SUPPLEMENTARY 1

THE EXECUTIVE

Tuesday, 24 April 2007

Agenda Item 8. **Consultation on Service Models for Promoting Independence in Adult Care Services (Pages 1 - 51)**

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The London Borough of Barking & Dagenham

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THE EXECUTIVE

24 APRIL 2007

REPORT OF THE CORPORATE DIRECTOR OF ADULT AND COMMUNITY SERVICES

This report is submitted under Agenda Item 8. The Chair will be asked to decide if it can be considered at the meeting under the provisions of Section 100B(4)(b) of the Local Government Act 1972 as a matter of urgency in order not to further delay consideration of options for the future provision of residential care for older people.

Modernisation of Services to Older People – Consultation on service models for Promoting independence in Adult Care Services	**For Decision**

Summary:
This report provides a range of options for the future provision of residential care for older people and the home care service for Members consideration and decision. It also summarises the process and outcome of a comprehensive consultation on the implications of the decisions.

Wards Affected: All

Implications:

Financial:
Care services are demand led and consequently the budget for this service can be volatile. Nevertheless the Council need to plan for future financial planning and at Assembly on 28 February 2007 the Council set a budget for 2007/08 alongside a 3 year finance plan for all Council services. The recommendations in this report will enable the Council to achieve its budget projections over the implementation cycle of the proposals in this report. The full financial implications of the proposals in this report are set out in Section 6 of the report.

Legal:
A thorough consultation has been undertaken around the future of the Councils residential care homes for older people. The process and content has been consistent with best practice and enables Members to make appropriate decisions.

Risk Management:
Steps that will be taken to mitigate the risks to service users, relatives and staff are included in the body of the report. Legal advice has been taken relating to the consultation process.

Social Inclusion and Diversity:
As this report does not concern a new or revised policy there are no specific adverse impacts insofar as this report is concerned.

Crime and Disorder:
There are no specific implications insofar as this report is concerned.

Recommendation(s)

The Executive is asked:

1) To agree to the restructure of the directly provided Home Care services as described in Option 3 in paragraph 4.5 of the report.

With respect to Residential Care:

2) To consider Options 1, 2 and 3 in paragraph 4.12 of the report.

3) To adopt the officer recommendation in Option2 in the report to close 2 of the homes, retaining one to provide specialist dementia care.

4) If Option 2 is agreed, to retain Lakerise Residential Care Home and to the refurbishment of the complex to provide a centre of excellence for dementia care within the Borough.

Reason(s)

The Council is required to deliver efficient modern services that meet the needs of local residents. A restructured homecare and residential care service will both deliver the required efficiencies and meet the needs of vulnerable older people in the borough.

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1. Background

1.1 Members decided, at their meeting on 24 October 2006, to consider a report setting out proposals for consultation in the further implementation of the Council's current commissioning plan to provide care services to older people that promote independence and choice. Members agreed that, in order to reaffirm the Council's commitment to service improvement, modernise services and shift the balance of services from residential and nursing care to supporting service users in their own homes and in very sheltered housing to:

a. Note the imminent completion of Grays Court and Darcy Gardens, and the opportunity for further re-provision of existing services;

b. A full consultation regarding the future and possible closure of existing long term residential care homes;

c. A full consultation regarding future provision of homecare support services in light of current service developments and commissioning priorities;

d. Investigate the possibility of providing a specialist dementia care residential and resource centre; and

e. Receive further reports on the future of those services within three months.

1.2 This report details a review of current services for older people in Barking and Dagenham in light of

- the national context - "the direction of travel" of current and emerging government policy and regulation,
- a projection of the range of care services required over the next 3 years in light of the impact of expected demographic changes and the supply of care services locally,
- and value for money considerations

1.3 The report then outlines the Council's strategic commissioning intentions for older peoples services in light of the review and outlines a range of options for the boroughs directly managed personal care services for older people. The review has specifically considered far reaching changes to the Councils residential care services and home care services in order to meet the changing pattern of needs in the borough and ensure Value for Money. There is a detailed appraisal of each option with a clear recommendation. The implications of the changes for service users, staff and the steps that would be taken to safeguard the welfare of the most vulnerable and minimise disruption to those affected.

1.4 During the review a comprehensive consultation exercise has been undertaken on the future of each of the Council's three directly provided residential care homes. The Council is required to demonstrate that there has been thorough consultation with all interested parties and that the results of consultation have been thoroughly considered before making any decision and the review was extended to facilitate this. The outcome of the consultation, including a list of consultees and a summary of the responses received are attached at Appendix 1. Members are advised to consider the responses carefully before reaching a decision.

1.5 Consultation around the options for the Council's directly provided home care services and residential homes have included discussions with staff and trade union representatives particularly around the implications for staff, and the outcome is included as Appendix 3.

2. National Policy Context

2.1 There have been a number of national reports outlining the required policy shifts in order to meet the challenges of the increasing older population, expectations of older people and their carers, and the implications for local authorities to develop a strategy to meet these needs.

- the Wanless Social Care Review – "Securing Good Health for Older People – taking a long term view" (Kings Fund 2006) considered the changes needed in the pattern of personal social care services based on the changing needs and aspirations of the older population over the next 20 years.

- Dementia UK (Personal Social Services Research Unit and the Institute of Psychiatry for the Alzheimer's Society 2007) – a report into the prevalence and costs of dementia care.
- The White Paper "Our Health Our Care Our Say" (DoH 2006) set out a vision for the development of community based health and social care services able to deliver treatments outside hospital, as well as a range of measures, including Individual Budgets, that give people greater choice and control.
- Opportunity Age: Meeting the challenges of ageing in the 21st Century (DWP 2005) described the Governments strategy for an ageing society including the need to keep older people active and the range of services that will be required to maintain independence

2.2 These reports, and others, have emphasised the following:

- People are living longer with increasing numbers of older people with raised expectations. These demographic changes (enhanced by the effect of the ageing "baby-boomers"), coupled with advances in medicine, greater awareness and healthier lifestyles means people expect to be active citizens and consumers.
- Whilst people are living longer and in better physical health, there has been no significant development in the treatment for dementia. As people live longer there are expectations that older people will make increasing demands on care services in later life, when there is a greater risk of developing dementia.
- There continues to be a shift from in-patient health provision in acute hospitals and shorter stays in hospitals. The emphasis is on health care, rehabilitation and treatment, being delivered in the community.
- There is no significant increase in resources being made available to local authorities for the provision of social care services. The Government is currently consulting on the balance between the responsibility of the state, and individual people and/or their carers/relatives.

2.3 **Regulation, Standards and Quality**

2.3.1 All providers of personal social care services are registered and regulated by the Commission for Social Care Inspection (CSCI) an arms length government funded body. There are comprehensive National Minimum Standards for each type of service with a programme of regular inspections monitoring the service provided with a publicly available report published on the outcome of each service inspection. CSCI can and does take enforcement action against providers where standards are not being met and service users are at risk.

2.3.2 CSCI has recently consulted on a new quality assurance framework for inspections that will be used to set "star ratings" for individual care services. An element of the framework includes environmental factors, such as the availability of bedrooms with en-suite facilities that need to be considered when planning any major refurbishment of residential homes.

2.3.3 CSCI have also published "Time to Care" (2006) recommending changes in the way home care services are commissioned and provided based on analysis of service inspections across the country, performance assessment of Councils and surveys and engagement with older people who use services. This recommends:

- A reliable range of good quality home care services.
- Home Care services need to be more responsive, flexible and suited to individual needs.
- Organisations involved in strategic partnerships should be actively engaged in shaping services
- A clear local vision and priorities
- Involving older people in setting objectives, commissioning and contracting
- Collaboration and constructive partnerships with local independent providers.
- Setting of standards relating to the home care workforce across agencies.
- Ensuring care plans reflect the needs of users and the time required to meet those needs.

2.3.4 While the context for the social care services continues to develop, the direction of travel is broadly the same.

- Older people increasingly seen as independent consumers with choice about which service is provided.
- People increasingly expecting support to be made available in their own homes rather than in an institutional setting.
- A growing need for specific services, particularly for people with dementia
- Continuously raising standards, particularly where services are buildings based
- The continuing need for efficiency and maximising the use of available resources

3. Local Context – Needs Analysis

3.1 The demand for personal social care services for older people in Barking and Dagenham, including quantity and balance between residential and the range of community based services, will be affected by a range of factors

- Demographic changes - the expected changes in the population and the numbers of older people
- The effects of dementia
- The effects of changed eligibility criteria for services set by the Council
- The numbers of informal carers, people living alone are far more likely to require paid care
- Peoples changing expectations of services
- Local factors that influence the demand for services including changes in local health services,
- The availability of community based alternatives to institutional care including home care services, housing developments, telecare services and preventative services meeting lower levels of need which will either prevent or delay admission to residential care

3.2 The older population of the borough (people over 65) is expected to remain relatively constant over the next 4 years.

Age (years)	2007	2008	2009	2010
65-69	5100	5200	5200	5300
70-74	4700	4700	4700	4600
75-79	4600	4400	4200	4000
80-84	3700	3600	3500	3500
85-89	2000	2200	2300	2200
90+	1000	1000	1000	1100
Total	**21100**	**21100**	**20900**	**20700**

3.3 **The impact of dementia**

3.3.1 The Dementia UK report estimates that there are 683,597 people in the UK with dementia, representing 1 person in 88 (1.1%) of the entire population. This is projected to increase by 38% to 940,000 by 2021. The risk of developing late onset dementia increases exponentially with age.

		2007		2008		2009		2010	
Age	% age with dementia	Pop	Numbers with dementia	Pop	Numbers with dementia	Pop	Numbers with dementia	Pop	Numbers with dementia
65-69	1.3	5100	66	5200	67	5200	67	5300	69
70-74	2.9	4700	136	4700	136	4700	136	4600	133
75-79	5.9	4600	271	4400	260	4200	248	4000	236
80-84	12.2	3700	451	3600	439	3500	427	3500	427
85-89	20.3	2000	406	2200	446	2300	467	2200	447
90+	30	1000	300	1000	300	1000	300	1100	330

3.2.2 These figures indicate trends rather than providing an accurate projection of the demand for residential care places because they are applying national prevalence rates to a small population, and because of the other factors identified above which will influence demand.

