

## CABINET

20 SEPTEMBER 2011

|   |   |
|---|---|
| <b>Title:</b> Fews Lodge Extra Care Scheme  |   |
| <b>REPORT OF THE CABINET MEMBER FOR HEALTH AND ADULT SERVICES</b>   |   |
| Open report   | <b>For Decision</b>   |
| <b>Wards Affected:</b> Chadwell Heath   | <b>Key Decision:</b> Yes  |
| <b>Report Author:</b> Bruce Morris  | <b>Contact Details:</b><br>Tel: 020 8227 2749<br>E-mail: bruce.morris@lbbd.gov.uk |
| <b>Accountable Divisional Director:</b> Bruce Morris  |   |
| <b>Accountable Director:</b> Anne Bristow   |   |
| <b>Summary:</b><br><p>Fews Lodge is part of the building that contains Kallar Lodge Residential Care Home. When Kallar Lodge was developed in 2008, the building was split into the thirty five bed care home with the remaining space being earmarked for development by Hanover Housing into an Extra Care Scheme. That project did not materialise and Fews Lodge was used for alternative housing provision. In May 2011 the site began to be used for temporary accommodation, managed by Customer Services.</p> <p>An additional Department of Health capital allocation in 2010 of £932,748 over a two year period now provides the opportunity to take the scheme forward<sup>1</sup>.</p> <p>There is growing demand for Extra Care Housing for people with dementia, and currently a waiting list for existing provision. There is a forecast modest increase in numbers of older people with dementia and extra care housing provides a more cost effective solution and greater levels of independence than residential care. The shared building and staff team of the proposed development will result in a more efficient use of existing resources. The scheme also meets the aims and objectives of the local dementia strategy action plan.</p> |   |
| <b>Recommendation(s)</b><br><p>Cabinet is recommended to agree:</p> <ul style="list-style-type: none"><li>i) the main building of Fews Lodge be converted into Extra Care Housing provision for people with dementia; and</li><li>ii) that this is provided jointly under the management of Customer Services for landlord services (with rent being paid by tenants to the HRA) and Adult Social Care for care provision (funded through adult social care budgets), while the bungalows and houses on the site revert to general needs housing.</li></ul>   |   |

<sup>1</sup> Department of Health (DH) (2010) Local Authority Social Services Letter (LASSL), 2.

## Reason(s)

This proposal will assist in meeting several of the objectives set out in the Council's Policy House including:

- providing high quality social care services for those that need them.
- enabling people with care needs to live the life they want, with real choices about their lives and care.
- improving estates and homes that people choose to live in, whether owned by the Council, other social landlords, privately rented or owned.

## 1. Introduction and Background

### 1.1 Older people population projections

The Joint Strategic Needs Assessment (JSNA) refresh 2010 provides some updated population projections. There is predicted to be a small rise in the number of older people in the borough between now and 2020.

| <b>London Borough of Barking and Dagenham Population Projections 65yrs+</b> |                          |
|---|--------------------------|
| <b>Year</b>   | <b>Population 65yrs+</b> |
| 2010  | 20,835                   |
| 2011  | 20,797                   |
| 2012  | 21,019                   |
| 2013  | 21,186                   |
| 2014  | 21,274                   |
| 2015  | 21,340                   |
| 2016  | 21,447                   |
| 2017  | 21,565                   |
| 2018  | 21,711                   |
| 2019  | 21,928                   |
| 2020  | 22,134                   |

1.2 The Office for National Statistics (ONS) produces borough level projections to help plan for the future. The 90 and over group peaks in 2032 when it represents 1% of the population. By 2033 there is projected to be some 2,000 over 90s; an increase of 122%. This age group has a greater need for adult social care services.

### 1.3 Dementia projections

Based on Projecting Older People Population Information (POPPI) 2010 estimates the number of people with dementia in the borough is projected to decline between now and 2020, but then increase to 1,630 by 2030.

