



Proposal for the Future of Statutory Residential Care for Older People

Business Case

18/04/13

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1. Background

1.1. Introduction

This document considers the NHSCT's approach to the implementation of proposals outlined by the Minister for Health, Social Services and Public Safety. This followed the consultation process on the regional review of health and social care services 'Transforming Your Care – Vision to Action'.

Proposals in this paper should be read in the context of the Northern Health and Social Care Trust strategy for services for older people 'Strategy for Older People, Living Well, Ageing Better (A Strategy for Services for Older People 2006-2011)' which describes the developments and services improvements achieved in recent years alongside planned developments for providing care that will be appropriate to meet the needs of our older population into the future.

Our plans for developing services for older peoples builds on the principles of 'Transforming Your Care' which aims to develop a greater range and choice of services for older people to promote positive ageing, and provide support to help older people to live independently at home with support in managing a range of complex needs. One of the consequences of 'Transforming Your Care' is a planned change in the current provision of statutory (Trust run) residential care Homes. In this document the Trust sets out the options to achieve the changes outlined in Transforming Your Care. This will support older people to live in their own homes and remain within their own communities.

This document does not take account of statutory residential homes for people with dementia (of which the Trust has one such Home) since those services have been described in an EMI Reprovision paper presented to the Trust Board in January 2013 which is being formally consulted on.

1.2. Context

Our population is both growing in number and growing older. By 2020 we will see a 30% increase in the number of people aged over 75 years. While we are living longer we are living with more chronic conditions, including dementia.

Acknowledging the changing profile of our population and reflecting older peoples expressed wishes, we plan to expand the range of services available to older people with an emphasis on supporting people to live at home, with appropriate support.

During the consultation process that led to the development of the Northern Health and Social Care Trust (NHSCT) Strategy for Older People, Living Well, Ageing Better (A Strategy for Services for Older People 2006-2011) older people expressed the wish to live in their own homes for as long as possible. The services developed to deliver this strategy focused on supporting people to remain at home by increasing the provision of domiciliary care, developing

integrated health and social care teams and developing a range of intermediate care schemes (short term accommodation and intensive home based support and care) to ensure people were not making life-long decisions at a time of crisis.

Over the last 3 years the Northern Health and Social Care Trust (NHSCT) has invested considerable resources in;

- Domiciliary care
- Intermediate care
- Integrated community teams
- Telehealth and Telecare
- Palliative Care

In response to the recognised need to develop a wider range of services to support more people at home, the NHSCT has worked with housing providers to ensure full use of existing accommodation designed for older people. This work continues as evidenced by the proposed supported living schemes in Greenisland and Ballycastle.

One area of particular note is the emphasis on supporting older people, at the point of discharge from acute hospital settings. The aim is to maximise their recovery and opportunity to return to home rather than direct admission to a nursing or residential home on discharge from hospital.

Transforming Your Care, a Review of Health and Social Care in Northern Ireland (December 2011) laid out a series of proposals for the future delivery of Health and Social Care and Transforming Your Care – Vision to Action – A Consultation Document, provided an opportunity for the public to provide feedback on these proposals.

The majority of older people in the NHSCT live in their own homes, with a small proportion accommodated in either residential or nursing home care. At the end of February 2013 there were 295 older people accommodated in independent sector residential homes, and in April 2013 there are 154 in Trust residential homes.

1.3. NHSCT Statutory Residential Homes

There are nine Trust residential homes for older people (excluding those for people with dementia) as follows:

- Clonmore – situated in the Rathcoole estate. Currently provides 18 long-term, 2 respite and 6 step up/step down intermediate care beds. Long-term admissions have been held to facilitate the resettlement of Greenisland residents, as below.

