

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>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>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>

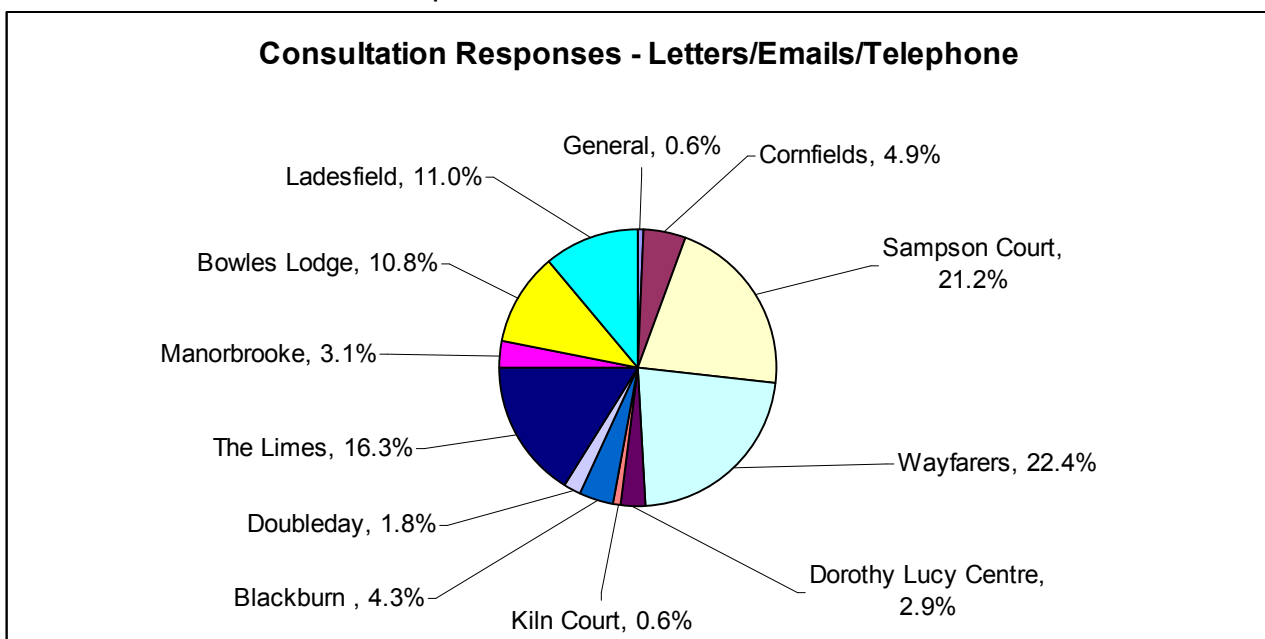
	Held individual meetings and group meetings with local councillors, county councillors, MPs
Directorate issued a Press Release	The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.
A wide range of stakeholder meetings were held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

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**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**