

## **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Cabinet      **DATE:** 16<sup>th</sup> July 2012

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**WARD(S):** All

**PORTFOLIO:** Cllr Walsh – Health & Wellbeing.

### **PART I** **KEY DECISION**

#### **Residential and Nursing Care – future commissioning intentions and service provision**

##### **1 Purpose of Report**

1.1 To inform Cabinet of proposals for the future commissioning of residential and nursing care for older people in Slough including implications for current service provision, and to seek Cabinet's approval to undertake consultation on those proposals.

##### **2 Recommendation(s)/Proposed Action**

2.1 Cabinet is requested to resolve:

- (a) That consultation be undertaken with key stakeholders on the strategy for future commissioning of residential care
- (b) That residential and nursing care be commissioned in line with procurement guidelines and legislation following consultation to align with current and projected demand
- (c) That consultation be undertaken with residents of Gurney House their family members and other key stakeholders on the future of that service
- (d) That a market testing exercise be undertaken to explore the possibility of selling Gurney House to an organisation that would also provide a remodelled service on the site
- (e) That following consultation on the future of services currently provided by BUPA at Gurney House, a report be presented to Health Scrutiny Panel in November for comment and to Cabinet in December 2012 for decision

##### **3 Sustainable Community Strategy Priorities –**

Priorities:

- Health and Wellbeing

Implementation of the next phase of the programme of work relating to residential and nursing care for older people will ensure that high quality services are

commissioned which meet the needs of local people and reflect the changing requirements for care and support.

#### 4 **Joint Strategic Needs Assessment (JSNA)**

The JSNA identifies that early-on-set dementia is an issue in Slough. It also recognises that early on-set of a number of long term health conditions is also a concern.

Responding to these needs has been identified as a priority of the Slough Wellbeing Board.

#### 5 **Other Implications**

##### (a) Financial

During 2011/12 a total of just over £7million was spent on residential and nursing care for older people in block and spot contract arrangements. Provision is made within the 2012/13 budget for similar spend.

PPRG savings of £100,000 have been previously agreed relating to Gurney House. This was based on successful resolution of plans to reconfigure and recommission this service. Options to achieve this saving have been explored but have not proved viable.

This report sets out proposals to recommission services in line with changing needs to ensure better value for money.

It also makes proposals for consultation on the future of Gurney House. If these proposals are supported, there will be cost implications which cannot be quantified in detail at this stage. A further report with recommendations for the future including detailed financial analysis and cost implications will be prepared following consultation

##### (b) Risk Management

<b>Risk</b>	<b>Mitigating action</b>	<b>Opportunities</b>
Legal  Possibility of legal challenge to proposals for future provision	Detailed and comprehensive consultation with key stakeholders	Commissioning opportunity to ensure high quality provision that meets changing needs
Property  Quality of property at Gurney House and its suitability to meet future needs	On-going maintenance and repair to ensure safe service provision prior to decision on long term future	Commissioning opportunity to ensure high quality provision that meets changing needs in appropriate environment
Human Rights		

Rights of care home residents to security of accommodation, safe levels of care, and expression of the needs and preferences	Comprehensive consultation and engagement  Identification of suitable alternative service provision if required	Commissioning opportunity to ensure high quality provision that meets changing needs in appropriate environment  Consultation will identify needs and preferences
Health and Safety  Facilities do not provide appropriate environment to meet long-term complex care needs	On-going maintenance and repair to ensure safe service provision prior to decision on long term future	Commissioning opportunity to ensure high quality provision that meets changing needs in appropriate environment
Employment Issues  Possible reverse TUPE implications and redundancies dependent on option supported for future provision at Gurney House	Detailed project planning Consultation with affected staff Support to staff from Council and current employer	None
Equalities Issues  Proposals impact specifically on older and disabled people	Equalities Impact Assessment completed Comprehensive consultation Further EIA to be completed following consultation and prior to decision on future plans	Commissioning opportunity to ensure high quality provision that meets changing needs in appropriate environment
Community Support  None	N/A	Policy is to support more people in their own home where appropriate and promote integration into the community
Communications  The report covers complex and sensitive issues. These need to be communicated clearly to key stakeholders to minimise anxiety and manage media responses	Detailed communications plan developed Regular consultation and information updates with key stakeholders Joint communications with provider agency where appropriate	Engagement of key stakeholders through consultation to identify future options
Community Safety		