| <b>London Borough of Barking and Dagenham Population Projections</b> |              |              |              |              |              |
|--|--------------|--------------|--------------|--------------|--------------|
| <b>Dementia – all ages</b>   | <b>2010</b>  | <b>2015</b>  | <b>2020</b>  | <b>2025</b>  | <b>2030</b>  |
| People aged 65-69 predicted to have dementia                         | 59           | 70           | 62           | 71           | 82           |
| People aged 70-74 predicted to have dementia                         | 117          | 109          | 125          | 114          | 134          |
| People aged 75-79 predicted to have dementia                         | 226          | 207          | 195          | 230          | 212          |
| People aged 80-84 predicted to have dementia                         | 402          | 338          | 325          | 302          | 359          |
| People aged 85 and over predicted to have dementia                   | 766          | 785          | 780          | 819          | 844          |
| <b>Total population aged 65 and over predicted to have dementia</b>  | <b>1,569</b> | <b>1,508</b> | <b>1,486</b> | <b>1,535</b> | <b>1,630</b> |

POPPI uses data based on the 2001 Census and trend data produced by the Office of National Statistics for populations aged 65 and over. National data has been applied to the local area and therefore the modelled estimates are not able to take into consideration distinctly local trends. Whilst a review of this data is underway, the POPPI data is still the standard source of information which is used for forecasting numbers of older people.

#### 1.4 **Strokes**

Strokes can also lead to a greater chance of developing dementia. Cognitive decline related to stroke is usually called vascular dementia or vascular cognitive impairment to distinguish it from other types of dementia.

According to research carried out by Emedicine Health, people who have had a stroke have a 9 times greater risk of dementia than people who have not had a stroke. Approximately 1 in 4 people who have a stroke develop signs of dementia within 1 year.

Each year more than 130,000 people in England and Wales have a stroke. Most strokes occur in people over the age of 65.

## 2. **Proposal and Issues**

- 2.1 40% of older adults find themselves needing or wanting to move home at least once past the age of 65 years (including into residential and nursing care<sup>2</sup>) and a quarter of adults over the age of 60 indicate that some form of specialist housing would be their preferred future accommodation<sup>3</sup>. Demand for Extra Care Housing is already outstripping supply, demonstrated by a waiting list for existing provision for people with dementia<sup>4</sup>.

<sup>2</sup> Bebbington, A. Darton, R. Netten A 'Care Homes for Older People. Volume Two. Admissions Needs and Outcomes' (1995).

<sup>3</sup> The Aspirations of Older People. MORI (2004).

<sup>4</sup> Allardice, J. '20:20. A vision for housing and care' Jane Allardice Communication Limited (September 2005).

- 2.2 There are four priority areas for the Department of Health's policy development work during 2010/11 to support local delivery of the National Dementia Strategy<sup>5</sup>. The Fews Lodge development would assist with two of those:
- 2.3 *Living well with dementia in care homes* - Two thirds of people in care homes have dementia; dependency is increasing; over half are poorly occupied; behavioural disturbances are highly prevalent and are often treated with antipsychotic drugs.
- 2.4 The Fews Lodge development would support people in the early stages of dementia to continue to live as independently as possible with highly trained and specialised care provision being provided. It is envisaged that this will:
- extend the period of time that those people can live outside of permanent residential care,
  - improve the quality of life for those people and
  - delay the onset of the later stages of dementia.
- 2.5 Additionally, when it is evident that a move to residential care is required, the people in the extra care housing scheme will already be well known to the home. This will mean that an often highly traumatic move to residential care will be made significantly easier and their needs will be more effectively met at point of admission and throughout.
- 2.6 *Reduced use of antipsychotic medication* - There are an estimated 180,000 people nationally with dementia on antipsychotic drugs. In only about one third of these cases are the drugs having a beneficial effect and there are estimated 1800 excess deaths per year nationally as a result of their prescription<sup>6</sup>.
- 2.7 The proposed Extra Care Scheme will be linked to and managed through the staff team at Kallar Lodge. The experienced management team at Kallar Lodge are familiar with working with health colleagues to review medication and secure best outcomes for people with dementia. While the aim would be for people to remain self medicating for as long as possible in the Extra Care Scheme, the additional support and monitoring that would come from the care provision at the service would minimise the use of any medication, not just inappropriate medication, for as long as possible.

### **The proposed Model of Care is as follows:**

- 2.8 Kallar Lodge can at present only focus on preventing deterioration once people move into the service. If we attach an additional service for people with lower levels of need, we can further focus on:
- Extending the period of time people live independently
  - Improving the quality of life for those people
  - Delaying the onset of later stages of dementia
  - Providing a seamless route of care for those people who do end up requires residential care
  - Providing opportunity for couples to stay together
- 2.9 The model of care in the scheme will include all the recognised core elements of good quality extra care provision of this type, those being:

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<sup>5</sup> 'Living Well with Dementia: A National Dementia Strategy' Department of Health (January 2011).

