

A Review of the Modernisation of Older People's Services

by a Working Group of the Adult Social Care and Housing
Overview and Scrutiny Panel



1. Foreword by the Lead Member

- 1.1 My fellow Working Group Members and I chose to undertake this review as we recognise the importance of providing the best support we can to the older residents of the Borough that reflects the expressed wishes of older people to remain independent in their own homes where possible. This is particularly important in these times of a growing elderly population.
- 1.2 The review has essentially been a monitoring exercise to establish how well the local journey towards modernising Older People's support has progressed. The Working Group has been pleased to find that the modernisation programme has been successfully implemented to date. There are two further stages of the programme yet to be fully implemented, namely, the Long Term Conditions and Sensory Needs Strategy and the electronic monitoring system for service providers. The Working Group feels that the implementation of these aspects should be reviewed when sufficient embedding time has elapsed for progress to be monitored.
- 1.3 Undertaking the review has heightened our knowledge of the support the Borough provides for its older residents and the benefits of modernising it, it has been an enlightening experience. We enjoyed our visits to the older people's homes and meeting the residents and staff there. Attending the Care Providers Forum was very informative as it enabled us meet the people who provide care directly to older people and explore any issues they faced.
- 1.4 I wish to express thanks to my fellow councillors who worked with me on this review and to everyone else who gave their input including people providing and receiving support, Adult Social Care officers and Andrea Carr, who provided us with officer support. I would also like to commend the findings and recommendations to the Executive Member for Adult Services, Health and Housing, Councillor Dale Birch.

Councillor Nick Allen
Lead Working Group Member

2. Executive Summary

- 2.1 Providing care support services for older people with physical and sensory disability and frailty, learning disability and mental health needs is of vital importance to many individuals, and an important responsibility for the Council and its partners in the National Health Service and elsewhere. Much care is also provided by a large number of relatives and other carers, whose enormously valuable help is often under-recognised.
- 2.2 The growth in the number of older people, advances in best practice for care including the personalisation of support, and the constant need to achieve best value for money, has led the Council to embark upon a journey to modernise its care services for older people. Recognising this important development, in Autumn 2011 the Adult Social Care Overview and Scrutiny (O&S) Panel (which was succeeded by the Adult Social Care & Housing O&S Panel in May 2012) resolved to establish a Working Group ('the Group') to monitor the implementation of the latest modernisation of older people's services.
- 2.3 This report summarises the work of the Group between December 2011 and July 2012, and is organised in the following sections:

- Part 3 Describes the modernisation proposals in more detail, and summarises how we set about our review.
- Part 4 Summarises the information and evidence gathered from Council officers, private service providers, and the Home Care Provider Forum. This included visits to two care establishments.
- Part 5 Contains the conclusions we have reached following our review.
- Part 6 Sets out our recommendations to the Council's Executive and to the Adult Social Care and Housing O&S Panel.

At the end of our report is a glossary of terms used and an appendix concerning the scope of this review.

- 2.4 Members of the Working Group hope that this report will be well received and we look forward to receiving responses to its recommendations.
- 2.5 The Working Group comprised:

Councillor Allen (Lead Member)
Councillor Brossard
Councillor Mrs Temperton

3. Background

- 3.1 Providing community care support services for older people is of great importance to the older people who receive support, and a major function for Bracknell Forest Council. These services are provided to some 2,000 residents, to assist them in their needs relating to physical and sensory disability and frailty, learning disability and mental health. Also, the number of older people is growing; the Office for National Statistics has forecast an increase of some 37% in the number of people aged over 65, in the decade ending in 2020. The Council, together with its partners, principally in the National Health Service (NHS) are having to meet these demands at a time of considerable and growing pressure on local authority resources.
- 3.2 At its meeting held on 18 October 2011, the Executive considered a report which sought approval for a wide range of significant proposed measures intended to improve and modernise support for older people in the Borough*:
- a) the future of 'In House' Home Support for people with long term conditions;
 - b) the future of Ladybank Older Persons Home;
 - c) residential intermediate care;
 - d) Enhancing capacity in Community Response and Reablement;
 - e) Relocating the Home Care Dementia Team and consulting on new managerial arrangements;
 - f) working with the Independent Sector on the introduction of electronic monitoring for domiciliary providers;
 - g) working with Wokingham Borough Council (WBC) on the provision of the Sensory Needs Service; and
 - h) developing appropriate housing options with partners to ensure that the Older Persons Accommodation Strategy is implemented providing a range of accommodation across the Borough.

These measures were also to give rise to significant efficiency gains and financial savings.

- 3.3 These modernisation proposals followed the national policy direction for adult social care and health:

Prevention – helping people to retain and regain independence

Personalisation – individuals taking control of their own care, and providing information to everyone on care and support

Partnership – to improve support through partnership working

Plurality – a broad market of high quality service providers

Protection – safeguarding against abuse and neglect

Productivity – driving improvements and innovation

People – the combined workforce providing care and support with skill, compassion and imagination

* Further details of these measures were set out in the report to the Council's Executive on 18 October 2011, viewable at <http://democratic.bracknell-forest.gov.uk/ieListDocuments.aspx?CId=102&MId=3753&Ver=4>

- 3.4 The Working Group ('the Group') identified the purpose of the review as to monitor the implementation of the modernisation of older people's services. The key objectives of the review, and its scope were agreed at the outset by the Working Group, and are set out at Appendix 1.
- 3.5 The Group identified key documents, background data and areas of research to inform its review which included Home Care Provider Forum minutes, Quarterly Service Reports and Annual Reports of complaints and compliments, for example. This, together with what we learnt from meeting service providers, older people receiving care services and Council officers is set out in the following part 4 of this report.

4. Investigation And Information Gathering

Introductory Review Work

- 4.1 On 22 December 2011 the Working Group ('the Group') received an introductory presentation from the Council's Chief Officer: Older People and Long Term Conditions, who drew the Group's attention to the report considered by the Executive on 18 October 2011 in respect of the modernisation of older people's services.
- 4.2 The Chief Officer advised that there had been a journey of national and local modernisation of Adult Social Care for several years featuring personalisation of support with a view to offering people greater choice and freedom in their care. The majority of older people wished to remain in their own homes and communities and, should they find that moving home became necessary, chose to live in bungalows or extra care housing in preference to residential care homes and favoured preventative and rehabilitation care to maximise independence. Extra care housing offered contracted on site night and day support 7 days per week which residents could purchase through direct payments. This equated to greater support than that provided by warden assistance and less than that offered in residential care. The latter tended to be required most by people suffering from dementia. Although hospitals often discharged elderly patients with recommendations for 24 hour support, this did not always prove necessary owing to subsequent successful rehabilitation care and the Council wished for people to have the opportunity to return home before making long term decisions concerning their future care needs and the implications this would have for their homes and pets, for example.
- 4.3 People who possessed £23,250 or more in capital were classed as self-funders and were required to pay for their support until their funds fell below that level. The local authority must assess a person's ability to pay by using regulations made for that purpose. The Council could place a 'charge' on a property to recover the cost of care when it was sold. Families often placed the homes of elderly relatives in care on the rental market to fund their support whilst retaining the property for future inheritance.
- 4.4 The Group was advised that the Executive had agreed to a consultation relating to the future of In-House Home Support for people with long term conditions with a view to the independent sector providing this support. The Council had previously outsourced many in-house support services with the exceptions of long term conditions and dementia, as external support could be provided more economically. 16 posts in the Long Term Conditions Team were at risk of redundancy. However, vacant posts at Heathlands Older Persons' Residential Care Home and the Bridgewell Centre had been frozen to offer redeployment opportunities. Holding vacancies throughout the consultation in order to minimise future redundancies, in the event that a decision should be made to move the care hours provided by the In-House Home Support Team to external providers, would incur some increased costs of hiring agency staff.
- 4.5 Although Ladybank could accommodate 23 residents, at the time of the meeting there were only 8 people living there, some of whom were approaching the need for nursing care and 2 of whom were now suffering from dementia and might require alternative support elsewhere. Consultation in respect of the future of Ladybank with a view to re-providing long term care was in its sixth

