



Northern Health
and Social Care Trust

Questions/Queries received by the Northern Trust regarding the

Comprehensive Spending Review Proposals

Consultation

It is the aim of the Northern Health & Social Care Trust to be open and transparent in all aspects of its business, and this is no exception when addressing the proposals under the Comprehensive Spending Review, currently being consulted on.

During the consultation process the Trust has received a number of questions and queries on the proposals. These questions and queries, along with the Trust response, are set out in this document in an effort to be a further helpful source of information.

We will continue to keep this document updated throughout the consultation period, which is due to end 6 March 2009. Regular updated versions will be published on the Trust web site www.northerntrust.hscni.net.

Last updated: 16 January 2009

Questions received re: Cherry Lodge Proposal

Background:

The Trust currently has two residential respite facilities offering short-term care for children with complex disabilities and commissions residential respite places in a third facility operated by the independent sector. Currently approximately 90 children with a range of physical and learning disabilities utilise these services.

- Whitehaven is an eight-bedded unit in Whitehead.
- Cherry Lodge is a three bedded Respite Unit located in Randalstown. This facility was previously managed by Barnardos (NI), but the NHSCT assumed responsibility for the management of the facility in 2007
- Rainbow Lodge is an eight place purpose built residential facility, including four respite beds, operated by Praxis in Ballymena.

Cherry Lodge is a very small unit (3 beds) with significant associated financial overheads. It is not a purpose built building and has serious space and design limitations which despite significant investment over recent years will require further capital investment to meet governance requirements. In addition the geographical location restricts accessibility to children and families across the Northern Trust area. The Trust proposes to replace the service provided in Cherry Lodge Residential Facility with 12 specialist salaried carers to extend the family based respite scheme. The proposal will affect 24 children with a mixture of physical and learning disabilities. A Trust support team and additional respite cover will be required to complement and enhance the service provided by the salaried foster carers.

Questions are in bold print - Trust responses are in normal print.

Q.1: Give a brief outline of Cherry Lodge, the service it provides, numbers who avail of it and rationale for replacement and whether the revised service model will meet the needs of existing service users and their families and those of children/families who present with similar needs in the future?

The Trust currently has 2 residential facilities offering short term care for children with complex disabilities – Whitehaven (8 bedded unit in Whitehead), Cherry Lodge (3 bedded unit Randalstown). These form part of a range of services to support children with disabilities and their families.

Approximately 90 children make use of the 2 facilities, Whitehaven and Cherry Lodge. It is anticipated that the proposed change to Cherry Lodge would affect 24 children with a mixture of physical and learning disabilities.

Cherry Lodge is a small unit; it is not purpose built and has serious design/space limitations which impacts on its ability to care for children with complex needs/disabilities. Its geographical location restricts/limits access to it for children / families across the Northern Trust area.

It is proposed to replace Cherry Lodge with 12 special salaried foster carers to extend the existing family based respite scheme. This will provide a family based respite service and it will mean the service can be spread across a wider geographical area (by employing carers in a number of different geographical areas) which will improve access to the respite service.

Q.2. What is the background to this proposal, assessment of need, options considered and the basis on which this was identified as the preferred option?

As has been cited in the response to question 1 above, the needs of children across the Trust area have been considered. The repair/condition of the building and its physical location have been the primary factors in identifying the need for replacement. The extension of a family based respite scheme will allow for much improved access across the Trust area and improved physical surroundings for individual children.

Q.3: What is the evidence-base that pointed the Trust in the this direction, how it will improve the service and how it takes account of the Bamford Review, "Equal Lives"?

Modern practice indicates that the best possible place to care for children is with caring families, extended family/relatives, family environment before consideration is given to residential provision. Residential provision is being retained in the Trust proposals and will continue to be utilised for those that it can best suit individual needs

Q.4. Are there any good-practice models that the Trust examined in its deliberations?

Existing family respite scheme operating in the Trust. Approximately 160 respite carers currently provide a range of family based support for children with physical, sensory and/or learning disability

Q.5. What equality screening has the Trust has undertaken?

A high level equality screening exercise has been carried out and was launched at the start of the consultation process – the results are available on our web site www.northernrust.hscni.net. This screened the proposal 'in;' and a full Equality Impact Assessment is now being undertaken. The results of that will be issued in the second phase of the consultation starting ~ 7th January 2009.

Q.6. You advised that this proposal is part of a document currently out to consultation and that your Chief Executive has committed to meetings with key stakeholders, including Councils & Political Parties. It would be helpful if you could also set out date consultation started and will end?

First phase of consultation started on 23 Oct 2008 and will end on 19th Dec 2008. A second phase with the results of the EQIA is expected to start 8th Jan 2009 and to end 6th March 2009

Q.7. Provide the list of key stakeholders and dates for proposed visits, where these have been confirmed?

Correspondence was sent out to all organisations/groups listed on the Trust consultation database (approximately 500). In addition to internal Trust staff consultation arrangements, as well as meetings to engage with staff and clients, relatives or carers for specific proposals, the following consultation meetings have been held and /or planned:

Ballymena Borough Council	12 November
Coleraine Borough Council	25 November

Cookstown District Council	9 December
Antrim Borough Council	11 December
SDLP representatives	24 November
Sinn Fein representatives	8 December
Alliance representatives	12 December

Meetings with other Councils and political parties are being arranged .

Q.8: Provide a brief description of the current family based respite scheme, e.g. how many specialist carers do you have now, what's their spread across the Trust; how many children do they support; how flexible is the scheme and how many are waiting to access the service?

