital Budgets 2011/12 and Medium Term Financial Plan - TO FOLLOW

#### **C. ITEMS FOR CONSIDERATION**

- C1 Risk Management - Revised Directorate Risk Register (Pages 51 - 64)
- C2 Core Monitoring, September 2010 (Pages 65 - 76)
- C3 Care Quality Commission - Annual Performance Assessment Report for Adult Social Care 2009/10 (Pages 77 - 102)
- C4 Age Concern Update (Pages 103 - 108)
- C5 Update on NHS Changes (Pages 109 - 138)

#### **Break for Lunch (not provided)**

#### **2.00 pm - Re-convene for the following business:**

- C6 Older Persons Modernisation (Pages 139 - 316)

#### **D. ITEMS PLACED ON THE AGENDA BY MEMBERS**

- D1 Treatment of Jointly-owned Property in the Residential Charging Assessment (Pages 317 - 326)

#### **E. SELECT COMMITTEE WORK**

- E1 Update on Select Committee Work (Pages 327 - 328)

#### **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)*

Peter Sass  
Head of Democratic Services and Local Leadership  
(01622) 694002

**Tuesday, 4 January 2011**

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



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**KENT COUNTY COUNCIL**

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**ADULT SOCIAL SERVICES POLICY OVERVIEW AND  
SCRUTINY COMMITTEE**

MINUTES of a meeting of the Adult Social Services Policy Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 16 November 2010.

PRESENT: Mr P W A Lake (Chairman), Mr K H Pugh (Vice-Chairman), Mrs A D Allen, Mr R Brookbank, Mr L Christie, Mrs P T Cole, Mr N J Collor, Mr J M Cubitt, Mrs V J Dagger, Mr M J Jarvis, Mr S J G Koowaree, Mr J E Scholes and Mr C P Smith

ALSO PRESENT: Mr G K Gibbens

IN ATTENDANCE: Mr O Mills (Managing Director - Adult Social Services), Mrs M Howard (Director of Operations), Mrs A Tidmarsh (Director of Commissioning and Provision - East Kent) and Miss T Grayell (Democratic Services Officer)

**UNRESTRICTED ITEMS**

**88. Minutes of the meeting held on 21 September 2010**

*(Item A4)*

RESOLVED that the Minutes of the meeting held on 21 September 2010 are correctly recorded and they be signed by the Chairman.

At the September meeting, it had been fully expected, and Members had been advised (Minute 77), that the NHS White Paper would be debated by the County Council on 14 October. This had ultimately not been possible, and the Chairman and Cabinet Member both expressed their regret and disappointment that this debate had not happened.

Since the last meeting of the POSC, all Members of the County Council had been given a full briefing on the content of the White Paper.

**89. Chairman's Announcements**

*(Item A5)*

1. Before the commencement of business, Members stood in silence as a mark of respect for three County Council Members, Roger Frayne, William Richardson and Godfrey Horne, who had recently passed away.
2. The Chairman welcomed Steven Chapman, who was attending the meeting as an observer. Steven is actively involved in Voice for Kent and other bodies, and is a Co-Chairman of the Kent Partnership Board.
3. Members from the POSC were encouraged to volunteer to undergo training to serve on the Mental Health Guardianship Panel. The Panel would be holding its

annual meeting to review the current register on 21 January 2011, and Members of the POSC would be formally invited to become involved.

4. Finally, the Chairman referred to media coverage that morning of stem cell work, which, it was hoped, would benefit stroke patients.

## **90. Cabinet Member's and Director's Update (oral)**

*(Item A6)*

1. Mr Gibbens gave an oral update on the following issues:-

- a) *Live appearance on the BBC's Politics Show on 7 November:* He had been interviewed on the future care of older people in the South East. This had been a good opportunity to raise and publicise the issue and the impact the White Paper would have on it.
- b) *the National Children and Adults Services (formerly ADASS) Conference in early November:* The Coalition Minister for Social Services, Paul Burstow, and the Secretary of State for Health, Andrew Lansley, had made some informative speeches about the new Health and Wellbeing Boards and joint working of Children's and Adults' Social Services. These presentations had emphasised the Government's concern for Adult Services, and the need for Joint Strategic Needs Assessments (JSNAs) to be truly joint.
- c) *The Local Government Association Conference:* He had spoken at this Conference on 15 November about equalities and supporting older people, and the importance of links between Health, Older Persons' Services and transport systems.
- d) *Radio 4 'Today' programme on young carers:* This had highlighted a much higher prevalence of young carers than had previously been understood, with 1 in 12 teenagers being a carer for a family member. This figure was four times higher than previously thought.
- e) *new Health and Wellbeing Boards:* The work of the new boards will be driven by Members, working with key strategic partners. Although their inception was included in the White Paper, much of the detail around the status and operation of these Boards is as yet unclear.

The Chairman said he would press for a joint briefing for HOSC and POSC Members on the new Boards, and the POSC should have regular update reports on the progress of the many threads of new work emerging from the NHS White Paper and its associated developments.

2. Mr Mills then gave an oral update on the following issues:-

- a) *Age Concern:* Good local discussion was taking place between KCC and local Age Concern groups across the county, and an update item on this was offered for the January meeting of the POSC.

- b) *KASS management changes*: Margaret Howard had recently been appointed as the Director of Operations in KASS on a secondment basis, with Cathi Sacco acting up in her former role as Director of Commissioning and Provision in West Kent and Anne Tidmarsh continuing in the equivalent role in East Kent. Mr Mills undertook to send a written update to all POSC Members to set out the latest changes.
- c) *the National Children and Adults Services (formerly ADASS) Conference*: A new draft concordat, 'Think Local, Act Personal', was launched at the recent conference. This would succeed the 'Putting People First' concordat, which was launched in December 2007. In response to a question, Mr Mills confirmed that a draft of the new concordat would be sent to all POSC Members for their comments, and he offered an update item for the January meeting of the POSC.
- d) *New Government vision for Adult Social Services 'Capable Communities and Active Citizens'*: A new vision had been launched on 16 November, the day of the POSC meeting, and an update item on this was offered for the January meeting of the POSC.
- e) *Delayed Transfers of Care*: This issue would continue to be closely monitored, as the number of delayed transfers was always likely to rise in the winter months. However, Adult Social Services only ever had responsibility for no more than 20% of delayed transfers.
- f) *'Living Longer' media coverage*: Mr Mills had been asked on this programme to comment on an increase in the number of complaints received by KASS. He had advised that the increase was due to clients and families being more enabled to make a complaint. He also reassured Members that KASS received more compliments than it did complaints. He undertook to ensure that future 'Complaints and Compliments' reports to the POSC showed figures for both, set against an age profile, to give a fuller picture of the pattern.
- g) *'Unbefriended' people in Care Homes*: This issue had received recent media coverage, and Mr Mills advised Members that KASS had a statutory responsibility to intervene through safeguarding procedures if there was any evidence of significant harm to a resident who had no visitors or social contact. Caring for the elderly was increasingly being seen as a duty of everyone in society, not just Social Services.

## **91. Adult Social Services Budget Forecast Report 2010/11 and KASS Debt Position September 2010**

*(Item C1)*

*Miss M Goldsmith, Directorate Finance Officer, was in attendance for this and the following item.*

1. Miss Goldsmith introduced the report and explained that the small increase in the level of debt had been temporary only and had arisen purely due to timing issues.

In discussion, and in response to questions and comments from Members, the following points were highlighted:-

- a) an increase in the number of debt write-offs in 2009/10 had arisen from the establishment of the new debt recovery function in KASS, as the new team had cleared a number of small historic debts which were not economical or possible to recover - for example, if a deceased client's estate had no funds left after probate;
  - b) legal advice is taken, when it is considered cost-effective to do so, on the feasibility of pursuing debt, and the best method to use. Debt Recovery Officers make personal visits and have face-to-face negotiations with clients, as well as sending letters seeking repayment; and
  - c) debts which are less than one year old will not usually be written off but will be pursued as far as is feasible and cost-effective. On the rare occasions when a recent debt is written off, this will always be when a client is deceased.
2. RESOLVED that the information given in the report and in response to Members' questions be noted, with thanks.

**92. Budget 2011/12 and Medium Term Financial Plan 2011/12 to 2012/13**  
(Item C2)

1. Miss Goldsmith introduced the report and explained that the cash limits for each Directorate were presented for the next two years only, rather than for the usual four years. KASS would lose out on Preserved Rights funding, and the demographic pressures had been higher than expected.

2. The Chairman added that the POSC had held three meetings of an Informal Member Group (IMG), which had been immensely useful in giving Members a deeper understanding of the structure and complexity of the KASS budget, and said that a further meeting would be helpful, as the picture of available funding was not yet clear enough for Members to be able to make an informed judgement of funding priorities for the next year.

3. In discussion, and in Miss Goldsmith's and Mr Mills' responses to questions and comments from Members, the following points were highlighted:-

- a) the Disabled Facilities Capital Grant was given to local housing authorities to allocate against locally-made decisions. It was not ring-fenced, which allowed more flexibility over spending, but this lack of protection also presented a risk;
- b) the current budget related to the KCC directorates in their current form, and the first budget to be published in the new year would be in this form. As the new structure became clear, the budget would be restructured to fit;

- c) any change to eligibility criteria would need to be a Member decision, but other authorities who had raised their eligibility criteria had not necessarily found any financial benefit. Kent's Moderate eligibility criteria worked very well; and
- d) 85% of the KCC's social care services were purchased from external providers, and the draft Bold Steps for Kent document set out a robust policy to get the best value for public money.

4. The Cabinet Member, Mr Gibbens, added that, in removing ring-fencing, Ministers had sought to give local authorities maximum flexibility on how to spend their funding allocations. He emphasised that, at the recent NCAS Conference, Ministers had acknowledged the importance of protecting the vulnerable client groups that KASS worked with. He had said in his Politics Show interview that eligibility criteria should be kept at Moderate, alongside active promotion of the preventative agenda.

5. RESOLVED that the information given in the report and in response to Members' questions be noted, with thanks.

Members did not offer priorities for delivering the indicative cash limits as the picture of available funding was not yet clear enough for Members to be able to make an informed judgement.

### **93. Mid-Year Results for Performance 2010-11** (Item C3)

*Mrs S Abbott, Head of Performance and Management Information, was in attendance for this item.*

1. Mrs Abbott introduced the report and answered questions from Members. Points highlighted by questions and comments were as follows:-

- a) performance in some areas of KASS's work are not subject to a National Performance Indicator but are still reported to Members to show continuing good practice. These areas include supporting older people to live at home and thus minimise permanent care home placements and an enablement service linked to Self Directed Support. It is hoped that future NPIs will include these aspects of KASS's work;
- b) the mid-year position for NI130 has changed since writing the report and is now 15% rather than 12%. However, the way in which performance against NI130 is calculated does not show the full picture. Clients with a Personal Budget would increase this figure immensely if they were to be counted. Approximately half of the 5,199 clients with a Personal Budget have a Direct Payment. Mrs Abbott said she would give more detail in the next performance report to distinguish the two more clearly; and
- c) NI146 was new last year, so only a partial year's performance could be reported and the result does not reflect the way in which local authorities work.

2. RESOLVED that the information given in the report and in response to Members' questions be noted, with thanks.

**94. Live it Well - Mental Health Strategy for the Next 5 Years**  
(Item C4)

*Mr P Absolon, Social Care Commissioner for Mental Health, and Ms K McArthur, Consultant in Public Health, NHS Medway, were in attendance for this item.*

1. Mr Absolon introduced the report and explained that the Live it Well strategy had been launched on 10 October, having been reported to and welcomed by the POSC in March 2010. The development of the Draft Kent and Medway Multi-Agency Suicide Prevention Strategy, which was attached for Members' approval, was one of the commitments of the Live it Well strategy, and replaced a previous strategy launched in 2002.

2. Ms McArthur explained that the multi-agency group which had been set up in November 2009 included representatives from PCT, Local Authorities, Police and the Samaritans. Points highlighted by questions and comments were as follows:-

- a) there was currently no specific initiative to address the issue of young people committing suicide under the influence of internet campaigns or pacts, and this would be a good issue for a national initiative;
- b) suicide had previously been more of a problem for teenagers and young people, but the poor economic climate, increasing unemployment and debt, and social isolation of people living alone meant that older adults were now more of a risk group. There would need to be a way of identifying isolated and lonely people; and
- c) it would be reasonable to expect suicide rates to be higher in areas of greater deprivation, but this was not borne out by statistical evidence.

3. RESOLVED that:-

- a) the information given in the report and in response to Members' questions be noted, with thanks.
- b) the Draft Kent and Medway Multi-Agency Suicide Prevention Strategy be welcomed and approved.

**95. Safeguarding Vulnerable Adults**  
(Item C5)

*Mrs C McKeough, Adult Protection Policy Manager, was in attendance for this item.*

1. Mrs McKeough introduced the report and answered questions from Members. In discussion, and in Mrs McKeough's and Mrs Tidmarsh's responses to comments and questions, the following points were highlighted:-

- a) it had been a struggle to get some District Council housing colleagues on board to include their community housing teams in joint training with KASS staff, but both were now running and taking part in training to raise staff awareness of vulnerable adults in the community;
- b) KASS would not choose to place its clients in homes rated as 'poor' or 'adequate' by the Care Quality Commission, but client choice does at times mean that places are funded in homes rated as 'adequate'. However, other local authorities continue to place clients in Kent in homes that KASS would not use. KASS does not monitor homes which it does not use, so the monitoring of these premises relied on the CQC inspection process and any reports by the public that something did not seem right. Any member of the public wishing to report concerns could do so via the Kent Contact and Assessment Service (KCAS) where their concern would be recorded and relayed to a local team for action;
- c) clients using Direct Payments are helped to understand how to safeguard themselves when selecting and engaging care staff directly, and KASS can arrange and pay for CRB checks on care staff on clients' behalf. KASS could refuse to release Direct Payment money if it is to employ someone whom they suspect of having a poor safeguarding record. There had not been any appreciable increase in the number of adult protection alerts since the introduction of Direct Payments;
- d) there were more adult protections alerts in East than in West Kent, and this is primarily because there were more care homes in East Kent. There may also be some issues related to the way alerts are defined and/or recorded, and officers undertook to investigate the figures and advise Members of the reasons; and
- e) all care homes, whoever they are run by, are required by CQC to have a Safeguarding Adults Policy and Procedure, and homes run by the private sector must have the same stringent standard of safeguarding protection as KCC homes.

2. RESOLVED that the information given in the report and in response to Members' questions be noted, with thanks.

3. The Cabinet Member, Mr Gibbens, commented that safeguarding of vulnerable adults was one of his and the Deputy Cabinet Member's key priorities. He explained that he receives a confidential quarterly report on safeguarding issues, to which he pays very close attention. He reassured Members that he had never found anything which had concerned him, but he had sought further clarification and information on a few occasions.

**96. Update on the Whole Systems Demonstrator (WSD) and the Outcomes of the Kent Telehealth Pilot**  
(Item C6)

*Ms H Price, WSD Programme Manager, was in attendance for this item.*

1. Ms Price introduced the report and received Members' congratulations on the progress made.
2. RESOLVED that the information given in the report be noted, with thanks.

**97. A New Service Model for the Re-provision of Day Activities for People with a Learning Disability in the Ashford District**

*(Item D1)*

*Mr A Mcmillan, Project Manager, and Ms P Southern, Head of Strategic Commissioning, Learning Disabilities, were in attendance for this item.*

1. Ms Southern introduced the report and presented a series of slides which set out the background to and context of the changing shape of service provision. She answered a number of questions from Members, and the points highlighted were as follows:-

- a) the programme was generally welcomed as an excellent innovation, and Members commented that this sort of service provision should be rolled out across the whole county;
- b) Members congratulated the project team on the way the change had been managed;
- c) Members were reassured that no existing services would be closed until all the planned alternatives were in place and fully operational, and the planned timetable shown in the slides was flexible;
- d) it was acknowledged that a very important issue in the re-design of services was the collective social life of service users and the comfort, familiarity and confidence this gave them, which helped them to cope with change;

2. RESOLVED that the information given in the report and in response to Members' questions be noted, with thanks and congratulations.

**98. Disabled Persons' Registration Card**

*(Item E1)*

*Mr D Douglas, Policy Officer, was in attendance for this item.*

1. Mr Douglas introduced the report, set out the background to the scheme and the example currently in use by Nottinghamshire County Council and explained that Members were being asked to choose which of the three options presented was the most appropriate option for future action in Kent. Points highlighted by questions and comments were as follows:-

- a) to offset the cost of the card, it was suggested that the assessment process and administration of the card be combined with that for the Blue Badge Scheme;

- b) the card scheme would be separate to the RADAR key scheme for accessing disabled toilets, as the RADAR key does not allow access to anything other than toilets in the RADAR scheme; and
- c) the report proposed that the scheme should have a full-time administrator, based on an estimate of the number of cards to be issued. Nottingham had issued 1,200 cards in its first year of running the scheme, and Kent has twice the population of Nottinghamshire.

2. Members then voted on the three options presented, and the results were as follows:

Option 1 - Do Nothing: *no votes*

Option 2 - Endorse the Nottinghamshire model for introduction in Kent: *3 votes*

Option 3 - Publicise National Initiatives: *6 votes*.

To this option, Members added the comment that Kent would add the scheme to a list of possible future work to be approached, and would do what it could afford.

4. RESOLVED that:-

- a) the information given in the report and in response to Members' questions be noted, with thanks; and
- b) the third option listed – 'Publicise National Initiatives' – be adopted as the way forward, with the added comment that Kent would add the scheme to a list of possible future work to be approached, and would do what it could afford.

## **99. Change to Keep Succeeding**

*(Item E2)*

*Mr J Hawkins, Transformation Project Manager, was in attendance for this item.*

1. Mr Hawkins introduced the item and answered questions from Members. Points highlighted by questions and comments were as follows:-

- a) Mr Mills said that, as a formal consultee of the reorganisation, he had not been able to be as much involved in the reorganisation process itself as he would like to have been;
- b) when debating the proposals at County Council, Members would want to be clear of, and be able to support, the views of the Directors who were affected by the change, and expressed concern that Directors had not been adequately involved. Mr Hawkins advised Members that the proposals had been discussed extensively with each Director and within each Directorate. However the process is that the Group Managing Director makes her recommendation to Council, having considered all views, and that recommendation would not necessarily be a consensus view;
- c) Members had asked in the past about KASS finance and personnel teams being based within the Directorate, and had been told that, due

to the very complex and specialised nature of the KASS budget, KASS needed to have its own experienced and specialised in-house finance and personnel staff. Mr Hawkins explained that the proposed new structure placed finance staff in a centralised team, but that staff in that team would specialise in the KASS budget and work closely alongside other KASS teams. The Directorate would not, however, have management responsibility for finance staff;

- d) the new structure was being proposed at the same time as a very difficult budget-setting process, but Mr Hawkins reassured Members that it was important to introduce a new structure now to prepare the KCC for future challenges. The draft budget would be based on the existing structure and re-structured later to respond to the structural change;
  - e) the new 'Directorate' headings listed in the proposed structure need not necessarily be led by a 'Director' but could be led by a 'Head of Service' at a lower grade. Not all posts listed as 'Directors' would necessarily be on the same pay grade. These were currently being assessed using the Hay system. Members commented that they would expect someone listed as a 'Director' of a service to have an expertise in the subject area covered by their Directorate; and
  - f) when debating the issue in County Council, Members would need to have a full and frank appraisal of the background to the proposal, how it had been arrived at and what it would achieve. Mr Hawkins advised Members that the report would set out the context of and reasons for the proposals, but that comments from current Directors would be presented in very general terms and would not be personally attributed.
2. RESOLVED that the information given in the report and in response to Members' questions be noted, with Members' expectation that views expressed in the full County Council debate on 16 December will be carefully taken on board.

**100. Update on Select Committee Work**  
*(Item F1)*

RESOLVED that the information given in the report be noted, with thanks.

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

To: Adult Social Services Policy Overview & Scrutiny Committee –  
12 January 2011

Subject: **ADULT SOCIAL SERVICES BUDGET FORECAST REPORT  
2010/11 AND KENT ADULT SOCIAL SERVICES DEBT  
POSITION NOVEMBER 2010**

Classification: Unrestricted

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Summary: A report on the forecast outturn against budget for the second quarter for Kent Adult Social Services (KASS), and an update on the current position of the KASS social care and accounts receivables debt as at November 2010.

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## Introduction

1. (1) This is the fourth report for 2010-11 to this Committee on the forecast outturn against budget for the Adult Social Services Department. This report also includes an update on debt.

## Background

2. (1) Policy Overview and Scrutiny Committees consider the draft Medium Term Financial Plan at their November and January meetings. To enable a more informed discussion, three reports will be presented to the Committee on a regular basis:

a) **Budget Monitoring reports**

A detailed quarterly budget monitoring report is presented to Cabinet, usually in September, December and March, and a draft final outturn report in June. A report for each directorate is annexed to the summary report, and the annex for the Adult Social Services Directorate will be presented to this Committee at the meetings following those Cabinet meetings. This will help inform this Policy Overview and Scrutiny Committee (POSC) about current trends, pressures and management actions in advance of the next year's budget setting

b) **Performance data**

This will be reported at least half-yearly to this Committee.

c) **Outturn report**

Effectively an amalgam of the above two, the outturn report will summarise both the financial and performance information for the whole of the preceding year

(2) Informed by these reports, the POSCs will be in a stronger position to question and comment on the future budget and medium term proposals, as they will be asked to do at the November and January meetings.

(3) A special Budget IMG was arranged for November 2009 to discuss the future Budget and MTP proposals in more detail. At its April meeting the Scrutiny Board recommended that all POSCs need to formulate their arrangements for contributing to the development of the budget so that they are able to have an input at an earlier stage than previous years. In particular POSCs were asked to consider whether the Informal Member Groups set up following the November 2009 meeting should meet regularly between now and December when the draft budget needs to be finalised for formal consultation. As a result three Budget IMGs have already taken place.

### **Full Monitoring Report for the Second Quarter**

3. (1) The full monitoring report for the second quarter for Adult Services as presented to Cabinet on 29 November is attached at Appendix 1 and this indicates an overall revenue pressure of £2.581m. This position assumes that all savings identified within the Medium Term Plan will be achieved. The pressure will be addressed through a range of 'Guidelines for Good Management Practice', which are in place across all teams in order to help us manage demand on an equitable basis consistent with policy and legislation, and will ensure that the Directorate achieves a balanced position by the end of the year. The Guidelines include ensuring all high cost placements and support packages are reviewed, plus a continued analysis and scrutiny of all requests for waiving of third party top ups to the cost of placements, and rigorous on-going panel arrangements. Furthermore the successful promotion and increased use of enablement continues to result in fewer people needing long term support. Robust monitoring arrangements are in place on a monthly basis to ensure that forecasts and expenditure are closely monitored and where necessary challenged.

(2) The £2.581m pressure breaks down as follows:

- +£0.615m Older People
- +£1.146m Learning Disability
- +£2.065m Physical Disability
- +£0.099m All Adults Assessment & Related
- +£0.202m Mental Health
- £0.098m Strategic Management
- £1.482m Strategic Business Support
- +£0.029m Other Services
- +£2.581m Total**

(3) The Directorate has reported an updated revenue position to Cabinet on 10 January and this indicates a reduced pressure of £1.939m. The decrease of £0.642m primarily relates to a reduction in the number of Older People in permanent nursing placements provided in the independent sector. At the end of October there were 1,395 clients, and in November the figure was 1,394. Following the continued reduction in the number of clients, the year end forecast of clients has been adjusted down by 30 clients. This, combined with a drop in the forecast number of non-

permanent week together with small reduction in the unit cost, equates to a drop in gross expenditure of £0.603m. The income forecast for Older People Nursing has increased by £0.213m based on the latest year to date information from client billing. The increase in income has taken account of the expected reduction in clients. There were two other net movements of more than £0.100m: an additional net pressure of £0.233m in Older People's Domiciliary relating to small increases to in-house, enablement and block contracts, and reduced income of £0.097m based on the latest year to date information from client billing; a net reduction of £0.130m in Learning Disability Other Services as a result of small changes to a number of services within this line including day care, payments to voluntary organisations, and supported employment.

(4) The capital forecast reported to Cabinet on 29 November was a variance of -£1.574m of which £0.970m being re-phased, £0.680m of it relating to the Good Day Programme. This leaves a real variance of -£0.605m: Asset Maintenance -£0.248m, Modernisation of Dementia Care -£0.152m and Public Access -£0.075m (all in 2010-11). These under spends are due to the projects no longer going forward, for which funding is no longer required.

(5) The updated capital position presented to Cabinet on 10 January shows an increased variance of -£2.177m, however the real variance remains at the -£0.605m reported in November, with further re-phasing of projects requested. There are four projects with variances in excess of £0.100m that are requested to be re-phased:

- £0.259m for Edenbridge which is part of a much bigger project managed by the Communities Directorate; they advised that the project should be re-phased into 2011-12.
- £0.195m SWIFT Enhancements as a result of business need, where the implementation of certain elements of the project has been delayed. £0.248m of the project was funded through future years Public Access/Modernisation of Assets pots. Unfortunately these have been 'cut' and we have had to re-phase currently uncommitted elements of the 2010-11 pots to cover these ongoing commitments.
- £0.395m Dementia Care has been re-phased in light of the current ongoing consultation regarding the Older Persons strategy.
- £0.110m Good Day Programme as the project is currently subject to further review; to be prudent we are requesting re-phasing into 2011-12.

### **KASS Debt Position November 2010**

4. (1) It was previously agreed that a regular report be presented to update this Committee on the latest debt position for KASS.

### **Summary Position**

5. (1) The overall debt for KASS as at November is £24,311k, of which £5,511k is not yet due for payment, leaving an amount due for payment of £18,800k.

(2) There are two types of invoicing arrangements used by KASS, both of which are through Oracle Accounts Receivables. This report will primarily deal with the client related debt, but will give a general overview of the other debt.

(3) The sundry debt due for payment is:

Health	£5,336k
Sundry	£449k
Total	£5,785k

*(It should be noted that the majority of monies owed by Health is secured through legal agreements)*

(4) The client billing debt is currently £17,531k, of which £13,015k is due for payment.

### Analysis of Client Related Debt

6. (1) The £17,531k client related debt is made up of 12,753 individual debtors, with an average debt of £1,375 each. This compares with £17,363k and 12,749 debtors, with an average of £1,362 each, reported to ASSPOSC in September. The debt for both months is broken down as follows:

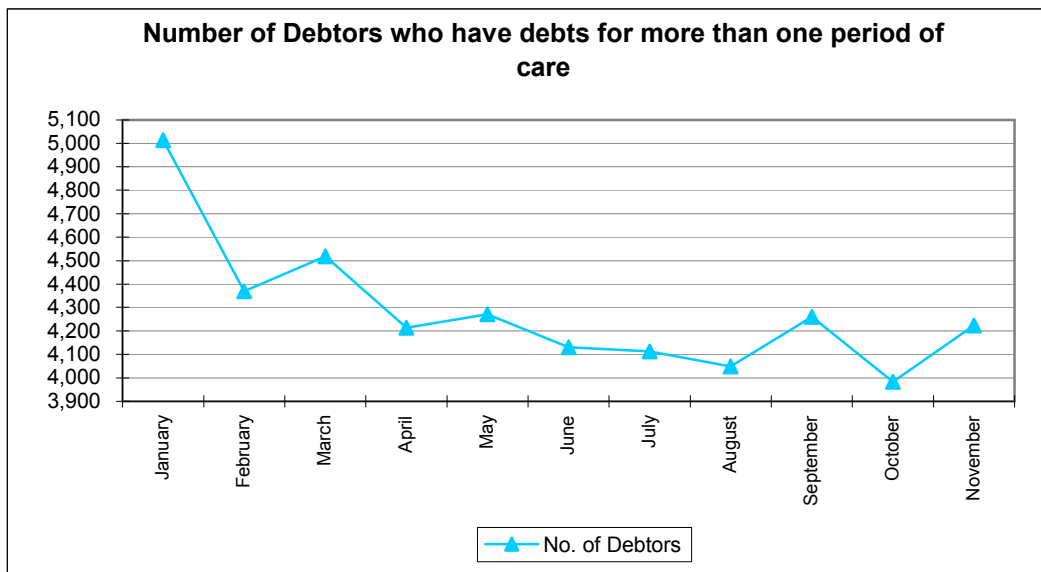
Type	November ASSPOSC (Sept. debt) (£000)	January ASSPOSC (Nov. debt) (£000)	Change (£000)
Residential	14,666	14,990	+324
Domiciliary	2,530	2,467	-63
Health Contributions	167	74	-93
<b>Total</b>	<b>17,363</b>	<b>17,531</b>	<b>+168</b>

(2) Of the 12,753 debtors, 8,530 (67%) only have a current debt which is not yet due, i.e. all previous invoices have been paid and the only amount to be paid relates to the most recent period of care. This therefore means that 4,223 (33%) have debt for prior periods of care. This split is the same as that reported in November. The following table shows how the number of debtors has changed since January 2010:

Month	No. of Debtors	Change	Change since January
January	5,014	-	
February	4,369	-645	-645
March	4,519	+150	-495

<b>April</b>	4,213	-306	-801
<b>May</b>	4,271	+58	-743
<b>June</b>	4,130	-141	-884
<b>July</b>	4,112	-18	-902
<b>August</b>	4,049	-63	-965
<b>September</b>	4,260	+211	-754
<b>October</b>	3,983	-277	-1031
<b>November</b>	4,223	+240	-791

This information is presented graphically as follows:



(3) Of the £17,531k only £13,015k is actually due for payment, invoices having only just been dispatched for the remaining £4,516k. Clients and health have 28 days to pay their invoices.

(4) The £13,015k can be broken down between secured and unsecured debt as follows:

• Unsecured – ongoing clients	£5,871k
• Unsecured – terminated/ deceased clients	£871k
Total Unsecured	<u>£6,742k</u>
• Secured with legal charges	£6,212k
• Health contributions	£61k
Overall Total of due debt	<u>£13,015k</u>

## **Aged Analysis of Unsecured Due Debt**

7. (1) Appendix 2 shows an analysis of Unsecured Debt that is due for payment comprising both Ongoing and Terminated/Deceased Debt. The appendix compares the latest position with the position reported last time. Overall the amount of Unsecured Debt that is Due for payment is up £355k from September.

## **Analysis of Ongoing Unsecured Debt (including Not Yet Due)**

8. (1) Appendix 3 shows an analysis of all Unsecured Debt for those debtors who have debts relating to prior periods of care as well as the invoice for the most recent period of care. The appendix includes due and not yet due amounts relating to Ongoing clients, broken down into bands by the value of debt, the number of debtors and the average debt per debtor. The appendix also shows the figures reported last time, together with movements.

## **Secured Debt**

9. (1) During 2009 we carried out a full review of all debts secured by legal charges on clients' houses. This review has ensured that the estimated valuations of the properties are not less than the value of the deferred debts, and if so 100% provision has been allowed for.

(2) Of the 4,223 debtors with an outstanding debt 201 of these are secured by a legal charge. The total value of debt for this group is £6,393k which works out at an average of £31,806 each.

## **Unsecured Deceased/Terminated Debt**

10. (1) Of the 4,223 debtors with an outstanding debt, 453 are either deceased or are now no longer receiving a chargeable service. The total value of debt for this group is £863k which works out at an average of £1,905 each.

## **Bad Debt Provision**

11. (1) As at the end of 2009-10 the total bad debt provision for client related debt was £3,972k. This is calculated by looking at the value of all of the debts under various debt categories of those secured and unsecured. It also takes into account the age of the debt.

- (2) Generally the percentages for the main categories used are as follows:
- Unsecured - ongoing (under 6 months) - 5%
  - Unsecured - ongoing (over 6 months) - 60%
  - Unsecured - terminated (under 6 months) - 33%
  - Unsecured – terminated (over 6 months) - 75%

(3) The general provision, which was £2,006k at the end of 2009-10, covers all debts, secured, unsecured and health. This provision is re-calculated on a monthly basis, and any required changes are forecast within the revenue monitoring.

(4) In addition to the general provision that is calculated as described above we also allow for specific provisions, which at the end of 2009-10 amounted to £1,966k. These relate to individual named clients for which we believe there is a high risk of the debt not being paid. This is reviewed during the course of the year to see if any payments have been made.

### **Write Off's**

12. (1) In 2008-09 £362k of client related debt was written off and this amount was similar in value to that in previous years; there was also £17k of sundry debt written off. However in 2009-10 £421k of client debt and £109k of sundry debt was formally written off. To date in 2010-11 £176k of client debt and £8k of sundry debt has been written off.

### **Recommendations**

13. (1) Members of the Policy Overview and Scrutiny Committee are asked to:
- (a) **NOTE** the latest forecast out-turn for revenue and capital.
  - (b) **NOTE** and **COMMENT** on the latest debt position.

Michelle Goldsmith  
Directorate Finance Manager  
Tel: 01622 221770  
VPN: 7000 1770  
[michelle.goldsmith@kent.co.uk](mailto:michelle.goldsmith@kent.co.uk)

*Background documents:* None

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## KENT ADULT SOCIAL SERVICES DIRECTORATE SUMMARY OCTOBER 2010-11 FULL MONITORING REPORT

### 1. FINANCE

#### 1.1 REVENUE

1.1.1 All changes to cash limits are in accordance with the virement rules contained within the constitution, with the exception of those cash limit adjustments which are considered “technical adjustments” i.e. where there is no change in policy, including:

- Allocation of grants and previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process.
- Cash limits have been adjusted since the last full monitoring report to reflect a number of technical adjustments to budget.
- The inclusion of a number of 100% grants (i.e. grants which fully fund the additional costs) awarded since the budget was set.

1.1.2 **Table 1** below details the revenue position by Service Unit:

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
<b>Adult Services portfolio</b>							
Older People:							
- Residential Care	87,616	-33,310	54,306	1,367	-371	996	Demographic pressure; staff cover for in-house; additional client/health income
- Nursing Care	45,690	-21,078	24,612	777	-896	-119	Forecast activity slightly below affordable level
- Domiciliary Care	47,498	-10,044	37,454	36	92	128	Activity in independent sector in excess of affordable offset by underspend on in-house
- Direct Payments	5,062	-532	4,530	425	-26	399	Demographic and placement pressures
- Other Services	24,509	-7,459	17,050	-872	83	-789	WSD underspend; uncommitted grants; small underspends on a number of lines
<b>Total Older People</b>	<b>210,375</b>	<b>-72,423</b>	<b>137,952</b>	<b>1,733</b>	<b>-1,118</b>	<b>615</b>	
People with a Learning Disability:							
- Residential Care	72,361	-19,794	52,567	2,331	513	2,844	Demographic and placement pressures
- Domiciliary Care	7,827	-1,556	6,271	-384	-51	-435	Forecast activity and price below affordable level
- Direct Payments	7,865	-143	7,722	436	-94	342	Demographic and placement pressures
- Supported Accommodation	26,230	-15,556	10,674	499	70	569	some demographic and placement pressures
- Other Services	21,268	-897	20,371	-2,207	33	-2,174	Releasing of Managing Director's contingency to offset overall pressure; uncommitted grant funding; number of savings
<b>Total People with a LD</b>	<b>135,551</b>	<b>-37,946</b>	<b>97,605</b>	<b>675</b>	<b>471</b>	<b>1,146</b>	
People with a Physical Disability							
- Residential Care	12,526	-1,951	10,575	528	295	823	Demographic and placement pressures
- Domiciliary Care	7,661	-449	7,212	388	30	418	Demographic pressures

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
- Direct Payments	7,132	-249	6,883	974	-101	873	Demographic and placement pressures
- Supported Accommodation	394	-8	386	59	-14	45	
- Other Services	5,594	-685	4,909	-97	3	-94	
Total People with a PD	33,307	-3,342	29,965	1,852	213	2,065	
All Adults Assessment & Related	37,343	-2,071	35,272	96	3	99	
Mental Health Service							
- Residential Care	6,416	-882	5,534	908	205	1,113	Forecast activity in excess of affordable level; increased proportion of S117 clients who do not contribute to costs
- Domiciliary Care	623	0	623	-57	0	-57	
- Direct Payments	606	0	606	-78	0	-78	
- Supported Accommodation	542	-107	435	194	-19	175	Demographic pressures
- Assessment & Related	10,001	-876	9,125	-341	90	-251	Vacancy management; difficulties in recruiting
- Other Services	7,180	-902	6,278	-610	-90	-700	Releasing of Managing Director's contingency/ other uncommitted monies to offset overall pressure
Total Mental Health Service	25,368	-2,767	22,601	16	186	202	
Gypsy & Traveller Unit	662	-333	329	60	-55	5	
People with no recourse to Public Funds	100	0	100	0	0	0	
Strategic Management	1,222	0	1,222	-98	0	-98	
Strategic Business Support	24,716	-2,050	22,666	-1,390	-92	-1,482	Uncommitted funding held by Managing Director; vacancy management; non pay savings; grant funded posts
Support Services purchased from CED	6,787	0	6,787	29	0	29	
Specific Grants		-9,910	-9,910	0	0	0	
<b>Total Adult Services controllable</b>	<b>475,431</b>	<b>-130,842</b>	<b>344,589</b>	<b>2,973</b>	<b>-392</b>	<b>2,581</b>	
<b>Assumed Management Action</b>				<b>-2,581</b>		<b>-2,581</b>	
<b>Forecast after Mgmt Action</b>				<b>392</b>	<b>-392</b>	<b>0</b>	

### 1.1.3 Major Reasons for Variance: [provides an explanation of the 'headings' in table 2]

Table 2, at the end of this section, details all forecast revenue variances over £100k. Each of these variances is explained further below:

#### 1.1.3.1 General Comment

Winter brings an increased level of pressure to the health and social care community. Seasonal variations in illness have historically resulted in increased emergency admissions and length of stay in hospital during the winter months with pressures peaking between December and March. Although the winter peak in demand is generally no worse than summer, the increased demand occurs alongside peaks in seasonal flu, swine flu and norovirus. This will lead to increased pressure for services from KASS and we expect to see increased levels of activity over the next few months, which is reflected in the forecast outturn.

#### 1.1.3.2 Older People:

The overall position for services for Older People is a net pressure of £615k.

a. Residential Care

This line is reporting a gross pressure of £1,367k, and an over recovery of income of £371k, leaving a net pressure of £996k. As at September, there were 2,817 permanent clients in independent sector care compared with 2,751 in March, an increase of 66. The forecast for independent sector residential care is 159,125 weeks against an affordable level of 155,351 which is 3,774 more than budget. Using the forecast unit cost of £388.46 this increased level of activity generates a pressure of £1,466k. In addition the forecast unit cost is £1.45 lower than the affordable which results in a saving of £226k. Using the forecast unit income of £161.09 this increased level of activity generates additional income of £608k. In addition the forecast unit income is £3.20 lower than the affordable which results in a pressure of £497k.