3.2.3 Nationally the estimate is that 64% of people with late onset dementia live in their own homes supported by relatives and home care services while 36% will live in an institutional care setting. The numbers over 85 who are most likely to require residential care are forecast to increase over the next 3 years.

3.4 **Fair Access to Care (FACS) Criteria**

3.4.1 In line with local and national trends the Council have revised the eligibility criteria for care services (Fair Access to Care criteria) on 26 September 2006. This has had the effect of focussing care on those with greater more complex needs at higher levels of risk.

3.4.2 While it is difficult to predict the precise impact on demand for personal care services with any accuracy the following table shows the reduction in home support hours commissioned by the Council since September 2006.

Average weekly hours of delivered home care

	September	October	November	December	January	February
All Homecare Hours	10396	10712	9439	11282	8774	8686

3.4.3 Changes in the eligibility criteria are unlikely to have a significant impact on demand for care services due to both the high levels of need of people being admitted, and the fact that community based alternatives will have been exhausted before this is considered as an option.

3.5 The impact of choice

3.5.1 Barking and Dagenham has been one of the most successful authorities nationally in increasing the take-up of Direct Payments as an alternative to traditionally commissioned services.

Numbers on Direct payments	2003/4	2004/5	2005/6	2006/7
	30	135	228	249

3.5.2 The impact of the development of the Individual Budgets model which offers increased choice and flexibility is expected to accelerate the numbers of people who choose to take a cash payment rather than have services organised for them. Barking and Dagenham is one of 13 pilot sites for Individual Budgets, Government have indicated their intention to roll out Individual Budgets nationally and locally we are aiming to achieve target of 100 by December 2007 with a predicted 30 people over the age of 65.

3.6 The development of alternative Community Based alternatives

3.6.1 The introduction of intensive supported housing - a development of the existing sheltered accommodation model, is one of the ways a degree of choice has been offered to older people. For some the notion of a residential home has historical connotations and for the most part people wish to be supported to independence.

3.6.2 In addition to the Council's extra care sheltered housing, the Council commissions 3 extra care schemes with a fourth due to open later in 2007.

Name of scheme	**Number of flats**	**Type of scheme**
Fred Tibble Court	31	dementia
Colin Pond Court	31	
Harp House	36	
Darcy Gardens *	52	

* due to open in 2007

3.6.3 With support from the Council, Barking and Dagenham PCT has been developing a range of community based health services which offer treatment and care which

would previously have only been provided in a hospital setting. These have included the development of walk-in centres, extended hours services, and new primary health care facilities able to provide a wider range of assessment and treatment services.

3.6.4 The development of Grays Court which will provide intensive rehabilitation and therapy services, 40 bedspaces, a day hospital and community outreach teams. This is expected to increase the demand for home support services as more people will receive treatment traditionally provided in a hospital setting, although the increased range of services in the community should delay or prevent the need for admission to residential care which will reduce the demand for placements.

3.6.5 The move to providing more treatment in the community has already had an impact in the numbers of people referred for an assessment for services which may be required to leave hospital, and this has led to some recent delays in the Councils ability to provide both the assessments and the care packages required.

3.6.6 **The number of delayed transfers of care per 100,000 population aged 65 and over**

05/06	Oct	Nov	Dec	Jan	Feb	Target
28.95	12	12	13	21	15	**22.91** (based on 5 per week)
Average	**8.00**	**8.50**	**9.11**	**11.44**	**21.25**	

3.7 Commissioning Intentions

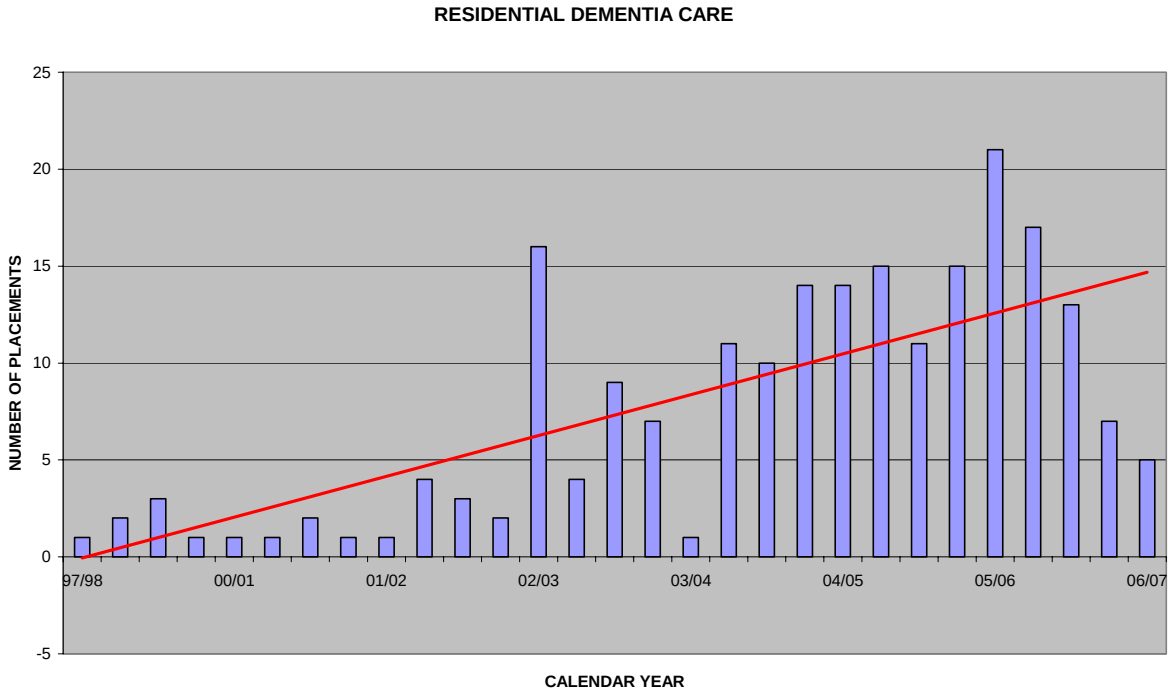
3.7.1 Based on available information there are some clear trends for the types of services needed locally to support the changing needs of the older population over the next 3-5 years.

3.7.2 The Local Authority Market Analyser (LAMA) produced by CSCI provides an overview of all registered service providers in a council area, and data on how these providers compare with national and comparator Councils in terms of scoring on Key National Minimum Standards based on regulatory inspections. Barking and Dagenham currently commissions more residential dementia beds per 1000 of the population than the comparator group, Outer London and All England.

3.7.3 This demonstrates a high reliance on externally commissioned places for people suffering from dementia. In March 2005 51.6% of the care market was council supported. This is significantly over the IPF group, Outer London and All England

	Barking and Dagenham	Comparator group	Outer London	All England
Number of dementia Care Home places per 1000 people	21.83	15.84	16.82	20.04

3.7.4 The following shows the trend of increasing numbers of people with dementia needing residential and nursing care in Barking & Dagenham over the previous 7 years.



- Despite the predicted relative stability of the overall numbers of people over 65, the increasing numbers of people in the older age groups, and the increased prevalence of dementia in these older groups, will mean an increased demand for specialist services
- There will be an increasing need to support unpaid carers, largely but not exclusively, family Members and partners, who will shoulder an increasing amount of the care, support and monitoring
- There is likely to be an increased demand for specialist residential care for people with dementia, even with the provision of increased specialist community based support.
- The growth in take up of alternative models of care delivery in Barking and Dagenham such as direct payments and individual budgets indicates the need for change in the provision in longer term personal care which needs to be more flexible and tailored to what people want.
- Taken together with raising the eligibility threshold for services the quantity of home care services which needs to be commissioned is expected to remain stable or decrease slightly.
- The development of alternative models of support such as Extra Care Sheltered schemes provides a real alternative to residential care for some people as they grow older, however the overall numbers of places offering high levels of support are still relatively small.
- The impact of the changes in local health services are difficult to predict with accuracy but there is expected to be an increased need for community based rehabilitation services which can get people “back on their feet”

4. Options Appraisals

4.1 The following section of the report describes in some detail a range of options for reshaping current homecare and residential care services based on the strategic commissioning priorities identified above.

4.2 Home Care

4.2.1 During 2006/7 the home care service was provided from two sources. Some 40% through the directly managed Council service (4700 hours of which 2500 are direct contact hours) and 60% commissioned in the independent sector – averaging around 6500 hours all of which are direct contact hours.

4.3 Assumptions

4.3.1 The planning assumptions for services are summarised above. Based on current projections for the increase in the take up of direct payments and individual budgets and the implementation of revised FACS criteria, the overall target for homecare hours is anticipated to reduce in 2009/2010 to 6,300 hours per week. These reductions will need to be managed through both the contracts with external providers, and the utilisation of in-house services.

	2006/7 year end	**2007/8**	**2008/9**	**2009/10**
Number of hours per week	9,300	9,000	7,500	6,300

i. Current provision of total hours is 9,896 averaged over the previous 3 months

4.3.2 The Council agreed to re-commission externally provided homecare services on the 6 February 2007 and the service is currently in the process of being specified and tendered. There are currently a large number of contracts with smaller providers of variable quality. Larger contracts will allow the Council to provide a more consistent service with better monitoring and quality assurance.

4.4 Value for Money considerations

4.4.1 The annual budget for homecare services is c.£11.15m made up of £7.5m with the independent sector and £3.65m with the directly managed service. Current unit costs are £15.70 per hour in the independent sector and £31.31 per hour for the directly provided service. The cost per hour of the directly provided service is higher, in comparison to other London Authorities, where the average for outer London authorities is £25.41 per hour.

4.4.2 The overall unit cost for directly provided home care was the 4th most expensive in London according to the 2005/2006 PAF (Social Services Performance Assessment Framework indicators), which impacts on overall Council performance and contributes to judgements of Value for Money.

The following shows comparator costs of other London Councils

Authority	Unit cost of in-house homecare*
Barking and Dagenham	£31.31
Croydon – outer	£22.57
Hounslow – outer	£25.89
Enfield – outer	£34.69
Ealing – inner	£26.16
Lewisham – inner	£40.67
Average Internal Hour – Inner London	£24.41
Average Internal Hour – Outer London	£25.41

*These figures have been produced by the CIPFA benchmarking group

4.5 The Future of Home Care in Barking & Dagenham

A range of options for the future provision of home care have been considered

Option 1	The current service remains.
Option 2	Restructure directly provided service to provide an "intake" personal care service, together with a specialist dementia team, and re-commission long term maintenance service from independent sector
Option3	Restructure with directly provided service providing an "intake service" and directly provide a long term service reducing over a period of time, commissioning balance of hours from independent sector.
Option 4	Re-commission entire homecare service from independent sector and retain no in-house provision.