The Trust's family based respite scheme provides family based respite care for children with a range of disabilities and health needs and currently has a total of 135 carers:-

- 133 carers across the 10 District Council areas that the Trust covers (Coleraine 31; Ballymoney 23; Moyle 8; Larne/Carrickfergus/Newtownabbey 24; Antrim/Ballymena 32; Magherafelt/Cookstown 12).
- In addition, there are 3 carers who reside in Limavady and 2 who reside in Belfast.

There are currently a total of 114 children in receipt of family based respite (107 have a learning disability).

The number of children waiting for family based respite services is 40 (33 have a learning disability).

Q.9: Has any evaluation of the existing scheme been completed?

An internal evaluation of the family based respite scheme was undertaken in Causeway Legacy Trust which included the views of families and carers.

Q.10: Provide any other information on children with learning disability waiting access to Trust respite schemes?

The number of children waiting for residential respite care is 26, some of whom will have physical and/or sensory impairment only.

Q.11: Given that Cherry Lodge provided services to children with Learning Disability; I am assuming that this is the focus for these other services; is that a safe assumption?

Cherry Lodge provides respite care for children with a range of complex needs and disabilities. The majority of children in receipt of family based respite care have a learning disability.

Q.12: How many children/families use Cherry Lodge's services?

16 families use Cherry Lodge, involving 24 children with a mixture of physical and learning disabilities.

Q.13: How many are on the waiting list?

13 families are on the waiting list.

Q.14: How much would the Trust save by closing it?

The annual recurring budget is £421,000
Savings would be approximately £191,000

Q.15: How much does it cost to run it annually?

The annual recurring budget for Cherry Lodge is £421,000. The cost of specialist salaried carers will be £230,000 recurring approximately. Non recurring funding may be required to support adaptations to homes in some cases.

Q.16: I have recently been contacted by several families who are concerned about the proposed closure of Cherry Lodge in Randalstown. Give assurances that you will not withdraw this provision to families?

The Trust very much appreciates the concerns and anxiety of families and carers and would wish to reassure everyone that there is no proposal to dismantle or reduce respite services before any new community based provision would be in place. This is also very much a consultation phase and no decision has yet been made. The ability to proceed to take forward this proposal would be very much based on the outcome of the consultation and on our potential ability to recruit and retain suitable foster carers across the Trust area.

This proposal has come about not least because of the physical condition of Cherry Lodge, which can now provide just two of its three places due to the persistent smell of oil in one of the rooms that can't be eradicated despite best efforts. The Trust does have a further residential respite unit of eight places in Whitehead and an additional four residential places are provided from Rainbow Lodge, commissioned through the Praxis community/voluntary organisation. The proposal seeks to develop further community based respite as an alternative choice for respite care provision, while retaining the other residential facilities referred to. The advantage of community based respite means that respite can be provided closer to home, young people can still have their regular daily routine, for example going to school or day care, and it can be more flexible for families over weekends and holiday periods (i.e. is not restricted as in the same way as a limited number of unit based respite places). Salaried foster carers would be subject to the same regulation and supervision as Trust staff involved in childcare services and strict conditions would apply for providing respite in their homes.

Nonetheless, we understand the potential for change can cause anxiety to families, carers and service users and again we would want to reassure that this is not a proposal to reduce services

or the quality of services, but to consider other alternative ways of providing flexible responsive and high quality respite services. The needs of the children and young people and the assurance to their families and carers would always be taken into account in making any proposal for respite.

We will continue to engage with families and carers throughout the consultation period and also would encourage and support community and elected representatives to direct any such concerns towards the Trust, so that we might make efforts to continue to provide assurance, advice and support.

Q.17: Where will you get the 12 specialist salaried carers – the NHSSC understands you had difficulty recruiting staff for Cherry Lodge? What will be the locations of the 12 specialist salaried carers? Will families have to travel? There is a fear that children who have less severe problems will be placed and others will find it difficult. Some children need ‘waken’ night staff – how would this work – would 2 carers have to be trained in each home? How will the specialist carers be vetted? How do you plan to secure these children in a carers home? The NHSSC understands that both parents and staff are unhappy with the proposals.

Consultation as with all these proposals will be ongoing for some period yet. The Trust currently has 2 residential facilities offering short term care for children with complex disabilities – Whitehaven (8 bedded unit in Whitehead), Cherry Lodge (3 bedded unit Randalstown). These form part of a range of services to support children with disabilities and their families.

Approximately 90 children make use of the 2 facilities, Whitehaven and Cherry Lodge. It is anticipated that the proposed change to Cherry Lodge would affect 24 children with a mixture of physical and learning disabilities.

Cherry Lodge is a small unit, it is not purpose built and has serious design/space limitations which impacts on its ability to care for children with complex needs/disabilities. Its geographical location restricts/limits access to it for children / families across the Northern Trust area.

It is proposed to replace Cherry Lodge with 12 special salaried foster carers to extend the existing family based respite scheme. This will provide a family based respite service and it will mean the service can be spread across a wider geographical area (by employing carers in a number of different geographical locations) which will improve access to the respite service.

The Trust’s current family based respite scheme provides family based respite care for children with a range of disabilities and health needs and currently has a total of 135 carers. We plan to extend this scheme and recruit additional carers. Access NI procedures would be in place and extensive training would be provided to newly recruited carers.

