

London Borough of Waltham Forest

The future of provision for older people



Report on a stakeholder conference held in Leyton,
18 May 2007

1 Introduction

A conference was held at the Score Centre, Leyton, on Friday 18 May 2007, to explore the future of residential care in the Borough of Waltham Forest. The stated objectives of the day were:

- Taking (and being seen to take) user and stakeholder views into account in the future provision of residential care services
- Giving users and stakeholders a clearer understanding of what LBWF is seeking to achieve, and the timescales for implementation
- Giving people an understanding that the conference is the initiation of a continuing process of consultation and not a one-off event
- Widening contact beyond the present circle, developing a sense of ownership of the future of the program and offering the opportunity to become part of a reference group

Specific questions that might be addressed were identified:

- What are the perceived strengths and weaknesses of current provision and how should these influence future provision?
- What is the desired balance of future provision?
- What are the priorities for change and what expectations attach to these in terms of timetable, cost and other factors?
- Explore the drivers of change and the most effective ways to respond to these.
- What should be the characteristics of the preferred partner supplying future residential care?
- What is the desired level of engagement in procurement, implementation, and ongoing monitoring of the service?

A total of 55 delegates attended the event, although not all stayed for the whole day (in fact the evaluation indicates that the length of the day was over-ambitious for some who attended). These were a good mix of service users, provider agencies and their staff, and carers, and the day took place in a constructive and positive atmosphere.

The programme included a mix of group discussion and plenary sessions, and also included a presentation from Cllr Phillips (portfolio holder for this area) and Sandra Howard (Head of Adult Services). The day was led by Phil Back, an independent adviser brought in for this purpose, who facilitated the plenary discussions and also developed the group work materials, and supported by a team of local facilitators who assisted with small group discussions.

A copy of the programme for the day is appended to this report.

The day was also supported by an exhibition, showing some photos of existing care homes and sheltered housing, and contrasting these with examples of care from elsewhere in Europe. In addition information was provided for people to take away about the future care model, about telecare, and about other relevant issues (including copies of the presentation).

The report structure follows the programme through the day.

2 Strengths, weaknesses and priorities for change

In this session, participants were invited to identify the strengths and weaknesses of current provision. They were asked to reflect on their priorities for either change or preservation using an exercise allocating limited resources to the strengths and weaknesses they had identified. The feedback from the day suggests that for many participants this was a very useful session, perhaps because it allowed them to put forward the good qualities of what they currently have and don't want to lose, and because for others it was an opportunity to express concerns about deterioration or problems with services. The items in bold type are those that were prioritised by respondents.

Strengths

- Much valuable small scale provision from voluntary sector promoting independence **
- On-site activities and rainbow project **
- Good distribution of services *
- Investment in staff skills *
- Homely nature of homes *
- Communal support from co-tenants
- Monthly scheme meetings/tenants association
- Community atmosphere
- Supportive and helpful staff
- Help with form completion
- Choice of housing and lifestyle
- Visits by outreach nurse
- Core services are improving
- Easier to get assessments carried out
- Complaints process
- Always managers on call in care homes if things go wrong
- Respite care available when needed
- Care homes provide regular activities, meals, help all in one place
- Daily calls
- Pendant alarm
- Social committee
- Opportunities for existing residents to support new residents (provided they are informed about who is moving in)
- Nearby shops/pubs
- Good meals
- Staff respect, dignity
- Outings
- Gardens, pond and fish

- Feel looked after
- Client satisfaction
- Accommodation and food are good
- Own rooms
- Staff very good
- Intermediate care
- Immediacy of service provision
- Health and safety is good, feel safe
- Good staff/client relationship
- Clients can move through different types of provision in a smooth effective process
- There are none!

