

CITY OF PLYMOUTH

Subject: Residential Care: Update on Modernisation of Older Peoples' Services 2005-2015

Committee: Cabinet

Date: 10th November 2009

Cabinet Member: Councillor Dr Salter, Cabinet Member for Adult Health and Social Care

CMT Member: Director for Community Services

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Ref: Your ref.

Part: 1

Executive Summary:

In accordance with the recommendations within the Cabinet Paper dated 14th July (Appendix 1), this report is to provide feedback to Cabinet in relation to the consultation initiative that has taken place about respite provision in the City, and the future of Whitleigh Residential Respite Home.

The consultation process took place over a twelve week period. A variety of approaches were adopted to ensure that users and their carers were afforded opportunities to provide feedback.

This report provides a summary of the outcomes of the consultations.

Although 135 people who were users of Whitleigh were invited, only a small number of people chose to attend the consultation events themselves. Of the questionnaires distributed 60% were returned and the majority of the remainder were contacted by telephone. A number of individual appointments were also offered.

All appeared to appreciate the time given to air their views and to receive confirmation of the Council's continued investment in carers' services. Whilst many expressed a desire for Whitleigh to remain open, it was apparent from the feedback received that the concern about the future of Whitleigh was intimately connected to a need for information around alternatives and a reassurance that there would be no overall reduction in respite provision.

The consultation provided an opportunity to ensure that service users and carers were more familiar with the choices available to them and the range of services on offer and to give further reassurance that we would continue to purchase and provide good quality respite services.

In respect of the long stay resident a social worker and an advocate were linked with the family and the resident to ascertain her views and reassess her care needs. The resident has viewed a new dual registered home in the independent sector and moved there recently for a trial period with a member of Whitleigh staff accompanying her for support.

Corporate Plan 2009-2012:

This report links directly to the Council's Corporate objectives outlined in Corporate Improvement Priority 3 (Helping People to Live Independently) and Corporate Improvement Priority 14 (Providing Better Value for Money)

**Implications for Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land**

The proposals around Whitleigh will lead directly to budget savings whilst ensuring no decrease in the amount of respite available. We estimate that the full year financial saving will be approximately £350K.

Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, Equalities Impact Assessment, etc.

None for the purposes of this report.

Recommendations & Reasons for recommended action:

1. It is recommended that Cabinet agrees to the reprovision of Whitleigh Residential Respite Home and the reinvestment into alternative respite services.

Alternative options considered and reasons for recommended action:

To maintain our residential homes without significant future investment will not meet Care Quality Commission (formerly CSCI) minimum standards. Providing alternative respite arrangements promotes choice and control for individuals.

Background papers:

Cabinet Paper 29th November 2005 (Ref: C 61 05/06) – “Residential Care: Proposals to Modernise Older Peoples’ Services 2005-2015”

Cabinet Paper 14th July 2009 (Ref:) – “Residential Care: Update on Modernisation of Older Peoples’ Services 2005-2015”

Sign off: comment must be sought from those whose area of responsibility may be affected by the decision, as follows (insert initials of Finance and Legal reps, and of HR, Corporate Property, IT and Strat. Proc. as appropriate):

Fin	JB (CoSF AC09 10 002)	Leg	RW 105 7	HR		Corp Prop	CJT /037 /151 009	IT		Strat Proc	
Originating SMT Member: CB											

RESIDENTIAL CARE: UPDATE ON MODERNISATION OF OLDER PEOPLES' SERVICES (2005-2015)

In accordance with the recommendations within the Cabinet Paper dated 14th July (Appendix 1), this report is to provide feedback to Cabinet in relation to the consultation initiative that has taken place about respite provision in the City, and the future of Whitleigh Residential Respite Home.

1. Background

On 14th July 2009 Cabinet received a paper updating on the progress that has been made in relation to the modernisation of Older Peoples' Services as outlined in the strategy agreed in November 2005.

Cabinet approved the proposed direction of travel outlined in the 14th July paper:

- Changing the use of Stirling and Frank Cowl Residential Homes from long to short-stay occupancy (gradually to reduce the numbers of people who are permanent within the homes over the next 2-3 years – noting the new Extra Care Schemes coming on stream - The next Extra Care Housing Scheme to be completed will be in Devonport with handover expected January 2011

- Consult users/carers about alternatives to the current respite facility (Whitleigh) – noting that there has been a trend of under-occupancy within the unit as carers are already choosing alternative respite services.

2. Whitleigh Consultation Process

2.1. A 12-week consultation period was initiated following Cabinet's decision.

The methodology encompassed a range of initiatives to gather feedback:

- Consultation events
- Questionnaires
- Feedback through the Council's website
- 1:1 visits
- Advocacy support

2.2. Consultation Events

All those people who had used Whitleigh in the last 12 months were contacted and sent a questionnaire; they were also invited to consultation events.

On the 28th and 29th September 2009 Adult Social Care ran two events inviting service users and their carers to discuss how the potential reprovision of Whitleigh may affect them should such a decision be taken. These events also explored how the Council intended to develop alternative provision to extend the range of options already available to carers.

135 people were invited – in total only 13 people attended both events.

Event 1: held on Monday, 28th September 2009 10.00 -12.00 pm at the Pavilions, Plymouth

Attended by: Four service users and six carers
Supported by: PCC Commissioning Manager
Independent Consultant
Unit Manager, Whitleigh Respite Care Home
Unit Manager, Stirling House Residential Care Home

Event 2: held on Tuesday, 29th September 2009, 4.00- 6.00 pm at Elspeth Sitters House, The Barbican

Attended by: Three carers and Carer's Champions representative
Supported by: As above

The feedback from these events along with any written responses received by the Council has been collated.

A summary of the key questions and issues raised by service users and carers at the events is detailed below:

What would be the refurbishment cost to raise Whitleigh to the required standard? Is this an option?

Rooms at Whitleigh are not large enough to build en suite facilities and the building is outdated.

In order to raise occupancy levels in Whitleigh, couldn't beds be used for step-down care from hospital?

As the occupancy rates have fallen the rooms have been used to support hospital discharge and emergency placements but there has still not been sufficient demand for the unit.

