

Appendix A

Background Information on Care Homes for Older People in Central Bedfordshire

Regulatory and historical context

1. The care home market is a mixed economy with homes being provided by 'not for profit' organisations, commercial operations and local authorities. Organisations range from those operating a single home to those who operate nationally (or even internationally) and have homes that in total have thousands of places. Prior to the late 1980's local authorities were significant providers of care homes but since then the trend has been for councils to move out of providing care directly and focusing on commissioning activity so that care was delivered by other providers.
2. Previously the required standards of accommodation and care in care homes were set out in the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards for Care Homes for Older People (published by the Secretary of State for Health under section 23(1) of the Care Standards Act 2000). However, very few homes built prior to the introduction of these standards were compliant and, acknowledging the cost and logistical difficulties that achieving physical compliance would entail, there was no compulsion for existing homes to comply. However the knowledge that all new homes would need to provide a higher standard of accommodation led many homes (and their parent organisations) to embark on investment programmes that would ultimately lead to full compliance.
3. The required standards of accommodation and care in care homes is now set out in the Health and Social Care Act 2008, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. Care homes are inspected and regulated against these standards by the Care Quality Commission (CQC) who can order improvements to be made or even require a home to close. The outcomes of inspections are available as public documents.
4. The Council's predecessor authority, Bedfordshire County Council (BCC), built thirteen care homes for older people during the 1960's and 1970's. The delivery of care within these homes was contracted out to BUPA in 1998. Following the Local Government reorganisation in Bedfordshire in 2009, the ownership of seven of the homes transferred to Central Bedfordshire Council and BUPA continued to provide the care. In 2014 BUPA gave the Council notice that they intended to withdraw from the contract and on 1st August 2014 and from this date the responsibility for the delivery of care in the homes was transferred to the Council.
5. The homes referred to in paragraph 4 are:
 - a. Serving the Chiltern Vale locality:
 - i. Caddington Hall, Markyate, Herts

- ii. Greenacre, Dunstable
 - b. Serving the Ivel Valley locality:
 - i. Abbotsbury, Biggleswade
 - ii. Allison House, Sandy
 - iii. The Birches, Shefford
 - c. Serving the Leighton Buzzard locality:
 - i. Westlands, Leighton Buzzard
 - d. Serving the West Mid Beds locality:
 - i. Ferndale, Flitwick
- 6. Due to the age of the buildings, the homes do not meet the standards set out in the 2001 Regulations the National Minimum Standards or the current standards in respect of room sizes and the provision of en-suite bathrooms. The challenges faced by the Council (and its predecessor) in dealing with the physical standards in its care homes have been acknowledged since the 2001 regulations came into force on 1st April 2002.

Analysis of Care Home Supply and Demand in Central Bedfordshire

- 7. Fundamental to the Council's approach to the challenge faced by the seven homes is their contribution to capacity in the care home market in Central Bedfordshire.
- 8. Estimates of the numbers of care home places required can be calculated using a ratio of places to the population of people over 75 set out in the study "More Choice, Greater Voice".¹
- 9. Central Bedfordshire currently has 1,214 care home places of which the seven homes contribute 249 (21%) places. Of those 1,214 the Council takes up 655 (54%) with people it places and funds, the remainder being taken up by people who place themselves and contract directly with the homes as individuals ('self-funders'), people whose places are funded by NHS and people placed by other local authorities. In addition at any one time the Council is also funding about 196 older people in care homes outside Central Bedfordshire.
- 10. Since 2009 considerable work has been undertaken to assess the capacity within the sector. A full analysis based on current and forecast population levels can be found in the background papers. Alongside the development of extra care housing to provide an attractive and appropriate alternative to entering a care home, the analysis concluded that, whilst there are some differences across Central Bedfordshire, in the period to 2020 it will be

¹ More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people. Published by the Housing Learning and Improvement Network at the Care Services Improvement Partnership at the Department of Health and the Department of Communities and Local Government. February 2008

necessary to maintain the existing care home capacity.

11. The variation across Central Bedfordshire arises as the Chiltern Vale and Leighton Buzzard localities have or are developing sufficient capacity to meet current and forecast demand, whilst the West Mid Beds and Ivel Valley localities have less capacity than forecast demand.
12. Whilst forecasting is important it is essential to acknowledge that it is only part of the overall picture because there is considerable movement across administrative boundaries that can affect both demand and supply. For example, people outside of the area may choose to live or be placed within the Central Bedfordshire area and *vice versa*.
13. In addition to forecasting demand, the Council monitors the development of new capacity and any changes to existing capacity in the sector. After a long period where no new care home capacity was being developed there are currently three new homes under construction, four homes with planning consent and consent being sought for a further three homes.
14. This change to the market conditions presents the Council with an opportunity to plan and deliver the improvements to living conditions for the current and future residents of the seven homes.
15. Alongside the responsibility the Council has for its own care homes, the Care Act 2014 sets out duties and responsibilities to manage the care market in the local authority's area. This requires the Council to work with providers of all types of care services to ensure there is an adequate supply and that this is of an acceptable quality.
16. In its role as commissioner of care services in 2012 the Council implemented a framework agreement with providers of care homes which set fee rates and incentivised homes to improve the quality of care and develop the facilities to meet the needs of people with dementia. This agreement includes the regular appraisal of the quality of care in each home and categorises this into bands of 'Excellent', 'Good', 'Adequate' and 'Poor', it also includes Dementia Care Accreditation.