The overall attrition rate within residential has been low during the first half of the year although it is expected that it will rise over the winter. The number of clients with dementia continues to cause concern as we have seen a net increase of 67 clients with the number of other residential clients actually reducing by one (net). Increased activity within the independent sector also results from not placing clients into permanent care within our own homes whilst the consultation on modernisation of Older People's care is taking place; however conversely there will be some reduction in respite care as we seek to maximise the spare capacity in-house for non-permanent placements. It should also be noted that where possible we seek to place people into residential care rather than nursing so there is some off-set of the pressure identified here against that line.

The forecast for Preserved Rights clients is showing minor variances on both gross and income.

Internal provision, including integrated care centres, is showing a forecast pressure of £126k against gross, primarily as a result of the continuing need to cover sickness and absence with agency staff in order to meet care standards. There will also be some reduction in cost because as mentioned above we are not placing anyone permanently in the homes affected by the consultation. There is an over-recovery in income of £236k of which £166k relates to additional recharges to health.

b. Nursing Care

This line is reporting a gross pressure of £777k, and an over recovery of income of £896k, leaving a net underspend of £119k. The number of permanent clients in independent sector placements has increased to 1,405 in September compared to the 1,374 reported in March, an increase of 31 clients. The forecast position is 79,029 weeks of care against an affordable level of 79,199 which is 170 less than affordable. The small underspend also results from the intention to place people into residential care rather than nursing care. As with residential the low level of attrition also remains an issue although it is expected to increase over the winter months. Using the forecast unit cost of £472.28 the reduced level of activity generates a saving of £80k. In addition the forecast unit cost is £2.27 higher than the affordable which results in a pressure of £180k. Using the forecast unit income of £163.48 this reduced level of activity creates a pressure of £28k. In addition the forecast unit income is £5.17 higher than the affordable which results in an over-recovery of £410k

Increased cost and activity for Registered Nursing Care Contribution clients is resulting in a forecast pressure of £544k, however this is completely off-set with additional income from health, meaning a net nil position for this service.

The remaining £133k pressure is due to small pressures, below £100k, against both activity and price on Preserved Rights, as well as a small increase in the bad debt provision.

c. Domiciliary Care

This line is reporting a gross overspend of £36k, and an under recovery of income of £92k, giving a net pressure of £128k. Domiciliary care continues to be the most difficult to forecast as there is a constant and significant churn in activity; the continuing trend in the number of clients remains volatile and the number receiving a domiciliary care package from the independent sector remains below the average of last year. The number of clients in receipt of a package through the independent sector in September was 6,216 compared with 6,227 clients in March. The forecast position is 2,530,908 hours of care which is 54,362 more than budgeted for. Using the forecast unit cost of £15.435 this increased level of activity generates a pressure of £839k. In addition the forecast unit cost is £0.017 lower than the affordable which results in a saving of £42k There is

also a significant underspend of £572k relating to the in-house domiciliary service as the number of clients remains well below that afforded within the budget. There are also underspends against block contracts, extra care, and enablement, individually below £100k, but together totalling £217k.

d. Direct payments

This line is reporting a gross pressure of £425k, and an over recovery of income of £26k. Increasing client numbers mean that the forecast activity is 804 weeks higher than affordable. Using the average weekly cost of £131.96 this additional activity creates a pressure of £106k. The average cost is also £6.42 higher than affordable leading to an additional pressure of £255k. There is also a small pressure on one-off direct payments, e.g. for equipment.

e. Other Services

This line is reporting a gross underspend of £872k, and an under recovery of income of £83k. This line covers a range of services, including day-care, meals, payments to voluntary organisations and occupational therapy, although individually below £100k, these services are reporting a collective underspend of £227k. A further £315k of underspend relates to the Whole System Demonstrator base funding, which was provided because it was expected that the remaining amount of health funding would be insufficient to meet this year's costs. Fortunately the most recent forecast suggests that base budget funding will not now be required in 2010/11, and will instead be funded by the savings found through management actions driving down the cost of equipment & installations. There is also £330k of funding that was identified as uncommitted following a review of all grants in light of potential in-year cuts from Government and this is being used to offset the overall pressure.

1.1.3.3 People with a Learning Disability:

The overall position for services for Learning Disabled is a net pressure of £1,146k. However, as described further on in this section, this position is mitigated by underspends within Other Services without which the pressure would be over £3m. Services for this client group remain under extreme pressure, particularly within residential care as a result of both demographic and placement price pressures. This includes the impact of young adults transferring from Children's Services, many of whom have very complex needs and require a much higher level of support. There are also increasing numbers of older learning disabled clients who are cared for at home by ageing parents who will begin to require more support. Cases of clients becoming/ or who could become "ordinarily resident" in Kent continue to be a problem. A client would become "ordinarily resident" when placed by another local authority in Kent and following de-registration of the home, the individual moves into supported accommodation. We have accepted responsibility for a number of clients, and we are still contesting a number of other applications. The issue of ordinary residence is under discussion nationally through the Association of Directors of Adult Social Services as the current system penalises those authorities, such as Kent, who have historically been a net importer of residential clients.

a. Residential Care

This line is reporting a gross pressure of £2,331k with an under recovery of income of £513k, giving a net pressure of £2,844k. Details of the individual pressures and savings contributing to this position are provided below.

The number of clients has increased from 632 in March to 697 in September however this includes the transfer of a further 34 clients since quarter 1 from Health under Section 256 arrangements. This is part of the overall transfer of responsibility for most Learning Disability placements from Health. These clients are 100% funded by Health and gross and income cash limits have been realigned to reflect this.

The forecast position for independent sector residential care is 37,757 weeks of care against an affordable level of 36,593 which is 1,164 more than affordable. Using the forecast unit cost of £1,237.49 this increased level of activity generates a pressure of £1,440k. In addition the forecast unit cost is £29.91 higher than the affordable which results in a pressure of £1,094k. This level of activity, using the forecast unit income of £337.77, generates additional income of £393k. In addition the forecast unit income is £1.85 lower than the affordable which results in an under-recovery of £68k.

For preserved rights, the forecast position is 31,038 weeks of care against an affordable level of 31,414 which is 376 less than affordable. Using the forecast unit cost of £805.63 this reduced level of activity generates a saving of £303k. In addition the forecast unit cost is £0.35 higher than the affordable which results in a pressure of £11k. Using the forecast unit income of £205.19 this reduced level of activity creates an under recovery of income of £77k. In addition the forecast unit income is £21.41 lower than the affordable which results in a pressure of £673k.

There is a small pressure on in-house provision, primarily due to the continuing need to cover sickness and absence with agency staff in order to meet care standards, and additional 1 to 1 support being provided. There are also small variances on in-house income lines.

b. Domiciliary Care

This line is reporting a gross underspend of £384k, and an over-recovery of income of £51k. The forecast position for independent sector provision is 326,972 hours of care against an affordable level of 351,968 which is 24,996 less than affordable. Using the forecast unit cost of £11.76 this reduced level of activity generates a saving of £294k. In addition the forecast unit cost is £0.22 lower than the affordable which results in a saving of £77k. The effect of this on income is an over recovery of £79k.

There are also small saving on gross on other domiciliary lines including extra care sheltered housing and independent living scheme.

c. Direct payments

This line is reporting a gross pressure of £436k, and an over recovery of income of £94k. Forecast activity is 169 weeks under the budgeted level of 34,219 which when multiplied by the average weekly cost of £240.26 results in an underspend of £41k. However the average cost is £13.87 higher than affordable leading to a pressure of £474k. There is also a small variance against one-off direct payments, e.g. for equipment.

d. Supported Accommodation

The current position is a gross pressure of £499k and an under recovery of income of £70k giving a net pressure of £569k. The number of clients having increased from 309 in March to 408 in June and then to 478 in September with the increase almost solely relating to the further transfer of clients from Health under Section 256 arrangements. The gross and income cash limits have been realigned to reflect this further transfer of clients and 100% funding from Health. The current forecast is 775 weeks more than the affordable level of 24,851 creating a pressure of £768k which primarily relates to non-Section 256 clients. This is based on a forecast unit cost of £991.20, although within this are three distinct groups of clients: Section 256 clients, Ordinary Residence clients and other clients. Each client group has a very different unit cost, which when combined give this average forecast unit cost of £991.20. This combined forecast unit cost is £11.12 less than affordable, which reduces the pressure by £276k. Both the affordable and forecast unit costs have increased significantly from last year as a result of the placements transferred from Health under S256 arrangements due to the high cost of these placements. However it should also be noted that both the affordable and forecast unit costs have reduced significantly from those reported in Quarter 1 as a result of two changes. Firstly affordable and forecast activity now includes Ordinary Residence clients and secondly, much of supported accommodation is delivered through a supported living type arrangement which is counted in hours and not weeks. For the purposes of this report the average hours at that point in time are taken and used to convert the activity into weeks. This can fluctuate and in Quarter 1 a slightly higher hours per week figure was used to calculate the weeks which resulted in higher unit costs and lower forecast weeks. The Quarter 2 average is lower meaning an increase in the weeks forecast and lower average unit costs.

There are also small variances against group homes and the adult placement scheme.

It should be noted that the Residential Change Strategy is encouraging many small residential providers to move to providing supported accommodation giving people more choice and opportunities to remain within the community rather than live in a residential environment.

e. Other Services

This line is reporting a gross underspend of £2,207k, and an under recovery of income of £33k. The gross underspend includes the release of £830k Contingency held by the Managing Director, as well as £846k of uncommitted grant monies used to offset the overall pressure within this client group. There is also an underspend of £209k in supported employment, £113k of this is due to some activities being transferred to the private sector, with the remaining £96k made up of several other small underspends. This is partially offset by an under-recovery in income of £52k. The remaining underspend of £322k has been found primarily by further savings and reductions in the remaining services, including day-care and payments to voluntary organisations, through a range of changes to the cost and length of some contracts, together with savings on salaries, expenses and running costs; individually the savings are each under £100k.

1.1.3.4 **People with a Physical Disability:**

Overall the position for this client group is a net pressure of £2,065k. Services for this client group remain under pressure as a result of demographic and placement price pressures, and difficulties in forecasting remain, e.g. the number of road traffic accidents.

a. Residential Care

The overall forecast for residential care, including preserved rights clients, is a pressure on gross of £528k and an under recovery of income of £295k. Although the number of clients reduced to 218 in June from 222 in March, it has now increased back to 222 in September. The forecast assumes 598 weeks more than is affordable giving a pressure of £529k. The actual unit cost is £885.21 which is £7.55 higher than the affordable which increases the pressure by £92k. The additional client weeks add £60k of income to the position however the income per week is less than the level expected which causes a pressure of £327k.

The forecast number of client weeks of service provided to Preserved Rights clients is 128 lower than the affordable level because of increased attrition which is over and above that assumed in the budget. This reduced activity gives an underspend of £109k and the unit cost is slightly lower than the affordable level which further reduces the position by £45k. The reduced activity and a lower average of income per week means an under-recovery in income of £85k.

Increased cost and activity for Registered Nursing Care Contribution clients is resulting in a forecast pressure of £62k, however this is completely off-set with additional income from health, meaning a net nil position for this service.

b. Domiciliary Care

This budget is reporting a gross pressure of £388k, and an under-recovery of income of £30k. The forecast position for independent sector provision is 590,488 hours of care against an affordable level of 556,354 which is 34,134 more than affordable. Using the forecast unit cost of £12.48 this increased level of activity generates a pressure of £426k. In addition the forecast unit cost is £0.06 lower than the affordable which results in a saving of £34k. There are minor variances against the other domiciliary budgets.

c. Direct Payments

This line is reporting a gross pressure of £974k, and an over recovery of income of £101k. Client numbers continue to increase meaning that the forecast activity of 40,964 weeks is 1,497 weeks higher than affordable. Using the average weekly cost of £193.46 this additional activity creates a pressure of £290k. The average cost is also £15.55 higher than affordable leading to an additional pressure of £614k. There is also a small pressure on one-off direct payments, e.g. for equipment.

1.1.3.5 **Mental Health**

The overall position for Mental Health is a net pressure of £202k.

a. Residential Care

The forecast for residential care, including preserved rights clients, is a pressure on gross of £908k and an under recovery of income of £205k. The affordable level for non-preserved rights

was previously reduced following the decision to realign budgets to reflect the changed priorities in the Directorate to keep clients, wherever possible, within a community based setting such as supported accommodation or via direct payments, rather than residential care; however this change has not happened as quickly as anticipated. The intention to keep clients in the community remains, so budgets have been left as they are rather than adjusted back. The result is a forecast which is 1,957 weeks more than is affordable at a cost of £1,058k. The actual unit cost is £540.71 which is £8.69 lower than the affordable which reduces the pressure by £77k. The forecast also assumes a significant under-recovery in income as an increasing proportion of clients fall under Section 117 legislation meaning that they do not contribute towards the cost of their care. This has added £199k to the pressure.

There are small variances against gross and income for both preserved rights and Registered Nursing Care Contribution clients.

b. Supported Accommodation

The current position is £194k pressure on gross; the forecast assumes 560 weeks more than budget which at an average cost per week generates a £193k pressure, and there is an additional pressure of £1k as the unit cost is marginally higher than budget.

c. Assessment & Related

An underspend of £341k on gross expenditure is being forecast which in part results from vacancy management but also from difficulties in recruiting qualified social work staff. Savings also accrue from difficulties experienced in recruiting to senior positions for joint health/social care posts.

d. Other Services

This line is showing an underspend on gross of £610k following the release of £520k of Contingency and other uncommitted funding held by the Managing Director to offset the overall pressure within this client group. The balance of the underspend on gross is made up of small variances against day-care, payments to voluntary organisations, and community services. There is a small over-recovery in income of £90k.

1.1.3.6 **Strategic Business Support:**

This line is forecasting a significant underspend of £1,390k against gross expenditure with a small over recovery in income of £92k. Of the gross underspend £250k relates to funding that was declared as uncommitted following a review of all grants in light of potential in-year cuts from Government and this is being used to offset the overall pressure. There have also been significant savings in a number of areas including: £555k of vacancy management through continuing to hold posts vacant and delaying the recruitment process, £132k of printing, stationery, rent and room hire and reduced Girobank charges, and £153k of posts funded externally and not backfilled, a further £232k of other management actions including reducing project fees. The remaining balance of £68k is made up of numerous small savings. The over recovery of income is primarily due to £71k of extra income generated for Moving & Handling training, along with numerous smaller income variances.

**Table 2: REVENUE VARIANCES OVER £100K IN SIZE ORDER**

(shading denotes that a pressure has an offsetting saving, which is directly related, or vice versa)

There are a number of savings which are referred to in section 1.1.3 above which are grouped together such as £217k within Older People Domiciliary, £227k within Older People Other Services and £322k within Learning Disability Other Services which do not appear in the table below as individually the savings are all below £100k. Therefore overall the net position in table 2 (+£3,484k) is significantly greater than the overall net position presented in table 1 (+£2,581k).

Pressures (+)			Underspends (-)		
Portfolio		£'000	Portfolio		£'000
KASS	OP Residential Gross - Independent Sector Activity higher than affordable	+1,466	KASS	LD Other Services Gross - uncommitted grant funding following review	-846
KASS	LD Residential Gross - Independent Sector Activity higher than affordable	+1,440	KASS	LD Other Services Gross - Release of Managing Directors Contingency	-830
KASS	LD Residential Gross - Independent Sector Unit Cost higher than affordable	+1,094	KASS	OP Residential Income - Independent Sector Activity higher than affordable	-608
KASS	MH Residential Independent Sector Gross - slower than anticipated switch to community based services	+1,058	KASS	OP Domiciliary Gross - In House - Number of Clients below affordable	-572
KASS	OP Domiciliary Gross - Independent Sector Activity higher than affordable	+839	KASS	Strategic Business Support Gross - vacancy management	-555
KASS	LD Supported Accommodation Gross - activity in excess of affordable	+768	KASS	OP Nursing Income - RNCC increased activity giving rise to increased health income	-544
KASS	LD Residential Income - Independent Sector average income lower than affordable	+673	KASS	MH Other Services Gross - released contingency & uncommitted funding	-520
KASS	PD Direct Payments Gross - Independent Sector Unit Cost higher than affordable	+614	KASS	OP Nursing Income - Independent Sector average income higher than affordable	-410
KASS	OP Nursing Gross - RNCC increased cost and activity	+544	KASS	LD Residential Income - Independent Sector Activity higher than affordable	-393
KASS	PD Residential Gross - Independent Sector Activity higher than affordable	+529	KASS	MH Assessment & Related Gross - vacancy management & problems in recruiting qualified care staff	-341
KASS	OP Residential Income - Independent Sector Unit Cost lower than affordable	+497	KASS	OP Other Services Gross - uncommitted grant funding following review	-330
KASS	LD Direct Payments Gross - Independent Sector Unit Cost higher than affordable	+474	KASS	OP Other Services Gross - Whole Systems Demonstrator Base Funding not required in 10/11	-315
KASS	PD Domiciliary Gross - Independent Sector Activity higher than affordable	+426	KASS	LD Residential Gross (Pres Rights) - Independent Sector Activity less than affordable	-303
KASS	PD Residential Income - Independent Sector average income lower than affordable	+327	KASS	LD Domiciliary Gross - Independent Sector Activity less than affordable	-294
KASS	PD Direct Payments Gross - Independent Sector Activity higher than affordable	+290	KASS	LD Supported Accommodation Gross - unit cost lower than affordable	-276
KASS	OP Direct Payments Gross - Independent Sector Unit Cost higher than affordable	+255	KASS	Strategic Business Support Gross - uncommitted grant funding following review	-250
KASS	MH Residential Independent Sector Income - increased number of clients falling under S117 who do not contribute to costs	+199	KASS	Strategic Business Support Gross - other management actions including reducing project fees	-232
KASS	MH Supported Accommodation Gross - activity in excess of affordable	+193	KASS	OP Residential Gross - Independent Sector Unit Cost less than affordable	-226
KASS	OP Nursing Gross - Independent Sector Unit Cost higher than affordable	+180	KASS	LD Other Services Gross - Kent Supported Employment	-209
KASS	OP Residential Gross - In House - Agency Staffing pressure	+126	KASS	OP Residential Income - In House - Additional recharges to Health	-166
KASS	OP Direct Payments Gross - Independent Sector Activity higher than affordable	+106	KASS	Strategic Business Support Gross - posts attracting external funding	-153

Pressures (+)			Underspends (-)		
Portfolio		£'000	Portfolio		£'000
			KASS	Strategic Business Support Gross - savings made on printing etc	-132
			KASS	PD Residential Gross (Pres Rights) - Independent Sector Activity less than affordable	-109
		<b>+12,098</b>			<b>-8,614</b>

#### 1.1.4 Actions required to achieve this position:

The forecast pressure of £2,581k assumes that the savings identified within the MTP will be achieved and the Directorate remains confident that these savings will be achieved. 'Guidelines for Good Management Practice', also referred to below, are in place across the Directorate, and these, together with vacancy management, are anticipated to address the overall pressure.

#### 1.1.5 Implications for MTP:

The MTP assumes a breakeven position for 2010-11.

The base budget implications of issues identified in this monitoring report will be a call on the amounts identified in the 2010/13 MTP as emerging pressures in 2011/12 and 2012/13. The details of individual amounts will be included when the revised plan is published for consultation in January 2011 together with any new pressures forecast for 2011/12 and 2012/13. The significant issues for the KASS portfolio arising from 2010/11 budget monitoring are related to demography.

It is assumed that the demographic pressures for KASS are likely to be £8.7m in future years. This is based on detailed calculations, on trends over the past year of increased clients and complexity. Clearly this will be reviewed on an on-going basis as part of the monitoring process.

The revised MTP will include proposals on how the in-year cuts in Government grants will be accommodated in base budgets once it has been confirmed that these reductions are permanent following the announcement of the provisional local government finance settlement for 2011/12 which we anticipate will be in late November/Early December. The revised plan will also include the strategy to address the likely reductions in funding over the lifetime of the current parliament following the Chancellor's emergency budget statement on 22<sup>nd</sup> June in which he outlined his plans to address the national budget deficit, and the Spending Review announcement on 20 October.

#### 1.1.6 Details of re-phasing of revenue projects:

No revenue projects have been identified for re-phasing.

#### 1.1.7 Details of proposals for residual variance: *[eg roll forward proposals; mgmt action outstanding]*

The KASS Directorate is wholly committed to delivering a balanced outturn position by the end of the financial year. KASS has 'Guidelines for Good Management Practice' in place across all teams in order to help us manage demand on an equitable basis consistent with policy and legislation. The Guidelines include ensuring all high cost placements and support packages are reviewed, plus a continued analysis and scrutiny of all requests for waiving of third party top ups to the cost of placements, and rigorous on-going panel arrangements. Furthermore the successful promotion and increased use of enablement continues to result in fewer people needing long term support. Robust monitoring arrangements are in place on a monthly basis to ensure that forecasts and expenditure are closely monitored and where necessary challenged. Through these arrangements the Directorate expects to balance the £2,581k pressure by the end of the year.

## 1.2 CAPITAL

1.2.1 All changes to cash limits are in accordance with the virement rules contained within the constitution and have received the appropriate approval via the Leader, or relevant delegated authority.

The capital cash limits have been adjusted since last reported to Cabinet on 11<sup>th</sup> October 2010, as detailed in section 4.1.

1.2.2 **Table 3** below provides a portfolio overview of the latest capital monitoring position excluding PFI projects.

	Prev Yrs Exp £000s	2010-11 £000s	2011-12 £000s	2012-13 £000s	Future Yrs £000s	TOTAL £000s
<b>Kent Adult Social Services portfolio</b>						
Budget	4,176	9,714	10,117	4,170	1,541	29,718
Adjustments:						
-						0
Revised Budget	4,176	9,714	10,117	4,170	1,541	29,718
Variance		-1,574	991	0	-20	-605
<b>split:</b>						
- real variance		-605	0	0	0	-605
- re-phasing		-970	+990	0	-20	0
<b>Real Variance</b>	<b>0</b>	<b>-605</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-605</b>
<b>Re-phasing</b>	<b>0</b>	<b>-970</b>	<b>+990</b>	<b>0</b>	<b>-20</b>	<b>0</b>

### 1.2.3 Main Reasons for Variance

Table 4 below, details all forecast capital variances over £250k in 2010-11 and identifies these between projects which are:

- part of our year on year rolling programmes e.g. maintenance and modernisation;
- projects which have received approval to spend and are underway;
- projects which are only at the approval to plan stage and
- Projects at preliminary stage.

The variances are also identified as being either a real variance i.e. real under or overspending which has resourcing implications, or a phasing issue i.e. simply down to a difference in timing compared to the budget assumption.

Each of the variances in excess of £1m which is due to phasing of the project, excluding those projects identified as only being at the preliminary stage, is explained further in section 1.2.4 below.

All real variances are explained in section 1.2.5, together with the resourcing implications.

**Table 4: CAPITAL VARIANCES OVER £250K IN SIZE ORDER**

portfolio	Project	real/ phasing	Project Status			
			Rolling Programme	Approval to Spend	Approval to Plan	Preliminary Stage
			£'000s	£'000s	£'000s	£'000s
<b>Overspends/Projects ahead of schedule</b>						
			<b>+0</b>	<b>+0</b>	<b>+0</b>	<b>+0</b>
<b>Underspends/Projects behind schedule</b>						
KASS	Modernisation of LD Services	phasing			-680	
			<b>0</b>	<b>-0</b>	<b>-680</b>	<b>-0</b>
			<b>-0</b>	<b>-0</b>	<b>-680</b>	<b>-0</b>

**1.2.4 Projects re-phasing by over £1m:**

None

**1.2.5 Projects with real variances, including resourcing implications:**

There is a real variance of -£0.605m (in 2010-11) which is detailed as follows:

**Asset Maintenance -£0.248m, Modernisation of Dementia Care -£0.152m and Public Access -£0.075m** (all in 2010-11): these underspends are due to the projects no longer going forward, for which funding is no longer required.

Taking these into account there is an underlying variance of -£0.13m

**1.2.6 General Overview of capital programme:****(a) Risks**

The risks linked to KASS must be similar to those felt throughout the Authority in this current financially suppressed climate. As a Directorate that works alongside many partners such as District Councils, Private/Voluntary Organisations and Primary Care Trusts (PCT) in order to provide the most comprehensive service delivery to our users, the risks to KASS are potentially compounded.

**(b) Details of action being taken to alleviate risks**

The Directorate continues to closely monitor those risks associated with our partnership working arrangements on a regular basis through Area Asset Management Boards which run alongside its over-arching capital strategy. However, the Directorate may not always be able to influence/control the final outcome.

**1.2.7 PFI projects**

The £44.3m investment in the PFI Excellent Homes for All project also represents investment by a third party. No payment will be made by KCC for the newly built assets until they are ready for use. Again this will be by way of an annual unitary charge to the revenue budget.

	Previous years	2010-11	2011-12	2012-13	TOTAL
	£000s	£000s	£000s	£000s	£000s
<b>Budget</b>		22,300	22,000		44,300
<b>Forecast</b>		22,300	22,000		44,300
<b>Variance</b>					

(a) **Progress and details of whether costings are still as planned (for the 3<sup>rd</sup> party)**

Overall costings still as planned.

(b) **Implications for KCC of details reported in (a) ie could an increase in the cost result in a change to the unitary charge?**

The unitary charge is not subject to indexation as the contractor has agreed to a fixed price for the duration of the contract. Deductions will be made during the contract period if performance falls below the standards agreed or if the facilities are unavailable for use.

During the contract period if one of the partners proposes a change that either results in increased costs or a change in the balance of risk, this must be taken to the Project Board for agreement. Each partner has a vote and any decision resulting in a change to the costs or risks would need unanimous approval.

1.2.8 **Project Re-Phasing**

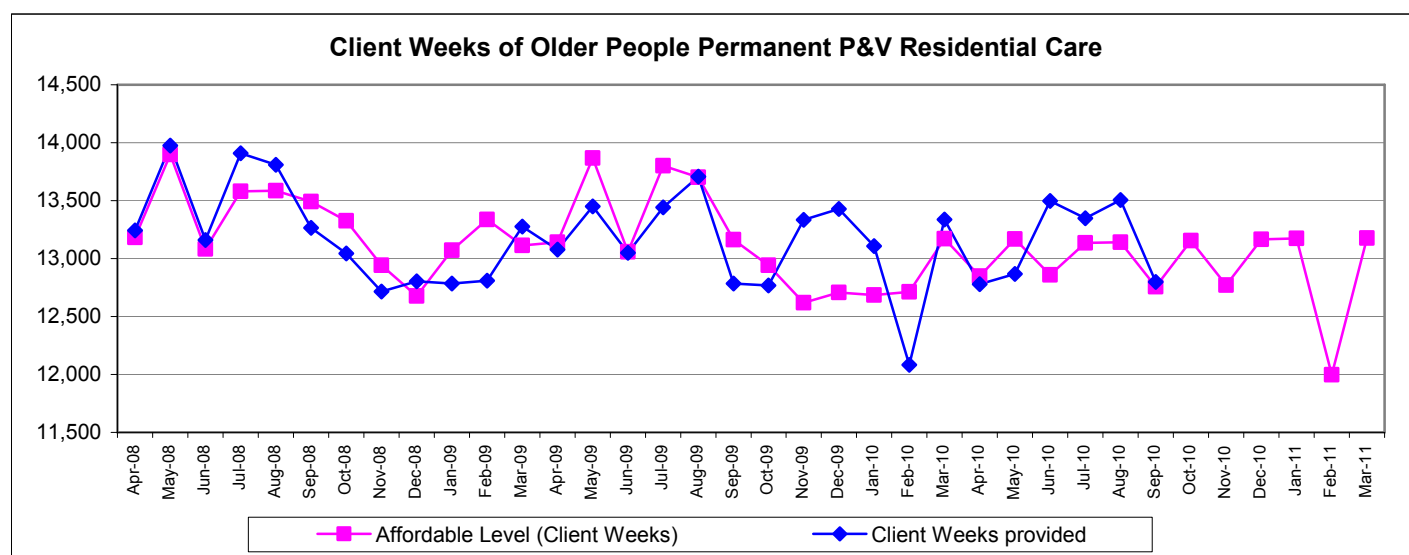
Cash limits are changed for projects that have re-phased by greater than £0.100m to reduce the reporting requirements during the year. Any subsequent re-phasing greater than £0.100m will be reported and the full extent of the rephasing will be shown. The proposed re-phasing is detailed in the table below.

	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>Future Years</b>	<b>Total</b>
	<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>	
<b>Modernisation of Assets</b>					
Amended total cash limits	+1,240	+2,535	+1,600	+1,541	+6,916
re-phasing	-680	+700		-20	0
<b>Revised project phasing</b>	<b>+560</b>	<b>+3,235</b>	<b>+1,600</b>	<b>+1,521</b>	<b>+6,916</b>
<b>Total re-phasing &gt;£100k</b>	<b>-680</b>	<b>+700</b>	<b>0</b>	<b>-20</b>	<b>0</b>
<b>Other re-phased Projects below £100k</b>					
	-290	+290			
<b>TOTAL RE-PHASING</b>	<b>-970</b>	<b>+990</b>	<b>0</b>	<b>-20</b>	<b>0</b>

## 2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

### 2.1.1 Number of client weeks of older people permanent P&V residential care provided compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided
April	13,181	13,244	13,142	13,076	12,848	12,778
May	13,897	13,974	13,867	13,451	13,168	12,867
June	13,084	13,160	13,059	13,050	12,860	13,497
July	13,581	13,909	13,802	13,443	13,135	13,349
August	13,585	13,809	13,703	13,707	13,141	13,505
September	13,491	13,264	13,162	12,784	12,758	12,799
October	13,326	13,043	12,943	12,768	13,154	
November	12,941	12,716	12,618	13,333	12,771	
December	12,676	12,805	12,707	13,429	13,167	
January	13,073	12,784	12,685	13,107	13,175	
February	13,338	12,810	12,712	12,082	11,998	
March	13,114	13,275	13,172	13,338	13,176	
<b>TOTAL</b>	<b>159,287</b>	<b>158,793</b>	<b>157,572</b>	<b>157,568</b>	<b>155,351</b>	<b>78,795</b>

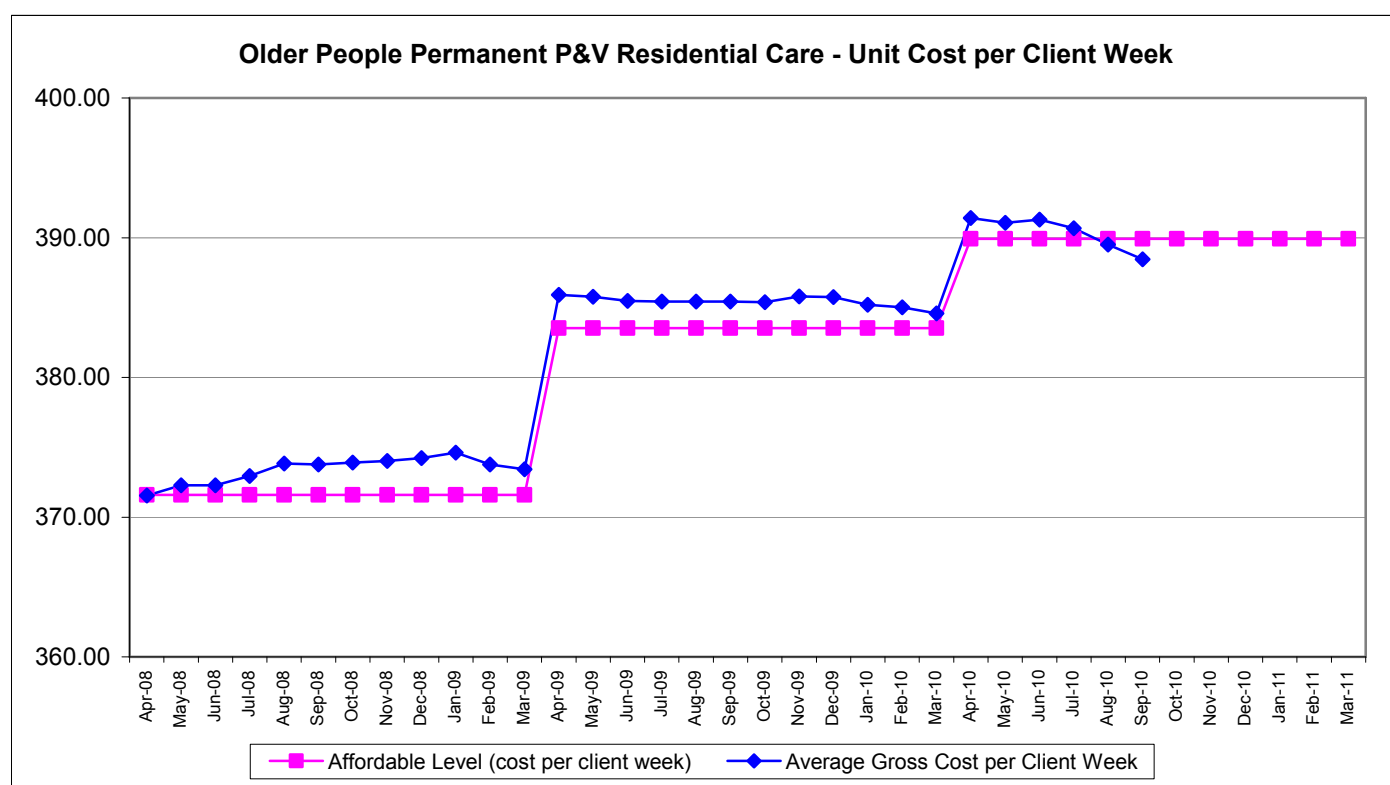


#### Comments:

- Actual weeks of care have been updated for previous months to reflect late data entry and provides a more accurate trend.
- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people permanent P&V residential care at the end of 2008-09 was 2,832, at the end of 2009-10 it was 2,751 and at the end of September 2010 it was 2,817. It is evident that there are ongoing pressures relating to clients with dementia. During this year, the number of clients with dementia has increased from 1,195 in March to 1,262 in September, and the other residential clients have decreased from 1,556 in March to 1,555 in September.
- The current forecast is 159,125 weeks of care against an affordable level of 155,351; a difference of +3,774 weeks. Using the forecast unit cost of £388.46 this increase in activity increases the forecast by £1,466k, as highlighted in section 1.1.3.2.a We are expecting an increase in both permanent clients, and non permanent episodes, which explains why the year to date (YTD) appears slightly low when compared to this forecast.
- To the end of September 78,795 weeks of care have been delivered against an affordable level of 77,910; a difference of +885 weeks.