Questions received re: Princes Gardens Children's Home

Background:

There are currently seven Children's Homes in the Northern Health and Social Care Trust area:

- Ballee, Ballymena
- Dhu Varren, Portrush
- Ardrath House, Magherafelt
- Barn Court, Carrickfergus
- Princes Gardens, Larne
- Carnview, Newtownabbey
- Linden services, Larne

Of these, the first six are Trust run children's homes, and three of these are new buildings (built between 1995 and 2004), one is currently being replaced with a new building (Carnview being replaced by new build at Spring Farm Antrim) and one further has a case made for a new building which is awaiting funding approval (Ballee). Linden Services is run by a voluntary sector organisation. The sixth Trust home is Princes Gardens children's home in Larne which is the oldest by several decades of the buildings currently used accommodating children and young people.

The Trust is now proposing to replace Princes Gardens home with a number of salaried foster carers, recruiting foster carers across the area appropriate to the needs of children and young people, helping them to stay within their local communities, with access to extended family and relatives, schools and friends.

Questions are in bold print - Trust responses are in normal print.

Q.1: Describe the Trust's investment in Princes Gardens children's home in the last ten years?

A number of schemes have been carried out on Princess Gardens Home:

8/23	Extension and refurbishment £159,777.76	1994
8/233	Structural Fire Precautions £17,476.80	2002
8/291	Replacement Porch £4,989.89	2003
8/349	Feasibility Study	2003 / 2004

Ardrath House Magherafelt - Built in 2002, Cost £ 572,516.93,
Ongoing maintenance to date: £ 3,546.00]

Ardrath Children's Home was a purpose built two-story home built to the standards of the day. It was designed as one of a number of homes to be built by the Trust as a Health Estates commission to Michael Herron Architects.

Ground Floor Accommodation Kitchen and goods store, laundry, dining room, sitting room, quiet room, study area and staff offices.

First Floor Accommodation 10 Bedrooms with ensuite shower and toilet facilities (Two for staff) An independent bathroom and linen storage.

Barncourt Children's Home Carrickfergus , Built in 2004, Cost £ 623,078.88
Ongoing Maintenance to date: £ 3,157.00

Barncourt Children's Home was a purpose built two-story home built to the standards of the day. It was designed as the second of a number of homes to be built by the Trust as a Health Estates commission to Michael Herron Architects.

Ground Floor Accommodation Kitchen and goods store, laundry, dining room, sitting room, quiet room, study area and staff offices.

First Floor Accommodation comprises of 10 Bedrooms with ensuite shower and toilet facilities (Two for staff) and an independent bathroom and linen store.

Dhu Varren Children's Home, Portrush Built 1995, Cost of £ 365,000.00

A purpose-built two storey 10 Bedroom (two for staff) residential home commissioned by the Causeway Trust, Architect GM Design Associates and the Main Contractor P Turner.

It has had a number of refurbishments

Security Works	1997	£ 7,000.00
New carpet	2000	£ 2,000.00
Replacement Kitchen	2004	£ 5,000.00

Carnview, Newtownabbey is being replaced by a new build at Antrim (Spring Farm) – due to be finished Spring 09

Ballee, Ballymena – Business Case is completed and submitted – outcome awaited, proposes a new build on existing site

Princes Gardens:

- Princes Garden's Children's Unit is the oldest by several decades of the buildings currently used for the purpose of accommodating children and young people. It is a converted detached house in a residential area in Larne and requires the very regular maintenance associated with a building of such a vintage (This past year it had to have its main chimney stack rebuilt which had collapsed onto the roof).
- There would be a need to undertake a considerable renovation programme at Princes Gardens. Showering and bathroom facilities are totally inadequate (a point highlighted by

recent RQIA inspections), the kitchen needs replacing and the décor both inside and out is falling below an acceptable standard.

- All of the other Residential Units in the Trust are purpose built (as described above)
- Locality is another factor in marking Princes Gardens as the most suitable children's home for closure. The spread of Units in the Trust is very much concentrated in the South East, with three between Newtownabbey, Larne and Carrickfergus. Reducing these homes by one, will not significantly affect the residential catchment or "footprint" across the Trust and the expansion of foster care services is in keeping with our strategic direction for children's services.
- While the unit is registered with RQIA, it is not seen as being "fit for purpose" as a 21st century Children's home. The building requires significant investment to meet and maintain current standards for children who require residential care provision.
- The current population of children in the Larne area based on 2007 Mid Year Estimates will drop by 4.53% by 2012 and to 5.1% by 2013.

Q.3: Princes Gardens– Does 'reprioritise the current investment' mean closure of Princes Gardens? Is there much interest in salaried foster care? Are you confident that enough salaried foster carers and support workers can be recruited? Will they be in the Larne area?

Yes we are proposing to close Princes Gardens as a residential facility for children and develop alternate community based care for children and young people with a number of family based salaried foster carers. These could be placed in locations across a wider area depending on the needs of children. While these are demanding roles we are confident we can successfully recruit people who wish to take on these valuable roles

Q.4: Linden Services– Can you expand on how the Trust will renegotiate its contract with Extern and reprioritize the resources currently committed? Does reprioritise mean 'close'? What is the catchment area for this unit intake?

Linden Services provides a service to children throughout the Trust catchment area. Reprioritise means reviewing the current service elements within the contract alongside new investment in residential child care provision in the last 2 years to ensure that services are complementary. The Trust has discussed its intentions with Extern.

Q.5: What improvements are required to the Prince Gardens Children's Home to bring it up to standard?

