

MUNICIPAL YEAR 2007/2008 REPORT NO. 129

MEETING TITLE AND DATE:

Council, 7 November 2007

REPORT OF:

Director of Health & Adult
Social Care

Agenda – Part:1

Item: 9

Subject: Report on the outcome of a consultation on the future of Council owned Residential Care for Older People.

Wards: All

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1. EXECUTIVE SUMMARY

- 1.1 This paper sets out the recommendations agreed by Cabinet on 10 October 2007 and follows the outcome of a detailed consultation exercise, on the future of Council owned residential care provision for older people.
- 1.2 In February 2007, a series of consultation meetings were held in each of the homes for residents, service users and their families. Separate meetings were arranged for staff. Between February and April 2007 a team of social workers was appointed during the consultation period to assess the needs of the 120 residents of the four in-house care homes in order to report their findings back to Members, and from April to July 2007 consultation meetings were arranged with the local Voluntary Sector and other Stakeholders
- 1.3 The needs and expectations of older people receiving care are changing, both locally and nationally many more people are being supported for longer in their own homes and in extra care settings. The four in-house residential care homes were originally designed for older people with physical frailty and not for older people with dementia or nursing care needs. An independent survey was carried out to assess the condition of the homes and to provide estimates of the cost of refurbishment to comply with National Minimum Standards, and the consequence of refurbishment on the number of rooms that could be provided.
- 1.4 The design and fabric of the buildings are becoming increasingly less suitable as time progresses, and the service requires continual investment to meet the changing service and registration requirements. The homes are now falling behind modern standards set by Government, as well as the expectations of many older people and their relatives.

- 1.5 An analysis of trends in recent, and anticipated, demand for related forms of care was also undertaken to inform the nature of future requirements. For the last five years admissions to residential care have declined in Enfield, a pattern that is replicated nationally as increasingly more people are supported by intensive care in their existing homes or in extra care schemes.
- 1.6 This decline has been marked in Enfield, with admissions to non-specialist residential care in the last five years falling by c.30%. Where there is sustained demand for care in a residential setting, it is for those people with dementia and/or nursing care needs where the staff and the physical environment can provide the required specialist care.
- 1.7 This report recommends arrangements for securing the appropriate mix of high quality residential and/or nursing care for those older people with complex dementia related needs in future years.

2. RECOMMENDATIONS

- 2.1 That Council agree in principle to the re-provision of services in a new, purpose built dual registered residential and nursing care facility for older people, subject to a further report to Cabinet on the detailed capital and revenue implications once the specific site and size of development is confirmed. This will include residential care, nursing care, day care, respite care and facilities for carers. A decision on the final location will be based on access, planning consent and affordability.
- 2.2 The new scheme will be designed and built in a manner that allows for cluster units that over time have the capacity to provide a flexible response to meeting an increasingly diverse range of needs.
- 2.3 In view of the current low level of occupancy and all of its bedrooms being unsuitable for wheelchair users, that Elizabeth House is the first home to close. That existing residents be offered the choice of moving to the remaining three units or to alternative placements in the independent sector over the next six months.
- 2.4 That the three remaining units re-open for new admissions and continue to provide services until such time as the new build unit is ready, at which point residents will have the opportunity to transfer to the new unit along with existing staff under TUPE arrangements, where appropriate.

- 2.5 Following the withdrawal of £200,000 funding by the PCT the Rehabilitation Unit at Reardon Court will change and revert to operating as a unit providing 9 permanent residential beds, to accommodate residents transferred from Elizabeth House in the first instance.
- 2.6 To replace the respite provision at Elizabeth House by changing the use of 8 beds at Bridge House and 1 bed at Coppice Wood Lodge (as they become vacant) to respite care.
- 2.7 To relocate day care services from Elizabeth House to the planned Extra Care Scheme on the Forest Road site and to source accommodation for the in-house home care service.
- 2.8 Because Reardon Court does not meet the National Minimum Standards (in terms of its physical environment), that further work be undertaken to secure an affordable and appropriate mix of services on the Reardon Court site.
- 2.9 That Members note the ongoing provision of dual registered care at Honeysuckle House as detailed in paragraph 6.1. The outcome of the tender process, including, detailed costings will be the subject of a separate report.
- 2.10 To consult further, both within the Council and with partners, on property disposal options and to agree that the first call on any capital receipts will be for the re-provision of services for older people. A decision on the final location will be based on access, planning consent and affordability.
- 2.11 To agree in principle the resources necessary to ensure the careful transfer of residents to appropriate settings and the continued programme management and oversight of the re-provision project.