## 2.1.2 Average gross cost per client week of older people permanent P&V residential care compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	371.60	371.54	383.52	385.90	389.91	391.40
May	371.60	372.28	383.52	385.78	389.91	391.07
June	371.60	372.27	383.52	385.47	389.91	391.29
July	371.60	372.94	383.52	385.43	389.91	390.68
August	371.60	373.84	383.52	385.44	389.91	389.51
September	371.60	373.78	383.52	385.42	389.91	388.46
October	371.60	373.91	383.52	385.39	389.91	
November	371.60	374.01	383.52	385.79	389.91	
December	371.60	374.22	383.52	385.76	389.91	
January	371.60	374.61	383.52	385.20	389.91	
February	371.60	373.78	383.52	385.01	389.91	
March	371.60	373.42	383.52	384.59	389.91	

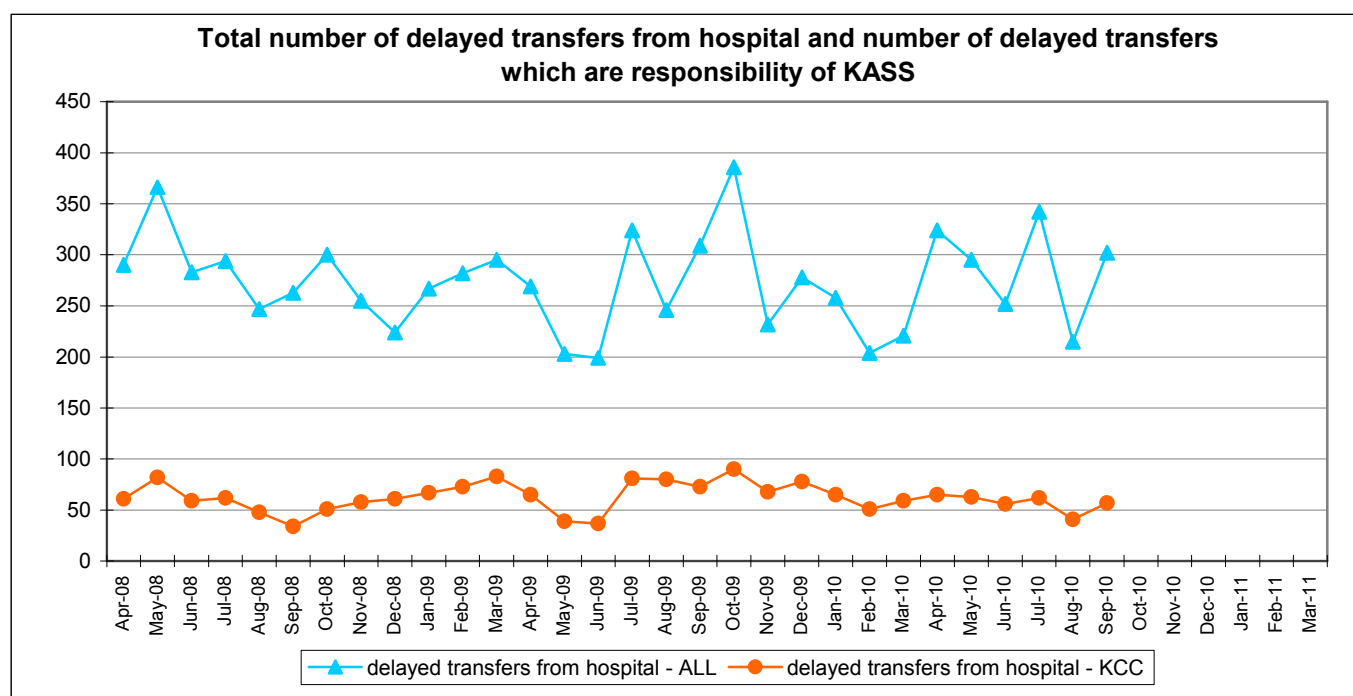


### Comments:

- The forecast unit cost of £388.46 is higher than the affordable cost of £389.91 and this difference of +£1.45 creates a saving of £226k when multiplied by the affordable weeks, as highlighted in section 1.1.3.2.a

### 2.1.3 Total of All Delayed Transfers from hospital compared with those which are KASS responsibility:

	2008-09		2009-010		2010-11	
	ALL	KASS responsibility	ALL	KASS responsibility	ALL	KASS responsibility
April	290	61	269	65	324	65
May	366	82	203	39	295	63
June	283	59	199	37	252	56
July	294	62	324	81	342	62
August	247	48	246	80	215	41
September	263	34	309	73	302	57
October	300	51	386	90		
November	255	58	232	68		
December	224	61	278	78		
January	267	67	258	65		
February	282	73	204	51		
March	295	83	221	59		

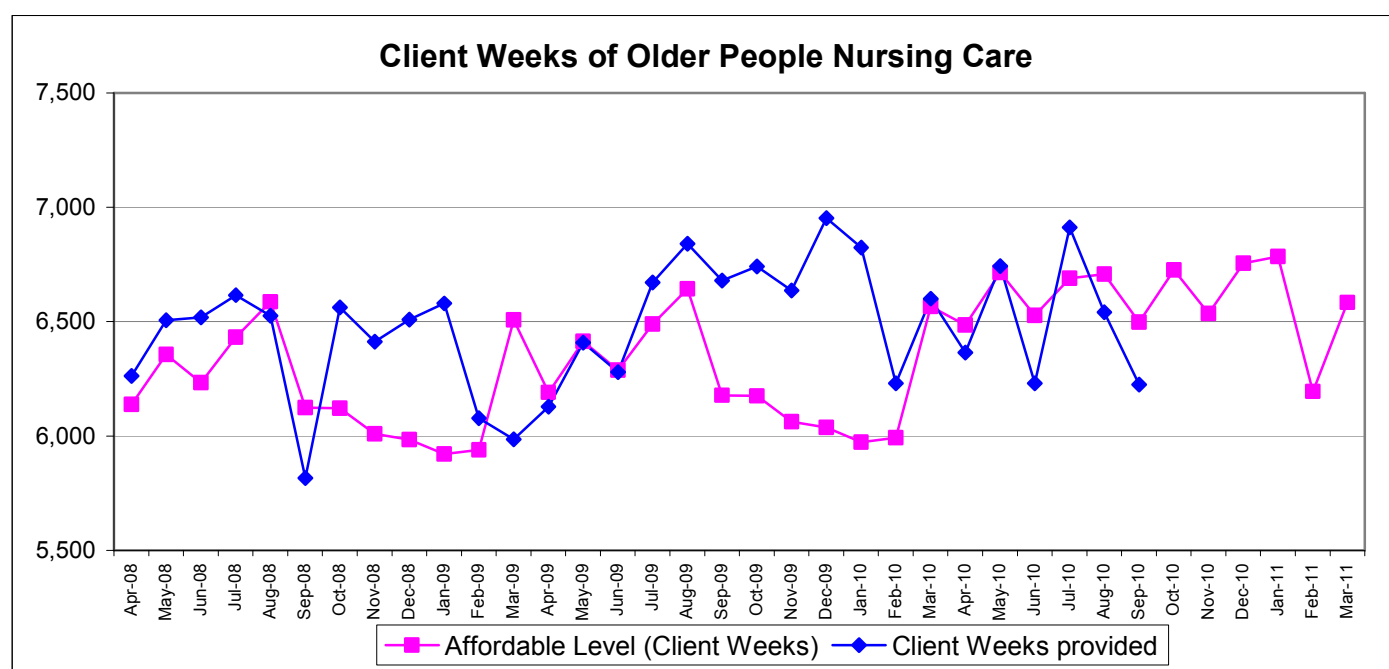


#### Comments:

- The Delayed Transfers of Care (DTCs) show the numbers of people whose movement from an acute hospital has been delayed. Generally, the main reasons for delay are 'Patient Choice' (just over 25%), with the reasons 'Awaiting non-acute NHS care' and 'Awaiting assessment' being the next highest (approx. 19% each). This figure shows all delays, but those attributable to Adult Social Services, and therefore subject to the reimbursement regime, are a minority. There are many reasons for fluctuations in the number of DTCs which result from the interaction of various different factors within a highly complex system across both Health and Social Care.
- This activity information is obtained from the KASS hospital teams who monitor delayed discharges on a weekly basis and validate the figures with the Hospital Trust.

## 2.2.1 Number of client weeks of older people nursing care provided compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided
April	6,137	6,263	6,191	6,127	6,485	6,365
May	6,357	6,505	6,413	6,408	6,715	6,743
June	6,233	6,518	6,288	6,279	6,527	6,231
July	6,432	6,616	6,489	6,671	6,689	6,911
August	6,586	6,525	6,644	6,841	6,708	6,541
September	6,124	5,816	6,178	6,680	6,497	6,225
October	6,121	6,561	6,175	6,741	6,726	
November	6,009	6,412	6,062	6,637	6,535	
December	5,984	6,509	6,037	6,952	6,755	
January	5,921	6,580	5,973	6,824	6,784	
February	5,940	6,077	5,992	6,231	6,194	
March	6,507	5,985	6,566	6,601	6,584	
<b>TOTAL</b>	<b>74,351</b>	<b>76,367</b>	<b>75,008</b>	<b>78,992</b>	<b>79,199</b>	<b>39,016</b>



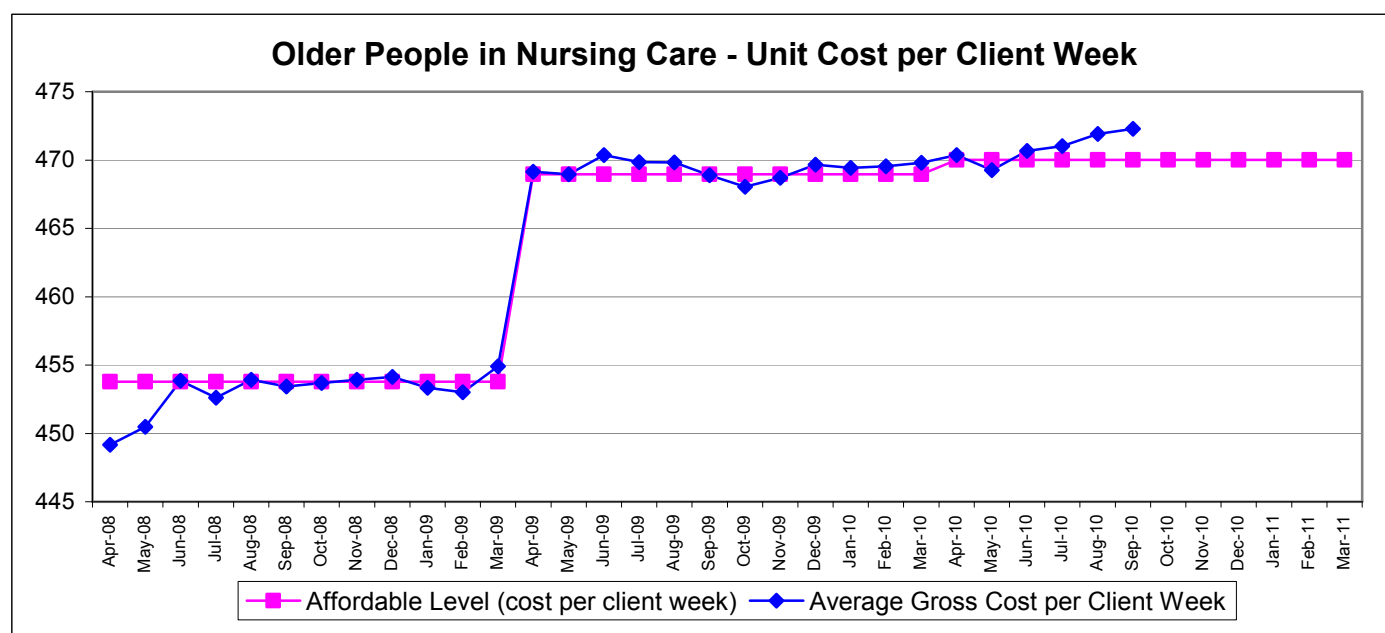
### Comment:

- Actual weeks of care have been updated for previous months to reflect late data entry and provides a more accurate trend.
- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people nursing care at the end of 2008-09 was 1,332, at the end of 2009-10 it was 1,374 and at the end of September 2010 was 1,405. In nursing care, there is not the same distinction between clients with dementia, as with residential care. The difference in intensity of care for nursing care and nursing care with dementia is not as significant as it is for residential care, where the increase of 31 clients is made up of 11 dementia clients and 20 other nursing care clients.
- The current forecast is 79,029 weeks of care against an affordable level of 79,199 a difference of -170 weeks. Using the forecast unit cost of £472.28, this reduction in activity reduces the forecast by £80k, as highlighted in section 1.1.3.2.b. We are expecting an increase in both permanent clients, and non permanent episodes in the second half of the year compared to the first, which explains why the year to date (YTD) appears slightly low when compared to this forecast.
- To the end of September 39,016 weeks of care have been delivered against an affordable level of 39,621, a difference of -605 weeks.

- There are always pressures in permanent nursing care which may occur for many reasons. Increasingly, older people are entering nursing care only when other ways of support have been explored. This means that the most dependent are those that enter nursing care and consequently are more likely to have dementia. In addition, there will always be pressures which the directorate face, for example the knock on effect of minimising delayed transfers of care. Demographic changes – increasing numbers of older people with long term illnesses – also means that there is an underlying trend of growing numbers of people needing nursing care.

## 2.2.2 Average gross cost per client week of older people nursing care compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	453.77	449.18	468.95	469.15	470.01	470.36
May	453.77	450.49	468.95	468.95	470.01	469.27
June	453.77	453.86	468.95	470.37	470.01	470.67
July	453.77	452.61	468.95	469.84	470.01	471.03
August	453.77	453.93	468.95	469.82	470.01	471.90
September	453.77	453.42	468.95	468.88	470.01	472.28
October	453.77	453.68	468.95	468.04	470.01	
November	453.77	453.92	468.95	468.69	470.01	
December	453.77	454.13	468.95	469.67	470.01	
January	453.77	453.33	468.95	469.42	470.01	
February	453.77	453.02	468.95	469.55	470.01	
March	453.77	454.90	468.95	469.80	470.01	

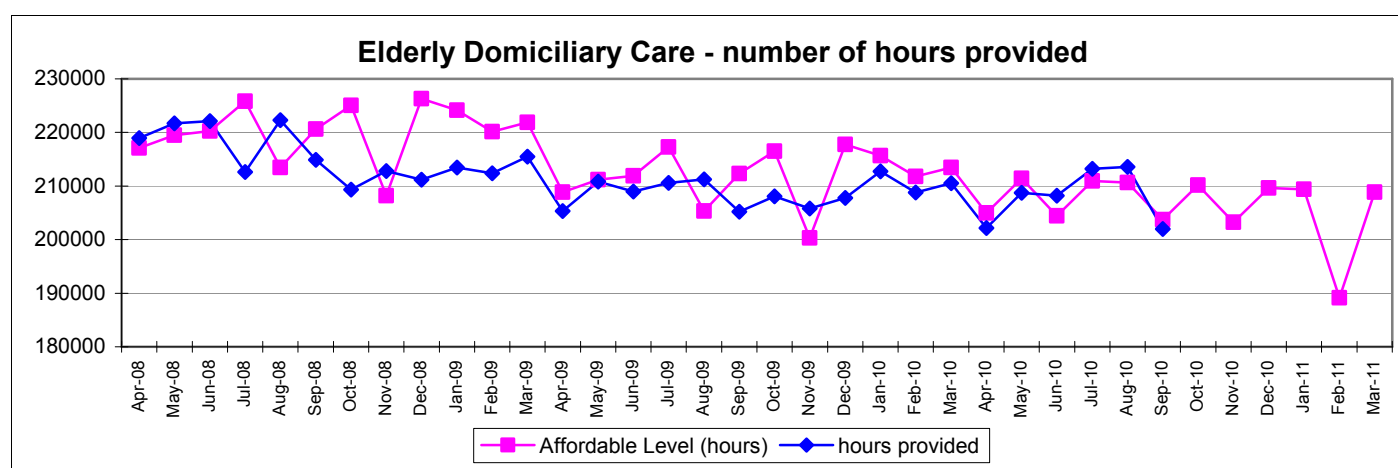
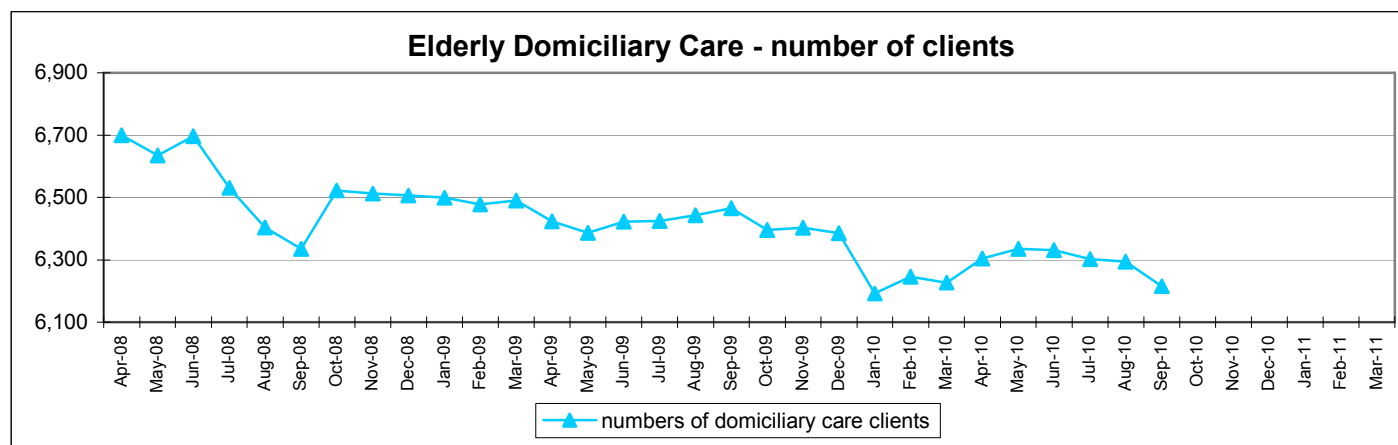


### Comments:

- As with residential care, the unit cost for nursing care will be affected by the increasing proportion of older people with dementia who need more specialist and expensive care.
- The forecast unit cost of £472.28 is higher than the affordable cost of £470.01 and this difference of +£2.27 adds £180k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.3.2.b

## 2.3.1 Elderly domiciliary care – numbers of clients and hours provided:

	2008-09			2009-10			2010-11		
	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients
April	217,090	218,929	6,700	208,869	205,312	6,423	204,948	202,167	6,305
May	219,480	221,725	6,635	211,169	210,844	6,386	211,437	208,757	6,335
June	220,237	222,088	6,696	211,897	208,945	6,422	204,452	208,177	6,331
July	225,841	212,610	6,531	217,289	210,591	6,424	210,924	213,241	6,303
August	213,436	222,273	6,404	205,354	211,214	6,443	210,668	213,561	6,294
September	220,644	214,904	6,335	212,289	205,238	6,465	203,708	201,986	6,216
October	225,012	209,336	6,522	216,491	208,051	6,396	210,155		
November	208,175	212,778	6,512	200,292	205,806	6,403	203,212		
December	226,319	211,189	6,506	217,749	207,771	6,385	209,643		
January	224,175	213,424	6,499	215,686	212,754	6,192	209,387		
February	220,135	212,395	6,478	211,799	208,805	6,246	189,143		
March	221,875	215,488	6,490	213,474	210,507	6,227	208,869		
<b>TOTAL</b>	<b>2,642,419</b>	<b>2,587,139</b>		<b>2,542,358</b>	<b>2,505,838</b>		<b>2,476,546</b>	<b>1,247,889</b>	



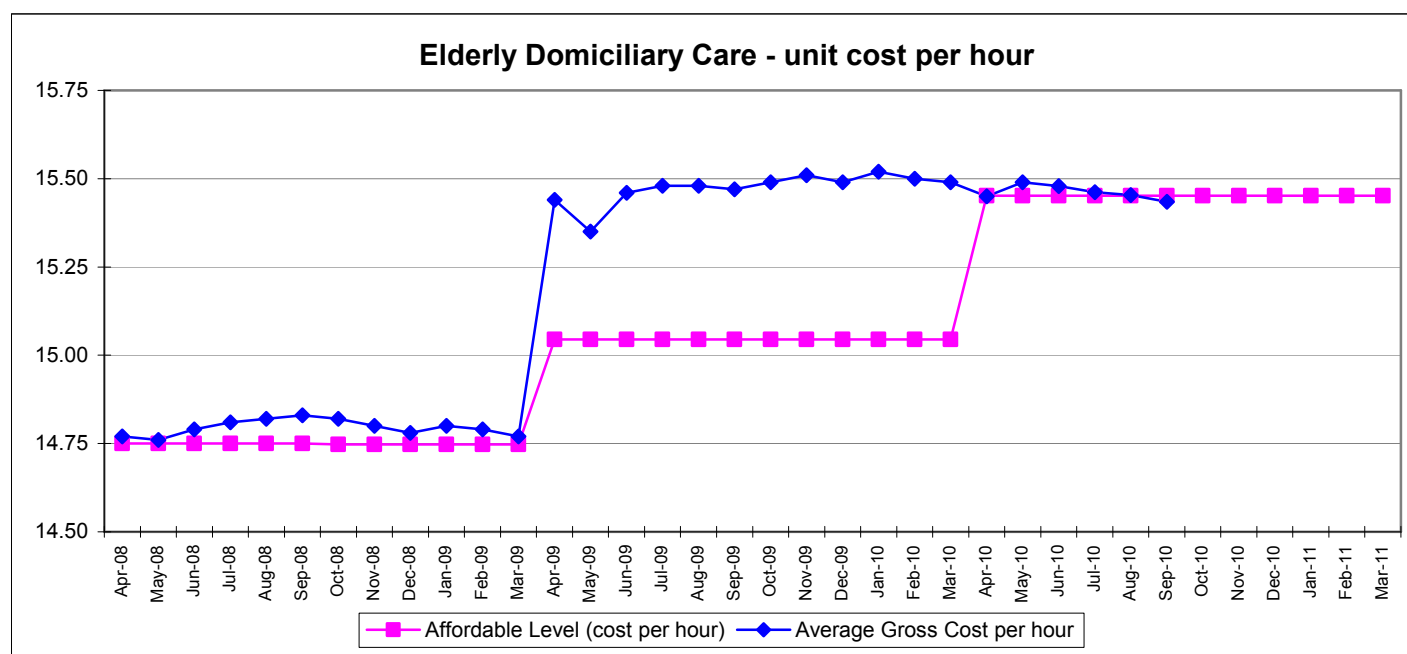
## Comment:

- Actual hours of care have been updated for previous months to reflect late data entry and provides a more accurate trend.
- Figures exclude services commissioned from the Kent Enablement At Home service.
- The current forecast is 2,530,908 hours of care against an affordable level of 2,476,546, a difference of +54,362 hours. Using the forecast unit cost of £15.435 this additional activity increases the forecast by £839k, as highlighted in section 1.1.3.2.c. We are expecting an increase in permanent clients in the second half of the year compared to the first, which explains why the year to date (YTD) appears slightly low when compared to this forecast.

- To the end of September 1,247,889 hours of care have been delivered against an affordable level of 1,246,137, a difference of +1,752 hours. The higher figures in July and August follow a trend in previous years where the figures for the summer months appear to peak and then drop again.
- While the number of clients receiving domiciliary care has been decreasing over the past two years, this trend appears to have slowed, and flattened out as the number of clients forecast is now 6,380, 164 more than the current figure of 6,216, but only 49 more than the June figure. In addition, the intensity of care appears to have increased such that clients are receiving more hours per week on average than in previous years as a result of the implementation of Self Directed Support (SDS) within the Directorate.

### 2.3.2 Average gross cost per hour of older people domiciliary care compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Cost per Hour)	Average Gross Cost per Hour	Affordable Level (Cost per Hour)	Average Gross Cost per Hour	Affordable Level (Cost per Hour)	Average Gross Cost per Hour
April	14.75	14.77	15.045	15.44	15.45	15.45
May	14.75	14.76	15.045	15.35	15.45	15.49
June	14.75	14.79	15.045	15.46	15.45	15.48
July	14.75	14.81	15.045	15.48	15.45	15.46
August	14.75	14.82	15.045	15.48	15.45	15.45
September	14.75	14.83	15.045	15.47	15.45	15.44
October	14.75	14.82	15.045	15.49	15.45	
November	14.75	14.80	15.045	15.51	15.45	
December	14.75	14.78	15.045	15.49	15.45	
January	14.75	14.80	15.045	15.52	15.45	
February	14.75	14.79	15.045	15.50	15.45	
March	14.75	14.77	15.045	15.49	15.45	

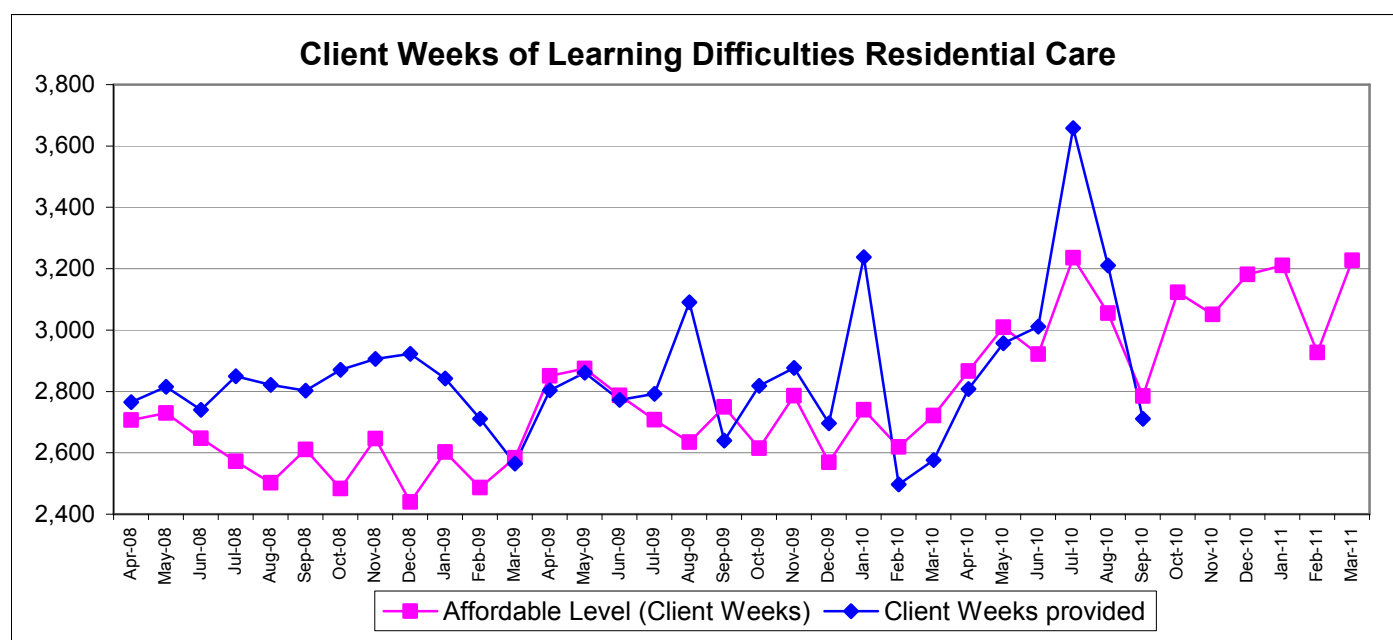


#### Comments:

- Average unit cost per week is increasing and may reflect the same issues outlined above concerning more intense packages and higher levels of need.
- The forecast unit cost of £15.435 is slightly lower than the affordable cost of £15.452 and this difference of -£0.017 creates a saving of £42k when multiplied by the affordable hours, as highlighted in section 1.1.3.2.c

## 2.4.1 Number of client weeks of learning difficulties residential care provided compared with affordable level (non preserved rights clients):

	2008-09		2009-10		2010-11	
	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided
April	2,707	2,765	2,851	2,804	2,866	2,808
May	2,730	2,815	2,875	2,861	3,009	2,957
June	2,647	2,740	2,787	2,772	2,922	3,011
July	2,572	2,850	2,708	2,792	3,236	3,658
August	2,502	2,821	2,635	3,091	3,055	3,211
September	2,611	2,803	2,750	2,640	2,785	2,711
October	2,483	2,870	2,615	2,818	3,123	
November	2,646	2,906	2,786	2,877	3,051	
December	2,440	2,923	2,569	2,696	3,181	
January	2,602	2,842	2,740	3,238	3,211	
February	2,487	2,711	2,619	2,497	2,927	
March	2,584	2,565	2,721	2,576	3,227	
<b>TOTAL</b>	<b>31,011</b>	<b>33,611</b>	<b>32,656</b>	<b>33,662</b>	<b>36,593</b>	<b>18,356</b>

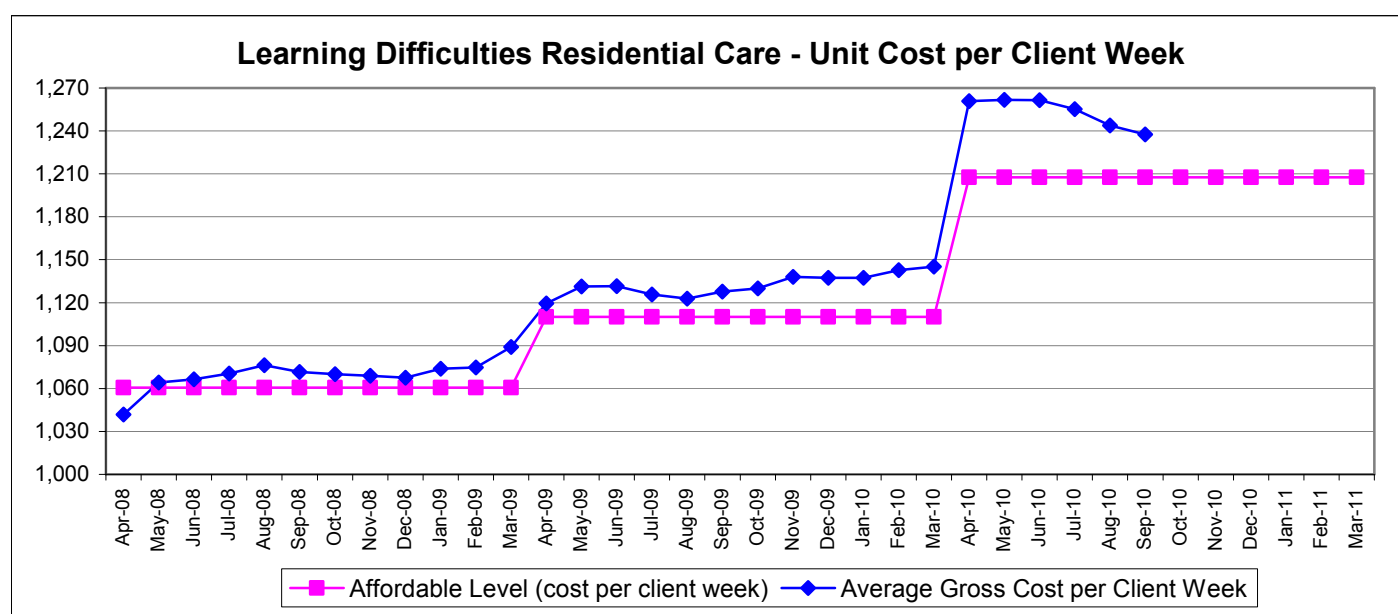


### Comments:

- The affordable level of weeks has been amended to reflect the additional transfer of S256 clients and their funding from Health.
- Actual weeks of care have been updated for previous months to reflect late data entry and provides a more accurate trend.
- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in LD residential care at the end of 2008-09 was 640, at the end of 2009-10 it was 632 and at the end of September 2010 it was 697 of which 103 are S256 clients.
- The current forecast is 37,757 weeks of care against an affordable level of 36,593 a difference of +1,164 weeks. Using the forecast unit cost of £1,237.49 this additional activity adds £1,440k to the forecast, as highlighted in section 1.1.3.3.a. We are expecting an increase in both permanent clients, and non permanent episodes in the second half of the year compared to the first, which explains why the year to date (YTD) appears slightly low when compared to this forecast.
- To the end of September 18,356 weeks of care have been delivered against an affordable level of 17,873, a difference of +483 weeks.

## 2.4.2 Average gross cost per client week of Learning Difficulties residential care compared with affordable level (non preserved rights clients):

	2008-09		2009-10		2010-11	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	1,060.70	1,041.82	1,110.15	1,119.42	1,207.58	1,260.82
May	1,060.70	1,064.19	1,110.15	1,131.28	1,207.58	1,261.67
June	1,060.70	1,066.49	1,110.15	1,131.43	1,207.58	1,261.46
July	1,060.70	1,070.50	1,110.15	1,125.65	1,207.58	1,255.21
August	1,060.70	1,076.27	1,110.15	1,122.81	1,207.58	1,243.87
September	1,060.70	1,071.59	1,110.15	1,127.79	1,207.58	1,237.49
October	1,060.70	1,070.02	1,110.15	1,130.07	1,207.58	
November	1,060.70	1,068.95	1,110.15	1,137.95	1,207.58	
December	1,060.70	1,067.59	1,110.15	1,137.28	1,207.58	
January	1,060.70	1,073.71	1,110.15	1,137.41	1,207.58	
February	1,060.70	1,074.67	1,110.15	1,142.82	1,207.58	
March	1,060.70	1,089.10	1,110.15	1,145.12	1,207.58	

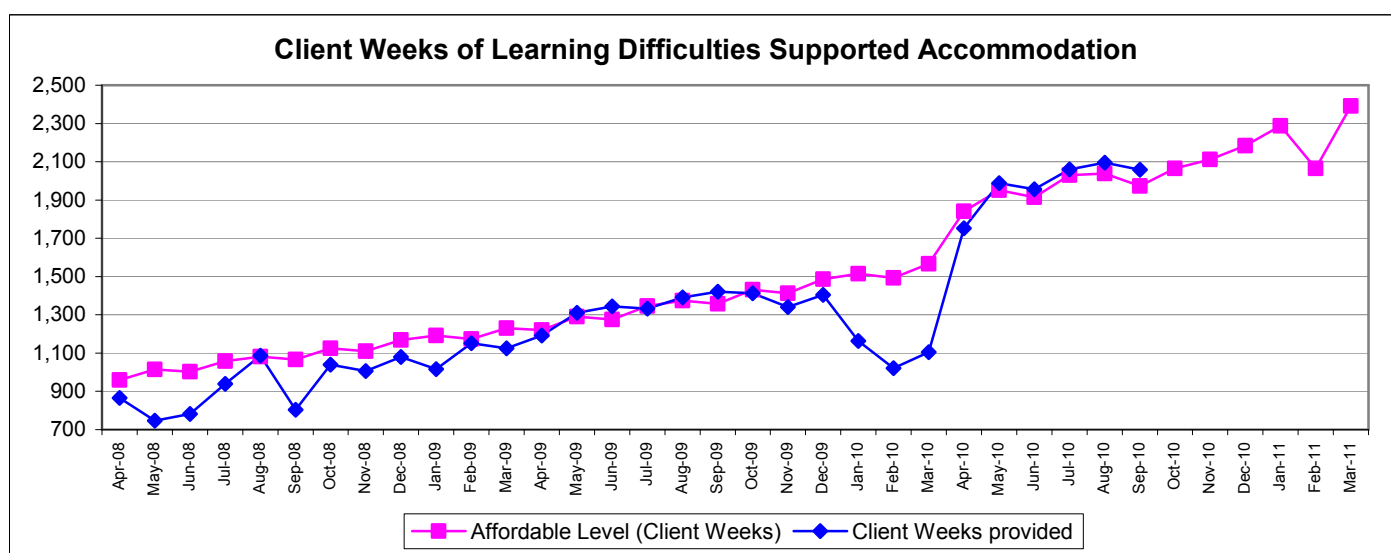


### Comments:

- The affordable unit cost has been amended to reflect the inclusion of new S256 clients and their funding, transferred from Health.
- Clients being placed in residential care are those with very complex and individual needs which makes it difficult for them to remain in the community, in supported accommodation/supporting living arrangements, or receiving a domiciliary care package. These are therefore placements which attract a very high cost, with the average now being over £1,200 per week. It is expected that clients with less complex needs, and therefore less cost, can transfer from residential into supported living arrangements. This would mean that the average cost per week would increase over time as the remaining clients in residential care would be those with very high cost – some of whom can cost up to £2,000 per week. In addition, no two placements are alike – the needs of people with learning disabilities are unique and consequently, it is common for average unit costs to increase or decrease significantly on the basis of one or two cases.
- The forecast unit cost of £1,237.49 is higher than the affordable cost of £1,207.58 and this difference of +£29.91 adds £1,094k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.3.3.a

## 2.5.1 Number of client weeks of learning difficulties supported accommodation provided compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided
April	960	865	1,221	1,192	1,841	1,752
May	1,014	747	1,290	1,311	1,951	1,988
June	1,003	782	1,276	1,344	1,914	1,956
July	1,058	939	1,346	1,333	2,030	2,060
August	1,081	1,087	1,375	1,391	2,039	2,096
September	1,067	803	1,357	1,421	1,973	2,059
October	1,125	1,039	1,431	1,412	2,065	
November	1,110	1,006	1,412	1,340	2,112	
December	1,169	1,079	1,487	1,405	2,183	
January	1,191	1,016	1,515	1,163	2,287	
February	1,174	1,151	1,493	1,021	2,065	
March	1,231	1,125	1,567	1,105	2,391	
<b>TOTAL</b>	<b>13,183</b>	<b>11,639</b>	<b>16,770</b>	<b>15,438</b>	<b>24,851</b>	<b>11,911</b>



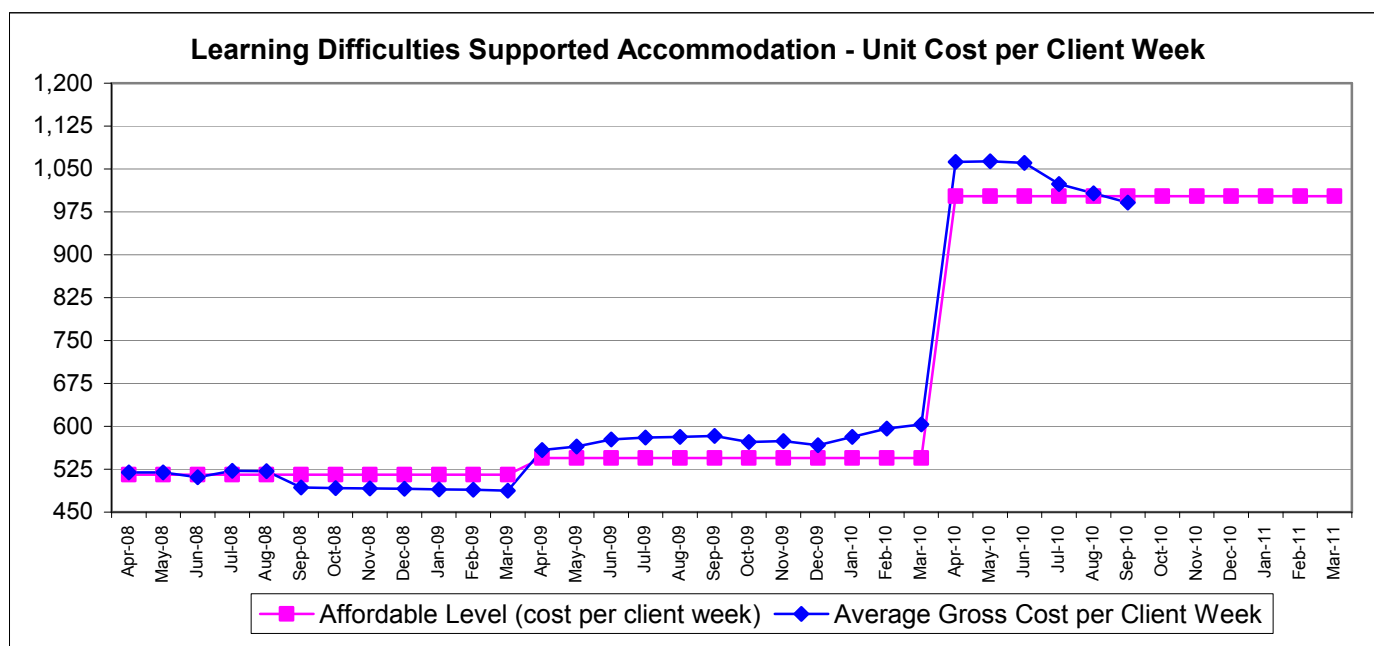
### Comments:

- The affordable level of weeks has been amended to reflect the additional transfer of S256 clients and their funding from Health. It also now includes Ordinary Residence clients. The overall weeks have been increased to reflect the latest average hours per week for client in receipt of supported living. This service is counted in hours rather than weeks and the process for converting to weeks for this report uses the latest average hours per week. This has reduced slightly from Quarter 1 resulting in both an increased level of affordable activity as well as an increased forecast.
- Actual weeks of care have been updated for previous months to reflect late data entry and provides a more accurate trend.
- The above graph reflects the number of client weeks of service provided. The actual number of clients in LD supported accommodation at the end of 2008-09 was 233, at the end of 2009-10 it was 309 and at the end of September 2010 was 478. This increase is almost solely due to S256 clients.
- The current forecast is 25,626 weeks of care against an affordable level of 24,851, a difference of +775 weeks which relates entirely to non-S256 clients. Using the forecast unit cost of £991.20 this increased activity creates a pressure of £768k as highlighted in section 1.1.3.3.d.
- To the end of September 11,911 weeks of care have been delivered against an affordable level of 11,748, a difference of +163 weeks. The year to date looks low compared to forecast as there are approximately 1,100 weeks included within the forecast relating to Ordinary Residence clients who have yet to show within the year to date activity. The forecast assumes that we take responsibility for the majority of these clients from April but they will only appear in actual activity once responsibility is confirmed.

- Like residential care for people with a learning disability, every case is unique and varies in cost, depending on the individual circumstances. Although the quality of life will be better for these people, it is not always significantly cheaper. The focus to enable as many people as possible to move from residential care into supported accommodation means that increasingly complex and unique cases will be successfully supported to live independently.