week at the time of the meeting and a petition signed by approximately 750 people asking for Ladybank to remain open had been received and was due to be considered by the Adult Social Care Overview and Scrutiny (O&S) Panel at its next meeting . Some signatories resided outside the Borough. There had been no requests for traditional residential placements at Ladybank since the consultation had commenced and no requests to join the home for 12-18 months.

- 4.6 Partnership working was being progressed to enhance residential intermediate care and, in time, relocate it from the Bridgewell Centre at Ladybank, which had 19 beds, to more suitable accommodation.
- 4.7 No staff posts would be at risk in the Community Response and Reablement (CRR) Team, which provided short term support aimed to assist people to regain their independence. However, staff were being consulted in respect of new rosters and work patterns which were designed to meet the need for comparable 7 day support. The existing Saturday and Sunday service consisted of fewer staff which could lead to hospital bed blocking over the weekend. Staff had raised some objections to the proposed three week rolling roster programme on the basis of a perceived negative impact on their work-life balance. In response, staff had been invited to submit alternative proposals which met all requirements although none had been received to date. Swapping of rosters was not favoured as this could disrupt the skills balance and continuation of care. The Group received copies of the staff consultation response and the Department's reply to it. Managers would meet each of the 24 members of the Team individually to discuss the proposed changes.
- 4.8 The Council's CRR and Falls Service was appreciated by the Primary Care Trust (PCT) and other partners as it lessened the burden on hospitals, GPs and long term care providers. The Council sought to develop proposals to enhance the service via funding from the PCT which would provide employment and redeployment opportunities at no cost to the Council. Referrals to the service came from GPs, family members, district nurses, staff and self-referrals.
- 4.9 In terms of best practice, the Chief Officer indicated that she felt that Bracknell Forest was ahead of many other local authorities in modernising services for older people. Consultation had been undertaken with some people over 50 years old and carers to establish and meet local support needs. The Council's CRR model was unique featuring a joint integrated service benefiting from a pooled budget subject to a Section 75 agreement[†].
- 4.10 The Home Care Dementia Team would be relocated to Heathlands Day Care Centre and would be consulted on managerial arrangements to maximise staff resources. The relocation was intended to provide a one-stop-shop which would enhance communication, bring closer links to the memory clinic, benefit carers and improve staff facilities.

* The petition was presented to the O&S Panel and the outcome is referred to in paragraph 4.16

† An agreement made under section 75 of National Health Services Act 2006 between a local authority and Primary Care Trusts, NHS trusts or NHS foundation trusts in England, which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised.

- 4.11 Work with the independent sector concerning the introduction of electronic monitoring for domiciliary providers would feature real time billing to ensure that people received the required level of support and paid the correct amount for it. This system would highlight where support was insufficient and could trigger a review.
- 4.12 The Sensory Needs Service, which provided rehabilitation support for people with hearing and vision impairment etc, was currently provided via Wokingham Borough Council (WBC) for four of the Berkshire unitary authorities through Optalis, an independent trading company set up by that Council as a wholly owned subsidiary. Bracknell Forest Council would work with WBC to evaluate the opportunities to provide the local service from within its own community team structure on a more economical basis. If pursued, this would require a 13 week consultation, involve the recruitment of some staff, possibly from the existing provider, and make use of the independent sector. The date the consultation was launched would depend on when the Council was released from the rolling contract with WBC. Although this had expired and the support had been outsourced, there would be a time lapse to June, or possibly as late as November, 2012. The consultation would be launched at a half day conference / workshop for people with sensory needs, of which there were approximately 450 in Bracknell Forest with differing levels of sensory loss. One person had been referred for a personal budget and many others were regaining independence with the assistance of the rehabilitation service and accommodation adaptations. Few people remained in need of full time ongoing support.
- 4.13 Appropriate housing options would be developed with partners to ensure that the Older Persons' Accommodation Strategy was implemented to provide a suitable range of accommodation across the Borough. The Strategy took account of new build and accommodation adaptation requirements to meet the needs of elderly and disabled people such as downstairs toilets and kitchen / shower 'wet rooms'.
- 4.14 A briefing on the national and local overview of the policy direction for Adult Social Care and Health was provided for circulation to the Group.
- 4.15 The following points arose from the Group's questions and discussion:
- The Council's Older Person's Strategy recognised people of over 50 years of age as being older in terms of gathering their views in respect of future support preferences.
 - Although Asperger's had not been formally identified until the 1950s, people suffering from conditions within the autistic spectrum now benefited from diagnosis at a younger age, often at school. They were referred for an assessment and offered assistance with support, possibly via a personal budget.
 - There was an agreement in place through the Association of Directors for Adult Social Services (ADASS) for people who moved into an area whereby their previous authority would pay for their care for a period of 12 weeks whilst their care needs were assessed by the new authority, which may not assess their needs as being identical to previous support provided.

- The Long Term Conditions Team supported only a few people on a long term basis, some of whose support was funded by the NHS.
- Agencies providing support needed to meet Care Quality Commission (CQC) standards. An internal Care Governance Board oversaw quality and safeguarding arrangements. The Board met on a monthly basis and could 'red flag' providers of sub standard support. Such services would not be utilised until sufficient improvement had been achieved. Any issues regarding poor services were taken very seriously.
- Assessment of the type, amount and cost of support required was undertaken by Bracknell Forest staff. 6 weeks after the initial assessment and arrangement of support, a review would be undertaken to ascertain whether the support was successfully meeting the person's needs. With ongoing support, reviews were undertaken at maximum intervals of 12 months. In the case of safeguarding issues arising in a residential home, the support needs of all residents would be reviewed.
- Personalisation of care brought an element of risk which was eased by support packages and the availability of courses relating to moving and handling, recruiting and equipment use. Employment law could be an issue for people purchasing their own care through direct payments and was an area where the Council would assist. People aged over 85 generally chose against being an employer and asked the Council to commission support on their behalf. There were many safeguards in place and care commissioned by the Council could be relied upon in the event that personalised care failed.