Weaknesses

- Response and support for sheltered housing, especially out of hours ***
- Maintenance response times e.g. lifts ***
- Agency staff not as reliable as social services and need closer monitoring **
- Gaps in provision e.g. mental health, stroke, and younger people with dementia **
- Better sheltered provision could reduce need for future care **
- Lack of feedback/communication *
- Lack of information *
- Mixed care needs not working *
- No real choice being offered *
- Consultation *
- Too little on-site co-ordinator support to assist sheltered housing residents *
- High use of agency staff *
- Space in bedrooms *
- Space where you can take people to talk *
- Day care is expensive and needs subsidy *
- Not enough staff *
- Lack of involvement in decision making *
- Lack of contact with the community *
- Concerns over Baytree House and landlord
- Lack of continuity
- Communication needs improving
- Being told, not consulted
- Day centre prioritised over residents
- Not enough storage or space for equipment
- Public transport and access
- Need for space to wander

- Want to go out more
- Specialist food such as curries, Afro-Caribbean
- Décor
- Not everyone wants to go out
- Friendlier spaces and nice furniture
- More money
- Need en-suite facilities
- Dark corridors
- Only one person for people using hoist
- More pressure on carers
- Limited choice
- Culture of changes, which are actually cutbacks
- Flexible response services are expensive
- Older people are not a homogeneous group
- Resources don't exist for extra needs
- Assessments take too long
- Lack of security around sites e.g. no CCTV
- Unsuitability of existing housing – not fit for older people or carers. Norway/Sweden do it better
- Use of agency staff
- Lack of range of services within homes, so if needs change a move is usually required *
- Lack of flexibility
- Environment not fit for purpose
- Lack of choice and inreach from primary care services
- Lack of technology/computers for users
- Lack of choice of activities

Although participants were (with one exception) able to identify strengths, and in some cases prioritised their preservation, the emphasis here is on the weaknesses of current provision, and most of the resource prioritisation ends up in these areas. The highest priorities are spread across a range of issues, including care and skills but also more basic “quality of life” issues such as lift maintenance, clearly a sore spot in at least one home. The reliance on agency staff, and the lack of continuity of care that this prompts, were raised as significant concerns, as was the lack of consultation – although again this seemed to be linked particularly to one situation that had developed without residents feeling they had had a say.

Whilst there are strengths that need to be preserved in any future arrangements, there are plenty of weaknesses in the current arrangements. These give a focus to the new proposals and indicate areas where residents will seek assurance and reassurance when change is being implemented.

3 Community Links

In the community links session, participants were asked to suggest ways in which the new homes could reach out to their wider communities, and ways in which those communities could get the best from the new homes. Suggestions were many and varied, and it is hard to see sometimes whether suggestions were intended as inreach, outreach, or both – and indeed for many of these suggestions, both could be explored. The suggestions have been grouped into broad themes, with several duplicated ideas removed:

Getting residents out into the community

- Days out, outings, visits
- Co-ordinated transport
- Visits to local shops, pubs, encouraging residents to feel part of the community
- Ensure high care needs don't exclude people from council activities and services
- Trips with local community
- Opportunities to get involved in activities such as taking people to market
- Better, easier, safer transport to other council venues and beyond
- Transport to make it easier for residents to get into the wider community
- Community to get involved in enabling residents to visit pubs, cafes etc
- Opportunities to get involved in wider community activity

Getting the community in to meet residents

- Links with schools and colleges
- Links to leisure and libraries
- Involvement (unspecified) with local business
- Schools, brownies, choirs, church services visiting
- Links with religious groups
- Visits from school children
- Voluntary groups coming in, including children and faith groups
- Meals available to people from outside (under supervision)
- Children and volunteers coming in to visit and provide practical support
- Volunteers visiting
- Volunteer befriending

The home as a community resource

- A home to provide care support and opportunity e.g. through advice workers or a health centre
- Information centre e.g. library, contact points, what's going on in other homes
- Provide meeting spaces for community groups

- Staff in homes to provide info to wider community
- Lunch clubs provided by local business/community
- Community nursing
- Community access to facilities in homes e.g. showers
- Open up space if we have it, and if we agree it (issue of privacy)

Sharing advice and guidance

- Benefits advice/support
- Health and Safety and fire safety advice
- Information/training for carers on issues like dementia
- Direct payments
- Police and emergency services to reassure and advise
- Talks on exercise and health
- Advice on pensions, advocacy

Shared therapies and support

- Day care services open to the wider community
- Co-location of specialist care services
- Volunteer advocates
- Counselling
- Respite
- Community health services
- Opticians
- Exercise sessions
- Support to families
- Base for local primary care services e.g. chiropody, dentist, dietician
- Hairdressing
- Therapies