## 2.5.2 Average gross cost per client week of Learning Difficulties supported accommodation compared with affordable level (non preserved rights clients):

	2008-09		2009-10		2010-11	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	515.41	519.60	544.31	558.65	1,002.32	1,062.38
May	515.41	519.40	544.31	564.49	1,002.32	1,063.22
June	515.41	511.10	544.31	577.33	1,002.32	1,060.59
July	515.41	522.30	544.31	580.27	1,002.32	1,023.90
August	515.41	521.40	544.31	581.76	1,002.32	1,007.58
September	515.41	493.33	544.31	583.26	1,002.32	991.20
October	515.41	491.85	544.31	572.59	1,002.32	
November	515.41	491.47	544.31	574.24	1,002.32	
December	515.41	490.83	544.31	566.87	1,002.32	
January	515.41	489.75	544.31	581.53	1,002.32	
February	515.41	488.90	544.31	595.89	1,002.32	
March	515.41	487.60	544.31	603.08	1,002.32	



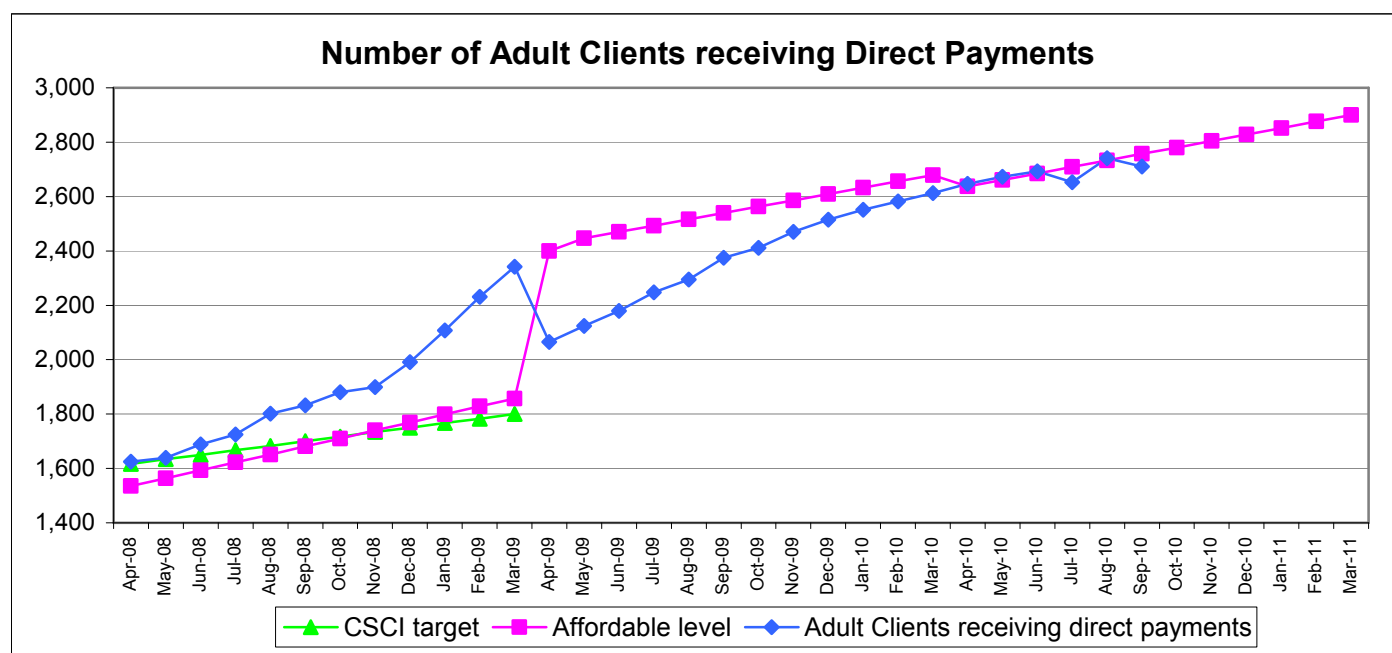
### Comments:

- The affordable unit cost has been amended, both to reflect the inclusion of new S256 clients and their funding, transferred from Health, but also to include Ordinary Residence clients. The affordable unit cost has reduced to reflect an increase in affordable weeks as a result of using a lower average hours per week to convert supported living activity, which is provided in hours, in to weeks.
- The forecast unit cost of £991.20 is lower than the affordable cost of £1,002.32. This difference of -£11.12 creates a saving of £276k when multiplied by the affordable weeks, as highlighted in section 1.1.3.3.d. As referred to in section 1.1.3.3.d, there are three distinct groups of clients: Section 256 clients, Ordinary Residence clients and other clients. Each group has a very different unit cost which are combined to provide an average unit cost for the purposes of this report.

- The forecast unit cost has also reduced from July to reflect the inclusion of Ordinary Residence clients as well as the impact of a lower average hours per client per week for supported living which is used to convert supported living hours to weeks in this report.
- The costs associated with these placements will vary depending on the complexity of each case and the type of support required in each placement. This varies enormously between a domiciliary type support to life skills and daily living support.

## 2.6 Direct Payments – Number of Adult Social Services Clients receiving Direct Payments:

	2008-09			2009-10		2010-11	
	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments	Affordable Level	Adult Clients receiving Direct Payments	Affordable Level	Adult Clients receiving Direct Payments
April	1,617	1,535	1,625	2,400	2,065	2,637	2,647
May	1,634	1,564	1,639	2,447	2,124	2,661	2,673
June	1,650	1,593	1,689	2,470	2,179	2,685	2,693
July	1,667	1,622	1,725	2,493	2,248	2,709	2,653
August	1,683	1,651	1,802	2,516	2,295	2,733	2,741
September	1,700	1,681	1,832	2,540	2,375	2,757	2,710
October	1,717	1,710	1,880	2,563	2,411	2,780	
November	1,734	1,740	1,899	2,586	2,470	2,804	
December	1,750	1,769	1,991	2,609	2,515	2,828	
January	1,767	1,799	2,108	2,633	2,552	2,852	
February	1,783	1,828	2,231	2,656	2,582	2,876	
March	1,800	1,857	2,342	2,679	2,613	2,900	



### Comments:

- The activity being reported is as per the Department of Health definition for counting Direct Payments, which includes anyone who has received a Direct Payment during the preceding 12 months, but includes only those that are 'on-going'. i.e. in April the figures include clients who have received an on-going Direct Payment between 1<sup>st</sup> May 2009 and 30<sup>th</sup> April 2010, and the June figures includes clients who have received an on-going Direct Payment between 1<sup>st</sup> July 2009 and 30<sup>th</sup> June 2010. This compares with what was reported last year.

### 3. SOCIAL CARE DEBT MONITORING

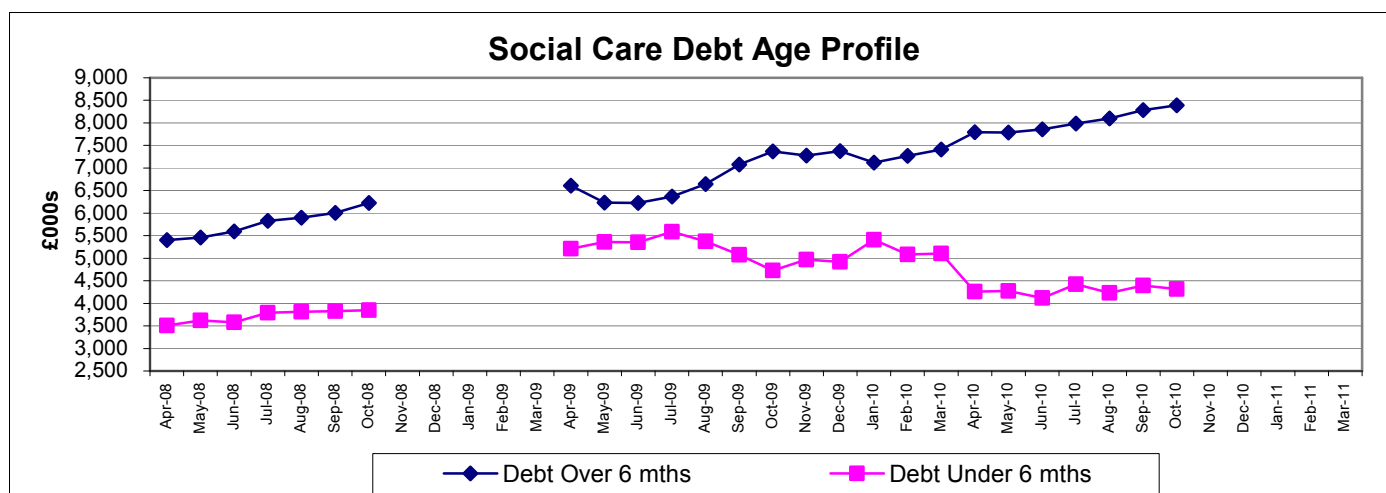
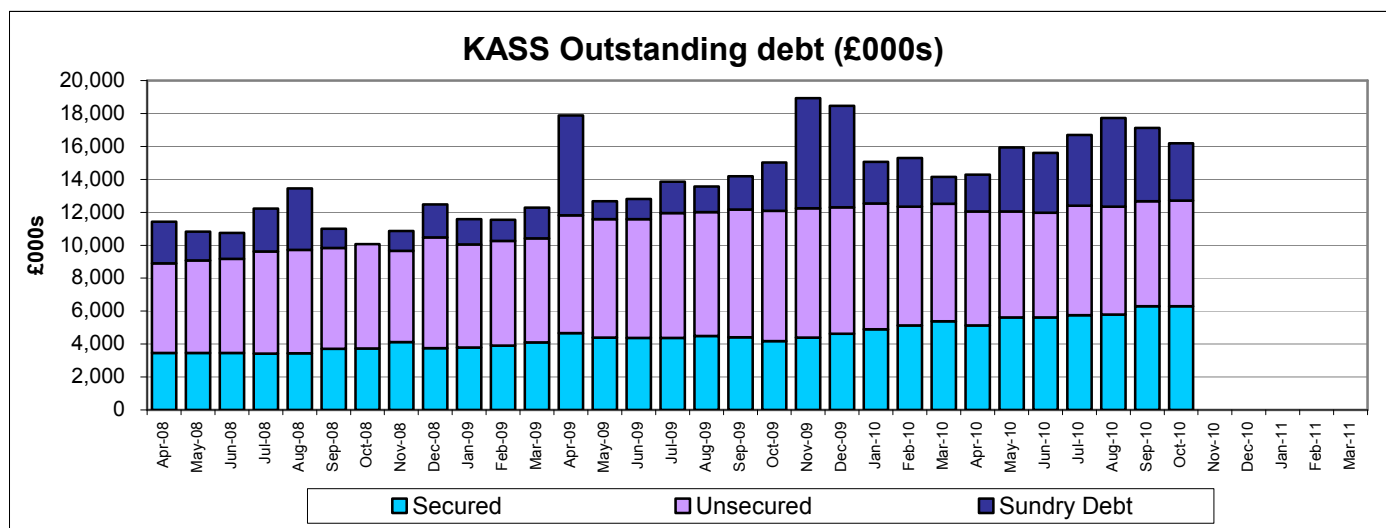
The outstanding due debt as at the October 2010 was £16.200m compared with July's figure of £16.689m (reported to Cabinet in September) excluding any amounts not yet due for payment (as they are still within the 28 day payment term allowed). Within this figure is £3.489m of sundry debt compared to £4.285m at the end of July. The amount of sundry debt can fluctuate for large invoices to health. Also within the outstanding debt is £12.711m relating to Social Care (client) debt which is an increase of £0.307m from the last reported position to Cabinet in September (July position). The following table shows how this breaks down in terms of age and also whether it is secured (i.e. by a legal charge on the client's property) or unsecured, together with how this month compares with previous months. For most months the debt figures refer to when the four weekly invoice billing run interfaces with Oracle (the accounting system) rather than the calendar month, as this provides a more meaningful position for Social Care Client Debt. This therefore means that there are 13 billing invoice runs during the year. It also means that as the Directorate moved onto the new Client Billing system in October 2008, the balance will differ from that reported by Corporate Exchequer who report on a calendar month basis, apart from the period November 2008 to March 2009, when the figures are based on calendar months, as provided by Corporate Exchequer, because reports at that time were not aligned with the four weekly billing runs. From April 2009 the debt figures revert back to being on a four weekly basis to coincide with invoice billing runs. The age of debt cannot be completed for the months between November 2008 and March 2009 as the switch to Client Billing meant that all debts transferring on to the new system became "new" for purposes of reporting therefore it was not possible to show ageing until April.

Now that the full client debt monitoring and recovery function has been fully integrated into KASS, we have been able to develop bespoke reports that accurately reflect the ageing of Social Care debt. This has therefore meant that since April there has been some slight changes to how debt is categorised between that which is over six months and that which is under six months and this has resulted in slightly more debt being classed as over six months.

Debt Month	Total Due Debt (Social Care & Sundry Debt) £000s	Sundry Debt £000s	Social Care Debt				
			Total Social Care Due Debt £000s	Debt Over 6 mths £000s	Debt Under 6 mths £000s	Secured £000s	Unsecured £000s
Apr-08	11,436	2,531	8,905	5,399	3,506	3,468	5,437
May-08	10,833	1,755	9,078	5,457	3,621	3,452	5,626
Jun-08	10,757	1,586	9,171	5,593	3,578	3,464	5,707
Jul-08	12,219	2,599	9,620	5,827	3,793	3,425	6,195
Aug-08	13,445	3,732	9,713	5,902	3,811	3,449	6,264
Sep-08	11,004	1,174	9,830	6,006	3,824	3,716	6,114
Oct-08	*	*	10,071	6,223	3,848	3,737	6,334
Nov-08	10,857	1,206	9,651			4,111	5,540
Dec-08	12,486	2,004	10,482			3,742	6,740
Jan-09	11,575	1,517	10,058			3,792	6,266
Feb-09	11,542	1,283	10,259			3,914	6,345
Mar-09	12,276	1,850	10,426			4,100	6,326
Apr-09	17,874	6,056	11,818	6,609	5,209	4,657	7,161
May-09	12,671	1,078	11,593	6,232	5,361	4,387	7,206
Jun-09	12,799	1,221	11,578	6,226	5,352	4,369	7,209
Jul-09	13,862	1,909	11,953	6,367	5,586	4,366	7,587
Aug-09	13,559	1,545	12,014	6,643	5,371	4,481	7,533
Sep-09	14,182	2,024	12,158	7,080	5,078	4,420	7,738
Oct-09	15,017	2,922	12,095	7,367	4,728	4,185	7,910
Nov-09	18,927	6,682	12,245	7,273	4,972	4,386	7,859
Dec-09	18,470	6,175	12,295	7,373	4,922	4,618	7,677
Jan-10	15,054	2,521	12,533	7,121	5,412	4,906	7,627
Feb-10	15,305	2,956	12,349	7,266	5,083	5,128	7,221
Mar-10	14,157	1,643	12,514	7,411	5,103	5,387	7,127

Debt Month	Total Due Debt (Social Care & Sundry Debt) £000s	Sundry Debt £000s	Social Care Debt				
			Total Social Care Due Debt £000s	Debt Over 6 mths £000s	Debt Under 6 mths £000s	Secured £000s	Unsecured £000s
Apr-10	14,294	2,243	12,051	7,794	4,257	5,132	6,919
May-10	15,930	3,873	12,057	7,784	4,273	5,619	6,438
Jun-10	15,600	3,621	11,979	7,858	4,121	5,611	6,368
Jul-10	16,689	4,285	12,404	7,982	4,422	5,752	6,652
Aug-10	17,734	5,400	12,334	8,101	4,233	5,785	6,549
Sep-10	17,128	4,450	12,678	8,284	4,394	6,289	6,389
Oct-10	16,200	3,489	12,711	8,392	4,319	6,290	6,421
Nov-10							
Dec-10							
Jan-11							
Feb-11							
Mar-11							

\* In October 2008, KASS Social Care debt transferred from the COLLECT system to Oracle. The new reports were not available at this point, hence there is no data available for this period. The October Social Care debt figures relate to the last four weekly billing run in the old COLLECT system.



- The age of debt cannot be completed for the months between November 2008 and March 2009 as the switch to Client Billing meant that all debts transferring on to the new system became "new" for purposes of reporting therefore it was not possible to show ageing until April (i.e. once these debts became 6 months old in the new system).

**Reconciliation of Gross and Income Cash Limits in Table 1c to the Budget Book**

Portfolio	CASH LIMIT			
	Gross	Income	Net	
	£k	£k	£k	
KASS	467,134	-122,545	344,589	
<b>Subsequent changes:</b>				
				<b>Changes to grant/income allocations:</b>
KASS	4,350	-4,350	0	OP Other Services - PFI credits and unitary charge for Better Homes Active Lives
KASS	913	-913	0	LD Supported Accommodation - PFI credits and unitary charge for Better Homes Active Lives
KASS	2,000	-2,000	0	LD Supported Accommodation - funding from Health for additional S256 clients
KASS	1,000	-1,000	0	LD Residential - funding from Health for additional S256 clients
KASS	107	-107	0	MH Supported Accommodation - PFI credits and unitary charge for Better Homes Active Lives
KASS	-28	28	0	OP Other Services - realignment of Integrated Community Equipment Stores Health funding
KASS	-335	335	0	LD Other Services - realignment of Kent Supported Employment funding from DWP
KASS	-211	211	0	PD Other Services - realignment of Integrated Community Equipment Stores Health funding
KASS	35	-35	0	All Adults Assessment & Related - charges for client accounts administered by client financial affairs officers
KASS	16	-16	0	All Adults Assessment & Related - increased recharge to CFE for Area Benefits staffing
KASS	43	-43	0	Strategic Business Support - additional rebate from Royal Bank of Scotland reflecting increased value of payments through TDM
				<b>Technical Adjustments:</b>
KASS	434	-434	0	LD Domiciliary - realignment of Supporting People recharges
KASS	-27	27	0	Strategic Management - inter-directorate charge no longer required
Revised Budget	8,297	-8,297	0	

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Aged Analysis of Unsecured Due Debt - comparison from September report to November report

Appendix 2

	Under 6 months			Over 6 months			Over 1 year			Total		
	Nov £000	Jan £000	Change £000	Nov £000	Jan £000	Change £000	Nov £000	Jan £000	Change £000	Nov £000	Jan £000	Change £000
Unsecured – ongoing client debt	2,979	3,226	247	1,005	1,021	16	1,480	1,623	143	5,464	5,870	406
Unsecured deceased/ terminated Client debt	163	134	-29	268	222	-46	492	515	23	923	871	-52
Total unsecured client debt	3,142	3,360	218	1,273	1,243	-30	1,972	2,138	166	6,387	6,742	355

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**Analysis of Ongoing Debt (including Not Yet Due)**

Value of debt	Last Month (Nov ASSPOSC)			This Month (Jan ASSPOSC)			Change		
	No. of Debtors	Total of Debt (£000)	Average debt (£)	No. of Debtors	Total of Debt (£000)	Average debt (£)	No. of Debtors	Total of Debt (£000)	Average debt (£)
<b>Above £25,000.01</b>	20	804	40,200	25	1,034	41,360	5	230	1,160
<b>£10,000.01 - £25,000.00</b>	93	1,366	14,688	95	1,418	14,926	2	52	238
<b>£5000.01 - £10,000.00</b>	183	1,273	6,956	199	1,390	6,985	16	117	29
<b>£1,000.01 - £5,000.00</b>	1,110	2,423	2,183	1,120	2,510	2,241	10	87	58
<b>£1000.00 and below</b>	2,170	722	333	2,095	656	313	-75	-66	-20
<b>Totals</b>	3,576	6,588	1,842	3,534	7,008	1,983	-42	420	1,465

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

To: Adult Social Services Policy Overview Scrutiny Committee –  
 12 January 2011

Subject: **RISK MANAGEMENT – REVISED DIRECTORATE RISK REGISTER**

Classification: Unrestricted

Summary: This report presents the revised Risk Register for Kent Adult Social Services for 2010-2011

**Introduction**

1. The Kent Adult Social Services Risk Register was formally presented for the first time to the Committee in April 2007. At the meeting it was agreed that the Directorate would present the register on an annual basis. The register is included in the Annual Operating Plans and supports the Annual Governance Statement, which each Managing Director has to make at the end of each financial year.

**Format of the Risk Register**

2. All the Directorates Risk Registers have been standardised and inform the Corporate Risk Register. In addition, all risks have been rated using the same scoring methodology. Copied below is an extract from the Guidance which outlines this scoring methodology

**Scoring Methodology**

3. “A 5x5 matrix is to be used in order to provide an immediate appreciation of the scale of a risk. Using a 5x5 matrix allows for a more accurate assessment of key business risks, particularly around the medium to high end of the scale, thereby enabling you to better prioritise your action plans.

Information to help rank risks can be found in the Business Risk Management Toolkit.

<b>↑</b> Likelihood	Very likely	5						
	Likely	4						
	Possible	3						
	Unlikely	2						
	Very Unlikely	1						
<b>RISK MATRIX RATING</b>		1	2	3	4	5		
		Minor	Moderate	Significant	Serious	Major		
		<b>Impact</b> →						

Risks should be scored for impact and likelihood to provide an overall ranking of 'high', 'medium' or 'low'. All scores should be entered onto the risk register."

### **Monitoring of Risk**

4. The risk management system is a formal process, which is linked to the budget monitoring/build process, activity and performance and is pro-actively managed throughout the year and led by the Senior Management Team. This process is supported throughout the County through Area Management teams. The Directorate Risk Management Group has a strategic role in identifying future potential risk, reviewing the risk register, and analysing the controls that are in place to meet the risks. The risk register has been reviewed and updated in light of the modernisation agenda KASS has been implementing. A new Developing Good Practice Group is now in place to ensure that as we continue to transform social care services across Kent we can quickly issue guidance and policy in response to new ways of working and ensure lessons learnt are shared across the County.

### **Next steps**

5. Following this meeting and the input from members the register will be again reviewed by the Directorate Risk Management Team. The register will be refreshed in Spring 2011.

### **Recommendation**

6. Members are asked to NOTE and COMMENT on the contents of the report and Draft Revised Risk Register attached as Appendix 1.

Nick Sherlock  
Head of Planning and Public Involvement  
01622 696175  
[nick.sherlock@kent.gov.uk](mailto:nick.sherlock@kent.gov.uk)

Karen Cook  
Planning Manager  
01622 696061  
[katherine.stephens@kent.gov.uk](mailto:katherine.stephens@kent.gov.uk)

*Background documents:* None

**Kent Adult Social Services Directorate**  
**DRAFT RISK REGISTER 2010-11**  
**DATE: September 2010**

I= impact L=likelihood of the event occurring. Inherent rating is a measure of the risk before any controls are applied. Residual is the risk of the event happening after the controls are applied.

	Source	Event	Planned Outcome	Account able manager	Existing controls	New tasks / action plans	Date	Inherent rating	Residual risk
1	<p><i>Economic/citizen/social</i></p> <p><b>Financial risks:</b>  Recession and public sector funding review    (see also Risk 3)</p>	<ul style="list-style-type: none"> <li>Public sector finance and efficiencies for next 4 years</li> <li>Shortfall in funding leads to reduction in services.</li> <li>Impact of reduction or loss of grants on services</li> <li>Longer-term issue of more self funders needing support as a result of depleted funds (e.g. house sales at depressed prices, or failed investments).</li> <li>Partner organisations also experiencing similar funding challenges putting joint working at risk.</li> <li>Learning disability transfer from Health to KASS with uncertainty about amount of</li> </ul>	Financial control, delivery of Medium term Plan	SMT	<ul style="list-style-type: none"> <li>Robust financial and activity monitoring regularly reported to SMT</li> <li>MTP and Business plans in place</li> <li>Robust Debt Monitoring</li> <li>Good links with Health and others in place to maintain partnerships and explore joint service delivery</li> <li>Strategic Review and Modernisation of Learning Disability Services</li> <li>SDS and Modernisation programme ensuring best use of available resources</li> <li>Annual review of eligibility criteria by Members</li> <li>Joint project group with NHS to plan for re- provision of</li> </ul>	<ul style="list-style-type: none"> <li>Continued drive to deliver efficient and effective services through modernisation agenda. Phase 3 of social care transformation</li> <li>KCC wide review and reorganization to deliver efficiencies to support front line services</li> <li>Continue to work innovatively with Health to deliver social care to most vulnerable as health budgets are protected</li> <li>Pay Freeze</li> <li>More efficient use of technology</li> </ul>	ongoing	<p>I = 5  L = 5  R = 25</p>	<p>I = 4  L = 5  Score = 20  <b>HIGH</b></p>

	Source	Event	Planned Outcome	Account able manager	Existing controls	New tasks / action plans	Date	Inherent rating	Residual risk
		continuing funding <ul style="list-style-type: none"> <li>Financial pressures in current year</li> <li>Potential budget pressure on the directorate as a result of impending changes to individual's benefits</li> </ul>			people currently in NHS residential units.				
2	<i>Financial/Citizen /Social</i>  <b>White Paper Liberating the NHS</b>  <b>New Risk</b>	<ul style="list-style-type: none"> <li>Far reaching implications for the future delivery and provision of social care and health</li> <li>Abolition of PCT's, emergence of GP Consortia and the transfer of functions to Local Authorities will require funding and breaks down the cohesion of locality boundaries with PCT's</li> </ul>	KASS influences the future proposals	SMT	<ul style="list-style-type: none"> <li>Existing partnership working with health which is leading to shared improvements</li> <li>CQC are the shared regulator with NHS</li> <li>Effective joint initiatives in place with Health</li> <li>Kent Health Watch</li> <li>SMT Health</li> <li>JSNA to support GP commissioning</li> <li>Close working at leadership level seeking to build a shared transformation plan</li> </ul>	<ul style="list-style-type: none"> <li>Consultation on proposals is underway</li> <li>Katherine Kerswell, Group Managing Director will manage the KCC response</li> <li>Engagement of Members through Cabinet, Overview Committees, Local Boards.</li> <li>Lobbying of Government</li> </ul>	October 2010 (end of consultation)	I=5 L=5	I=4 L=5 Score = 20 <b>HIGH</b>
3	Social /financial  <b>Increasing demand in services</b>	<ul style="list-style-type: none"> <li>Demand outstrips available resources</li> <li>Increased demand due to : -demographic changes in population i.e. more</li> </ul>	Through modernisation we are able to offer efficient, effective and value for money services to	SMT	<ul style="list-style-type: none"> <li>Robust reporting to SMT</li> <li>Business plans</li> <li>More sophisticated tools – JSNA, MOSAIC etc to</li> </ul>	<ul style="list-style-type: none"> <li>Continue to explore streamlining of processes- FaCE, FAME, single</li> </ul>	Ongoing	I = 5 L = 5 R = 25	I = 4 L = 5 Score = 20 <b>HIGH</b>

	Source	Event	Planned Outcome	Accountable manager	Existing controls	New tasks / action plans	Date	Inherent rating	Residual risk
	(see risk1)	<p>people living longer , more people with dementia and an increase in Learning Disability clients</p> <p>-recession causing stress, family breakdown etc</p> <ul style="list-style-type: none"> <li>more reliance on informal carers leads to strain on families and individuals</li> </ul>	<p>vulnerable adults who need support.</p> <p>Public expectation is managed against a context of budget cuts</p>		<p>support longer term planning.</p> <ul style="list-style-type: none"> <li>Joint planning and commissioning with partners</li> <li>Contracting and Procurement Controls</li> <li>Modernisation agenda</li> <li>Early intervention and Preventative services aimed at reducing demand-enablement, fast track minor equipment.</li> <li>Strategic Review and Modernisation of older people services</li> <li>Eligibility criteria reviewed annually by Members</li> </ul>	<p>assessments and self assessment</p> <ul style="list-style-type: none"> <li>Total place project</li> <li>Core monitoring now in place for Members</li> </ul>			
4	<p><i>Representation/ Professional/Social/ Political</i></p> <p><b>Older Persons Strategy</b></p> <p>( First stage: During consultation period)</p>	<p>Effect of uncertainty on vulnerable people currently using those services</p> <p>Lack of strategic plan to balance OP services in the future- making sure there are modern, efficient services which offer choice.</p>	<p>Full consultation has taken place with views taken into account</p> <p>Individuals are reassured and supported during a time of uncertainty.</p>	SMT	<ul style="list-style-type: none"> <li>Project Team to manage the review and subsequent action</li> <li>Full engagement of SMT and members</li> <li>Risk log</li> <li>Consultation period</li> <li>Public meetings</li> <li>Communication and information available to the</li> </ul>	<ul style="list-style-type: none"> <li>Risk Log</li> <li>Decision to be made by members in January following consultation</li> </ul>	On going consultation ends 1 November 2010	I = 5 L= 5 R = 25	I =4 L= 5 R= 20 <b>HIGH</b>

	Source	Event	Planned Outcome	Accountable manager	Existing controls	New tasks / action plans	Date	Inherent rating	Residual risk
		<p>Public dissatisfaction and increase in complaints</p> <p>Impact of changes on staff morale</p> <p>Capacity to deliver project and re provide services</p>	<p>Planning has started in case proposals are accepted to ensure reprovision</p>		<p>public and staff</p> <ul style="list-style-type: none"> <li>One to one meetings with individuals affected</li> </ul>				
5	<p>Citizen/Social/Economic</p> <p><b>Ordinary Residence</b></p> <p>Disproportionate numbers of people in need across the age ranges are being placed by other Local Authorities or have moved into Kent from other parts of the country</p>	<p>Financial impact of recent 'ordinary residence' judgements by Secretary of State, making KCC responsible for the cost of supporting individuals who came from outside Kent. Personal choice and control is at the heart of current Government policy.</p> <p>Moderate eligibility criteria attracts care seekers from elsewhere</p>	<p>Kent can continue to support individuals who want to live independently.</p> <p>Nationally agreed protocol between Local Authorities is put in place to address fairly the issues of funding in these circumstances.</p>	SMT	<ul style="list-style-type: none"> <li>Continuing representation to Government.</li> <li>Robust guidance in place for staff</li> <li>Partnerships with other agencies to plan and determine future demand</li> <li>Continued negotiation with other Local Authorities through such avenues as LGA &amp; ADASS</li> <li>Influence national position through ADASS / LGA</li> <li>KASS Managing Director is the national lead for the ADASS response to Ordinary residence</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	Ongoing	<p>I = 5 L = 5 R = 25</p>	<p>I = 5 L = 4 Score = 20 <b>HIGH</b></p>

	Source	Event	Planned Outcome	Account able manager	Existing controls	New tasks / action plans	Date	Inherent rating	Residual risk
					<ul style="list-style-type: none"> <li>• New policy and case law</li> <li>• Discussions with CQC &amp; DH</li> <li>• Commission published guidance</li> </ul>				
6	Human resources  <b>Workforce</b>	<p>Reduction in quality of services due to:</p> <ul style="list-style-type: none"> <li>• Period of uncertainty due to spending review and Bold Steps reorganization of staff</li> <li>• Attracting young people into KASS and volatility around organisational restructure impacts on succession planning</li> <li>• Management of vacancies</li> <li>• Management of sickness absence and workloads as vacancies are not filled</li> <li>• Office changes across Kent</li> <li>• Staff morale adversely impacted morale deteriorates and lose good will of staff</li> </ul>	Workforce planning in place to ensure that we have motivated workforce equipped with the right skills and experience to flexibly meet challenge of delivering Active Lives.	SMT	<ul style="list-style-type: none"> <li>• Robust line management processes. Robust area and locality management.</li> <li>• Full programme of training and support available to staff relating to reorganisation and modernisation.</li> <li>• Management standards and risk assessments to look at staff capacity and sickness absence</li> <li>• Managing pay and performance</li> <li>• Regular meetings between SMT and Union</li> <li>• Roles and relationships for staff</li> <li>• Oliver's Blog</li> <li>• Close work with ALRT, policy team-cost effective ways to deliver training</li> </ul>	<ul style="list-style-type: none"> <li>• Social Care Workforce strategy group now in place chaired by Managing Director</li> <li>• Talent Management strategy.</li> <li>• New system of pay and performance</li> <li>•</li> </ul>	ongoing	I = 5 L = 5 R = 25	I = 5 L = 4? Score = 20 <b>HIGH</b>

	Source	Event	Planned Outcome	Account able manager	Existing controls	New tasks / action plans	Date	Inherent rating	Residual risk
		<ul style="list-style-type: none"> <li>Ability to provide staff with the skills to adapt to changing work patterns to cope with changing business needs and increase efficiency</li> </ul>			<ul style="list-style-type: none"> <li>Flexible working – FAME and FACE</li> </ul>				
7	<p>Political/social /citizen</p> <p><b>Market place</b></p> <p>KASS commissions about 85% of services from outside the Directorate. Many of them from the Private and Voluntary Sector. Although this offers efficiencies and value for money it does mean the Directorate needs the market to be buoyant to achieve best value and to give service users real choice and</p>	<p>Lack of capacity impacts on choice to support SDS</p> <p>Impact on P&amp;V sector if we are contracting a range of different services in the community through personal budgets creates a level of uncertainty for the P&amp;V sector</p> <p>Reduction in Block Contracts changes ability to exert and influence on the market.</p>	Supporting the development of a range of services- the “Market place”- so that there is variety and flexibility so that individuals can choose their own support	SMT	<ul style="list-style-type: none"> <li>A strong Contracting / Procurement Arm which ensures KCC gets value for money – whilst maintaining productive relationships with providers.</li> <li>Regular market mapping and price increase pressure tracking.</li> <li>Drive to help providers reduce direct costs via access to Commercial Services purchases and other initiatives.</li> <li>Procurement and Contracting Controls.</li> <li>Strong Commissioning Strategies in partnership with key agencies (Health)</li> </ul>	<ul style="list-style-type: none"> <li>Positive Risk Management Policy</li> <li>Reviewing relationships with Voluntary organisations</li> <li>Brokerage Pilot</li> <li>Working with the Market to prepare for the increase in personalisation</li> <li>Ensuring market is able to offer Choice in the new market conditions opened up by personalisation</li> <li>Social Care Workforce Strategy</li> </ul>	ongoing	I = 5 L = 5 R = 25	I = 5 L = 4 Score = 20 <b>HIGH</b>

	Source	Event	Planned Outcome	Account able manager	Existing controls	New tasks / action plans	Date	Inherent rating	Residual risk
	control				<ul style="list-style-type: none"> <li>Regular meetings with Kent and Medway Care Alliance (KMCA) and trade associations</li> <li>Countywide provider forums</li> </ul>				
8	Technological <b>Information Technology</b>	<ul style="list-style-type: none"> <li>Risk of different levels of release of associated corporate systems i.e. Java, Internet Explorer 7 and effect on KASS client systems</li> <li>The effect of the personalisation agenda-electronic records may be our only way of contacting somebody who manages their own support or ensuring that they are meeting their needs</li> <li>network failure and incorrect or untimely data collection affecting performance.</li> <li>Client Billing – fragile system</li> </ul>	Robust system with high reliance on quality of data. Capacity for further development to meet future needs and ability to effectively review clients who manage their own support.	SMT	<ul style="list-style-type: none"> <li>SMT monitoring closely and have taken on the role of programme board.</li> <li>Major implementation programme. Involving front line staff / managers</li> <li>Steering Group.</li> <li>Experienced SWIFT support team.</li> <li>Working closely with other SWIFT user Councils – e.g. Hampshire, Essex.</li> <li>ICT Boards – evaluation and learning</li> <li>Continued development of Swift product</li> </ul>	<ul style="list-style-type: none"> <li>Encryption for individuals</li> <li>Work on going with software provider</li> <li>Information sharing protocols for sharing outside of KASS</li> <li>Meetings with staff to determine reporting requirements</li> <li>Emergency report on SWIFT which can identify those who we support in the local area, in case of an emergency.</li> <li>Development of business continuity plan</li> </ul>		I = 5 L = 4 Score = 20 <b>HIGH</b>	I = 5 L = 3 Score = 15 <b>HIGH</b>

	Source	Event	Planned Outcome	Account able manager	Existing controls	New tasks / action plans	Date	Inherent rating	Residual risk
		continuity plan				<ul style="list-style-type: none"> <li>Development of citizen facing portal</li> </ul>			
9	Citizen/Political/ Technological  <b>Information Governance</b> Impact of personalisation and closer joint working	<ul style="list-style-type: none"> <li>Partnership working means that client information may be shared with other organisations which may have an implication on information sharing protocols</li> <li>Those managing their own care will want to share information with third parties</li> <li>Risk of staff using unsecured networks as they work more flexibly via A2K,</li> <li>Loss of confidential data through lost or stolen equipment</li> </ul>	Information can be shared securely and staff can work flexibly without compromising data. Systems are robust and flexible to support personalisation agenda.	SMT	<ul style="list-style-type: none"> <li>New electronic usage policy shared with all staff</li> <li>Information sharing protocols</li> <li>Encryption</li> </ul>	<ul style="list-style-type: none"> <li>Countywide engagement through resource managers group and group managing director</li> <li>Agreed updated mult agency information sharing protocol review</li> </ul>	On going	I = 5 L = 4 R = 20 <b>HIGH</b>	I = 4 L = 4 R = 16 <b>HIGH</b>
10	Citizen/ Social/Financial/ Professional  <b>Personalisation:</b> Implementation of personal	<p>Personalisation necessitates more risk taking as more control &amp; choice is passed to the individual</p> <p>Risk of misuse of public funds, money not being spent on services and</p>	National and local policy objective met: Individuals have real choice and control over their services and enjoy better	SMT	<ul style="list-style-type: none"> <li>Regular financial monitoring in place</li> <li>Audit reports-irregular happenings</li> <li>Regular reviews with service users</li> <li>Self Directed Support project and action plan in place</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of Positive Risk Policy</li> <li>Continued focus on Safeguarding arrangements</li> <li>Staff training and awareness</li> <li>Strengthen links</li> </ul>	ongoing	I = 5 L = 5 R = 25 <b>HIGH</b>	I = 4 L = 4 Score = 16 <b>HIGH</b>

	Source	Event	Planned Outcome	Accountable manager	Existing controls	New tasks / action plans	Date	Inherent rating	Residual risk
	budgets and self directed support. Control is transferred to the individual who decides what form their support will take, when it will take place and who will provide that support.	vulnerable service users not receiving support  Raising expectations during a time of financial hardship, could be more than we can afford.	personal outcomes.  KCC is able to protect public funds and service users and ensure vulnerable users are not open to financial abuse		<ul style="list-style-type: none"> <li>• Safeguarding Board</li> <li>• Extensive training to staff</li> <li>• PDRB ensures lessons are learned and good practice agreed and disseminated</li> <li>• Positive Risk Management Policy in place</li> <li>• Member and senior management support for personalisation</li> <li>• Budget management and monitoring</li> </ul>	with audit <ul style="list-style-type: none"> <li>• Regular monitoring to SMT highlighting this issue</li> <li>• Improved financial risk matrix for practitioners</li> <li>• Reshaping of Complaints procedures to enable a statutory complaint to be made if using a personalised budget. This is shortly to come into place following lobbying from KCC and other Local Authorities</li> <li>• Think family agenda making the links to children</li> <li>• Good practice financial guidelines in place</li> </ul>			
11	Professional/Social  <b>Safeguarding-</b>	<ul style="list-style-type: none"> <li>• Potential for vulnerable adults to be at risk of harm</li> </ul>	Vulnerable adults have a level of protection without stifling	SMT	<ul style="list-style-type: none"> <li>• Safeguarding Board-</li> <li>• Multi-Agency Public Protection</li> </ul>	<ul style="list-style-type: none"> <li>• Safeguarding Subgroup</li> <li>• Revising SWIFT reporting on</li> </ul>		I = 5 L = 4 Score =	I = 4 L = 4 Score = 16

	Source	Event	Planned Outcome	Account able manager	Existing controls	New tasks / action plans	Date	Inherent rating	Residual risk
	<b>protecting vulnerable adults</b>	<ul style="list-style-type: none"> <li>Managing Director fails in his statutory responsibility to promote welfare of all adults, including safeguarding them and keeping them from harm.</li> </ul>	independence.		Arrangements <ul style="list-style-type: none"> <li>Advocacy</li> <li>Complaints process /Kent Health Watch</li> <li>Mental Capacity Act Arrangements</li> <li>Positive Risk Management Policy</li> <li>Implementing of safeguarding stream for independence in place</li> <li>Extensive staff training</li> <li>CQC</li> <li>Safeguarding focused Area management Team meetings to raise and address issues</li> </ul>	safeguarding <ul style="list-style-type: none"> <li>Work will be taking place around the distinction between safeguarding and quality</li> <li>Good practice group</li> <li>Discussion around financial abuse through SMT and the Board</li> <li>Work towards developing a Quality in Care Framework</li> </ul>		20 <b>HIGH</b>	<b>HIGH</b>
12	Professional/citizen  <b>Emergency and continuity planning</b>	Impact of emergency on service users and KASS' ability to maintain services following a serious event.	Systems in place to offset event and / or mitigate impacts of an emergency and maintain core business. KASS able to support corporate colleagues in response to an emergency.	SMT	<ul style="list-style-type: none"> <li>Continuity Plans for all units.</li> <li>Good partnership working arrangements at all levels.</li> <li>Crisis / Emergency training.</li> <li>Dedicated Emergency Planning officer with regular report to SMT</li> <li>Business Continuity</li> </ul>	<ul style="list-style-type: none"> <li>Continue to share lessons learnt from recent challenges</li> </ul>		I = 5 L = 4 Score = 20 <b>HIGH</b>	I = 4 L = 3 Score = 12 <b>Medium</b>

	Source	Event	Planned Outcome	Accountable manager	Existing controls	New tasks / action plans	Date	Inherent rating	Residual risk
					Group in place <ul style="list-style-type: none"> <li>Updated emergency plan in place</li> </ul>				

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

To: Adult Social Services Policy Overview and Scrutiny Committee –  
12 January 2011

Subject: **CORE MONITORING SEPTEMBER 2010**

Classification: Unrestricted

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Summary: The purpose of this report is to inform ASSPOSC of the key areas of performance and activity across KASS as reported to Cabinet on 29 November 2010

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## **Introduction**

1. (1) The KASS extract of the Core Monitoring report that went to Cabinet on 29 November 2010 is attached (Appendix 1). This is the first opportunity since Cabinet to present this information to members of Adult Social Services Policy Overview and Scrutiny Committee.