3. BACKGROUND

- 3.1 At the Cabinet meeting of 18th January 2007 Members agreed to the establishment of a Project Group, chaired by the Head of Older Peoples Services, and Project Board, chaired by the Director of Health and Adult Social Care, to oversee the processes required to consult on the future of the in-house residential care service, and to develop recommendations for the further consideration of the Council, and to consider future arrangements for Honeysuckle House.
- 3.2 The four care homes - Elizabeth House, Bridge House, Coppice Wood Lodge and Reardon Court - are registered with the Commission for Social Care Inspection to care for people with dementia over 65 years of age. They provide a multi-cultural service where, together with white UK Enfield residents, older people are cared for from the Greek, Greek Cypriot, Turkish, Turkish Cypriot, African, African Caribbean and Jewish

communities of Enfield, providing appropriate diets where required. The map in Appendix 1 (placed in the Members library) shows their location.

- 3.3. The four care homes were built in the last 30 years to provide residential care services for older people who were physically frail. Residents were originally accommodated in double or single rooms. They have been adapted over time to provide residential services to older people with dementia care needs.
- 3.4 Residents range in age from 65 to 101 years. Their average length of stay is 2 years and one person has been a resident for 10 years. In addition to the permanent beds three of the homes - Elizabeth House, Coppice Wood Lodge and Reardon Court - provide residential respite care with a total of 22 beds. Access to this facility is through a community care assessment that identifies the need to provide residential respite care to support carers in their caring role. Periods of respite care can then be booked with the home throughout the year.
- 3.5 In addition to residential respite care, two of the homes - Reardon Court and Elizabeth House - provide day care/respite 7 days a week for up to 32 and 15 people respectively. Both of these day care/respite services are clearly supported by the service users and their carers, and for many people provide a lifeline that enables the carers to continue in their caring roles. Table 1 on page 4 summarises the services available in the homes.

Name of Home	Permanent Beds	Respite Beds	Rehabilitation Beds	Day Care Places
Bridge House	39	0	0	0
Coppice Wood Lodge	34	4	0	0
Elizabeth House	34	9	0	15
Reardon Court	18	9	9	32
Total	125	22	9	47

Table 1 - Summary of Services by Residential Care Homes

- 3.6 Every effort has been made to consult with service users and their families. Meetings were held during February 2007 in each of the in-house care homes to discuss with all concerned the future of the in-house residential care service and to ascertain their views. Separate meetings were also arranged for the staff in the homes for the same purpose. Appendix 2 (placed in the Members library) contains a copy of a presentation made to the meetings. Appendix 3 (placed in the Members library) provides a summary of the views of the residents and their families either at the individual meetings or in the completed questionnaires and individual letters submitted subsequently. Following the publication of this report, further meetings are scheduled to take place in each of the homes to discuss the report's recommendations. A further series of consultation meetings was held with the voluntary sector

and other stakeholders during the period March to July 2007; Appendix 3 (placed in the Members library) includes a list of these meetings also.

3.7 Summary of the assessment of needs of current residents

3.7.1 As part of the consultation programme all of the permanent residents were assessed individually by a team of social workers who involved the residents' families and friends in each assessment. For those who were without a family or friend to support them, an advocate was provided to ensure their rights and best interests were considered. When making decisions about the future of a residential home it is imperative that Members are made aware of the needs of the residents. Appendix 4 (placed in the Members' library) provides a summary report of the needs of the residents in each of the homes.

3.7.2 The report concludes that the majority of residents in the homes are affected by dementia and/or other mental health problems and further that each of the residents at the time was appropriately placed. They have a range of cognitive impairments that can be manifest in many different ways, some people experiencing memory loss but still functioning quite well, whilst others may only be able to process the simplest of instructions; other people may experience a complete personality change and become increasingly restless or even aggressive and violent towards those who are around them. All those who experience the dementing process could potentially develop more challenging behaviours such as wandering all day and night or becoming abusive to their carers and other residents. Appendix 5 (placed in the Members' library) gives further summary information on dementia taken from the Alzheimer's Society commissioned report, Dementia UK, published in 2007.

3.7.3 There is potential for re-location of some residents to alternative accommodation as a result of the recommended course of action. In effecting any such transfers of care, staff will have regard to the specific needs of each resident and will dedicate resources to ensuring that all transfers happen smoothly in line with best care management practice.

3.8 Outcome of the consultation programme

3.8.1 The consultation meetings were very well attended by relatives and friends of the residents and there were some common themes expressed about the excellent quality of care provided in each of the homes, that the homes provided a homely and welcoming environment, that they had good links with psychiatric and primary care services and provided a range of activities and outings for residents.