Shared social and entertainment activities

- Shared social activities
- Pantomimes
- Fetes
- Gardening
- Animals
- Social interaction through meals, BBQs, summer fairs, gym etc
- Pantos, choirs, shows
- Host entertainment, to make up for poor entertainment opportunities in the borough

Shared learning and education activities

- Crafts and skills
- Education
- Mobile library
- Two way education - visit schools, schools to visit homes
- Talks addressing other cultures
- Oral history recording
- Skills sharing across ages e.g. internet
- Memories and reminiscence as support for school curriculum
- IT links and training
- Open day

Promotion and marketing

- Open days to market the service(s)
- Open days, coffee mornings, sales
- Community days
- Promotion of the service(s)
- Active promotion of positive images of older people
- Newsletters and magazines, including WFM, and get residents to write pieces and Open days
- Contributions

Miscellaneous

- Reduce social isolation, especially at festival times
- Maintain contact with people's own communities and with a variety of ages
- 24 hour care provision for highest needs
- Residents and community associations to work together
- Raised beds in gardens to enable gardening to take place

Specific suggestions about strengthening relationships

Invite more people – homes to become a community resource

Older people from the community coming in to use communal space such as a café

Provide meeting space for community use

Shared activities with local voluntary sector such as stroke clubs

4 Questions from the day

Participants were given an extended opportunity to prepare questions that the proposals raise for them, and many did so, both immediately after the presentation and through the course of the day.

An undertaking was given to answer every question, either in the context of the panel session (where around 12 questions were addressed) or later in writing. Many questions were duplicates, or at least overlapped, so questions in this table have been grouped into broad themes.

Question

Theme: care and support for particular needs

People with no relatives should have somebody to protect them if they need help, like with medication – how can they be helped?

Waltham Forest plans to ensure the 24 hour availability of staff in extra care sheltered housing and access to advocates to act on people's behalf when necessary. Protection is provided for people at home by home care workers, care managers and advocates. Future provision will also include support to people with long-term conditions from the PCT and from adult services. This will allow them to manage their conditions at home more effectively and prevent recurring admissions to hospital.

There are problems dealing with people with dementia in sheltered housing when co-ordinators aren't there. What back up and support can be provided for other occupants? Should these people be assessed differently – i.e. do they receive appropriate care?

Extra care sheltered housing will provide 24 hour care, so that so that there is always someone on hand to deal with problems. Many people with dementia manage well in extra care sheltered housing but some people do need residential care. The transitional stage between sheltered housing and extra care is often the most difficult. Additional support will be put in place for people who have dementia through help like the dementia support team and voluntary sector groups.

Couples should be allowed to live together, especially with dementia.

Yes, they should be helped to do so where possible.

How will people with complex needs be supported in the community?

Through the provision of floating support and the availability of resources from new homes. Through 24 hour care and in extra care sheltered housing and through

services jointly commissioned with health professionals.

Why are more people coming into extra care buildings with problems healthwise and cannot mix with long term tenants because of their problems?

Eligibility criteria for services have got tougher as there is more demand for service. Also more people want to stay at home for as long as possible. The transitional stage between sheltered housing and extra care is often the most difficult. Extra care is a way of providing health and social care support to people based upon their needs. One of the advantages of extra care is that support can be stepped up or stepped down quite quickly without the service user having to move.

More care for extra care people – how can this be done on 9-5pm and no weekends?

To be managed effectively extra care needs to have advice, help and staff available 24 hours a day.

Nursing needs – provision of care for people with dementia – follow on care – provided by the new homes?

Yes, new homes will provide for all these groups. An excellent model of care would be to have health and social care staff working alongside one another.

Baytree House is now taking in people who need special care. What will happen to the original occupants who were sent there at the beginning for basic supported living? Will they be offered alternative housing?

The plan for Bay Tree always involved support for some people with complex care needs. Re-assessments are being carried out and there may be some room for people to move to other schemes.

Will there be intermediate care beds?

Waltham Forest intends to continue to provide intermediate care beds with its health partners but there is a case for locating support and therapy at home or in extra care sheltered housing rather than in residential care, which often increases dependency.

What are the new technologies in the telecare flat?

Assistive technology includes alarms that respond to falls, flooding in bathrooms or kitchens or gas appliances that have been left unlit. It also includes more simple technologies, like aids to turn taps. It is developing all the time.