<sup>6</sup> Alzheimer's Society Report (2009) quoted in 'Living Well with Dementia: A National Dementia Strategy' Department of Health (January 2011).

- Small number of units, often flats. With the conversion of one of the current flats into a communal area the scheme will comprise eleven units.
- Attached to existing care home.
- Units available for couples of whom one has a very high care need, or specialist need, and the other who is their main carer.
- Ability to access care, support and facilities of existing home.
- On-site provision or access to 24 hour personal and practical care services. Provision of personal care needs to be flexible and tailored to individual needs, so that as these change people can remain in the same place.
- Access to one or more meals every day which can help to ensure that residents receive their minimal nutritional value per day. While there will be no formal arrangements made for regular meals for all residents, should someone be in need of additional support in this area for a period of time, the main home can easily make provision for this.
- Access to domestic and housing support services particularly services which 'work with' rather than 'doing for residents'.
- Access to a range of community health services. Some of these may be on site, some from nearby health facilities or agencies. In either instance their availability in sufficient volume to maintain people within the community is likely to be as critical as the care and support services

2.10 While packages of care would be individualised, the service will be staffed from approximately 7am to 11pm by care staff. The emergency night time cover will be provided by the waking night and sleep-in staff at Kallar Lodge.

2.11 Peak times of care provision are obviously the morning and evening hours. Throughout the rest of the day the care staff will be supporting residents who have additional care needs and will be facilitating a programme of activities, which is crucial to the achievement of positive outcomes for residents with dementia.

2.12 Because the scheme would be attached to the specialist care home, the residents will benefit from a service that works to and meets a large number of the National Institute for Health and Clinical Excellence (NIHCE) Quality Standards in that:

- People with dementia receive care from staff appropriately trained in dementia care.
- People newly diagnosed with dementia and/or their carers receive written and verbal information about their condition, treatment and the support options in their local area.
- People with dementia have an assessment and an ongoing personalised care plan, agreed across health and social care that identifies a named care coordinator and addresses their individual needs.
- People with dementia, while they have capacity, have the opportunity to discuss and make decisions, together with their carer/s, about the use of: advance statements, advance decisions to refuse treatment, Lasting Power of Attorney, Preferred Priorities of Care.
- Carers of people with dementia are offered an assessment of emotional, psychological and social needs and, if accepted, receive tailored interventions identified by a care plan to address those needs.
- People with dementia who develop non-cognitive symptoms that cause them significant distress, or who develop behaviour that challenges, are offered an assessment at an early opportunity to establish generating and aggravating factors.

Interventions to improve such behaviour or distress should be recorded in their care plan.

- Carers of people with dementia have access to a comprehensive range of respite/shortbreak services that meet the needs of both the carer and the person with dementia.

### **3. Options Appraisal**

#### **3.1 Doing nothing will result in:**

- Fews Lodge continuing to be used for temporary accommodation.
- Kallar Lodge remaining as a limited dementia care home.
- We could identify alternative use for capital allocation or return the funds to the Department of Health.

#### **3.2 The proposal:**

- Fews Lodge was only intended as a temporary measure for temporary accommodation, pending the development of these proposals. Alternative empty properties in the Council's portfolio, previously used as old people homes, have been identified and these will need to be phased in alongside the development of Fews Lodge.
- Meet the increase in demand for Extra Care Housing for people with dementia demonstrated by a waiting list for existing provision. At the time of writing this report there were six people on the waiting list for Fred Tibble, the borough's only specialist dementia extra care scheme, four of these people have been on the waiting list for over a month.
- The shared building and staff teams of the proposed development will result in a more efficient use of existing resources whilst extra care housing provides a more cost effective solution than residential care.
- The proposal aims to enable older people to stay healthy and active for longer, stay safe, maintain links with their communities and remain independent.
- The scheme meets the aims and objectives of the local dementia strategy action plan.

### **4. Consultation**

4.1 The proposals have been discussed at length with the Cabinet Member for Health and Adult Services and the Cabinet Member for Housing. Both fully support the proposals with the proviso that we phase the building work alongside the development of additional temporary accommodation to replace the units which will need to be vacated at Fews Lodge.