(2) The Core Monitoring includes graphs and commentaries on a range of indicators, covering key activity and performance relating to the main services provided by KASS.

(3) The latest report provides information on the activity and performance up to the end of September 2010, including an update at the half year point on key projects and developments from this year's Unit Business Plans.

## **Core Monitoring Process**

2. (1) The Core Monitoring process is corporately driven and considered to be an important step in helping to manage the overall performance of the authority. It is intended to contain the most important information which the Corporate Management Team and Cabinet Members need to be informed of. Each Policy Overview and Scrutiny Committee is expected to receive the section of the report relevant to their remit.

(2) Publication of the Core Monitoring report on the external web site is also an important element of our transparency agenda.

## **General notes on interpreting the data included in this report**

3. (1) A wide selection of indicators for the core areas of activity and performance of KASS is included in this report. Indicator values are shown by graph and data tables,

including Direction of Travel and RAG ratings (see tables below for a key to interpreting these).

(2) Where relevant and available, the indicators are provided with comparative data showing national averages or other suitable benchmark information. It should be noted that annual data provided in this report (ie a full financial year up to and including financial year 2009/10 which ended on March 2010), is generally validated data which is public domain and available in many cases within the remit of national statistics.

(3) However, quarterly data provided in this report and all information subsequent to March 2010 is classed as provisional local management information which in some cases is provided on an estimated basis. This data is likely to be subject to future revisions.

### Key to RAG (Red/Amber/Green) ratings

RAG Ratings		
Green	★	Performance exceeds local targets where set or is significantly better than the most recently published national average/benchmark
Amber	●	Performance not significantly different from most recently published national average or close to but not exceeding local targets
Red	▲	Performance significantly behind local targets where set or significantly worse than the most recently published national average
N/a		Data not available in order to assess performance

### Key to DoT (Direction of Travel) ratings

DoT Ratings		
	↑	Improvement in performance or change in activity levels with a positive impact on budgets and resources
	↓	Fall in performance or change in activity levels with a negative impact on budget and resources
	↔	No change in performance or activity levels

### Recommendation

4. Members are asked to NOTE this report.

Nick Sherlock  
 Head of Planning and Public Involvement  
 01622 696175 (7000 6175)  
[nick.sherlock@kent.gov.uk](mailto:nick.sherlock@kent.gov.uk)

*Background documents:* None

## Adult Social Services: Extract from Core Monitoring Up to End September 2010

### Managing Director's Commentary

We are continuing to put into place our transformation programme for social care in Kent as described in 'Active Lives Now', published in April 2010. We have made good progress in enabling people to take control and have more choice about the services they receive through self directed support. We have maintained our focus on prevention, supporting people to stay in their own homes and remain independent for as long as possible.

This drive for modernisation has meant that the future of Health and Social Care remains high on the national and local agenda. The coalition Government has published the White Paper 'Equity and Excellence: Liberating the NHS'. The paper proposes far reaching changes for health and social care and KCC has responded to the consultation documents following the publication of the White Paper.

The future of KASS' **Older Person's Service Provision** is also under review and we are coming to the end of the formal consultation process. A proposal has been put together to change the way residential care is provided in 11 of the 16 places where KCC runs a home. Since 21 June 2010, 82 consultation meetings with Members, District Councillors, staff, residents, day care service users and relatives have taken place to provide information on the proposals for future provision. One to one meetings with service users affected by the proposals continue.

### **Key Activity:**

1. We have continued the drive towards **personalisation**. The take up of Personal Budgets continues to increase. In the last quarter almost 1,000 people have taken up a Personal Budget and we have put in place a pilot with Health to explore Personal Health Budgets. This will give people more choice and control over how and when they receive support.

2. We continue to develop **prevention and early intervention services supporting people to live independently**. 82% of older people who have been discharged from hospital have been supported to live independently rather than going into residential or nursing care. This is an increase from 77% at December 2009. Other activity in this area includes :

- **mainstreaming of telehealth and telecare**. The evaluation of telehealth has been published, confirming that there were monetary savings through a reduction of unplanned visits to hospital and other take up of Health services. Service users and carers have benefitted from increased peace of mind and more independence.
- a range of **employment opportunities** for people with learning disabilities or mental health problems with the voluntary and community sector, social firms, co-operatives and other enterprises.

- ongoing initiatives to **support carers**, including respite care. The Kent Carers Emergency Card has over 1,520 carers signed up as at October 2010, an increase of 140 since July 2010, and take up continues to be actively encouraged.
- **partnerships to promote healthy lifestyles**. Partners have worked on a range of projects to reduce the health inequalities in Kent including health checks for adults with a learning disability and pathways work for Dementia, Stroke, Carers and Falls prevention. As part of the 'Wellbeing in KCC' initiative, flu vaccinations have been offered to staff.
- **supporting local commissioning**. A review of the Joint Strategic Needs Assessment highlighted a range of activities that had taken place to support reduction in health inequalities. A further review of the Adults JSNA is planned with Health, to ensure that there is an up to date, commissioning tool in place before GP consortias are established. We have also recently produced a need assessment for people with learning disabilities and are finalising one for Carers.

3. Demographic pressures and the NHS transfer continue to impact on **Learning Disability Services**. NHS Transfer and the NHS Re-Provision Programme is part of the Department of Health's programme to transfer NHS Social Care Commissioning to KASS which has meant a transfer of 441 people who received services commissioned and paid for by the NHS. Funding has transferred from the NHS to support these clients.

We have a small number of clients moving into residential care that are not part of the NHS transfer and therefore are our financial responsibility. These individuals have very complex and individual needs which make it difficult for them to remain in the community.

We have a robust plan in place to ensure that we can move people away from residential care to community settings whenever possible supporting people to live how they want, where they want. For example the number of clients living in supported accommodation has grown from 233 in 2008/09 to 408 at the end of June 2010.

4. The Care Quality Commission (CQC) published their Annual Performance Assessment of all adult social services in November 2010. Kent Adult Social Services (KASS) has been judged as 'excellent' in the following three (of seven) outcomes:

- improved quality of life
- making a positive contribution
- economic wellbeing

and judged as 'performing well' in the remaining four outcomes. This represents a significant achievement as performance has been maintained during a time of major change for KASS. The Directorate has been awarded an overall performance rating of 'performing well'

The Minister of State for Care Services Paul Burstow announced on 3 November that the CQC will cease to conduct annual performance assessment of councils in the future.

5. We continue to give the highest priority to **safeguarding** vulnerable adults. A more rigorous sign off process has been developed and has become a formal part of the adult protection process, ensuring that each case is audited by a senior practitioner prior to closure.

This increased professional oversight does lead to delays in closing cases on our electronic reporting system but this is an audit and administrative function of the business only and has no impact on the individual. In fact by adding additional checks and balances the sign off process adds further protection to individuals.

The robustness of our procedures was confirmed by a recent data quality audit undertaken by KCC internal audit that reported a minimal risk within our safeguarding processes.

A full report of our safeguarding activities will be presented to ASSPOSC in November.

6. We have continued to focus on joint working with our partners, including LINKS, service users and carers. Roles and Relationships events took place with service users and carers in July 2010 and more events are planned for the future.

**Major Projects and Developments :**

Mid year monitoring of 130 projects within the KASS business plans is as follows:

Delayed or cancelled	On Course	Done and ongoing
3	67	60
2%	52%	46%

Projects which are delayed or cancelled are as follows:

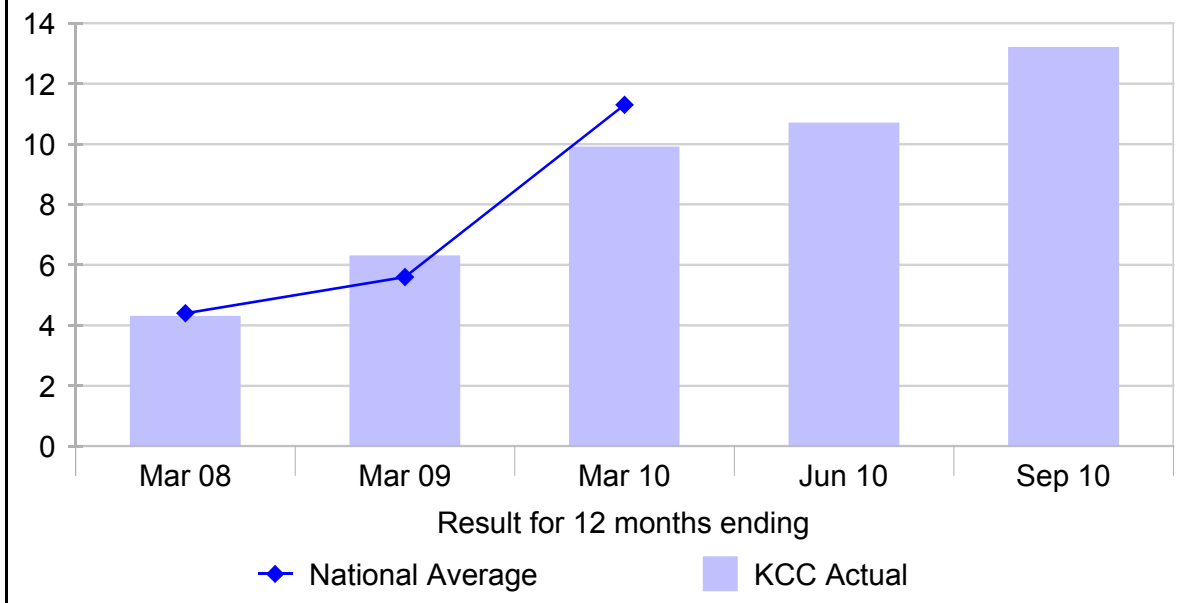
Project	Target dates	Explanation of red status
To identify potential local resources to create centres of excellence for dementia day and residential care	Ongoing	In light of Members agreement to consult on the future of KASS' Older Person's Service Provision this was stopped. Reprovision of services will be picked up through the project depending on the outcome of the consultation.
Develop action plan to improve services to learning disabled/sensory impaired people	January 2011	Not yet started due to delays in recruiting Team Leader (deafblind)
WorkChoices (KSE) – to provide most/all of the staffing for DWP's successful prime contractor in Kent and Medway	October 2010	This cannot go ahead as the contract does not enable KSE staff to provide most of the staffing.

## Challenges:

- The financial unsustainability of adult social care in the future has been recognised nationally with an additional £2billion announced in the CSR for adult social care over the next four years - £1billion from the NHS and further billion extra to local government. Future funding is also being considered by an independent commission that will report back next summer.
- National Policy changes including the NHS White Paper, Equity and excellence: Liberating the NHS, which sets out the Government's long-term vision for the future of the NHS and which has far reaching implications for how social care and Health will work together in the future.
- Increases in demands for services and public expectations has resulted in an increase in referrals. There has been a 3.2% increase in referrals (17,281) in the first 6 months of the year compared to last year.
- Demand on Learning Disability services, with the rising demand for residential care, preserved rights clients and ordinary residence continuing to have an impact on KASS's budget.
- The rising numbers of people with dementia continue to impact on KASS' budget due to clients with this need requiring more expensive care provision. The number of clients with dementia in residential care has increased from 1,195 in March to 1,262 in September (a 6% increase).
- Ongoing modernisation of social care nationally and in Kent coupled with planned reorganisation of KCC presents the challenge of maintaining good quality front line services in a period of unprecedented local and national change.
- Pressure on partners to maintain joint working during a time of reduction in public spending and whole systems change, particularly in Health.
- Increasing **demographic demand** which has been well documented. While medical advances are welcomed it does mean that people are now living longer with more complex needs.

**Oliver Mills**  
**Managing Director**  
**Kent Adult Social Services**

**Percentage of clients receiving community based services during the year, excluding carers, who received a Direct Payment and/or an Personal Budget**

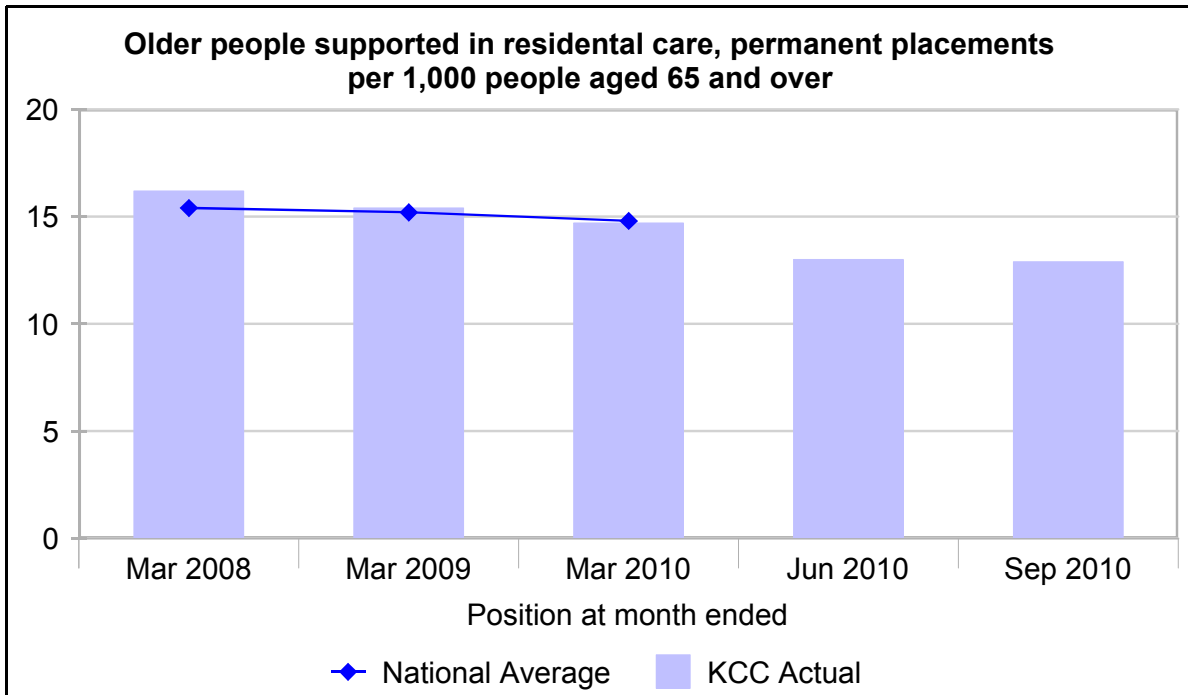


Higher result is better	Mar 08	Mar 09	Mar 10	Jun 10 Provisional	Sep 10 Provisional
KCC Result	4.3%	6.3% ↑	9.9% ↑	10.7% ↑	13.2% ↑
National average	4.4%	5.6%	11.3%		
RAG Rating	●	●	●	●	●
Number of clients	1,680	2,350	3,910	4,220	5,200

2009/10 was the first year of significant roll out of Self Directed Support with new clients being offered Personal Budgets for the first time.

Kent has seen continued substantial increases in take up of Personal Budgets during the six months from April to September.

There is a national target of 30% take up of personal budgets by April 2011.

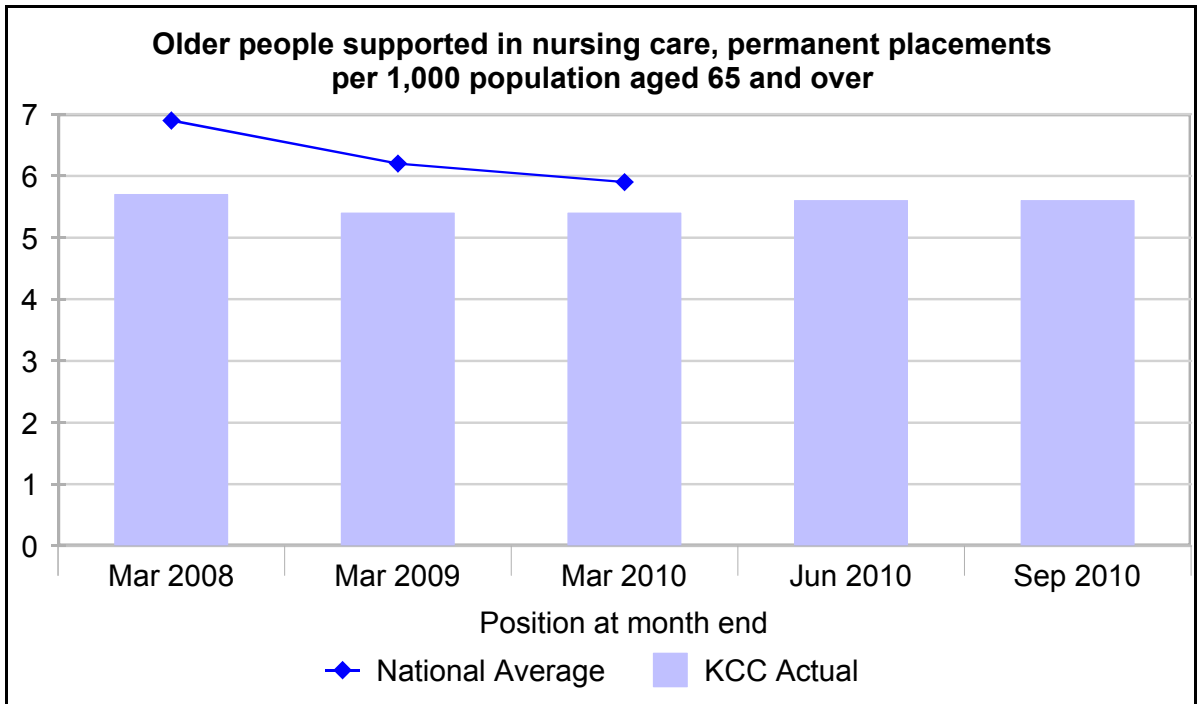


Lower result is better	Mar 08	Mar 09	Mar 10	Jun 10 Provisional	Sep 10 Provisional
KCC Result	14.5	13.6 ↑	12.8 ↑	12.7 ↑	12.7 ↔
National average	14.1	13.8	13.4		
RAG Rating	●	●	●	●	●
Number of clients	3,500	3,350	3,240	3,210	3,190

The long term trend for the total number of clients aged over 65 in residential care continues to show a decline with Kent showing a similar fall and rate of provision to national levels.

While overall client numbers have continued to fall this year, the number supported in independent sector care has increased (as detailed in the budget monitoring report presented to the same Cabinet meeting). There are also ongoing pressures relating to clients with dementia and the number of clients with dementia in independent sector provision increasing from 1,195 in March to 1,262 in September.

It is estimated that there will be a 30.9% increase in people living with dementia by 2020.

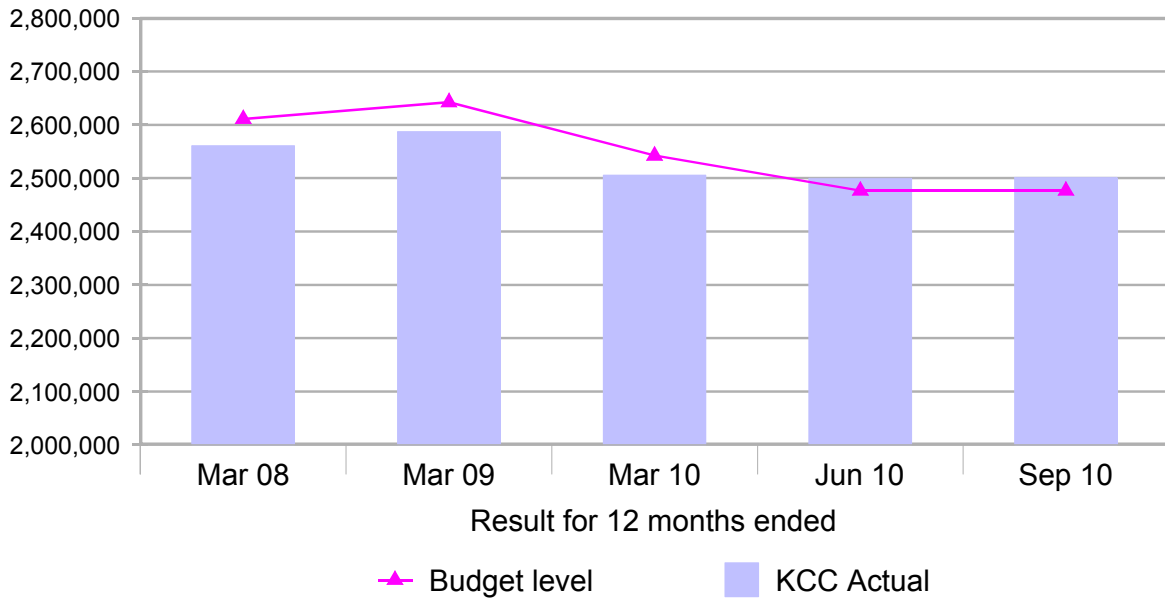


Lower result is better	Mar 08	Mar 09	Mar 10	Jun 10 Provisional	Sep 10 Provisional
KCC Result	5.7	5.4 ↑	5.4 ↔	5.6 ↓	5.6 ↔
National average	6.9	6.2	5.9		
RAG Rating	★	★	●	●	●
Number of clients	1,390	1,340	1,370	1,420	1,405

The number of clients in permanent placements of nursing care at the end of September was 1,405 up from 1,370 in March. There has been a drop in client numbers since June but the overall trend over the last 18 months has been upwards.

Kent has historically maintained a lower level of usage of nursing care than the national average, and even with the increases since March 2009, Kent levels remain lower than the last recorded national average.

### Domiciliary care independent sector for older people, client hours, rolling 12 months



Lower result is better	Year ended Mar 08	Year ended Mar 09	Year ended Mar 10	Year ended Jun 10 Provisional	Year ended Sep 10 Provisional
Hours care provided (000's)	2,561	2,587 ↓	2,506 ↑	2,500 ↑	2,502 ↓
Budget level	2,611	2,642	2,542	2,477	2,477
RAG Rating	●	●	●	●	●
Number of clients	6,740	6,490 ↑	6,230 ↑	6,330 ↓	6,220 ↑

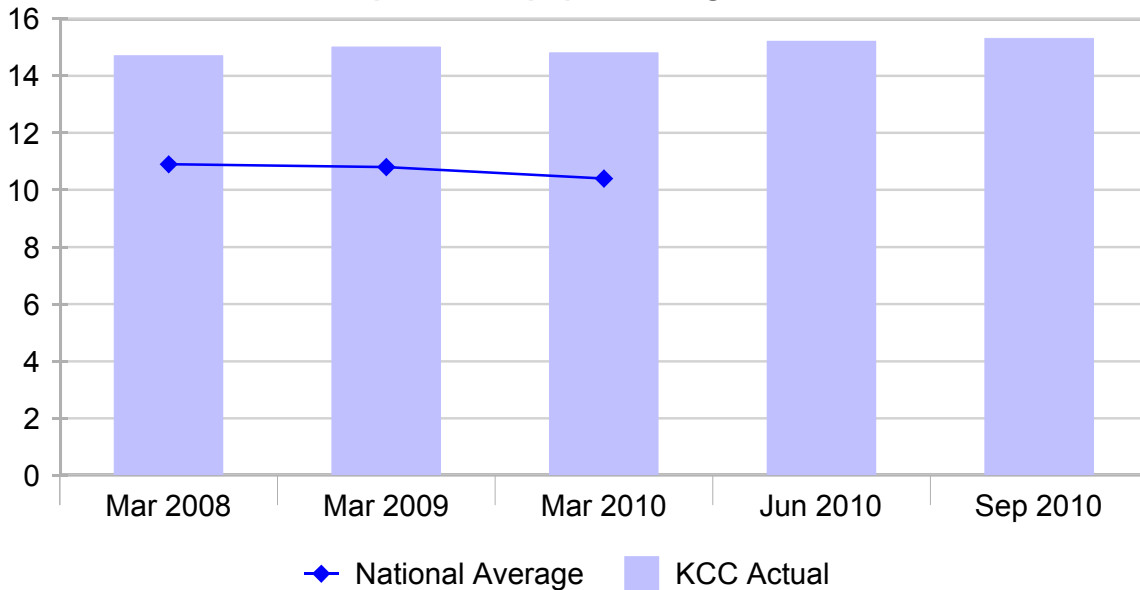
Client numbers with externally provided domiciliary provision were 6,220 in September, just slightly down from 6,230 in March. The number of hours of care provided in the last 12 months is very similar to the number provided in the 12 months ending March 2010 and is within 1% variance of the budget level.

The number of hours of externally purchased domiciliary care has decreased since 2008/09 and this was expected due to other services being provided such as intermediate care, Telecare and Telehealth and increased take up of direct payments as well as further development and provision through voluntary sector provision.

In addition, with the introduction of enablement, more people are able to return home with minimal or no care package. However, although the number of people who continue to receive a service are fewer, those that do may receive a more intense care package.

Based on data for the year to March 2010 Kent also supports more older people to live independently at home than the national average – 36.7 per 1,000 population in Kent compared to 30.8 nationally.

**Adult clients with learning disability supported in residential care, per 10,000 population aged 18 to 64**



Lower result is better	Mar 08	Mar 09	Mar 10	Jun 10 Provisional	Sep 10 Provisional
KCC Result	14.7	15.0 ↓	14.8 ↑	15.2 ↓	15.3 ↓
National average	10.9	10.8	10.4		
RAG Rating	▲	▲	▲	▲	▲
Number of clients	1,230	1,260	1,250	1,290	1,300

Kent reports a higher level of people with learning disability supported in residential care than the national average due to having a higher than average proportion of preserved rights clients. These are a cohort of clients that historically came within Social Services responsibility.

Those living in residential care have very complex and individual needs which make it difficult for them to remain in the community and require expensive and intensive packages of care.

The number of clients in residential care end of September 2010, excluding those with preserved rights was 697, up from 666 in April.

There have been 38 new placements this year that have been due to the NHS transfer and these transfers include the required funding.

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

To: Adult Social Services Policy Overview and Scrutiny Committee –  
12 January 2011

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

Classification: Unrestricted

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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.

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## 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. Members of the Adult Social Services Policy Overview and Scrutiny Committee are asked to NOTE this report and the Annual Performance Assessment letter attached as Appendix 1.

Nick Sherlock  
Planning and Public Involvement Manager  
01622 696175 (7000 6175)  
[nick.sherlock@kent.gov.uk](mailto:nick.sherlock@kent.gov.uk)

Katherine Stephens  
Senior Planning Officer  
01622 694556 (7000 4556)  
[katherine.stephens@kent.gov.uk](mailto:katherine.stephens@kent.gov.uk)

*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
<p>The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.</p> <p>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.</p> <p><b>Performing Poorly</b> - not delivering the minimum requirements for people.  <b>Performing Adequately</b> - only delivering the minimum requirements for people.  <b>Performing Well</b> - consistently delivering above the minimum requirements for people.  <b>Performing Excellently</b> - overall delivering well above the minimum requirements for people.</p> <p>We also make a written assessment about</p> <p><b>Leadership and Commissioning and use of resources</b></p> <p>Information on these additional areas can be found in the outcomes framework            To see the outcomes framework please go to our web site: <a href="#">Outcomes framework</a>            You will also find an explanation of terms used in the report in the glossary on the web site.</p>	

## 2009/10 Council APA Performance

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

## 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

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### Areas for improvement

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## 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  
Oliver Mills, Managing Director, Adult Social Services

To: Adult Social Services Policy Overview and Scrutiny  
Committee - 12 January 2011

Subject: **AGE CONCERN UPDATE**

Classification: Unrestricted

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Summary: To provide an update on the work being undertaken with Age Concerns across Kent to:

- Ensure the future viability of the organisations
- Meet the personalisation agenda
- Increase individual's choices.

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## Background

1. (1) This is a time of rapid and significant change for Adult Social Services, in Kent and nationally. The drivers for change may be summarised as being:

- a) Demographic change – the rate of population increase and Social care exposure to vulnerable elements of the population are increasing at a much greater rate than overall population profiles. This particularly in terms of the numbers of older people living longer, and the numbers within this group who develop dementia.
- b) Self Directed Support – the national changes in the access and provision of social care and support will require traditional service provision to adapt so that it can better meet individual need and personal preference. The availability of Direct Payments is likely to attract more vulnerable people to apply for Social Care support.
- c) Comprehensive Spending Review – the scale of savings required by Central Government over the next 4 years is of such degree that all council services will need to be reviewed to ensure that the spend is appropriate and efficient in terms of attaining specified outcomes.

## Partnership with Age Concerns

2. (1) KASS values the contributions that Age Concerns make and is seeking to develop the role of the voluntary sector and specifically Age Concerns, in view of their strategic importance. Given the impact of the Comprehensive Spending Review, KASS is working with all the Kent Age Concerns to:

- a) To ensure high quality services for older people are provided through financially viable organisations which are able to sustain themselves through the major economic changes which lie ahead;

- b) To ensure the best use of scarce resources, staff, skills and infrastructure and seeking every opportunity to reduce transaction costs through collaborative working;
- c) To prepare for the expected reductions in public funding at a time when we know there will be steady increases in the numbers of older people;
- d) To ensure a more meaningful allocation of funding of Age Concerns across the county and clarity on the outcomes expected from the KASS funding;
- e) To promote greater opportunity for efficiency and value for money as a result of the above.

### **KASS Commitment to Age Concerns**

3. (1) To help the Age Concerns achieve this, KASS has committed to:
- a) Protect current funding for Age Concerns. The resources committed to Age Concerns have been ring-fenced and no KASS funding for Age Concerns is currently in question.
  - b) Pursued continuing service agreements to support personalisation
  - c) Committed to regular ongoing partnership working arrangements
  - d) Invested money over two years from the Social Care Reform Grant as part of a shared process of transition towards personalised services.
  - e) Supported Age Concerns to be stronger and more sustainable organisations
  - f) Involved Age Concerns in our plans to re-provide services where they may be affected by proposals to outsource and close existing in-house care provision
  - g) Committed to long term project management resource to support our change proposals
  - h) Protecting and enabling change by agreeing the 5% top-slice mechanism to support personalisation and equity of funding, all as agreed with Age Concerns
  - i) Looked to develop links with newly built Extra Care Sheltered Housing schemes to enable out-reach services and creation of additional capacity for service provision
  - j) Joint work with Age Concerns to ensure maintenance of good quality services and a reliance on Age Concerns to monitor their own performance

### **Issues raised by Age Concerns**

#### **One Payment per locality**

4. (1) There was initial reaction from some Age Concerns that they did not understand this stance taken by KASS and felt manoeuvred into 'mergers' and locality groupings. This process has largely worked itself through albeit there continues to be some level of discontent. KASS cannot require mergers of Age Concerns but will support them where they meet local circumstances and are seen to be beneficial. KASS is seeking to protect Age Concern services by making them more sustainable during a difficult medium term period.

(2) At the most recent County Advisory Group on 25 October 2010, Age Concerns representatives gave updates on how they were working across localities:

- a) **South West Kent** are in favour of joint working and the Trustees are seeking independent legal advice. Tunbridge Wells is still in discussion.
- b) **Dartford, Gravesham and Swanley** were hoping to have made further progress in their proposal to merge into one body but this has currently stalled. It is hoped that this will be moved forward so that there will be at least a consortium in place for April 2011
- c) **Maidstone and Malling** Trustees have given the Chief Officers authority to move forward. They hope to have a consortium in place for April 2011
- d) **Canterbury and Swale** have agreed to a consortium agreement and Faversham have agreed to take the lead.
- e) **Ashford, and Shepway** have agreed to accept one grant per locality and have met to consider the consortium paperwork. Romney Marsh are still in discussion
- f) **Dover and Thanet** are acting on legal advice, and Deal intend to establish a single purpose vehicle (social enterprise) and bid for the money.

(3) Work is ongoing on firming up these proposals which will be reported at the next County Group Meeting in February 2011.

### **5% Top slice**

5. (1) There has been a sustained unease from Age Concerns about this mechanism, which has been seen by some more as a penalty than as a way of achieving a shared ambition. The 5% will be transferred from each years funding for day care provision and redirected within Age Concerns to either:

- a) Address the historic inequity of funding and instil more meaningful allocations based on sound demographic information and/or
- b) Secure innovative ways to progress the personalisation agenda.

(2) The intention on the part of KASS is to build a mechanism into our future agreements that will support Age Concerns to amend their existing business plans and to incrementally work towards greater personalisation of care and support.

(3) The top slice will also provide greater equity and transparency about the funding from KCC, which has been requested by the Age Concerns. In addition KASS sees advantage in this in terms of achieving more standardised quality of services, within a personalised model of support.

(4) Whilst the level of Age Concern funding overall will stay the same across East Kent and across West Kent as a result of any adjustments made to move towards greater equity, there will of course be those that give up resource and those that gain, according to how such a mechanism is applied.

## **Equity formula**

6. (1) A formula for calculating funding equity was discussed at the Age Concern Group meeting on 25 October 2010. All decisions relating this have been shared in this way and progress has been based in agreements with the Age Concerns.

(2) The formula is constructed using a collection of indicators of need such as older people populations, deprivation, life expectancy, rurality and hospital admissions, and provides a helpful comparative position statement across the county. Age Concerns seem to want the formula to better recognise issues of the actual individual needs of service users, and also to be based around the constraints and characteristics of existing Day Centres.

(3) Whilst quality of care, and actual dependency are important factors in managing services on a day to day basis, they do not lend themselves to measuring aggregate need and the potential for call on Age Concern services. These are probably better dealt with through the service specification and performance monitoring processes than within a funding mechanism.

(4) As regards a formula based on current Day Centre capacity, this would be unhelpful at a time when our shared aim of personalisation will result in demand for new and different opportunities, activities and care services.

(5) Utilising the 5% top-slice mechanism for both equity and personalisation is intended to represent an affordable year on year progression to assist Age Concerns to plan their businesses for the changes that Self-Directed Support and personalisation will bring. There is no view that equity adjustments will be absolute, depending in some small measure as to what the formula comprises. Any move towards equity will be capped by the 5% annual restriction for as many years as we agree to apply it.

## **Funding Mechanism**

7. (1) At the Age Concern Group meeting on 25 October 2010 the question of a Grant funded or a Contracted service was discussed. KASS expressed a firm commitment to contribute to Age Concerns' work in Kent is by grant funding.

(2) In 2006 Age Concerns, along with some other voluntary sector organisations, were given 3 year agreements in response to their requests for increased financial stability and also in line with the shared aspirations of the Kent Compact. Subsequent to this, and given the scale of KASS funding for Age Concerns in Kent, legal advice was received which suggested that this may be acting outside of European Guidance on Awarding Contracts, if undertaken without a competitive tender process. As an immediate response to finding an acceptable way of moving forward in the face of this competing guidance KASS proposes to utilise a one year agreement in 2011/12 to ensure our valuable partnership work is well grounded.

(3) To do so would be contrary to current Government's guidelines on the Big Society and also to KCC's policy of Bold Steps for Kent, both of which advocate increased use of local Voluntary Sector Organisations. Further advice has been sought as we could not jeopardise the hard won support of Age Concerns by going out to tender for this service when we are so close to an agreement.

(4) In order to resolve this situation before April 2011, KASS have agreed to offer the Age Concerns grant funding for one year only with a much less specific Service Grant Agreement. Market research demonstrates that Age Concern consortia are the only organisations that can provide the quantity and breadth of access to day services for Older People and that they represent excellent Value for Money.

(5) The new documentation was sent out for consultation by 17 November and a small working group of Age Concern and KASS staff will meet and discuss any necessary changes to the Service Grant Agreement. It is anticipated that by April 2011, there will be an effective and efficient day opportunity services for older people in Kent. Further work will be undertaken to resolve the discord between the legal advice and the aims for Kent expressed in Bold Steps, before the next grant is made in April 2012.