None	N/A	N/A
Financial  Costs associated with implementing chosen options for the future. Dependent on option supported these may be 'one-off' additional costs, or on-going pressures	Detailed financial modelling of options for recommendation	Securing better value for money through better alignment of commissioned services with projected need
Timetable for delivery  Timetable is either too short to complete consultation and analysis of responses, or too lengthy in terms of uncertainty before final decision made for future options	Detailed project management Comprehensive consultation programme with timescales Significant period of consultation analysis allowed for On-going support for people affected	Opportunity for stakeholders to influence timescale for implementation of options
Project Capacity  Insufficient capacity and expertise within project group	Project group established Experienced staff from range of disciplines engaged Work programme regularly reviewed	Engagement of staff with previous experience of similar work which has been successfully delivered
Other		

(c) Human Rights Act and Other Legal Implications

Section 21 National Assistance Act 1948 provides that local authorities are required to provide residential accommodation to persons who by reason of age, illness, disability or other circumstances are in need of care and attention which is not otherwise available to them. A local authority is empowered and authorised to make arrangements with private sector and voluntary sector providers to fulfil its obligations to provide residential accommodation (section 26 NAA 1948).

The Council is required to embark upon a process of consultation regarding any service review proposals and take relevant feedback into consideration before reaching any decision regarding re-design / alternative provision. Proper consultation is an essential pre-requisite to a lawful decision to deliver these services in a different manner. Lawful consultation must be at a time when proposals are at a formative stage. The consultation exercise must include a clear statement setting out the relevant context and implications of the options under consideration so that those consulted can give an informed response. The

outcomes of the consultation must conscientiously be taken into account when a decision is made.

Before a decision is made a full equality impact assessment should be completed to ensure that Members have sufficient information to enable it to fully consider the impact of the proposed options on the need to promote equality for persons with the “protected characteristics”. The new Equality Duty covers the following protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

In terms of Human Rights, Article 8: the right to respect for private and family life may be engaged. Following completion of the consultation process the Council will need to ensure that the needs of residents have been fully assessed.

#### (d) Equalities Impact Assessment

An Equality Impact Assessment (EIA) has been completed.

This shows that the proposals in this report would specifically affect people with regard to age and disability issues.

Potential adverse impacts will be mitigated through comprehensive consultation and engagement of all affected stakeholders including care home residents, their families friends and carers. Specific support will be provided to individuals during the consultation process.

A further detailed EIA will be completed following consultation and prior to recommendations for future action.

#### (e) Workforce

There are no workforce implications for Council employees at this stage.

There may be implications in the future dependent on the outcome of consultation on proposals for the future of Gurney House. Reverse TUPE applies to staff in this facility as the service was previously provided by the old Berkshire County Council.

These issues will be fully addressed in future reports if necessary and dependent on consultation outcomes.

## **6 Supporting Information**

### **6.1 Background:**

6.1.2 Over the last four years the Council has implemented an extensive change programme in Adult Social Care to improve outcomes for service users and develop the range services provided to local people.

