

<b>16 November 2017</b>		<b>ITEM: 10</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b>Developing a new model of residential care for older people in Thurrock, fit for the 21<sup>st</sup> Century</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Key	
<b>Report of:</b> Councillor Susan Little, Portfolio Holder for Children's and Adult's Social Care; Councillor James Halden, Portfolio Holder for Education and Health		
<b>Accountable Head of Service:</b> Les Billingham, Assistant Director, Adult Social Care & Community Development		
<b>Accountable Director:</b> Roger Harris, Corporate Director, Adults, Housing and Health		
<b>This report is public</b>		

## **Executive Summary**

This report highlights the current and projected future demand for residential care in the Borough, and the impact this is having on older adults locally who require permanent residential care, or who may undergo longer waits in hospital because of the lack of availability of interim residential care.

The report proposes that detailed consideration be given to the development of a new residential facility in South Ockendon, with accommodation and services fit for the 21<sup>st</sup> Century. This could not only make a significant contribution to meeting demand but also set new standards in terms of facilities and services. A range of issues related to design, financing and delivery are outlined, and a further report following fuller analysis of those issues, together with a detailed proposal for development, is planned for 2018.

### **1. Recommendation(s)**

- 1.1 That Committee notes and supports the strategy for the development of a new residential facility, fit for the 21<sup>st</sup> Century, on the Whiteacre and Dilkes Wood sites, in conjunction with Health partners;**
- 1.2 That Committee notes that the decision on the funding proposal, together with any associated decision on the procurement for the new facility, will be referred to Cabinet in 2018.**

## 2. Introduction and Background

- 2.1 The Care Quality Commission in its latest report on The State of Care<sup>1</sup> confirms England has an ageing population: its people are living longer, and the total number of years they can expect to live in poorer health continues to rise. Within acute hospitals, bed occupancy has remained above the recommended maximum of 85% since at least the start of 2012/13; from January to March 2017, it was the highest ever recorded at an average of 91.4%. Ambulance calls have increased by 20% from 2011/12 to 2016/17.
- 2.2 Delivering adult social care has also become more challenging as more and more people need care. There is evidence of growing unmet care need – estimates show that 1.2 million people are not receiving the help they need, an increase of 18% on last year. Moreover, the number of people aged 85 or over in England is set to more than double over the next two decades.
- 2.3 While the need for adult social care continues to rise, nationally there were almost 4,000 fewer beds in care homes in March 2017 than there were in March 2015 – a reduction of around 2%, with a decrease of up to 10% seen across Essex as a whole.
- 2.4 The paper attached as Appendix A - Likely contributors towards future Social Care Need, shows the projected growth in the numbers of older people accessing social care services. One projection of demand growth for residential care presented shows a need for a further 410 beds in Thurrock by 2035:

<b>Care Places Needed in Thurrock</b>	<b>2017</b>	<b>2035</b>	<b>Additional Number Needed</b>	<b>% increase</b>
Medium need	107	208	101	<b>94.81%</b>
High need	344	652	309	<b>89.81%</b>
<b>TOTAL</b>	<b>451</b>	<b>860</b>	<b>410</b>	<b>90.99%</b>

- 2.5 There is already an excess demand for residential care in Thurrock which cannot be met by the current private and voluntary market. This is evidenced by the record of available beds in homes in the Borough for the 18 month period April 2016 to September 2017 which shows 6 weeks when no beds were vacant, as well as extensive periods when only beds in shared rooms were available. Moreover, there is a benefit in the Council managing residential care beds available so that it can offer:
- a) Interim stays for people who cannot live in their home at present but have no long term need for residential care;

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<sup>1</sup> The State of Health Care and Adult Social Care in England 2016/17, Care Quality Commission, October 2017