If Whitleigh were to close, would this reduce the access to respite beds?

No – the council would ensure that respite beds would be available to meet identified need.

Could Stirling, as a Plymouth Council home and an alternative respite provider, accommodate the current level of respite at Whitleigh?

There are currently 4 respite beds in Stirling and as beds become available it was confirmed that they could be used for carer respite if this is needed.

When discussing respite beds across the sector, the group felt that what was most important was to ensure all respite services had staff trained to the same standard and would treat people with dignity and respect.

Carers expressed concern about accessing other independent care homes for respite. Perceptions of the independent sector were varied and based on anecdotal evidence

It was confirmed by the Commissioning Manager that a small number of homes would be identified with a good rating where respite beds would be commissioned as alternatives.

2.3. Questionnaires

Out of the 135 number of questionnaires distributed, 60% have been returned and the majority of the remainder of people have been contacted by telephone to ensure that their comments have been taken into account.

2.4. Website

The Councils website has been refreshed with a page for people to email their comments. All stakeholders have been emailed and informed. Their comments have been taken into account.

2.5. 1:1 Visits

All Service Users and their carers who had stayed at Whitleigh in the past year were invited to the consultation events and provided with a questionnaire to complete. People who utilised Whitleigh more than 4 times in the same period were offered additional support from the manager of Whitleigh. This resulted in a number of individual appointments to discuss with carers and service users on a personal basis and gain their views on the future of Whitleigh.

2.6. Advocacy

An Advocacy Service has been offered to everyone involved in the consultation through Plymouth Age Concern.

2.7. Long Stay Resident

There is one long-stay resident still residing at Whitleigh. A social worker and an advocate were linked with the family and the resident to ascertain her views and reassess her care needs.

The resident has viewed a new dual registered home in the independent sector and moved there recently for a trial period with a member of Whitleigh staff accompanying her for support. It was made clear to the family and resident that we would not want to put any undue pressure on them and that this decision had to be one of personal choice. We are confident that the family and the resident are happy with this outcome.

2.8. Summary from consultation

All appeared to appreciate the time given to air their views and to receive confirmation of the Council's continued investment in carers' services. It was apparent from the feedback received that the concern about the future of Whitleigh was intimately connected to a lack of information around alternatives. However the consultation provided an opportunity to ensure that service users and carers were more familiar with the choices available to them and the range of services on offer, and to reiterate that this was not about an overall reduction in respite provision in the City. There was also some reassurance felt about the Council's commitment to purchase quality care from the independent sector as an alternative.

The small number of service users and carers who attended the events expressed a desire for Whitleigh to remain open.

3. Staff Consultation

Managers have met with the staff employed at Whitleigh and explained the decision by Cabinet and the arrangements for consultation. Staff were encouraged to feedback their views in a number of ways as described above (Questionnaire, website etc.)

The Unions have also been informed. Clearly at this stage no decision has been taken and therefore the Council is not formally consulting with them about their future employment.

4. Recommendations

Taking into account the results of the consultation events and the feedback from the questionnaires. I am recommending that:

4.1. Cabinet agrees to the reprovision of Whitleigh Residential Respite Home and the reinvestment into alternative respite services.

CITY OF PLYMOUTH

Subject: Residential Care: Update on Modernisation
of Older Peoples' Services 2005-2015

Committee: Cabinet

Date: 14 July 2009

Cabinet Member: Councillor Dr Salter

CMT Member: Director for Community Services

Author: Julia Penfound

Contact: Tel: (01752 (30) 7344
e-mail: Julia.penfound@plymouth.gov.uk

Ref: Your ref.

Part: 1

Executive Summary:

In November 2005 Cabinet approved a new strategic direction to modernise older people's services over a 10 year period. Modern high quality extra care accommodation would be built in the immediate vicinity of our residential homes wherever possible.

Several of our older people residential homes were in outdated buildings that did not meet current day expectations. There are also no en-suite facilities in any of the remaining units.

This paper both updates on our progress to date and outlines the proposed continued direction of travel to achieve the 2005-2015 ambitions taking into consideration new national and local expectations.

Since 2005 we have achieved significant progress against the strategy set out in the Cabinet paper – specifically:

- Peirson was de-commissioned with the transfer of skilled staff into the Local Care Centre at Mount Gould
- Three new extra care facilities (Torrige Way, St Pauls and Astor Court) have been built and Paternoster de-commissioned.

The Council has remained committed to its policy that no older person currently residing in a Plymouth City Council residential home will have to move. However, they will be offered first choice of the extra care accommodation available and built in the same neighbourhood.

Plymouth City Council are recognised as regional leaders in the successful delivery of extra care schemes. The next phase of our delivery plans proposes to continue to develop extra care accommodation, and to develop alternative forms of respite provision in consultation with users and carers, to support both older people themselves and their carers in having choices about the preferred type of service.

We currently have three long-stay residential homes for older people: Frank Cowl, Stirling and Lakeside.

- There are 22 beds in Frank Cowl Residential Home in Devonport. Currently there are 11 long stay placements and 11 used for interim care (short stay). Work has commenced on a new scheme in Devonport which will be completed in 2011 and is part of the regeneration of this area. There will be 40 extra care units of accommodation in this scheme. It is recommended that we offer residents of Frank Cowl first choice of the extra care accommodation developed in Devonport.
- There are 28 beds in Stirling Residential Home in Honicknowle and currently 24 of these have long term placements and 4 are used for interim care (short stay). We are currently exploring the possibility of securing land in Honicknowle and work is ongoing to acquire this to develop an extra care scheme.
- Lakeside is a specialist dementia care facility and at present we have no plans to move to extra care given the increase in demand for residential support for people with dementia. However, the building is outdated and there may be opportunities to develop partnerships to re-provide services in the independent sector.

This report recommends that we change the use of Stirling and Frank Cowl from long to short stay and gradually reduce the numbers of people who are permanent within these units over the next 2 to 3 years i.e. when a long-term bed becomes available it will revert to short-term care. For each scheme those residing at these homes who wish to move to the new accommodation with the same levels of care and support will be able to do so.