4.2 This report has been discussed in the Housing Board and it has been agreed to phase in the work with the development of additional temporary accommodation currently being identified using empty property currently in the Council's portfolio previously used as older peoples residential care homes.

4.3 The project plan has begun the Capital Programme Management Office process to assess the strategic fit of the proposed scheme to the objectives, strategies and policies of the council. The review will test that the whole life costs for the scheme including revenue implications are affordable, and the respective funding sources are evidenced.

## 5. Financial Implications

### 5.1 Capital costs for the development

| Initial Refurbishment costs (£) | Building Costs (£) | Capital Allocation 2011/2012 (£) | Capital Allocation 2012/2013 (£) |
|---------------------------------|--------------------|----------------------------------|----------------------------------|
| 150,000                         | 584,000            | 464,665 <sup>7</sup>             | 468,083 <sup>8</sup>             |

5.1.1 The capital allocation referred to above is from a Departmental of Health grant paid over 2 years so the capital works will be at no cost to the Council. This funding is intended for innovative alternatives to residential care, particularly Extra Care Housing, that improve independence for older and disabled people including those with dementia. A decision needs to be made during 2011/12 to commit the funding to eligible schemes and the development would need to be completed during the grant period.

5.1.2 The building was partially refurbished earlier this year so it could be utilised for short term temporary accommodation use. This refurbishment work has reduced the amount of work needed for conversion to an extra care scheme and is appropriately funded from the capital allocation.

5.1.3. This leaves a potential balance of £198,748 remaining capital allocation in 2012/13. Savings proposals based on better utilisation of residential care provision for people with learning disabilities are dependent on refurbishment of existing provision. The balance will be used to fund building costs associated with this proposal.

### 5.2 Revenue costs for the service

| Cost per place       | Unit Cost (per week) (£) | Occupancy 13 beds( per week) (£) | Full Occupancy for 13 beds (per year) (£) |
|----------------------|--------------------------|----------------------------------|---|
| Residential Dementia | 435*                     | 5655                             | 294,060                                   |
| Fred Tibble          | 234                      | 3,042                            | 158,184                                   |
| Fews Lodge           | 108                      | 1,408                            | 73,227 <sup>9</sup>                       |
| <b>Total saving</b>  | 327                      | 4574                             | 237,848                                   |

\*The benchmark cost of residential care for people with dementia is £549<sup>10</sup> less income guarantee for residential care of £114.

5.2.1 Specialist residential care homes for people with dementia are not an exact comparison with extra care housing both in terms of the service offered and the way costs are calculated. Residential care provides 24 hour care and due to the model of care can manage some of the symptoms associated with dementia such as wandering in a more structured environment. Nevertheless dementia is generally a

<sup>7</sup> LASSL(DH)(2010)2

<sup>8</sup> LASSL(DH)(2010)2

<sup>9</sup> This figures includes the personal care contract (24 hour care and individual personal care) and the Housing Support contract (support with housing tenancy and social activities).

<sup>10</sup> For all residential placements the average cost of placement is £519.23. The data from Finance used for this report, looked at all placements for those over 65.<sup>10</sup>

progressive condition and many residents of extra care schemes can be safely cared for if they are settled at an early stage.

- 5.2.2 Fred Tibble Court was designed as an Extra Care scheme for dementia when this model was a relatively new concept. In practice all extra care schemes have different features and offer different levels of support and the figures have been included here as a reference point.
- 5.2.3 However Fred Tibble is currently full and there is a waiting list so any urgent placements currently mean placing in residential care. Assuming Fewes Lodge prevents 13 residential placements, this would provide an indicative gross saving of £294,060<sup>11</sup>. Due to the savings in residential costs and the additional costs of staff this would be a net saving for the council of £237,848 per annum.
- 5.3.3 Staffing for the service will largely be incorporated within the staffing structure of Kallar Lodge. There will be a need for four additional part time staff on 25 hours at SC3/SP17 equalling £67,332 annually. An additional 10 hours of domestic support will be required at SC1/SP10, £5,895 annually. The total cost of the staffing would be £73,227. This works out as a cost of £108 per week for each client.