4.16 At its meeting on 17 January 2012, the Adult Social Care O&S Panel considered, in accordance with the Council's Petition Scheme, a petition with approximately 1,200 signatories requesting the Council to keep Ladybank Residential Care Home open. The minutes of that meeting record:

'Carol Brooker presented a petition, on behalf of a resident of Bracknell Forest Mrs Walsh, in relation to the future of the 'Ladybank Older Persons Home' consultation. Approximately 1,200 signatures had been received and the petition had been referred to the Adult Social Care Overview and Scrutiny Panel for consideration.

Approximately one hundred questionnaires were being analysed in relation to the consultation regarding Ladybank Older Persons Home and the petition signatories included a range of residents across Bracknell Forest.

Points raised in the presentation included residents having a choice of where to live, taking into account family views, a tendency to be biased towards home care, offering alternative care provision before the consultation regarding Ladybank had finished. Residents at Ladybank were reported to feel safe at Ladybank and many had not left the Home for years. The thought of leaving Ladybank, for its residents and their families, was inconceivable for some. It was thought that the intention was to reduce some care provision and not to eliminate it.

Ms Brooker thanked the Panel for hearing her presentation and urged the Panel to consider keeping Ladybank Older Persons Home open.

Arising from Members' questions and comments the following points were made:

- *The consultation in relation to Ladybank Older Persons Home was due to close on 18 January 2012 and a report would go to the Executive on 21 February 2012. The points raised in the presentation would be covered in this report and were noted by the Panel and the Executive Member for Adult Services, Health and Housing who was present at the meeting.*
- *108 questionnaires had been received at present in relation to the consultation.*

The Chairman thanked Ms Brooker for attending the meeting and giving the presentation.'

Consultation Outcomes

- 4.17 At its second meeting on 20 March 2012, the Group reviewed the report submitted to the Executive on 21 February 2012 concerning the consultation on the future of Ladybank Older Persons' Home with a view to re-providing long term care together with the related full equality impact assessment (EIA) report and consultation questions.
- 4.18 The Chief Officer: Older People and Long Term Conditions advised that Ladybank had ceased to provide residential care services as of 2 March although the co-located Bridgewell Centre, which provided intermediate care services, remained for the time being. The former residents, supported by their families, had made the decision to move out of Ladybank before the consultation exercise concluded and all were now settled in new locations where they enjoyed more spacious accommodation, better facilities and increased social interaction. They would be monitored by telephone call or visit on a monthly basis for one year to ensure that their needs were being met in their new accommodation.
- 4.19 A two day unannounced CQC inspection of Ladybank and Bridgewell had taken place two weeks previously to check compliance with regulations. Although all services were found to be compliant, some work in one area was considered necessary. The Council was given 14 days to comment on the draft inspection report which was then re-issued and a further 14 days were allowed for a response with an action plan for improvements before publication.
- 4.20 Human Resources officers had spent much time meeting and communicating with affected staff, some of whom had now been redeployed whilst others had been made redundant. Under employment law, redundancy payments only applied where regular shift patterns were worked until closure of the premises. Some staff had been supplied by agencies.
- 4.21 People now tended to remain in their own homes for as long as possible from where they would transfer to nursing care or specialist extra care accommodation as it became necessary. Adaptations to homes such as kitchens which doubled as wet rooms on the ground floor assisted older people to remain at home.

4.22 The following points arose from the Group's related questions and discussion:

- Bridgewell consisted of two units with potential for a third. The accommodation freed by the closure of Ladybank allowed some limited expansion on the ground floor only, owing to a lift issue, and expansion discussions were taking place with the PCT. Some boiler maintenance work had been undertaken. The intention was to relocate services currently provided at Bridgewell in the future and the Group would be kept informed of progress.
- There had been detailed press briefings and no negative press coverage concerning the closure of Ladybank.
- The high unit cost of a bed at Ladybank owing to the low occupancy and lack of interest from potential occupants had been amongst the drivers for closure.
- Ladybank had been based on a 'communal living' model developed in the 1970s to prevent the frail from becoming isolated at home. However, the small rooms, shared bathrooms and limited communal area did not meet modern standards or expectations.
- Planning permission had recently been granted in respect of a new 60 bedroom nursing home in Crowthorne.
- 109 responses to the Ladybank consultation had been received and 85% of respondents disagreed with the closure of the facility. This was thought to be attributed to people: resisting closures of any type; being unaware of the circumstances surrounding closure; and opposing the loss of the last remaining facility of its type in Bracknell, as they did not want future living in residential homes in other areas which were possibly perceived to be alien and less welcoming. Also, personalisation was a concern to some older people who may prefer the traditional residential home setting. An Age Concern day centre remained in Bracknell.
- Although one Member had not been in favour of the closure of Ladybank initially, after exploring the rationale behind it, she had been convinced that it was the best route to follow.
- Although a respondent had felt the consultation was biased towards home care, this reflected the views gathered at events such as the Older People Conference when people were consulted on their care wishes. The Conference had met every two years over a ten year span and its next meeting was taking place on 30 March 2012.
- Closing Ladybank avoided one-off capital expenditure of £600k for maintenance purposes. Any suggestion that Ladybank had been intentionally neglected could be disproved as this would not have been possible under the inspection regime. In the event that Ladybank had not been closed, residents would have needed to move out whilst the necessary maintenance works were undertaken and may have chosen not to return.

- An overarching EIA and separate EIAs relating to each aspect of the modernisation programme had been prepared by the departmental Modernisation Project Group. The EIAs accounted for actions to be taken and evaluated the associated risks.
- All consultations in respect of the modernisation programme had now been concluded and the relocation of the Dementia Home Support Service to Heathlands was welcomed in the interests of joint working.

4.23 The Group complimented the thorough documentation provided and fair consultation analysis undertaken by officers, and the Group acknowledged that the consultation exercise in respect of the future of Ladybank was good, well presented and persuasive.

Community Response and Reablement (CRR) Rosters

4.24 Following the conclusion of the consultation undertaken in respect of CRR staff rosters, the new rosters would be introduced with effect from 1 April 2012. Although some staff employed to provide In House Home Support had initially objected to the proposed rosters, there had been no loss of employees and resistance had dissipated and been replaced by enthusiasm. The new rosters involved change from staff working one weekend in three to two weekends in three in order to provide consistency across shifts to facilitate care planning and responding to hospital discharges.

4.25 The number of people discharged from hospital and in genuine need of support had doubled during November 2011 and analysis was being undertaken to identify the cause. This differed from the pattern of the previous year when admissions peaked during November and December before declining in January and February. A Whole Systems Capacity Meeting, including hospital representatives, was required to investigate the current situation. Bracknell Forest worked with three acute hospital trusts, some of which were experiencing frequent crisis scenarios which were not limited to the local area. People needing support on leaving hospital were offered up to six weeks of CRR services at Bridgewell. Whilst this was sufficient for many, those requiring further support would be assessed, prior to discharge, by a care manager who would work with the individual to develop an on-going support plan.

4.26 Early hospital discharge at short notice before assessments could be undertaken and care packages put in place was highlighted as an issue for the Council. The Bracknell Forest Local Involvement network (LINK) was undertaking a project in this area, the results of which would be informative. The Section 75 pooled budget met the cost of the intervention service provided by the Council which was cost free to the individual.