See capital costs below – Total £377k

BLOCK NAME	4 Princess Gardens - Larne
SUMMARY OF SURVEYS FOR YEAR	2007/08

NO	MGC 1
Area	519m²

SURVEY		COST
PHYSICAL CONDITION	Replaster old house Reslate old house & replace barge boards & fascias Replace rainwater goods old house & garage Replace asbestos roof on garage Replace 50% sanitary wear Upgrade vents to boiler house Upgrade main distribution boards	
	TOTAL COSTS	£150k
	OVERALL SCORE	CX
FIRE SAFETY	Replace fire alarm and new emergency lighting Provide fire door/ internal vent on boiler house Provide compartmentation in roof space Upgrade ceilings t ½ FR	
	TOTAL COSTS	£22k
	OVERALL SCORE	C
HEALTH AND SAFETY	Raise Balustrade main stair & fire escape Provide Mech Vent to bathrooms Provide thermo valves Panic Alarm Upgrade glazing	
	TOTAL COSTS	£22k
	OVERALL SCORE	B
ENERGY	Provide EMS Upgrade loft insulation	
	TOTAL COSTS	£18k
	OVERALL SCORE	B
FUNCTIONAL SUITABILITY	Provide additional storage Provide lift (8) & emergency backup Improve gateway access on drive (visibility poor) Provide disabled bathroom Telephone	
	TOTAL COSTS	£165k
	OVERALL SCORE	CX 12
	OVERALL	£377

Questions received re: Learning Disability Proposals

Background:

Given the focus on supporting people with a disability to enjoy full lives in their own communities, the Trust has reviewed its disability services in terms of respite care provision and day care provision. The Trust is now proposing the following;

- Developing services that are responsive to the needs of service users
- Offering local rather than remote service provision
- Providing community based alternatives to hospital treatment and care
- Improving the range and choice of day and respite opportunities
- Working in partnership with community, voluntary and independent providers
- Securing active involvement of service users, carers, staff and other stakeholders

In light of this review, and in seeking to provide services in line with the Bamford Review, the Trust is now proposing to offer more choice for adults with a learning disability, such as drop-in centres, social enterprise and vocational training. The development of these new service options for adults with a learning disability will facilitate the closure of the Broadways Centre in Newtownabbey replacing this facility with extended and flexible day opportunities tailored to meet the needs of each individual person.

The trust also plans to provide more options and flexibility for the delivery of respite care for adults with a learning disability, including the development of flexible services such as home-based support, community based activities and family placements through the Trust 'Host Carer' service.

Questions are in bold print - Trust responses are in normal print.

1: Please list information on the Broadway proposal, regarding:

- **Key facts**
- **Background**
- **Funding Issues**
- **Future provision**

Under the response to the Comprehensive Spending Review (CSR) the Northern Trust is proposing to reduce the current level of statutory day care provision and seek to provide alternative day opportunities for clients. This is in keeping with our Day Care Strategy, 'Widening Choice and Opportunities'. The alternative types of provision would include for example, job sampling opportunities for clients and, where appropriate, opportunities such as supported employment or vocational training, social enterprise, further education and volunteering.

Evaluations of such schemes have provided evidence of benefits to the individual participants.

The programme would be co-ordinated on a person centered basis to ensure suitability and

monitoring for each individual client. The Bamford Review of Services for people with a learning disability ("Equal Lives") recommends that people with a learning disability are enabled to lead a full and meaningful life in their communities to have access to a wide variety of social, work leisure opportunities and form and maintain friendships and relationships

The Broadway Adult Centre Newtownabbey, caters for up to 90 places, 45 clients are already availing of alternative day opportunities on a full time or part time basis. It is proposed to extend this choice and opportunity to a further 45 clients and develop the Broadway Centre to one of social enterprise.

It is not possible to put specific funding information around the undertaking of this programme as it will be individual client led and tailored. The Day Opportunities programme costs approximately £60 per client per week.

Q.2: The NHSSC recognizes that Broadway Adult Centre is not fit for purpose. Currently why do only half the clients have alternative day opportunities provision? How are clients prepared for this?

The Trust Strategy for Day Opportunities was approved by the Trust Board last year however the legacy Homefirst Trust had been developing services on this basis going back over a number of years. Currently 433 adults with a learning disability access this service. In Broadway a number of clients currently access Day Opportunities and also attend the centre and others attend the centre only. It would be intended to work with the clients and their carers to develop these opportunities for all the people who currently attend Broadway. This would be done on a person centered basis working with each client and their carer as appropriate to develop a package based on their needs and wishes. It would be intended to provide each client a similar level of day service (depending upon their assessed needs) as they currently receive.

Q.3: Community Based Respite LD– Can you provide some detail on the host carer service which has been operating in the Causeway sector. Is it easy enough to replicate this in other areas?

The host carer scheme has been running successfully in the Causeway locality for several years. It involves providing respite to people with a learning disability in either the host carer's home or the person with a learning disability's home. The host carer may also take the person on outings etc. The host carer is recruited by the Trust and receives an allowance payment. The host carer is also Access NI checked and receives induction and support from the Trust on an ongoing basis. The scheme has proven to be very popular with carers and people with a Learning Disability in the Causeway locality as it offers significantly more flexibility than more traditional models of respite care. The Trust is proceeding with this scheme in the rest of the Trust and clearly our ability to recruit suitable host carers is critical.

Questions received re: Mental Health Proposals

Background:

Since 2003, the Trust has been engaged in an ambitious programme of modernisation and reform of mental health services aimed at improving treatment and support available to people who need mental health services.

The Trust understands that many service users and carers now value the choice of receiving treatment at home as an alternative to hospital admission, and acknowledge the need to develop and introduce a trust-wide range of home treatment services to provide this range of choice where possible.

The Trust now proposes a number of service modernisation initiatives, including:

- Introducing a new Home Treatment Service across the trust. This new service will significantly reduce the need for admission to hospital; such services have been shown to reduce the need for hospital admission by 20%-50% for shorter stay and less complex conditions.
- Establishing a local service to better meet the needs of people with personality disorders and reduce reliance on referrals to services in Great Britain. This local service will enable service users to remain closer to friends and relatives whilst receiving treatment and support.
- Developing community rehabilitation services for mental health patients as an alternative to hospital-based rehabilitation.
- Developing community-based alternatives for people with dementia who have complex needs and are currently cared for in a hospital environment.