- b) Short stays for those who require re-ablement services in a residential setting;
  - c) Short stays to allow assessments (including Continuing Healthcare<sup>2</sup> - CHC assessments) to be undertaken outside an acute setting when they cannot be undertaken in the patient/service user's home.
- 2.6 This report concerns the proposal to develop a new 21<sup>st</sup> Century residential facility for up to 75 older users of adult social care and health care services on the Whiteacre and Dilkes Wood sites in South Ockendon (please refer to the plan at Appendix B for details of the site). The facility could provide a wing of 30 ensuite bedrooms for Interim Care and 45 small self-contained flats (around 35 square metres and comprising a bedroom with ensuite bathroom, and a living room with a kitchenette) for those needing permanent residential and nursing care services. Communal lounges, a restaurant, full catering kitchen, specialist bathrooms, treatment rooms, residents' gardens and reception, and staff facilities including offices, and meeting rooms would also be provided. The new facility would deliver the new models of care that cannot be provided at the Council's care home Collins House, which although highly regarded cannot meet the care needs of many potential residents with the result that they may have to stay in hospital for longer periods than they need.
- 2.7 The Whiteacre and Dilkes Wood sites are of a sufficient size to also allow the development of additional housing for rent or for sale. It is proposed that a number of care-ready retirement flats could be linked to the development, so allowing those residents to also use the care facilities if it would be beneficial for them to do so, and possibly providing greater economies of scale in the provision of care.
- 2.8 The estimated development cost of the residential facility (not including any retirement flats that may be added to the site) is around £7million excluding fees and VAT. A range of funding options are currently being explored for the new facility including possible grants from the Homes and Communities Agency for the self-contained flats, and prudential borrowing for the interim care bedrooms, to be serviced from savings to other parts of the local health and care system.
- 2.9 The potential redevelopment of the adjacent health centre is also currently being explored with NHS Thurrock Clinical Commissioning Group, and NHS Property Services. Consideration is being given to the development of additional primary care. This may further enhance the offer of health care services to local older people, and those with long term conditions, as well as better serving the expected population growth in South Ockendon. The location of other community facilities on the health centre site, including a nursery, may also be considered.

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<sup>2</sup> This is a care package funded by the NHS which is designed to help those whose primary need relates to their health.

### **3. Issues, Options and Analysis of Options**

3.1 The need for additional, better equipped residential beds for older adults.

3.1.1 There are currently 14 care homes for older adults in Thurrock providing 611 beds, of which 128 offer nursing care. This includes the recent addition of 18 beds at the Hollywood Rest Home in Grays.

3.1.2 The Council has one purpose built residential home, Collins House, in Springhouse Road, Corringham, Stanford-le-Hope SS17 7LE designed to the standards for residential care current in the 1970s and 1980s. It is registered to provide personal care and accommodation in single rooms for a maximum of 45 older people, some of whom may be living with dementia related needs. 5 of the 45 bedrooms are currently used to provide residential re-ablement for up to 42 days (referred to as re-ablement beds). Additionally, 12 of the 45 bedrooms are for used for short term residential care (referred to as interim beds).

3.1.3 Collins House is well regarded by residents and their families, and the Care Quality Commission gave the home an overall rating of Good in its latest inspection report dated 5 April 2016. However, it does have some limitations: the bedrooms are small and none have ensuite bathrooms. Moreover, the building places limitations on the care that can be provided: it is not possible to place in Collins House some older adults who cannot weight-bear because the size of some of the rooms prohibits the use of hoists to allow such residents to transfer from bed to chair or bath or WC.

3.1.4 The possibility of improving the facilities at Collins house has been reviewed. A Feasibility Report prepared in February 2017 by architects Pollard Thomas Edwards, in conjunction with cost consultants Calford Seaden, demonstrated that site constraints would result in any up-grade of the facilities at Collins House causing severe disruption for existing residents, bringing with it significant health issues for older people living on a building site. The development of ensuite bathrooms would also result in the loss of 6 units of accommodation and so presents poor value for money. Without decanting, demolition and rebuilding there could be little real improvement in the facilities at Collins House, and this is not felt to be an acceptable option for the frail, elderly residents who have chosen to move to the home.

3.1.5 A new residential care facility on the Whiteacre/Dilkes Wood site would not only address the limitations of the care that can be provided in Collins House but also offer additional beds to help manage the growing demand for residential care. (It should be noted that while a valuable addition to the panoply of provision for vulnerable older adults, the dedicated interim and re-ablement beds at Collins House have reduced the availability of permanent residential accommodation by 17 beds).