We have one predominately short-stay residential unit - Whitleigh

- There are 23 beds at Whitleigh Residential Home - with 1 long stay placement and 22 used for respite care to support users and their carers. Occupancy levels for respite has been at increasingly lower levels as carers are already choosing alternative respite services.

Given the outdated nature of the facilities at Whitleigh and the relatively low useage we believe this is an appropriate time to consider de-commissioning. Therefore there is a further recommendation that we consult with service users/carers about respite provision in the City and the use of Whitleigh for

this purpose, and that views are taken into account in relation to decisions regarding de-commissioning. This is not about reducing the amount of respite provision, but offering a wider choice of alternatives which could range from residential independent sector provision to direct payments to enable users and carers a greater level of control over how they are supported.

This is in line with the new national strategies for both Carers and Putting people First. These strategies emphasise the drive to significantly increase opportunities for people to have greater choice and control over their lives including introducing individual budgets and expanding direct payments.

Corporate Plan 2009-2012:

This report links directly to the Council's Corporate objectives outlined in Corporate Improvement Priority 3 (Helping People to Live Independently) and Corporate Improvement Priority 14 (Providing Better Value for Money)

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

The proposals around Whitleigh will lead directly to budget savings whilst ensuring no decrease in the amount of respite available. We estimate that the full year financial saving will be approximately £350K.

There is no financial impact from the change from long-stay to short-stay at Stirling and Frank Cowl.

Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, Equalities Impact Assessment, etc.

None for the purposes of this report.

Recommendations & Reasons for recommended action:

1. It is recommended that we consult with users and carers (using advocacy services where appropriate) and dedicated social work professionals about respite provision in the City and the use of Whitleigh for this purpose, and that views are taken into account regarding decisions to de-commission.
2. It is recommended that we consult with staff
3. This report recommends that we change the use of Stirling and Frank Cowl from long to short stay and gradually reduce the numbers of people who are permanent within these units over the next 2 to 3 years i.e. when a long-term bed becomes available it will revert to short-term care. It is recommended that we offer residents of Frank Cowl first choice of the extra care accommodation developed in Devonport.

4. Work with all users/carers and the single long-stay resident of Whitleigh on an individual basis to listen to their views and ensure that appropriate service provision is in place to meet their needs.
5. It is recommended that the results of consultations are reviewed at Health & Wellbeing Overview & Scrutiny Panel

Alternative options considered and reasons for recommended action:

To maintain our residential homes without significant future investment will not meet Care Quality Commission (formerly CSCI) minimum standards. Promoting Extra Care Housing as an alternative ensures accommodation of the highest quality and promotes independent living as outlined in 'Our Health, Our Care, Our Say' national strategy. Providing alternative respite arrangements promotes choice and control for individuals.

Background papers:

Cabinet Paper 29th November 2005 (Ref: C 61 05/06) – “Residential Care: Proposals to Modernise Older Peoples’ Services 2005-2015” (Appendix 1)

Sign off: comment must be sought from those whose area of responsibility may be affected by the decision, as follows (insert initials of Finance and Legal reps, and of HR, Corporate Property, IT and Strat. Proc. as appropriate):

Fin	MC 160 609.	Leg	LT1 017	HR		Corp Prop	CJT /032 /120 609	IT		Strat Proc	
Originating SMT Member: CB											

RESIDENTIAL CARE: UPDATE ON MODERNISATION OF OLDER PEOPLES' SERVICES (2005-2015)

1. Vision

Plymouth City Council is committed to supporting Older People to remain independent whenever possible within the community of their choice.

2. Strategy 2005 -2015

The strategy agreed at Cabinet in November 2005, set out a strategic direction for increased development of Extra Care facilities and the future of our residential homes (Attached as Appendix 1). At the time of the 2005 Cabinet Paper there were 1,715 people permanently living in residential/nursing facilities across the City funded by the City Council, and by March 2009 this number had reduced to 1,111.

We currently have 5 Extra Care Schemes in the City providing 158 independent apartments.

3. Context for Change

A number of national strategies have emphasised the need to maximise independence, offer a wide range of alternatives to support users and carers promoting choice and control.

This report seeks to confirm agreement to the continued direction of travel.

4. Current In-House Residential Service Provision

4.1. Plymouth City Council currently provides residential facilities for Older People in the following facilities.

Residential Home	Beds available	Occupancy 2008/09
Whitleigh	1 long stay 22 Respite short stay	70%
Frank Cowl	11 Long stay 11 Short stay	87%
Stirling	24 Long stay 4 Short stay	87%
Lakeside – specialist support for Dementia	29 long stay 1 Short stay	92%

5. Extra-Care Facilities Planned:

5.1. The current plans for further Extra Care facilities in the City are:

- Thomas Pocklington Trust has recently opened a new scheme (May 2009). This offers 75 units of accommodation with onsite care and support commissioned by Adult Social Care.
- Work has started on a new extra care scheme in Devonport – this will be a 40 unit scheme, expected to complete in 2011. This scheme is located near Frank Cowl Residential Home.
- We are currently exploring the possibility of securing land in Honicknowle and work is ongoing to acquire this to develop an extra care scheme.

6. PROPOSALS FOR MODERNISING OLDER PEOPLES SERVICES 2009 - 2015

Plymouth City Council is committed to supporting older people to remain independent whenever possible within the community of their choice. The proposals below outline the next phase in our ambitions to deliver on the 2005-2015 strategy but also reflect the national context as set out above.

6.1. Frank Cowl Residential Home

It is proposed to change the registered use of this unit from long stay to short stay and gradually reduce the numbers of people who are permanent within the unit over the next 2-3 years. When a long-term care bed becomes vacant this will revert to short-term care. It is anticipated that with the development of the Devonport Extra Care Scheme those who wish to move from Frank Cowl into this new unit with the same level of care and support will be able to do so.

However, no long term resident will be forced to move as a result of this proposal.

The Devonport Extra Care Scheme scheduled for completion in 2011 will have 40 extra care units.

It is recommended that we offer residents of Frank Cowl first choice of the extra care accommodation developed in Devonport.

6.2. Stirling Residential Home

It is proposed to change the registered use from long stay to short stay and gradually reduce the numbers of people who are permanent within the unit over the next 2-3 years. When a long-term care bed becomes vacant this will revert to short-term care. Once again, no long term resident will be forced to move as a result of this proposal.