A detailed option appraisal is attached at Appendix 2. The summary is:

Option 1 was discounted as not providing the efficiencies required, retaining poor quality of independent sector services, and being unable to meet the choice and flexibility required of modern services.

Option 2 will provide modern services responsive and flexible to changing needs, but as can be seen from the staffing implications described in more detail below, there would be a significant risk of large numbers of potential redundancies in the first year of implementation.

Option 3 allows for the delivery of a restructured service in the first year of implementation but would allow for a phased approach to redeployment, giving greater opportunity to find alternative employment for displaced staff

Option 4 External homecare is being re-commissioned and new providers are expected to be available to begin service delivery from September 2007. These contracts will need some time to bed in. This option would result in significant numbers of redundancies, and a need to tender a further 2500 hours of service.

For the purposes of this report the detailed case for implementation of option 3 is outlined below. However Members can consider other options outlined above.

4.6 Current service pattern

4.6.1 Current home care services are provided in a fragmented fashion. The Council provide small borough wide specialist intensive services for small numbers of people with intensive needs such as dementia, and for people who require intensive support at home for a short period when leaving hospital to get back on their feet and rebuild confidence.

4.6.2 People with longer term care needs have this provided through 6 “locality” geographically based teams with the balance provided through 22 relatively small independent sector home care agencies of varying quality and reliability. There are 11 small “block” contracts in place with additional hours “spot” commissioned from these agencies as well as other providers where there is no block contract.

4.6.3 There is an unregulated care service provided in the Councils 4 extra care schemes, which provides largely medication monitoring to some of the residents in the schemes, many of whom also receive home care services.

4.7 Vision for home care services in Barking and Dagenham

4.7.1 Taken together with the commissioning of longer term care services from a smaller number of providers from the independent sector, this model would provide a streamlined approach to the delivery of homecare.

- The Council will provide the initial home care service for all new referrals for the first 6 weeks or so (the core/intake service),
- longer term homecare would be provided by a small number of larger independent sector agencies with enhanced monitoring and quality assurance where the service user does not choose Direct Payments or Individual Budgets.
- The Council would retain some capacity to provide specialist home support services for people with dementia.

4.8 The Core/Intake service

4.8.1 People usually first require homecare services following a crisis, for example a fall at home, or a period in hospital. Initially people will typically have a loss of confidence in their ability to manage at home in addition to any loss of functioning.

4.8.2 Home care services are currently accessed following an assessment of need by a care manager who will draw up a care plan specifying which services need to be provided when to meet the assessed needs, and this will be reviewed at least annually. The assessment is based around the service users ability to meet their own personal care needs (often called ADL skills - go to the toilet, prepare a meal, get in and out of bed, etc.); the availability of other informal care arrangements; and the assessed risks if services are not provided.

4.8.3 Evidence from the Council’s specialist teams is that trained professional home carers, who will often see service users in their own homes on a daily basis and attend to their intimate personal care needs, are in a good position over a short period of time to review peoples needs for personal care, encourage people to be more independent and less reliant on professional care in the longer term. The experience is that a significant number of care packages reduce significantly over

the initial 6 weeks or so as people regain abilities and confidence in their own homes.

4.8.4 Furthermore a skilled professional home care service is in a good position to form a focus for other services that may need to be provided in order to maximise the potential for rehabilitation, and this would be enhanced by the integration of additional specialist input from occupational therapists and the ability to efficiently organise low level aids and adaptations. Ideally the service will also have input from health professionals such as physiotherapists who can directly design and oversee rehabilitation programmes to help people who have experienced a crisis regain confidence and ability to self care.

4.8.5 Discussions are underway with the Primary Care Trust regarding joint working with physiotherapists, occupational therapists and community nursing staff, as part of an integrated service to enhance the capacity of the intake service. This would provide opportunities for a comprehensive community based rehabilitation service providing a safe alternative to hospital admission as well as facilitating earlier discharge from hospital to people's own homes.

4.8.6 A number of authorities in the UK have piloted this model. Evidence has shown that intensive support promotes effective rehabilitation in the longer term and reduces the levels of on-going support. Typically by 6 weeks many people will have regained their maximum level of independence and this forms a good predictor for longer-term care needs. There is some emerging evidence this model of service reduces cost in the medium to long term with people generally requiring less ongoing long-term homecare support.

4.8.7 The intake service would therefore provide an initial intensive support team of home carers. The service has been modelled using detailed analysis of referral data over an extended period. The service needs the capacity to be able to respond swiftly and effectively to support people with complex changing needs, often in some distress and requiring support after a crisis. This service would consist of three teams, which would each be able to provide up to 500 direct contact hours per week.

4.8.8 During the 6 week period a social work assessment will enable a discussion with service users regarding long term care options including Direct Payments and Individual Budgets.

4.8.9. Taken together with a more streamlined approach to assessment, this model will reduce bureaucracy and paperwork, and provide the opportunity to deliver unique modern cost effective flexible service.

4.9 **Specialist service**

4.9.1 There is a continued demand for a home care service for older people with complex needs and a potential of being at greater risk in the community and whose support would require intensive intervention over a longer period particularly for people with dementia.

4.9.2 Taken together with proposals around refocusing the Council's residential care service expanded on below, this team could be an element of a specialist dementia

resource centre. The model has retained the current capacity of the specialist dementia team with the potential to integrate with a residential and resource base.

4.10 Extra Care Sheltered Service

4.10.1 The care service provided in the Council's four directly provided extra care sheltered housing schemes needs to be rationalised. Currently people in the schemes receive a personal care service from a number of different sources and this needs to be managed to avoid the duplication currently experienced by service users. Furthermore the service needs to be able to become a regulated care service.

4.10.2 The staffing implications are described in more detail below, but the logistical and practical difficulties in finding alternative suitable employment for the number of staff affected by these proposals in the short term, are not to be under-estimated. While this element of the home care service is developed, it will provide a base for a long term home care service, effectively an additional longer term provider.

4.10.3 However this service will gradually reduce over a period of 3 years as staff affected by the changes are either redeployed to other positions across the council or leave the service.

4.11 Summary

4.11.1 Taken together with the current commissioning of improved homecare services from the independent sector, these proposals would create a coherent service model for home care. The benefits of this model would be:

- A clear single entry point to access the homecare service
- A focus on rehabilitation and enablement during the crucial initial period following the crisis that led to the referral for personal care support
- Ongoing review over a period of time undertaken by staff who had intensive contact with service users to help determine the longer term care plan
- Improved quality assurance of longer term home care services provided by independent sector agencies with fewer, larger contracts
- Retain the key elements of directly provided services that currently work well
- Potential to realise synergies with the specialist dementia home care service and the dementia resource centre model
- Opportunities to create a dedicated care service for the Councils extra care sheltered schemes, realise efficiencies, and bring the service into the ambit of the regulated home care service

4.12 Residential Care Services

4.12.1 The review has considered a range of options for the future provision of older peoples residential care in light of the commissioning intentions and forecast of need, particularly the growing need for specialist dementia care highlighted above. Specifically the review has considered the role of the 3 residential homes directly managed by the Council. The options considered are:

Option1 – retain all 3 directly managed homes and continue to provide care for frail older people

Option 2 – close 2 of the homes, retaining one to provide specialist dementia care.

Option 3 – retain 2 out of 3 homes, using one home to provide specialist dementia care.

4.12.2 The appraisal has considered the Value for Money considerations for each option, and the availability of alternatives locally in the independent sector. For option 2 and 3 the appraisal has also needed to consider which, if any, of the homes is fit for purpose to provide a specialist dementia care facility in the future. This has included the impact of the regulatory framework because the home would need to be re-registered as a dementia care facility.

4.12.3 A detailed appraisal of each home is included as Appendix 5 as a private and confidential item at the end of the agenda. This includes the estimated costs of conversion for each home, and an estimate of the capital value if the home was to be disposed of.

4.13 **Availability of residential and nursing home placements**

4.13.1 The majority of residential and nursing care for older residents commissioned by the Council (over 85%) is currently provided from placements with independent sector providers. The majority of placements will be in the fairly immediate area even if not within the borough boundaries. There are 44 older peoples residential care homes and 33 nursing homes located within a 5 mile radius of the Civic Centre. In the Havering and Redbridge area for example there are a large number of registered care and nursing homes.

	Number of homes	Availability of beds	Occupied by Barking & Dagenham residents
Independent sector residential care homes in borough	3	122	53
nursing homes in borough *	5	355	130
Residential out of borough***	75		128
Nursing out of borough***	50		89
Directly provided residential care homes	3	87	59
Extra Care Schemes in borough **	3	98	98

* local authorities are not able to provide nursing home care
** Darcy Gardens due to open September 2007 with additional 52 units.
*** homes where users are currently placed where there is an individual contract

4.13.1 However there are a variety of reasons why people will choose to be placed some distance away. These include choice, especially where the family/relatives live some distance away from the borough, they prefer their family member in a home they can visit more easily and therefore more frequently.

4.13.2 There are also a small number of residents with particular needs that mean they require a specialist resource which may not be available locally, e.g. older people

with sensory loss. It has already been noted there is a lack of sufficient good quality specialist dementia care available locally.

4.13.3 In some instances there may be lack of availability at the time of referral and there is a pressure and urgency to find a placement quickly such as a discharge from hospital.

4.14 Value for Money considerations

4.14.1 The Council's annual budget for residential and nursing care is c.£11.7m This is made up of £9.2m million for purchasing residential and nursing care from within the independent sector and £2.5m for the directly managed service. Current average unit costs for residential care are £442 per week in the independent sector and £641 for the directly provided Council service. Current average unit costs for nursing care in the independent sector is £559 per week.

Type of placement	**Unit cost per week**
Independent sector residential care homes	£442
Directly provided residential care homes	£641
nursing home placements	£559

4.14.2 In practice the cost of each placement in the independent sector will vary, depending on location of the home, and the individual service users need. However these rates are used by care managers as a benchmark and will only be exceeded in specific circumstances.

4.14.3 There is considerable evidence of the availability of residential care places within neighbouring authorities at the benchmark figures.