## **Summary**

8. (1) There is a strong and lasting partnership between KASS and Age Concerns and the common ground remains greater than the areas of concern.

(2) KASS does not fund all of the services provided by Age Concerns, but it remains their most significant commissioner of services, and remains responsible for the spending of public monies. It is a responsibility of KASS to take a commissioning stance that is compatible with the Government and legal requirements that are placed with KASS.

(3) The developing partnership process reflects the drivers for change that are set out above, and seeks to protect and enable service change, and organisational change as it affects Age Concerns in responding to the challenges of personalisation and consumerism in Adult Social Care.

## **Recommendations**

9 (1) Members of the Adult Social Services Policy Overview and Scrutiny Committee are asked to NOTE the content of this report.

Linda Hardware  
Policy Manager  
01622 694902 (7000 4902)  
[linda.hardware@kent.gov.uk](mailto:linda.hardware@kent.gov.uk)

Mike Dorman  
Head of Strategic Commissioning (EK)  
01227 598847 (7015 8847)  
[michael.dorman@kent.gov.uk](mailto:michael.dorman@kent.gov.uk)

*Background documents:* None

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

To: Adult Social Services Policy Overview and Scrutiny Committee –  
12 January 2011

Subject: **UPDATE ON NHS CHANGES**

Classification: Unrestricted

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Summary: A report providing an update on NHS changes and related policy matters

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## Introduction

1. (1) On 12 July 2010, Andrew Lansley, Secretary of State for Health published the White Paper “Equity and Excellence: Liberating the NHS” which set out details of the transformation of the NHS. The Government’s ambition for the reform of health and social care is far reaching and points toward a period of major change for the health service. The document is available on:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_117353](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353)

## Implications

2. (1) The key proposals of the NHS White Paper are:

- To phase out PCTs (which will cease to exist in 2013) and SHAs (abolished as statutory bodies 2012-13). The Government will transfer PCT Health improvement functions to Local Authorities (LAs).
- Devolve power and responsibility for commissioning services to GPs and practice teams working in consortia
- LAs to take on the function of joining up commissioning local NHS services, social care and health improvement through the establishment of a Health and Wellbeing Board. The patient’s voice will be heard through local Health Watch, which will replace LINKs.
- As part of the Health and Wellbeing Boards remit LAs will be responsible for leading Joint Strategic Needs Assessments (JSNA). These arrangements will give LAs influence over NHS commissioning and corresponding influence for NHS commissioners in relation to public health and social care.
- Greater joint health and social care integration by streamlining care pathways and introducing initiatives such as joint health and social care personal budgets

(2) The White Paper was supported by six ancillary documents:

### 1. Commissioning for Patients

Seeking views on how the new system of GP Consortia and the NHS Commissioning Board will work in practice

## 2. Increasing Democratic Legitimacy

Seeking views on strengthening local partnerships between NHS commissioners and Local Authorities (LA)

## 3. The Arm's Length Body Review

Seeking views on changes to a range of our supporting organisations eg The Health protection Agency and National Treatment Agency and The National Research Ethics Service

## 4. Freeing Providers and Economic Regulation

Seeking views on how best to give real freedoms to hospitals and community services and on a new system of regulation

## 5. The NHS Outcomes Framework

Seeking views on a new framework to establish improving quality and healthcare outcomes as the primary purpose of all NHS funded care

## 6. Achieving Equity and Excellence for Children

Seeking views on how to ensure high-quality services for children and young people.

(3) *A KCC cross-directorate group was set up to draft a response to the White Paper and ancillary documents. Representatives from KASS, KPHD, CFE, DAAT and Corporate met on 17 September to review all final consultation responses. A response was submitted to the Department of Health (DH) on 11 October 2010. The document included a caveat that supplementary comments were to follow, due to the public Cabinet meeting taking place on the 14 October. The response is attached as Appendix 1. The government published 'Liberating the NHS: Legislative Framework and Next Steps' having considered the consultation responses on 15 December. It is available on: [http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/DH\\_122624](http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/DH_122624)*

3. (1) Since October two further White Paper ancillary documents have been published. A description of each is below:

- **An Information Revolution: a consultation on proposals** - An Information Revolution is part of the Government's agenda to create a revolution for patients - "putting patients first" - giving people more information and control and greater choice about their care. Officers are preparing a response, led by Steph Abbot (Head of Performance and Information Management – KASS) with support from the cross-directorate working group, which will be submitted by the closing date of 14 January 2011.
- **Liberating the NHS: Greater choice and control. A consultation on proposals** - The White Paper set out proposals to extend greater choice and control over care and treatment, choice of treatment. and healthcare provider becoming the reality in the vast majority of NHS-funded services by no later than 2013/14. Officers are preparing a response, led by Janice Grant (Senior Policy Manager – KASS) which will be submitted by the closing date of 14 January 2011.

4. (1) On 16 November the Government also published two documents on the outcomes framework and vision for social care.

(2) A description of each is set out below:

- **Transparency in Outcomes: a framework for adult social care. A consultation on proposals** - This consultation sets out the new strategic approach to quality and outcomes in adult social care. The consultation envisages an enabling framework which places outcomes at the heart of social care, improves quality in services, and empowers citizens to hold their councils to account for the services they provide. The next stage will be co-produced with partners, based on responses to this consultation. Officers are preparing a response, led by Steph Abbott (Head of Performance and Information Management – KASS) which will be submitted by the closing date of 9 February 2011.
- **A Vision for Adult Social Care: Capable Communities and Active Citizens** - The Vision sets out how the Government wishes to see services delivered for people; a new direction for adult social care, putting personalised services and outcomes centre stage. Officers are preparing a response, led by Janice Grant (Senior Policy Manager – KASS) which will be submitted by the closing date of 9 February 2011.

5. (1) On 30 November the Government also published the White Paper, '**Healthy Lives, Healthy People: a consultation on proposals**'.

(2) The plans set out in the White Paper put local communities at the heart of public health. It outlines the Government's commitment to protecting the population from serious health threats; helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest, fastest. It includes the response to the Marmot report 'Fair Society, Healthy Lives' and adopts its life course framework for tackling the wider social determinants of health. It complements 'A Vision for Adult Social Care: Capable Communities and Active Citizens' and builds on the principles of 'Equity and Excellence: Liberating the NHS'.

- Local authorities will be given the freedom, responsibility and funding to innovate and develop their own ways of improving public health in their area
- LAs will receive financial incentives for improving health and reducing health inequalities
- Introduction of a dedicated new public health service – Public Health England – to support local innovation, help provide disease control and protection and spread information on the latest innovations from around the world.
- Industry and partners to take responsibility for the promotion of healthy living
- Introduction of new practices and technologies to incentivise people to be more active

(3) Officers are preparing a response, led by Meradin Peachey (Kent Director of Public Health) which will be submitted by the closing date of 8 March 2011.

6. (1) On 3 November 2010, at the National Children's and Adult Social Services conference in Manchester, leaders across the social care sector launched a draft partnership agreement: **Think Local, Act Personal**.

(2) The agreement recommends how councils, health bodies and providers need to work more efficiently to personalise and integrate service delivery across health and adult social care. This is a proposed sector-wide partnership agreement to see direction of travel in the changing financial circumstances facing the country while moving forward with personalisation and community-based support. There is full engagement from social care providers in delivering the agreement.

(3) The Government's vision for adult social care and its White Paper *Equity and Excellence: Liberating the NHS*, maintain the drive towards the personalisation of public services in health, social care and beyond. The key delivery partners across the sector share this ambition, alongside those who use social care support, their families and carers, and the paid staff vital to delivering it. The Think Local Act Personal Partnership Agreement represents a joint commitment to go forward together.

(4) The agreement:

- Underlines the necessary connection between preventative, community-based approaches and personalised care and support.
- Provides a general framework for action; supported in the next few months by examples to assist partners in benchmarking progress, and by co-designed tools to aid delivery.

(5) In bringing together health, well-being and social care, councils and their partners will need to:

- Integrate health and social care commissioning around agreed outcomes
- Integrate health and social care processes, systems and resources
- Work closely with private and social housing Providers
- Engage with local networks, community associations and assets
- Make and sustain evidence-based investments, which maximise existing community capacity, reduce demand and enhance well-being through primary, secondary and tertiary prevention.
- Develop and facilitate workforce skills and activity
- Make public information accessible and fully available to all.
- Find better ways of gathering and utilising market intelligence
- Fully engage people who use services and their carers and families in commissioning and service development.
- Review council operating systems

(6) The final agreement will be published in the new year.

## Proposals

7 (1) KCC will continue to work together to support cross-directorate responses, with input from senior officers and members. KCC are actively engaging with PCT and SHA colleagues to ensure the smooth transition of services. KCC is fully engaged in the Quality, Innovation, Productivity and Prevention (QIPP) programme in Kent and Medway, which is the mechanism for delivering the transformation within the NHS to deliver cash releasing efficiency savings. Through active engagement with partners and alignment of the priorities set out in the White Paper and supporting documents, KCC seeks to lead the successful transition of health and social care with PCT partners by proactively recognising and mitigating any risks and instigating the development and delivery of areas of joint opportunity.

## Recommendations

8 (1) Members of the Adult Social Services Policy and Overview Scrutiny Committee are asked to note the contents of this report.

Sally Smith  
Policy Officer  
01622 696043 (7000 6043)  
[sally.smith2@kent.gov.uk](mailto:sally.smith2@kent.gov.uk)

*Background documents:* None

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## Summary of the KCC NHS White Paper Consultation Response

Summary: The purpose of this paper is to summarise Kent Adult Social Services (KASS) response to the “Equality and Excellence: Liberating the NHS White Paper”, as part of Kent County Councils (KCC’s) cross-directorate working group.

FOR INFORMATION

### Introduction

1. On the 12 July, Andrew Lansley, Secretary of State for Health published the White Paper “Equity and Excellence: Liberating the NHS” which sets out details of the transformation of the NHS. A KCC cross-directorate working group met on the 26 July to discuss how best to manage the different strands of work. The leads for drafting the responses to the ancillary consultation papers have been agreed with the expectation that these leads will work with the original cross-directorate group, staff and members across KCC to ensure a full, single, consistent reply. This work is being coordinated by Martyn Ayre (Senior Policy Manager, Corporate Policy), who will also be leading on the response to the main White Paper.

The ancillary papers and leads for Kent Adult Social Services (KASS) are:

Consultation	Lead
<b>Commissioning for Patients</b> Seeking views on how the new system of GP Consortia and the NHS Commissioning Board will work in practice	Pat Huntingford – Lead for KASS  Sally Smith – Lead for KASS (previously Jennifer Maiden-Brookes)
<b>Increasing Democratic Legitimacy</b> Seeking views on strengthening local partnerships between NHS commissioners and Local Authorities (LA)	Nick Sherlock – Lead for KASS
<b>The Arm’s Length Body Review</b> Seeking views on changes to a range of our supporting organisations	Sue Williams – Lead for KASS
<b>Freeing Providers and Economic Regulation</b> Seeking views on how best to give real freedoms to hospitals and community services and on a new system of regulation	Nick Sherlock – Lead for KASS
<b>The NHS Outcomes Framework</b> Seeking views on a new framework to establish improving quality and healthcare outcomes as the primary purpose of all NHS funded care	Steph Abbott – Lead for KASS  Sally Smith – Lead for KASS

### Substance of Report

#### 2. Commissioning for Patients

The Commissioning for Patients consultation document set out proposals for putting local consortia of GP practices in charge of commissioning services to best meet the needs of local people, supported by an independent NHS Commissioning Board. For the purposes of brevity the opportunities and limitations of such a proposal are summarised below.

### **Engagement, Quality and Consultation**

GP practices are in effect small businesses focused on the provision of health care in defined geographical areas. To enable them to engage with national issues and to integrate into a system of countrywide commissioning of services a radical change of culture will be required. Sir David Nicholson's letter informing Trusts that all plans for service redesign must have the approval of local GP consortia (See Appendix 1a) reinforces this culture change. Sir Nicholson's letter suggests that mechanisms should be put in place to make sure that the Joint Strategic Needs Assessments (JSNA) continues to be used as the basis for underpinning commissioning strategies and decisions.

There is also concern that because of the potentially limited budgets the GP Consortia may inherent there could be hesitancy when commissioning high-cost specialised services, e.g. Learning Difficulty or Physical Disability, in order to conserve limited resources. In addition to how Consortia decisions are informed it is important that LAs and (when established) the NHS Commissioning Board seize the opportunity to support GP Consortia to adopt a model that will best fit the needs of the people of Kent. LAs can provide significant information on the back office functions of commissioning i.e. opportunities of collective commissioning arrangements for certain services and how this could work, and invaluable support in terms of monitoring the success of commissioning practices.

In terms of improving the quality of primary care, it is suggested that GP Consortia need to develop a scheme comparing and contrasting returns on a like-for-like basis in order to monitor quality controls and assess commissioning outcomes. Consortia could develop a standard mark for reference during the tendering process for services. This template could enable Consortia to determine an appropriate cost/quality split when commissioning services.

This design and monitoring of contracts will be an essential part of Consortia's commissioning responsibilities. Establishing a common framework would inform practice decisions around what they do and how they deliver services.

In terms of consultation with patients, the needs of the local community will have significant influence over the services commissioned, supporting the Government intention that there should be 'no decision about me without me'. The LA or Commissioning Board could coordinate partnership/public engagement to look at what is needed and what works.

Kent Health Watch has been successfully gathering feedback and passing it onto the appropriate service areas in health and social care since it was launched. This could be developed to incorporate the Health Watch function outlined in the White Paper. In addition, Patient Participation Groups (PPG) which act as an intermediary between patient and practice, can represent patients views to the practice and the practice views to the wider community. Both groups could provide an audit function which gauges customer satisfaction with Consortia.

### **Safeguards, Accountability and Reducing Inequalities**

To ensure transparency and fairness in commissioning services a clear Joint Strategic Needs Assessment (JSNA) must be undertaken to establish what services are required. It is understood that this will be the remit of the LA. The introduction of a governance and accountability framework to facilitate improved integration and effective partnership working under the direction of the JSNA would be an effective safeguard. The Democratic Legitimacy consultation response has more information on suggested safeguarding measures.

Reducing inequalities that are avoidable is also raised within the consultation response. It is suggested that LAs could conduct an assessment of Consortia's approaches to health equality and equitable access to services e.g. are they striving to achieve a more even share of good health beyond improving the average health status of the local population? In addition, an education programme could be rolled out by LA's to highlight the differences between health inequalities and health inequities to Consortia (i.e. poor health can itself be the consequence of an unjust distribution of society e.g. opportunities in education or employment). The programme could also stress that health inequalities are avoidable; that early interventions to reduce inequalities are cost effective; and that promoting equality is a core part of delivering high quality care for both health and social care.

### **3. Increasing Democratic Legitimacy**

This consultation builds on the proposals in the White Paper to increase local democratic legitimacy in health. This will be achieved through local authorities: i) being given a stronger role in supporting patient choice and ensuring effective local voice ii) taking on local public health improvement functions, and iii) promoting more effective NHS, social care and public health commissioning arrangements.

#### **Health Watch Groups & Health and Wellbeing Boards**

Paragraph 15 of the 'Increasing Local Democracy Paper proposes that "*Local Involvement Networks (LINks) will become the local Health Watch.*". Health Watch will support and help people access and make choices about services, and support individuals who want to make a complaint. It is the view of KASS that a clear governance structure needs to be developed whereby there are clear links between the Health Watch group and the LA, who will be the local commissioners of Health Watch groups. There are concerns that as the LA will be providing services a fine balance must be achieved so that there is not a conflict of interests.

- The management of the contract needs to be outside the political arena, as there may be occasions where Health Watch may have to challenge the LA on fundamental policy and service delivery issues
- Health Watch needs to be a public forum to prevent it from being seen as another LA service. The paper proposes that only 1 member of the public is required, which in KASS view is a 'bit light'
- The Health Watch will need a strong constitution and will need to have LA feedback into the Care Quality Commission (CQC) and a strong voice on the Health & Wellbeing Boards, if it is to be effective

In addition to Health Watch the proposal is to introduce statutory Health and Wellbeing Boards. It is understood that Health and Wellbeing Boards will allow LA's to promote integration across health and adult social care, children's services and the wider local agenda. The view from KASS is mixed; a statutory framework outlining expectations would be welcomed. However there is a need for the arrangements to remain flexible to allow for pragmatic development at a local level.

Where there are disputes locally, KASS suggests the following resolution proposals.

- Clear governance arrangements for the Board, including a process by which disagreements are aired and settled. All members of the Board will have to agree to these arrangements before taking a place on the Board
- Incentives from LAs to support Boards which work well together and settle disputes internally

- As a very last resort a process of appeal to the Secretary of State

### **Incentivising Integrated Working**

The DH asks for comment on how to 'free up' the integrated working practices, which in its view had previous limited take-up. KASS propose that to promote and support integrated working for full joint commissioning certain barriers need to be removed. These barriers include funding streams, ring fenced budgets, regulations/legislation and governance which restrict the freedom of partners to fully enter into joint commissioning arrangements.

Freedoms and flexibilities should go beyond joint commissioning and focus on making a reality of Personalisation. For example, Direct Payments are still only given for social care needs, it is KASS view that this should be extended to health care needs. This arbitrary split will hinder the development of integrated community services between health and social care.

## **4. The Arms Length Body Review**

The Arms Length Body report proposes that some functions of Arms Length Bodies (ALB) will no longer be provided at a national level. A change is required to achieve greater alignment with the wider system and to deliver a more responsive service. The review also points to the fact that commercial opportunities have not been fully exploited. In 2009/10, the sector as a whole spent in the region of £1.6 billion on business operations, including baseline revenue of £800 million. ALBs employ around 18,000 staff and they form a significant component of the national health and social care landscape. In 2004 this sector was rationalised and reduced from 38 organisations to 18. For the purposes of brevity, this section focuses on those organisations which will remain, those where the function will be transferred, and those that will be abolished.

### **Remaining Organisations**

In the review there are six ALBs that have a clear future, albeit operating in a regulated way. These are Monitor, the Care Quality Commission (CQC), the National Institute for Health and Clinical Excellence (NICE), the Medicines & Healthcare product Regulatory Agency (MHRA), the Health and Social Care Information Centre (HSCIC) and NHS Blood and Transplant. There is an expanded role for NICE, putting it on a firmer statutory footing, securing its independence and extending its remit into social care

### **Function Transferred**

The General Social Care Council, will have its function transferred to an existing professional regulator - the Health Professions Council. Until further information is available it is difficult to say if this is a positive move. In addition, the Council for Healthcare Regulatory Excellence, will be moved out of the sector to operate on a full-cost recovery basis. The Council was set up to co-ordinate standards and good practice amongst the bodies responsible for regulating the healthcare professions in the UK, in the wake of the Kennedy Report into paediatric cardiac surgical services at the Bristol Royal Infirmary. The regulatory bodies covered by CHRE are:

- General Chiropractic Council
- General Dental Council
- General Medical Council
- General Optical Council
- General Osteopathic Council
- Health Professions Council
- Nursing and Midwifery Council
- Pharmaceutical Society of Northern Ireland
- Royal Pharmaceutical Society

Two of the ALBs, NHS Litigation Authority and NHS Business Services Authority, will be subject to a commercial review by industry experts to identify potential opportunities for greater efficiency through outsourcing, divestment and contestability and/or employee ownership. The Human Fertilisation and Embryology Authority and the Human Tissue Authority functions will be transferred to other organisations. Further work is required to examine in greater detail the practicalities involved and it is proposed that they remain as independent arm's-length bodies in the short term, with the aim that their functions will be transferred by the end of the current Parliament.

The view in KASS is that these bodies have considerable knowledge and it will be important that the scientific and ethical expertise built up is protected, and that the regulatory work both nationally and internationally remains robust. These are licensing and inspecting organisations that store and use human tissue for purposes such as research, patient treatment, post-mortem examination, teaching and public exhibitions. They also give approval for organ and bone marrow donations from living people. It is important that public confidence in the services and regulation they provide is retained.

### **Abolished**

The Health Protection Agency (HPA) and the National Treatment Agency will be abolished as statutory organisations and their functions will be transferred to the Secretary of State as part of the new Public Health Service. The functions of the Health Protection Agency are "to protect the community (or any part of the community) against infectious diseases and other dangers to health" (HPA Act 2004). In England, the HPA provides the local health protection services which in the rest of the UK is delivered by the three other lead health protection bodies; the National Public Health Service Wales; Health Protection Scotland HPS; the Department of Health, Social Services and Public Safety, Northern Ireland. The Agency works closely with all these organisations.

The HPA has also been successful in bidding for contracts to design and deliver exercise and training programmes for the World Health Organization (WHO), Food and Agricultural Organisation (UNFAO), the European Commission(EC), the European Centre for Disease Prevention and Control (ECDC) and the United States Agency for International Development (USAID). The agency also undertakes bespoke resilience and preparedness projects for both public and private sector organisations and has experience of working with and for devolved administrations, parts of the NHS, non governmental organisations and other agencies and organisations.

The Alcohol Education Research Council, the Appointments Commission, the National Patient Safety Agency and the Institute for Innovation and Improvement will be abolished. Some of the functions of the National Patient Safety Agency will be transferred to a new research regulator following a review.

The review appears to have streamlined and reduced duplication but it is as yet unclear as to how this will work in principle given that many of the changes will take place between 2012 and 2014. There will be a dismantling of many of the agencies responsible for regulating and safeguarding the public and it is hoped that whatever form the new ALBs take they build upon the strengths and intelligence of the former body. If this happens there is great scope for ensuring that these bodies are fit for purpose and can deliver their functions more effectively, reducing management costs and remove duplication and unnecessary burdens on the front-line. They can also use resources effectively ensuring that the UK remains at the forefront of much of the work previously undertaken.

## **5. Freeing Providers and Economic Regulations**

The ancillary paper on providers and economic regulations asks for responses on number of areas around private income, Foundation Trusts, the role of Monitor and the fee for its licensing services. In order to summarise KASS response as clearly as possible it is necessary to break this section down into 2 areas, Foundation Trusts and Monitor.

### **Foundation Trusts**

Currently there is a cap on the private income of Foundation Trusts, the proposal is to remove this cap. The proposal that statutory controls on borrowing by Foundation Trusts is also removed suggests that there would need to be some tough financial regulating to make sure that the borrowing was prudent.

There is also some concern around changing legislation to make it easier for Foundation Trusts to merge with, or acquire other Foundation or NHS Trusts. It is KASS view that any such merges should only go ahead if local public groups such as Health Watch, and local Consortiums have agreed the merger

### **Monitor**

The proposal from the White Paper is that Monitor and CQC will work in tandem as joint-licensing agencies. Regulation of the NHS will be overseen by Monitor, specifically price regulation, promoting competition and ensuring access and continuity of services. CQC will continue in its role as the quality regulator of health and social care. The proposal is that Monitor will charge to fund its regulatory activities.

The role of price monitoring could be regulated through a combination of the following mechanisms.

- NICE will set standards upon which price will be based
- Commissioning Boards with CQC support can monitor appropriate prices nationally and if necessary intervene
- Consortiums with the support of Health and Wellbeing Board will ensure a locally acceptable price can be set

## **6. Transparency in Outcomes**

The purpose of the Transparency in Outcomes consultation is to seek the help of those working in the NHS, patients and the public in developing this NHS Outcomes Framework

The consultation document explains and asks for views on:

- the principles that should underpin the NHS Outcomes Framework;
- a proposed structure and approach that could be used to develop the framework;
- the potential outcome indicators (existing and future) that could be presented in the framework, including the proposed rationales for selection;
- how the proposed NHS Outcomes Framework can support equality across all groups and can help reduce health inequalities; and
- how the framework can support the necessary partnership working between public health and social care services needed to deliver the best possible outcomes for patients.

## **Principles and Indicators**

The Transparency in Outcomes Framework focuses on the principles of the NHS, which, when considering that LAs will be responsible for health and social care outcomes too, means that without further information it is difficult to know whether there are any contradictions or disparities between the suggested performance indicators. For example, in the consultation questions LAs are asked to suggest possible indicators for monitoring infant mortality rates. Recent research suggests that the main causes of infant mortality in the UK are a combination of unhealthy lifestyles, poor antenatal care and a rise in the number of older mothers. Possible indicators would therefore be infant mortality where parents are smokers or infant mortality where the mother is a drug user. These are very clearly indicators which are traditionally 'public health'. Without further information on the social care and public health frameworks it is difficult to comment on the proposed NHS indicators. There is a need for the DH to produce more guidance on the possible contents of the health and social care frameworks. All the frameworks need to be flexible and the performance indicators contextualised. With the closure of the PCT's and Strategic Health Authorities (SHA's) it is not clear who will have the capacity to capture the data required to monitor outcomes.

The consultation paper fails to cover efficiency, either in terms of NHS performance or and most crucially, the effectiveness of this new framework. If the new NHS model is to be patient centred then it is important that its effectiveness in terms of improving efficiency within the service is monitored. This transparency would be valuable in terms of patients and practitioners ownership of the system and proactively addressing areas of the system that are not working.

## **Improvement Areas**

The new framework suggests that 'improvement areas' for LA's, Consortia, the Commissioning Board and partners will be determined at a national level based upon the indicator outcomes. Determining improvement areas for localities at a national level may lead to the loss of intricacies, knowledge and experience evidenced at a local level.

## **Implementation Proposals**

The final drafts of the 5 ancillary consultation responses will be submitted to the DH before the 11 October 2010. This will be overseen by Martyn Ayre (Senior Policy Officer, Corporate) and will include individual corporate lead responses. The main White Paper response will be submitted by the 5 October. If the Health Bill is given Royal Assent the majority of reforms will come into effect in April 2012:

- NHS Commissioning Board fully established
- New LA Health and Wellbeing Boards in place
- Limits on the ability of the Secretary of State to micromanage and intervene
- Public Health Service in place, with ring fenced budget and local health improvement led by Directors of Public Health in local authorities
- NICE put on firmer statutory footing
- Health Watch established
- Monitor established as economic regulator

**Sally Smith**  
**Policy Officer – KASS**  
**Tel: 01622 69 6043**  
**Email: Sally.Smith2@kent.gov.uk**

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<p><b>TO:</b> All Chief Executives in NHS Trusts in England All Chief Executives in NHS Foundation Trusts in England All Chief Executives in Primary Care Trusts in England All Chief Executives in Strategic Health Authorities in England</p> <p><b>CC:</b> All Chairs of NHS organisations in England All Chief Executives of Arm's Length Bodies in England All Chief Executives of Local Authorities in England Chief Executives of independent sector partners Monitor Care Quality Commission</p>	<p>Richmond House 79 Whitehall London SW1A 2NS Tel: 020 7210 5142 Fax: 020 7210 5409 <a href="mailto:david.nicholson@dh.gsi.gov.uk">david.nicholson@dh.gsi.gov.uk</a></p> <p>Gateway ref: 14566</p> <p>13 July 2010</p>
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Dear Colleague

**EQUITY AND EXCELLENCE: LIBERATING THE NHS - MANAGING THE TRANSITION**

**SUMMARY**

I am writing to the Chief Executive community to set out how we are going to lead the implementation of *Liberating the NHS*. As we move at pace to make the Government's vision a reality, it is vital that we continue to deliver on quality, finance and performance, as well as make the required productivity savings of £15-20 billion. This first communication sets out the initial steps that I am taking at a national level to ensure we continue to deliver for today whilst designing a new system for tomorrow. It provides a framework within which Strategic Health Authorities can lead this process regionally, and sets out some initial actions that commissioners and providers need to take as part of our state of readiness for 2012.

**INTRODUCTION**

*Liberating the NHS* sets out a compelling vision for an NHS configured to deliver increasing quality of services. The ambition is high and the proposed timetable is rapid. The vision needs to be realised through a period in which the NHS needs to achieve £15-20 billion of efficiency savings to reinvest in improving quality and outcomes.

This represents a significant delivery challenge. It will not happen successfully without clarity and focus on that delivery at every point in the system. It requires a relentless focus on implementation – but that focus needs to reinforce the

objectives of the reform – of a patient-led service, local empowerment, clinical leadership and a sustained focus on improving outcomes.

I intend to build the detailed transition plan for these changes rapidly, and to build it with you. Whilst we are doing that there are actions that we need to start now. I am writing to you to set out:

1. How we should see **the vision** set out in *Liberating the NHS* accelerating the work to drive quality and productivity we have already begun;
2. The **key principles** which will govern this change process;
3. How I intend to set up the **national and regional arrangements** through which the change will be enabled;
4. The key **levers for change** through the transition period;
5. The **next steps on the White Paper** nationally;
6. How we should take forward **engagement**, nationally, regionally and locally to build understanding of and support for this change process;
7. The **actions that need to be taken now**, nationally, regionally and locally;
8. The immediate **timeline**;
9. The **behaviours** that we need to exhibit to make this a success.

## **1. OUR JOURNEY OF CHANGE**

*Liberating the NHS* builds on the journey of change we have been leading. Having secured consistent standards and performance, we have sought to build a service with quality as its organising principle. We have been seeking to make that vision a reality by developing clinical leadership and engagement; improving commissioning and separating it from community provision; and freeing the provider side from centralised control through the Foundation Trust process.

I made clear last year that the challenging financial period the NHS will face over the coming years makes the need to realise this vision more, not less, urgent. Only by driving up quality and productivity together can we realise the £15-20bn savings needed by 2013/14 to reinvest in meeting increasing demand and patient expectations. That is why the Quality, Innovation, Productivity and Prevention (QIPP) challenge has been and will continue to be of central importance.

*Liberating the NHS* provides significant new momentum and commitment: putting clinicians at the heart of decision-making; putting GPs in charge of local commissioning decisions and creating an NHS Commissioning Board free from political micromanagement; completing the Foundation Trust process and widening choice for patients.

So those who see the White Paper as a series of technical changes misunderstand its purpose. The changes it sets out are designed to support and accelerate our aim of building a patient-led service with quality as its primary purpose. This link was clearly set out by the Secretary of State,

*' I can and will create a bridge between the past and the future and help map out the journey we need to take: I will be clear what the strategy is and the shape of new priorities and systems; I will build on the good work already being done; I will devolve real freedom and responsibility to competent managers, and I will engage all NHS staff – doctors, nurses, and managers in working out how to implement a strategy with one shared vision in mind – to improve NHS care for patients and the public it serves.'*

## 2. OUR KEY CHANGE PRINCIPLES

I have previously set out four key principles that we should use to drive change, principles that hold good for the coming period:

Subsidiarity: *Things should be done at the right level. Where necessary, the centre will play an enabling role, but wherever possible, the details of implementation will be determined locally by patients and clinicians;*

This is big change – and we need to have a clear structure to our response – but this does not mean it will have the *top down* nature of the restructurings of the past.

- *Liberating the NHS* makes clear that patients should be in the lead in the healthcare system, empowered by information and choice. Real power and authority should rest with patients and clinicians; managerial and support functions should do only what is necessary to enable the changes patients want to see.
- So the job of the centre will be to set clear criteria, hold people to account for local delivery and provide them with support – not to design or micro manage local solutions. For example, it is the job of the centre to set clear expectations of GP consortia, and to ensure they have the capability to meet those expectations - but **not** to design or enforce their size, geographical coverage or precise management arrangements.

- As the new system comes into effect this will represent a considerable reduction in national activity. Learning the lessons from past reorganisations, there is significant risk, during this transition period, of a loss of focus on quality, financial and performance discipline as organisations and individuals go through change. For this reason, I intend to *strengthen* central controls on quality, finance, operations and QIPP delivery through the next two years whilst we build the new system. We need to ensure that this does not detract from the empowerment of the devolved system, but we need to retain this focus to secure and build on the gains of recent years.

Co-production : *Implementation must be designed and decided in partnership with the NHS, Local Authorities and key stakeholders;*

Although this document sets out the main headlines of the transition programme there remains a significant amount of detailed planning to be done. This will be designed with the service and its key partners. We will work in particular with the following groups to co-produce the approach:

- Primary care commissioners;
- Clinicians from the relevant service areas;
- Leaders of organisations and representative bodies from across the NHS;
- Public, patient and staff representatives;
- Partners in local authorities, the independent and voluntary sectors;
- Key national organisations and leaders, particularly from the primary care sector. I have approached primary care leaders to begin working with them, and through them with wider colleagues, on the design and implementation of the new system. These include Dr James Kingsland and Dr Johnny Marshall from the National Association for Primary Care, Dr Michael Dixon from the NHS Alliance, and Professor Steve Field from the Royal College of GPs.

I am particularly conscious of the need to work in partnership through this change with those staff, particularly in SHAs and PCTs who will be most affected. There is significant uncertainty for these colleagues about how many jobs, of what type and in what organisations will exist in the new landscape, and what this means for them. We will work with them, and their representative organisations, both in shaping the new world but also in designing a fair and transparent process for identifying their future. Consultation with staff and their representatives will be handled locally.

Clinical Ownership and Leadership: *Our staff must continue to be active participants and leaders as we implement the White Paper and they make the necessary changes;*

This process of change has engagement at its heart. Success requires that we engage primary care clinicians in leading the commissioning process in dialogue with secondary care clinicians leading service improvement within providers.

Section 6 below describes how the clinical engagement processes we developed initially for the Next Stage Review, and took further as part of QIPP, will be developed to take forward a major programme of clinical engagement with the aims of:

- Building understanding of and support for the reform programme;
- Identifying with clinical colleagues the issues that need to be addressed nationally, regionally and locally to ensure success;
- Identifying and supporting clinical leaders at all levels of the new system;
- I have asked the NHS Medical Director Sir Bruce Keogh and the Chief Nursing Officer Dame Christine Beasley to take a lead role, working with their existing colleagues in SHAs and local health systems and prospective new leaders in primary care, in engaging clinicians across the service in this process of change.

*System Alignment: The NHS is a system, not an organisation. The wider system needs to be aligned around the same goals, enabling us to use our combined leverage for change across the system.*

Critically, we need to ensure that delivery of the White Paper's reform agenda and delivery of the essential operational and QIPP requirements are mutually reinforcing, not competing for leadership attention. I intend to achieve this by creating a single process, built on operational and QIPP processes, to deliver the whole of the coming change.

We need to get the system working in the new ways envisaged by *Liberating the NHS* as quickly as possible. Wherever we can begin through existing structures, prior to legislative or formal structural change, we should do so. In the sections that follow I set out the actions I have taken to start this nationally and regionally, and what you should be doing in your organisation.

Through this complex change process, we need absolute clarity on where quality and financial control and accountability sit at every point in the journey, and to support those who hold these accountabilities to discharge them.

### **3. SETTING UP NATIONAL AND REGIONAL ARRANGEMENTS**

For those parts of the system for which I am directly accountable, I have begun to put in place changes to allow us to move towards the new world and manage the transition effectively.

SHAs will no longer exist from 2012/13. Instead, commissioning oversight will reside in the NHS Commissioning Board and provider issues will fall under the new system

of regulation. The final format of relevant functions will be defined in the interim and remains subject to legislation. We therefore need to take immediate steps to start to split commissioner and provider functions at national and regional level and to chart a path for the whole of the transition. In beginning to make these changes we need to ensure:

- That changes have **clear national direction** in order to ensure consistency and coherence and to reflect the end point of two new national organisations;
- That we **move with pace** in order for the system to be ready for 2012;
- That we maintain control of **finance, performance, quality and productivity** during the transition to a new system.

So in order to achieve this, I am taking the following immediate steps:

- I am today appointing a national **Managing Director of Commissioning Development**, Dame Barbara Hakin, and a national **Managing Director of Provider Development**, Ian Dalton. The Managing Director of Commissioning will oversee the separation of commissioning and engage the clinical and managerial community in the development of a commissioning led NHS. The Managing Director of Provision will oversee the separation of provision, the design of the new system of regulation, working closely with existing regulators, and the preparation of the provider side for the new system. The focus of these roles is set out in more detail below;
- We will establish an interim **bridging function** at national level. The bridge will ensure that we maintain a strong grip on quality, finance, operations and QIPP delivery. We need to learn the lessons from previous reorganisations and ensure that we do not lose vital organisational or corporate memory, including on issues of safety and quality, and to ensure that we retain aligned assumptions between commissioners and providers during the transition. The bridge will be provided by myself as NHS Chief Executive, supported by David Flory, who I am making Deputy NHS Chief Executive, and the national Director for Improvement and Efficiency, Jim Easton.
- I am asking the ten SHA Chief Executives to take the lead on and account for initial steps in the transformation process in their **regions**, working with Regional Directors of Public Health and Deputy Regional Directors for social care where necessary to ensure a co-ordinated approach.
- We will not make immediate changes to **other key functions**: workforce, clinical leadership, informatics and communications. Existing Directors General in these areas will continue to lead on their national policy frameworks. Instead, we will work with leaders in these areas as part of the next phase of the transition work

to understand how the broader changes will affect their functions. Clinical leadership will continue to have a key role in all aspects of the transition, as reflected in our overall design principles. Clinical leaders will be central to the development of effective GP consortia; to the shift to focussing on improving outcomes; and to ensuring safety and quality are maintained and improved.

We will then take the following steps by 10 September:

- We will make **changes to leadership roles at regional level** to mirror the national arrangements. These will mean appointing regional Directors of Commissioning and Directors of Provision, and establishing regional bridging functions. SHA Chief Executives will be accountable for the overall transition in their regions and for maintaining high standards of safety and quality. Together with the Department of Health leads, they will form part of an integrated national team to oversee the change process;
- Working with the Directors of Commissioning and of Provision, we will establish clear **national design principles** to inform further steps on separating commissioning from provision at national and regional level;
- We will establish a **more detailed transition path** on the commissioner and provider side to clarify what will happen when.

We will complete the commissioner / provider split at national and regional level by the end of the year. Bridging functions will remain in place at national and regional level until at least the end of 2010/11.

Primary Care Trusts will cease to exist from April 2013, in light of the successful establishment of GP consortia. PCTs will, however, play a critical role in the transition, both by ensuring that financial control and delivery are maintained, and by enabling the creation of GP consortia. This is a difficult balance and, through SHAs, I will work with PCTs to ensure capability and focus is sustained through the transition period, including ensuring the necessary powers and flexibilities exist to secure this.

#### **4. THE KEY LEVERS OF CHANGE**

The new national and regional arrangements will support a single, integrated change process which links current finance and performance, QIPP delivery and White Paper change processes. It will operate through the following arrangements:

##### ***(a) Increasing financial transparency and consistency***

The 2010/11 Operating Framework, and its revision published in June this year continue to set out the key delivery expectations for organisations;

Within those requirements we will strengthen our assurance mechanisms during the interim period to keep a tight grip on finances and to standardise our mechanisms for system management. This will include specific monitoring and accounting for:

- financial support for named organisations;
- the detailed application of the 2% non-recurring funds to support delivery of change;
- the deployment of other regionally lodged funds.