What is extra care? More detailed explanation.

Extra care means helping people at home who might otherwise need residential care or hospital, so it means advice, assistive technology and emergency help, for example. In sheltered housing it involves the 24-hour availability of support from home care workers, health and social care staff, with scheme managers (wardens)

working more traditional hours. Sometime a main meal is provided. In tailored schemes it may include day activities and planned events held in the schemes so that people are not isolated from their communities.

Can we devise a standard or tests for telemedicine, to make it more effective, safe and reliable?

It is difficult to imagine a standard test but all individual's needs must be properly assessed for risk and reviewed and all equipment must pass standard safety tests.

Theme: Project planning and implementation

What is the timetable for improvements and changes?

The program overall should be completed by 2011 at the latest.

What are the timescales for making telecare more accessible to the community?

Telecare show cases are already available to the public at Lockwood House and will be rolled out elsewhere.

Where did the 180 bed number come from?

The figure came out of discussions with commissioners about needs in the community, assessment of current budgets and new build costs. This conference gives us a chance to think through the types of provision that these beds could provide.

If you are redeveloping sites, is there a timescale for home closures and have those sites or homes been identified?

We are at present planning to close 2 homes by April of 2008 but homes have not yet been proposed. The process will include consultation.

I hear rumours that my home is going to close down. What will happen to me and the staff? What will happen to EVERYBODY?

Waltham Forest has an obligation to its current residents and staff to offer acceptable alternatives if homes close. Staff will be found alternative employment either with the Council or with the new provider as part of the new schemes' development.

Why are we closing? When are we closing and will the service users be involved in decision making?

Current homes need to close because they were built a long time ago and no longer meet the standards required legislation or by residents. Residents will be interviewed individually about preferences and will be involved in designing new services.

How will the council support existing service users, relatives and staff during this very uncertain period of change?

A formal consultation and communications process will take place, involving regular meetings with individuals and with groups.

How will this be funded?

Costs will come from the program costs overall.

How will the new services be funded?

The new services will be funded by Council revenues and by contributions from individuals in the same way that residential care is funded now, though they may also

involve health funding or subsidy from providers. Costs to individual service users and their families will be based on assessment.

How will the Council be able to afford and fund these new services?

The Council has to balance the need for new services with its available funding and to look around to achieve best value in terms of new provision. This will require a process of tender and negotiation. We will also be maximising our use of government grants.

How will service users be moved?

Service users will be moved with sensitivity and with as much choice as we can make available,

How long will the whole process be?

The program is scheduled for completion by 2011 – though there are always potential snags with such complex projects.

Where will the new residential homes be located?

No decision has yet been taken except that sites should be available both in the North and South of the borough.

Are the big homes going to be subdivided? How will they arrive at bed configuration?

Whatever model we develop will involve a small group living concept with homes subdivided around group. This will give a family feel to units. For people with complex needs we are committed to high staff to service user ratios.

The consortiums that might bid for service contracts – how longstanding are they and who runs them?

There are a wide variety of reputable providers who will be interested in services in Waltham Forest. Issues of governance and longevity will be important in deciding who wins the tender process, as will the views of service users themselves.

Theme : decision making and communication

Could you communicate to us what is being considered before it happens?

We will give people as much input as possible into the program and the choices it involves.

How can we communicate to relatives, staff and residents - through meetings?

We will communicate by meetings but we also like the idea of a small board (proposed at the conference) and of a newsletter – please see the summary of our communications discussions later on in these notes.

How will people be involved in wider communities?

We need to make sure that new homes have a community focus, perhaps by including a café.

How the communication will improve?

We are committed to regular consultation and communication around the program.

How will the council communicate with carers to make them aware of the facilities offered by the new proposals?

We will communicate by meetings but we also like the idea of a small board (proposed at the conference) and of a newsletter – please see the summary of our communications discussions later on in these notes.

Why are tenants not being listened to? You have asked again and again asking for ideas to be given or about easier ways for building to be run more effectively.

Individual schemes for tenants are run in different ways by different organisations – none are now directly managed by the Council, for example. Tenants need to take up issues at meetings in their own homes. However, the Council will help to facilitate this where it can.

How will choice be given?

Choice for the development of the program will be ensured through individual and group consultations.