Questions are in bold print - Trust responses are in normal print.

Q.1: Personality Disorder Service for NI – Is there central funding available and is it sufficient to meet the proposed locally based services proposed? What exactly is being proposed?

The funding for the alternative service would come from a mixture of funding from the commissioner which currently pays for referrals to Great Britain and new investment monies which have been earmarked by the Department of Health and Social Services (DHSSPS) for the development of personality disorder teams in each locality.

The new service would aim to provide Tier 3 / 4 specialist community based services in line with the DHSSPS draft strategy, which is currently subject to consultation. This will ensure more people can receive treatment in their own areas and also help reduce the duration of admissions to specialist units. In the short term some patients may be brought back from current Extra Contractual Referral placements in England and 'stepped down' through Holywell hospital as part of their return to the community.

Q.2: Mental Health Home Treatment – would we expect to see the enhanced home based service in operation prior to bed closures proposed?

That is the intention of the Trust. The new home treatment service would be up and running to allow bed reductions to happen.

Q.3: Community Based Rehabilitation Mental Health – What is a community based setting? Where will these places be located? Are you confident you can find enough places? When will the families and the 14 patients in rehabilitation beds in Holywell Hospital, Antrim be consulted about this alternative?

'Community based setting' means a supported living environment probably in the Antrim area. This is accommodation, an existing house or houses/home or maybe a new building. The current hospital based service is a rehabilitation service therefore everyone who is currently in the unit would move to the community setting in line with the aims of the service. Consultation has begun and will continue through out the consultation period until early March 2009.

Q.4: Can existing Supported Living Schemes throughout the Trust cope with additional patients on a phased basis pending the replacement of Norfolk Court?

Any places available would certainly be explored/identified under this proposal and new places would also be considered.

Q.5: Is the new rebuild rehabilitation Unit to replace the Holywell beds or Norfolk Court unit?

The new build along with using places in existing supported living schemes would be to replace both Norfolk Court and the in-patient rehabilitation services

Q.6: Will it be built on the Norfolk Court site?

Not determined yet, options would have to be considered.

Q.7: Community Based Dementia – How confident are you that the Independent Sector will be able to provide this type of service in the community, particularly with the projected increase in the number of older people over the next 10 years? Again what exactly is proposed – is it beds in homes or a new build run by an Independent Provider?

The options would be put to the Independent Sector – it could be existing or new facilities. We are confident it is possible but certainly the timescale is challenging. There are many independent sector nursing homes currently caring very satisfactorily for people with dementia. The Trust has introduced an innovated training programme using the Newcastle model of care to support nursing homes providing care for this client group.

Questions received re: Residential Homes for Older People

Background:

The Trust currently provides residential home facilities for approximately 300 people, across 9 sites. They are:

- Lisgarel, Larne
- Joymount House, Carrickfergus
- Greenisland House, Greenisland
- Clonmore, Newtownabbey
- Rosedale, Antrim
- The Roddens, Ballymoney
- Rathmoyle Home, Ballycastle
- Pinewood, Ballymena
- Westlands, Cookstown

These facilities are no longer regarded as the best way to provide services to meet the needs of older people for two main reasons:

1. The statutory residential homes constructed within the Northern Trust were built in the late 1970's. While they were modern at that time, they no longer provide the type of accommodation that people should expect to have as their home. For example some have shared bedrooms, shared bathrooms not ensuite facilities, and no private dining or living space. The Trust is of the view that we can do better for our older population and believe that the money needed for the upkeep, maintenance and improvement of the physical standards of some of its homes would be better spent in developing modern supported living accommodation in these localities and putting in place a range of services that will enable people to live in their own homes for as long as possible.
2. The needs of the elderly population have changed with the growing demographic trend increasing the number of older people in the community and - people are living longer and healthier. Older people want to, and are able to, live independently, with some support in household tasks and some times personal care support.

Given the current focus on older people's independence, and enabling them to remain in their own home for as long as possible, the Trust have reviewed the 9 residential homes within it's geography with a view to increasing options for supported living accommodation and services

It is proposed to reduce the number of residential homes from 9 to 4, whilst developing a wide range of supported living accommodation and services in these localities across the Trust area.

Questions are in bold print - Trust responses are in normal print.

The following questions were raised before the Trust set out its Consultation on the 5 named homes on 8th January 2009.

Q.1: How much of the £3.1 m it would take to improve the existing 9 homes would have to be spent on the 5 residential units that are proposed to be closed?

The Trust have not yet identified the 5 residential homes that we would propose to replace with alternative supported living or other appropriate care, so it is not possible at this stage to identify the upgrade costs for those specific homes . It may be helpful to note that excluding the 2 EMI homes (see below) the funding required would total £2.94m for the 9 remaining homes.

Q.2: Is the Trust in a position to give an indication as to which units are given consideration for closure?

Of the total of 11 homes, 2 provide support to the needs of residents who have dementia (or elderly mentally infirm) – Moylinney , Newtownabbey and Ferrard House, Antrim. These homes are not being considered at this stage. The other 9 homes will all be considered. While the proposal to reduce the number of statutory residential homes is put forward by the Trust under its formal response to the CSR, in reviewing services for the future older people have told us that it is their wish to remain at home for as long as they can, and to retain their independence but have support appropriate to their needs. So in considering the development of new types of service provision as alternatives to residential homes, not only are we looking to the repair of the existing homes but also to trying to ensure we provide this opportunity or choice for supported living across the Trust area, so that it becomes an option for more people and is accessible.