6.1.3 These initiatives have proven successful in improving outcomes for service users and have achieved the aims of:

- Enabling people to remain within their own home
- Promoting independence

- Integration in the community

- 6.1.4 A key element of this programme has related to the provision of residential and nursing care for older people. The first phase of this work saw the development of new care facilities and the closure of care homes provided directly by the Council. This report sets out proposals for phase 2 of the residential and nursing care programme which will build on achievements to date.
- 6.1.5 In September 2008 Cabinet approved plans for the implementation of a re-provision programme following detailed options appraisals and widespread consultation with stakeholders.
- 6.1.6 These plans were developed in response to changing patterns of need within the local community which showed a decrease in demand for residential care and increases in requirements for nursing care and residential and nursing care for Elderly Mental Health (EMH) needs. The plans also reflected the policy focus on promoting independence through increased support in community settings.
- 6.1.7 Phase 1 involved a number of key initiatives and developments including:
- Provision of new purpose built residential and nursing care services in the 120 bed facility at Oak House of which the Council purchases 90 beds under a contractual agreement
  - Development of Extra Care services at Northampton Place and The Pines providing 126 Self contained flats with on-site care and support
  - Establishment of enhanced intermediate care services and more recently in April 2011 the reablement service

These initiatives have proven successful with:

- a phased programme of closure between 2009 and 2010 of the Longcroft, Newbeech and Wexham residential care homes run by the Council
  - successful transfer of residents to Oak House or Extra Care facilities
  - consistently high occupancy levels in the residential EMH and nursing care beds at Oak House
  - opening of the Extra Care facilities in 2009 which have provided accommodation and support to a number of people who would previously been admitted to residential care. Over 100 people with care needs have benefited from these services.
  - effective rehabilitative support provided through the multi-disciplinary intermediate care and reablement services which has enabled people to remain in their own homes or return home following hospital admission, thus reducing the need for residential or nursing care. Over 1500 people benefitted from these service in 2011/12 with over 98% of service users remaining independent at home 3 months after receiving the service.
- 6.1.8 Enabling people to live independently was re-endorsed as a key priority in the 'Putting Me First' strategy approved by Cabinet in September 2010. The strategy stated that:
- 'We will focus on providing support that enables people to continue to live in their own homes for as long as possible. This will build on achievements in recent years which have seen an increase in the number of people supported to live in their own homes, and consequent reductions in the numbers in residential care.'

6.1.9 Other workstreams to achieve this aspiration include support for more people to remain in their own homes through other service responses such as increased use of telecare and assistive technology. Work has commenced to increase the number of people benefiting from the provision of telecare and this will be further pursued during the coming year.

6.1.10 Cabinet also agreed at its meeting in September 2008 as part of phase 1 of the programme to commence negotiations for the sale of Gurney House residential care home and to reconfigure the services commissioned there to provide more specialist care to meet the needs of elderly people with age related mental health conditions such as dementia.

6.1.11 This report sets out the next phase of the strategy and programme for the provision of residential and nursing care for older people. There are two elements to this phase of the programme:

1. Aligning commissioning of bed based services to match current and future projected needs
2. Agreeing future arrangements concerning services provided at Gurney House

6.1.12 In terms of commissioning, the report provides information on the general trends in placements made in recent years demonstrating the changing local needs. It also describes current commissioning arrangements and the need for adjustments in the commissioning intentions, the opportunities for which arise with the expiry of existing contractual arrangements.

6.1.13 With regard to Gurney House, the report outlines the work undertaken since the Cabinet decision in 2008, options for the future and plans to consult on them.

## 6.2 **Current commissioning arrangements and the case for change:**

6.2.1 The Council currently has a number of block contracting arrangements in place for the provision of residential and nursing care for older people.

6.2.2 One contract is with Care UK for services at Oak House which opened in 2009 as part of the reprovision programme. This contract runs up to 2024. All other block contracts require renewal and retendering.

6.2.3 Details of the block contracts, the type of services commissioned and contract values are given in the table below.