- 3.8.2 The provision of day and residential respite care was crucial to supporting carers to continue in their caring roles.
- 3.8.3 Every effort was made in the consultation meetings with residents and their families to discuss with them how we must start planning now for the future of our care provision. It was clear however that for the relatives of the current cohort of residents any discussion, for example, about providing extra care sheltered housing as an alternative to residential care, was too late for the immediate needs of current residents. Relatives were more concerned to express their understandable view that they wanted the care homes to be refurbished and remain essentially as they are, rather than look too far into the future and consider wider issues.
- 3.8.4 There was clear recognition that planning to provide care in a dual registered setting would be beneficial in terms of continuity of care, but relatives saw this in the main as being for somebody else in the future, and not necessarily for their immediate relative who was being cared for currently.
- 3.8.5 Many of the families had gone through a process of familiarising themselves with the homes through initially visiting, and then making use of, the day and/or respite services before agreeing to a permanent admission. Trust had been built up over a period of time and service users and their relatives remained confident in the staff and in the care they provided.
- 3.8.6 A series of consultation meetings was held with the voluntary sector and other stakeholders. The tenor of all the meetings was an understanding of the need to plan now for services that would meet growing and changing expectations of people presently who might require services in the future.
- 3.8.7 Separate meetings were held for staff in each of the units, which were also well attended. A feature of these meetings was that many staff, although understandably anxious about their own positions, were more concerned about future provision for the residents, and in particular the need to maintain a 24/7 service for people with dementia who required constant supervision and monitoring in a safe environment that provided emotional support and companionship.
- 3.8.8 There was support for the development of extra care schemes as alternatives to residential care and providing places in dual-registered care homes for those older people who could only be supported in a 24/7 care setting. (A dual-registered care home is one registered by the CSCI to provide both residential care and nursing care in the same provision, allowing older people whose needs increase to move on to nursing care provision, but within familiar surroundings, thereby facilitating better continuity of care). There was also concern for the current residents of the homes

and how service re-provision would impact on them. There were strong views about the need to continue to provide and develop day and respite services for carers in any new proposals.

4. Current and future predicted requirements

- 4.1 Nationally there is a substantial increase predicted in the population of people over the age of 65. For Enfield, however, the Office for National Statistics predicts an overall reduction in the population of over-65's from 36,200 in 2006 to 35,900 in 2016. Within that figure there will be a slight increase in the proportion of people aged 85+ and 90+, 7% and 4% respectively. Within these overall numbers the proportion of older people from BME communities is expected to double by 2016.
- 4.2 The number of people with dementia within the over-65 population in Enfield is estimated at 2476. This figure consists of 1625 women and 851 men. This prevalence is predicted to remain the same over the next 10 years but may be affected by people receiving an earlier diagnosis of dementia. Within this figure the over 75's will require a more intensive level of service to maintain them at home or in extra care environments whilst making individual choices about how their services are provided.
- 4.3 Local and national data show an increase in the number of older people funding their own care, through property or other assets. This trend is expected to continue and will to some extent mitigate other demographic pressures.
- 4.4 The sustained increase in the number of people being supported in their own homes for longer has heightened the need for day and respite provision in future years. Our analysis of trends in recent, and anticipated, demand for related forms of care was also undertaken to inform the nature of future requirements.
- 4.5 For the last five years admissions to residential care have declined in Enfield, a pattern that is replicated nationally as increasingly more people are supported by intensive care in their existing homes or in extra care schemes.
- 4.6 This decline has been marked in Enfield, with admissions to non-specialist residential care in the last five years falling by c.30%. Where there is sustained demand for care in a residential setting, it is for those people with dementia and/or nursing care needs where the staff and the physical environment can provide the required specialist care. This latter group has remained relatively stable (see Table 2) and is predicted to continue to do so in the future.

Table 2 - Admissions to Residential and Nursing Care March 2002 – March 2007

Service Type	Mar-02	Mar-03	Mar-04	Mar-05	Mar-06	Mar-07
Residential - Physically Frail	435	395	380	339	321	302
Residential with Dementia	187	182	183	184	199	206
Nursing	256	226	223	212	210	195
Nursing with Dementia	29	24	27	30	32	36

5. OPTIONS IDENTIFIED AND A KEY STRATEGIC DECISION

5.1 The Cabinet Report of 18th January 2007 identified four options for consideration. These were:

- doing nothing,
- investing in the internal/external fabric of our existing homes,
- closing our existing homes and developing block contracting arrangements with independent providers,
- re-providing our existing homes through a re-build programme financed through a variety of initiatives.

5.2 These options were referred to throughout the consultations and have been refined further by the Project Group using a matrix that was developed at a workshop to determine the key components of good quality care for older people with cognitive impairment. The resulting range of eight options was then appraised against this matrix by the Project Group, which was extended to include the managers of the in-house residential homes, and representatives from the Hospital and Community based social work teams for older people. The process and scoring is detailed in Appendix 6 (placed in the Members' Library).

5.3 In summary the Project Group recognised that the options could be divided into 'doing nothing/doing the minimum' and 're-providing through a carefully planned programme of closure'. This will be the key strategic decision that needs to be made. In order to assist the decision-making process an independent firm of surveyors was commissioned to provide opinions on:

- The feasibility, appropriateness, cost and consequences of bringing the buildings up to National Minimum Standards.
- The existing value of the freehold property and business.
- The proposed value in respect of reconfiguration of the existing homes allowing compliance with the National Minimum Standards for new builds, within the existing footprint.
- The proposed value for site redevelopment within the existing use and with an alternative use.