Summary of Value for Money Considerations

	2006/7	2007/8	2008/9	2009/10	Cumulative cost over budget
Budget	£2.48m	£1.86m	£1.9m	£1.95m	
Option1	£2.48m	£2.56m	£2.62m	£2.68m	£2.15m
Option 2	£2.48m	£1.86m	£1.9m	£1.95m	£0 nil
Option 3	£2.48m	£2.21m	£2.26m	£2.32m	£1.08m

4.14.4 In summary both **Option 1** and **Option 3** would fail to deliver the required efficiencies. The Council agreed a budget on 28th February 2007 and if Members chose either of these options further savings would need to be identified from elsewhere in the Council to make up the budget shortfall.

4.14.5 As outlined above there is sufficient supply of good quality residential and nursing care locally in the independent sector at a lower unit cost. In the medium term this will provide better value for money for the Council and the residents of the borough. In addition there is a growing demand for and increased provision of alternatives to residential providing the opportunity for increased independence and choice for older people, particularly with the growth in the number of extra care schemes.

4.15 **Option 2** will deliver the required efficiencies alongside the provision of a specialist dementia care service. As outlined above there is a growing demand for specialist dementia care for older people in Barking & Dagenham but a lack of sufficient good quality facilities locally.

4.16 Providing a specialist dementia care facility

4.16.1 If Members agree to close 2 of the 3 homes and focus the remaining home as a specialist dementia care facility then consideration needs to be given to which home is best suited for the purpose.

4.17 Impact of the Regulatory framework

4.17.1 Currently each home is registered with CSCI to provide care for frail older people. As each of the homes were in existence prior to the formal registration requirement they were not required to meet the environmental standards in full as these were relaxed for existing care homes. Any major changes, i.e. a different care category would result in a new registration application and having to meet all the standards in full.

4.17.2 Older people requiring 24 hour care in a managed environment have traditionally been assessed as requiring residential or nursing home care depending on the level of their needs. The primary additional contributory factor for nursing home care is the need for treatment and interventions that can only be undertaken by a qualified nurse.

4.17.3 The regulations stipulate that there is a qualified nurse available at all times in the home and that the manager is usually a registered nurse. National registration conditions do not permit local authorities to either manage nursing homes or to accommodate residents with nursing needs in residential care homes. Barking & Dagenham, therefore, commission places in nursing homes from registered external providers.

4.17.4 All care homes, both residential and nursing care, provided and managed by both the independent sector and local authorities, are required to be registered and are externally regulated by CSCI (the Commission for Social Care Inspection). This involves the process of initial registration against National criteria. Each home is subject to regular unannounced inspections. The report of each inspection is published and made available to all who use the home and their relatives/carers. CSCI can take action to close or de-register a home in extreme circumstances where they believe residents are at risk.

4 .18 Consultation

4.18.1 The Council are required to consider separately the possible closure of a residential care home through a formal comprehensive consultation process. The detail of the process followed and the comments received are considered below and Members are asked to consider carefully the comments made during the consultation process when considering closure for each home in their own right.

4.18.2 This section of the report therefore deals exclusively with the merits of each building for the purposes of providing a specialist dementia care service.

4.19 Buildings Appraisals

4.19.1 If the Council decided to follow this recommendation, the service would be provided from one of the existing homes in a registered home for the purpose. In order to fully consider the merits of each home, information has been taken from thorough Mechanical and Engineering surveys and initial design and specification undertaken for the purpose of this appraisal. In undertaking this work reference has been made to current, planned and expected regulations by CSCI together with observations of best practice for providing residential care for people with dementia care.

4.19.2 Valuations have also been obtained for the sale of each site. In view of the age and condition of the homes the valuations have assumed that any prospective purchaser would wish to re-build on each site, rather than the facilities being disposed of as a "going concern". In practice this would depend on negotiations about each individual facility.

4.20 Summary of buildings appraisals

4.20.1 The more detailed appraisal is included as Appendix 5.

4.20.2 **Brockelbank Lodge** is ruled out as the preferred option because of the limited number of rooms available following any conversion that would not afford Value for Money, and the lack of any en-suite facilities. The additional costs of running a 22 bed home would push the unit cost to £740 per week which is unacceptable.

4.20.3 **Mayesbrook** initially appeared to provide a solution at limited cost. However given the Council will need to develop an existing resource to meet increasing needs (together with the opportunity for other forms of care and support, both to older people and their carers) Mayesbrook offers very limited potential for further development, and in the longer term will be unable to provide modern facilities such as en-suite rooms. This will pose potential risks in re-registering the facility, but in the longer term the impact of the new inspection standards would mean the service could never achieve an excellent score for environment.

4.20.4 **Lakerise** is a much larger site and provides the opportunity to create more places as well as the potential to provide additional facilities for day and respite care to older people and their carers. All the rooms have existing en-suite facilities, and of a size that meet current standards, and with use of the accommodation on the second floor, will provide for needs in the foreseeable future.

4.20.5 There is also a unique opportunity, with additional capital investment, to include a new lift, to update and develop Fews Lodge as a facility providing accommodation and intensive support, utilising the staff from the long term home care team for older people with dementia. The future of use of Fews Lodge as a sheltered scheme is currently under consideration by the Council with consultation on possible closure.

4.20.6 Together with the Department of Regeneration and the Department of Customer Services, detailed proposals are being developed which can be brought forward to Members alongside the results of the consultation currently underway. In a multi purpose site there is exciting potential to provide an integrated state of the art service.

4.20.7 On the basis of the detailed analysis undertaken; Lakerise would be the preferred option for development as a residential care facility if Members agree to the closure of each of the residential homes.

5. Staffing Implications

5.1 Home care

5.1.2 The staff currently employed within the home care service equates to 111 w.t.e. with 155 full and part-time employees currently employed. This figure includes 18 staff employed against 15 full time posts in the dementia team. The current staff are employed on a range of contracted hours from 8 – 36 hours per week.

5.1.3 The number of staff required to deliver the new service will ultimately depend on the length of contracts offered. The preferred option is to have as many staff as possible on full time equivalent contracts, with considerable flexibility on deployment. This will enhance the capacity for training and development and provide the flexibility required by the needs of individual service users.

5.1.4 **The Intake Service** will need to employ sufficient staff to deliver 1500 contact hours per week. Additional capacity has been added to allow for annual leave, travel, training meetings and sickness etc.

5.1.5 **The Dementia Team** will need to employ sufficient staff to deliver an average of 275 contact hours per week. The service has been modelled in a similar way to determine the numbers of staff required to deliver this service.

5.1.6 The following figures are illustrative as the exact numbers will be influenced by staff turnover and redeployment during implementation and as staff are likely to be employed on a range of contracts.

	contract	**Core service**	**Dementia**	**Total**	**Residual Long-term Service**
Option 1	20 hours	95	19	114	41
Option 2	25 hours	76	15	91	64
Option 3	30 hours	63.5	12	75.5	79.5

The basic structure is attached at appendix 4.

5.2 Career Structure

5.2.1 The restructure affords the opportunity to remodel the service providing a career structure for home care staff and entry level posts for people without qualifications The new service will retain a good quality workforce and provide opportunities for career progression. In addition to the care staff each team will employ 2 senior home carers who will provide direct supervision for staff working in the community, and enhance the capacity of the service to work safely outside of normal working hours.

5.2.2 By 2008 the regulations expect the majority of home care staff to be qualified to at least NVQ level 2, with senior staff trained at more advanced levels. A number of

"entry level" posts will also be created which will enable new recruits to be employed whilst they undertake the necessary training, progressing to home carer when this is achieved.

5.2.3 There is administrative and management capacity built in with a "flatter" structure than the current arrangements.

5.2.4 As described above staff not recruited to the intake or dementia teams would become part of a longer-term maintenance service and would ultimately become the extra care sheltered service reducing in capacity over time.

5.3 Implementation

5.3.1 The proposals above make a number of assumptions of which would need to be delivered. Re-modelling of the directly provided service will need to proceed alongside the recommissioning of independent sector services in terms of the timescales and milestones, as well as the eventual outcomes.

5.3.2 The implementation date for the new service will need to be September 2007 for the core and dementia service to dovetail with the new homecare service currently being commissioned from the independent sector.

5.3.3 Hours in the residual long-term service will need to reduce over a 3-year period with staff redeployed.

5.4 Residential Care

5.4.1 The current staffing establishment of each home require additional care hours over allocated and budgeted hours in order to comply with the standards laid down by the Commission for Social Care for providing adequate care. Recent inspections indicate no concerns over the level of staffing in the homes.

5.4.2 The intention is to create a permanent staffing establishment for a new facility that minimised the need for additional staff from external agencies, other than to cover for occasional emergencies. The list below details the numbers of currently employed staff in the care homes.

Current establishment

Manager	3
Deputy manager	4
Bursar	1
Senior residential care officers	6
Care assistants	63 (43 FTE)
Night care assistants	14
Cooks	6
Domestic assistants	12
Handyperson	4

5.4.3 Many of the care staff who provide direct care for residents work on part time contracts, sometimes through choice but often because over time a number of part time vacancies arise and people are recruited to cover those hours. When

recruiting to a new service the plan would be to offer as many full time posts as possible to ensure continuity of care for residents with a minimum of “handovers” and the establishment of a regular staff team, to facilitate training, development, regular supervision etc. This is particularly important when working with a client group with complex needs and a high degree of confusion and where the establishment of a trusting relationship is crucial to providing safe good quality care.

5.4.4. The following details a staff establishment required to deliver a safe and meaningful service to older people with dementia within a residential setting. The establishment also includes additional staff resources to meet the enhanced needs of people with dementia and adjusted to provide sufficient cover for annual leave, training and sickness.

5.4.5 The staffing establishment is expressed in WTE posts currently based on 36 hours per week. A relatively large number of existing staff currently work with part time contracts. There will be a need for flexibility when recruiting to posts, depending on the needs of the service, the size of individual units, and teams required to provide care for the residents.

For a dementia service providing residential care for 30 people.

Posts	**Hours**	**F.T.E.**
Manager		1
Deputy manager		1
Bursar		1
Senior residential care officers		3
Care assistants	830	23
Night care assistants	140	4
Cooks		3
Domestic assistants	212	6
Handyperson		1

The following is indicative to show the numbers of staff affected by the proposals and the number of posts available in the proposed structure based on F.T.E. employees on 36 hour contracts.