The Department will establish monitoring and reporting mechanisms through the SHAs to gain assurance that local organisations are managing the transition period effectively and efficiently. This will ensure the necessary transparency, consistency and control across the service.

Regional QIPP plans will become QIPP and Reform plans. Current QIPP delivery plans will be split between commissioner and provider requirements and in due course some preventative activities will transfer to the new public health service. Revised QIPP and Reform plans will be required to set out plans for the following three key areas:

***(b) Creating the new commissioning landscape***

Led by the national and regional commissioning development leads, to oversee the action required to:

- enable the establishment of GP commissioning consortia with the first taking on significant levels of responsibility in 2010/11, and all GP practices working as part of effective consortia by April 2013;
- working with consortia to support the creation of commercial and NHS commissioning support capability to enable the work of consortia;
- developing changes to national payment systems to drive quality and productivity;
- ensure high quality information is available to support commissioning decisions and develop information standards for providers to ensure patients can make meaningful choices about their care;
- in doing that, to support the transition of relevant commissioning functions and skills from PCTs to the new arrangements, supporting people through the transition, ensuring continuity of capability and accountability through the period;

- identifying those functions in primary care and specialist commissioning that should be carried out by the NHS Commissioning Board and ensuring that the Board is enabled to carry them out;
- ensuring adequate systems, organisational and leadership development for all parts of the new commissioning system;
- ensuring that existing national functions to support commissioning for quality are repositioned as appropriate with the NHS Commissioning Board or other commissioner led mechanisms.

***(c) Creating the new Provider Landscape***

Led by the national and regional provider development leads, to oversee the action required to:

- at national level, to create the new system of economic regulation, working closely with Monitor and the Co-operation and Competition Panel and in the context of the new legislation;
- complete the Foundation Trust pipeline, including the development and implementation of high quality, safe and financially sustainable solutions for organisations where alternative governance models, merger or other solutions are required;
- complete the separation of provision from commissioning, through the Transforming Community Services process, with viable organisation models for every affected service;
- ensuring that existing provider support functions are repositioned as appropriate with provider based mechanisms.

***(d) Enabling the Change***

National workforce policy will continue to be led by Clare Chapman, Director General for Workforce. Sir Neil McKay, Chief Executive of NHS East of England, will lead the regional action required to:

- support people through the transition. Large numbers of people working in PCTs, Arm's Length Bodies, SHAs and the Department will be affected by this change. Numbers of managerial staff will decrease significantly. Staff may also experience change in who they work for and the nature of that work. We will put in place, in consultation with staff representatives, a framework for handling and supporting this change fairly and transparently;

- ensure continuity of the systems supporting quality, information, finance, and performance through the transition.

I will be working with Monitor and CQC to ask them to ensure their processes for financial, performance and quality regulation are consistent with these overall requirements.

## 5. NEXT STEPS ON THE WHITE PAPER

The publication of *Liberating the NHS* sets in train a number of national consultations on detailed elements of the proposals. I expect NHS leaders to play a full role in encouraging local discussion with clinicians and partners on these issues and responding to the consultations. We will publish documents on the following subjects in the coming weeks and months:

**Commissioning for patients** – seeking views on how the new system of GP consortia and the NHS Commissioning Board will work in practice;

**Increasing democratic legitimacy** - seeking views on strengthening local partnerships between NHS commissioners and Local Authorities;

**The Arm's Length Body review** - seeking views on changes to a range of our supporting organisations;

**Freeing providers and economic regulation** - seeking views on how best to give real freedoms to hospitals and community services and on a new system of regulation;

**The NHS Outcomes Framework** - seeking views on a new framework to establish improving quality and healthcare outcomes as the primary purpose of all NHS-funded care.

There will also be in the autumn publications on the future of education and training and an information strategy. The White Paper itself has now been published and draft legislation will enter Parliament in the Autumn. Subject to parliamentary approval, the Bill could receive Royal Assent by summer 2011. The White Paper, related documents and consultations, and details of how to respond to the consultations will be available in a dedicated section of the Department of Health website: [www.dh.gov.uk/liberatingthenhs](http://www.dh.gov.uk/liberatingthenhs). I would encourage you to read them.

## 6. THE PROCESS OF ENGAGEMENT

I set out at the beginning of this letter my intention to build the detail of this transition process with you. To this end I have:

- asked for participation from the *Top Leaders* programme, together with leaders from primary care and social care (who are currently not well represented in that group) to work with my team to further develop the main planks of the transition;

- set up a programme of meetings during July and August in each region where I want to meet with colleagues to discuss the key implementation issues so that we can reflect local views in the transition process;
- set up a dedicated email address to collect views on the management of the transition. Please send any comments to [managingtransition@dh.gsi.gov.uk](mailto:managingtransition@dh.gsi.gov.uk)

I also set out earlier that this process of change needed to have wide ranging engagement at its heart. Building on our experience of the Next Stage Review and QIPP I will:

- ask each SHA to undertake an engagement process in their region on the key issues in *Liberating the NHS*, the associated consultations and the transition. I have asked that this process concentrate on clinicians and partner organisations, including Local Authorities;
- be meeting again with national stakeholders representing patients, staff, voluntary sector and industry partners for similar discussions at a national level;
- through this letter, ask every NHS organisation to discuss these issues at Board level and throughout their organisation. I would be delighted to receive any thoughts and advice you have resulting from such engagement;
- as part of the process of supporting staff whose jobs are directly affected by these changes, ensure that every member of staff in an SHA or PCT has the opportunity for a discussion with their line manager on the changes and how they may affect them as they develop.

## **7. THE ACTIONS THAT NEED TO BE TAKEN NOW, NATIONALLY, REGIONALLY AND LOCALLY**

Through the processes set out above, and working with many of you to co-produce the detail, we will begin to deliver the actions required. There are a range of things that you can begin work on immediately.

All NHS leaders should be:

- reinforcing arrangements for financial, operational and quality delivery this year, and preparing, as appropriate, to meet the enhanced reporting arrangements set out in section 4 above;
- shifting resources from administration to frontline care as we move from targets to outcomes;

- continuing to work on QIPP delivery in their organisation and local system, meeting the requirements of QIPP plans as set out in section 4 above;
- contributing to the consultations as part of the White Paper process;
- building relationships with the new patient and public engagement arrangements;
- urgently working with Local Authorities and other social care partners on managing the financial and service pressures facing them;
- beginning an engagement process with clinical leaders and partners building support and understanding of the change, and contributing to national, regional and local implementation thinking.

NHS Providers should be:

- finalising their plans to achieve FT or equivalent status, if they have not yet done so;
- building relationships with prospective GP commissioners;
- seeking to further strengthen clinical leadership within their organisation;
- focusing on measurable improvements in outcomes and getting ready for increasing amounts of information about those outcomes to be available;
- focusing on how to provide more integrated care and supporting the completion of Transforming Community Services.

Commissioners should be:

- supporting and enabling the new GP consortia, their leaders and members in line with the intention to create a comprehensive system of consortia;
- working flexibly with colleagues within the agreed HR framework to support people through the transition period. All staff affected by change should have an initial interview with their line manager to discuss the situation by the end of September 2010;
- working flexibly with colleagues to ensure the sustainability of key systems and processes through the transition period;
- completing the separation of commissioning from provision;

- strengthening links with Local Authorities, particularly on the integration of health and social care and health improvement;
- creating more choice for patients, in line with our ambition to significantly increase patient recall of choice and extend choice more widely across the NHS.

Strategic Health Authorities should be:

- accountable for the regional elements of the transition process, working with partners in public health and social care;
- ensuring the sustainability of local operational delivery and QIPP plans;
- redeveloping QIPP plans as QIPP and Reform plans, setting out comprehensive and detailed timelines for achieving the key aims;
- separating their functions to reflect the commissioner/provider split;
- overseeing plans for completion of the separation and liberation of the provider side, including completion of the Transforming Community Services process and driving the Foundation Trust pipeline;
- providing support to commissioners in the complex transition to GP consortia, including oversight of the development of consortia and, as part of a national process, the development of the capability assessment for prospective consortia and a market in commissioning support services;
- working flexibly with colleagues within the agreed HR framework to support people through the transition period. All staff affected by change should have an initial interview with their line manager to discuss the situation by the end of September 2010;
- working flexibly with colleagues to ensure the sustainability of key systems and processes through the transition period and that organisational memory is not lost.

The Department of Health has begun:

- leading the policy development, legislative and associated consultation processes to ensure that the transition is delivered to the intended timescale;
- reinforcing operational and QIPP delivery processes;
- working with the NHS Top Leaders programme and key partners, draw together senior leaders to work on co-production of the detail of the transition plan;

- work on the creation of the NHS Commissioning Board in shadow form;
- reshaping the National Leadership Council's work to support clinical and managerial leaders through this change;
- seeking to move relevant nationally organised functions to future arrangements with the NHS Commissioning Board or shared provider side arrangements.

## **8. THE IMMEDIATE TIMELINE**

I have attached a timeline showing the high level transition process. It sets out the overall milestones for the next two years and more detailed actions over the next 9 months. These are the points around which we need to build the detail of the transition plan.

## **9. BEHAVIOURS**

This letter sets out a huge agenda in terms of the tasks we need to transact. But we will only be successful if we also:

- remain true to the values of the NHS that bind the system together. The values and principles set out in the NHS Constitution and reiterated in *Liberating the NHS* should remain our touchstone through this period;
- exhibit leadership behaviours which engage positively and flexibly with the process of change, and give us the best chance of success. There are three that I want to stress:
  - (i) avoiding becoming commentators. In this change we must be on the pitch not in the commentary box;
  - (ii) looking out. Good leadership has always been about looking across boundaries, it has never been about standing behind walls and defending organisational self interest. This time of change could lead people to become inward looking and defensive, but it is self defeating and we must not do it;
  - (iii) seeing the opportunities of this time and these changes, thinking ourselves into how we can maximise them, not just mitigating the risks.

Your leadership behaviours will absolutely set the tone for the period we are now in and directly impact upon our chances of success.

## **CONCLUSION**

I recognise that this is a long letter. That is because it sets out, in their outline, the significant tasks ahead of us. There is a huge amount to do and I am looking forward to working with you to design and deliver it. This is only the start of the journey and I will of course continue to keep you informed and engaged as we move forward. I intend this to be the first of a series of communications over the coming months.

The scale of the changes set out in *Liberating the NHS* is unprecedented and profoundly affects all parts of the health service. Implementing these changes and delivering £15-£20bn of efficiency savings represents one of the stiffest leadership challenges we have faced. It is vitally important as we make this change that we do not lose focus on:

- the critical importance of continuing to protect and improve patient safety;
- our current strong financial performance, which we must maintain during the transition period;
- planning and implementing the quality and productivity improvements;
- ensuring our services are resilient to winter pressures and other emergency requirements.

As Chief Executives, we have a pivotal role in leading this change. Chairs and non-executives across the NHS also have a key part to play in providing direction, support, advice and challenge over the coming period. If we can work together to do these things then we can be the successful stewards of the NHS through the next stage of its development, serving the people of this country who rely upon it and cherish it.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'D Nicholson', written over a thin vertical red line.

**Sir David Nicholson KCB CBE**  
**NHS Chief Executive**

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

To: Adult Social Services Policy Overview and Scrutiny Committee - 12 January 2011

Subject: **OLDER PERSONS 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
<b>Total</b>		<b>108</b>	<b>74</b>		

*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	
<b>Decision</b>		
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. Members of the Adult Social Services Policy Overview and Scrutiny Committee are asked to NOTE the contents of this report and the attached 11 reports.

**Margaret Howard**  
**Director of Operations**  
**01622 696763 (7000 6763)**  
[margaret.howard@kent.gov.uk](mailto: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 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

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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.

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## 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.

<b>The main drivers for the full consultation are:</b>
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| <ul style="list-style-type: none"><li>• <b>More people are living longer and living with dementia. People rightly expect more choice in care.</b></li><li>• <b>High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.</b></li><li>• <b>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.</b></li><li>• <b>Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people.</b></li></ul> |
|--|

(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:

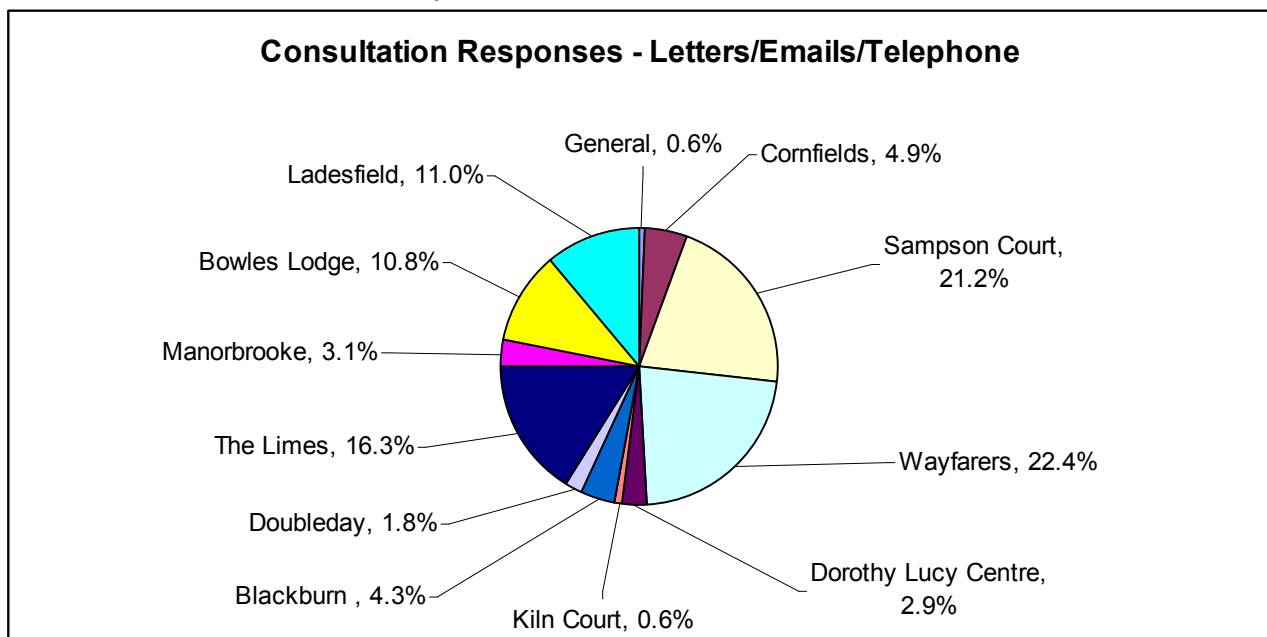
Process	Date Action Completed
Obtained agreement in principle from the Cabinet Member for Adult Social Services.	14 June 2010
<p>Cabinet member chaired a meeting to discuss the proposals and information packs were sent to those who were invited and who attended:</p> <ul style="list-style-type: none"> <li>The Chairman of the Adult Social Services Policy Overview Committee (ASSPOSC) 10 June 2010</li> <li>Vice Chairman 10 June 2010</li> <li>Opposition spokesman 10 June 2010</li> <li>Local KCC member(s) 24 June 2010</li> <li>Elected members 14 June 2010</li> <li>Responsible member of KCC adult social services Strategic Management Team 10 June 2010</li> <li>Heads of Services (updated to reflect new title) 14 June 2010</li> <li>Area Personnel Manager 14 June 2010</li> </ul>	
<p>Stakeholders were informed in writing and invited to comment: -</p> <ul style="list-style-type: none"> <li>Users, relatives and carers</li> <li>Head of Service</li> <li>Staff</li> <li>Trades Unions</li> <li>Local KCC member(s)</li> <li>District Council</li> <li>Parish /Town Council</li> <li>Relevant NHS bodies</li> <li>Any other relevant person or organisation and the Local MP</li> </ul>	<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**  
**Director of Operations**  
**01622 696763 (7000 6763)**  
[margaret.howard@kent.gov.uk](mailto: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

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

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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

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## 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.

<b>The main drivers for the full consultation are:</b>
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- |  |
|--|
| <ul style="list-style-type: none"><li>• <b>More people are living longer and living with dementia. People rightly expect more choice in care.</b></li><li>• <b>High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.</b></li><li>• <b>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.</b></li><li>• <b>Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people.</b></li></ul> |
|--|

(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)  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>

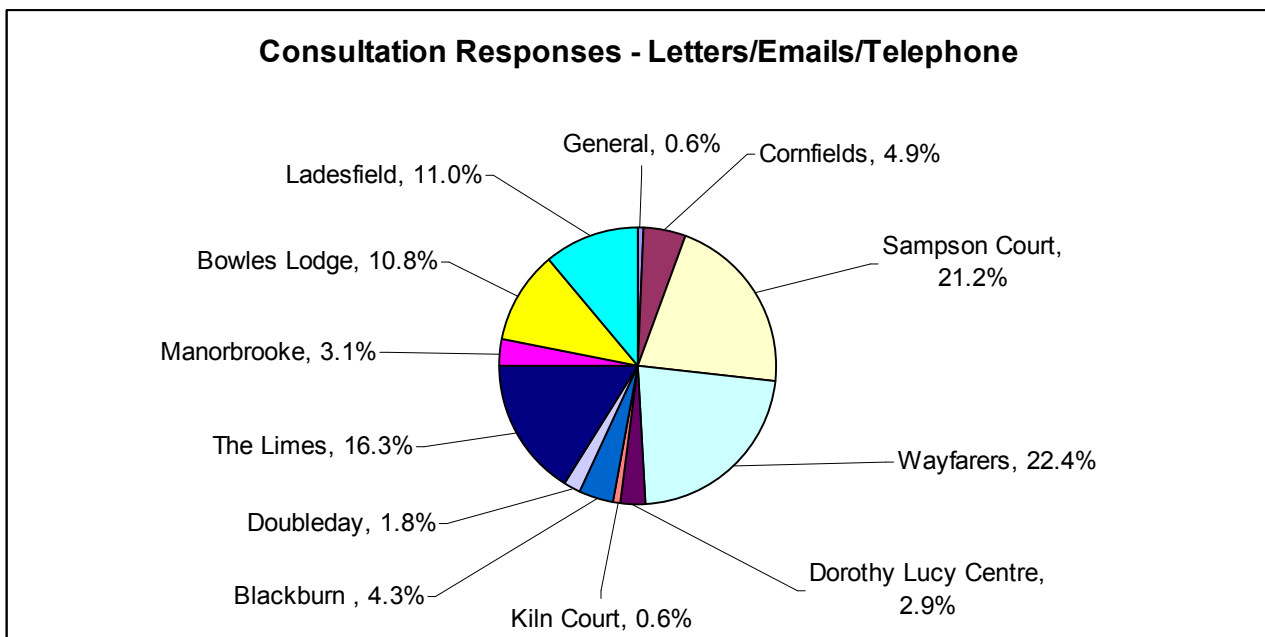
	<p>Held individual meetings and group meetings with local councillors, county councillors, MPs</p>
<p>Directorate issued a Press Release</p>	<p>The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.</p>
<p>A wide range of stakeholder meetings were held</p>	<p>Meetings with staff and union representatives held on 1 July 2010.</p> <p>Stakeholder Roadshow held for 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**  
**01622 696763 (7000 6763)**  
[margaret.howard@kent.gov.uk](mailto: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

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

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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

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## 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.

<b>The main drivers for the full consultation are:</b>
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- |  |
|--|
| <ul style="list-style-type: none"><li>• <b>More people are living longer and living with dementia. People rightly expect more choice in care.</b></li><li>• <b>High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.</b></li><li>• <b>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.</b></li><li>• <b>Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people.</b></li></ul> |
|--|

(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"> <li>Users, relatives and carers</li> <li>Head of Service</li> <li>Staff</li> <li>Trades Unions</li> <li>Local KCC member(s)</li> <li>District Council</li> <li>Parish/Town Council</li> <li>Relevant NHS bodies</li> <li>Any other relevant person or organisation and the Local MP</li> </ul>	<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>

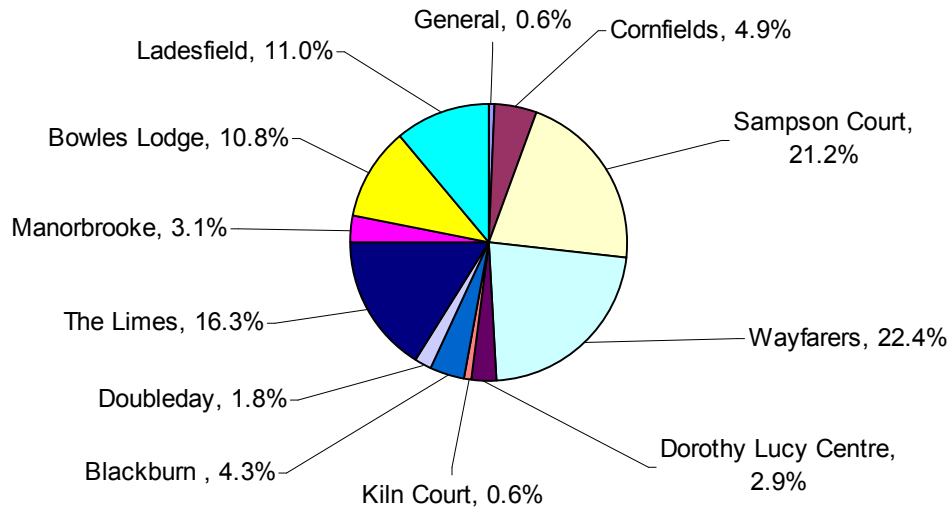
	Coastal Kent Commissioning Strategy Committee (Swale, Dover and Whitstable PBC) Meeting on 25 August 2010  Sheppey Community Engagement Forum on 19 October 2010  Adult Social Services Policy Overview and Scrutiny Committee Chair and Vice-Chair visit to Blackburn Lodge 26 October 2010
Report to Cabinet 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, **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.

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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:

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3. being able to maintain links with family, friends and local community
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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**  
**Director of Operations**  
**01622 696763 (7000 6763)**  
[margaret.howard@kent.gov.uk](mailto: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

## **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

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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

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## 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.

<b>The main drivers for the full consultation are:</b>
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- |  |
|--|
| <ul style="list-style-type: none"><li>• <b>More people are living longer and living with dementia. People rightly expect more choice in care.</b></li><li>• <b>High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.</b></li><li>• <b>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.</b></li><li>• <b>Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people.</b></li></ul> |
|--|

(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>

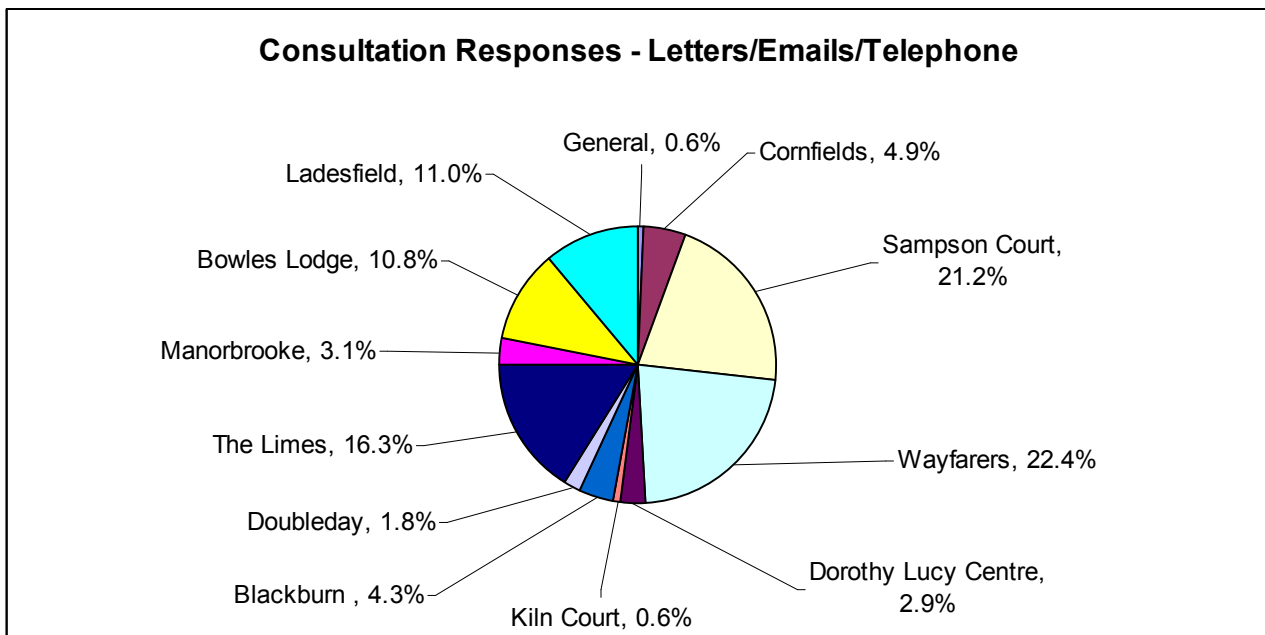
	councillors, county councillors, MPs
Directorate issued a Press Release	The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.
A wide range of stakeholder meetings were held	<p>Meetings with staff and union representatives held on 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](mailto: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

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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

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## 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.

<b>The main drivers for the full consultation are:</b>
--

- |  |
|--|
| <ul style="list-style-type: none"><li>• <b>More people are living longer and living with dementia. People rightly expect more choice in care.</b></li><li>• <b>High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.</b></li><li>• <b>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.</b></li><li>• <b>Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people.</b></li></ul> |
|--|

(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.

(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 (general frailty).

(12) The Care Quality Commission (CQC), in its last inspection in 2008, rated the service as 'good'. There was very positive feedback about the services both from inspectors and service users. The inspectors did make reference to the fact that, other than the two bedrooms that have ensuite bathrooms, the other 28 rooms do not have ensuite toilets.

(13) Local commissioners recognise that Kiln Court offers some services that they would be looking to continue to provide in partnership. This would be with an independent organisation with a good track record, access to capital funding and long term viability – but this may not be on the same site as Kiln Court. Intermediate care would be included in future provision, in partnership with the PCT and the independent sector.

(14) An organisation has made contact to advise that, should Kiln Court be disposed of, an additional payment to the organisation that sold the land to KCC may need to be considered. However a report on the title has revealed that this expired in 1994 and has no further effect.

## 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>Letter sent 14 June 2010. Consultation period ended 1 November 2010 (19 weeks from 21 June 2010).</p>

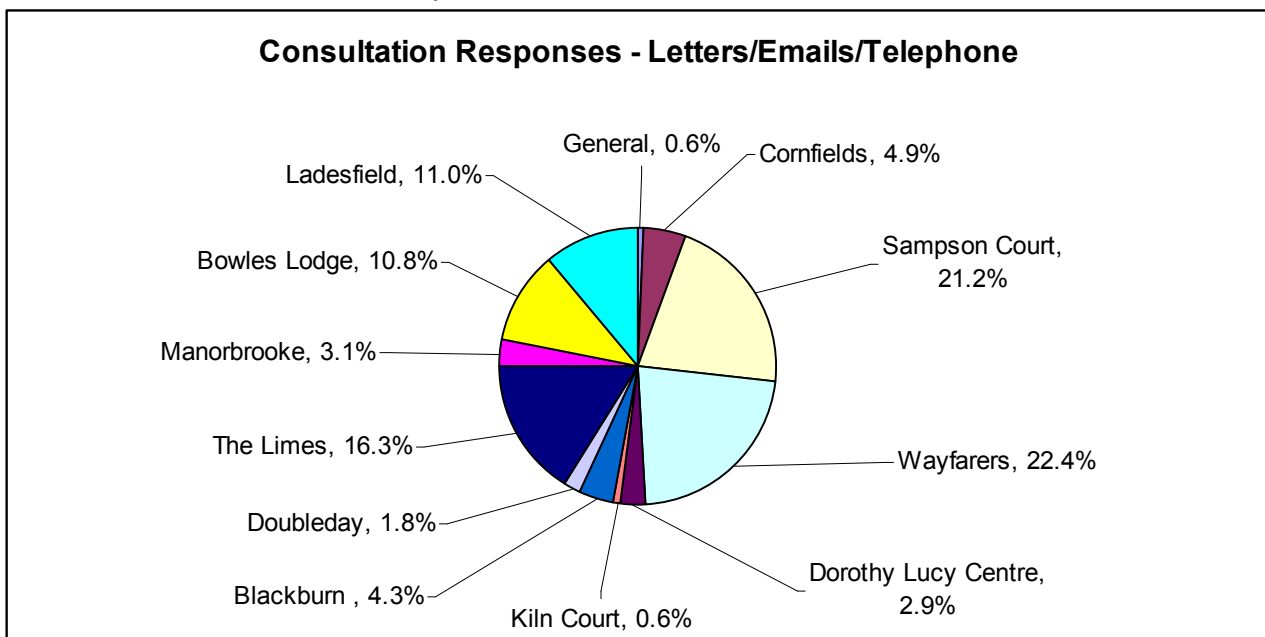
<p>Local KCC member(s)  District Council  Parish/Town Council  Relevant NHS bodies  Any other relevant person or organisation and the Local MP</p>	<p>Summary of meetings and correspondence received as a result of the consultation</p> <p>Informed MP and answered questions</p> <p>Held individual meetings 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.

**Margaret Howard**  
**Director of Operations**  
**01622 696763 (7000 6763)**  
[margaret.howard@kent.gov.uk](mailto: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

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

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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.

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## 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.

<b>The main drivers for the full consultation are:</b>
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- |  |
|--|
| <ul style="list-style-type: none"><li>• <b>More people are living longer and living with dementia. People rightly expect more choice in care.</b></li><li>• <b>High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.</b></li><li>• <b>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.</b></li><li>• <b>Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people.</b></li></ul> |
|--|

(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:

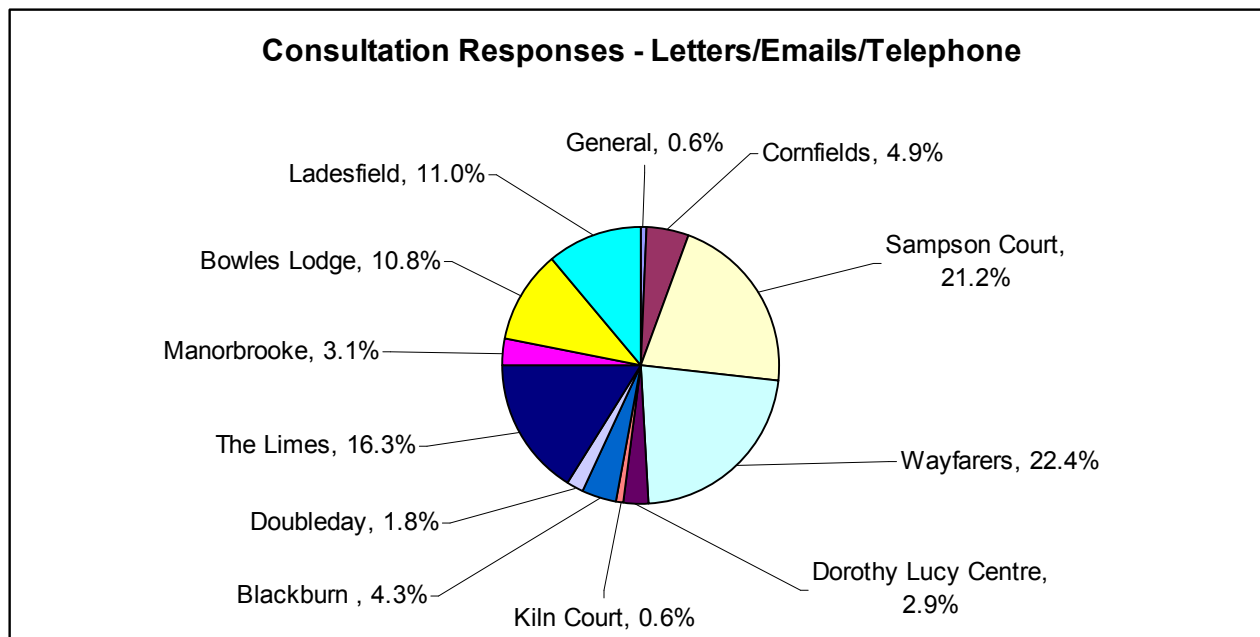
Process	Date Action Completed
Obtained agreement in principle from the Cabinet member for Adult Social Services.	14 June 2010
<p>Cabinet member chaired a meeting to discuss the proposals. Information packs were sent to those who were invited and who attended:</p> <p>The Chairman of the Adult Social Services 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  23 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 – 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 &amp; 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](http://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)

<b>1. Social Isolation</b>	<b>How needs are proposed to be met</b>
<p><b>KCC moderate criteria</b> 35 people (approx 8 people per day)</p>	<p>Through <b>voluntary sector organisations</b> 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>
<b>2. Dementia</b>	<b>How needs are proposed to be met</b>
<p><b>KCC substantial criteria</b> 10 people (approx 4 people per day)</p>	<p>Through <b>voluntary sector organisations</b> 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
<b>KCC critical criteria</b> 2 people (approx 2 per day)	This could also be provided at <b>Westview</b>

(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**  
**Director of Operations**  
**01622 696763 (7000 6763)**  
[margaret.howard@kent.gov.uk](mailto: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

### 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

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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.

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## 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.

<b>The main drivers for the full consultation are:</b>
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| <ul style="list-style-type: none"><li>• <b>More people are living longer and living with dementia. People rightly expect more choice in care.</b></li><li>• <b>High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.</b></li><li>• <b>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.</b></li><li>• <b>Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people.</b></li></ul> |
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(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:

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

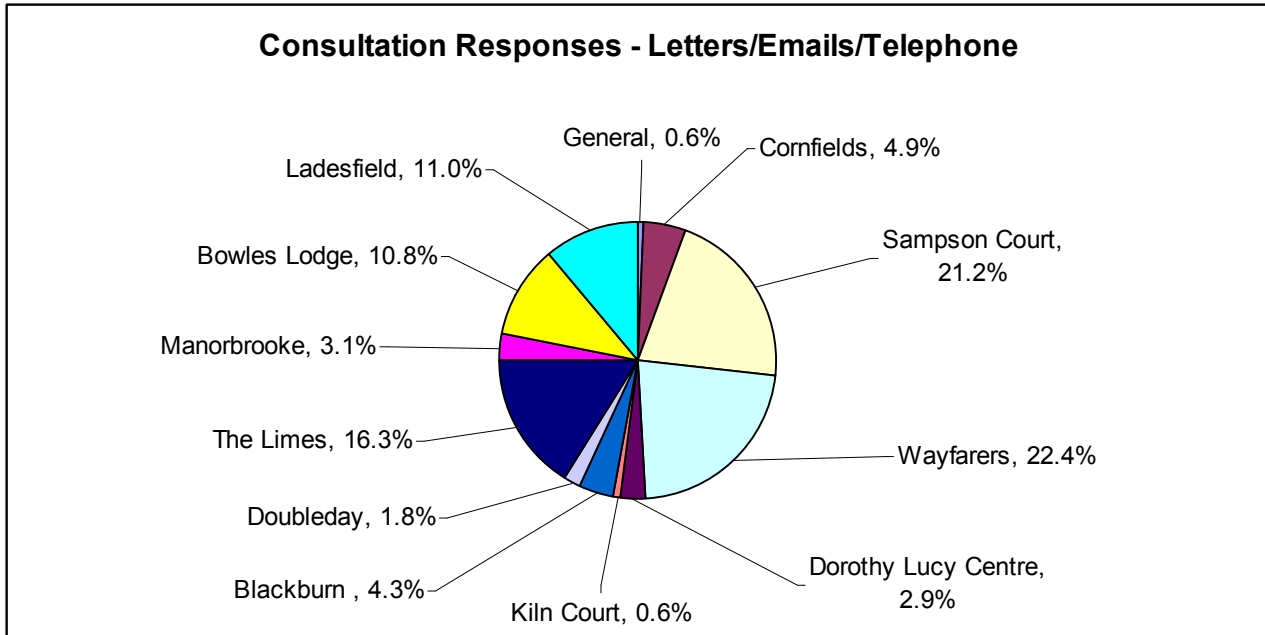
<p>Cabinet member chaired a meeting to discuss the proposals. Information packs were sent to those who were invited and who attended:</p> <p>The Chairman of the Adult Social Services Policy Overview Committee (ASSPOSC)  Vice Chairman  Opposition spokesman  Local KCC member(s)  Elected members  Responsible 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**  
**Director of Operations**  
**01622 696763 (7000 6763)**  
[margaret.howard@kent.gov.uk](mailto: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

## 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

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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.

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## 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.

<b>The main drivers for the full consultation are:</b>
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|--|
| <ul style="list-style-type: none"><li>• <b>More people are living longer and living with dementia. People rightly expect more choice in care.</b></li><li>• <b>High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.</b></li><li>• <b>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.</b></li><li>• <b>Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people.</b></li></ul> |
|--|

(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

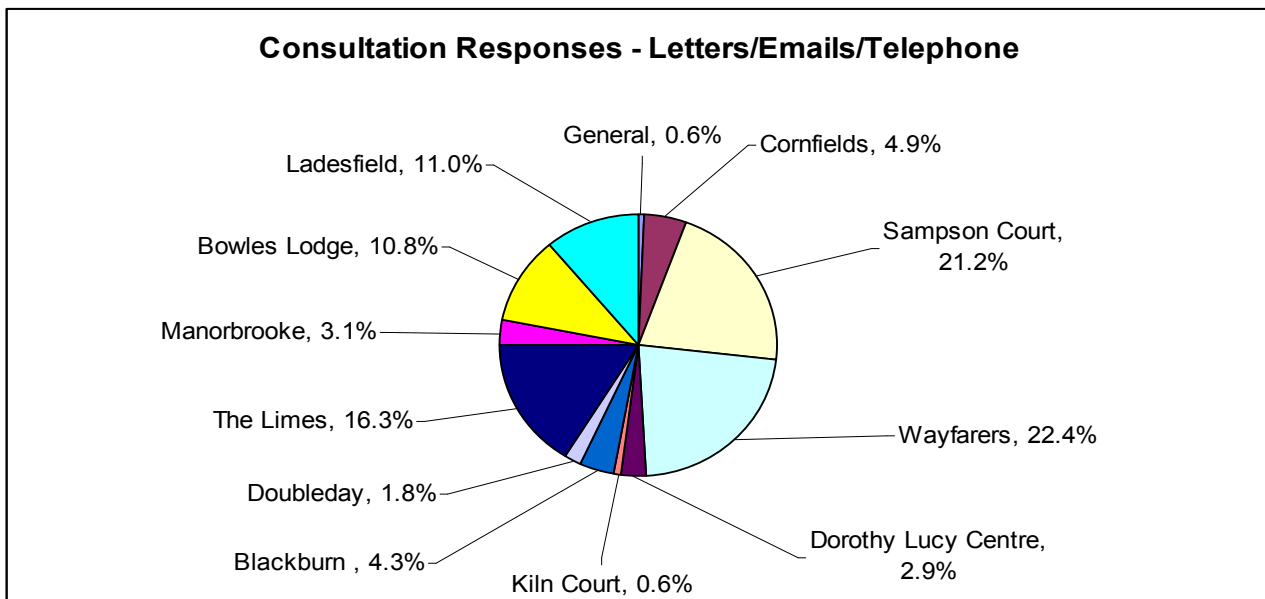
<p>Local KCC member(s) Elected members Responsible member of KCC adult social services Strategic Management Team Heads of Services (updated to reflect new title) Area Personnel Manager</p>	<p>21 June 2010 and 5 July 2010 14 June 2010  10 June 2010 14 June 2010 14 June 2010</p>
<p>Stakeholders were informed 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:

<b>Potential Client Relocation</b>	<b>Residential</b>	<b>OPMH Residential</b>	<b>Nursing</b>	<b>OPMH Nursing</b>
Dartford	5	4	3	2
Gravesham	2	2		
Swanley	2	2		
<b>Snapshot of vacancies 08/11/10</b>	<b>Residential</b>	<b>OPMH Residential</b>	<b>Nursing</b>	<b>OPMH Nursing</b>
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**  
**Director of Operations**  
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[margaret.howard@kent.gov.uk](mailto:margaret.howard@kent.gov.uk)

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- 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

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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

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## 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.