5.4 The reports were prepared in accordance with the Appraisal and Valuation Manual of The Royal Institute of Chartered Surveyors. Some of

the findings of the independent surveyor's reports are included in the sections below.

5.5 **Doing Nothing and Doing the Minimum**

5.5.1 The surveyors' reports noted, variously, in respect of Elizabeth House, Bridge House and Coppice Wood Lodge that, for example:

- "The property was outdated and continued to be operated because of the clear demand for spaces within this category of care"
- "In terms of décor the home is old fashioned and generally poorly presented, with wear and tear evident throughout and an air of neglect in some areas is exacerbated by dated furniture and soft furnishings. This does little to relieve the institutional feel of the home."

5.5.2 The report also advises that none of the homes meet National Minimum Standards and one home, Elizabeth House, does not have bedrooms that provide sufficient turning space for wheelchair users. Room sizes need to be in excess of 12 sq metres, and all of the rooms are less than 9.1 sq metres. This would also be a problem for residents who require the assistance of a hoist for transfers.

5.5.3 Doing the minimum was popular with some of the residents and their families as this would mean the buildings being upgraded to meet National Minimum Standards and continuing to provide a good quality in-house service in familiar surroundings. This is not considered feasible, as in all of the homes this would almost certainly necessitate major structural work, which would mean residents having to be moved from the home. It would also require a level of spatial improvement that would reduce the registered capacity by 33 beds across Bridge House, Coppice Wood Lodge and Elizabeth House and increase their overall unit costs. The standards required could only be met at Reardon Court by building extensions to the sides of the building at a cost that is seen to be prohibitive. Doing the minimum would also involve reviewing the day care service within Reardon Court and Elizabeth House in order to make the minimum changes to improve utilisation.

5.5.4 The surveyors' reports noted that only 34 out of 149 bedrooms in the four homes met the National Minimum Standards space requirements of 12 sq metres. In order to comply with the National Minimum Standards, 33 of the 113 rooms across Bridge House, Coppice Wood Lodge and Elizabeth House would be lost.

5.5.5 It became clear that the do nothing or do minimum options did not provide a viable future for the in-house care homes as even a

minimum level of intervention would require existing residents to be moved for a period of time whilst the work took place, and significantly there would be a loss of 33 rooms in the process which would increase the cost of providing care substantially.

5.6 Re-provision Options

5.6.1 Full details of the potential range of Re-Provision Options (Options 3-6) are included in Appendix 6 (placed in the Members' library) together with their scoring.

5.7 Spot Contracting Options

5.7.1 A timescale would need to be developed for closure which would be dependent on suitable replacement provision in the independent sector, the staffing costs associated and any double running costs.

5.7.2 By recommending this option, closing the in-house homes would mean that the Council would need to provide alternative placements through spot contracting for existing residents as well as for new people in the future. The Council is a key player in developing the quality of residential care in Enfield; by commissioning care solely through spot purchasing we would be less able to influence or develop the quality of care and would be entirely dependent on individual residential care providers.

5.8 Block Contracting Options

5.8.1 By recommending this option we would be block contracting with the existing independent sector, while disinvesting in direct provision by closing homes, and a significant part of the Council's day care provision, and contracting long term with the independent sector to provide the same number of day centre places and beds but re-configuring the residential care into residential beds and nursing care beds. Whilst this might be a preferred choice, there is a lack of dual-registered provision in Enfield and where it currently exists we have block contracts in place. As with spot purchasing we would be in danger of reducing our ability to influence the market.

5.9 New Build Option

5.9.1 This option would mean the Council influencing the design and build of service provision for older people both now and in the future. This would mean the complete demolition of the three/four homes and day centre/s, and rebuilding as resource centres, which could include the same number of day places (possibly integrated with the health and voluntary sector day services) and beds but re-

configured as residential and nursing care beds. This option also opens up the possibility of commissioning places with the Mental Health Trust as well as developing resources for Carers.

5.9.2 In addition, the new build to reprovide services from Elizabeth House, Coppice Wood Lodge and Bridge House, further work is required to confirm an affordable and appropriate mix of services to continue on the Reardon Court site.

5.9.3 The preferred option was New Build with further discussions to be held over the future of Reardon Court

6. HONEYSUCKLE HOUSE

6.1 Given the scarcity of dual-registered care in the Borough the current contract for Care Management services (with Care UK) at Honeysuckle House has been extended to August 2008. This will allow further time to undertake a full tendering process for this service. A separate report will be made on the future of Honeysuckle House. In the interim, residents will be secure and would only be affected if there were to be a change in the provision of care.

7. REASONS FOR RECOMMENDATIONS

7.1 The Cabinet meeting on 18th January 2007 gave permission to consult on and consider the future of the in-house residential care homes, in the light of all available information. The consultation process has taken place and found that the families of our residents had a high regard for the quality of care they had experienced from the staff in the homes. This was an experience that was underlined by comments from some of the statutory and voluntary agencies that also formed part of the consultation.