We are currently exploring the possibility of securing land in Honicknowle with a view to developing an extra care scheme. If successful we would look to progress this scheme and engage with residents in the same way as with Frank Cowl.

6.3. Lakeside Residential Home

Lakeside is a specialist dementia care facility and at present we have no plans to move to extra care given the increase in demand for residential support for people with dementia. However the building is outdated and there may be opportunities to develop partnerships to re-provide services in the independent sector in the future.

6.4. Whitleigh Respite Care Home

It is proposed that users and carers are consulted about alternative respite provision. Useage of Whitleigh has gradually declined and we would like to develop and deliver more innovative solutions to support carers in their crucial role. Over the last 4 years we have been developing key partnerships with independent sector care providers and housing strategy to deliver this objective.

There is capacity in the independent sector to provide short respite breaks. In addition, as part of our strategy to promote choice and control a range of options for short respite breaks is already being explored – for example, we have already developed a Carer's Voucher Scheme whereby Carers can be issued with vouchers to enable them to choose directly their preferred provision.

Given the outdated nature of the facilities at Whitleigh and the relatively low useage we believe this is an appropriate time to consider de-commissioning. Therefore there is a further recommendation that we consult with service users/carers about respite provision in the City and the use of Whitleigh for this purpose, and that views are taken into account in relation to decisions regarding de-commissioning. This is not about reducing the amount of respite provision, but offering a wider choice of alternatives which could range from residential independent sector provision to direct payments to enable users and carers a greater level of control over how they are supported.

6.4.1. Budget

The total budget for Whitleigh is £855,942. Within the budget for 2009/10 savings have been identified to be achieved by alternative commissioning of respite services. It is anticipated that the full year savings would be approximately £350k.

6.4.2. Impact on budget availability for alternative provision

Note that if the proposal is not accepted the savings of £350k will still need to be identified from other areas within the Adult Social Care budget.

6.4.3. General Information on Whitleigh respite care home

Whitleigh residential home is a 23-bed unit which predominately provides accommodation for respite breaks for individuals and their carers. This

respite can be both planned and unplanned. Whitleigh also has one long-stay resident.

The unit employs 35 staff (22.3 Full time equivalent) across a range of roles including Domestic, Kitchen Assistants, Care Assistants, Assistant and Unit Managers

In previous years, a core group of regular users would choose Whitleigh as their preferred location for respite. However, recent years have seen a significant reduction in the number of people selecting Whitleigh for respite and occupancy levels through 2008/2009 have been low, averaging at 70% occupied (significantly lower than occupancy levels in all other in-house residential units – see table in section 4.1 above).

We believe this partly reflects our progress on ensuring people have more choice and control over where and how their services are delivered and that people are now either choosing alternative residential locations for their respite or are opting to manage this in different ways e.g. through Direct Payments.

The Whitleigh building itself offers small single rooms and has a number of shared lounges and kitchen areas available to all users and would not now meet the new CQC (formerly CSCI) standards when opening a new residential service.

6.4.4. Users of the Service

Consultation with all users and carers would be undertaken and supported by both our Social Work team and Care Staff and will be conducted in a sensitive and supportive way.

Consultation would include:

- a) Discussion with the one long-stay resident and their family regarding the future of Whitleigh and the options that are available. These options will include support to identify a new residential facility or should the resident not wish to move, advice and support on how we will continue to provide support and accommodation at Whitleigh.
- b) Consultation with all users/carers and their families who are currently occupying or scheduled to use Whitleigh for their respite care in 2009. This will include support and assistance in identifying alternative solutions for respite.
- c) Offers of support to any potential users who may contact us following this news being made public that may have been considering Whitleigh as a location for future respite care.

6.4.5. Staff

A comprehensive HR process and plan is available and will be agreed with all relevant unions prior to any formal announcement to staff. This plan sets out

in detail each step of the process, the timeframes involved and all the support and information staff will receive during the process.

Our intentions are to support our staff through the proposed de-commissioning and work towards finding suitable alternative employment (through the redundancy avoidance policy) with the Council. However, it is anticipated that not all staff will be successful in finding alternative roles and that some redundancies will be unavoidable.

6.4.6. Future of the Whitleigh building and site

An options appraisal has been undertaken on the building to consider its potential for future use:

- For Extra Care Housing
The costs of converting the premises for extra care housing would be prohibitive. Work continues with the Council's Housing Strategy Unit to look at expansion of extra care provision in the City for Older People.
- For community use
The building is not suitable for community use without investment to support conversion. This has not been budgeted for at present and would require a financially viable business case.
- For disposal
Any receipt from potential disposal has not been accounted for in the Council's planned disposals over the next five years. Therefore in the event Whitleigh is de-commissioned the Council would need to consider options for the building/site under the Council's surplus property disposal scheme.

7. Recommendations

- To consult with users and carers (using advocacy services where appropriate) and dedicated social work professionals about respite provision in the City and the use of Whitleigh for this purpose, and that views are taken into account regarding decisions to de-commission.
- Consult with staff
- Change the use of Stirling and Frank Cowl from long to short stay and gradually reduce the numbers of people who are permanent within these units over the next 2 to 3 years i.e. when a long-term bed becomes available it will revert to short-term care. It is recommended that we offer residents of Frank Cowl first choice of the extra care accommodation developed in Devonport.
- Work with all users/carers and the single long-stay resident of Whitleigh on an individual basis to listen to their views and ensure that appropriate service provision is in place to meet their needs
- It is recommended that the results of consultations are reviewed at Health & Wellbeing Overview & Scrutiny Panel.

CITY OF PLYMOUTH

Subject: Residential Care: Proposals to Modernise Older Peoples Services 2005-2015

Committee: Cabinet

Date: 29th November 2005

Cabinet Member: Councillor Camp

CMT Member: Director for Community Services

Author: Pam Marsden

Contact: Tel: (01752 (307344)
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Ref: C 61 05/06

Part: I

Executive Summary:

The proposals set out in the Green Paper: *Independence Well being and Choice* if fully implemented will mean a shift in the provision of current services to those which promote community living and provide alternative solutions such as Extra Care housing.