Home Care Providers Forum

4.27 The Group received the minutes of the Home Care Providers Forum held on 13 December 2011 which outlined discussion around equality and human rights in home care, a safe haven for electronic documents, exploring electronic time management systems and the circulation of a document which complimented the Department of Health's report on Human Rights in Home Care as an action point from the UK Home Care Agency.

4.28 Meetings of the Forum held on 13 March and 12 June 2012 were attended by the Group and we were impressed by the level of support and discussion. The following points arose from the meetings:

- People had a right to choose to live in poor conditions and surroundings provided that they had mental capacity to make the decision.
- There were information security issues associated with the handling of rosters as they included people's names, addresses and times of visits. Passing rosters directly from person to person was felt to be the most secure method of transferring the information.
- A tendering process to procure an electronic time management system was taking place. Such systems relied on timely and accurate data entry and carers would not receive payment if they did not enter the arrival time of a home visit.
- Clostridium Difficile was immune to a broad spectrum of anti-biotics and spores could survive outside the human body for some time.
- 48 hours was the minimum notice of hospital discharges. Needs were reviewed on discharge and a care plan should be in place prior to patients returning home. Carers were instructed to remain uninvolved until the Council contacted them with instructions.
- Carers felt that although medication needs were included in care packages they sought extra costing for complex 'medication calls' as they were demanding and time consuming. Pharmacists did not always deliver medication when required and confusion in respect of doses etc could arise when patients returned from hospital with new medication.
- Carers had claimed that they were not paid for aborted home visits where the person was not at home to receive care and they had to bear the transport costs. The Chief Officer advised that this should not be the case and agreement has been reached with providers that in these instances a 15 minute call will be paid (this is equivalent to a 30 min charge)
- It had been claimed that the emergency out-of-hours service was unsatisfactory and the Chief Officer undertook to look into the matter. The outcome of this was a reiteration that the Emergency Duty Service provided a response in times of crisis and emergency. It was noted that agencies should not be contacting the Council's out-of-hours service for failures in their own agency as it was for each individual provider to develop their own contingency arrangements.
- Reference was made to a safeguarding incident in Newcastle where someone suffering from a mental health condition had seriously injured their partner. This highlighted the need for care providers to be mindful of and report behavioural changes as many mental health conditions could lead to violence. Safeguarding training would assist with awareness raising.

- An issue concerned key codes for key safes at the homes of people receiving care. The fact that key safe codes were often not changed between different care providers was a source of some concern although there were very few instances of associated problems and this was not felt to constitute a particular safeguarding issue. It was the intention that keys should be removed from key safes whilst people were in hospital and kept securely until their return.
- Electronic monitoring where travel time was excluded was raised by agency staff as a further issue. Under the electronic system people would receive their full 30 minutes care allocation. In response to concerns over fees and reimbursement of fuel costs, the rates paid to care providers had been increased in 2012.

Visit to Heathlands Residential Home and Day Care Centre

- 4.29 On 30 April 2012, the Group visited Heathlands Residential Home and Day Care Centre where it discussed services provided at the facility with the Chief Officer and Unit Manager, toured the Day Centre and Residential Home and met some of the residents and day centre users.
- 4.30 The Day Centre was open every day except Christmas Day, when people tended to visit their families, between 8:00 am and 8:00 pm. People were collected by mini bus and escorted to the Day Centre and returned home from 5:30 pm onwards as they tended to grow tired if they stayed any later. They were free to await collection in the residential area if necessary. Lunch and dinner and, if necessary, breakfast, were provided at the Centre, which also prepared food for Age Concern's Worlds End Day Centre in Forest Park. The maximum number of days attended was five each week. A drop-in service was offered at Heathlands which gave carers an opportunity for a respite break. Some users of the Worlds End Day Centre took advantage of the Heathlands drop-in service on Saturdays when that Centre was closed. A care group which met every Tuesday and included carers gave an opportunity to inform people of dementia service provision at Heathlands. People would be cared for in emergency situations, such as when carers were taken ill, through the care management service. In addition to caring for people with dementia, Heathlands sought to enable carers to work or study and lead normal social lives. There was legislation to ensure that facilities were available for carers.
- 4.31 Care was continuous at Heathlands as staff remained constant becoming acquainted with service users who became accustomed to them. All staff, including handymen and business support staff, received dementia and manual handling training so that all were equipped to assist people. External trainers were used and two stage training took place over two months. 'Age' television channel provided certificated half hour training courses, printable learning resources and an interactive telephone facility.
- 4.32 Heathlands was registered to provide dementia care and the majority of those using services suffered from dementia. Registration required a minimum number of staff to be on the premises at any one time. Residents were exclusively dementia sufferers as the environment was not conducive to those not suffering from dementia. The Dementia Care Home Support Team would be re-locating to Heathlands giving the advantage of all involved in providing dementia care being co-located. Dementia care was also provided at the Worlds End Day Centre which was grant-funded by the Council. The

Homestead residential home at Crowthorne and Birdsgrove Care Home in Bracknell also catered for people with dementia.

- 4.33 There were four stages of dementia and people with stage one tended to be forgetful and need some support whilst those with more advanced stages required full care. At stage 4 people struggled to recognise their family members. Some rehabilitation work was possible although there was no remission from dementia and, whilst some people remained stable for some time, others could deteriorate rapidly. Some people with dementia had an aggressive stage and Heathlands attempted to support them through this stage if possible and only moved them to specialist nursing care if necessary following a review meeting. A Community Psychiatric Nurse assessed people to determine which stage they had reached using a scoring tool. When people's condition was reviewed, this enabled the nurse to determine whether they had remained stable or deteriorated. It was anticipated that a cure for dementia would become available at some point in the future as drugs were developed further. Reference was made to a study undertaken in the USA where someone of 49 years of age was diagnosed with dementia and a nine year old child was found to have it. Dementia was now recognised as an illness although it was difficult to suggest to someone that they may need to have a dementia assessment. A geriatrician visited Heathlands when necessary as residents could acquire infections or have a bad reaction to medication. A recent planning application for a 75 room residential home for dementia in Crowthorne indicated that it was considered that there would be increased demand in the future.
- 4.34 People with stage one dementia were accommodated on the first floor of the residential home and, as they deteriorated to stage two, they were moved to the more spacious ground floor with continuity of care from the same staff. Rooms at the residential home were personalised and none were shared. There were two respite care beds in the residential home which were booked in advance.
- 4.35 The Day Centre had been refurbished recently and there was increased space, including the conversion of four small rooms into two spacious activity areas that featured seating areas for one-to-one activities, family meetings etc. The smaller Red Room was now designated for music and video use. These changes greatly increased the capacity of the Centre. Heathlands had links with the community and two local companies provided garden maintenance and Garth Hill College assisted with Christmas parties and decorations. Fundraising took place to fund trips such as boat trips on the Thames, shopping trips and lunches out. South Hill Park had been renovated and was now more accessible for residents and day centre users. Entertainment such as visiting pantomimes and receiving visits by farm petting animals was also arranged.
- 4.36 Some low level raiser beds were used at Heathlands to prevent people from rolling out of bed and injuring themselves and to reduce the risk of falls and back injuries for staff. The Unit Manager sought raiser beds for all residents. Electronic sensors could be used to alert staff when a resident got out of bed and wanderers could be located via a GPS system. Similar technology was also utilised to support people to remain in their own homes for longer.
- 4.37 People were supported at home as far as possible with residential care being the last resort for those with dementia and without carers. Some people had been at Heathlands for many years as dementia sufferers were living longer if physically fit and there were several residents in their nineties and one of 103

years of age. There had been a shift in the complexities of need and there was no longer a market for standard residential care, those in receipt of residential care had greater support needs. Continuing Health Care (CHC) funding had been received in respect of one resident which had enabled additional staff to be recruited.