Theme: wider effects on service users

How can you reassure us that the level of service we receive in sheltered housing isn't going to change for the worse, not in 10-15 years time but now?

Waltham Forest is specifically setting out to develop higher levels of support to people in sheltered housing, though some aspects of change are always difficult.

If there are to be 2 or 3 new residential homes with day care linked to them, what is the day care provision to be? Is this a return to day care being provided in residential homes as it used to be, which was not successful?

The situation around day care has not yet been decided – but there is a case for providing some day care in residential homes, providing it is done sensitively. There are many successful examples across the country generally.

If extra care sheltered housing or sheltered housing are for more dependent people, what will happen to people in these homes now?

People currently in sheltered housing will remain there if they wish. As extra care sheltered housing develops more generally it will be accompanied by the development of 'floating support' and by services with a health element, which should allow people to stay in their own homes for much longer.

If like at present to my knowledge all the homes are full, will service users have to go in private homes, and will that be in the borough?

We do currently have some vacancies. If we need to move residents we will look to provide care in our own homes, including the new ones. We would want to give people the choice to move elsewhere if they wanted, however, and very specialised needs do have to be taken into account sometimes. We would want to and expect to place inside the borough.

What changes are going to be made in community services?

That's a big question! Fundamentally, service are moving more towards a preventative model as people express their wish to stay at home if possible. Health and social care services are likely to move closer together.

Theme: carers and staff

How will the quality of care and support staff be guaranteed, especially since this is low status, low paid work?

Since we will be asking staff to look after more dependent people we will need to offer good training, career structures and rewards.

The Social services carers daily were very good. We had several months when they were sacked because they were too expensive, replaced with several girls who couldn't talk to the patients or understand us. Anyone on their own looks forward to chit chat and help.

There is a difficult balance between managing our workload and budgets efficiently and ensuring that staff have time to spend with people who would benefit from company and the chance to chat. Both are important, as is making sure that people are able to sustain their existing networks of friends.

Care services are often provided by immigrant workers creating serious communication difficulties especially with elderly people with impaired hearing. This is often seen as a race issue, but it is actually a serious practical problem.

This can occasionally be a problem – and it can sometimes be used as an excuse by people who have racist views. Cases need to be reviewed individually on their merits.

Where are the staff for these facilities coming from, and will they require specialist skills?

Many staff will transfer over from our existing establishments. Since we will be asking staff to look after more dependent people we will need to offer good training, career structures and rewards.

Where will I be as a staff member, will there be a job for me? How will we be selected?

Staff members are protected by employment legislation and have a right to be interviewed for jobs in new homes.

Carers agency – are they vetted?

Yes, agency carers must be vetted in the same way as public sector employees, though there have been some well-publicised slips.

Does extra care sheltered housing mean 24/7 carers on site?

Yes it does, though these staffing levels may have to be developed over time in homes moving from sheltered housing to extra care status.

I hear rumours that my home is going to close down. What will happen to me and the staff? What will happen to EVERYBODY?

We will try hard to accommodate everyone who wants to stay with us in the new provision..

Will there be a manager on each floor with a team of staff?

Yes there will be managers on each floor and higher staffing ratios than current levels.

How will be the future of carers in these circumstances, if they are far away from the new workplace?

We will need to make sure that our new sites are as accessible as possible.

Theme: Activities

How can we get activities into the homes? An activity co-ordinator?

Yes, Waltham Forest are committed to placing activities co-ordinators in their new homes – but also want to see involvement of residents in more day to day domestic activities.

Regulation of care provision can operate against real independence and choice, denying people, for instance, the right to take risks. How can this be moderated?

It's a difficult balance but inspectors are frequently sympathetic when residents make their wishes clear and known and they have been properly assessed.

Many people in sheltered and residential homes are being denied social and recreational activities because of health and safety or cultural sensitivity. How can independence and choice operate within these constraints?

The balance can sometime be difficult, though it is difficult to think of activities restricted by 'cultural sensitivity'. Clearly expressed wishes and debate involving all involved parties always helps. The Council is committed to encouraging equality and diversity in all types of provision and this is something we will be looking at in the future.

Theme: services and facilities

Can we have room for hoists in our new rooms?

Yes. One of the priorities for new homes would be space significantly higher than current provision and minimum legislative requirements.

