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Supplementary information for 25 September 2013 Scrutiny Board (Health and Well-being and Adult Social Care) Call In meeting

Pages 1-46: Agenda item 7 – To consider the following supplementary information:

- Adult Social Care Briefing Paper: Request for Scrutiny – Better Lives for People in Leeds – residential and day care for older people
- Appeal against decision to close Primrose Hill Care Home
- Response to Primrose Hill Care Home Campaign Appeal
- E-mail correspondence received in relation to the future of residential and day care for older people
- Adult Social Care Briefing Paper: Manorfield House submission – Better Lives for People in Leeds – residential and day care for older people.

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Adult Social Care BRIEFING PAPER

REQUEST FOR SCRUTINY

Better Lives for People in Leeds: residential and day care for older people

Health & Social Care Scrutiny Board
25 September 2013

INTRODUCTION

This paper is intended to assist Scrutiny Board members in their consideration of a Request for Scrutiny by representatives of the GMB Union. The request has been made in respect of two reports that were considered by the Council's Executive Board on the future of Council-run Residential care homes and day centres under the Adult Social Care 'Better Lives' programme. The paper provides responses to the specific questions laid down in the Request for Scrutiny and it is hoped will provide the basis for discussion.

BACKGROUND

The Council is facing an unprecedented financial challenge, which can be summarised as: Government funding to the Council was reduced by £94m between 2010/11 and 2013/14. For the next two years the government's Settlement Funding Assessment for Leeds is a reduction of £36m (10%) in 2014/15 and a further £45m (15%) in 2016/17. This will take the reduction in funding over the 5-year period to £175m, which represents a cut of nearly 40% in cash terms for core services since 2010/11. In addition to these funding reductions, the Council faces inflationary and other unavoidable spending needs, which add to the savings that need to be found to deliver a balanced budget each year.

In response to these pressures, Adult Social Care undertook a review of its homes and day centres in 2010, which was endorsed by the Council's Executive Board in that year. In September 2011 Executive Board agreed to the closure of four day centres and the development of eight as specialist centres for frail older people or people with dementia. The remaining day centres were to be the subject of further review. The same meeting of Executive Board (September 2011) also agreed to the immediate or eventual closure of five residential care homes, with a further home to become the subject of a possible transfer to a community interest organisation. The remaining homes were to be kept under review.

Following those reviews and further consultation, on 4 September 2013 The Council's Executive Board considered two papers prepared by Adult Social Care on the future of residential and day care for older people. The meeting supported the recommendations, which were to:

Residential care

- 1 Note the very extensive and wide ranging consultation undertaken and thank all contributors for their thoughtful and helpful comments which have informed the recommended outcomes.
- 2 Note the commitment and process which will be followed to ensure all people affected by the adoption of the recommendations are provided with comprehensive care planning and support in identifying appropriate alternative provision

- 3 Agree the implementation for proposals for the long term residential care homes, namely:
 - a. To close Amberton Court, Burley Willows, Fairview and Musgrave Court (see para 8.2, Table 2)
 - b. To agree that Suffolk Court be re-designated over time to offer transitional care, with the objective of eventual conversion as a specialist, clinical intermediate care centre (see para 8.5, Table 3).
 - c. To agree that Manorfield House and Primrose Hill remain open (see para 8.5, Table 3) to provide residential care for existing residents but with no new admissions and will close
 - When no longer required by existing residents;
 - If the health and wellbeing of the remaining residents cannot be maintained;
 - Should alternative new residential care provision become available within the ward;
 - In response to changes in registration requirements or legislation
 - d. Approve the commencement of dialogue with interested community groups and stakeholders with regard to the future of Home Lea House.
- 4 Agree the implementation process for the transfer of residents that will involve a dedicated social work team applying the Assessment and Closure Protocol and Care Guarantee to ensure a person centred approach to minimise the impact caused by adopting the recommendations.
- 5 Agree that decommissioned buildings, within areas of low supply, will be declared as surplus to requirements and demolished in order that the sites, where suitable, can be considered for the provision of specialist housing for older people.
- 6 Agree that suitable alternative sites within areas of low supply be considered for the provision of specialist housing and care for older people.
- 7 As part of this process, agree that officers be authorised to take appropriate steps to secure partners to exploit development opportunities for specialist housing and care provision.
- 8 Agree to the proposed disposal options of all the facilities as set out in the report.

Day care

- 1 Note the very extensive and wide ranging consultation undertaken and thank all contributors for their thoughtful and helpful comments which have informed the recommended outcomes.
- 2 Approve recommendations to close Doreen Hamilton, Naburn Court and Queenswood Drive day centres, and to actively pursue alternative uses for the buildings by community groups, in particular
 - Developing the role of the Doreen Hamilton building in the wider community or as a day care satellite to Osmondthorpe Children's centre
 - It is proposed to develop the role of Naburn Court day centre so that it can play a wider role in the life of the local community
 - Working with community groups formerly based at the West park Centre and a local Neighbourhood Network who have shown an interest in the Queenswood Drive Building
- 3 Approve the recommendation to close Burley Willows day centre and declare the site surplus, with the stipulation that the site be marketed for the construction of extra care housing.

CURRENT POSITION

On the 13 September Adult Social Care received notice that the Executive Board decision had been called-in by five elected members under the Council's governance procedures. On the 16 September a request for Scrutiny was received on behalf of the GMB Union.