Q.3: Is there any financial implications to the benefit of the Trust through land and/or property sales and is this a factor in the decision making process?

The land and / or property on which a residential home is located, if the home is vacated the Trust must advise the Department of Health Social Services and Public Safety (DHSSPS) for consideration as to its retention, reuse or disposal. The Trust doesn't have the authority to sell the land or property on the open market for example. If there was a proposal to re-use the site to build a new health or social care facility on the site, that can be taken account of in doing the business case for that new facility and it would be a benefit in that a new site would not have to be purchased so it would keep the cost of developing the new facility down. So the value of the land and / or property is not a factor in considering which homes might best be replaced with other types of service provision However the site of a home if it were to be vacated could be re-used to build other types of facilities including for example supported housing. If the site or property was to be disposed of, that would be an issue for the DHSSPS.

Q.4: How many clients/ residents places are currently available?

Profile of the 9 statutory residential homes-

	Home	Number of places
1	Lisgarel Larne	40
2	Joymount Carrickfergus	44
3	Greenisland, Co Antrim	31
4	Clonmore Newtownabbey	42
5	Rosedale Antrim	36
6	Westlands Cookstown	29
7	Pinewood Ballymena	36
8	The Roddens Ballymoney	29
9	Rathmoyle Ballycastle	39

Q.5: How many clients' residential places would be envisaged after the proposed closure of the 5 residential units?

The number of statutory residential care places would reduce by the number of places in the 5 homes that would be identified. However it is proposed that all of those places would be replaced with alternative care provision including for example supported living, or nursing home placement if that suits the clients needs, or care and support provided in their own home. There is no proposed overall reduction in number of clients to be supported.

Q.6: What are the current annual running costs of the 5 residential units that are proposed to be closed?

It isn't possible to give the running costs of the 5 homes as these are not yet identified but on average the cost of providing statutory residential care is approximately £537 per week per place.

Q.7: What are the expected annual running costs of the 5 residential units that are proposed to be closed if they were to be upgraded?

The running costs of a home are made up of a range of factors from heating, maintenance, cleaning, food provision and other housekeeping arrangements, as well as the staffing complement providing the care and support to the residents. While improved physical surrounding would no doubt reduce heating and maintenance costs it would be unlikely to have a very significant impact on the overall running costs of the home.

Q.8: How much do 50 clients/residents places in the Independent costs per annum?

A regional tariff is set annually for the provision of residential care and nursing home care provided by the Independent Sector. The rate for this year for residential care for older people is £405.

Q.9: What is the estimated annual cost of the provision of 72 clients/residents places via Supporting Housing alternatives i.e. adaptations, new build, modifications and manpower required in the servicing of this cover?

The cost of supported housing/living option will vary on the nature of the scheme and the individual clients needs. The payment for the provision of supported housing/living can come from a range of sources-

- Housing benefit
- Supported living (part of the Housing Executive Supporting People scheme)
- Health and social care contribution

Statutory residential care/homes are funded entirely from health and social care funding and people living in residential homes lose their access to various benefits.

Whilst every scheme and individual needs may be different the figures below show the cost of the supported living scheme Barn Halt, Carrickfergus, just by way of an example:

The Barn Halt scheme is managed and delivered through Fold Housing Association. The costs range from £250 - £280 per tenant per week depending on the type of accommodation occupied. Of this, £170 per week relates to support costs funded through Supporting People and the balance relates to the cost of rent, rates and service charges funded through Housing Benefit if applicable. The only costs incurred by the Trust relate to the provision of domiciliary care which varies by individual but costs the Trust approximately £14.80 per hour.

The capital build for a new supported housing scheme can be funded by DSD (Department of Social Development) if it is agreed as part of their social housing build programme and a number of existing schemes have been created in that way, with DSD providing the capital to a Housing Association for example for the new buildings. The running costs of the scheme will then be taken into account in the revenue streams coming in. Another route may be an Independent Sector provider (including Housing Associations or private landlords for example) could build supported housing from their own capital assets, and not seek public funding for this. In either case the resident has tenancy rights and the landlord must maintain and run the property appropriately.

Q.10: What are the estimated annual costs of providing additional floating support for 38 places?

Floating support is a scheme funded through the Housing Executives Supporting People service. It involves a support worker providing housing support to the resident in their own home. The number of hours provided and range of types of support can vary to suit the client's needs. Again costs will vary but is likely to be in the range of domiciliary care costs (see response above). The cost of providing 38 places then would depend on the individual clients and their needs.

Q.11: How many staff is currently employed throughout the 11 residential units?

Profile of the 9 statutory residential homes and staffing levels is set out below:

	Home	Total Headcount	Total WTE	Perm WTE	Temp WTE	As & When WTE
1	Lisgarel	46	32.13	30.93	1.20	0.00
2	Joymount	44	32.14	31.34	0.8	0.00
3	Greenisland House	28	23.58	23.58	0.00	0.00
4	Clonmore House	40	29.73	29.73	0.00	0.00
5	Rosedale Residential Unit	37	27.16	26.69	0.46	0.01
6	Westlands Residential Unit	39	29.34	28.69	0.65	0.00
7	Pinewood Residential Unit	51	33.69	33.68	0.00	0.01
8	The Roddens Unit	36	23.13	21.06	2.04	0.03
9	Rathmoyle Residential Unit	44	29.30	27.92	1.37	0.01

Q.12: How many staff will be required if the 5 proposed units were to close?