Can everyone have their own bathroom and toilet in the new homes?

All homes would have en suite facilities, though showers are now much more common than baths as they are easier to use.

Will the rooms have en-suite facilities?

Yes, as above.

Will there be room for our own possessions?

Yes. As rooms will be bigger there will be more room for people's possessions, although there are always going to be limits imposed by practical considerations.

What "quality of life" services will be provided?

Services will need to be tailored to what older people want, so services should arise out of consultations and review. Elements that have been emphasised by the conference include meaningful activities, regular contact with the community and access to faith groups, for example.

Can we have computers for residents and tenants?

Yes, Waltham Forest will build access to computers into new developments.

How can we ensure that laundry provision works better – currently clothes are left unsorted, unironed and not always given back to the right person.

This is a perennial problem, but it cannot ever be acceptable practice. Service level agreements (contracts) will have to specify that this is not acceptable and set financial penalties that ensure good practice.

Theme: Alternatives and challenge

Why don't we just spend money bringing the existing homes up to a modern standard? Surely that would be more economical and less disruptive?

The nature of the buildings, the national minimum standards imposed by legislation and the need to build above these standards so that homes will be fit for purpose for the foreseeable future combine to mean that it is almost impossible (and very much more expensive) to try to improve older buildings.

10-15 years ago there was closure of large institutions to reprovide services in the community. Proposals for a 90 bed unit are in themselves creating a small institution in itself. Why aren't smaller purpose built units made available to promote individual and community belonging?

New residential establishments will be built along unit-based lines, so that residents live together in small groups with a family feel. In general, there is a tension between small, locally based units and the efficiencies required by resources and value for money. Waltham Forest believes that bringing services out to people in the community in their own homes may help to resolve this tension.

How do we allow people to remain in their own homes and what support can be given to carers?

We need to look at providing advice, training, physical assistance like aids and emergency help through a variety of methods, including using any new buildings as resources.

If it became necessary, would YOU want to live in an existing home, or in one of the new homes?

There were a variety of answers to this question from the conference panel, predominantly saying that homes needed to provide for choice and dignity before they were acceptable and that current provision is sometimes physically poor and unattractive.

If I don't want to move from the place I live, will I be forced to move out? I wish to stay where I live because all my relatives live in Chingford.

There has been no decision about where new provision will be located yet, so it's difficult to say. In general, we will obviously not be able to keep people in a home that is to be closed – but we will try to help people remain in areas they want to live in. Also, extra care provision should allow people to remain in their homes for much longer.

Is it not better to have one coordinator for each sheltered or residential house, rather than three people serving five schemes, the time wasted travelling between schemes could be better used. It probably does not save money.

There are strengths and weaknesses in both alternatives, balancing efficiency, costs and good and innovative working practices. Sheltered housing schemes in Waltham Forest are managed by a variety of organisations, so different solutions have been tried. In residential care schemes must identify a single manager – they almost never manage more than one, though it can be allowed briefly in real emergencies.

The local authority wants to save £1.5 million and provide less beds than it does now. Does this make economic sense?

All decisions of this sort are very carefully scrutinised financially, so there is a strong business case.

Are we guinea pigs for a new idea or has this been done successfully elsewhere?

Re-provision and reshaping of services is going on all over the country but every solution is a bit different. Waltham Forest is trying to take examples from best practice (from Europe as well as the UK) and improve on them if possible.

What is a resource centre?

Resource centres are a part of the community around them and help people nearby as well as helping their residents, which means more people coming in and out from the community. Services that resource centres might offer include:

- *An advisory website, dealing with issues like medication and side effects, dementia, carer stress, etc.*
- *24 hour advice by telephone*
- *Advice on access to health professionals*
- *Advice on AT and demonstration suites*
- *A meeting place for older people from the community*
- *A meeting place for support groups and self help groups focused on older people*
- *A training resource for carers, joint health and social care training, private and voluntary sector carers from elsewhere*
- *Day care services with a rehabilitative function*
- *Memory clinic*
- *Night care services*
- *Access to advocacy*
- *Outreach services including floating support, handyman services, emergency home care and emergency meals*
- *A café or other types of community facilities*
- *Emergency inreach and outreach*
- *Support to ECSH units in the vicinity*

5 Evaluating providers

Participants were asked to examine one of three potential providers of residential and extended care. These were all imaginary, but based on real-life providers elsewhere in the UK and beyond. To some extent this was an artificial exercise (and its presence was included to lighten up an otherwise heavy programme) but some useful pointers emerged for the procurement process.