- Greenisland House – situated in Greenisland. Currently provides 15 long-term and 1 respite beds. Although this unit has capacity for 30 people admission has been restricted as part of the plan to re-develop the Greenisland site as a supported living scheme, which is due to start in the later part of 2013/14 financial year. A resettlement team has been formed to ensure residents are relocated in a timely and sensitive manner.
- Joymount – situated in central Carrickfergus. Currently accommodates 18 long-term, 8 respite and 3 step up/step down intermediate care beds. Long-term admissions to Joymount are being restricted to facilitate the resettlement of Greenisland residents. The Joymount site is co-located with Carrickfergus Social Services training team and adjoins the public library. It also provides car-parking spaces for Carrickfergus council.
- Lisgarel – situated in Larne. Currently provides 21 long-term, 5 respite and 6 step up/step down intermediate care beds. Long-term admissions to Lisgarel have been restricted to facilitate the resettlement of Greenisland residents. Lisgarel also provided chalet/bungalow accommodation to 9 people on a tenancy basis, with minimal support from the residential home. It also is adjoined to Gloucester Park Day Centre to which it provides meals.
- Pinewood - situated in Ballymena. Currently accommodates 11 long-term residents, 1 respite and 15 step up/step down intermediate care beds. The building also provides office accommodation on the first floor for Children's services.
- Rathmoyle – situated in Ballycastle. Currently accommodates 19 long-term and 2 respite clients. Like Greenisland plans are in place to re-develop the Rathmoyle site as a supported living scheme. A resettlement team will soon be formed to plan for resettlement of the existing residents. Long-term admissions have been restricted in light of impending re-development.
- Roddens - situated in Ballymoney. Accommodates 17 long-term, 5 respite and 3 step up/step down intermediate care beds. It is anticipated that spare capacity in the Roddens may be required for the resettlement of Rathmoyle residents and as such long-term admissions have been restricted.
- Rosedale – situated in Antrim. Currently accommodates 19 long-term, 3 respite and has capacity for 3 step up/step down intermediate care beds.
- Westlands – situated in Cookstown and adjoining Cookstown Day Centre and Adult Centre. Accommodates 16 long-term, 3 respite and has capacity for 3 step up/step down intermediate care beds.

Bed occupancy in these homes at 09.04.13 was as follows:

Long-term placements	-	154
Respite placements	-	30
Step up/step down	-	37

Bed turnover equates to approximately 30 places per year, including residents who move on to nursing home care. Long-term resident numbers have decreased from 200 in January 2012 to 154 in April 2013. The re-design of the Trusts intermediate care services, which currently use 42 beds in statutory residential homes, will have impact on bed usage, as the Intermediate Care Strategy will result in these beds being provided in alternative locations.

All of these homes have been in existence for over 35 years and despite expenditure on trying to improve the homes most have toileting and bathing facilities which residents have to share. Provision of double bedrooms has all but ceased due to lack of demand for this type of accommodation and registered bed numbers in some homes have therefore reduced as a result.

Over the past years, there has been significant development of new and modern independent sector nursing homes across the Northern area.

Statutory residential home provision has provided a very high standard of care for over 35 years and the staff within these homes have provided excellent care. Unfortunately these statutory homes now provide a poor care environment.

For the future, older people will be supported in their own homes and in home like settings that promote independence such as sheltered or supported housing. Where their needs cannot be met in such settings, nursing home care will be the long-term care setting.

1.4. Demographic Information

The Northern Health and Social Care Trust will see a significant increase in its population size in the next 8 years.

Between 2011 and 2021 the overall population in the Trust area will increase from 468,520 to 489,449 which is a 6% growth. The 65+ population will grow significantly from 71577 to 91777 which represents a 22% overall growth. As we look at the age bands, those over 75 will increase by approximately 30% (31939 – 45023) and those over 85+ by 37% from 8340 to 13185.

This increase in longevity is to be celebrated, however it will also increase demand for Health and Social Care Services. This is particularly the case for those over 85 years which is the range in which we will see the largest growth.

The proposals in the following pages reflect the strategic direction as outlined in TYC. They also reflect the decreasing demand for residential care and the increasing need for services to maintain people in their own homes. 2011 – 2021 figures are taken from NISRA published population statistics for NHSCT area.