Whilst the number of residential places will reduce in relation to the number of places in the 5 homes to be identified, the Trust have adopted a workforce strategy that aims to achieve no compulsory redundancies, with staff offered appropriate opportunities for redeployment.

Q.13: Is this part of a province-wide strategy? Which 5 statutory residential units are to be replaced? Are you confident that the range of proposed alternative services can be accessed and sustained? Could it be the case that clients/residents may be placed anywhere in the Trust area? Is the Trust insisting on a care in the community programme – there is a need for residential care? How much does the Trust feel it would save and how much does it equate to the 3% efficiency savings?

This proposal is in keeping with the Trusts Older Peoples Strategy. Through consultation older people have told us they wish to remain at home or in a home setting for as long as possible. The Trust provide or commission over 900 residential care places the majority for older people, This proposal aims to increase the number of home based/supported living places by approximately 100 – 150. We would aim to provide these places in a range of localities. The Trust provides 9 residential and 2 dementia residential homes all of which are coming to the end of their useful life. Legacy Trusts have good examples of replacement of existing residential homes which are higher quality and more acceptable to older people.

Questions received re: Domiciliary Care

Background:

Domiciliary Care (sometimes also referred to as 'home help') is provided to approx 3766 service users by the Trust's 'in-house' service (staff employed directly by the Trust) – this currently equates to approx 82%, with the remaining 18% being provided by Independent Sector providers with whom the Trust contract.

We know that Independent Sector providers are able to deliver each hour of domiciliary care at a rate that is, on average, about £3.19 less than the cost of the Trust delivering an hour through its in-house service.

The Trust has assessed the current provision of domiciliary care services, and proposes the following:

- It is proposed to increase the input from Independent Sector providers in providing domiciliary care services to achieve improved value for money, flexibility and capacity to expand this service as we expand home based support, avoiding longer than necessary stays in hospital, and as an alternative to residential care.

Through the proposed new arrangements, overall spend on domiciliary care hours will reduce, while maintaining the same level or volume of service to the population we serve. By commissioning a higher proportion of the overall service from the Independent Sector, we estimate a saving of approximately £3.19 for each hour of service delivered. The provisional estimate converts to approximately £1.2 million per year potentially being saved, with no reduction of service volume or quality, by 31 March 2011. Both the Trusts in-house service and the Independent Sector providers are regulated by the same authority, (RQIA), and both must achieve the same quality standards.

Questions are in bold print - Trust responses are in normal print.

Q.1: Domiciliary Care – How do the Trade Unions feel about this? How many staff does the Trust plan to shed? Will the independent sector be in a position to deliver more hours? How many people are currently waiting for care packages? Is there still a difficulty in recruiting Trust staff and if so, where will the independent sector get staff from? Is this not a cost reduction on the lowest earning staff within the Trust?

Trade Unions will be able to respond as part of the Consultation process. The Trust has no plans for compulsory redundancies, but will offer redeployment opportunities where required. We believe if Independent Sector is given adequate planning time they can respond to the additional hours needed. Our monthly Trust Board performance report shows 785 people waiting for domiciliary care at end Oct 2008 (snapshot). This is a measure to reduce the cost of delivering domiciliary care. We would aim to move to about 40% of the service being delivered by Independent Sector and 60% by directly employed Trust staff (currently approx 15% / 85%)

Questions received re: Acute Reform

Background

There are particular difficulties trying to provide these acute emergency and in-patient surgical services from four hospitals in the Northern area:

- ◆ It is very difficult to attract trained Doctors to the smaller hospitals where they do not have the opportunity to develop the training and education needs required for them to sustain their skills, given the limited volumes and types of conditions that they would treat
- ◆ There are increasing regulations set out for Doctors working hours and conditions and these cannot be under the current four hospital arrangement
- ◆ Whiteabbey and Mid Ulster Hospitals already have restricted training status so cannot provide a full training environment for junior Doctors so senior Doctors are therefore under greater pressure to provide cover in these areas. This means staff resources are stretched across the four hospitals and as a result the Trust very often relies on Doctors who take on temporary contracts (locums) to meet required staffing levels across the four acute hospital sites. This has implications for safety and quality of services provided and has significant financial implications.

By concentrating acute hospital emergency and in-patient surgery services on two hospital sites rather than four, it will mean that acutely ill patients are admitted to a hospital that has the appropriate skilled staff and the support services, such as intensive care and advanced diagnostic services, that are needed to provide the most appropriate treatment, care and quality. Hospital services will be retained locally where it is safe to do so, and this means that out-patient clinics, day surgery, minor injuries and rehabilitation can all still be provided from Whiteabbey and Magherafelt.

Questions are in bold print - Trust responses are in normal print.

Q.1: The NHSSC recognizes the value of centralizing acute services. Mid-Ulster Hospital provides A&E services for a wide area following closure at South Tyrone. The proposed closure will have an impact beyond the area covered by Northern area and will have a knock on effect on Craigavon, Antrim, etc.

A minor injuries service would remain at Mid Ulster under the proposals

Q.2: When do you anticipate having the new ward block operational at Antrim Hospital?

Late 2011

Q.3: When is the proposed CT scanning service at Whiteabbey Hospital likely to be operational?

It is pending Business Case approval – capital agreed, revenue to be agreed with Commissioner

Q.4: Any further update on the proposed Health and Care Centres to be built on the Whiteabbey and Mid-Ulster sites?

Minister announced his commitment to developing services in line with the original local hospital proposals on Mid Ulster and Whiteabbey sites.

Q.5: How confident are you about securing capital and revenue investment for Rehabilitation ward/s and 12 bedded palliative care unit at Antrim Hospital?