- 4.38 The number of people who could be accommodated at Heathlands had increased from 36 to 41 partly due to the reconfiguration of a former staff flat and all rooms were occupied. It was a popular home and there was constantly a waiting list. Residents were means tested and those currently with £23,250 or above were self-funders who would become the responsibility of Adult Social Care when their funds depleted. People with fewer financial means took priority. Anyone needing care would receive an assessment. Two former residents of Ladybank were living at Heathlands and were being monitored in their new environments to ensure that their needs were being met.
- 4.39 Members were escorted on a tour of the Day Centre and the Residential Home where they spoke to some of the residents and staff. The Day Centre's facilities included a sitting room with doors to the garden, music/video room, toilets, bathroom, office, activity room and quiet room. The two-storey Residential Home featured 39 bedrooms, sitting rooms (all with televisions), kitchen, dining room, laundry facility, quiet sitting areas, bathing/shower rooms, toilets, a conservatory and attractive gardens. Members spoke to a former resident of Ladybank who had relocated to Heathlands and were pleased to note that she was happily settled in her new home.
- 4.40 Subsequent to the visit, the Group was informed that Heathlands had recently been the subject of an unannounced inspection by the CQC and had been rated as excellent and fully compliant with relevant regulations. Members acknowledged that the hard work and dedication of the manager and staff of Heathlands had contributed to the excellent rating and asked that they be thanked and congratulated on this achievement.

Implementing the Modernisation of Services

- 4.41 At its meeting held on 12 July 2012, the Chief Officer: Older People and Long Term Conditions updated the Group in respect of progress to date and the outcomes associated with the identified elements within the programme of modernisation of Older People's services with reference to a related report which had been submitted to the Executive on 22 May 2012.

Re-provision of Ladybank

- 4.42 The re-provisioning of services previously provided at Ladybank Residential Care Home, a key element within the strategic direction to modernise services for older people in Bracknell Forest, had been very successful following its closure. In order to achieve the best possible outcomes for the residents and their relatives, who had been involved in the moves to ensure that all relevant matters and relationships were considered, a dedicated Social Worker had been assigned to work with the remaining residents and their families. Over a period of weeks an in depth assessment of individuals' care, support and health needs had been undertaken to identify the resettlement option that best met the individual's needs before preferences and suitable placements were made. Residents were supported to visit proposed placements beforehand and the

move from Ladybank was carefully co-ordinated with Ladybank staff supporting the residents.

- 4.43 An extremely frail and elderly former resident had died in the interim. The Group was told that all other former residents had been happily resettled including one who had moved to Heathlands and made a point of advising the Working Group during its recent visit there that she was well and happy in her new home. Whilst there had originally been 12 residents in Ladybank, including two in the short term, they had begun to re-locate following notification of the decision to close the facility and only 3 or 4 remained at the point of closure. Although it was not unusual for people to be initially resistant to proposed change, it was often the case that they preferred their new surroundings and care following a move, which was intended to improve services. To ensure that they were settled and their new care and accommodation met their needs, the former residents of Ladybank were being monitored on a monthly basis for 6 months following their move, after which support reviews would take place. The Council remained responsible for meeting the costs of care for one former resident who had moved to Essex to be near family members. Care costs in Essex were comparable with those in Bracknell Forest although rates varied between councils and areas.

Home Support for People with Long Term Conditions

- 4.44 The In-House Home Support Team for people with long term conditions was re-provided by contract with the independent sector with effect from 31 March 2012. The majority of people were utilising the service on a short term basis and they were either transferred appropriately to a long term mainstream home care package or had no further care needs as the service had supported them through a short term episode. There were two individuals who had remained in the service over a longer period of time as they were jointly funded between health and social care and both were now in receipt of individualised budgets which had enabled them to choose and purchase their support including accessing leisure opportunities. On review, it was reported that all was progressing well.
- 4.45 In total, 16 members of staff were employed in this team. With support from the department, two of the managers had established a new domiciliary care agency employing other staff members. Following CQC approval and registration, they had been through the contract approval process to be added to the Council's preferred suppliers list. Other members of staff had been employed by people with individualised budgets to provide their care.

Staffing Impact

- 4.46 Up to 44 redundancies had been approved owing to the closure of Ladybank and the In-House Home Support Team for people with Long Term Conditions. Of the 27 Ladybank staff affected, 13 had been redeployed, mainly at the Bridgewell Centre, whilst 14 had been made redundant. Five of the 16 In-House Home Support Team staff were successfully redeployed whilst the remaining 11 were made redundant although it was understood that 8 of those subsequently joined the new domiciliary care agency.
- 4.47 All affected staff had been given an opportunity to discuss their options for redeployment and to be given redundancy information. The intention had been to ensure that as many staff as possible were offered redeployment into

alternative employment, thereby retaining valued staff and their skills in the department, also reducing redundancy costs. Many staff members had been close to retirement age.

Development of the Bridgewell Intermediate Care Unit

- 4.48 The decommissioning of Ladybank as a residential care home had provided an opportunity to work with partners in the PCT and Clinical Commissioning Group (CCG) to extend and enhance the existing Intermediate Care Service and facilities provided within the Bridgewell Unit. The Unit, which was open 24 hours per day, provided short term care seeking to promote independence by minimising hospital admissions and delayed hospital discharges. The PCT and CCG were supportive of this Intermediate Care model as it did not rely on community hospital beds and featured the integration of health and social care supported through a Section 75 agreement. The CCG had invested £117k for minor refurbishment and new equipment at Bridgewell and £275k to increase and strengthen the workforce capacity and capability.
- 4.49 The Avondale Unit within Ladybank was identified to provide the appropriate facilities for the enhanced service which featured 6 new beds and a clinic room on the ground floor which would include supporting people discharged from hospital, with more complex needs and higher dependency including those with dementia, or needing end of life care. There was also a need to make minor changes to the physical environment of existing rooms. The resource for staffing would provide additional rehabilitation staff, but also strengthen the community, clinical and nursing support. The enhanced unit would be launched on 26 July.
- 4.50 Options for the future location of Bridgewell were being explored with partners and it was anticipated that relocation would take place in approximately two and a half years time. As the bulk of the capital expenditure was on new equipment, this could be moved once a permanent location for the service was found.
- 4.51 The Group noted that Adult Social Care provided support for people discharged from Royal Berkshire, Frimley Park and Wexham Park Hospitals. Very early morning or late night discharges were resisted. Wexham Park Hospital had previously made regular out-of-hours discharges and its new Systems Director reviewed each with a view to addressing the issue. The LINK had undertaken a project to look into this matter which had involved visiting hospitals.
- 4.52 Records would be kept to evidence whether the additional 6 beds would enable Bridgewell to meet predicted demand in future years. Prevention and the provision of support at home involving the Community Reablement Team were favoured over admitting people to facilities such as Bridgewell and it was necessary to correctly balance investment between the two. A White Paper relating to transferring funding from the NHS to community care had been released.