2. Options

The outcome of the consultation on 'Transforming Your Care – Vision to Action' has resulted in an affirmation of the proposed future of statutory residential accommodation, namely:

- Reduction of the number of statutory residential homes by at least 50% over the next 3-5 years.

Given this clear direction for the future, the Trust has considered a number to achieve this outcome, taking into account the following key factors:

- Existing residents are disrupted as little as possible
- Residents, relatives, staff and other stakeholders are engaged in planning for implementation of these plans locally
- Adequate service provision is available for older people who still require and choose residential accommodation.
- No further long-term admissions are made to Trust residential homes
- The needs of older people who require residential care in the future are met through use of the independent sector
- The continued development of alternatives for Greenisland House and Rathmoyle
- Cessation of the use of beds in statutory residential care to provide intermediate care.

(Intermediate Care provides a bed based service as a 'step-down' from the acute hospital, particularly for older people who may need an intense period of recovery and reablement after an injury or illness and the Trust plan to provide this service in facilities that are focussed on rehabilitation as this has been evidenced to achieve better outcomes for patients).

2.1. Options Considered

A number of options were considered. They were:

- **Option 1 - Do Nothing** – this was ruled out as there is a clear expectation from Transforming Your Care and the strategic direction of both the Department of Health and Social Services and the Northern Health and Social Care Trust of a reduction of statutory residential homes.
- **Option 2 - Reduction in the number of statutory residential homes by at least 50% over the next 3-5 years dependant solely in a reduction of residents by turnover** – this option was ruled out as it would not deliver on the strategic direction as there is the possibility that all statutory homes could remain open beyond the 3-5 year period with few residents in each home.
- **Option 3 - Planned and phased reduction in the number of statutory residential homes by at least 50% over the next 3-5 years.**
- **Option 4 - Planned and phased reduction in the number of statutory residential homes by at least 50% over the next 3-5 years with all statutory homes closing in the longer term.**

Describing the Options

Option 3

Planned and phased reduction in the number of statutory residential homes by at least 50% over the next 3-5 years

This option assumes the delivery of supported living schemes in the Greenisland and Ballycastle areas, affecting the closure of Greenisland House and Rathmoyle as Trust residential homes.

This option proposes the closure of a further 2 residential homes over the next 3-5 year period, based on the current level of occupancy balanced against locally available alternatives for existing residents.

This option proposes a hold on any further long-term placements in all Trust residential homes.

This option assumes the cessation of intermediate care services in statutory residential homes.

This option assumes the retention of Joymount and The Roddens to facilitate the re-development of Greenisland and Rathmoyle as we envisage that both of these homes will take majority of residents resettled from Greenisland and Rathmoyle.

Advantages

- Is in line with strategic direction to develop alternative forms of accommodation for older people.
- Is in line with strategic direction of Transforming Your Care in terms of reduction in the number of statutory residential homes over 3-5 years
- Opportunity to re-settle groups of residents to alternative settings.
- Would allow a planned staff re-deployment.
- Would allow planning for potential re-use of some facilities.

Constraints

- Resident and relative anxieties heightened in homes identified for closure.
- Fewer alternative placements available in some localities.
- Difficulty in staff retention and continuity of care.
- Limited suitable staff redeployment opportunities.
- Continued uncertainty for future of remaining residential homes due to reducing resident numbers.

Option 4

Planned and phased reduction in the number of statutory residential homes by at least 50% over the next 3-5 years with all statutory homes closing in the longer term

This option assumes the delivery of supported living schemes in the Greenisland and Ballycastle areas, effecting the closure of Greenisland House and Rathmoyle as Trust residential homes.

This option proposes the closure of a further 2 residential homes over the next 3-5 year period based on the current level of occupancy.

This option proposes the trust works in partnership with the independent sector to develop alternatives.

This option proposes a hold on any further long-term placements in all Trust residential homes.

This option assumes the cessation of intermediate care services in statutory residential homes.