3.1.6 The facility at Whiteacre/Dilkes Wood would also improve the availability of out of hospital care (the urgent need for which is shown most recently by the

significant increase in delayed transfers of care), and take further the aim to provide these services within the Borough, in line with the Health and Well-Being Board's strategy "For Thurrock In Thurrock". It could allow flexing the provision for residential re-ablement, discharge to assess beds, and interim beds (where a service user does not require permanent residential care but cannot at that time return to their own home) to take account of changing patterns of need, and the numbers in need.

### 3.2 The case for investment and the future vision for Collins House

3.2.1 This is an investment proposal for a new residential facility in South Ockendon. Collins House will remain an important resource for Thurrock and it will be retained as a care home for use by older adults for a period of at least 5 years. The new facility proposed for South Ockendon will provide the opportunity to understand more fully how the facilities and services at Collins House could be improved, building on its existing strengths.

3.2.2 The design of Collins House reflects a time when energy efficiency was less of a consideration; there is little insulation in the walls and roof although double glazing has been added since the scheme was first built. The building components are now reaching the end of their technical life expectancy and the need for major refurbishment can be anticipated; for example the Council has recently been strongly advised to upgrade the current heating system at a potential cost in excess of £250,000. Generally running costs including heating costs are much higher than a modern facility, and both plant and fabric will require renewal in coming years.

3.2.3 A facility that is capable of meeting the current need for care, (including dementia and nursing care) will provide sizable savings to the health and care economy by reducing the number of beds required for care in acute settings. It has become clear that there is now very little spare capacity in the local care home market, and at times there has been an acute shortage of beds. As noted above the record of the available residential care beds in Thurrock since April 2016 shows an average of 2 available beds per day: this will include some beds in shared rooms and this means at times no beds may be available for those who are unwilling or unable to share a room. The record shows that in some weeks there are no vacant beds available.

3.2.4 Thurrock performs well in enabling residents to return home from hospital, especially when compared to other areas in the East of England and nationally. However,, there has recently been a significant increase in the number of delayed transfers of care (DTOC) of Thurrock residents from BTUH<sup>3</sup> and the Council and Health partners have recently committed to working more closely together to reduce the number below the current average of 300 days per calendar month. In July 2017 there were 378 delayed transfers of care (delayed days), which is an increase of 99

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<sup>3</sup> The figure does not include DTOC from community health providers (NELFT and EPUT) or other hospitals outside Thurrock used by Thurrock residents

compared to the previous month (279). The cost of providing intermediate care in acute settings is reckoned to be £105,000 per bed per year. The cost of delayed transfers of care is expected to be similar. The new facility would provide a high quality, cost effective solution to delayed transfers in the medium to long term, and in so doing provide a better and more local service for Thurrock residents. It will also help address the fact that longer stays often lead to poorer health outcomes and an increased dependence on social care services.

- 3.2.5 At the same time the current market for social care for older adults, including residential care, is fragile and the Council needs to retain the capability and some capacity to deliver residential care in case it needs to step in following provider failure. Investing in care services and facilities in the community will enable more, older adults who are unwell to remain out of hospital where there is no clinical justification for a stay in an acute facility, and where they are unable to stay in their own home.
- 3.2.6 The national objective of providing integrated care, and local initiatives such as the Thurrock Better Care Fund, will enable the Council with Health partners to better direct their use of resources to commission services to maintain health and well-being and reduce admissions to acute care. The development of residential care services which meet the needs of those requiring re-ablement, assessment and interim stays will allow the Council with the CCG to demonstrate the viability of this service model for independent sector providers, so allowing them to diversify their residential offer. The proposed investment in residential care also meets the Five Year Forward View objective of enabling a shift in investment from acute to primary and community services. Finally, consultations, including 'For Thurrock in Thurrock' show strong public support for providing more health and care services in the community and in Thurrock.
- 3.3 Exploring the range of design, financing and development options.
- 3.3.1 The availability of the Whiteacre / Dilkes Wood site presents opportunities to:
- develop innovative, aspirational and care-ready homes to meet the needs of an ageing population in line with the principles of the HAPPI report <sup>4</sup>;
  - empower service users through asset based approaches to residential care that can enhance both the quality and longevity of life through focusing on the resources that promote the self-esteem and coping abilities of individuals and communities;
  - provide technology enabled care such as telehealth, telecare, telemedicine, telecoaching and self-care apps that have the potential to transform the way people engage in and control their own healthcare, empowering them to manage it in a way that is right for them;