Enhancing Capacity in Community Intermediate Care

- 4.53 Improvements in the operational management of the directly provided service around deployment and rostering had been identified. It was demonstrated that significant efficiencies and added capacity could be achieved through the introduction of a new staff rota. A full consultation process with the staff group was undertaken and the new rota had been adopted from 2 April 2012. Early

indications were that consistency had improved and weekend availability did not fluctuate as previously.

- 4.54 Additionally, the new working pattern provided availability for Community Support Workers to support the Bridgewell Unit with rehabilitation programmes. Feedback by Bridgewell staff and the Community Support staff had been positive. This joint working between the various elements would support the commitment to develop a move to an integrated approach to Intermediate Care Community and Bed Based Services.

Electronic Monitoring

- 4.55 The procurement plan for introducing electronic monitoring for both the In-House Intermediate Care Service and the Independent Sector had been approved with a view to achieving efficiencies and improvements in all aspects of service delivery. Electronic monitoring captured real time activity, was the key to service improvements and provided evidence that the service was delivering timely and quality outcomes for the people who used it. Tenders had been sought and it was anticipated that the monitoring would be implemented by November 2012.
- 4.56 The accuracy of electronic records would depend on the quality of time recording devices used and the accuracy of data input. However, the products were fully tested and safeguarded against any abuse of the system and had been screened by the Council's Safeguarding and Finance Teams. The use of Care Books would continue and bar codes would be read by the electronic devices when the care provider arrived at and departed from the home of a person receiving support. The electronic system would reveal any anomalies in the previous system.
- 4.57 Other benefits of an electronic system were the monitoring of lone working situations and enhanced communication to inform care providers when people were absent from home owing to hospital admission. All staff were provided with mobile telephones to boost communications.

Sensory Needs Service

- 4.58 Following the termination of a contract with WBC for the provision of the Sensory Needs Service, which provided support for people with visual and hearing impairment, through Optalis, it was proposed that the service would return to in-house provision by Bracknell Forest. A comprehensive local consultation exercise in respect of the service would finish shortly and information and data gained would inform and update the Sensory Needs Strategy.
- 4.59 The consultation process had been launched at a conference well attended by people accessing services, community groups and voluntary sector providers of sensory services. 156 questionnaire responses had been received as at 6 July. From initial findings the key issues being raised at the conference were around public transport and access to information. There was also evidence to support commissioning and reshaping services to focus on rehabilitation, better access to community facilities and safety at home. A local service to teach people with hearing impairment to lip read was sought.

- 4.60 It was thought that approximately 460 people accessed sensory services although up to date records had not been received from Optalis. As people became elderly they tended to gradually lose their sight and hearing. King Edward VII Hospital provided eye treatment and referred patients to the Council which registered them as blind or partially sighted to enable them to access support they were eligible to receive.

Extra Care Housing

- 4.61 There was clear demand for Extra Care Housing provision as an alternative to residential care. As part of the Older Person's Accommodation and Support Service Strategy, the Executive had agreed in principle to provide £1.5 million towards funding an extra care housing scheme on the former Garth Hill College site, to be developed by Bracknell Forest Homes, which had secured the remainder of the necessary funding from the Homes and Communities Agency.
- 4.62 Work on identifying the best model for Bracknell Forest was continuing and a Member suggested that the planning group should visit some other facilities, such as one built at Fleet, to learn from their experiences. It was anticipated that, subject to the receipt of Executive approval and planning permission, work could commence on site in December 2012 and complete in December 2014.

Relocation of Dementia Home-Support to Heathlands in Order to Create an Integrated Dementia-Specific Provider Organisation

- 4.63 The Dementia Home-Support Team, which consisted of two members of staff, had relocated from Time Square to the office at Heathlands Day Centre. The Registered Manager of Heathlands had applied to become the new Registered Manager for the Dementia Home-Support Team and re-registration had proved to be a bureaucratic process. Co-location of dementia provider services was expected to provide benefits for people who used services and their carers by creating a single point of contact able to offer a wide range of support including home care, day care, carers' drop-in, access to adult education aimed at people with memory difficulties, short term residential respite and long term residential care. Also, the Team could utilise any spare time caring for day centre users.
- 4.64 The Working Group was advised that a new planning application had been submitted in respect of a large dementia care home in Sandhurst. It was acknowledged that, if built, the home might attract residents from other boroughs the cost of whose care would fall to Bracknell Forest in the event that self-funders spent all their capital funds on care costs and became eligible for local authority funded care.

Visit to Birdsgrove Nursing Home

- 4.65 The Group decided to visit Birdsgrove Nursing Home, Bracknell, as a high percentage of Birdsgrove residents were from Bracknell Forest and the Home had recently received a good inspection outcome being compliant in nearly all areas. A past grant had enabled the Home to provide a lounge area.
- 4.66 On 19 July 2012, the Group visited Birdsgrove, where it met the Registered Manager and discussed services provided at the facility before touring the Home and meeting some of the residents. Birdsgrove had belonged to the Aster Healthcare group for the past seven years. The group had six nursing

homes stretching as far north as Birmingham and a seventh planned. One located in London was staffed entirely by Asian staff to cater for that community.

- 4.67 Although Birdsgrove was a private nursing home, approximately 50% of its residents were funded by Bracknell Forest Adult Social Care or by the PCT via CHC. There were 74 beds in the nursing home accommodated in three units, the largest of which catered for the frail elderly, another for people with early dementia and the third was a contained unit with a contained garden for those with more severe dementia. All residents were very dependent. Although the majority of older people had some level of dementia, those at a more severe stage were generally separated from others without the condition who would find their behaviour difficult to tolerate, particularly as one stage of the illness could manifest itself in aggression. One dementia resident had very challenging behaviour and required one to one care 24 hours per day which was funded through CHC. Residents were aged 65 years and upwards unless they suffered from dementia at an earlier age. Birdsgrove's eldest resident was approaching his 101st birthday.
- 4.68 The Registered Manager undertook assessments of new residents which could be reviewed after their arrival if found to be incorrect. The CQC no longer enforced guidelines concerning the level of staffing in care homes but required homes to evidence that they have sufficient trained staff to meet residents' assessed and varied needs. Birdsgrove was well staffed including 3 trained nurses on day duty and 2 overnight. Staff worked 12 hour shifts from 8:00 am and from 8:00 pm, and those on night duty had 'stay awake' breaks. Night staff undertook documented hourly checks of residents and weight sensor pads under mattresses were used to alert staff when residents rose from their beds during the night. Very few agency staff were employed as they tended to lack pre-training and offered a lower quality service than regular employees who were pre-trained and received annual mandatory training in respect of moving / handling, diet, orientation etc. Community nurses were not required as the home employed its own nurses. There was no staff sleep over accommodation and all staff returned home at the conclusion of their shift. There were two doctor surgeries each week and the same GP had been attending the home for the last 21 years. Medicines, which were prescribed on a 28 day basis and stored in a locked cupboard, did not follow residents when they were admitted to hospital. Hospitals were notified of medicine needs and doses on admission and the home would track residents' progress whilst in hospital. New medicines would be prescribed for residents by the hospital when they were discharged. Hospitals serving Birdsgrove were the Royal Berkshire, Heatherwood and Frimley Park.
- 4.69 The heating and boiler at Birdsgrove had been recently upgraded and there was a rolling programme of cosmetic refurbishments which included replacing bathrooms with wet rooms to facilitate showering for frail and disabled people. There were proposals to create a separate dining room for people with dementia following some internal alterations.
- 4.70 Facilities at Birdsgrove consisted of a reception area, offices, wide corridors, residents' rooms, sitting areas, dining room, large television lounges for activities, a dementia lounge, toilets, bathrooms with easy access baths, kitchen, laundry and gardens. There was a designated smoking area in the garden and the building was fitted with smoke detectors. Although some rooms had hand basins and others had en-suite shower rooms, they were otherwise identical and were spacious, light and airy with full length double windows.