This option proposes that all homes will close in the longer term based on resident turnover and the availability of alternatives. It is anticipated that this process will be completed by 2017/18.

This option assumes the initial retention of Joymount and The Roddens to facilitate the re-development of Greenisland and Rathmoyle as we envisage that both of these homes will take majority of residents resettled from Greenisland and Rathmoyle.

Advantages

- Is in line with strategic direction to develop alternative forms of accommodation for older people.
- Is in line with strategic direction of Transforming Your Care in terms of reduction in the number of statutory residential homes over 3-5 years.
- Opportunity to re-settle groups of residents to alternative settings.
- Would avoid expensive maintenance costs over an extended period.
- Would allow planning for potential re-use of all facilities.
- Would ensure an efficient use of resources and planned reinvestment in new services.
- Would provide clarity on the future direction of services for staff and residents
- Would allow a planned and phased staff re-deployment.

Constraints

- Resident and relative anxieties heightened in all homes.
- Fewer alternative placements available in some localities.
- Difficulty in staff retention and continuity of care.
- Limited suitable staff redeployment opportunities.

3. Criteria against which each Option will be measured:

In order to determine which of the options shortlisted should be identified as the proposes option, an number of criteria were considered. These are as follows:

3.1. Criteria Description

3.1.1. Availability of alternative residential home placements

In order to ensure that residents who continue to need residential accommodation, at the time of the closure of a home, are looked after it will be essential that alternative suitable provision is available locally. This is important to ensure residents and relatives have the maximum choice.

3.1.2. Ability to maintain a high quality and vibrant environment for existing residents

In this criterion consideration is given to the residents social and physical environment that will be impacted on by reducing resident numbers and takes into consideration resident safety and stimulation.

3.1.3. Clarity of timescales

In order for residents, relatives and staff to be fully informed of their options it is vitally important to provide indications of timescales for the closure of homes.

As well as affording residents and relatives the opportunity to exercise choice it also allows for planning the re-deployment of staff and potential re-use of Trust premises.

3.1.4. Impact on staff

Each of the options considered may have varying impacts on staff. In order to ensure the highest possible quality of care is provided to residents it will be important for the Trust to ensure that a stable workforce, known to and knowledgeable of residents, is maintained. It is also important that staff have opportunities for redeployment.

3.1.5. Effective use of resources

This is considered to be a relevant criteria as it will aim to make the most effective resources currently used in the operation of our residential homes. As resident numbers reduce, due to there being no more long-term admissions, the cost per bed will rise considerably. It is important that all publicly funded services ensure that value for money is achieved and importantly the Trust must use its available resources to support its aim of supporting more people to live at home.

3.1.6. Strategic fit

This criterion considers compliance with the strategic direction of Transforming Your Care and the Trusts focus on supporting older people to continue living in their own homes.

4. Proposed Option

Option 4 is the proposed option based on the outcome of application of the criteria previously described.

This option is in line with the strategic direction of Transforming Your Care and allows resources to be used to their best effect in supporting people to continue to live at home.

This proposal, based on analysis of occupancy and alternative availability in early April 2013 would have the following impact on individual homes.

4.1. Impact of Proposed Option on Individual Homes

Greenisland House – to ensure the supported living scheme on the Greenisland site is completed, it is expected that the remaining long-term residents will move to another residential home when building work would be imminent. We expect this to happen by the end of November 2013.

Rathmoyle – to ensure the supported living scheme on the Rathmoyle site is developed, the remaining long-term residents will move to another residential home as building work would commence on the site. We expect this to happen by the end of January 2014.

Pinewood – in early April 2013 Pinewood accommodated 11 long-term residents and 15 intermediate care residents. As intermediate care beds will be provided in alternative rehabilitation focussed locations the number of long-term residents would suggest that Pinewood could be closed by the end of November 2013.

Westlands – In early April 2013 Westlands accommodated 16 long-term residents. As intermediate care beds will be provided in alternative locations and as there is availability of alternative residential care placements in the Cookstown locality Westland's could be closed by the end of November 2013.