Care Home Commissioned	Services provided	Number of beds commissioned	Annual Contract value
Oak House	Residential EMH Residential Intermediate Care Respite Nursing EMH Nursing	90	£2,586,000
Windmill Care Centre	Nursing EMH nursing Respite	21	£620,000

Burnham House Care Centre	Nursing EMH nursing Respite	14	£370,000
Oxford House	Nursing Respite	21	£600,000
Gurney House	Residential Respite	34	£832,000

- 6.2.4 Residential and nursing care is also purchased on a 'spot' basis from a range of other provider agencies. Such placements are made as a result of service user or family member choice, where insufficient capacity is available in block purchase arrangements or where specialist support is required. As at the end of March 2012 there was a total of 75 spot purchased placements across all care categories.
- 6.2.5 Most placements are made within Slough, though care is also purchased in other areas of the country usually in cases where proximity to family members is the main consideration.
- 6.2.6 The total spend in 2011/12 on residential and nursing care for older people for both spot and block placements was £7,084,000.
- 6.2.7 The commissioning and contractual arrangements currently in place do not match the current and projected needs of local residents. In particular, current block contracts over-provide for the amount of residential care needed both now and in the future. The amount of nursing care commissioned through block contracts is also high. There is a shortage in terms of EMH residential care.
- 6.2.8 There is a need to review and revise the approach to commissioning to ensure that services purchased reflect and align with the current and future predicted needs and that high quality, value for money provision is available locally.
- 6.2.9 It is proposed that for areas where we need to stimulate and develop the market, such as residential EMH care, commissioning will involve a combination of small scale block contracts with other 'call-off' or cost and volume arrangements. This will secure provision that is required while retaining some flexibility in the market. Spot purchases will also be made as required. No further block contractual arrangements are proposed for residential care due to declining demand.
- 6.2.10 A key factor in commissioning for the future will be the quality of service provided and this will be a crucial element in the evaluation of tender submissions. Ensuring high quality, safe services for residents is a critical priority.
- 6.2.11 Any commissioning exercise will be carried out in line with the council's standing orders and legislative requirements. The commissioning proposals will be subject to consultation before tendering.
- 6.2.12 Opportunities for further development of Extra Care provision using existing council housing stock will also be explored. This is a long-term project and will require much more detailed analysis and preparation of fully costed option appraisals before any decisions can be made on this element of the programme.



### 6.3 Changing patterns of need:

6.3.1 As a result of the successful implementation of phase 1 older people reprovion strategy there has been a decline in the number of people requiring general residential care.

6.3.2 The report to Cabinet in September 2008 noted that:  
“Over the last 5 year period admission rates to long stay residential care services has decreased by circa 40%. Current average demand for long term residential care stands at 146 bed placements”.

6.3.3 The report also stated that:  
“Nursing home placement trends indicate that an additional 55 nursing care beds are required, to achieve a demand total of 187 local beds. Though the growth in actual demand has been slightly lower than projected in 2003/4, the growth rate for long-stay nursing has remained at a steady state of a net increase of 6 additional long stay beds each year”.

6.3.4 The table below shows the number of placements in the different categories of care as at April in recent years.

Category of Care	April 08	April 10	March 12
Residential	146	60	40
Residential EMH	11	26	39
Nursing	82	77	76
Nursing EMH	35	45	48

6.3.5 This clearly demonstrates the reduction in demand for residential care and the growth in particular in EMH care. This reflects the growth in the number of older people experiencing conditions such as dementia.

6.3.6 It can also be seen that the number of nursing beds required is below the figure of 187 predicted in 2008.

6.3.7 In summary, during the last four years the general trends are:

- A decline in residential care placements
- Increased placements in residential elderly mental health (EMH) and nursing EMH
- Nursing placements remaining relatively stable

6.3.8 These trends are expected to continue in the coming years.

6.3.9 The table below sets out the projected needs for residential and nursing EMH care for the next five years.

Category of Care	March 2013	March 2014	March 2015	March 2016	March 2017
Residential EMH	43	47	52	57	63
Nursing EMH	53	58	64	70	77

6.3.10 Analysis of projected needs data indicates an increase of approximately 10% in the number of people in Slough with dementia with this being highest in the over 85 age group. This increase is similar to projections for neighbouring Boroughs.

6.3.11 Services commissioned in the future need to reflect the changing pattern of needs

#### 6.4 **Financial Issues:**

6.4.1 As outlined above, analysis of placement trend data locally, and figures from the national POPPI database demonstrate continued reductions in demand for residential care with increases in demand for residential and nursing EMH care. It is projected that over the next five years the number of people requiring residential care will fall to approximately 20.