Post	**Current**	**Proposed (based on FTE)**	**Posts affected (F.T.E.)**	**Staff affected**
Manager	3	1	2	2
Deputy manager	4	1	3	3
Bursar	1	1		
Senior residential care officers	6	3	3	3
Care assistants	63 (43 FTE)	23 FTE	20 F.T.E.	Between 20 and 40
Night care assistants	14 (12 F.T.E.)	4	10	8-10
Cooks	6	3	3	3
Domestic assistants	12 (10 F.T.E.)	6	4	6-8
Handyperson	4	1	3	3

5.6 Implementation Issues

5.6.1 There are a number of factors affecting the pace of implementation. This will include the ability to identify, in consultation with the residents' relatives, alternative placements and ensure the best interest of each resident is paramount. The scale of the refurbishment required, and the possible need to relocate residents during this phase of the programme.

5.6.2 However following a decision by Members to the overall programme it would be safe to assume that:

- Staff would be recruited to the new structure by September 2007
- Closure of 2 care homes no later than March 2008
- Redeployment of staff affected by the restructure would need to be completed by March 2008

5.7 Human Resources Process

5.7.1 Posts in the modernised residential care service will be ring fenced to existing residential staff. Existing staff will have 'assimilation rights' to posts in the new service. However, as there are fewer posts than staff, interviews will be held to ensure a consistent and equitable process. Staff who are unsuccessful will be considered as redeployees and will be subject to the redeployment process.

5.7.2 All staff in the residential care service will have an individual skills assessment undertaken which will not only consider their current roles but will explore other potential areas of job interest. These assessments will be undertaken by an independent training consultant selected from the Councils 'approved list' and are planned to take place in April and May this year.

5.7.3 Training will be arranged based on the outcomes of the skills assessments. There will also be training available to staff on applying for jobs, CV preparation and interview skills.

5.7.4 All staff in the residential care service will be placed on the Redeployment List should the Council agree to the recommendations made in this report to give them the best possible chance of finding alternative employment.

5.7.5 In order to minimise the impact of the recommendations on staff, suitable vacant posts within the Department are already being prioritised for staff in the residential care service. Redundancy will only be considered as a last option and only after every opportunity for redeployment has been exhausted. Potential costs of redundancies can be found in the Finance Section of this report at Section 6.

5.8 Home Care Staff

5.8.1 The Home Care Service will be re-structured and posts in the new structure will be ring-fenced to existing homecare staff. Existing staff will have 'assimilation rights' to posts in the new service. As there are sufficient posts in the new service, staff will be asked to express a preference between the Intake Team and Dementia Teams. Should there be more staff that express an interest than there are posts available in

a specific team, an interview process will take place. All unsuccessful staff will be placed in the Longer Term Team.

5.8.2 Skills assessments and training will be arranged along the same lines as the residential care staff although Homecare staff will not be placed on the Redeployment List as they are not at risk of redundancy at this time. In order to further minimise the impact of the recommendations on staff, suitable vacant posts within the Department are already being circulated to staff in the Home Care service.

5.9 Consultation

5.9.1 Trade Union representatives have been extensively consulted during the development of these proposals. They have been invited to provide written comments for inclusion in the report, but at the time of despatch these had not been received. Staff and Trade Union representatives will continue to be consulted throughout the process.

6. Financial Implications

6.1. Home Care

6.1.1 The 2007/08 budget for the in house service is £3.65m. Option 3 as set out below has been costed at £2.28m, which would leave a surplus budget of £1.37m to be available to purchase care management/care packages. Members will recall that as part of the Councils overall £7.4m savings package for the 2007/08 budget that was approved at the Assembly on the 28th February 2007, a £900k saving related to the modernisation of the in house home care service. After the saving is applied the residual £470k in a full year will be available to purchase homecare in the independent sector. The budget will commission approximately 600 hours per week.

RESOURCES AVAILABLE **£3,650,000**

HOME CARE PROPOSED STRUCTURE OPTION 3

Job description	**Grade**	**FTE**	**Hours**	**Salary including on cost £**
Salaries				
Service Manager Homecare x 1	PO6	1	35	52,334
Home Care Manager x 4	PO1	4	140	151,989
Admin Support x 4	Sc 3	4	140	99,220
Wages				
Senior Home Carer x 8	MG7 (sp 10)	8	280	153,520
Home Care Workers	MG5 (sp 8)	82.67	2976.25	1,822,937
Proposed Structure Costs		**Total**		**2,280,000**
Surplus (Current Budgets Less Proposed)				**£1,370,000**

Homecare Summary	
Surplus	£1,370,000
Less saving requirement 07/08	900,000
Net surplus saving transferred to Care Management	**£470,000**

Care Management/Care Packages
The Net Surplus of £470,000 will purchase approx 600 hours per week

6.2 Residential

6.2.1 The 2007/08 budget for operating the 3 in house residential homes is £2.56m. A 30 bed specialist dementia home proposed under Option 2 has been costed at £1.036 million, which would leave a surplus budget of £1.524 million to be available to purchase places in the independent sector. Members will recall that as part of the Councils overall £7.4m savings package for the 2007/08 budget that was approved at the Assembly on the 28th February, a £700k saving related to the residential care home modernisation programme. After the saving is applied, the balance of £824k in a full year will be available to purchase residential care in the independent sector. The budget will commission approximately 46 places.

CURRENT BUDGETS (3 homes, excluding capital charges) £2,560,000

DEMENTIA RESIDENTIAL HOME PROPOSED STRCTURE OPTION 2

Job description	**Grade**	**FTE**	**Hours**	**Salary including on cost £**
Salaries				
Manager	PO3	1	35	43,525
Deputy Manager	SO1	1	35	33,476
Senior Res. Care Officers x 2	RS3	3	105	88,350
Bursar	Sc3	1	35	22,023
Wages				
Care Assistants	MG4	23	828	529,863
Night Care Assistants	MG5	4	144	118,264
Cooks	MG1	3	108	61,871
Domestics	MG1	6	216	123,742
Handyperson	MG1	1	36	22,180
Proposed Staffing Costs	**Sub Total Staff**			**1,043,297**
Add non staff costs (premises, supplies & services etc)				**135,000**
Less estimated income (30 beds @ minimum contribution)				**(142,047)**
Total Staff & Non Staff Proposed				**1,036,250**
Surplus (Current Less Proposed)				**1,523,750**

RESIDENTIAL SUMMARY	
Surplus	£1,523,750
Less Saving Requirement 07/08	£700,000
Net Surplus Available For External Provision	**£823,750**

Care Management/External Placements

The net surplus of £823,750 will purchase approximately 46 Beds in the independent sector at current benchmark rates (less client contributions)

6.3 Redundancy Costs

6.3.1 Indicative figures supplied by the Pensions Section indicate that the revenue costs of redundancy for staff in the Residential homes are estimated to be in the region of £700k - £900k, although the exact figure will depend on individual staff circumstances but is likely to reduce due to natural staff turnover and redeployment opportunities. The final cost of the relevant redundancies will be monitored and factored into the Council's overall budget for 2007/08. Members will note that the savings of £700k will cover the costs of redundancy within two years. This is well within the Audit Commissions 3-5 year guidance given to support business decisions of this kind.

6.4 Overall financial position

6.4.1 The Adults and Community Services Department budget includes a reduction in the base budget for 2007/08 of £1.6m ((£0.7m Residential proposal and £0.9m Home Care proposal).

6.4.2 The recommended options in this report will deliver the full savings target over the next 3 years. However, in year one (2007/08) there is likely to be an estimated shortfall of around £1m against this target due to the closure of homes now scheduled for September 2007 and a redesign of the proposals around the homecare service.

6.4.3 As part of the ongoing Council's overall budget monitoring for 2007/08 this position will be regularly reviewed to ensure the overall base budget in Adults and Community Services Department is fully delivered by the year end.

6.4.4 For years 2 and 3 (2008/09 and 2009/10) the impact of delivering the savings target in full of £1.6m is likely to have an estimated short-fall of approximately £350,000 and £100,000. It will be necessary through close budget monitoring by the Department and assessment at each of the relevant budget processes for 2008/09 and 2009/10 to have regard to this estimated short-fall.

6.4.5 The closure of 2 of the 3 homes will generate a capital receipt for the Council. In addition, the development of the remaining home into a specialist dementia care

facility will require necessary capital expenditure. It will be essential to fully develop a business case for the relevant costing and funding of this proposal and this will be reported to a future Executive meeting where the resulting impact on the Council's capital programme will be part of this report.

7. Implications for service users

7.1 Safeguarding the interests of existing residents

7.1.1 At the onset of the review admissions to the three homes were suspended pending the outcome of the consultation, and a decision by Members. There are currently some 25% vacancies across the three homes created by residents whose needs have changed (some requiring specialist nursing care), some residents who have gone in to hospital and some who have died.

7.1.2 Throughout the review process there has been comprehensive consultation on options regularly with residents, relatives, staff and other stakeholders, including letters, regular briefings and meetings with groups and individuals. The consultation is described in the attached Appendix (1) which details the outcome of meetings and correspondence and comments received.

7.1.3 An independent advocate has been commissioned who has been available to relatives and residents (particularly those who have no close family) to represent their interests. Their comments have been included in Appendix (1).

7.1.4 If the Council decide on closure of any of the homes there will be a detailed assessment of each residents care and health needs which will include consultation with relatives, and the advocate as necessary, by an experienced care manager dedicated to this role, with dedicated medical input. Following the assessment a careful plan will be made for each individual for an alternative placement that will meet all their needs.

7.1.5 The process will move at a pace that is safe for each individual resident and ensures that their welfare is given priority.

7.2 Ensuring Continuity of service for people who receive Homecare

7.2.1 The new arrangements for provision of homecare will be implemented in tandem with the delivery of newly commissioned externally provided homecare services. These are scheduled for implementation following completion of the tender process currently underway.

7.2.2 As outlined above the option being recommended will retain capacity for long term provision of home care within the Council service for at least 2007/8, with the service transferring as the capacity of the directly provided service reduces over the following 2 years. This will allow any new arrangements with new providers a period of time to establish and settle prior to transfer of any current care packages.

7.2.3 Handover of ongoing care packages to any new providers will be undertaken with sensitivity and due regard to people's individual preferences, though the Council can only commit to provision of a service to meet assessed needs, not to a preferred provider.