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<sup>4</sup> Housing our Ageing Population: Panel for Innovation DCLG 2009  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/378171/happi\\_final\\_report\\_-\\_031209.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/378171/happi_final_report_-_031209.pdf)

- develop a range of other facilities which may complement and enhance the care on offer, including the development of a neighbourhood of retirement flats and, to create more of an intergenerational community, a nursery or similar facilities;
- see the development of enhanced primary care and (subject to further dialogue with Health partners) possibly a range of out of hospital clinical services;
- explore a range of capital and revenue, public and private financing options to secure new investment in Thurrock, and to maximise value for money.

These opportunities are explored in more detail below.

### 3.4 Issues to determine 1 – Design and realising development potential.

3.4.1 The current offer for older people who need intensive personal care or nursing care is usually a room in a residential care home. In recent years “extra care” housing has been developed, and while the term encompasses a range of forms and care offers, it generally refers to self-contained accommodation with personal (and sometimes nursing) care provided by an on-site team. In many cases older people find that their changing needs results in them no longer being able to manage in extra care housing, and they can then be obliged to move into a room in a care home.

3.4.2 Recent innovation in housing design standards (including the HAPPI Report referred to above), together with the development of technology enabled care, means that we can now offer a far greater range of assistance (including clinical interventions) in a self-contained domestic setting. This brings with it the potential to enable more, older people to remain in their own (specially designed) home to the end of their life if they wish to do so. It also means that older people may not have to give up their home, give up all their possessions except for those that can be accommodated in a single room, and give up the friendships and familiar support networks that have played a part in keeping them independent, at a most vulnerable time in their lives.

3.4.3 The location and scale of the Whiteacre and Dilkes Wood site will allow the development of a range of homes for older people needing care: from small easy to maintain flats designed for frail elderly people, to retirement living for those who wish to downsize to a care ready environment, including potentially a mix of one and two bedroom dwellings for rent or sale. This is an opportunity both to address the growing demand for residential care, and to invest in innovation in care, and so to set new higher standards for residential provision in the Borough.

### 3.5 Issues to determine 2 – Financing.

3.5.1 The potential to develop the new care facility on the lines described above brings with it new financing options for the facility which include:

- Developing more and better alternatives to care in an acute hospital for older people who are “Doctor fit” but who may need time for

convalescence or for other reasons cannot return to their home. In conjunction with Health partners, there is potential to use funding from other parts of the health system to resource the development. This may include revenue contributions as is currently the case with the interim beds at Collins House or even potentially, capital. With suitable agreements in place the revenue contributions could be used to service prudential borrowing being undertaken by the Council for the purpose of developing the facility.

- Securing grant from the Homes and Communities Agency - this was the case with Elizabeth Gardens where a capital investment of £70,000 was secured for each of the 65 extra care flats, and for Bruyns Court where £50,000 per unit was committed for the development of HAPPI housing (in which fewer facilities for the delivery of care are required) . This funding would be available if the accommodation offered is self-contained rather than a bedroom in a care home where all other facilities are shared. Rental income from the flats, or the proceeds of sales if units for shared ownership were developed, would also be available to offset development, maintenance and management costs.