<b>The main drivers for the full consultation are:</b>
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| <ul style="list-style-type: none"><li>• <b>More people are living longer and living with dementia. People rightly expect more choice in care.</b></li><li>• <b>High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.</b></li><li>• <b>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.</b></li><li>• <b>Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people.</b></li></ul> |
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(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
<b>Total</b>	<b>£ 452,000</b>

(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

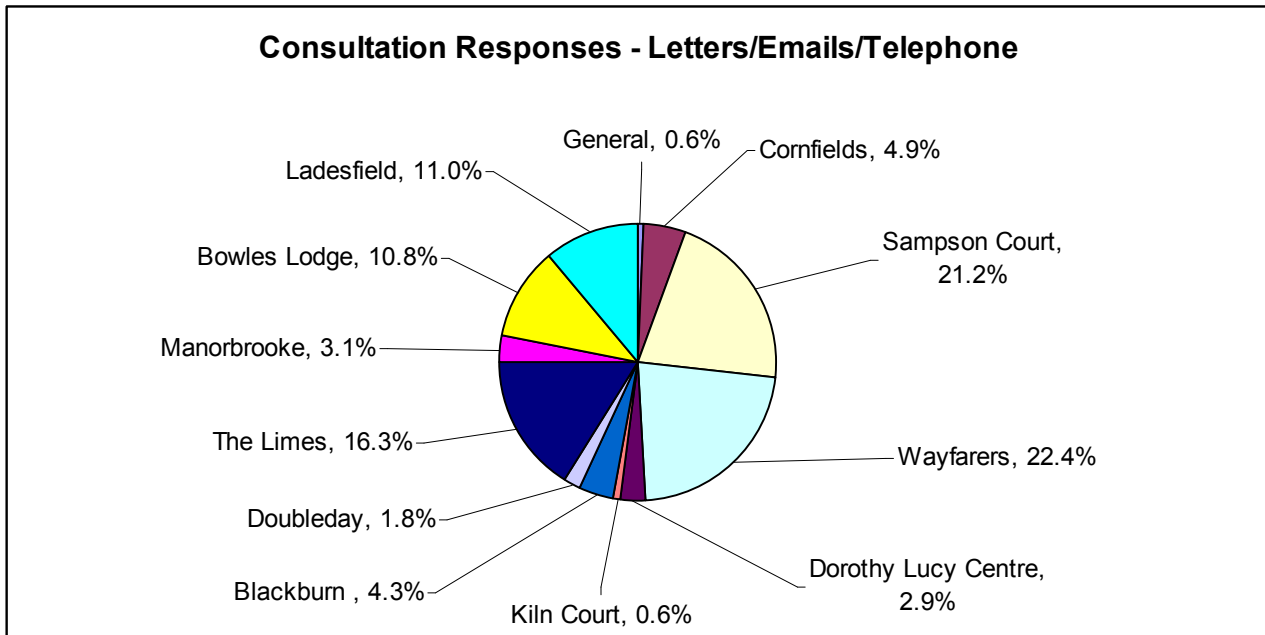
<p>Stakeholders were informed in writing and invited to comment: -</p> <ul style="list-style-type: none"> <li>Users, relatives and carers</li> <li>Head of Service</li> <li>Staff</li> <li>Trades Unions</li> <li>Local KCC member(s)</li> <li>District Council</li> <li>Parish/Town Council</li> <li>Relevant NHS bodies</li> <li>Any other relevant person or organisation and the Local MP</li> </ul>	<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 &amp; Wellbeing group on 14 September 2010</p> <p>Ladesfield Relatives Meeting 17 September and 22 September 2010</p> <p>Kent &amp; Medway Partnership Trust OT Empowerment &amp; 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**  
**Director of Operations**  
**01622 696763 (7000 6763)**  
[margaret.howard@kent.gov.uk](mailto: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 PROPOSED CLOSURE OF THE LIMES REGISTERED CARE CENTRE, DARTFORD**

Classification: Unrestricted

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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

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## 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.

<b>The main drivers for the full consultation are:</b>
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- |  |
|--|
| <ul style="list-style-type: none"><li>• <b>More people are living longer and living with dementia. People rightly expect more choice in care.</b></li><li>• <b>High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.</b></li><li>• <b>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.</b></li><li>• <b>Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people.</b></li></ul> |
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(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 &amp; 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>

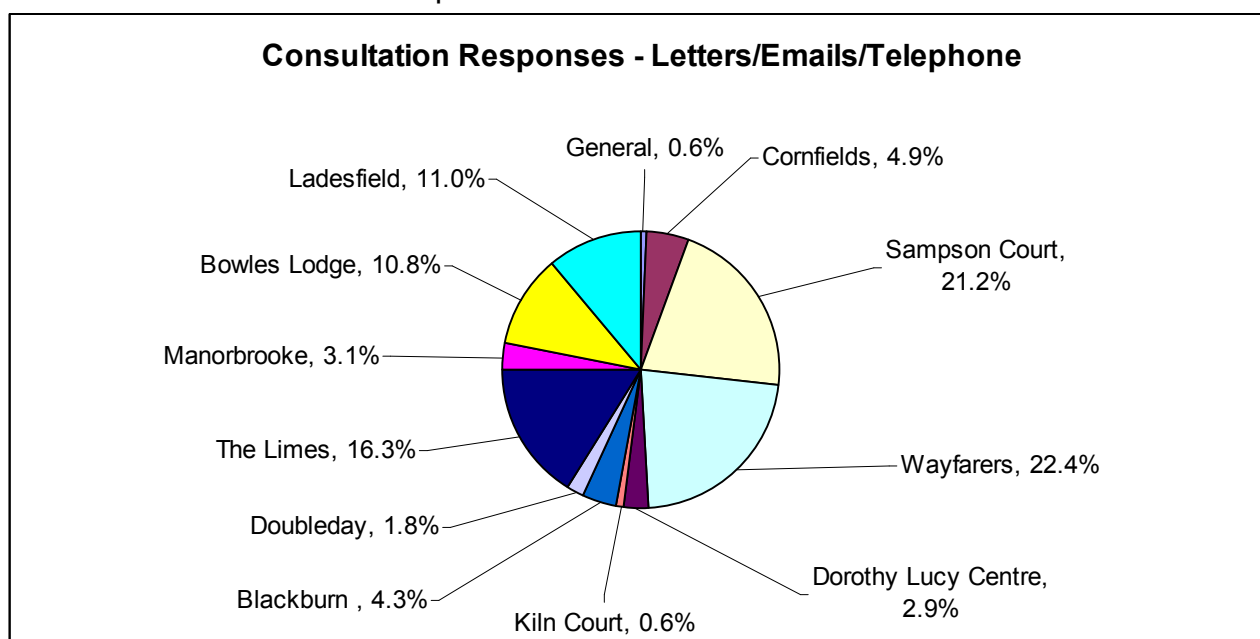
	Held individual meetings and group meetings with local councillors, county councillors, MPs
Directorate issued a Press Release	The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.
A wide range of stakeholder meetings were held	<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:

<b>Days a week</b>	<b>Numbers of service users</b>
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%
<b>Total</b>	<b>56</b>	<b>100%</b>

(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%
<b>Total</b>	<b>Y</b>	<b>1412</b>	<b>902</b>	<b>63.88%</b>

(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.

**Margaret Howard**  
**Director of Operations**  
**01622 696763 (7000 6763)**  
[margaret.howard@kent.gov.uk](mailto: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

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***

***Brent Lane Dartford DA1 1QN***

**Kent Adult Social Services**

**Kent County Council**

**Brenchley House – BH3**

**123-135 Week Street**

**Maidstone**

**Kent ME14 1RF**

**Tel: 01622 694888**

**Fax: 01622 694910**

**email [oliver.mills@kent.gov.uk](mailto:oliver.mills@kent.gov.uk)**

**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.

<b>The main drivers for the full consultation are:</b>
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- |   |
|---|
| <ul style="list-style-type: none"> <li>• <b>More people are living longer and living with dementia. People rightly expect more choice in care.</b></li> <li>• <b>High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.</b></li> <li>• <b>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.</b></li> <li>• <b>Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people.</b></li> </ul> |
|---|

(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



<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>

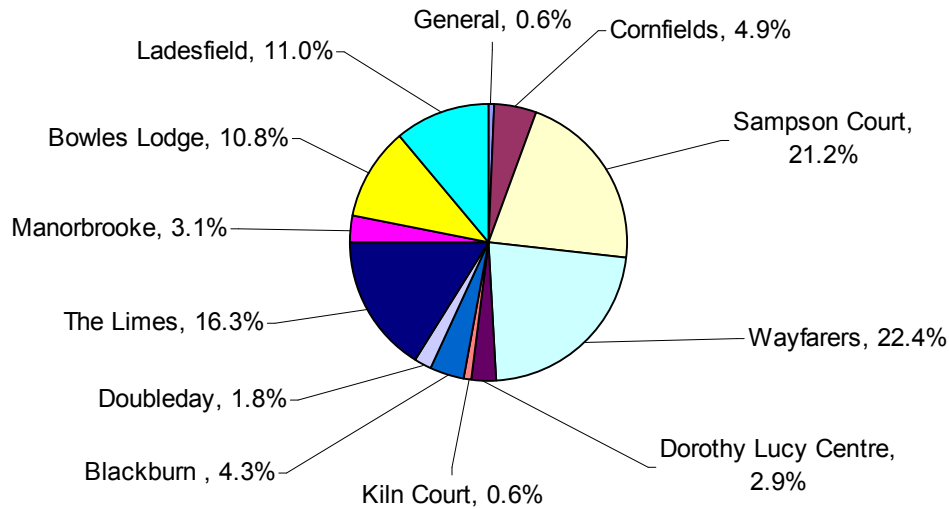
	<p>Meeting with East Kent MPs on 8 October 2010</p> <p>Meeting with Dover Councillors on 15 October 2010</p> <p>Presentation to Age Concern Collaboration Meeting on 20 October 2010</p> <p>Adult Social Services Policy Overview and Scrutiny Committee Chair and Vice-Chair visit to Sampson Court 27 October 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 28<sup>th</sup> 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.

<b>Potential Client Relocation</b>	<b>Residential</b>	<b>OPMH Residential</b>	<b>Nursing</b>	<b>OPMH Nursing</b>	<b>Dual Purpose</b>
Deal	1	7	1	0	0
Dover	1	0	0	0	0
Other (local)	1	4	0	0	0
<b>Vacancies 28/9/10</b>	<b>Residential</b>	<b>OPMH Residential</b>	<b>Nursing</b>	<b>OPMH Nursing</b>	<b>Dual Purpose</b>
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.

<b>Dementia (OPMH) Vacancies</b>	<b>No. of Registered Beds</b>	<b>No. of Registered beds for EMI</b>	<b>No. of Registered beds for OP</b>
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.

<b>Current Residence</b>
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, ensuites 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 ensuites 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 than 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.

**Margaret Howard**  
**Director of Operations**  
**01622 696763 (7000 6763)**  
[margaret.howard@kent.gov.uk](mailto: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

**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 people's 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%**

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### 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
<b>Planning for the future is good</b>	<b>31</b>
<b>Cause disruption to people</b>	<b>27</b>
<b>Extra Care Good</b>	<b>22</b>
<b>Day Care Vital</b>	<b>21</b>
<b>P&amp;V Sector will see staff and quality decline</b>	<b>19</b>
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
<b>Why does it cost double?</b>	<b>28</b>
<b>Keep KCC Homes</b>	<b>24</b>
<b>Effectively monitor the independent sector to increase quality</b>	<b>24</b>
<b>Revise/review staff contracts &amp; KCC processes to reduce costs</b>	<b>22</b>
<b>KCC should set standards and commission services</b>	<b>21</b>
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	<b>75%</b> (376)	<b>21.6%</b> (103)	<b>2.2%</b> (11)	<b>0.2%</b> (1)	<b>1.6%</b> (8)
Value for money	<b>35%</b> (175)	<b>41.5%</b> (207)	<b>17.4%</b> (87)	<b>1.6%</b> (8)	<b>4.4%</b> (22)
Quality of care	<b>80.3%</b> (401)	<b>15.6%</b> (78)	<b>0.4%</b> (2)	<b>0.2%</b> (1)	<b>3.4%</b> (17)
Freeing up resources to offer more care for more people	<b>26.5%</b> (132)	<b>41.5%</b> (207)	<b>20.8%</b> (104)	<b>1.4%</b> (7)	<b>9.8%</b> (49)
Keeping some homes that Kent County Council manages itself	<b>46.9%</b> (234)	<b>24.6%</b> (123)	<b>16.6%</b> (83)	<b>7%</b> (35)	<b>4.8%</b> (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 <sup>st</sup> choice	2 <sup>nd</sup> choice	3 <sup>rd</sup> choice	Not completed
Care services delivered to me at home to allow me to live at home for as long as possible	<b>60%</b> (299)	<b>19%</b> (94)	<b>7%</b> (36)	<b>14%</b> (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)	<b>41%</b> (204)	<b>35%</b> (173)	<b>7%</b> (37)	<b>17%</b> (85)
Care services delivered in a residential setting	<b>18.5%</b> (92)	<b>12%</b> (61)	<b>48.5%</b> (239)	<b>21%</b> (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	<b>90.5%</b> (451)	<b>8.5%</b> (42)	<b>0%</b> (nil)	<b>0%</b> (nil)	<b>1%</b> (6)
A garden or outside space	<b>31%</b> (155)	<b>38%</b> (193)	<b>26%</b> (130)	<b>3%</b> (12)	<b>2%</b> (9)
Home cooked nutritious food	<b>61%</b> (304)	<b>34%</b> (168)	<b>3%</b> (16)	<b>0%</b> (1)	<b>2%</b> (10)
Good sized bedroom with its own bathroom	<b>46%</b> (229)	<b>9%</b> (45)	<b>20%</b> (99)	<b>3%</b> (14)	<b>2%</b> (12)
Plenty of social Activities	<b>34%</b> (168)	<b>43%</b> (217)	<b>18%</b> (88)	<b>2%</b> (11)	<b>3%</b> (15)
Space for entertaining visitors in private	<b>30%</b> (148)	<b>35%</b> (173)	<b>30%</b> (151)	<b>2%</b> (12)	<b>3%</b> (15)
Enough space for some possessions and my own furniture	<b>38%</b> (188)	<b>38%</b> (189)	<b>20%</b> (99)	<b>2%</b> (10)	<b>2%</b> (13)
Close to where I live	<b>38%</b> (195)	<b>36%</b> (175)	<b>20%</b> (100)	<b>2%</b> (11)	<b>4%</b> (18)
My partner to live with me	<b>47%</b> (233)	<b>24%</b> (120)	<b>9%</b> (44)	<b>7%</b> (34)	<b>13%</b> (68)

Is there anything else not listed above which is really important to you?

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Of 499 responses, 132 people completed the comments box (people had more than 1 view)

Theme	No. comments
<b>Member of society/community/respected/choice/control/local</b>	<b>21</b>
<b>To have pets</b>	<b>11</b>
<b>Trained staff/ratios</b>	<b>8</b>
<b>More stimulating social activities</b>	<b>7</b>
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)	<b>12%</b> (59)	<b>23.2%</b> (116)	<b>44%</b> (221)	<b>14%</b> (72)	<b>6%</b> (31)
Accessibility (e.g. no steps, wide doors etc.)	<b>50.5%</b> (252)	<b>38.5%</b> (192)	<b>8%</b> (40)	<b>0%</b> (1)	<b>3%</b> (14)
A level-access shower	<b>48%</b> (239)	<b>34%</b> (169)	<b>12%</b> (60)	<b>1.6%</b> (8)	<b>5%</b> (23)
Accessible private bathing facilities with space for carers to assist	<b>42%</b> (210)	<b>35%</b> (176)	<b>16%</b> (81)	<b>2%</b> (8)	<b>5%</b> (24)
A safe and secure environment	<b>72%</b> (362)	<b>22%</b> (111)	<b>1%</b> (5)	<b>1%</b> (3)	<b>4%</b> (18)
Communal facilities (e.g. lounge, café, gym etc.)	<b>20%</b> (103)	<b>38%</b> (184)	<b>31%</b> (155)	<b>7%</b> (36)	<b>4%</b> (21)
A location close to shops and transport links	<b>32%</b> (161)	<b>38%</b> (192)	<b>21%</b> (104)	<b>4%</b> (19)	<b>5%</b> (23)
Help and support available when needed	<b>68%</b> (339)	<b>27%</b> (133)	<b>2%</b> (10)	<b>0%</b> (0)	<b>3%</b> (17)
Living among people of a similar age	<b>20%</b> (100)	<b>37%</b> (185)	<b>30%</b> (148)	<b>8%</b> (43)	<b>5%</b> (23)
Being with people from the same culture	<b>12%</b> (58)	<b>28%</b> (138)	<b>35%</b> (176)	<b>18%</b> (93)	<b>7%</b> (34)
Staying at home with appropriate care and support	<b>40%</b> (199)	<b>39%</b> (192)	<b>11%</b> (54)	<b>5%</b> (24)	<b>6%</b> (30)
Ability to remain as independent as possible with own routine and choices	<b>56%</b> (282)	<b>34%</b> (169)	<b>3%</b> (17)	<b>1%</b> (4)	<b>6%</b> (27)
Being able to maintain links with family, friends and the local community where I live	<b>64%</b> (317)	<b>28%</b> (141)	<b>2%</b> (11)	<b>0%</b> (1)	<b>6%</b> (29)

Other (please specify)

Theme	Nos of comments
<b>Quality of staff/time spent/ quality of care</b>	<b>9</b>
<b>Choice</b>	<b>9</b>
<b>Environment/Building not a factor</b>	<b>8</b>
<b>Difficult to answer - don't know until you get there</b>	<b>7</b>
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)
<b>Being able to continue to keep in contact with friends and family</b>	<b>90% (447)</b>
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
<b>To do what I know - be at home, have choices etc</b>	<b>12</b>
<b>Independence only ok if capable</b>	<b>6</b>
<b>Not sure how to answer</b>	<b>5</b>
<b>Money</b>	<b>5</b>
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	<b>26%</b> (129)	<b>36%</b> (182)	<b>20%</b> (101)	<b>6%</b> (29)	<b>12%</b> (58)
I would like to attend to spend time with other like minded people of a similar age	<b>20%</b> (99)	<b>38%</b> (191)	<b>22%</b> (112)	<b>7%</b> (33)	<b>13%</b> (64)
I would like to attend to receive personal care	<b>20%</b> (97)	<b>29%</b> (143)	<b>26%</b> (131)	<b>9%</b> (46)	<b>16%</b> (82)
I would like to provide my relative/ carer with a break	<b>39%</b> (196)	<b>36%</b> (180)	<b>8%</b> (40)	<b>5%</b> (23)	<b>12%</b> (60)
I have an active social life and would not want day care	<b>9%</b> (46)	<b>16%</b> (79)	<b>25%</b> (126)	<b>16%</b> (80)	<b>34%</b> (168)
I would prefer to have a Direct Payment and organise my own activities	<b>17%</b> (84)	<b>21%</b> (105)	<b>22%</b> (107)	<b>14%</b> (72)	<b>26%</b> (131)
I would prefer to meet with people who have similar interests for specific activities of mixed age groups	<b>17%</b> (85)	<b>34%</b> (171)	<b>21%</b> (106)	<b>8%</b> (42)	<b>19%</b> (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)
<b>Not answered</b>	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.

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<sup>1</sup>Extra Care Housing offers self contained flats for older people with care staff on site 24 hours a day.

<sup>2</sup>Direct 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.

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

To: Adult Social Services Policy Overview and Scrutiny Committee -  
12 January 2011

Subject: **TREATMENT OF JOINTLY- OWNED PROPERTY IN  
RESIDENTIAL CHARGING ASSESSMENTS**

Classification: Unrestricted

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Summary: The forthcoming Cabinet Member decision, 10/01553, on the treatment of jointly owned property, has been placed on the ASSPOSC agenda, following a request by members for a fuller discussion.

The report and request for decision are attached.

ASSPOSC are asked to note the report

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#### FOR INFORMATION

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#### **Introduction**

1. Currently, jointly-owned properties are disregarded for the purposes of the residential charging assessment. As part of the new Medium Term Financial Planning process, the Cabinet Member for Adult Social Services has been asked to make a decision to include jointly-owned properties in such assessments. The recommendation is that this should only apply to people who need residential care in the future.

#### **Recommendations**

2. ASSPOSC are asked to note the contents of the attached report, asking the Cabinet Member for a decision on the treatment of jointly-owned properties.

ASSPOSC are asked:

To NOTE

#### ***Background documents:***

*Decision No. 10/01553 - Treatment of Jointly-Owned Property in the Residential Charging Assessment*

Daniel Waller  
Directorate Manager for Governance  
7000 6344

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

To: Graham Gibbens, Cabinet Member, Adult Social Services

Subject: **TREATMENT OF JOINTLY-OWNED PROPERTY IN THE RESIDENTIAL CHARGING ASSESSMENT**

Classification: Unrestricted

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**Summary:** This paper seeks the Cabinet Member's decision on the treatment of jointly-owned property in the residential charging assessment. At the moment, jointly-owned property is effectively disregarded in the charging assessment. This results in a loss of potential income to the Directorate and is a position we seek to change.

The report discusses various options to deal with the situation. The favoured option is that in future the resident is assessed on their percentage ownership of the property in question. It is proposed that this should be worked out by taking the full market value and calculating whatever the resident's share of that is (less costs) unless the resident can show that this is not an accurate reflection of the value of their share. In disputed cases it is proposed KCC makes use of a specialist property valuation firm, commissioned via KCC's Property Group.

It is recommended that, if the proposed change goes ahead, we should not apply it to existing residents but only to new residents from the date of change.

A recent survey of other local authorities revealed that the overwhelming majority do take jointly-owned property into account, obtaining an expert valuation of the resident's share only in disputed cases.

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## FOR DECISION

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### **Introduction**

1. (1) This report seeks a decision to change the way jointly-owned property is treated in the residential charging assessment. This should enable the Directorate to raise significantly more money from residential charging. At the moment approximately £0.5 to £1 million is lost each year due to the current disregard of jointly-owned property. We currently have about 70 cases (going back to 2004 in some cases) that potentially could have been assessed as full-cost because of a jointly-owned property.

## Policy Context

2. (1) When a person is placed in residential care on a permanent basis under section 21 of the National Assistance Act the value of their former home (if they own or part own it) can in certain circumstances be taken into account in the residential charging assessment. For the first 12 weeks of such a stay this property is disregarded. It must then be further disregarded if it is occupied by any of the following people:

- The spouse or partner
- Relative who is one of the following:
  - Aged 60 or above
  - A child of the resident aged under 18
  - Incapacitated
- A lone parent who is the resident's estranged or divorced partner

In addition the local authority has discretion to disregard the property in other circumstances, for example if it is occupied by a carer who has given up their own home.

If it cannot be further disregarded (by these mandatory disregards or via the discretion available) the value of the resident's interest must be taken into account in accordance with the rules laid down in the Charging for Residential Accommodation Guide (CRAG). If the resident solely owns the property there is usually no problem in arriving at a value for their interest. This will be the market value, less any mortgages, secured loans and 10% for the costs of sale. The difficulty arises when the property is jointly owned.

(2) For properties that are jointly owned CRAG states the following:

**Paragraph 7.019:** Where an interest in a property is beneficially shared between relatives, the value of the resident's interest will be heavily influenced by the possibility of a market amongst his fellow beneficiaries. If no other relative is willing to buy the resident's interest, it is highly unlikely that any "outsider" would be willing to buy into the property unless the financial advantages far outweighed the risks and limitations involved. The value of the interest, even to a willing buyer, could in such circumstances effectively be nil. If the local authority is unsure about the resident's share, or their valuation is disputed by the resident, again a professional valuation should be obtained.

(3) Kent Adult Social Services (KASS) has been researching and canvassing opinion on this issue since 2009. Data has been collected from KASS Finance on the number and details of current permanent residents that own a share in a jointly-owned property and meetings have taken place with KCC's Property Group and two independent Chartered Surveyors. Approximately 30 other local authorities have been consulted on their approach to this issue. Legal opinion has been obtained from KCC's Legal Services and the detailed opinion of two other barristers has been obtained. Age Concern and Counsel and Care publications have been studied. Whilst there is not a single approach to this issue, we have concluded that it should be possible to take these properties into account, providing we can obtain an expert valuation in cases that are disputed.

(4) Current advice from KCC's own Legal Services is that we should be taking these properties into account and in disputed cases using an expert valuer to determine the actual value. The advice is also that KCC should pay for these valuations.

### **Options for the treatment of jointly-owned property**

#### **3. (1) Maintain status quo**

If the current situation is maintained this will cost KASS approximately £0.5 to £1million each year. This figure is likely to increase as more people become aware that we currently disregard jointly owned property in the charging assessment. With more recent and obvious transfers of property into joint names it is possible to apply the deprivation rules. However deprivation can be difficult to prove, time consuming and costly.

#### **(2) Assume the resident's share is their share of the full sale value and only obtain a specialist valuation in disputed cases**

Under this system we would look at the full market value of the whole property, calculate whatever the resident's share of that is and then deduct 10% for the costs associated with the sale (as outlined in CRAG).

Example: a resident jointly owns their former home (50:50 as joint tenants) with their daughter who lives elsewhere. Its value is £200,000. We would assume the resident has £90,000, that is £100,000 minus 10% for costs. This would put them well above the capital threshold and they would self-fund.

It is argued that KCC would be entitled, at least initially, to put the onus on the resident/their family to demonstrate that this method of valuation had not provided a correct valuation. This is because section 26(3) of the National Assistance Act 1948 states that it is for the resident to satisfy the local authority that they cannot pay the full rate. KCC's Legal Services has stated, however, that the cost of any valuation should be borne by KCC. This view is partly supported by CRAG (paragraph 7.019) which states that, "If the local authority is unsure about the resident's share, or their valuation is disputed by the resident, again a professional valuation should be obtained". This is considered to be the appropriate approach as the expense of securing a professional valuation will, overall, be offset by the increased income received.

In cases where an expert valuation is needed this would be obtained via KCC Property Group. Following discussions with Legal Services, DTZ (a firm recommended by Legal Services), two local firms and KCC Property Group, KASS Senior Management Team has concluded that the best way to proceed is as follows:

- (i) In conjunction with KASS, the Estates Team in the Property Group to draw up a specification for the work required.
- (ii) All the chartered surveyors on the existing Property Group framework (these already meet our general criteria and have had the appropriate vetting etc) be invited to tender for this work (referred to as a "mini competitive process").
- (iii) One or two firms to be chosen to carry out the work in future.
- (iv) All referrals to be passed via the Estates Group.

**(3) Obtain specialist valuations of jointly-owned property at KCC's expense for all jointly-owned properties**

We would use the procedure for obtaining valuations outlined above but arrange for an expert valuation in all cases, not just those where KASS is in dispute with the resident or their family.

**(4) Kent County Council becomes the "willing buyer"**

We would use the procedure as in option 3 above and back this up by KCC becoming the "willing buyer", ie., offering to purchase the resident's interest in the property if necessary. Whilst it is unlikely the resident would choose to sell to KCC, the real value of this approach is that it establishes a minimum value for the purposes of charging. KCC must, however, be willing and able to purchase the interest if its valuation is to survive a challenge.

KCC's internal legal advice is that this would not be a sensible way forward, particularly if we ended up having to purchase the resident's share. The problems this would entail include:

- Paying out large sums to purchase the interest
- Being then encumbered with an interest that is difficult to dispose of
- Difficulties of forcing a sale
- Responsibility for insurance and maintenance issues
- Having to negotiate with the other co-owner(s)

It is clear that this policy is only worthwhile considering on the assumption that KCC would never have to actually purchase the interest in the property. This position may prove difficult to sustain given that we would have to be willing to purchase the share if necessary.

### **Temporary Financial Assistance**

4. (1) It is recognised that, if KASS begins to take into account jointly-owned property, it may take some time for the resident to realise their interest and thus have the funds to pay for their residential care. Residents in this situation whose former property is in their sole name are sometimes eligible for the Deferred Payments Scheme or Temporary Financial Assistance. In both cases a charge is placed on the property so that the accruing debt is secured.

(2) It is understood that it is not possible to place a legal charge on a part interest in a property, unless all the owners agree to this (and therefore also become liable for the debt). Without this agreement only a "restriction" can be placed on the property so that KASS would at least be informed when the property was sold.

(3) It is recommended that Temporary Financial Assistance (TFA) should be offered to residents in this situation but, in line with current practice, only once their available assets have reduced to £3,000. In addition, it should be a condition that the other co-owners agree to a charge being placed on the property and also that the debt should be settled within one year of the death of the resident, if the property is not sold by then. If TFA is not offered the resident/their family would have to find the funds to pay for the residential care in some other way, for example through equity release.

## **Backdating of assessments**

5. (1) If a decision is taken to include jointly-owned properties in the financial assessment, then a decision is needed on whether this should only apply to new cases or whether existing cases should be reassessed.

(2) If existing cases were to be reassessed, it is estimated that this would raise approximately £0.5 to £1 million per year for the Directorate. It is recommended, however, that the proposed change should only apply to new cases as, prior to applying any change, individuals will have made significant life choices based on practice at that time; retrospectively applying this change could have a significant adverse impact.

## **Personnel and Training Implications**

6. (1) Finance teams (both the Financial Assessment Officers and the Finance and Benefit Officers) will require a detailed briefing if this proposed change is implemented.

(2) Case Management will require awareness training so that they can provide service users with the correct information at an early stage.

## **Financial Implications**

7. (1) It is estimated that a decision to include jointly-owned properties in the financial assessment would save the Directorate approximately £0.25 to £0.5 million per year. If existing cases are included this could increase to approximately £1 million per year. It is not possible to more accurately state savings due to the unpredictability of either the rate of attrition or depletion of capital.

(2) Whilst there may be some increase in correspondence between the various parties, this will not significantly increase demand on staff time. Neither will there be an increase in the costs associated with land registry searches to identify properties that are jointly owned as this work is routinely carried out as part of the assessment process .

(3) The detailed valuation work will be done by an external party, the expert valuer. Our current information is that the cost of this would be approximately £300-£400 plus VAT for each valuation. The tendering process described in paragraph 3(2) may alter this estimation. In some cases there may also be legal costs involved if the resident or their family wishes to take the case further including to the Ombudsman. In these cases the cost is likely to be substantially higher.

(4) A change in policy will result, most probably, in extra work for KCC Legal Services who carry out the work involved in registering legal charges. Each charge will attract a cost. The average cost of applying a section 22 (HASSASSAA) charge (which is the one Legal will be using where a charge is necessary) is £281.83.

## **The Effect on Debt**

8. (1) Whilst this proposal will result in more people funding their own care, it is possible that the amount of debt may increase as more residents approach KASS for Temporary Financial Assistance (TFA) whilst they are waiting for their property to be sold (see above section on TFA). An individual offered TFA will have a legal charge placed on

their property, thus securing the debt. However, whilst the legal charge is being actioned, any accruing debt would be reported as unsecured in the short term. There is a current proposal to implement a debt category of "Forwarded for Section 22 Legal Charge"; this would identify the debt allowing it to be considered "secured pending". The debt would eventually transfer as "Secured Section 22 Legal Charge" until paid and discharged. 'Section 22 Legal Charge' refers to section 22 of the Health and Social Services and Social Security Adjudications Act 1983 (known as HASSASSAA).

## Customer Impact Assessment

9. (1) An impact assessment has been done on this proposed change which is available if required. The main points from this that are relevant for consideration are as follows:

(a) It is important to stress that this change will not affect the treatment of property that is jointly owned with certain people who still live in the property including a spouse, partner (opposite or same sex), a relative who is aged over 60 or incapacitated or a child (under 18) of the resident, or a lone parent who is the resident's ex partner. Such properties are ignored whether they are solely or jointly owned and nothing in the proposed change will affect this situation. In addition discretion is available to disregard the property if it is occupied by a carer of the resident. This will also remain unchanged.

(b) It is not possible to list all the scenarios to which the proposed change will apply but some examples are:

- (i) Property jointly owned with resident's adult son who lives elsewhere
- (ii) Property jointly owned with resident's brother and sister, both of whom live elsewhere
- (iii) Property jointly owned with resident's daughter who has only recently moved into the property and works full-time (ie not been a long term carer)

(c) It is recognised that this proposed change may adversely impact on some carers. Our current policy already allows for discretion to be exercised (and a property ignored completely) if it is occupied by the former carer. Each case is considered on its merits and it is proposed that the ability to use discretion should continue. However, there will be some carers who will not be able to benefit from this discretion and will therefore be affected. This is illustrated by 9 (b)(iii) above. Under the current policy the value of the property would be taken into account in full if solely owned by the resident and completely ignored if jointly owned with the daughter. The proposed change would mean that if the property was jointly owned with the daughter, the resident's share would be taken into account and one of the following 3 options applied:

- (i) The resident and daughter could sell the property releasing the resident's share to be used to fund the required care.
- (ii) The money to fund the resident's care could be found from some other source of income (this could include letting out a room in the property).
- (iii) The resident and their daughter could agree to a voluntary charge being placed on the property, so that KASS could fund the required care in the knowledge that they had secured this debt on the property. When the resident died, the amount spent by KASS would be recouped from the resident's share of the equity.

It is important to note that a resident carer is at risk of losing their home, not just with the proposed change, but also with the current practice.

(d) It is considered possible that the proposed change may impact more on communities who tend to live with other members of their extended family.

(2) If this proposed change is agreed, its operation will be closely monitored and reviewed after the first year. The review will include an Equality Impact Assessment to determine if any of the points raised above require further consideration.

## Recommendations

10. (1) The Cabinet Member is asked to decide whether there should be a change to the treatment of jointly-owned property in order for KASS to raise significantly more money from residential charging.

(2) If so, the Cabinet Member is asked to decide which of the options in section 3 should be implemented, noting that the KASS SMT recommend option 2 i.e. assume the resident's share is their % share of the full market value and only obtain an expert valuation in disputed cases.

Chris Grosskopf Policy Officer 01622 696611 (7000 6611) <a href="mailto:chris.grosskopf@kent.gov.uk">chris.grosskopf@kent.gov.uk</a>	Janet Marsh Directorate Exchequer Officer 01622 221785 (7000 1785) <a href="mailto:janet.marsh@kent.gov.uk">janet.marsh@kent.gov.uk</a>
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*Background documents:* None

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By: Overview, Scrutiny and Localism Manager

To: Adult Social Services Policy Overview and Scrutiny Committee  
12 January 2011

Subject: **UPDATE ON SELECT COMMITTEE WORK**

Classification: Unrestricted

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Summary: This report updates Members on current and future Select Committee work and invites suggestions for future Select Committee Topic Reviews.

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### **Select Committee work now completed - Renewable Energy and Extended Services**

1. The final reports of both of these Select Committees were considered by the County Council on 16 December 2010.

### **Work currently underway – Dementia Select Committee**

2. ASSPOSC is the 'parent' committee for this review. By the time of the POSC meeting, the Select Committee will have met to elect its Chairman (the Chairman Designate is Trudy Dean) and agree its Terms and Reference, scope and way forward. It will then contact voluntary organisations, carers and others, to announce the review and invite participation. A similar invitation has already gone out to staff via Yammer, and everyone who responded has been contacted. In addition, a focus group will be brought together to act as a point of reference for the review. It is planned that this group will input into the scope and the recommendations.

3. To gain a grounding in the subject, prior to holding its formal evidence-gathering hearings, the Committee will have a briefing from KASS officers on 26 January about future planned services and best practice. It is hoped that a similar briefing from Health can be arranged, and a number of visits will take place during February, to a range of establishments and groups across the County. Hearings and meetings are planned for March, after which a gap is planned to accommodate local election activity in April and early May. This gap will allow time to meet with the focus group, to take stock of evidence so far and identify any further evidence requirements. This time could also be used to engage individuals/groups who have responded to the initial contacts, perhaps by questionnaire.

4. The contacts in Democratic Services for this Select Committee are: Research Officer Sue Frampton (01622 694993) and Democratic Services Officer Christine Singh (01622 694334).

## Future Select Committee Work

- **Educational Attainment of Pupils and Schools in Areas of High Deprivation** – starting work now. The contacts in Democratic Services for this Select Committee are: Research Officer Pippa Cracknell (01622 694178) and Assistant Democratic Services Manager Denise Fitch (01622 694269).
- **The Student Journey** – due to start work in Spring 2011. The contacts in Democratic Services for this Select Committee are: Research Officer Gaetano Romagnuolo (01622 694292) and Democratic Services Officer Theresa Grayell (01622 694277).

## Suggestions for Select Committee Topic Reviews

5. If Members have any suggestions of topics they would like to put forward for consideration for inclusion in the future topic review work programme, they should contact the Democratic Services Officer for this POSC.

### Recommendation:-

6. Members are asked to note the successful completion of the work of the Renewable Energy and Extended Services Select Committees and the new Topic Review work which is now starting, or soon to start, and to advise the Democratic Services Officer of any topics which they would like to put forward for consideration for inclusion in the future Select Committee Topic Review Work Programme.

Theresa Grayell  
Democratic Services Officer

Background Information: *Nil*

telephone: 01622 694277  
e-mail: [theresa.grayell@kent.gov.uk](mailto:theresa.grayell@kent.gov.uk)