Several of our older people residential homes are in outdated buildings that do not meet current day expectations. When new CSCI minimum standards relating to room sizes (projected start 2008) come into force most of the rooms in these units will fail this standard. There are also no en-suite facilities in any of the units.

The report recommends that we modernise our services to older people over a 10 year period. Modern, high quality extra care accommodation will be built in the immediate vicinity of our residential homes.

No older person currently residing in a Plymouth City Council residential home will have to move however they will be offered first choice of the extra care accommodation built in the same neighbourhood.

The Torridge Way Extra Care scheme will be completed in November 2007 and is part of the regeneration of the Heart of Efford. There will be 40 units of accommodation in the new scheme, which will have the capacity to house 65 people due to the high ratio of 2 bedroom apartments.

There are 32 beds in Paternoster Residential Care Home, Efford. Currently there are 20 long-stay placements and 12 used for interim care (short-stay).

The report recommends that we change the use from long stay to short stay and gradually reduce the numbers of people who are permanent within the unit over the next 2 years. When a long-term care bed becomes vacant this will revert to short-term care. It is anticipated that with the development of the Torridge Way Extra Care Scheme those who wish to move from Paternoster into this new unit with the same level of care and support will be able to do so.

There is a further recommendation that Peirson be decommissioned once the Local Care Centre opens in Autumn 2006. The anticipated number of bed days required (based on 2004-2005 admission statistics) in the new Local Care Centre, are 231. Adult Services will contribute to the LCC to secure these bed days to continue to provide intermediate care.

Corporate Plan 2004-2007:

This report leads directly to the Corporate Objectives of looking after vulnerable adults and using the Council Tax efficiently.

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

These proposals around Peirson and Paternoster will lead to a budget saving. We have estimated that in the financial year 2006/07 there would be an overall saving of approximately £139k and £358k in 2007/08, leading to approximately £488k in 2008/09. Some of this saving however will be dependent upon residents choosing to move from Paternoster, which would enable us to decommission the building.

Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, etc.

None for the purpose of this report.

Recommendations & Reasons for recommended action:

1. It is recommended that we decommission Peirson once the Local Care Centre opens in Autumn 2006.
2. It is recommended that we offer residents of Paternoster first choice of the extra care accommodation developed in Torridge Way in 2007.

Alternative options considered and reasons for recommended action:

To maintain our residential homes without significant future investment will not meet CSCI minimum standards (projected start date 2008). Promoting Extra Care Housing as an alternative ensures accommodation of the highest quality and promotes independent living, as outlined in the Green Paper, Independence Well-Being & Choice.

Background papers:

Green Paper: Independence Well-Being & Choice: 'www.dh.gov.uk'

Housing Strategy: PCC website, 'Housing Strategy'.

Supporting People Strategy : PCC website, 'Supporting People Strategy'.

Sign off:

Fin	AB	Leg	DS	Head of HR	GM	Head of AM	N/a	Head of IT	N/a
Originating CMF Member									

RESIDENTIAL CARE: PROPOSALS TO MODERNISE OLDER PEOPLES SERVICES 2005-2015

Vision

Plymouth City Council is committed to supporting older people to remain independent whenever possible within the community of their choice.

Strategy 2005-2015

It is proposed that we modernise our services to older people over a 10 year period. Modern, high quality extra care accommodation will be built in the immediate vicinity of our residential homes.

- No older person currently residing in a Plymouth City Council residential home will have to move however they will be offered first choice of the extra care accommodation built in the same neighbourhood.
- The accommodation will be of the highest quality. All the facilities will be disability designed with en-suite bathrooms.
- The 24 hour care will be delivered by the same staff who currently care for residents in our Homes whenever possible.

Context for Change

1. The proposals set out in the Green Paper: *Independence Well being and Choice* if fully implemented will mean a shift in the provision of current services to those which promote community living and provide alternative solutions such as Extra Care housing.
2. Several of our older people residential homes are in outdated buildings that do not meet current day expectations. When new CSCI minimum standards relating to room sizes (projected start 2008) come into force most of the rooms in these units will fail this standard. There are also no en-suite facilities in any of the units.

Where we are now?

In relation to extra care, housing partnership working and strategic planning is well established in Plymouth. We successfully bid for Department of Health Extra Care funding of £1.37m in 2003-04 to help achieve our current planned provision and have been successful in the second bidding round 2004/05 for £1.6 m both with the Housing Corporation match funding.

Work has been undertaken through strategy and planning to identify sites, which would be suited to developing extra care housing. (See appended information extra care schemes in planning and in operation.)

Timeframes

Pierson Community Resource Centre:

This home provides an intermediate care facility of up to 6 weeks for 25 service users. The Local Care Centre at Mount Gould will be completed in Autumn 2006 and this will offer 60 intermediate care beds.

Proposal

Peirson to be decommissioned once the Local Care Centre opens in Autumn 2006.

The anticipated number of bed days required (based on 2004-2005 admission statistics) in the new Local Care Centre, are 231. Adult Services contribute to the LCC to secure these bed days to continue to provide intermediate care.

Paternoster Residential Care Home Efford:

There are 32 beds in this unit. Currently there are 20 long stay placements and 12 used for interim care (Short Stay). The Torridge Way Extra Care scheme will be completed in November 2007 and is part of the regeneration of the Heart of Efford. There will be 40 units of accommodation in the new scheme, which will have the capacity to house 65 people due to the high ratio of 2 bedroom apartments.

Proposal

Change use from long stay to short stay and gradually reduce the numbers of people who are permanent within the unit over the next 2 years. When a long-term care bed becomes vacant this will revert to short-term care. It is anticipated that with the development of the Torridge Way Extra Care Scheme those who wish to move from Paternoster into this new unit with the same level of care and support will be able to do so.

How will these changes affect users and carers?

- Services should be designed to meet planned and urgent need. Supporting carers through the availability of short breaks is recognised as a key factor in enabling them to continue in their caring role.
- With the exception of Paternoster and Pierson these proposals, if approved, will be carried out over a 10-year period, which will give sufficient time to plan for the care of individual service users.
- We will seek to provide extra care housing wherever possible close to existing units to prevent unnecessary loss of community connections for the current residents.

