

**By:** Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

**To:** Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

**Subject:** **PROPOSED CLOSURE OF KILN COURT**

**Decision Number:** **16/00008**

**Classification:** Unrestricted

**Previous Pathway of Paper:** Adult Social Care and Health Cabinet Committee – 14 January 2016 and 10 March 2016

**Future Pathway of Paper:** Cabinet Member decision

**Electoral Division:** Faversham

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**Summary:** This report provides additional information that was required in order for the Cabinet Member to consider the outcome of a period of public consultation that took place from 28 September - 20 December 2015 proposing the closure of the registered care home, Kiln Court, Faversham.

**Recommendations:** The Cabinet Member for Adult Social Care and Public Health is asked to agree to

- i) close Kiln Court, Faversham
- ii) delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

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## 1. Background

1.1 Following the period of consultation on the future of Kiln Court, Faversham and the report that was presented to the Adult Social Care and Health Cabinet Committee on 14 January 2016, additional work has been completed and the outcome is detailed in this report.

1.2 This report accompanies the full report (attached as Appendix 1) on the outcome of the consultation that is evidence needed to demonstrate how services at Kiln Court can be re-provided locally and further investigation into feedback from the Canterbury and Coastal Clinical Commissioning Group (CCG).

1.3 The proposal for Kiln Court is to close the service and purchase services in the independent sector to provide alternative accommodation. It is expected that this could be achieved by the end of August 2016.

1.4 The main drivers for the proposal to close the service are.

- People are living longer with more complex conditions and they rightly expect more choice in care.
- People wish to remain in their own homes with dignity and expect high quality care.

- Residential care should be in high quality buildings. Our older buildings have reached the end of their useful life.
- Good quality care can be commissioned for less money in the independent sector. Unit costs for in-house services are substantially higher.

## **2. Required additional information**

2.1 Section 5 of the report presented to Adult Social Care and Health Cabinet Committee on 14 January 2016 covered the alternative proposals suggested through the consultation. It mentioned that two providers were looking to purchase the vacant site and build or refurbish facilities to continue to deliver residential care services for different client groups which would require closure of the existing service. Since then, there has been further interest to purchase the site in order to demolish and build extra care housing.

2.2 Officers were asked to explore:

- The potential of care homes in Faversham to tender for four beds for short term services so that these could be secured
- The feedback from the Canterbury and Coastal Clinical Commissioning Group (CCG) in relation to the bed modelling exercise that was expected to conclude in late January 2016
- The feedback from the CCG in relation to the future use of Kiln Court to support the health economy
- Whether the closure of Kiln Court would have a material impact on the health services in Faversham, based on the vision for service development across Health and Social Care

## **3. Short term bed re-provision**

3.1 Strategic Commissioning contacted all of the care homes in Faversham regarding the potential to tender for four beds on a block contract basis. The homes contacted were:

- Kingsfield
- Cooksditch
- Carnalea

3.2 The approach was to provide the detailed commissioning requirements in terms of types of beds required to the home manager and owner/ business manager for each of the above homes. Meetings were held with all three homes who were asked to express their interest initially in the provision of this service under a block contract arrangement and to submit a price to deliver the four beds for short term accommodation. The responses from two of these homes were positive with one home already having identified which rooms they would use for such a service. They did not respond initially to the tender as they do not want to have a call off contract; however a block contract is of interest. The third home has said they are not interested at this present time, however could consider responding to the formal tender once the terms and conditions are clear.

3.3 In order to update the financial implications of re-providing all services at Kiln Court, the table below has been updated to show the average costs following the receipt of prices through soft market testing for the four beds in Faversham.