Residents' rooms were retained for them in the event that they were admitted to hospital and previously self funding residents who became eligible for local authority funding would not be moved to another room. Nursing home registration specified the number of bathrooms to residents ratio. Memory pictures in addition to names were used to identify individuals' rooms. Although a mind dice* linked to individuals had been created it had not been popular with some residents as they found it intrusive.

- 4.71 Each new client received a new electronic riser bed to assist with getting in and out of bed. Ripple or static air beds were used to prevent bed sores and residents who used them were turned every 2-3 hours. 4 hours was the recommended maximum for people to remain in the same position. Married couples could be accommodated together in the home if they wished. Visitors were welcome to attend at any time of day and drinks and food were available for them if required.
- 4.72 The menu was rotated on a three weekly basis. Cooked breakfasts were available if required and there were menu choices for lunch and dinner and a night bite option was also available. 12-13 residents were limited to a puréed diet whilst others ate in the dining room. All food was prepared on the premises and the chef was trained on and aware of residents' intolerances, allergies and religious beliefs which were catered for in the menu. As people with dementia had difficulty in retaining calories and nutrients, their food charts specified their condition and they were fed a special diet high in both.
- 4.73 Activities were available from Monday to Friday and a health group from Heatherwood Hospital advised on diet and assisted residents to exercise. Students of Reading University were due to paint some murals on the walls of the home and some games activities organised by local young people assisted Birdsgrove to maintain links with the community. The majority of residents were from the Bracknell area and appreciated being accommodated close to the town. Trips and outings were also organised, usually via public transport such as One Bus, which could be booked in advance to transport residents, each with a carer. As public transport was costly, improved alternatives were being sought.
- 4.74 Risk assessments were undertaken in respect of wheelchairs, walking sticks and Zimmer frames. Stays were installed on all windows and their use was checked and documented. Hoists were used as staff did not bodily lift residents. All external contractors were Criminal Records Bureau checked.
- 4.75 No concerns regarding Birdsgrove had been raised at a recent Care Governance Group meeting. Following a recent inspection by the CQC, Birdsgrove had been judged as good with one minor area relating to activities identified for improvement, which was a more favourable rating than in the past when 4 major areas for improvement had been identified. An activity action

* Mind Dice is a product to help people with dementia communicate with their carers. Prompts added to a 12 sided dice, enable the person to tap into their remaining memories provoking stories and responses that can be enjoyed by family, carers and friends. Mind Dice is not a cure but is there to help people with dementia retain a sense of personhood.

plan would be prepared and the CQC would return to ensure that it was being implemented satisfactorily.

Modernisation Performance

4.76 The Quarterly Service Reports, performance indicators and the number of Adult Social Care compliments and complaints received show that the modernisation programme has been implemented successfully to date.

5. Conclusions

From its investigations, the Working Group (the Group) has drawn the following conclusions.

- 5.1 Ensuring that older people have the care support they need is an important responsibility for society as a whole. Many older people do not depend on the Council for direct care help, relying instead on their own resources, individualised budgets and the support of families and the many carers who provide vital support.
- 5.2 Where an individual needs, and is entitled to the Council's support, it is important that this is provided efficiently and well. From our own direct observation, we were satisfied that the Council's political and operational leadership are strongly committed to making that happen. Furthermore, we were impressed by the satisfaction with services expressed by the older people we met. We believe this reflects the care and professionalism shown by the staff of the Council and its partner organisations who we met during the course of this review.
- 5.3 Given the need to continually improve all the Council's services for residents, and mindful of the pressure on resources, the Group commends the innovation which has been applied to modernise services for older people. From what we have seen and learnt, we are satisfied that the modernisations are and will deliver improvements, consistent with meeting people's needs efficiently and improving the value for money achieved from the Council's resources. It seems to us that the modernisation project has achieved to date all that it had intended to within its financial target without any financial implications and to the benefit of the community, which had been complimentary of the changes.
- 5.4 Any changes in service provision, however well intentioned and presented, inevitably give rise to some anxiety by people receiving support, and by the staff delivering the services. This is particularly so with residential and other forms of very personal adult social care. We commend the efforts made by the Executive Member, the Director and officers for the sensitive and painstaking way in which the modernisation of older people's services was consulted upon and then delivered, including re-deployment of staff and assisting former staff to form their own venture.
- 5.5 We note that care providers were concerned about not being paid for abortive care visits when they had not been informed that the person in receipt of care was away from home, however, this situation had now been remedied.
- 5.6 It is too early to monitor the success of the electronic monitoring system at this stage, and reports could usefully be presented to the Adult Social Care and Housing Overview and Scrutiny Panel once the contract has been awarded.
- 5.7 The Group understands the underlying need to ensure continuity of services when older people move between local authority areas, but we are concerned that in operating the ADASS agreed policy (whereby their previous authority would pay for their care for a period of 12 weeks whilst an older person's care needs are assessed by the new authority) Bracknell Forest should not be financially disadvantaged, and that the expenditure on services for older people for whom the Council is no longer responsible, is legally permissible.

- 5.8 The Group welcomed the news of developer interest in constructing dementia care homes in the borough. However, we are concerned about a possible financial risk to the Council arising: a home might attract residents from other boroughs the cost of whose care would fall to Bracknell Forest in the event that self-funders spent all their capital funds on care costs and became eligible for local authority funded care.
- 5.9 At the outset of this review, the Group set itself three main questions to address, and the conclusions we have reached on those are as follows:

Have the proposals adequately re-provided services?

We consider that the services being provided are as good, and in some respects better than those provided before the modernisation proposals.

Have the anticipated economies and efficiencies been achieved?

It is too soon to know the final outcome, but we think the Council is on course to achieve the economies and efficiencies it sought from the modernisations.

Is there risk in relying on the independent sector?

There will always be an element of risk in relying on others, and this will be greater if the independent sector feel 'squeezed' by the contractual terms on offer. Nevertheless, from our observations, we think the independent sector is willing and able to deliver the care services required, and on the terms currently available. Furthermore, the independent sector's new development proposals give us some confidence that the sector is keen to meet the increased service needs from the growth in the number of older people.