How will these changes affect staff?

- PCC redundancy avoidance policy and procedure will apply to all employees whose posts may be at risk as a result of these proposals.
- This process will include 3 months formal consultation with employees and trade unions with a view to reaching agreement on the avoidance of any compulsory redundancies. Voluntary and wider expressions of interest for redundancies will be considered.
- Every effort will be made to find employees suitable alternative employment and an agreed HR process will be followed. This will include an appropriate vacancy freeze, ring-fence arrangements, preference exercise, and corporate redeployment.
- Employees whose place of work is compulsorily changed, and who incur extra travel expenses, will receive compensatory payment in accordance with the Single Status Agreement.

Recommendations

- Consult with users and carers using advocacy services where appropriate and dedicated social work professionals.
- Consult with staff.
- Intermediate care services to be integrated into the Local Care Centre in Autumn 2006 and Pierson closed.
- Cease admissions of long stay placements into Paternoster.
- Work with all residents currently living in Paternoster on an individual basis to listen to their views and to ensure that an appropriate service provision is in place to meet their needs.
- Review the job descriptions and train the care staff within Paternoster so that the same staff group could continue to work with the same residents if and when these residents transfer into the new build extra care units.
- Gain agreement for a programme of development and partnership with housing strategy, which will increase the capacity of extra care housing units within the city to meet future demand. Seek to develop extra care housing in the same part of the city as our current residential home wherever possible.

Appendix 1

What is Extra Care Housing?

Extra Care Housing provides a housing setting for the provision of care and support to older and disabled people. Tenants have control over their finance and they have security of tenure. Domiciliary care is provided within schemes

tailored to meet individual need. The domiciliary care into the current extra care schemes is provided by an independent agency.

Plymouth has held an Extra Care Seminar to raise the profile of this resource and to ensure joint planning of future developments. However more detailed analysis of need and demand will be undertaken to allow for demographic changes and review of current provision. The table shows the difference between residential care and extra care housing.

Although units are owned and managed by housing associations the eligibility criteria and nominations agreements agreed by Plymouth's legal services ensures that people admitted to the scheme are those that are at a significant risk of admission into care.

The first extra care-housing scheme was built approximately 5 years ago Hanover Housing Association manages it. The scheme has 24 hour care team commissioned by social services through the independent sector. This scheme has been commended by the housing corporation both in terms of the service it provides, the partnership working between the Plymouth City Council officers involved in meeting the objectives of offering choice and independent living.

The second scheme opened in May 2005. It is owned and managed by Sarsen Housing Association. This scheme has 24 hour care and which is commissioned separately by social services and design features to help people with dementia.

The opportunity in 2003-04 to bid for a new Extra Care Housing Fund through the Department of Health led to the success of Plymouth's first bid which is funding the Signpost development in the East End. This is part of the regeneration of the area.

Plymouth has been successful a second time in 2004-05 in a bid for funding to develop a scheme near to Paternoster at the heart of Efford. Total funding including match funding from the Housing Corporation £3.365 million.

Appendix 2: Focus on Extra Care - How does extra care differ from residential care?

Dependency Level	Low		Medium	Medium	High	
Provision Type	'Category 1' sheltered housing	'Category 2' sheltered housing	Residential Home	Extra Care Housing	Nursing Home	Hospital/Hospice
Features	<p>Independent Flats or bungalows. Baths or showers Fully fitted kitchens.</p> <p>Communal facilities (sometimes): Residents' lounge Laundry (residents' use) Guest room</p>	<p>Independent flats Baths or showers Fully fitted kitchens</p> <p>Communal facilities: Residents' lounge Laundry (resident's use) Guest room Assisted bathroom (sometimes)</p>	<p>Bedrooms 11sq m</p> <p>En Suite washing/toilet facilities (sometimes)</p> <p>Communal facilities: Residents' lounge Laundry/slucie Assisted bathroom Dining room Visiting hairdresser</p>	<p>Independent flats 50sq m Level access Showers in all flats to disability standard Fully fitted kitchens, Wheelchair accessible. Communal facilities: Residents' lounge Laundry (residents' use) Laundry/slucie Guest suite Assisted bathroom Restaurant Hairdressing salon Bar Shop Activities room</p>	<p>Bedrooms Wash hand basins Ensuite sometimes</p> <p>Communal facilities: Residents' lounge Laundry/ slucie Assisted bathroom Dining room Visiting hairdresser</p>	<p>Bedspaces or bedrooms (sometimes)</p> <p>Communal facilities: Day room Laundry/slucie Assisted bathroom</p>

Nature of Support	Warden/Estate Manager (sometimes) Individual support packages from external providers	Warden/Estate Manager Individual support packages from external providers	Manager/Matron 24-hour in house care team Disposable Income £18.80 pw	Estate Manager 24-hour in-house care team Disposable Income Up to £140 pw (inc. attendance allowance & pension)	Matron 24 hour nursing care	Medical/Nursing Staff 24-hour nursing care
Independence Rating	High	High	Low	Low	Low	Low

Appendix 3: Provision of Extra Care Housing operational and in planning

Provider	Type of provision	No. of units in the scheme	Total annual cost of contract revenue for care and support	No. of clients	Operational /In Planning
Runneymead e Court Hanover Housing Association	Extra Care housing for older people .24 hour care team on site	33 x 1 bedroom 5 x 2 bedroom	Supporting People £ Care Contract £139,256	Min 38 Max 43	Operational
St Barnabas Court Sarsen Housing Association	Extra Care Housing for older people including people with dementia 24 hour care team on site	15 x 2 bedroom 17 x1 bedroom	Supporting People £60,000 Care contract £ 190.000	Min 32 Max 47	Operational
Signpost Extra Care Scheme Cattedown	Extra care Scheme for people over 55 years old 24 hour care on site 2-4 interim beds	25 x 1 bedroom 5 x 2 bedroom	Supporting People £ 35K* Care contract £ 190,000*	Min 30 Max 35	Opens November 06
Torridge Way Sarsen Housing association	Extra care Scheme for people over 60 years old 24 hour care on site 2-4 interim beds	25 x 2 bedroom 15 x 1 bedroom	Supporting People £35K Care Contract £190,000	Min 40 Max 65	In planning Completion November 2007

These are projected costs based on the schemes currently in operation with annual uplift.