### 3.6 Issues to determine 3 – Site assembly and the potential for a joint venture with Health partners.

3.6.1 The South Ockendon Health Centre on Darent Lane is currently occupied by a single handed GP Practice and is also used as a branch surgery by an Aveley Practice. The building dates from the 1960s and is a very low density use from the land it occupies. Health partners have confirmed they see benefits in redeveloping the site to create a health centre which could potentially bring together other surgeries from the local area, and to equip it with a fuller range of primary care facilities. This aligns with the Council's priority of improving the quality and capacity of primary care across the Borough, and will be a key part of implementing the GP Standards Plan.

3.6.2 The Health Centre site is also large enough to accommodate a range of non-clinical community services which could address the wider determinants of health in the local area. There is therefore the added potential, as part of a joint venture with the Council, of developing a health and well-being facility for the Whiteacre / Dilkes Wood facility and for the wider community. The possibility of redevelopment needs to be explored because it could play a key role in meeting the health and well-being needs of the growing population planned for South Ockendon, including the adjacent Culver Centre site and the proposed urban extensions.

3.6.3 Any redevelopment of the South Ockendon Health Centre site could also be mutually beneficial to the Health partners and the Council in relation to the Whiteacre / Dilkes Wood site. At this stage it is not possible to state with any certainty the value of those benefits or indeed to be certain about their deliverability. However, a detailed examination of the potential to re-provision the South Ockendon Health Centre, potentially phasing it so as to align with the redevelopment of the Whiteacre / Dilkes Wood site, is clearly warranted.

### 3.7 Issues to determine 4 – Delivery.

3.7.1 The first question is whether to Make or Buy– will the Council be the developer or will it procure a development partner. The Council has a number of procurement options in considering how best to develop the Whiteacre / Dilkes Wood site. These include:

- With its track record of successfully delivering Bruyns Court in South Ockendon (soon to be followed by a larger HAPPI housing scheme of 36 flats with potentially some commercial elements in Calcutta Road Tilbury) the Council itself has the capacity to develop the residential elements of the proposed scheme. As a development partner of the Homes and Communities Agency it also has potential access to the capital grant funding needed for the development of housing for affordable rent and for shared ownership for older people. This development option would allow the Council to retain both the ownership and the management of the scheme.
- The Council also has a track record in the successful delivery of extra care housing in partnership with specialist housing associations such as Hanover, which led to the development of the Elizabeth Gardens. This development option would allow the Council to hand over development and management of the site while retaining the option to deliver the care itself, or through a contracted third party care provider. In the case that a disposal of an interest in the site was agreed (depending on affordability) a capital receipt may be payable to the Council.

3.7.2 The Phasing of the Proposed Development also requires consideration:

- The Whiteacre / Dilkes Wood site is large, with the potential to deliver over 100 homes. Consideration will therefore need to be given as to whether to initially develop the whole site at once, or to phase the development. This could involve the initial development of the residential facility (including the interim beds), and subsequently developing out the remainder of the site in line with strategic priorities and market conditions.
- The issue of phasing is even more crucial if the South Ockendon Health Centre is to be included in the development. In this case, in addition to the need to negotiate and agree terms for the joint development there is the issue of aligning investment cycles potentially involving, the Council, Health partners and the Homes and Communities Agency.
- The issues to be considered in addressing phased development include contract packaging, and technical building options (including getting the most from Modern Methods of Construction such as Modular Build and Cross Laminated Timber technologies), as well as how best to take the resulting units to market (for rent and/or sale). In the case of the Health Centre centre and any community uses, there are obviously a range of other logistical issues related to continuity of health service provision which would need to be dealt with. Contingency plans would also be needed to manage any delay in any element of the scheme so as not to place at risk the deliverability and viability of the scheme as a whole.

#### 4. Reasons for Recommendation

- 4.1 The recommendations are intended to allow the Council to explore fully how best to respond to the projected growth in residential care, including interim care. This will involve detailed examination of the potential use of the Whiteacre and Dilkes Wood sites for a residential facility, as well as discussions with Health Partners about South Ockendon Health Centre.
- 4.2 Following a detailed evaluation of the various issues outlined in the report, a further report seeking approval for the various commitments that would need to be made to realise the development of the proposed 21<sup>st</sup> Century residential facility will be presented to Cabinet.

