

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

To: Graham Gibbens, Cabinet Member, Adult Social Services

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON THE CLOSURE OF LADESFIELD REGISTERED CARE CENTRE, WHITSTABLE**

Classification: Unrestricted

Summary: This report considers the proposal to close Ladesfield and summarises the responses to the consultation. The report asks the Cabinet member to approve the proposal to close Ladesfield

1. Background

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

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

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

The main drivers for the full consultation are:
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| <ul style="list-style-type: none">• More people are living longer and living with dementia. People rightly expect more choice in care.• High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.• Residential care should be in high quality buildings. Some KCC buildings have reached the end of their useful life and don't meet expectations or standards for new builds.• Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people. |
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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
Total	£ 452,000

(9) The unit cost (gross), based on 100% occupancy, for one bed was £723.50 per week for 09/10. The unit cost (gross), based on 100% occupancy, in the day centre was £65.30 per day for 09/10. The annual gross expenditure for 2009/10 was £1,320,400 for the residential unit and £151,300 for the day care totalling **£1,471,700**.

(10) NHS Eastern and Coastal Kent placed a charge on Ladesfield based on their capital investment to develop dementia services and these charges were due to be repaid should the services cease. A letter was received from NHS Eastern and Coastal Kent dated 11 October 2010 confirming that the charges are considered discharged.

(11) On 18 November 2010, Ladesfield had 14 permanent residents. The service offered 20 frail permanent places, five frail respite places and 10 dementia respite places. In 2009/10, Ladesfield ran at 83% of its residential capacity making the unit cost £875.03 and 53% of its day care capacity making the unit cost £123.07.

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

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

(14) The Care Quality Commission (CQC), in its last inspection in 2009, rated the service as 'good'. There was positive feedback about the services both from inspectors and service users. The report showed that the majority of the bedrooms on the ground and first floor are small. Whilst this does not pose a problem for ambulant residents, for those who are wheelchair bound and need a hoist and two members of staff to transfer, it may do in future.

(15) Canterbury commissioning managers have recognised that Ladesfield offers important respite services that they would need to provide in the independent sector and, longer term, there may be the potential for new developments in the district with other public sector organisations.

(16) It is anticipated, should the proposal be agreed, that Ladesfield will close by September 2011 and given the confidence from commissioners of the availability of alternative provision this may be in the early part of the 2011/12 financial year.

2. Consultation Process

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

Process	Date Action Completed
Obtained agreement in principle from the Cabinet Member for Adult Social Services.	14 June 2010
Cabinet member chaired a meeting to discuss the proposals and information packs were sent to those who were invited and who attended:	
The Chairman of the Adult Social Services Policy Overview Committee (ASSPOSC)	10 June 2010
Vice Chairman	10 June 2010
Opposition spokesman	10 June 2010
Local KCC member(s)	2 July 2010
Elected members	14 June 2010
Responsible member of KCC adult social services Strategic Management Team	10 June 2010
Heads of Services (updated to reflect new title)	14 June 2010
Area Personnel Manager	14 June 2010