3.4 Cost of Re-provision (updated from January 2016 Cabinet Committee report)

Type	No. of beds	Cost	Total cost	Total cost
		(per week)	(per week)	(per annum)
		£	£	£
Respite	8	650	5,200	270,400
Dementia	6	426	2,556	133,277
Community	1	426	426	22,213
	<b>17</b>		<b>7,052</b>	<b>425,890</b>

3.5 Taking into account the current forecast costs at Kiln Court for 2015/16 of £1.02m, this gives a potential full year effect saving of in the region of £595k if utilisation continues at current levels. However, with a revised timetable for closure of 1 September 2016, the costs of providing intermediate care to be with Health colleagues and the cost of securing the local beds in Faversham with the received prices, these savings would reduce to £297k for the 2016/17 financial year. From this, assuming one off redundancy costs of £162k and pension costs of £132k, means that there would be no savings for 2016/17 although there would be cost avoidance from building maintenance and no ongoing staffing commitment.

#### 4. CCG Feedback

4.1 The important factor here is that, whilst the CCG submitted the feedback, this was representing the views of the Local Delivery Network which is a meeting designed to engage with members of the public on key local issues. The views were those that the Delivery Network had asked to be presented and are not wholly the views of the CCG as a commissioning organisation.

4.2 The bed modelling exercise was expected to conclude in January 2016, however at present the scope and approach is being finalised and the results of the exercise will be presented for decision at the East Kent Strategy Board by June 2016. The profile of beds was discussed along with the findings of the joint Accommodation Strategy. This CCG modelling exercise will focus on the profile of beds needed in relation to community hospital provision and intermediate care which does not include the social care beds as provided by Kiln Court. Consequently it is now clear that the final outcome of that bed modelling exercise will have no impact on the decision as to whether or not to close Kiln Court.

4.3 The overall profile of beds needs to fit within the Transformation Programme of both adult social care and the different pathways for health commissioning. The new ways of working include discharge to assess models and the prevention agenda. The joint Accommodation Strategy demonstrates and evidences the need for more dementia care home beds and nursing care home beds across the whole of the County with a requirement to develop more extra care housing to support the drive to support people safely in their own home. It was agreed that the provision of care at Kiln Court would not materially impact on the future commissioning needs of beds for the health and social care sector as the room sizes would need to be larger than at Kiln Court to account for people's additional needs for more complex care including double handed care and equipment. KCC and the CCG would want to work together to influence future service delivery with the providers and provide support should they wish to focus on different types of

services (such as dementia specific or nursing care and short term care with inputs from the local community services)

4.4 Refusals of people referred to Kiln Court were not understood by the CCG as they were not aware that not all individuals referred could be managed by the service. The direction of travel for both health and social care is to get people home to assess their future need and this would see a reduction of referrals to Kiln Court as it has done in other areas of the County through the social care Acute Demand workstream of the Transformation Programme.

4.5 The future profile in the Accommodation Strategy is as follows:

<b>Accommodation Type</b>	<b>Profile</b>
Community Hospital	The inputs provided to the beds in community hospitals will be reviewed along with the criteria of need to make sure that the services are optimised. This, along with the increase in population and the demographic changes, will probably mean that the level of beds will remain static, however the bed modelling exercise will provide the evidence of need
Nursing dementia	This will need to increase in supply and there will be an increased demand for these services
Nursing	This will need to increase in supply and there will be an increased demand for these services
Residential dementia	This will need to increase in supply and there will be an increased demand for these services. It is expected that short term services will see an increase, although there are other ways in which services could be provided. For an individual where a change in environment affects an individual's behaviour, it could be that there would be an increase in care at home services while the carer has a break away from the home.
Residential	As the drive to get people home increases with wrap around social care and health services, there will be less requirement on the number of beds needed in this category. There will be a continued need for short term services to provide a carer break however there are many ways in which this could be provided. With the acute demand work from referrals from hospitals, this is already showing a reduction in commissioning short term beds in this sector
Extra care housing	Extra care housing is a genuine alternative to residential care. Older people receive tailored care packages living in their own home and are in control of their daily needs and activities. People living in extra care housing receive all of the services they would be entitled to as if they were living at home, such as district nursing support, and is adaptable for telecare and equipment. There are communal facilities that encourage inclusive activities.
Own home	Working with the District Councils, developers and registered providers, KCC discusses models for housing for vulnerable adults encouraging developments for specific groups