Appendix 4: Financial Information-Residential Units

PCC Scheme	Start Date for Implemented Savings	PCC Revenue	PCC Capital Costs upgrades	Number of Beds
Peirson	The work stream will transfer to the Local Care Centre Autumn 06	£865,488 per annum		6 RITA beds 20 Rehab Beds
Paternoster	As each long stay bed becomes vacant it will transfer to short term. Remaining residents will be offered a placement at the extra care scheme Nov 07	£637,426 per annum		20 long stay 12 short stay interim placements

APPENDIX 5

RESIDENTIAL CARE AND EXTRA CARE HOUSING

(ALL SAVINGS AT 2006/07 PRICES)

Overall Strategy

To respond to the recommendations from the inspection of service to older people by reducing the number of residential care places purchased and investing in additional extra care housing.

Home	Current Service Provision	2006/07 £'000	2007/08 £'000	2008/09 £'000	2009/10 £'000	2010/11 £'000	Change in Service Provision
Peirson	4 x long stay plus 26 intermediate care	-179	-358	-358	-358	-358	30 intermediate care placements
Paternoster	20 x long stay + 12 x short stay	40	0	-130	-130	-130	16 short stay placements plus 16 extra care placements.
TOTAL	Net savings	-139	-358	-488	-488	-488	

Assumptions:-

Estimated 20% natural loss of long stay residential placements

Estimated 30% of long stay placements requiring alternative long stay provision

Estimated 50% of long stay placements choosing extra care housing provision

Financial provision made for extra staffing in homes to meet additional short stay placements during interim term

Cost of purchasing placements from the independent sector based on the average unit fee paid for current commitments

Client contribution based on the average contribution paid by current commitments.



Appendix 2 - Equality Impact Assessment - Standard Assessment Template

Section A: Assessment

<p>Policy Consultation with service users, carers, staff and interested parties in respect of possible de-commissioning of Whitleigh Respite Care Home</p>	<p>Officer conducting this assessment with Contact Details Debbie Butcher – Commissioning Manager, Adult Social Care</p>	<p>Date 4th September 2009</p>
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1. The Policy

<p>Is this a new or existing policy?</p>	<p>Existing: This EIA is being conducted in relation to the above mentioned consultation and is not a policy.</p>
<p>What is the purpose of the policy?</p>	<p>In response to the Cabinet Report – Residential Care: Update on Modernisation considered 14th July 2009 – a consultation exercise has been commissioned to obtain the views of service users, carers, staff and other interested parties in respect of the possible de-commissioning of Whitleigh Care Home.</p>
<p>How do the aims of the policy fit in with corporate priorities i.e. Corporate Plan</p>	<p>CIP 2 Informing and involving residents: this consultation exercise seeks the views of service users, carers, staff and other interested parties Whitleigh Care Home. Their views and comments will be taken into consideration as part of the decision making process for the future of the Home. CIP 3 Helping people to live independently: modernised services that promote individual choice and control, minimise risk and</p>

	<p>enhance people's quality of life by supporting them to live independently.</p> <p>CIP 14 Providing better value for money: useage of Whitleigh Care Home has gradually declined and its facilities have become outdated. Within the budget for 2009/10, savings have been identified to be achieved by alternative commissioning of respite services to approximately £350k per year.</p>
Who will benefit from the policy?	Users and their carers of Whitleigh Care Home will benefit from a wider choice of alternatives in their care which could range from residential independent sector provision to direct payments. This would give them a greater level of control over how they are supported.
What outcomes are wanted from this policy?	Improved quality of life and independence for vulnerable adults and their carers, provision of modernised services for users/carers, effective use of resources and meaningful dialogue with this community group.
Are there any factors that might prevent outcomes being achieved?	Willingness of some service users and carers to embrace the modernisation agenda.

2. Data Collection

What qualitative data do you have about the policy relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population)?	<ul style="list-style-type: none"> • Putting People First • Our Health, Our Care, Our Say • National Frameworks such as Healthy Plymouth and Joint Strategic Needs Assessment • National Carers Strategy • Statement of Community Involvement/Plymouth Compact
What quantitative data do you have on the different groups ¹ (e.g. findings from discussion groups, information from comparator authorities)?	<ul style="list-style-type: none"> • Self Assessment Survey 2008

¹ Age, (young/old) disability, Gender (Male, Female), Race, Faith and Belief, Sexual Orientation (Lesbian, Gay, Bi-sexual, Trans

	<ul style="list-style-type: none"> • RAP Return 2008 • PSSEX1 Return 2008 • Reducing occupancy number at Whiteleigh since initial Cabinet Report in 2005
Please indicate the source of the data gathered? (e.g. Service/Department/Team)	Performance & Business Support Team
What gaps in data have you identified? (Have to put actions to address this in your action plan?)	None identified

3. Impact

Please complete the following tables using ticks.

Consider the information gathered in section 2 of this assessment form, comparing monitoring information with census data as appropriate² and considering any earlier research or consultation. You should also look at the guidance in appendix 1³

Equalities Issue	Positive impact	Negative impact	None	Reasons for decision
Age	X			The modernisation agenda is committed to improving and positively enhancing the health and well being of those people who are aged 50+ currently receiving respite and long term services via Local Authority Residential/Respite Units and their carers, regardless of age, disability, faith, gender, race or sexual orientation.
Disability	X			
Faith	X			
Gender	X			
Race	X			
Sexual Orientation	X			

² www.ons.gov.uk (Office National Statistics website)

³ See SIU equalities legislation paper for additional guidance (inclusion@plymouth.gov.uk)

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3.1 Do you think that the policy impacts on people because of their age? ⁴

Age ⁵	Positive	Negative	None	Reasons for your decision
Young (Children and young people, up to 18)	x			Our target group are vulnerable people and carers aged 18+, nevertheless the modernisation could also positively impact of young members of their families.
Older (Working age, and above)	x			Whitleigh Care Home provides services for adults aged 18+. Their views are sought along with their carers and staff working at the home as part of the consultation exercise.