Rosedale – resident numbers may initially increase to facilitate some resident transfers from Pinewood. Resident turnover without any new long-term admissions and the provision of Intermediate Care beds in alternative locations may allow closure by 2016/17. The availability of alternative placements in the independent sector may bring this date forward.

The Roddens – resident numbers are likely to increase initially to facilitate some resident transfers from Rathmoyle. Resident turnover without any new long-term admissions and the provision of Intermediate Care beds in alternative locations may

allow closure by 2017/18. The availability of alternative placements in the independent sector may bring this date forward.

Lisgarel – resident numbers are likely to increase initially to facilitate some resident transfers from Greenisland. Resident turnover without any new long-term admissions and the provision of Intermediate Care beds in alternative locations may allow closure by 2016/17. The availability of alternative placements in the independent sector may bring this date forward. In addition the Trust will need to pursue alternative accommodation for the tenants in the Lisgarel Chalets.

Joymount – resident numbers are likely to increase initially to facilitate some resident transfers from Greenisland. Resident turnover without any new long-term admissions and the provision of Intermediate Care beds in alternative locations may allow closure by 2017/18. The availability of alternative placements in the independent sector may bring this date forward.

Clonmore – resident numbers are likely to increase initially to facilitate some resident transfers from Greenisland. Resident turnover without any new long-term admissions and the provision of Intermediate Care beds in alternative locations may allow closure by 2015/16. The availability of alternative placements in the independent sector may bring this date forward.

5. Re-Settlement of Current Residents

The Trust acknowledges that any changes to the current provision will be challenging for residents, families and staff. No resident or relative will be expected to find alternative accommodation on their own, Trust staff will assist at all times. No-one will be expected to move from any home unless a suitable alternative placement is available.

In order to alleviate concerns the Trust will continue to communicate with residents and relatives regarding timescales for resettlement.

- Currently we have 154 long-term residents across 9 homes. This number will decrease during the period of consultation.

We are currently providing additional respite, intermediate care, assessment and contingency beds. This will maintain numbers in the short-term during the period of transition.

- Any transfer to a new facility would be planned with the named workers, liaising closely with residents and their families.
- During this time, residents and their families will be facilitated to be supported by an independent advocacy service if desired.
- All residents will have a review of their needs carried out to establish the level of care required.

- Suitable alternatives will be identified for families to see and make a decision as to the home they prefer.
- During the period of the transition a team will be established including the named workers, staff representatives and advocates to plan and move and agree any short-term support that might be required.
- The Trust will undertake to meet any additional reasonable costs. This will be those services that the resident has already purchased for their current home.
- Groups of friends moving to the same facility will be assisted to move together.

This will be a difficult time for residents, families and staff as such the Trust will ensure the move is handled sensitively with the residents' needs paramount. To this end, the manager and staff within the home will provide regular updated information and be available to answer residents and relatives questions.

The following options will be available:

5.1. Transfer to Supported Living Scheme:

This will be considered once the Supported Living Schemes in Greenisland and Rathmoyle are completed. This will be based on the assessed need of the individual and taking into account the admission criteria of the Support Living Unit.

5.2. Transfer to Residential Care in the Independent Sector:

This will be to a setting registered to meet their individual needs. If there is a third party charge in the home, the Trust will pay the additional charge until the resident requires nursing care.

5.3. Transfer to Nursing Care in the Independent Sector:

This will apply to all residents who are assessed as needing nursing care or will do so in the near future. They will transfer to nursing care as is current practice. This will be planned in discussion with the named worker and the family. Any third party charge will be in line with current Trust Policy.

5.4. Service Model for Future Service Users

Domiciliary Care:

In line with TYC and prior to this, the NHSCT Strategy for Older People, progress continues to be made in developing alternatives to Residential Care.