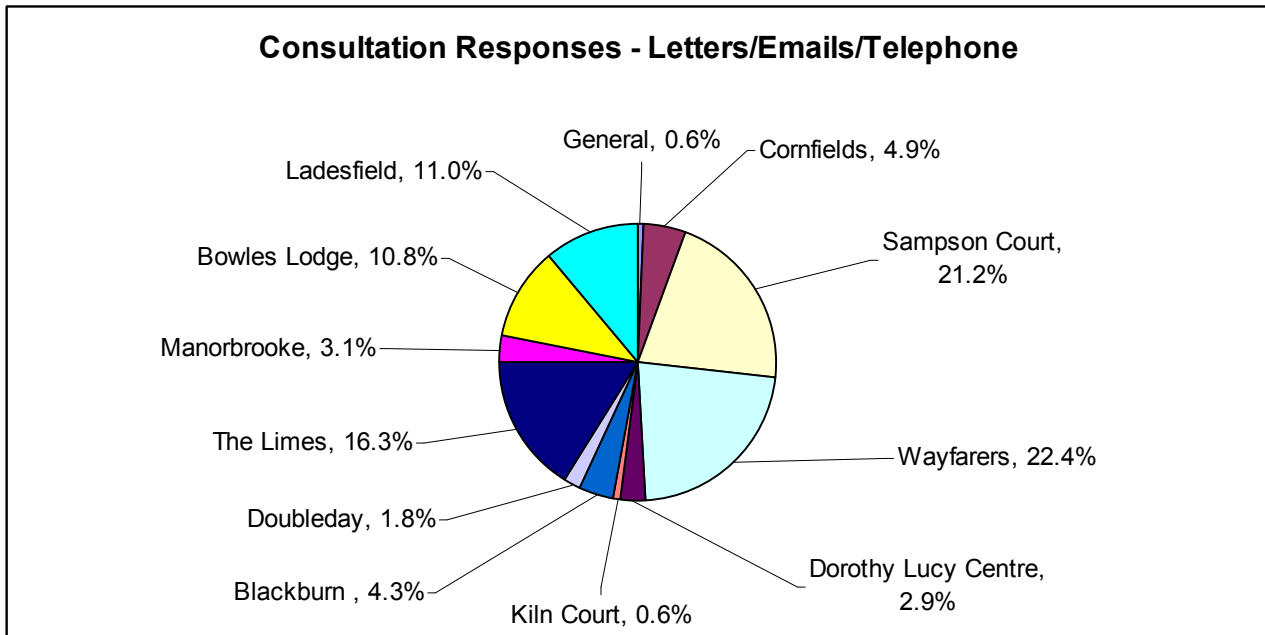
<p>Stakeholders were informed in writing and invited to comment: -</p> <ul style="list-style-type: none"> Users, relatives and carers Head of Service Staff Trades Unions Local KCC member(s) District Council Parish/Town Council Relevant NHS bodies Any other relevant person or organisation and the Local MP 	<p>Letter sent 14 June 2010. Consultation period ended 1 November 2010 (19 weeks from 21 June 2010).</p> <p>Summary of meetings and correspondence received as a result of the consultation</p> <p>Informed MP and answered questions</p> <p>Held individual meetings and group meetings with local councillors, county councillors, MPs</p>
<p>Directorate issued a Press Release</p>	<p>The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.</p>
<p>A wide range of stakeholder meetings were held</p>	<p>Meetings with staff and union representatives held on 2 July 2010.</p> <p>Stakeholder Roadshow held for Ladesfield on 7 October 2010</p> <p>Individual meetings with permanent residents and carers offered but not requested for those accessing Ladesfield</p> <p>Meeting with respite users and carers on 2 July 2010.</p> <p>Meeting with day care users/carers on 2 July 2010.</p> <p>East Kent Area Management Team Commissioning Board on 6 September 2010 and 1 November 2010.</p> <p>Presentation at members' briefing on 26 July 2010 on proposals.</p>

	<p>Meeting with East Kent MPs on 8 October 2010</p> <p>Presentation to NHS Eastern and Coastal Kent Commissioning Strategy Committee (Swale, Dover and Whitstable PBC) Meeting on 25 August 2010</p> <p>Presentation to Agewise – Canterbury on 7 September 2010</p> <p>Canterbury Health & Wellbeing group on 14 September 2010</p> <p>Ladesfield Relatives Meeting 17 September and 22 September 2010</p> <p>Kent & Medway Partnership Trust OT Empowerment & Involvement 30 September 2010</p> <p>Adult Social Services Policy Overview and Scrutiny Committee Chair and Vice-Chair visit to Ladesfield 26 October 2010</p>
Report to Cabinet member for decision making on the closure/variation proposal.	This report dated 30 December 2010
The Cabinet member or the Chairman of the Adult Services Policy Overview Committee will decide if a meeting between him/themselves, KCC members and consultees is necessary.	In addition to the extensive consultation, these matters will also be discussed at Adult Social Services Policy Overview Committee on 12 January 2011
Instigate any change programme	From January 2011.

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

(3) The overall consultation received **490** letters; most were relating to specific units. A number of letters were copied to the local MP, local councillor, Councillor Gibbens and officers within KCC. Each letter was responded to either by a standard acknowledgement or a more detailed letter responding to any queries or inaccuracies in their statements. Of the total number of responses, **11%** related directly to Ladesfield.