6. Recommendations

It is recommended to the Executive Member for Adult Services, Health and Housing that:-

- 6.1 Every opportunity is taken to recognise the dedication and compassion of staff in the Council and partner organisations, and the large number of carers, in their provision of much valued care support to older people.
- 6.2 The Executive continues to explore innovative means of improving the efficiency of services to older people, to help meet the anticipated increase in demand whilst managing the further pressures on the Council's resources.
- 6.3 The Executive verifies that the agreement in place through the Association of Directors for Adult Social Services (whereby a person's previous local authority would pay for their care for a period of 12 weeks whilst an older person's care needs are assessed by the new authority) does not result in Bracknell Forest being financially disadvantaged, and that the expenditure on services for older people for whom the Council is no longer responsible, is legally permissible.
- 6.4 The Executive strives to minimise the possible financial risk to the Council arising from the construction of new care homes in the Borough, in the event that self-funders possibly spend all their capital funds on care costs and then become eligible for local authority funded care.

It is recommended to the Adult Social Care and Housing Overview and Scrutiny Panel that:-

- 6.5 The Working Group has completed its work and should be stood down.
- 6.6 The Panel should monitor, either directly or by re-convening the Working Group later in 2013:
 - any feedback from service users on the quality of services which have been changed through the modernisation programme.
 - the implementation of the Long Term Conditions and Sensory Needs Strategy.
 - the performance of the electronic monitoring system for service providers.
 - the delivery of service efficiencies and economies to establish whether targets are being met with no reduction in service.

7. Glossary

ADASS	Association of Directors for Adult Social Services
CCG	Clinical Commissioning Group
CHC	Continuing Health Care
CQC	Care Quality Commission
CRR	Community Response and Reablement
EIA	Equality Impact Assessment
GP	General Practitioner
LINK	Local Involvement Network made up of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services.
NHS	National Health Service
O&S	Overview and Scrutiny
Personal Budget	An allocation from the Council to an individual eligible for social care support based on an assessment of need. The individual can use this allocation in the most appropriate way to meet his / her support needs, either by deciding what services the Council should provide, or, if he / she would like to obtain the services him / herself, by receiving a Direct Payment
PCT	Primary Care Trust
'The Group'	The Working Group of the Adult Social Care and Housing Overview and Scrutiny Panel
WBC	Wokingham Borough Council

BRACKNELL FOREST COUNCIL

ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
11 OCTOBER 2011

WORK PROGRAMME 2011 – 2012

Terms of Reference for:

MODERNISATION OF OLDER PEOPLE'S SERVICES O&S WORKING GROUP**Purpose of this Working Group / Anticipated Value of its Work:**

To monitor the implementation of the modernisation of older people's services programme.
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Key Objectives:

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| <ol style="list-style-type: none"> 1. To gain an understanding of the drivers for, and benefits of, modernising older people's services. 2. To establish that an adequate consultation exercise is undertaken and that the outcomes are taken into account in service planning. 3. To monitor the predicted service efficiencies and economies to establish whether targets are being met with no reduction in service. 4. To ascertain that robust and flexible support which meets the needs of older people now, and in the future when demand may be greater, is being provided. 5. To establish whether the independent sector has the wish and capacity to provide services such as In House Home Support for people with long term conditions. |
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Scope of the Work:

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| <ol style="list-style-type: none"> 1. Reviewing the modernisation of services for older people e.g. long term residential care, intermediate care, response, reablement & falls, sensory needs and dementia care. 2. The service models utilised by other local authorities. 3. Partnership working. 4. Funding streams. 5. Housing for older people. 6. Managerial arrangements including new rosters and use of technology. |
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Not Included in the Scope:

Staffing matters associated with the proposed modernisation of older people's services.

Terms of Reference Prepared by:	Andrea Carr
Terms of Reference Agreed by:	Modernisation of Older People's Services O&S Working Group
Working Group Structure:	Councillors Allen, Brossard and Mrs Temperton
Working Group Lead Member:	Councillor Allen
Portfolio Holder:	Councillor Birch

Departmental Link Officer:

Mira Haynes, Chief Officer: Older People and Long Term Conditions

BACKGROUND

Prior to its meeting on 11 October 2011, the Panel was briefed in respect of a wide range of proposed measures intended to improve support for older people in the Borough, on which the Executive's approval was being sought following consultation with people currently receiving support or staff involved in delivery or in some cases, both. Owing to the significant nature of the proposed measures, the Panel agreed, when invited to note its agreed Work Programme for 2011/12 at its meeting on 11 October 2011, that the Work Programme be expanded to include the establishment of a working group to monitor the implementation of the modernisation of older people's services.

SPECIFIC QUESTIONS FOR THE PANEL TO ADDRESS:

1. Have the proposals adequately re-provided services?
2. Have the anticipated economies and efficiencies been achieved?
3. Is there risk in relying on the independent sector?

INFORMATION GATHERING:

Witnesses to be invited

Name	Organisation / Position	Reason for Inviting
Mira Haynes	BFC, Chief Officer: Older People and Long Term Conditions	To explain the proposed modernisation of the Older People's services programme and provide ongoing departmental liaison.
Naoma Dobson / Sally Palmer / Angela Harris	BFC, Head of Long Term Community Support & Continuing Health Care / Head of Community Response & Reablement / Project Manager	To provide details and updates of the proposed modernisation.
Council Service Provider	Heathlands Residential Home and Day Care Centre Unit Manager	To evaluate the quality of services provided at the Council's remaining care home.
Independent Sector Provider	Registered Manager, Birdsgrove Residential Care Home	To evaluate the quality of services provided for comparative purposes.
Service users		To gain the views of service users in respect of the proposed modernisation of older people's services.

Site Visits

Location	Purpose of Visit
Heathlands Residential Home and Day Care Centre	To explore services and the implementation of modernisation.
Birdsgrove Residential Care Home	To explore services for independent sector comparative purposes.

Key Documents / Background Data / Research

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| <ol style="list-style-type: none">1. The Older Persons' Accommodation Strategy2. National older people's services policy3. Report(s) to the Executive4. Minutes of the Home Care Providers Forum5. Quarterly Service Reports – performance information6. Annual Reports of complaints and compliments etc. |
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TIMESCALE

Starting: December 2011

Ending: Autumn 2012

OUTPUTS TO BE PRODUCED

1. Report of the review with findings and recommendations

REPORTING ARRANGEMENTS

Body	Date
Report to Adult Social Care and Housing Overview and Scrutiny Panel	2012

MONITORING / FEEDBACK ARRANGEMENTS

Body	Details	Date
Reporting to the Adult Social Care and Housing Overview and Scrutiny Panel by the Executive Member	Oral or written report	2012/13

For further information on the work of Overview and Scrutiny in Bracknell Forest, please visit our website on <http://www.bracknell-forest.gov.uk/scrutiny> or contact us at:

Overview and Scrutiny, Chief Executive's Office, Bracknell Forest Council, Easthampstead House, Town Square, Bracknell, Berkshire, RG12 1AQ, or email us at overview.scrutiny@bracknell-forest.gov.uk or telephone the O&S Officer team on 01344 352283

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