7.2 Recommendations emerged after listening to the views of the residents and their families and to a range of people representing organisations within the voluntary and statutory sector. These views were closely scrutinised by Members of the Project Group and Project Board before recommendations were made. There has also been a very helpful, extensive and constructive examination of the issues within a Member-led Scrutiny Working Group. The findings of this Scrutiny Review were outlined in a separate report considered at Cabinet, alongside the main report. This Scrutiny report is available in the members library, group offices and from the Democratic Services Team.

7.3 It is clear that the design and fabric of the buildings are becoming increasingly less suitable as time progresses. The homes were built to provide care to physically frail older people of a previous generation and they are now falling behind modern standards set by Government, as well as the modern expectations of older people and their relatives.

- 7.4 An independent survey of all of the units was made to ascertain the possibility of, and costs associated with, making the units compliant with the National Minimum Standards. The independent surveys that were commissioned showed that only 34 rooms met published standards and none of the rooms in Elizabeth House could provide appropriate space for wheelchair access or a hoist to assist in making transfers.
- 7.5 If a decision was made to invest in the fabric of the existing buildings, the level of disruption would mean residents needing to be moved and the homes closed for the work to take place. This in turn would lead to a loss of rooms in each of the homes, which would in turn increase the overall running costs of each of the homes. Older people increasingly want to be cared for at home. If an older person does need to be cared for in a residential setting, it becomes ever more important for their privacy to be respected (including for example en suite facilities) and for their dignity to be considered in all areas of activity. Many older people will also need nursing care, which cannot by law be provided in a home run by a local authority. The level and quality of care that older people require both now and in the future cannot be delivered in the existing residential care homes and needs to be re-provided in a new build facility.
- 7.6 Enfield Council has high standards and aspires to be recognised as an authority offering excellent standards of service to all of its residents, and in particular to the most vulnerable. Service development for older people is increasingly based on principles of self-determination, promoting independence in the community, social inclusion and choice. We know that the majority of older people wish to remain in their own home for as long as possible, and the development of extra care housing facilities is enabling us to do this alongside the intensive support we are able to offer to older people in their existing homes. At a point when older people may require a more intensive 24/7 care and support service that can only be provided in a residential or nursing setting, we must ensure this is done according to modern standards. The care setting should also be able to provide nursing care as and when it becomes necessary so that there is both continuity of care and a reduced need for hospital admission.
- 7.7 In summary, the recommendation is to agree the closure of Elizabeth House within a period of six months from the decision being made. The freeze on placements in the other three homes is recommended to be lifted so that the current permanent residents of Elizabeth House may be offered places in the remaining homes or, according to their wishes, in the private and independent sector. All transfers of care would be handled with sensitivity, social workers and care staff working side-by-side with the residents themselves and their families, friends and supporters. The existing 9-bed respite unit at Elizabeth House would be re-located to Bridge House (8 beds) and Coppice Wood Lodge (1 bed). The homes would continue to admit new residents (the latter having of course been advised that their placements would not be open-ended and being given the option also of a permanent place in an independent sector home) until such time as a new-build, dual-registered care home

is commissioned that provides permanent residential and nursing care as well as residential respite care. All of the residents of Bridge House, Coppice Wood Lodge and Reardon Court (dependent on further discussions) would then be able to transfer directly to the new building when it is ready for occupation, together with the staff they know from their existing placements who would transfer under TUPE arrangements.

7.8 By making these recommendations we are confident that we will be able to provide high quality care for older people in Enfield that is in keeping with 21st century standards and aspirations. We will ensure that we transfer all we have learned from the services that we deliver currently in our in-house provision and ensure that good quality care is provided in the new provision. In addition we will have given a clear signal to the independent sector market of our expectations when supporting older people in a residential setting.

8. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE RESOURCES AND OTHER DEPARTMENTS

8.1 Financial Implications

8.1.1 This report recommends the reprovision of the facilities at Elizabeth House, Bridge House and Coppice Wood Lodge in a new purpose built dual registered unit. Phase 1 of this reprovision would see the closure of Elizabeth House within 6 months of a decision being made. Of the facilities referred to in this report, Elizabeth House currently has the highest unit cost per week. This is largely as a result of low occupancy at Elizabeth House due to difficulties placing clients as the design and layout of the building is unsuitable for some users.

8.1.2 Phase 1 – Closure of Elizabeth House

Elizabeth House site comprises:

34 permanent residential beds
9 respite and interim beds
15 day care places
Accommodation for the in-house home care service

A decision to close Elizabeth House will require part of the budget for the facility (£1,173K p.a.) to be reallocated to fund the new arrangements.

8.1.3 The following paragraphs deal with the financial implications of the reprovision of these facilities elsewhere in the Borough.

a) Permanent Residential Beds

There are currently 20 permanent residents at Elizabeth House. The estimated cost of providing 20 additional places in private sector homes is in the order of £536k p.a., based on

the current “spot purchasing” cost. However, if service users choose to move to an alternative in-house unit, this additional cost will be reduced.

b) Respite Provision

Elizabeth House currently provides 9 respite/interim beds. This report recommends that 8 permanent residential beds at Bridge House and one at Coppice Wood Lodge be transferred to respite provision.