7.2.4 The new arrangements will have a number of advantages for service users including comprehensive implementation of electronic monitoring which will provide accurate information about the service being delivered, as well as having the capacity to identify immediate welfare concerns. The new arrangements will also have enhanced quality monitoring with a smaller number of providers to monitor and quality check.

8. Consultees

8.1 The changes proposed in this report are wide ranging and a thorough formal 3 month consultation has been undertaken regarding the future provision of residential care for older people and home care services. This involved a series of written briefings, newsletters and meetings and invited comments on the proposals by the 3rd March.

8.2 The following groups have been consulted:

- Members, including ward Members, portfolio lead.
- Local Members of Parliament.
- Staff groups in residential care homes and home care and their trade union representatives
- Relatives, friends and carers of residents in residential care homes
- Meetings with statutory organisations and other stakeholders including; the Primary Care Trust, Carers of Barking and Dagenham, Crossroads, the Abbeyfield Society, the Alzheimer's Society, Disablement Association of Barking and Dagenham, Care Home and Domiciliary Care providers, the Commission for Social Care Inspection.
- Carers of people with dementia in the borough.

8.3 A summary of responses received during the consultation is attached at Appendix 1.

8.4 Relevant Departments across the Council have been involved in the project and their comments are included in the body of the report.

Background Papers Used in the Preparation of the Report:

- The Wanless Social Care Review – "Securing Good Health for Older People –taking a long term view" (Kings Fund 2006).
- Dementia UK (Personal Social Services Research Unit and the Institute of Psychiatry for the Alzheimer's Society 2007
- The White Paper "Our Health Our Care Our Say" (DoH 2006).
- Opportunity Age: Meeting the challenges of ageing in the 21st Century (DWP 2005)

Report to Executive - Adult Care Commissioning 24th October (Minute Number 84)
Report to Executive – Homecare Tender 6th February (Minute Number 135)
Report to Assembly - Budget 28th February (Item Number 7)

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Appendix 1

Older Peoples' Modernisation Review

The Consultation Process

In initiating the review of older peoples' services, the Council required that a full consultation programme be undertaken as an integral element of the review.

The Review commenced on the 1st November 2006 with a consultation period from the 1st November 2006 to 3rd of March 2007. Meetings continue to be held with residents and relatives and any views expressed after the end of the consultation period and not raised in earlier meetings will be included.

Officers arranged and attended a total of 64 meetings throughout the consultation period. These included 15 with home care staff, 9 with residential staff, 8 with external stakeholders, and 10 with relatives of the residents of the Council managed residential homes. Additionally 6 meetings were held with residents of these homes. Five meetings with the trades unions took place on issues specific to the modernisation review.

The discussions at each meeting were recorded and this report provides a synopsis of the comments made by relatives, residents, staff, stakeholders and other interested parties.

At the outset each person having an interest and related organisations were sent an individual letter giving details of the review and process. A newsletter providing up to date information was produced each month from January.

Staff

- Staff employed in the home care service and residential service were concerned about their future employment. At each meeting it was emphasised the Council had not many a decision as to the future direction of the service. Staff were reassured that the Council had stated that staff who were not employed within any future service, if that was the Council's decision, would be offered redeployment, either in a residual home care service or in another area of the Council service.
- There was a concern that the need for a review was not seen as a reflection of the quality of their work with older people.
- There was concern that elements of the service would be externalised with the resultant loss of jobs.
- The staff were concerned about the quality of any future service would have on people they had been caring for.
- They expressed concerned that sufficient jobs would not be available in the Council services
- They wanted reassurance that re-training opportunities would be available

Relatives

- Many relatives were angry that the Council were considering any closure of the existing homes. All praised the quality of the care their relatives received at each home.
- They were concerned that elected members had not attended any of the meetings in order that they could present their case against closure.
- The decision making process was fully explained, again re-enforcing that the Council had not made any decision, and that they Cabinet would receive a report at their meeting on the 10th April.
- The report would provide Members with a number of options for their consideration and decision.
  Relatives questioned the availability of appropriate residential places in the local area. They were reassured that places were available.
- Some residents, who lived considerable distances from homes asked whether they could take this opportunity to have their relatives placed nearer to them. This was agreed, subject to the benchmark cost of places.
- Relatives were reassured that the timescale, if the Council decided to close some homes, any transfer process would be in the best interest of the resident, especially the timescale.
- The question of placement in dual registered homes was raised. A number of relatives expressed a view that given the advanced age of their relatives it may become likely that they would need to be transferred to a nursing home facility and therefore a double move would not be in their best interest. It was suggested that a transfer for some might be to a dually registered home.
- Assurance was given that the social networks of residents would be maintained if any transfer were to take place.

Residents

- Many of the residents had already been informed of the nature of the review. The consultation for the majority of residents was undertaken by and through the residential staff within the homes. The discussions centred on where people would be placed and would they be able to maintain their friendships.

Stakeholders

- Many stakeholders welcomed the review.
- The meetings with stakeholders were at their request in response to the initial a letter sent in January.
- Many wished to be involved in the development of any service, particularly for people with dementia, if the Council took a decision to reorganise their service.
- A meeting with the Crossroads and Carers organisation led to a positive meeting with some 45 carers.
- The meeting with the PCT was most constructive with every possibility of a significant contribution to the home care team in terms of nurse, physio and Occupational therapist attachments, with a further possibility of a singly managed team structure – a singly working partnership.

Barking and Dagenham CIIIL
Report on Advocacy for modernisation of Residential Care Services for older people.

Introduction

Barking and Dagenham Centre for Independent Living is a disability rights organisation based in Dagenham. We were appointed as the independent advocates providing advocacy in two strands. The first strand is for residents and their families and carers, and the second strand was to advocate for residents without family through either loss or family breakdown/choice. We have been contracted to provide independent advocacy to residents and their families and carers about the modernisation of residential care for older people.

The process

The families and carers have been informed throughout the consultation by letter and public meeting of the situation and all questions have been answered in an appropriate manner. I have attended the family meetings except for one held at Brockelbank. The meetings have been well attended at Brockelbank throughout the period of consultation. At Lakerise and Mayesbrook the initial meetings were very well attended but attendance has reduced at the latter two homes due to a number of service users being in hospital.

The views of family members

From the outset family members at the initial meetings were very distressed about the possible closure of the residential homes owned by the council. It was evident that they felt this was not in the interest of their family members and objected quite strongly as to the need for a consultation process when they were so adamant that they were happy with the services provided and that their family members were happy at the homes.

There was initial distrust of the process; many felt that after the initial meetings this was a forgone conclusion that the homes would close as there was a ‘hidden agenda’ based on external factors such as:

- The sale of the land of sites for housing
- Cost saving exercise
- The council offloading its responsibility for their family members.
- The consultation phase had no impact that decisions had already been made.

After the initial meetings a number of families recognised that this was an opportunity to make changes that suited their family member and themselves in terms of their location. A number of family members and carers are travelling considerable distances to visit relatives, and would like their family member placed nearer to them.

However the majority still feel that they would like the homes to remain open their reasons are as follows:

- They feel that a move would be detrimental to the health and well-being of their family member, some also state that this may cause a premature death based on the stress involved in this move given the age of the resident.

- Most family members feel that the service their family member receives is of good quality and are of the view if it is running well why should it change.

- They are concerned about the relationships that their family members and carers have with other residents and staff members and how this will be destroyed.

- The family members are concerned about the quality of homes in the independent sector; based on media coverage of elder abuse and poor care.

- Cost implications based on the amount of money needed to 'top up' a fee of an independent home.

- Concerns about distance to visit relatives who will be suitable for the specialist dementia unit particularly spouses of residents themselves in their 80's.

Conclusion

The families are very unhappy that the homes are under threat of closure they feel that the consultation process is just a gesture and that closure is a foregone conclusion. They have relatives who may not have much longer to live and feel that the process could wait until the current residents die through a natural process or need enhanced nursing care not provided in a residential home. They have been particularly distressed by the lack of response from elected members to whom most have written with not much response.

Karen West Whylie
Independent Advocate

APPENDIX 2

HOMECARE

1. Background

There are a number of factors affecting the provision of personal care services in the home:

- The growth of direct payments (whereby vulnerable people assessed as needing personal care receive funding to purchase their own care) in Barking & Dagenham has been considerable. We are now positioned as 3rd highest nationally and this has contributed to the authority being chosen as one of 13 pilot sites for the Individual Budgets programme and national recognition. This has had a direct impact on the homecare market, with direct payments being a direct competitor for the provision of personal care.

- This has contributed to raising expectations of a large number of existing and new people requiring services for greater choice and flexibility in the way personal care is delivered. People want to design their own care packages and want care delivered flexibly and at a time that suits them.

- The raising of eligibility thresholds for services (Fair Access to Care – FACS criteria) has led to a forecast decrease in traditional personal care hours being delivered.

2. Assumptions

Our current assumptions are that we will need to provide the following number of direct client contact hours a week by the end of each of the financial years.

	2006/7 year end	**2007/8**	**2008/9**	**2009/10**
Number of hours per week	9,300	9,000	7,500	6,300

i. Current provision of total hours is 9,896 averaged over the previous 3 months

Based on current projections for increases in direct payments and individual budgets and the implementation of revised FACS criteria, the overall target for homecare hours is anticipated to reduce in 2009/2010 to 6,300 hours per week. These reductions will need to be managed through both the contracts with external providers, and the utilisation of in-house services.

3. Value for Money

Current average aggregated unit costs for homecare are **£19.10**. This is aggregated from the unit cost of in-house homecare, currently **£31.06** and the average cost of external commissioned hours at **£15.75**.

From submitted 2005/06 data based on the snapshot week in September of hours and costs in homecare.

	Number of Hours	Cost per Hour
In-house service	2,500	£31.31
External Providers	7,350	£15.70
Total	**9,850**	**£19.10**

The overall unit cost for directly provided home care was the 4th most expensive in London according to the 2005/2006 PAF, which impacts on overall Council performance and contributes to judgements of Value for Money.

The following shows comparator costs of other London Councils.