This has, in the main, been focussed on expanding Domiciliary Care services. In 2010/11 the Trust either directly provided or funded 2,302,770 hours and in 2013/14 this will have increased to 2,558,831 hours, an additional 4,900 hours per week.

Assessment Bed: Generally people entered residential and nursing care at a point of crisis. Their options at this time appeared limited. The Trust has developed assessments beds which give older people and their carers the opportunity to reflect on their situation, deal with the crisis and have time to adjust to the change, whilst being supported in a protective environment.

Step-up/down beds: These are focussed on re-ablement to ensure that the older person has the required amount of time to recover and develop the skills needed to return home.

Accommodation for Older People:

It would be the Trust's intention to continue developing close links with supporting people and housing providers. This would be with a view to ensuring that the existing sheltered dwellings and supported living facilities are used to the full. Also that housing support became more widely available.

Telehealth and Telecare:

Telehealth describes a range of technology that allows people to self-monitor a range of health conditions from their own homes.

Telecare describes a range of technology that alerts carers and Trust staff of a deterioration in individuals' ability to care for themselves and enhances the individuals' safety in their own home.

The Trust will continue to expand the Telehealth network. This will focus not only on the equipment provided by the Trust but also equipment that can be purchased to assist with independence. We are currently looking at the potential to develop 3 demonstration sites. This will enhance carers, older people and professionals understanding of what is available and how this can benefit older people.

Voluntary and Community Sector:

Finally the Trust will continue to develop links with the voluntary and community sector. For example in providing Good Morning and Good Evening Schemes and Befriending Schemes which support people to live in their own homes.

6. Communication and Engagement

6.1. Resident and Relative Engagement

- Initial meetings will be held in all residential homes with residents and relatives in order to outline the Trust's proposal. The meetings with residents and relatives will be on a one to one basis.

- During the period of consultation Trust officers will be available to respond to resident and relative queries and will meet with them in all homes to discuss potential alternative accommodation options.
- A report regarding the outcome of the consultation will be forwarded to all residents and relatives to ensure that they are aware of the outcome of Trust consultation and what it means for each home.
- A Frequently Asked Questions document will be produced to address anticipated issues and re-assure residents and their relatives.
- An independent advocate will be arranged to assist relatives and residents during the consultation process and resettlement phase, when this is requested.

6.2. Staff Engagement

- Managers and staff of the residential homes have been made aware of TYC and its likely implications.
- Members of the Primary Care and Older Peoples Directorate Management Team will meet with staff to advise on the detail of the Trusts proposal.
- Managers of each residential home will meet with their staff on a regular basis to update them on progress. In addition, meetings will be held with the Area Managers and Head of Service.
- Managers and staff of each residential home will be involved in the re-settlement of residents.

6.3. Trade Unions

There will be a meeting with the Trade Unions following publication of the outcome of the Ministerial consultation and prior to the launch of the Trust consultation on its proposal.

6.4. Staffing Impact

Under the proposed option, the Trust will cease provision of long-term residential care.

As resident numbers continue to reduce the Trust will review staffing levels in all homes to ensure that value for money is achieved.

The staff affected by the changes will be managed through the Trusts Management of Change Framework, with the emphasis on finding staff alternative employment or, where funding allows and staff have requested, the granting of voluntary redundancy or voluntary early retirement.

7. Application of Best Practice

The process of any home closure will follow best practice guidelines including those referenced in:

- “Achieving Closure – Good Practice in Supporting Older People During Residential Care Closures²”.
- “Residential or Nursing Home Closure³” learning from experience of Trusts and Local Authorities who have implemented such closures.
- Confederation of Scottish Local Authorities (COSLA) “Good Practice Guidance on the Closure of a Care Home⁴”.
- Health Service Circular HSC 1998/048 “Transfer of Frail Older Patients⁵”.

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² Achieving Closure – Good Practice in Supporting Older People During Residential Care Closures 2011 – A joint publication by the Health Services University of Birmingham and SCIE

³ Residential of Nursing Home Closure 2011 - NHSCT