As respite care requires a higher staffing ratio than permanent residential provision, 2 additional care assistant posts will be required at Bridge House, at an estimated cost of £43k p.a.

Any cost associated with the additional respite bed at Coppice Wood Lodge can be absorbed within existing budgets. However, there will be a loss of income from the permanent beds being used for respite care. The total loss of income (for 9 beds) is estimated to be £47k p.a.

c) Rehab Beds at Reardon Court

For sufficient permanent in house provision to be retained (and in the light at the PCT’s withdrawal of financial support) these nine beds of Reardon Court will become permanent residential beds. This has no additional cost implication. However, the Council will receive additional income estimated to be of the order of £100k p.a., assuming 90% occupancy.

d) Day Care Provision

The existing day service at Elizabeth House will be re-provided at St Josephs Extra Care Housing Scheme. Relocation of this service will require additional 1 additional care officer at approximately £27k p.a.

e) In-house Home Care Accommodation

Full closure of the Elizabeth House site will require the in-house home care team (x14 staff) to be re-located. An alternative site has not yet been identified and at this stage, the cost of the alternative facilities are unknown.

f) Severance Costs

It is important to note that there could be significant severance costs associated with the staff reductions. It should be possible to redeploy some care staff within the remaining in-house residential

services (see HR implications) but, in a worst case scenario, one-off severance costs could amount to around £550k.

8.1.4 Summary of Phase 1 Financial Implications

	Year 1 £'000	Full Year £'000
Gross saving arising from the closure of Elizabeth House (assuming 1 April effective date)	(1,173)	(1,173)
Ongoing annual costs of reprovizion:		
a) Alternative provision for 20 existing clients	536	536
b) Respite provision	90	90
c) Additional income from residential beds at Reardon Court	(100)	(100)
d) Day Care provision – additional member of staff	27	27
e) Relocation In-House Home Care Team	TBA	TBA
f) Staff severance costs (maximum)	550	-
Net Saving	(70)	(620)

Note: the additional costs assume worse case scenario for a) and f).

8.1.5 Phase 2 – Closure of 2 further in-house residential homes and build alternative provision

At this stage it is not possible to estimate the capital cost of building new provision or any associated revenue costs/savings that would result from the future closure of Bridge House and Coppice Wood lodge. A decision to implement Phase 2 of this strategy must be subject to a detailed financial analysis and a further report to Cabinet.

8.1.6 Costs to Date during 2007/08

Since the decision in January 2007 to temporarily cease admissions into the in-house residential units there has been an increased call on independent sector placements and thus increased expenditure from external care purchasing budgets. On average 7 clients have been placed in the independent sector at an additional net cost of £214k.

Reviews and re-assessments of service users in our in-house residential homes have been conducted to ensure that the requisite information was available for this report. (See Appendix 4 placed in the Members' Library). Together with project management fees, to date this has cost 50k.

Expenditure of a further £20k will be needed to the end of this financial year to ensure a smooth transition for service users to their new residential placements.

These additional costs (£284k in total) have been included in the monthly revenue monitoring reports to Cabinet.

8.2 Legal Implications

- 8.2.1 Section 47 of the National Health and Community Care Act 1990 requires Local Authorities to assess the care needs of persons in their area who appear to be in need of community care services. The Act then requires the Authority to decide whether services should be provided in the light of the assessment they have conducted. Community care services can mean residential provision under Section 21 of the National Assistance Act 1948 or non-residential services/support at home under Section 2 of the Chronically Sick and Disabled Act 1970.
- 8.2.2 Section 47 of the National Health and Community Care Act 1990 requires Local Authorities to assess the care needs of persons in their area who appear to be in need of community care services. The Act then requires the Authority to decide whether services should be provided in the light of the assessment they have conducted. Community care services can mean residential provision under Section 21 of the National Assistance Act 1948 or non-residential services/support at home under Section 2 of the Chronically Sick and Disabled Act 1970.
- 8.2.3 This report presents to Cabinet the outcome of the wide consultations and officer considerations on the future of the in-house residential care services which the Authority provides to individuals under Section 21 of the National Assistance Act 1948. The statutory duty is to provide residential accommodation for persons aged 18 or over who by reason of age, illness, disability or other circumstances are in need of care and attention that is not otherwise available to them. Accommodation can be provided in-house or in a home managed by another Authority or in a home managed by a private concern or voluntary organisation. Accommodation provided in-house carries with it added protection for the residents under the Human Rights Act 1998. The care and attention provided must be social care; a local authority may not provide nursing care. If the officer's recommendations are accepted by Cabinet then nursing care needs could be met by the PCT in new built dual registered schemes.
- 8.2.4 The four options on the future for the Authority's in-house residential services were set out in the Cabinet Report of 18th January 2007 and these four options were the subject of the consultations with residents, their families, staff, the voluntary sector and other stakeholders. One consideration for the Authority in this decision-making process is the impact of the Human Rights Act 1998. Section 6 of the Act provides "it is unlawful for a public authority to act in a way which is incompatible with a convention right". Articles 2, 3 and

8 are the most likely convention rights that could be engaged within this decision-making process.