Implications verified by: Ruth Hodson, Group Manager, Finance

## **6. Legal Implications**

- 6.1 This is in line with government strategy 'Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society' (Feb 2008) aimed at improving and increasing access to housing suitable for older people or older people with disabilities. The goal of the strategy is to encourage better planning at a local and national level in order to create homes and communities that enable people to live at home as long as possible in independence and safety. "In future, housing, health and care will be increasingly interdependent, that is why this strategy makes housing and ageing a cross-government priority. This strategy has been developed in close partnership across government, building on work such as our overarching ageing strategy 'Opportunity Age'. The strategy builds on Communities and Local Government's Green Paper, 'Homes for the Future', it shares themes with the Department of Health's White Paper, 'Our Health, Our Care, Our Say and Putting People First'. It sets out an approach for specialised housing creating more homes and more choice.

Implications verified by: Shahnaz Patel, Senior Lawyer

## **7. Other Implications**

### **7.1 Risk Management**

- 7.1.1 Risks are low because the service will be attached to Kallar Lodge, a care home for people with dementia. The service will be provided by their highly skilled and experienced staff team.

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<sup>11</sup> Thirteen of the 74 samples year's residential placements.



- 7.1.2 There is only one other extra care scheme in the borough that works specifically with people with dementia and this is currently overwhelmed by the number of referrals they receive. Evidence from the Extra Care Panel shows that increasingly, referrals for extra care services come from people who have a diagnosis of dementia. It is not envisaged that there will be any problems maintaining occupancy at the service.
- 7.1.3 A cost appraisal and contingency plan have built in sums for defined and undefined risks associated with the development of Kallar Lodge.
- 7.1.4 There is no risk to the service from a collapse of a private company because the proposal is for the Council to provide the service as a satellite from Kallar Lodge.

## **7.2 Contractual Issues**

- 7.2.1 The estimated value of the construction works that will be involved in implementing the proposed conversion, as costed by Playle & Partners LLP, construction and property consultants, is £584,000, inclusive of fees and contingencies. This amount is below the EU threshold for Works contract which is currently £3,927,260, therefore the EU public procurement regulations do not apply to this procurement. At present this amount is a budget cost, pending Cabinet approval, and therefore includes a number of estimates which will be confirmed once the scheme proceeds. Upon approval the scheme will be tendered at which point the overall price will be fully confirmed, but will in all cases be contained within the funding available.
- 7.2.2. Due to the value of the project it will be procured using a list of six contractors chosen from Construction Line (a pre-existing Framework of contractors which the Council regularly accesses to procure contractors for lower value schemes) and via an advertisement which will be placed on the London Borough of Barking and Dagenham website inviting expressions of interest from local contractors.

## **7.3 Staffing Issues**

If the proposal is agreed up to four additional staff will be recruited following the Council's standard Human Resources procurement process.

## **7.4 Customer Impact**

The development will provide opportunities for a number of groups of people with protected characteristics including disabled people.

## **7.5 Health Issues**

The development will help enable older people to stay healthy and active for longer, stay safe, maintain links with their communities and remain highly respected and valued members of society. The scheme will improve end of life care for older people with dementia.

## **7.6 Property / Asset Issues**

- 7.6.1 An initial feasibility survey and scheme has been completed and the scheme designed has been agreed. Assets and Commercial Services are confident that the tender process could be completed and work could then begin at the site within

three months of approval. The feasibility study assumes a 25 week period for the tender process to be completed and on site for the works.

- 7.6.2 Any building work assumes an unoccupied site from the outset. At present the Fews Lodge site is occupied as temporary accommodation by a number of people placed by Customer Services. These people have been placed on licence and so no period of notice is required.
- 7.6.3 As part of a longer term strategy alternative accommodation currently in the Council's portfolio is being converted for use as temporary accommodation. The work will not be able to start until the building is empty without incurring additional costs.

#### **Background Papers Used in the Preparation of the Report:**

- Bebbington, A. Darton, R. Netten A. (1995) 'Care Homes for Older People. Volume Two. Admissions Needs and Outcomes'.
- MORI (2004) 'The Aspirations of Older People'.
- Allardice, J. (2005) '20:20. A vision for housing and care' Jane Allardice Communication Limited.
- Department of Health (2011) 'Living Well with Dementia: A National Dementia Strategy'.
- Alzheimer's Society Report (2009) quoted in Department of Health (2011) 'Living Well with Dementia: A National Dementia Strategy'.
- Department of Health (2010) Local Authority Social Services Letter, 2.
- Playle & Partners LLP Cost Plan, 18 July 2011

#### **List of appendices:**

None