- 4.6 The theme for all future commissioning is that “Own Bed is Best”. All transformation programmes are to keep people in their own home safely for as long as possible. This provides better outcomes for people and costs less money in the long term compared to people living in care homes.
- 4.7 Through the Accommodation Strategy and recent discussions in relation to the feedback provided by the CCG through the consultation, it was agreed that the future commissioning ideal would be in modern accommodation. CCG commissioning plans are based on the development of an integrated health and social care model. The capacity and demand work, of which is yet to be completed, would not be in addition to existing capacity which will need to be reviewed as part of the Sustainability Transformation Plan.
- 4.8 The CCG priority for 2016/17 is to focus on integrating the teams that serve beds and would review this for 2017/18 once that has been achieved. The CCG were interested in the planning application and would work with KCC to pursue the development of a care home in Faversham and would meet with the developer/operator to influence the service delivery so they are beds that would be in demand and potentially commissioned.
- 4.9 Further concern from the Network included concern on the impact on Faversham Cottage Hospital which “currently receives a large number of patients from Kiln Court. Will similar referral levels continue in the future? If not, what will be the impact on the Cottage Hospital?”
- 4.10 Records show that only two people left Kiln Court to go to the Faversham Cottage Hospital for the period January to December 2015.
- 4.11 Both KCC and the CCG have a strategic priority to integrate and the integrated commissioning of services is being explored with other CCG’s currently. Whilst KCC has an evidenced need to commission four short term beds in Faversham, the CCG may have additional requirements that could be joint commissioning of health and social care beds, however this is likely to be in nursing care provision as has been seen in other parts of the County such as the Health and Social Care village model.

## **5. Equality Implications**

- 5.1 An equality impact assessment has been completed and a copy is available on request.

## **6. Financial Implications**

- 6.1 The financial implications of this proposal are set out in paragraphs 3.4 and 3.5 and in the report to the 14 January 2016 Adult Social Care & Health Cabinet Committee which is attached as Appendix 1

## **7. Legal Implications**

- 7.1 The County Council has a statutory responsibility to accommodate people assessed as requiring residential care services. There is a duty to make sure all care home provision that the Council places residents in is safeguarding individuals and that effective contract management is in place.

## **8. Cabinet Committee comments**

- 8.1 The 10 March 2016 Adult Social Care and Health Cabinet Committee considered the proposed decision and the recommendation report. Officers introduced the report and explained why this had been delayed from January. The local member and members of the committee raised the value placed on having local services run by trusted providers such as KCC and the importance of having good quality services available to all. The Cabinet Member gave an assurance that no closure would happen until alternative care provision was established and operating to his satisfaction.
- 8.2 The Committee resolved, by majority vote, that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Health & Public Health, to close Kiln Court and delegate to officers to undertake the necessary actions to implement this, be endorsed.

## **9. Summary**

- 9.1 The evidence has been provided to demonstrate that four beds can be secured in Faversham.
- 9.2 The CCG feedback was provided on behalf of the Faversham Delivery Network and therefore the alignment of Kiln Court to the CCG strategies and KCC transformation programme has now been understood and agreed by both commissioning organisations and the outcome is that, as Kiln Court currently operates and is configured, the closure would have no material impact on the health and social care provision, provided that the four beds can be secured.
- 9.3 The future use of the site at Kiln Court is subject to a separate Key Decision, however an identified priority for such a site would be to support the future Health and Social Care integration strategy.

## **10. Recommendation:**

The Cabinet Member for Adult Social Care and Public Health is asked to agree to:

- i) close Kiln Court, Faversham
- ii) delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

## **11. Background Documents**

Accommodation Strategy - [www.kent.gov.uk/accommodationstrategy](http://www.kent.gov.uk/accommodationstrategy)  
Five Year Forward View - <https://www.england.nhs.uk/ourwork/futurenhs/>

## **12. Contact details**

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