- 8.2.5 Article 2 is known as the “right to life” and provides that “everyone’s right to life shall be protected by law, no one should be deprived of his life intentionally save in the execution of a sentence of a Court following his conviction of a crime for which this penalty is provided by law”. This convention right has been interpreted by the Court to mean there is a positive duty imposed upon public authorities to ensure the integrity of life is protected. Within this decision-making process therefore, regard must be given to the potential impact upon individuals of moving from their current care home.
- 8.2.6 Article 3 is known as “prohibition of torture” and provides that “no one shall be subjected to torture or to inhuman or degrading treatment or punishment”. Again the Courts have interpreted this convention right and have applied it to modern day equivalent circumstances and have considered it within social care settings. The threshold for engaging this particular right is high and again consideration must be paid to the impact on individual service users of the decision-making.
- 8.2.7 Article 8 is the most likely convention right to be engaged in this kind of process and is known as the “right to respect for private and family life”. The right provides that:
- (1) Everyone has the right to respect for his private and family life, his home and his correspondence.
 - (2) There should be no interference by public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society in the interest of national security, public safety or the economic well being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of rights and freedom of others”.
- 8.2.8 The Courts have considered whether, within similar decision-making processes elsewhere, Article 8 was engaged. The Courts have decided that this would depend upon the individual circumstances for a particular resident. Again the impact of the decision-making would be relevant to engagement of Article 8. However, it is important to note that even if Article 8 is engaged for any particular resident that Article 8 is not an absolute right, i.e. the interference may be justifiable on the grounds of the economic well being of the Local Authority and the interests of those in need of its services both now and into the future. This particular convention right recognises that there may be conflicting rights and that a balance has to be struck in decision-making in favour of one side of the argument, i.e. where an individual’s Article 8 rights might be engaged by the Authority’s actions that interference with those Article 8 rights might well be justified under the proviso set out in Article 8 (2) above.

- 8.2.9 There have been a number of cases through the Courts over the years where decisions or proposals to close residential provision has been challenged and these cases have produced guidance on the proper process to be followed to inform such decision-making. The consultation process adopted here has taken on board the judicial guidance on process and the material considerations to be presented for consideration by the decision maker.
- 8.2.10 This report details the various considerations (including at paragraph 3.7 a summary of the assessment of needs of current residents) to be taken into account to enable a decision to be made upon the future for the in-house residential services.

8.3 Property Implications

- 8.3.1 On behalf of Health and Adult Social Services a report was commissioned by the Property Services team from Pinders Chartered Surveyors in respect of each of the four homes. Pinders are specialists in the care home market and were selected following a tendering exercise.
- 8.3.2 The reports outlined the condition of each home and provided an assessment as to how each might be upgraded or redeveloped to conform to modern space standards and future expectations. Values were attributed for each property for the existing provision as a going concern business, with adaptations as possible within the existing buildings or as extended and as redevelopment options for both reprovision and for alternative use, namely residential development.
- 8.3.3 The summary findings as to the existing condition, limitations for the creation of modern accommodation and bedroom sizes is set out in the body of the report. Values have been attributed to the sites and as a general comment officers can confirm that the new-build care home market would attract site values comparable to private housing residential values. If the homes were to be sold as existing care homes the values are substantially less.
- 8.3.4 Each of the care home sites is currently occupying a site area of approximately one acre. The independent advisers confirm that similar one acre sites can accommodate new build care homes providing 60 bed spaces. Subject to planning and clear title with no adverse conditions it is assumed that similar reprovision can be achieved on the 3 principle sites at Elizabeth house, Bridge house and Coppice Wood Lodge. Given that the reprovision is recommended on a single site for a 100 bed new build reprovision it is deemed appropriate then a site area of approx 1.5 acres is assumed.
- 8.3.5 Wider property asset management review through the Asset Management Group (AMG) recognises the potential of Elizabeth

House with both the Pitfield Way offices site soon to be vacated and the adjoining short let car hire occupancy on Council land adjoining. If a 100-bed care home is required at this location there would be highway, utility, bus movement and education issues to be considered which could impact upon the time and cost parameters of the delivery requirements for a new home. Additionally, AMG will consider such other opportunities that this site could offer for the Lytchett Way Estate and other Council services in the vicinity.

8.3.6 The valuation advice provided by the independent experts confirm that the market value of care home sites is similar to values achieved for similar housing sites. Officers therefore consider that a 1.5 acre site could be identified elsewhere in the Council disposal programme as substitute sites for Elizabeth House.