Authority	**Unit cost of in-house homecare***
Barking and Dagenham	£31.31
Authority A - outer	£22.57
Authority B - outer	£25.89
Authority C - outer	£34.69
Authority D - outer	£16.73
Authority E - inner	£26.16
Authority F - inner	£40.67
Average Internal Hour – Inner London	£24.41
Average Internal Hour – Outer London	**£25.41**

*These figures have been produced by the CIPFA benchmarking group

There are 22 Independent sector providers operating in the borough, 11 of which are contracted by the Council. These providers deliver a mixed service in terms of quality, and cannot be relied on to deliver reliable consistently high quality personal care. Due to the relatively small size of the providers, influenced by the size of the contracts offered by LBBD, they are not able to employ staff on longer term contracts, invest in training, or provide service continuity.

The Commission for Social Care Inspection (CSCI) which regulates all care providers recently released comparative data on how providers meet minimum standards. This report, the Local Authority Market Analyser Tool (LAMA) detailed the number of National Minimum Standards (NMS) met by types of provider within the borough. Standards include such things as care needs assessment, privacy and dignity, safe work practices and risk assessments. The Local Authority's provision meets more standards than all England comparators, whereas our current externally commissioned homecare services generally perform less well in comparison.

The re-tendering of external contracts will seek to ensure that high quality providers are encouraged into the borough. This will produce high quality services at cost effective prices.

4. Options analysis

The options can be summarised as

Option 1	The current service remains
Option 2	Restructure directly provided service to provide an assessment and "intake" personal care service, together with a specialist dementia team, and re-commission long term maintenance service from independent sector
Option3	Restructure with directly provided service providing "intake service" and directly provide a long term service reducing over a period of time, commissioning balance of hours from independent sector.
Option 4	Re-commission entire homecare service from independent sector and retain no in-house provision.

Further detailed work is being undertaken to scope the potential for restructuring the directly provided "care" team which works in the Council's 4 designated sheltered schemes (part 2 ½ schemes).

Option 1 The Current service remains

	Number of hours	Cost per hour	Weekly cost	**Annual cost**
Locality teams	2,500 hours per week	£31.31 per hour	£77,654*	**£4.04m**
Specialist teams				
External providers	7,350 hours per week	£15.70 per hour	£115,395	**£6m**
Total	**9,850 hours per week**	£19.60 per hour**	£193,049	**£10.04m**

* sunk cost
** based on average usage

Advantages

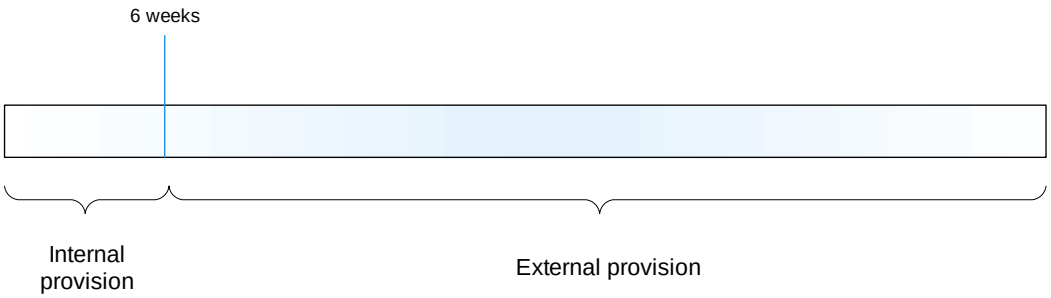
- Creates no disruption to current staff

Disadvantages

- Fails to provide modernised homecare service which delivers independence and choice
- Fails to provide attractive new positions with career structure
- Overall Council performance continues to fall due to high unit cost indicators
- Demonstrates poor use of Council resources dedicated to assisting the most vulnerable – Value for Money
- Doesn't achieve Council's savings target

Option 2 – Restructure in-house homecare to provide intake and specialist dementia service

The core service will consist of an intake team providing the first 4-6 weeks of personal care with an emphasis on promoting independence, re-enablement and a reduction in care packages.



Initial provision by internal services will stabilise the service user and ensure that the externally commissioned package is at the appropriate level. The contracts with external providers will be outcome-based i.e. the service user will be in control of how they utilise their weekly hours, rather than being issued with a timetable.

The initial period of care being provided by in-house services will allow the service user to develop their optimum level of independence and the outcomes they wish to achieve. The overall goal is to reduce the care package to the minimum required.

Further detailed work has been undertaken to consider the advantages of continuing to provide a specialist dementia service. This service would work alongside the older people's community mental health team and the specialist dementia care home to provide intensive packages of support for people living in their own homes with effects of severe dementia.

This is the proposal being consulted on with staff and trade union representatives.

Service	**2007 / 2008**	**2008 / 2009**	**2009 / 2010**
Internal Hours per week, including Dementia Service	2000	2000	2000
Internal Costs per week	£36,354	£34,900	£33,504
Annual Internal Costs	£1.9m	£1.8m	£1.7m
External Hours per week	7,000	5500	4300
External Costs per week	£105,000	£82,500	£64,500
Total Hours per Week	**9,000**	**7,500**	**6,300**
Total Annual Cost	**£7.35m**	**£6.1m**	**£5.1m**

This takes into account forecast reductions in the overall amount of homecare hours required taking into account the growth in Direct payments and Individual Budgets, and the implementation of consistent Fair Access to Care (FACS) thresholds.

Advantages

- Provides better value for money
- External contracts are large enough to attract high quality providers
- Internal services have a clear remit for the delivery of initial packages allowing them to focus solely on re-enablement
- Provides re-modelled service with career structure that is attractive to new entrants in the job market

Disadvantages

- Initial disruption to current internal staff while new service is established
- Need to redeploy some of workforce who are not offered posts in new structure

Option 3 – restructure to provide in-house intake service but initially retain balance of hours as direct provision of maintenance homecare

This option would deliver a restructured directly provided service – the "intake service" together with delivering a directly provided longer term service. For the purposes of this paper it has been assumed that this would initially continue to deliver an equivalent number of hours, with this reducing over the next 3 years through some natural wastage and redeployment over a longer period.

Service	**2007/8**	**2008/9**	**2009/10**
Intake Team, hours per week	1500	1500	1500
Dementia Team, hours per week	500	500	500
In house Long term care Team, hours per week	700	400	0
Internal Costs per week	£77,654	£68,030	£64,822
Annual Internal Costs	**£4m**	**£3.5m**	**£3.4m**
External Hours per week	6,300	5,100	4,300
External Costs per week	£94,500	£76,500	£64,500
Annual External Costs	**£4.9m**	**£4m**	**£3.4m**
Total Hours per Week	9,000	7,500	6,300
Total Annual Cost	**£9m**	**£7.5m**	**£6.7m**

Advantages

- Minimises need to redeploy staff in short term
- Individual staff solutions can be identified over longer period

Disadvantages

- Service modelled around staff needs rather than service
- Contracts with external providers will be smaller and therefore unlikely to attract the high quality providers
- Internal costs remain very high
- Continued negative impact on overall Council performance
- Highlights high cost of Council long term service compared to externally commissioned services
- Internal service has a split focus

Option 4 - Entire service is re-commissioned from independent sector.

	2007/2008	2008/2009	2009/2010
Total hours per week	**9,000 hours per week**	**7,500 hours per week**	**6,300 hours per week**
Total cost per week	£135,000 per week	£112,500 per week	£94,500 per week
Total annual cost	**£7.02m**	**£5.85m**	**£4.91m**

These figures are based on an assumed hourly cost of £15, although we are aware from recent CIPFA benchmarking information that neighbouring boroughs are reporting more competitive figures based on 2005/06 figures. They do not include the cost of additional staffing in commissioning to support and monitor the contracts estimated at £100k.

Advantages

- Provides most cost effective model
- External contracts are very large and are likely to attract high quality providers

Disadvantages

- Considerable disruption to internal staff with need to redeploy workforce
- Risk to Council in not retaining any direct service for vulnerable clients if large provider defaults

5. Conclusions and recommendations

In order to be able to deliver a high quality and cost effective service, it is necessary to modernise current service provision. This requires both modernisation of internal services and the way in which external services are commissioned and contracted.

It is recommended that **option 3** is pursued. This delivers the best balance between services designed around the identified current and forecast needs of service users, cost efficiency, and potential risks to the Council. A fit for purpose modernised in-house service will work with re-commissioned independent sector providers to promote independence and choice. It will allow for internal services to be remodelled to deliver specific functions including a “core” in take service and specialist dementia services. It will also ensure that externally commissioned contracts are of a large enough value to attract high quality providers.

6. Summary of costs

The complete cost of continuing to provide the current service over the coming 3 years will be £30m. Option 2 provides a £9.75m saving over the same period available for re-investment to facilitate the growth of preventive services.

	2007/8			2008/9			2009/10				
	In house cost per hour	external cost per hour	Annual Cost	In house cost per hour	external cost per hour	Annual Cost	In house cost per hour	external cost per hour	Annual cost	Cumulative Total	Cumulative Saving
Option 1	£31.30	£15.70	£10.03m	£31.30	£15.70	£10.03m	£31.30	£15.70	£10.03m	£ 30.12m	£ -
Option 2	£24.50	£15.00	£7.97m	£24.20	£15.00	£6.71m	£23	£15.00	£ 5.68m	£ 20.37m	£ 9.75m
Option 3	£28.80	£15.00	£8.95m	£28.35	£15.00	£7.51m	£32.41	£15.00	£ 6.72m	£ 23.19m	£ 5.87m
Option 4	£0.00	£15.00	£7.02m	£0.00	£15.00	£5.85m	£0.00	£15.00	£ 4.91m	£ 17.78m	£ 2.59m

Assumptions:

1. All costs based on 2005/06 data.
2. Options 1 based on current costs of external providers and assume no re-commissioning.
3. These forecasts do not include inflation or potential impact of single status agreement
4. It may be possible to reduce the cost of option 2 further following implementation.
5. Option 4 does not include additional commissioning costs.

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Appendix 3

GMB COMMENTS ON THE PROPOSED MODERNISATION OF SERVICES TO OLDER PEOPLE

L B BARKING & DAGENHAM EXECUTIVE – 10th APRIL 2007

1. INTRODUCTION

1.1 The council's proposals for the modernisation of services to old people have not been well received by the GMB or our members in either Home Care or the Homes. They seek to move too far too quickly, at the likely expense of resident's, the staff and the council tax payer. We believe they are motivated particularly by a desire to save money - a premise we challenge below - and we are especially disappointed by the position some elected members have taken on such a fundamentally important issue.