3.2 Do you think that the policy impacts on people with a disability? ⁶

Disability	Positive	Negative	None	Reasons for your decision
Visual impairment	x			The modernisation is committed to positively enhance people's quality of life and independence irrespective of any visual / hearing impairment, or physical disability. Whitleigh Care Home provides services for adults who may have a visual or hearing impairment, or may be physically disabled. Their views along with their carers will be sought as part of the consultation exercise. If they have special requirements to enable them to participate in the consultation such as
Hearing impairment	x			
Physically disabled	x			

⁴ For demographic data see www.plymouth-informed.gov.uk or www.ons.gov.uk

⁵ Individual services should look at how the above age criteria best relates to them, and make clear reference to it in deciding on any impact

⁶ Disability is defined as an impairment, which has a substantial, long-term adverse effect on a person's ability to carry out normal day-to-day activities.

				Braille documents, audio tapes , mobility aids or representation, this will be provided as appropriate and when requested.
Learning disability			x	Whitleigh Care Home does not provide services to clients with Learning Disabilities or Mental Health related illnesses.
Mental health			x	
Other (HIV positive, multiple sclerosis, cancer, diabetes, epilepsy)	x			Whitleigh Care Home does not provide long term care terminally ill clients. They do however, provide respite and short term care for clients and carers irrespective of any long term chronic illnesses.

3.3 Do you think that the policy impacts on people because of their faith/belief? ⁷

	Positive	Negative	None	Reasons for your decision
Faith and Belief	x			Services are designed to meet the needs of those with a faith background and therefore during the course of the consultation, any issues relating to this area will be addressed (including requests for Translate Plymouth).

3.4 Do you think that the policy affects men and women in different ways?

Gender	Positive	Negative	None	Reasons for your decision
Male	x			The modernisation agenda aims to improve the quality of life for the individual around assessed needs irrespective of their gender. Whitleigh Care Home provides services for both male and female clients and carers. Their views will be sought irrespective of gender as part of this consultation exercise.
Female	x			

⁷ Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts

3.5 Do you think that the policy impacts on people on the grounds of their race? ⁸

Race	Positive	Negative	None	Reasons for your decision
Promoting equality of opportunity	x			The modernisation agenda and this consultation exercise will be expected to operate within the requirements of the Race Relations Amendment Act 2000. Any specific requirements such as translators or translated documents will be provided as appropriate and when requested. Use of services such as Translate Plymouth will be considered in these situations.
Promoting good race relations	x			As above
Eliminating unlawful discrimination	x			As above

3.6 Do you think that the policy impacts on people because of their sexual orientation?

Sexual Orientation	Positive	Negative	None	Reasons for your decision
Gay Men	x			Whilst no specific focus has been made in response to peoples sexual orientation, all services including this consultation exercise are expected to promote equality of opportunity and operate within the requirements of the Equality Act of Sexual Orientation Regulation 2007.
Lesbians	x			
Bi-sexual	x			

⁸ Under the Race Relations Act, it is unlawful to discriminate against anyone on grounds of race, colour, nationality (including citizenship or ethnic or national origin). Includes Gypsy and Traveller Communities.

Trans communities (i.e. Trans-gender, trans-sexual and transvestite and gender reassignment) ⁹	x			
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4. Summary

Which equality groups have positive or negative impacts been identified for (i.e. differential impact). ¹⁰	NONE: Learning Disability and Mental Health (see 3.2) All other areas are identified as POSITIVE.
Is the policy directly or indirectly discriminatory under the equalities legislation? ¹¹	The consultation exercise is neither directly or indirectly discriminatory under Equalities legislation.
If the policy is indirectly discriminatory can it be justified under the relevant legislation? ¹²	N/A

⁹ Transgender/transsexual person: a person whose perception of their own gender (gender identity) differs from the sex they were assigned at birth.

A Transvestite will dress as a member of the opposite sex but doesn't have feelings of belonging to the opposite sex or alienation from their own bodies. Source: www.herts.ac.uk/services/counselling/understanding_gender_dysphoria.pdf

Gender reassignment: the process of transitioning from the gender assigned at birth to the gender the person identifies with. This may involve medical and surgical procedures.

¹⁰ Differential Impact suggests that a particular group has been affected differently by a policy, in either a positive, or negative way.

¹¹ Direct discrimination is treating people less favourable than others, e.g. on the grounds of age, disability, gender, race, religion and belief, sexual orientation.

Indirect discrimination is applying a provision, criterion or practice that disadvantages people, e.g. on the grounds of age, disability, gender, race, religion and belief, sexual orientation and that can't be justified as a proportionate means of achieving a legitimate aim.

(If needed please seek advice from Legal Services and/or your manager)



Appendix 3

Plymouth City Council Delegated Decision - Equalities Impact Assessment Template

Policy	Date
Data used in conducting this assessment	Officer conducting this assessment with contact details

Equalities Issue	Positive impact	Negative impact	None	Reasons for decision
Age				
Disability				
Faith				
Gender				
Race				
Sexual Orientation				

The guidance on undertaking a standard EIA (see appendix 1) is also applicable to a basic assessment.

This EIA template is suitable for small-scale assessments of delegated decisions

Section B: Action

5. Please complete your action plan below. Issues you are likely to need to address include

- What **consultation** needs to take place with equality groups (bearing in mind any relevant consultation already done and planned corporate consultation exercises)
- What **monitoring/evaluation** will be required to further assess the impact of any changes on equality target groups

Equalities Impact Assessment Implementation Action Plan

Issue to be addressed	Responsible Officer	Action Required	Timescale for completion	Action Taken	Comments
No issues	Debbie Butcher	EIA to be reviewed	End of October 2009		

6. Report and publication

<p>Please record details of the report or file note which records the outcome of the EIA together with any actions / recommendations being pursued (date, type of report etc)</p>	<p>Review to be undertaken as above.</p>
<p>Please record details of where and when EIA results will be published</p>	<p>Adult Social Care pages of Plymouth City Council website.</p>

Name of Officer completing Debbie Butcher

Signed _____

Date: _____

Name of Senior Manager Authorising Assessment and Action Plan for publication _____

Signed: _____

Date: _____