Revenue for Rehab comes from the existing revenue streams so we are confident in that and we have the commissioner support for the palliative care service, it will be taken forward in collaboration with Macmillan

Q.6: There is the potential for some of the changes to impact on the workload of other Trusts e.g. NIAS, Belfast Health and Social Care Trust and Southern Health and Social Care Trust – have you liaised with them?

Meetings are established with Belfast Trust re acute hospital proposals. Each proposal will set up appropriate implementation plans and engagement pending consultation and approval

General Questions

Questions are in bold print - Trust responses are in normal print.

Q. 1: Managing Absence

The Trust has achieved reduction in absence rates and it is intended to sustain and improve performance. There has been a 1% cumulative in absence across the new Trust since April 2007. The Trust's interim management of absence policy and action plan set out a framework in support of managers and deals with short term and long term absence. The policy emphasises the importance of good communication, accurate record-keeping and rehabilitation approaches to the management of absence. In working together with staff representatives and Occupational Health, we will seek to further examine the underlying reasons for sickness absence and to find solutions that will promote staff health and well-being. The Trust is committed to working with staff to address the causes of preventable ill health and to provide a supportive, safe and healthy work environment.

Monthly reports on absence rate are provided to Trust Board and Senior Management Team and Directors. These reports allow Trust Board to monitor rates of absence for individual months, and on a cumulative basis to assess progress towards meeting the targets set annually by the Department of Health and Social Services. Comprehensive reports are provided to Directors for their managers' attention in order to assist in the monitoring and management of absence.

Q. 2: Overtime and Agency – If agency staff, overtime and locums are needed to sustain current services how can the Trust maintain services with a substantial reduction in this? Where particularly were such costs incurred?

Locum costs are encountered across the Trust but primarily in acute hospital services especially Mid Ulster Hospital, Whiteabbey Hospital and Inver in Larne. A focus is needed to ensure that we are minimizing such costs where possible and securing extra income where we can identify that this increased spending is related to achieved performance targets for example and increased levels of activity due to demands.

Q. 3: Skill Mix – Trade Unions object to this and may invoke industrial action.

Skill mix will allow the Trust to increase the overall numbers of staff while utilise those professional skills more appropriately.

Q. 4: Car Parking – Does the previous proposal for Antrim Hospital together with charging structure still apply? What is the anticipated pay back period required to meet the initial capital cost?

The Trust has received a report from external consultants outlining how we need to modernize and improve car-parking services at our acute hospital sites. The proposals are bring consulted on. Two options are being considered: to introduce a barrier operated service and a pay and display. Charges will be modest and the proposals will include clarification of those who would be

exempt and how the exempts would be managed. The Business Case is being developed and the Capital costs will not be available until completed. Any profit made from the service but we held by the Trust and put back into front line services.

Q.5: PACS- Digital Images – What exactly does this mean?

PACS stands for Picture Archiving and Communications System – It's a computer system to store and share digital images (such as xrays) by computer rather than print out an xray film. The Doctor or other professional then views the xray on a computer screen at any location where there is computer access. This is a regional initiative to improve access to and functionality of imaging services. Savings will be achieved by a reduced reliance on hard film production and the Digital transfer of Diagnostic images to computer monitors in convenient locations for clinical staff.

Q.6: Drugs – What exactly does this mean – is this generic substitution? Patient explanation required to avoid confusion and to maintain confidence where changes made in long term medication?

This is a regional initiative in procuring drugs at improved costs to facilitate the whole of the health and social care service in NI. Local actions are to ensure effective drugs prescribing by those who prescribe drugs for patients.

Q.7: Renegotiate high value contracts– Is the 9% on top of the inflationary increases? How can efficiency be improved to reduce the cost paid to independent sector providers? NHSSC would be concerned if the current level of service cannot be maintained and that it is monitored.

Where the value of a contract with a provider is of a high value we aim to renegotiate these seeking to secure further efficiencies or economies of scale. Contract monitoring arrangements are in place.

Q.8: Directorate infrastructure Women's and Children's – This is very vague do you have any further detail on how the Trust plans to reconfigure a number of services within its community health and social services provision in the Women's and Children's Services Directorate?

This is a proposal to re-look at management structures across the Directorate and aims to reduce these costs by identifying any efficiencies around smarter working, better location of services and reduce travel.

Q.9: The proposals are draft and no decisions have been made. Can the Trust meet the CSR reduction from its allocation if the proposals (or some of them) are delayed/not adopted or cannot be achieved?

If these proposals cannot be achieved or are not approved, then alternatives will have to be found as the £44m CSR savings are removed from the Trust budget as the start of each of the 3 years. The Trust does not currently have alternatives.

Q.10: In these proposals what are the proportions of savings attributable to acute and community care against expenditure in these areas?

As far as possible savings have been portioned directly in line with budgetary allocations across Acute and Community services.

Q.11: What is the position with the other Health and Care Centers earmarked for the Northern area?

The Minister announced last week that he intends making the capital available for Health & Care Centres in Ballymena, Larne, Carrickfergus, Whiteabbey, Magherafelt.

Q.12: Will there be consultation on individual proposals, not just on the equality impact?

A second phase of consultation will begin ~ on 7 Jan 2009 for a further period of 8 weeks. – This will offer our population and interested stakeholders the opportunity to comment on individual proposals. The final recommendations will be considered by Trust Board at their March 2009 meeting for onward consideration by the Minister.

Q.13: What are the timescales for implementation?

Implementation can't be taken forward until the completion of the consultation process, and approval by Trust Board and Minister. That period will commence after the final recommendations of the Trust late March 2009 (see above).