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



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

(6) A Facebook Group was established "save Ladesfield" and 45 people 'like' this page.

(7) The lead campaign group PORCH (protect our relatives care home) was also established at <http://porch.socraticirony.org/>.

(8) A petition was received against the proposals containing 883 signatures.

3. Alternative/Replacement Services

(1) Canterbury commissioners recognise that the services provided at Ladesfield are important and would need to be provided elsewhere. Every individual who currently gets support through Ladesfield would have a full reassessment of their needs and would be supported in securing alternative services:

Residential:

(2) There are currently 14 permanent residents in Ladesfield. Two are likely to require a permanent dementia placement and one is likely to require a nursing care placement. All remaining permanent residents will be supported in securing alternative services in the independent sector following an updated assessment of their needs and an analysis of friendship groups.

(3) A desktop exercise has been undertaken reviewing care plans and talking with case management staff and it is expected that the following may need to be secured:

Potential Client Relocation	Residential	OPMH Residential	Nursing	OPMH Nursing	Dual Purpose
Canterbury					2
Herne Bay	3				
Whitstable	2	3	2		
Out of Area (2)					
Vacancies 26/9/10	Residential	OPMH Residential	Nursing	OPMH Nursing	Dual Purpose
Canterbury	14	4	0	0	1
Herne Bay	5	6	0	0	17
Whitstable	2	8	0	2	1
Upper Harbledown	0	0	0	0	5
Other	0	7	0	0	1

(4) This illustrates that there are vacancies within the district to accommodate the permanent residents in Ladesfield plus some block purchasing for respite. A more detailed analysis was undertaken looking specifically at Herne Bay and Whitstable to provide assurance that the individuals who wish to live there can be accommodated. It may be necessary to liaise with selected homes in Whitstable to make sure Ladesfield clients are prioritised through management of their waiting lists.

(5) Whitstable has a total of 139 beds in six homes for residential and residential OPMHN (older people with mental health needs). This figure excludes Ladesfield. All of these are rated 'good' or 'excellent'. KASS currently funds 54 residents in Whitstable residential homes (excluding Ladesfield)

(6) Herne Bay has a total of 465 beds in 19 homes for registered residential and residential OPMHN. There are 347 registered beds in residential homes that are rated 'good' or 'excellent' of which 228 registered are within the KASS band rate.

(7) Canterbury City has a total of 404 beds in 16 homes for registered residential and residential OPMHN. There are 396 registered beds in residential homes that are rated 'good' or 'excellent' of which 231 registered beds are within the KASS band rate.

(8) These figures exclude nursing care beds. This figure is not precise as some homes are registered for nursing and residential. In these cases, a judgement has been made as to the proportion that are used as residential beds.

Respite:

(9) The respite services that Ladesfield offers are a critical part of the commissioning for older people within the District. There are no permanent OPMHN beds. There are 10 OPMHN non-permanent beds. One of these beds is funded for 'direct access' by Carers, and another bed is supported by the Kent and Medway Partnership Trust Home Treatment Team as a 'crisis' bed.

The table below shows where people come from to access respite at Ladesfield:

Whitstable	18
Herne Bay	18
Canterbury	14
Sittingbourne	4
Faversham	2
Sheerness	1
Broadstairs	1

(10) Commissioners have identified that across the locality, three to four additional beds will be required for bookable short breaks for general frailty, and two to three additional beds on short notice (i.e. less than seven calendar days) to serve the local population. This includes current levels of short term admissions for “assessment” from hospital.

(11) Seven to eight additional beds will be required for dementia short breaks, with a high percentage of occupancy expected to be booked in advance.

(12) There are 58 clients currently recorded as using Ladesfield for regular residential respite care. 18 of these are Whitstable residents which indicates that KASS would need to procure at least two beds in the local P&V homes to continue to offer a locally accessible service. Vacancy levels in the independent sector indicate that this will be achievable. It is contingent upon suitable homes entering into a contractual arrangement with KCC and there has been interest from the independent sector in exploring and developing this. Kiln Court in Faversham can also be utilised for respite, residential and day care and could also support the hospital discharge/urgent care agenda across the locality. The partnership plans for Kiln Court will see modernised services delivered in the locality from 2013.