The three providers whose credentials were explored were:

- **World House Trust**, a charitable provider with homes in the UK and Africa
- **ComfortCare**, a UK based provider with a home in Nottinghamshire
- **Home from Home**, a multinational, us based provider with a variety of interests in services for older people

Each group looked at just one of these possible providers, using promotional material prepared beforehand. Questions which were raised that might be germane to future procurement included these:

- Provision of respite care
- Availability of outdoor space
- Are communal groups single or mixed gender
- Staff training and skills levels, including in mental health
- Flexibility of staff coverage
- User involvement and engagement in both procurement and management of home
- Attitude to inspection and improvement requirements
- Preference for a local (ie UK based) provider
- Use and familiarity with technology and telecare
- Rooms for visitors
- Car parking space
- Location
- Need for good presentation and PR in promoting older people's services
- Awards and accreditations secured
- Need to ensure provider respects and reflects diverse population of LBWF
- Track record, including the way they manage property and physical assets
- Capacity to partner the authority and work with LBWF requirements
- Proposed resident mix and profile
- Links with wider neighbourhood and arrangements for medical support
- Financial stability and probity
- User satisfaction surveys – do they do them, and what results from them.
- Management and governance structures
- Costs
- Direction of travel of care standards

6 Staying informed

Participants were keen on the whole on continuing to be informed in this process and identified a number of different ways in which this might happen. Those who wished to give their names and volunteer for different types of engagement were asked to do so on the evaluation form and these have been passed to the Council for further consideration.

Suggested ways in which people could receive **information** included

- e-mail
- a website
- articles and information in the local or council newspapers (although it was recognised that space would be limited)
- a newsletter, on a regular basis (fortnightly was suggested, but monthly might be more realistic)

People wanting to **be consulted** about the process offered suggestions as to how this could happen:

- Focus groups
- Personal visits
- More opportunities to feed back
- More meetings like this one (but shorter)

Whilst there were also opportunities to **engage** in and **influence** decision-making

- Stakeholder board
- Meeting real potential providers

7 Evaluation of the day

The conference included an evaluation form looking at aspects of the programme, the balance and leadership of the day, and the venue itself. Not everyone completed an evaluation form, and not all who attended completed one for the whole day, but a total of 28 forms were returned (this is lower than the total attendance, but this is also normal for an event of this nature).

Views were generally positive, and in many cases strongly so. The assessment of the programme was as follows:

Element	Very useful	Fairly useful	Not very useful
Presentation	17	10	0
Strengths and weaknesses session	17	10	0
Community links session	13	12	2
Question time panel	16	9	1
Evaluating providers	13	12	2
Staying informed	16	9	2
What happens next	11	11	1

(figures are numbers of respondents)

The highest scoring parts of the day were the earlier sessions, and the strengths and weaknesses session looking at current provision was the single most popular session, and was identified by a number of people as the most useful for them. The sessions on community links and what happens next were the lowest scoring sessions but even here the results indicate that almost everyone found these at least fairly useful.

In fact, very few people found any part of the day less than fairly useful; only eight of the 184 ticks on this section of the evaluation came up as “not very useful”.

Several people commented on the fact that the day had been useful as a source of information, a chance to get questions answered, and an opportunity for networking. One respondent said that the day “cleared a lot of doubt and potential worry...provided peace of mind”.

Ratings for the different elements contributing to the day are shown here:

Element	Excellent	Good	Fair	Poor
Overall programme	13	13	2	0
Opportunity to ask questions	9	16	3	0
Exhibition	10	11	6	0
Handout materials	9	14	4	0
Groupwork and exercises	12	12	3	0
Balance between listening and taking part	9	14	4	1
Facilitator	14	13	1	0
Length of the day	2	11	12	3

(figures are numbers of respondents)

Again the results are generally very positive. The highest score goes to the facilitator, but people were also strongly positive about the programme overall, and were at least fairly positive about almost all the other aspects. There are some who would have preferred a different balance between listening and taking part, but others praised the balance and said that this worked well for them. One participant said that they would like more days like this!