6.4.2 Projecting demand is a difficult and complicated task and figures cannot be considered to be 'exact', but the overall trends are clear. Recent years have seen an increase of approximately 6 residential EMH placements a year with nursing EMH increasing at a slightly lower rate.

6.4.3 The current average price for nursing EMH care placements locally is £639 per week. Most residential care EMH placements locally currently cost £610 per week

6.4.4 An increase of 12 placements of these types a year would cost £370,000.

6.4.5 This cost is off-set by the reductions in demand for residential care which have seen significant void levels in block contracted beds of this type. For example, most residential care placements cost approximately £460 per week. A total of 16 residential placements would equate to the £370,000 figure.

6.4.6 There are currently significant vacancies in the residential care provision at Gurney House. There have also been a small number of voids in nursing care beds commissioned through block contracts with other providers during the last year.

6.4.7 It can therefore be seen that through realigning commissioned beds to match needs and eliminating block contract void costs the projected increase in placements in EMH services can be met within existing available resources.

## **6.5 Consultation on future commissioning strategy and intentions:**

6.5.1 Before commencing any tendering exercise for the future commissioning of residential and nursing care for older people, it is proposed that consultation be undertaken with key stakeholders.

6.5.2 The consultation will seek comments on the commissioning priorities and possible approaches to commissioning. In particular consultation will seek views on:

- The policy to promote independence and support people to continue to live in their own homes
- The intention to re-align commissioned services with projected needs
- The type of services to be commissioned
- The standards of care to be provided

6.5.3 Consultation will take place in July and August and will engage key stakeholders including:

- Health Service Partners – eg Clinical Commissioning Group
- Locally based providers of residential and nursing care
- Relevant voluntary and independent sector agencies
- Focus group of older people

6.5.4 The outcomes of the consultation will inform future commissioning plans which will ensure the provision of high quality, value for money services which meet local needs now and into the future.

## **6.6 Summary of commissioning strategy issues**

6.6.1 There are opportunities to re-commission services as current block contract arrangements need to be reviewed and renewed.

6.6.2 The pattern of placements in recent years has changed as anticipated in phase 1 of the Older People's Reprovision Strategy. Recent analysis of placement trends and projected needs demonstrate that the requirement for residential care will continue to reduce while the need for residential and nursing EMH care will increase.

6.6.3 There is an opportunity to better align commissioned bed based provision with current and future needs through re-commissioning. Through matching commissioned services to need, void costs will not be incurred so that projected future placement needs and costs can be met within existing resources.

## **6.7 Implications for current services – Gurney House**

6.7.1 Most providers of residential or nursing care in Slough with whom the Council has either block or spot purchase arrangements are not solely reliant on the Local Authority for their business. The only exception is Gurney House.

6.7.2 Gurney House is a 34 bed Residential Care service provided by BUPA who took over the running of the home in 1999 when they bought out Court Cavendish, the previous provider. Prior to this the home was run by the former Berkshire County Council. The building is owned by Slough Borough Council who act as BUPA's landlords with rent of £56,000 per year being paid to the Council.

- 6.7.3 Slough Borough Council has continued to block contract for all the Residential care beds at Gurney House. The last contract and lease expired in 2009, however provision has continued under previous agreements and terms. The contract costs £830,000 per year.
- 6.7.4 Services at Gurney House were considered as part of phase 1 of the re-provision programme of Council and former Council run residential care homes as described above.
- 6.7.5 In September 2008 Cabinet considered an optional appraisal report on the re-provision programme and agreed that negotiations should commence for the sale of Gurney House as a 'going concern' to the current incumbent provider, and that commissioned services provided there should be reconfigured to meet more specialist needs, specifically Elderly Mental Health support.
- 6.7.6 Officers have subsequently worked for over two years while phase 1 of the programme was being embedded to implement this resolution and find a viable solution for the future of Gurney House. This has involved detailed discussions with BUPA as the current service provider to take these proposals forward.
- 6.7.7 Details of the options in respect of Gurney House and possible outcomes are set out below.