Day Care:

(13) There is a modest day care area within the establishment. It operates from Monday to Friday, with a maximum capacity for 10 people each day. Monday, Wednesday and Friday are for older people with general frailty. Tuesday & Thursday are for older people with dementia. Six clients, all from Whitstable, attend for dementia day care, and four of these also attend for regular residential respite care. Five other clients attend on other days for general frailty needs, also all Whitstable residents. Booked attendance ranges between four to seven people per day. Recent actual attendance over a period of time shows that only one person attends on a Monday, two on a Tuesday and four on Wednesday, Thursday and Friday.

(14) Local commissioners estimate that up to 12 additional day care places per week (2-3 per day) will be required for older people with dementia, all local Whitstable residents. At least one local home is considering offering dementia day care, and KASS would aim to secure some residential respite facility in the same place as the day care to offer service continuity.

(15) Up to 18 additional day care places per week (general frailty, 3-4 per day) will be required for the five Whitstable residents currently attending. Further to dialogue with partners, it is anticipated that the adjacent Age Concern Whitstable will be able to offer places, as well as the potential for some personalised solutions for one or two clients.

4. Alternative Proposals

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

(2) There were two proposals; one was the response from Unison covering all of the proposals and one was from a local resident.

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

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

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

(4) Another alternative proposal was also received from a local resident during the consultation period as follows:

A. “THE POSSIBILITY OF EXTENDING LADESFIELD

Ladesfield could be extended, if funds could be found, to provide a 50-bed facility which I am informed is a more ideal size for a residential care home. The new bedrooms could be constructed with en suite bathrooms which would allow for potential residents who are more able to use such facilities independently. The extended area could possibly incorporate facilities for EMI residents and could comprise a layout ideal to their needs. Overall this would provide a better mix of accommodation for folk at different levels of physical and mental ability. There is sufficient room on site to permit such an extension and it could be built with minimum disruption. A larger and upgraded Ladesfield could become more widely recognised as ‘a centre of excellence for residential care’. Failing this the site could be used for ECH.

B. THE POSSIBILITY OF PARTNERSHIP WITH THE PRIVATE SECTOR

Surely there is the possibility of some partnership with the private/ voluntary sector that would permit Ladesfield to continue as a going concern? The briefing paper prepared by KASS states that: ‘*Partnering arrangements could be looked at as a way of providing modernised services that are needed, and expected, by the people of Kent.*’

A number of options could be pursued to raise capital for the refurbishment of Ladesfield as the aforementioned Porch document points out.”

(5) The Evaluation Panel did not consider that this proposal is viable for the following reasons:

- KASS has no access to capital to extend Ladesfield and should such a proposal be considered very extensive works would need to be undertaken on the original building as identified in the report.
- Extra care housing has to be delivered in partnership with the local authority that has the responsibility for housing. Canterbury City Council recently delivered extra care housing at King Edward Court in Herne Bay with the county council and currently identifies that this is adequate to meet current need.
- There is an active and thriving social care market in the Canterbury district and partnership arrangements are not required as the independent sector can adequately accommodate the client group. It is estimated that there is currently one registered Residential home bed for every nine people aged 80+ in the Canterbury District which indicates more than adequate supply

The Project Executive Board agreed with the panel.

5. Issues raised during the consultation

a) Emails/Letters

(1) A form of petition was received by way of 27 copies of a standard letter to KCC local Councillor Mark Dance. The key points were that **there would be a loss of community services, improvements should be made to existing facilities to enable clients to remain where they chose to live and that current members of staff provide excellent care.** It has always been stated that the standard of care is not one of the drivers behind the proposals. The closure of Ladesfield would mean that there would be 35 fewer beds available for the Canterbury district but these beds could be re-provided in the independent sector, providing dedicated beds for dementia respite and other needed

services. A residential home has recently been extended in Whitstable providing additional beds. In order for improvements to be made at Ladesfield, significant capital investment would be needed. KCC does not have access to such funding. The Care Quality Commission commented in their last inspection report that the rooms at Ladesfield are not of a suitable size for people who might require equipment or additional support, so would not support people with greater needs.

It is recognised that Ladesfield was a choice for some people because of its location. Residents would be supported in identifying an alternative home in their preferred location that meets their needs.