Only one aspect of the day is treated more circumspectly: the length of the day, which was clearly excessive for many participants, particularly some of the service users. Although a number stayed the course, there is a lesson to be learned here and future activities of this type should probably be reduced in length.

The choice of venue and domestic arrangements can sometimes make or break a day like this, and there were concerns going into the day about the size of the venue for the projected attendance. As it turned out, everyone was accommodated without undue overcrowding, but it was a day of unseasonably warm weather and this seems to have affected people's views:

Element	Excellent	Good	Fair	Poor
Heating and ventilation	4	14	4	6
Seating and comfort	3	17	7	1
Catering	20	7	1	0
Space for moving about	4	15	7	2
Venue overall	12	12	4	0

(figures are numbers of respondents)

The venue overall gets a positive score, which is encouraging, but clearly some people had difficulty with the temperature, the comfort, and the space available. These are probably all interlinked and reflect the huge interest in the conference and the desire of so many people to attend for at least part of the time. If anything, the figures suggest that this is a good venue but that numbers need to be more restricted.

There were adverse comments about the hearing loop and about the acoustics in the venue which caused difficulties for a couple of people at least.

The food was a big hit, and almost everyone described the catering as “excellent”, with just one person commenting adversely on the quantity left over.

Appendix - Workshop outline

Time	Activity	Led by	Notes
0830	Arrival and set up room and equipment		
0930	Coffee		
1000	Welcome	Phil	To include housekeeping, fire drill, toilets, mobile phones, comfort breaks, tea and coffee and a brief run through the programme and timings Also for anyone who has to leave early, there will be an online opportunity to contribute further
1005	Ideal homes	Phil	Groups to introduce themselves to each other and describe the place they liked most as a place to live and why; Phil then to pick a small number for feedback to wider group
1020	Where we are, where we're heading	Cllr Phillips/Sandra Howard	A presentation covering <ul style="list-style-type: none"> • Why current provision is no longer fit for purpose • What's planned to deal with this <ul style="list-style-type: none"> ○ Residential units ○ Extra care sheltered housing ○ Process for change • Timescales • Pitched at level suitable for users and carers. Addressing (probably indirectly) the questions – why are we changing? Is this just a cynical cost-cutting exercise? Is this privatising care?
1040	Questions	Phil	Each group has the chance to discuss and note the questions that arise, for consideration by a panel later in the day. Questions are collected in and sorted during the next session NB Questions are permitted throughout the day, and all will be answered in writing!

1100	Where are we now?	Phil	Groups explore the strengths and weaknesses of current provision for vulnerable older people using a sheet of open ended questions. Each group to note its responses on a flipchart for feedback, and include a star spending exercise to prioritise areas for attention
1130	Feedback	Phil	Each group feeds back on its discussion and questions are raised
1150	Comfort break and explanation of exhibition		People have opportunity to comment on different types of provision from exhibition or table based information
1205	Community links	Phil	Assessing the inreach and outreach services that will best serve residents and support the wider independent-living community
1230	Feedback	Phil	Results from each group on three areas of involvement
1250	Lunch		And a further opportunity to look at examples of provision elsewhere
1330	Question time	Phil	A panel discusses the questions raised earlier. Any questions not answered here will be followed up later and answers circulated.
1415	Evaluating the provider	Phil	What are the characteristics of a good provider? What criteria should LBWF use to assess different potential providers? What questions would they want to ask these providers at interview?
1445	Feedback	Phil	What did they like or dislike about each of the bidders? What questions would they want to ask them?
1505	Comfort break		

1520	Staying informed		How would they want to be involved in this process, if at all? Set out options for future involvement (e.g. newsletter, e-news, meetings, focus group, mailings) and ask them to discuss what they would want to see
1535	feedback	Phil	What involvement would people seek?
1545	What happens next	Mimi Konigsberg Director of Adult and Community Services	Summary of what's emerged and anything that can be said about how the service will respond to the issues raised, explanation of how things move forward now, request completion of evaluation and opportunity to go on to mailing list for future, thanks for coming and please tell everyone else about this process.
1600	Close		

By Phil Back, with Chris Manthorp (Director for Re-provision) and Sandra Howard (Head of Adult Services)

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