#### 5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 This proposal has been developed to address issues that were the subject of a number of recent consultations, particularly Designing a Health and Social Care system for the 21st Century, 3 April 2017 to 25 June 2017 and, in conjunction with NHS Thurrock Clinical Commissioning Group, For Thurrock in Thurrock in Spring 2016.
- 5.2 The proposal to develop the Whiteacre / Dilkes Wood sites will be subject to the usual requirements of the Planning Application process.

#### 6. Impact on corporate policies, priorities, performance and community impact

- 6.1 The following Table is taken from Form G: **BID FOR INCLUSION IN 2018-2019 CAPITAL PROGRAMME D FOR INCLUSION IN 2018-2019 CAPITAL PROGRAMME.**

<b>POLICY LED BUDGETING SCORING FOR EACH PROPOSAL (Marks out of 25 for each section)</b>							
Health, Safety & Condition	Create a great place for learning and opportunity	Encourage & promote job creation & economic prosperity	Build pride, responsibility and respect to create safer communities	Improve health and well-being	Protect and promote our clean and green environment	Revenue Cost / (Savings)	Equality Impact Assessment
A	B	C	D	E	F	G	H
10	15	15	15	25	15	25	25
	Health & Safety (Y/N)	Statutory (Y/N)	Discretionary (Y/N)				
	Y	Y	N				

***The method of scoring is shown below:***

<b>Health, Safety &amp; Condition (Column A)</b>	
Very Low - possible future hazard	5
Low - work required but could be delayed for 1 year	10
Medium - risk of minor injury / may have some impact on service	15
High - likely to cause significant injury / impact on service	20
Very High - likely serious injury, threat to life / disruption of service	25

  

<b>Organisational Priorities (Columns B – F)</b>	
Very low contribution towards the community plan priority	5
Low contribution towards the community plan priority	10
Medium contribution towards the community plan priority	15
High contribution towards the community plan priority	20
Very High contribution towards the community plan priority	25

  

<b>Revenue Costs (Column G)</b>	
High cost (above £10,000)	5
Low cost (below 10,000)	10
No Cost	15
Low savings/Income (Under £10,000)	20
High savings/Income (Over £10,000)	25

  

<b>Equality Impact Assessment (Column H)</b>	
High Adverse Impact	5
Medium Adverse Impact	10
Low Adverse Impact	15
No Adverse Impact	20
Positive Impact	25

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Jo Freeman**  
**Management Accountant – Social Care & Commissioning**

At this stage in the development of these proposals there are no specific financial implications. The financial case to develop residential accommodation and potentially other facilities in conjunction with Health partners, on the Whiteacre and Dilkes Wood sites in South Ockendon will be presented in a subsequent report.

### **7.2 Legal**

Implications verified by: **Sarah Okafor**  
**Barrister, Thurrock Adult Social Care**

At this stage in the development of these proposals, I have read the report in full, and the HAPPI report referenced. There appear to be no specific health and adults social care related legal implications arising. The full range of legal issues, related to the development of residential accommodation and care services, and potentially other facilities in conjunction with Health partners, on the Whiteacre and Dilkes Wood sites in South Ockendon will be presented in a subsequent report.

### 7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**  
**Community Development and Equalities  
Manager**

The aim of this proposal is to improve access to, and the quality of, residential care in the Borough. In due course an equality impact assessment that will support the development of the facilities and the service will need to be produced.

### 7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

These have been addressed elsewhere in this report.

### 8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- 2017-02-24\_Stage 1 Report\_Collins House\_1.0  
Pollard Thomas Edwards were appointed by Thurrock Council to examine the feasibility of various development options for Collins House, Corringham. Their report explored 3 main options for redevelopment; two of which were focused on the existing site of Collins House along with a third option that examined possible relocation to the Dilkes Wood site in South Ockendon.  
Cost appraisals for all options have been provided by Calfordseaden.  
This is a very large file and so a printed copy of the report is available in the Members Library.

### 9. **Appendices to the report**

Appendix A - Likely contributors towards future Social Care Need

### **Report Author:**

Christopher Smith, Programme Manager  
Adults, Housing and Health