## 6.8 **Options for future services at Gurney House:**

### 6.8.1 **Option 1 - Sell property**

Discussions have taken place with BUPA concerning the sale of the property to them.

A significant issue in any prospective sale of the property including a possible sale to BUPA is the condition of the building and its capacity to meet the increasingly complex care needs of older people. Major, costly work would be required to adapt the home to improve facilities to provide different kinds of rooms, wider corridors and doors and specialist equipment that is needed to meet these more complex needs.

The Council's property services have estimated that works of this nature would cost over £500,000 and could be in excess of £800,000. There would also be on-going repairs and maintenance costs of up to £250,000 over 5 years. Even with structural work BUPA do not believe that the property in its current form can be physically adapted to provide an appropriate environment and standard.

It should also be noted that any refurbishment of the property involving such major works would require residents to be relocated from the building during the lengthy period of works.

These property issues and environmental challenges to be addressed would apply to any provider.

In discussions with BUPA as the current provider, it has not been possible to agree mutually acceptable terms for a possible sale taking into account all the factors outlined above. However, section 7 below represents another avenue in relation to the possible sale of the property which it is proposed should be explored.

### **6.8.2 Option 2 - Sell property to another organisation to act as landlord**

The option of selling the property to another organisation who would then become the landlord with BUPA continuing to provide the service has also been explored and discussed with BUPA. This would require BUPA to enter into a new lease of the property and much the same issues apply to this as in option 1 above. In addition, this approach is not consistent with BUPA's preferred business model.

In addition, during 2011 there were particular concerns within the residential and nursing care market sector regarding property ownership and landlord relationships. These matters were highlighted as a result of widely publicised issues relating to the Southern Cross group of homes.

### **6.8.3 Option 3 - Reconfigure services provided to meet more specialist needs**

Discussions have been held with BUPA to explore the option of re-designing the commissioned service to provide more specialist residential Elderly Mental Health care. The first phase of the residential care re-provision programme recognised that the need for residential care is declining while the need for residential EMH services is increasing.

Proposals discussed centred around the Council purchasing approximately 21 units of residential EMH care with additional capacity to be sold either privately or to other funding agencies.

The issues relating to the property and its suitability to meet these higher and more complex care needs were a consideration in these discussions. Substantial capital investment as described above would be required to address these issues.

Following the discussions which have taken place, this option is considered to be unviable.

### **6.8.4 Option 4 - Continue to commission the service in its current form**

This option has been considered by officers.

Recent years have seen a reduction in demand for residential care services and this is projected to continue in future years. This change in needs was a significant factor in phase 1 of the re-provision programme.

Alternative residential capacity is available in the local market. Such services are also included in the contract at Oak House which was developed as part of phase 1 and provides care in settings which fully comply with the physical standards required by the Care Quality Commission.

The residential care services provided at Gurney House will not be required in the future at the same volume and the continuation of a contract for 34 units of residential care cannot be justified.

This option is considered to be unviable.

### **6.8.5 Option 5 - Cease to commission services at Gurney House**

This option was considered initially as part of the 2008 option appraisal in phase 1 of the re-provision programme.

It was recognised at that time that the changing needs of older people were a major factor for consideration. Cabinet resolved at that time that negotiations should commence for the sale of Gurney House as a 'going concern' and that commissioned services provided there should be reconfigured to meet more specialist needs.

As identified in the sections above, the options of sale to BUPA and/or reconfiguration of services have proven to be unviable, as has the continuation of the service in its current form.

Slough Borough Council and BUPA have worked together positively in partnership to provide services at Gurney House. It is recognised and acknowledged that the care provided is of a good standard, and that the home is popular with residents, their families and others in the community.

If services ceased to be commissioned from BUPA at Gurney House, then the service would need to be closed, and alternative care provided for current residents. There are 17 people resident at Gurney House at present.