(2) **Slowly wind down Ladesfield for closure to make sure that those service users who chose to live at Ladesfield could remain there without any upheaval.** The current cost of running Ladesfield is £1.3m per year. The unit cost (gross), based on 100% occupancy, for one bed was £723.50 per week for 09/10. This increases to £875 per week if based on 2009/10 occupancy of 83%. The unit cost would only increase further with fewer individuals using it over time. If the proposal to close is agreed, KASS will have up to eight to nine months to agree and make alternative arrangements for the remaining residents. Should peoples needs change and they require nursing care, Ladesfield would not in any event be able to provide the continuity of service. Although KASS appreciates the anxiety that change generates, the way we will manage the change will be careful and individual and is detailed further below.

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

(4) **The Dementia day care and respite are valuable and are not available elsewhere.** KASS commissioners identified when the proposals were announced that dementia day care and respite services are important and would need to be replaced, if Ladesfield were to close. The commissioners have identified how the services could be re-commissioned in the independent sector as identified above.

(5) **Ladesfield prevents admission to hospital or to permanent residential care.** As stated above, the commissioners do recognise the important role that day care and respite play as preventative services and would be re-providing these services.

(6) **This is a money saving drive affecting the elderly. Money could be saved elsewhere in KCC and this should not be driven by the capital receipt.** The proposals are about the four key reasons that are mentioned at the beginning at this report. Although value for money is a significant factor, it is not a primary reason behind the changes. However, it is true that KCC could buy two beds in the independent sector with the same money it would use to buy one in-house. With the numbers of people requiring care in the long term, adult social services needs to use its resources for more people to access services. KCC members have confirmed that the intention for some of the capital receipts from the site sales would be made available to develop services for older people.

Each of the directorates within KCC is reviewing where money can be saved.

(7) **There is not the quality of care in the independent sector, they are not inspected and there have been examples recently of this in the press. There is not the capacity for people with dementia and no vacancies to support the closure.** The Care Quality Commission inspects homes both in the independent sector and Ladesfield. They rate services at Ladesfield as 'good', while others are excellent. Every residential care home receives an annual review and members of KASS staff are frequently in residential care homes reviewing services and quality. Where improvements are found to be needed, lessons are learned and fed back to the CQC.

KASS officers will reassess individuals living at Ladesfield and will support them to find an alternative home that meets their needs. On 26 September 2010, there were 73 vacancies across the district.

Services are being developed and the market is responding to provide services to those with greater need.

(8) A campaign group formed called PORCH – Protect Our Relatives Care Home was formed. This campaign identified a number of the issues early on and requested meetings with the Cabinet Member and the Director of Operations. These issues mainly focused upon the cost model for our services and a comparative exercise against the Laing and Buisson Model which was developed to look at a cost model for the independent sector homes. KASS shared information relating to the cost breakdown for Ladesfield and also details around the staffing model and terms and conditions. PORCH also asked for more certainty around the future of care for their relatives and the associated costs and KASS developed a memorandum of understanding which is in the process of being finalised.

b) Questionnaire:

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

(10) **The proposals:**

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

support for extra care housing, emphasising the importance of day care and concerns about the quality of care in the independent sector.

(11) Should KCC run its own homes?

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

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

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

(13) Thinking about the future

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

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

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

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

6. Personnel implications

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

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

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

Head count	No. of contracts	No. of Permanent Contracts	No. of Temporary Contracts	No. of Fixed Term Contracts	No. of Full Time Contracts	No. of Part Time Contracts	No. of Relief Contracts	FTE
53	58	57	0	1	10	36	12	31.66

7. Summary

(1) The proposal for Ladesfield to be closed is recommended. Individuals who access the services provided at Ladesfield will all receive a new, full assessment and be offered an alternative service at no financial disadvantage should the individuals needs not have changed.

(2) There is sufficient capacity in the independent sector in and around the Canterbury district to accommodate the needs of the existing residents, respite and day care users of Ladesfield.

(3) Should the proposal be agreed, it is anticipated that Ladesfield will close no later than September 2011.

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

8. Recommendations

(1) The Cabinet member is asked to **consider** the contents of this report and **agree** that Ladesfield should close no later than September 2011.

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Background Documents

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