8.4 Human Resource Implications

8.4.1 Currently, c230 Council staff are engaged in the direct provision of the in-house residential care services. The permanent workforce is supplemented by agency workers engaged to maintain service user/staff ratios pending determination of the future service provisions strategy.

8.4.2 The closure of Elizabeth House will result in 35 staff becoming potentially redundant in the near future. Where there is a possibility of more than 20 redundancies arising in a 30-day period, there is a statutory obligation to formally consult with the trade unions about the proposals and the consequential staffing implications.

8.4.3 The Council's current contract of employment makes provision for staff to be transferred to similar jobs at any other location within the Borough. Given the number of agency workers engaged at Reardon Court, Coppice Wood Lodge and Bridge House, the need for redundancies could be minimised by redeploying staff from Elizabeth House to these locations to replace the agency workers. Where redeployment is not feasible, staff will be made redundant and will receive statutory and discretionary benefits in line with the Council's policy agreed in October 2006.

8.4.4 The future employment options for staff at Coppice Wood Lodge, Bridge House and Reardon Court will be dependent upon the preferred re-provision option. If services are to be re-provided through spot purchasing (options 5 and 6), then it is highly probable that all staff will be made redundant. Any redundancy payments would be made in line with the Council's prevailing policy at the time of redundancy.

8.4.5 Where the preferred option is the re-provision of services on sites within the Borough, then it is likely that staff would be transferred to the employment of the new provider under the terms of the Transfer of Undertakings (Protection of Employment) Regulations (TUPE).

- 8.4.6 It will not be possible to assess the potential implications for staff should the preferred option be the contract or block purchasing of services until the details of any such proposals are known.
- 8.4.7 The proposal to relocate day care facilities to the Forest Road site, (recommendation 2.7) will be accompanied by the relocation of the day care staff to the new site under existing terms and conditions of employment.
- 8.4.8 In addition to the impact on staff employed in the relevant residential establishments, any reprovision decision may also have an impact on the employment of central support staff, which has not yet been considered.

8.5 PERFORMANCE MANAGEMENT IMPLICATIONS

- 8.5.1 As a result of these proposals we will develop residential care services for vulnerable older people in Enfield that are fit for the 21st Century, respecting the rights and dignity of older people by providing greater privacy in a better environment. In addition we will hope to influence the independent provider market by having high standards for our residential care services.
- 8.5.2 These new services will add to our existing successes in supporting more people at home and developing extra care housing as an alternative to residential care whilst recognising the importance of continuing to provide residential and day care/respite to support carers in Enfield. The CSCI have clearly communicated their expectation that these services need to be modernised and the future of services to older people is a significant influence on our performance rating for Adult Social Services and thereby overall CPA score.

8.6 COMMUNITY IMPLICATIONS

- 8.6.1 An Equalities Impact Assessment has been drafted (Appendix 7 placed in Members' library) on the modernisation of services for older people with dementia.
- 8.6.2 Positive Impacts:
- The provision of residential care in a new build environment will ensure that older people are provided with care in a more dignified setting that meets national minimum standards and provides them with a larger individual room and their own

bathroom and toilet, promoting privacy and a more conducive environment for relatives and friends to visit

- A new build design will facilitate improved access for wheelchair users and for people who need the assistance of a hoist to transfer
- By building dual registered care homes that also provide nursing care, residents will no longer have to transfer to a nursing home when their needs change; such a development will also lead to reduced levels of admission to hospitals and greater continuity of care
- Any new facilities established will be consulted on with a wide range of service users and potential service users, including those from minority groups in the community
- It is envisaged that any new facilities will have the potential to be flexed in line with the prevailing needs; the required balance between residential care, nursing care, respite care and day care will be kept under review, with the new facility becoming part of its local community, promoting accessibility and good relations between the different service user groups

8.6.3 Negative Impacts:

The closure of Elizabeth House will necessitate transferring the current residents to alternative homes causing a discontinuity of care, and transferring the day centre service users to an alternative venue

- To reduce this impact, all transfers of care will be facilitated with the utmost sensitivity, coordinated by social work staff and care staff, working in partnership with residents and their families/friends/advocates
- Residents will be offered a choice of transferring to a vacancy in our remaining residential homes (having been clearly informed that such a move would not be permanent, but followed by a further move to a new facility in due course) or to a home in the independent sector

9. PUTTING ENFIELD FIRST

- 9.1 The recommendations in this report are entirely consistent with our stated aim of providing high quality and accessible health and social care services for vulnerable people.

Background Papers

- Modernising Cognitive Impairment Services Needs Analysis
- Cabinet Report 18th January 2007
- Alzheimer's Society Report Dementia UK 2007

Appendices (Placed in Members' library)

- 1 Map showing the homes
- 2 Presentation used as basis of discussion with residents/relatives
- 3 Summary of consultation programme and responses
- 4 Summary of assessment of needs of existing residents
- 5 Extract from Alzheimer's Society Dementia UK 2007 report.
- 6 Detailed Option Appraisal
- 7 Equalities Impact Assessment