The Council's Approach

17. In response to drivers and analysis set out above, the approach being taken for the period to the end of 2020 can be summarised as:
 - a. The continued development and enhancement of home care and reablement services.
 - b. The development of further independent living schemes for older people.

- c. Maintenance of the overall existing number of care home places in care homes.
 - d. Within the maintenance of overall capacity seek to transfer the provision of places from the Council's seven homes to alternative homes that meet modern standards.
- 18. As new care home development in England and Wales is currently being delivered almost exclusively by the independent sector, the logical approach is that the provision of additional and replacement capacity will be lead by the market. Only in the situation where the market was failing to provide a solution would the Council need to intervene, and in such cases the degree of intervention would be at the minimum level necessary to secure a solution.
- 19. Taken together these responses seek to address the challenges of an ageing population whilst improving the quality and range of services available to older people resulting in better health and an improved quality of life.
- 20. However, it is acknowledged that changes in the provision of the service provided by a care home which may result in the closure of a care home will undoubtedly be unsettling for those involved and it will be important to ensure that the needs of those affected the most are taken into account and remain at the forefront of the decision making and any subsequent change process.
- 21. To this end it is proposed that an offer of an improved residential care is provided to affected residents based on the following principles:
 - a. **Choice:** residents will be able to choose a placement in an alternative home provided that this is within a reasonable distance from their current home. We would also respect the wishes of residents who may wish to move as a group. Should a resident prefer to move to a different area to be close to a relative or to move as a group with their existing friends, the Council would try to accommodate this if at all possible.
 - b. **Quality:** new and alternative placements would only be offered in homes offers an improved experience for each individual, in terms of the physical and environmental standards, and which can also meet their care needs.
 - c. **Value:** new and alternative placements will be at rates which are affordable for both the resident and the Council.
 - d. **Minimal disruption:** the change to accommodation arrangement for residents would only require a single move in order to ease the process of change.

Other Options Available

22. In coming to its preferred approach consideration has been given to the options set out below:
 - a. Do nothing.
 - b. A programme of refurbishment and/or remodelling of the existing homes.
 - c. A programme of rebuilding of homes on existing sites.
 - d. Provide the places in replacement care homes, the development and/or running of which is undertaken directly by Central Bedfordshire Council (as opposed to other organisations).
23. There are a number of reasons why the 'do nothing' option is not recommended at this time:
 - a. The continued provision of care in homes that do not meet modern standards would mean that older people who currently use our homes and those who use them in the future would have a poorer quality of life than otherwise.
 - b. The existing buildings would need significant investment to extend their useful lives by more than a few years.
 - c. In the Council's role of managing the market it may be problematic for the Council to seek to improve standards elsewhere in the market if it had taken the decision not to improve its own services.
 - d. It would represent a missed opportunity when new care homes are being built and there is capacity within the market to provide alternative placements to residents in the seven homes. When this opportunity arises it will not remain indefinitely.
24. The Council has explored options for adaptation to meet the current standards and concluded that in none of the homes would this be a preferred solution as:
 - a. Refurbishment or remodelling to meet the current standards would result in a reduction in capacity of the homes which would mean that it would not be a complete solution and would also impact on the economic viability of the homes.
 - b. Refurbishment and remodelling could prove just as disruptive to residents as reprovion.

25. The Council has explored the option of rebuilding homes on the existing sites concluded that in none of the homes would this be a preferred solution as:
- a. Some of the sites are not large enough to accommodate a home to modern standards.
 - b. Rebuilding on site would in most cases require the closure of a home and the transfer of residents to allow for demolition and rebuilding.
 - c. One or two homes may have enough space on the site for a building to be contracted whilst residents remained 'in situ' but the noise and mess caused by construction would be disruptive and the outcome may be a building that is not well located within its site.
26. An alternative to being 'market-lead' is the Council itself funding and delivering the reprovion, albeit on different sites to the current homes. This option is not favoured at this stage as the independent market appears to be in the position to deliver new care homes without direct intervention or subsidy by the Council.
27. Whilst these options are not considered to be preferred as an approach to the homes as a whole, at the point where the reprovion of a specific home is being consulted on, these and any other appropriate options will need to be further reviewed and analysed as part of the consultation process.