

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.

### The main drivers for the full consultation are:

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

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

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

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

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

Allington is a respite unit for older people,

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

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

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

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

Roofs: £28,519

Floors and stairs: £87,027

Ceilings: £10,531

External doors, windows and screens: £89,963

Internal walls and doors: £36,920

Sanitary Services: £3,425

Electrical services: £405

External areas: £2,058

Total: **£258,848**

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

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

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

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

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

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

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

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

## 2. Consultation Process

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

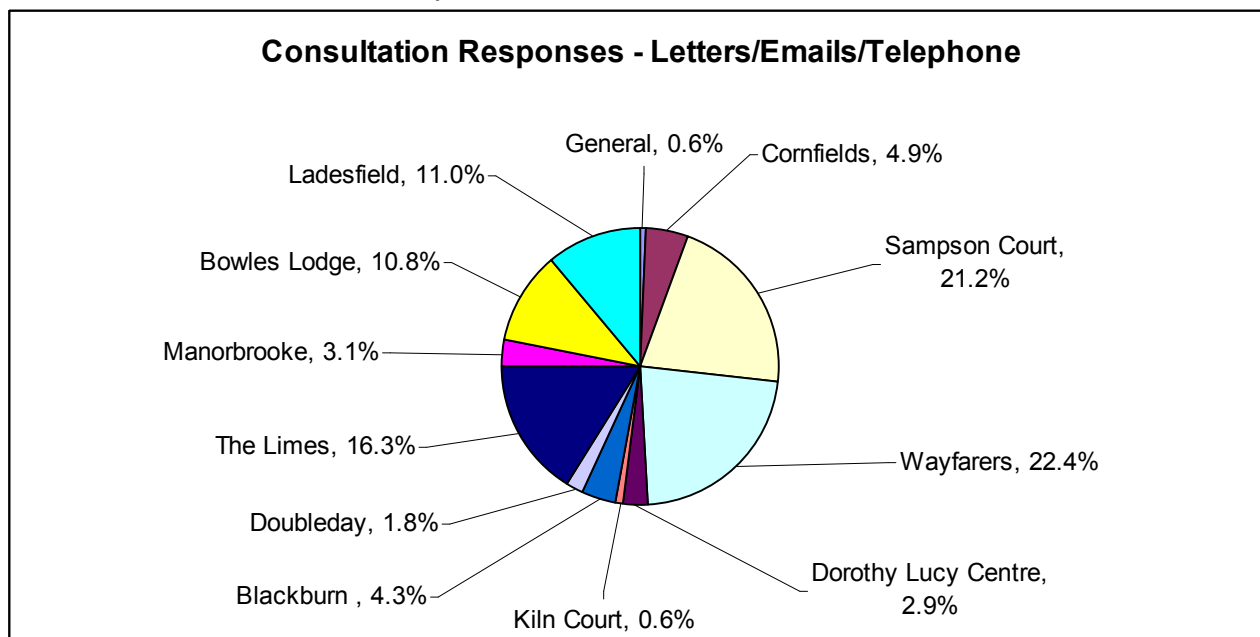
Process	Date Action Completed
Obtained agreement in principle from the Cabinet Member for Adult Social Services.	14 June 2010
<p>Cabinet member chaired a meeting to discuss the proposals and information packs were sent to those who were invited and who attended:</p> <ul style="list-style-type: none"> <li>The Chairman of the Adult Social Services Policy Overview Committee (ASSPOSC)</li> <li>Vice Chairman</li> <li>Opposition spokesman</li> <li>Local KCC member(s)</li> <li>Elected members</li> <li>Responsible member of KCC adult social services Strategic Management Team</li> <li>Heads of Services (updated to reflect new title)</li> <li>Area Personnel Manager</li> </ul>	<ul style="list-style-type: none"> <li>10 June 2010</li> <li>10 June 2010</li> <li>10 June 2010</li> <li>24 June 2010</li> <li>14 June 2010</li> <li>10 June 2010</li> <li>14 June 2010</li> <li>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.

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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