1.2 More than 250 people, almost all of them borough residents, are affected across the two areas by these proposals. Staff with many hundreds of years of dedicated service to the London Borough Barking and Dagenham. These proposals will see up to 150 frontline jobs lost, along with the vast range of experience, expertise and knowledge. In reality, those staff displaced would have few redeployment opportunities and the vast majority will have to take (costly) voluntary and compulsory redundancy. The costs associated with these losses have, we trust, been taken carefully into consideration by councilors as part of their deliberations; the costly debacle recently around Thames Accord should still be fresh in everybody's minds where actual costs greatly exceeded officers' calculations.

1.3 The GMB is firmly of the opinion that there is a justifiable case: financially, organisationally and morally to retain an in-house Home Care workforce at least equivalent in size and number of hours worked to the current establishment and to keep not less than two of the existing three remaining homes in the Borough. **We therefore call on the Executive to agree Home Care option 1, failing that option 3 but retaining the Long-term Service on not less than 2,500 hours per week indefinitely; for residential care services we call for option 2**. As part of the decision we ask councillors to instruct officers to continue to work with the GMB and other trade unions on reducing the unit cost of in-house Home

Care. For our part as unions we agree also to continue negotiations on a new collective agreement for Home Care.

2. HOME CARE

2.1 In the autumn of 2003 the GMB and the then director of social services signed an agreement on the modernisation of Home Care. This was the culmination of many months of protracted negotiations to achieve the third comprehensive restructure of Home Care in as many years. The first two of those reviews had, as a result of management oversight, failed to make the necessary changes for the service. For the workforce, the agreement represented an element of job security and minimum terms and conditions as a quid pro quo for having accepted a third series of changes to the way in which they worked, their hours and their responsibilities. Sadly, the council's word has not been its bond and you have "gone bent" on your side of the bargain in a number of major respects. In particular: the workforce has not been maintained at the numbers agreed, the hours of the in-house workforce have been greatly reduced below that in the agreement and, contrary to promises made in writing, staff appointed since the agreement have been employed on inferior terms and conditions. This is no way to do business with anyone, least of all a Labour council with your recognised trade unions. This lack of honour and integrity unfortunately sets the tone for the current discussions we have been having with today's officers as we try and find a satisfactory way forward that avoids an industrial dispute or costly litigation or both.

2.2 Elected members should also carefully consider the contractually binding nature of the agreement which they have chosen in part not to honour. Set against the preferred option three, there is an inevitability that many staff will take -- sooner rather than later -- costly early retirement and/or redundancy. After balances have been used to fund these unnecessary severance costs, many of the very same staff will end up working for the council again, this time indirectly through an agency or private-sector provider, looking after the very same clients and doing the very same work but on inferior rates of pay and terms and conditions. Two things will be successfully achieved by this process: firstly balances will have been used as a means of cutting pay rates and secondly, money will go out of the pockets of local people and the local economy as pay rates drop and the difference between the hourly rate workers receive and the unit cost to the council is 'is creamed off' by the private sector. Further, it is well-known that the majority of external providers of Home Care within the borough offer a substandard service to clients and one which is inferior to that provided by the directly employed in-house workforce. The council

has been caught before by unscrupulous outside providers who, once there is no in-house competition, begin to force costs upwards with a limited check and balance to the quality of service provided. There is no doubt that in a few years time those authorities that have chosen to retain a decent sized, highly trained and skilled in-house workforce will be in a much stronger position to look after their elderly and other dependent residents, than those who have foolishly been persuaded to swallow the line about private and cheaper is best.

2.4 In conclusion the sensible way to proceed with Home Care would be to retain the high-quality high-value directly employed in-house workforce at a size similar to one as per the current “agreement” with the GMB - i.e. option 1. With that guarantee the GMB would continue to work with the council on reducing the unit cost and towards a new collective agreement, (which of course we would again honour), that ensured the highest possible standards, with direct accountability, for those in need of Home Care services in Barking and Dagenham. Should members wrongly, in our opinion, go with option 3 - the next least worst option - they will be fooling only themselves if they believe that the 80 or so homecare staff who will not get jobs in the intake service or dementia service will all leave through natural turnover or be found reasonable alternative work (NB the 80 number is only reduced by reducing the hours of the new posts, with the inevitable result that more people will take costly retirement and/or redundancy). The scenario set out in 2.3 above, costing many hundreds of thousands of pounds, will still apply albeit in a less severe fashion than options 2 and 4: experience and expertise will be lost, taxpayers money wasted, an inferior service offered and a damaging effect forced onto the local economy.

3 . RESIDENTIAL CARE SERVICES

3.1 Again members are respectfully cautioned not to kid themselves about any easy savings to be made from the closure of one or more of the remaining residential care homes. Homes that have had millions of pounds spent on them in recent years. Without even the option of the type of phasing reflected in Home Care option 3, the result for 70+ staff, (plus agency staff - many of whom may have employment rights), will be redundancy. There will already be up to 80 Home Carers queuing for redeployment, to be joined by 70 colleagues from very similar service areas. The GMB has repeatedly asked management where these people will be found work? The answer is that outside of a handful, they won't. If they work again, it will be for Agencies paying around the minimum wage but of course top slicing, and taking out of the borough, their cut.

3.2 As with Home Care, this is short-sighted and trying to move too far, too quick. If Home Care were developed as it could and should be, or at least maintained as per the “agreement”, recruitment opportunities would be available here - costly redundancies avoided and experience and expertise kept. The borough has at best a stable elders population and the (cheaper) option of keeping people in their own homes should be supplemented by good, in-house accountable places in residential care. Don't forget too that more people staying in council housing means less council housing becoming available, so the costs of increased bed and breakfast provision etc should be written into this complex equation.

4. CONCLUSION

4.1 In these two areas, you frequently get what you pay for. You also pay through the nose for your mistakes. These proposals hit two large female, part-time workforces - most of whom live in the borough; historically underpaid compared to their male colleagues, as many as 150 will be made redundant. This will cost around £1m in the Homes, before you add in Home Care.

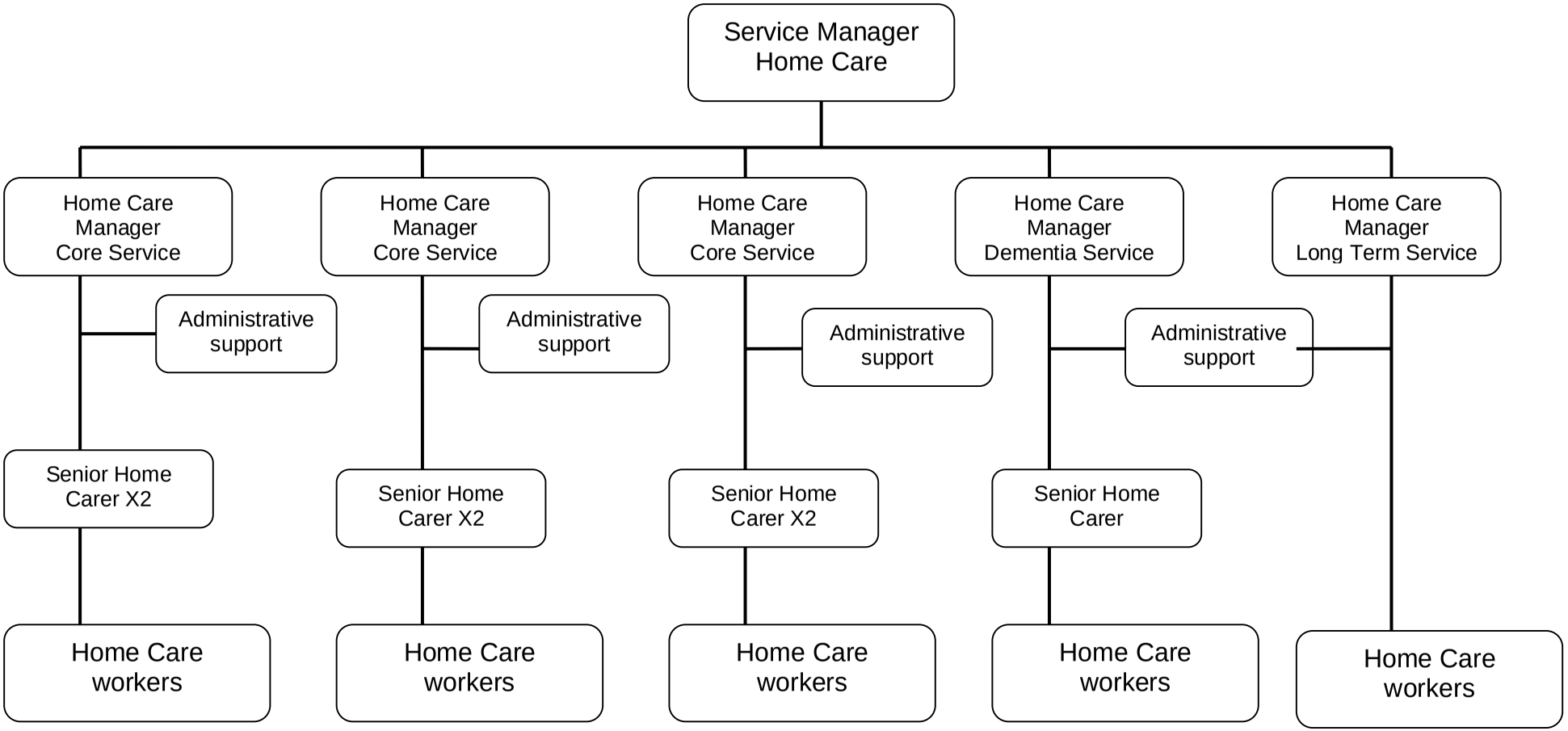
4.2 The GMB recognises that changes are necessary in both these areas and our wish as always is to work with the council if at all possible. This aspiration is undermined by the fact that the council has failed to keep its written word on a recent agreement with its workforce. That makes it hard for the union and the workforce to trust the council on its existing proposals. We call on elected members to instruct their officers to keep their agreements and to guarantee that they will rigorously police and enforce any future agreements made in their name.

4.3 We call on you to back option 1 for Home Care and option 2 for the Homes and instruct officers to work with the workforce to achieve a top class service for the borough’s people that represents value for money and sensible choice.

GMB
4/4/07

Home Care Structure

Appendix 4



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