It is acknowledged that consideration of this option and the implications of it being supported going forwards will be a sensitive issue and will be unsettling for residents, their family members and staff at Gurney House.

Throughout the consultation period residents and family members will be kept informed and supported to manage any concerns they may have. Staff of the home will receive similar support from BUPA and the Council.

### **6.9 Consultation on Gurney House**

6.9.1 Consultation will be undertaken by Council officers and will take place over a 90 day period between July and October with the outcome of the consultation to be reported to the Health Scrutiny Panel in November for comment and consideration and to the Cabinet in December for decision.

6.9.2 Residents of Gurney House, their family members and others closely involved will be consulted on the option to cease commissioning of services at Gurney House, and in particular will be consulted on their preferred options for the future should this option be resolved by Cabinet.

6.9.3 The consultation will, among other issues, seek views on:

- the standards of facilities expected by residents
- the standards of care expected and required by residents
- their preferences in terms of alternative care available within the market
- maintaining friendship groups

6.9.4 During the consultation period comprehensive reviews of residents needs will also be undertaken. Each person will have a social worker allocated to them. Family members will be involved in this process.

- 6.9.5 Consultation will be primarily through focus groups and individual meetings with residents and family members and will take place regularly. Independent advocacy support will be made available throughout this process.

## **7 Other options for further exploration and consultation for Gurney House**

- 7.1 Consideration of options for future services at Gurney House have to date concentrated on negotiations with BUPA as the existing service provider.
- 7.2 One option which has not been fully explored is the possibility of sale of the property to another organisation who could also take on provision of the service, ideally offering residential EMH care.
- 7.3 The issues relating to the property in terms of facilities and requirement for improvement works with substantial capital investment would still apply in these circumstances.
- 7.4 It is, however, proposed that during the consultation period a market testing exercise be undertaken to ascertain whether another agency would be interested in such a proposal.
- 7.5 The outcome of this exercise would be fed into on-going consultation with residents and other stakeholders and will be reported to Health Scrutiny Panel in November and Cabinet in December.

## **8 Comments of Other Committees**

- 8.1 The proposals for the future commissioning of residential and nursing care for older people as set out in this report were considered by Health Scrutiny Panel on 12<sup>th</sup> June 2012.
- 8.2 The Panel supported the recommendations in the report and their presentation to Cabinet.

## **9 Conclusion**

In recent years, a programme of work relating to residential and nursing care provision for older people has been undertaken.

Phase 1 of the programme included:

- Development of a new purpose built residential and nursing care facility provided by an external agency
- Commissioning of care in that facility
- Phased closure of residential home provided directly by the Council
- Development of Extra Care services
- Implementation of enhanced intermediate care and reablement services

These initiatives have proved successful.

Phase 2 of the programme now needs to be taken forward. This will focus on:

- Aligning commissioning of bed based services to match current and future projected needs
- Agreeing future arrangements concerning services provided at Gurney House

Patterns of need amongst older people have changed, as have service responses to meet those needs. There has been a reduction in the number of people requiring residential care and increases in demand for EMH support.

There are opportunities to realign commissioned services to meet these needs.

Recommendations from Cabinet in 2008 concerning services provided at Gurney House have been explored since 2009. Having considered a range of options that have proven unviable, future plans for this service now need to be revisited.

Cabinet is asked to resolve:

- That consultation be undertaken with key stakeholders on the strategy for future commissioning of residential care
- That residential and nursing care be commissioned in line with procurement guidelines and legislation following consultation to align with current and projected demand
- That consultation be undertaken with residents of Gurney House their family members and other key stakeholders on the future of that service
- That a market testing exercise be undertaken to explore the possibility of selling Gurney House to an organisation that would also provide a remodelled service on the site
- That following consultation on the future of services currently provided by BUPA at Gurney House, a report be presented to Health Scrutiny Panel in November for comment and to Cabinet in December 2012 for decision

## 10 **Background Papers**

Older People care home reprovion – option appraisal and consultation – report to Cabinet 24<sup>th</sup> September 2008