Both requests for a review of the decision are to be discussed at the Health & Social Care Scrutiny Board meeting of the 25 September 2013.

PURPOSE OF THIS PAPER

For the purpose of aiding the Scrutiny discussion, this paper addresses the issues raised in the GMB request for Scrutiny.

ISSUES RAISED

The issues raised by the GMB submission centre on five areas where there is a perceived lack of detail in the report of the Director of Adult Social Services to Executive Board on:

- The numbers of staff affected by the recommendations
- Community staff using the sites as bases
- The specialist nature of the day centres
- Plans in place in the event of a private sector establishment failing
- The number of private sector beds available
- Financial information being different from that being consulted on

The following clarifications are offered by Adult Social Care

1 The numbers of staff affected by the recommendations

In total, 264 residential care staff and 25 day service staff are affected, together with 45.84 posts which are currently being filled by agency workers. A breakdown of staff by establishment is as follows:

Residential care staff

- Amberton Court: 10 full-time staff, 24 part-time staff (4.46 fte agency posts)
- Burley Willows: 7 full-time staff, 32 part-time staff (0.58 fte agency post)
- Fairview: 7 full-time staff, 30 part-time staff (6.56 fte agency posts)
- Home Lea House: 5 full-time staff, 21 part-time staff (8.78 fte agency posts)
- Manorfield House: 6 Full-time staff, 25 part-time staff (1.64 fte agency posts)
- Musgrave Court: 8 full-time staff, 26 part-time staff (9.56 fte agency posts)
- Primrose Hill: 2 full-time staff, 29 part-time staff (7.59 fte agency posts)
- Suffolk Court: 6 full-time staff, 26 part-time staff (5.86 fte agency posts)

Day care staff

- Burley Willows: 2 full-time staff, 8 part-time staff
- Doreen Hamilton: 1 full-time staff, 5 part-time staff
- Naburn Court: 1 full-time staff, 4 part-time staff
- Queenswood Drive: 1 full-time staff, 3 part-time staff (0.81 fte agency post)

In Round 1 of residential and day care closures, a total of 100 staff were displaced. Of these 43 opted to take advantage of the Council's Early leavers' scheme, with the remaining 57 finding new posts within Adult Social Care, mostly in other residential and day care settings, although some chose to move to learning disability or occupational therapy services

2 Community staff using the sites as bases

The only community-based staff currently using one of the sites recommended for closure (Burley Willows) are two staff per day from a pool of Fulfilling Lives Service staff who work at

eight small community bases in the WNW area. All these staff are used to working flexibly across a number of different bases. The base at Burley Willows (a small semi-detached property separate from the main home and day centre) had, independently of the day / residential service review, been identified as unfit for purpose and the service has been actively seeking an alternative building for a couple of years. Agreement has been reached with Sport to create a new community base at the Kirkstall Leisure Centre, replicating the successful model already operating in five other leisure centres across the city. Feedback from staff working at established leisure centre bases is extremely positive and the Burley Willows staff team already support customers at Aireborough and Pudsey leisure centres

3 The specialist nature of the day centres

None of the 'specialist' day centres is proposed to be closed. In Phase 1 of the 'Better Lives' programme, eight day centres were re-commissioned as specialist resource centres to cater for people with high level care needs and / or dementia. There were Apna, Frederick Hurdle, Middlecross, The Green, Laurel Bank, Calverlands, Wykebeck and Springfield. In the current phase, Radcliffe Lane was recommended to be retained as a specialist unit for frail older people; and Siegen Manor day centre was recommended to be retained as a specialist dementia resource hub.

If the question refers to particular services that people attending the day centres require (eg bathing, meals, daytime respite for carers), all of these services are available in the alternative daytime opportunities on offer. Adult Social Care has repeatedly given assurances that no-one will lose services they need and no-one will receive less service than they do now. This is set out in Recommendations 2 and 4 of the Residential Care report (see above); and the Equality Impact Assessment, which was attached to the Day Care report at Appendix 2 and the Residential Care report at Appendix 6. This states: 'An important criteria of the proposal is that the change does not mean a reduction in service for service users, or that the Council's statutory duties are not being delivered.' The Impact Assessment goes on to list a number of actions that should be taken in support of this.

4 Plans in place in the event of a private sector establishment failing

The Council has worked closely with the independent sector over the last year to agree a fair cost of care for homes within the city, which includes incentive payments for higher levels of quality of service provided through a quality framework. The majority of care homes in the city have tendered to be part of this Quality Framework. Homes that are part of the Quality Framework will be validated on a regular basis to ensure they are meeting the quality standards required. Part of this validation process will include the checks to ensure each care home has a sustainable business model and can evidence financial stability.

Whilst the nature of a commercial market will inevitably lead to some organisations failing, the Council has developed a plan of action to be used where we are informed an organisation is to go or has been put into administration, which may result in the closure of a care home. In addition, the government recently announced a national system of oversight and coordination, administered through the Care Quality Commission (CQC), which will provide early warnings if a company is in financial trouble.

CQC will have the power to:

- require regular financial and relevant performance information

- require the provider to develop and submit a 'sustainability plan' to manage any risk to the organisation's on-going sustainability
- commission an independent business review to help the provider to return to financial stability
- require information from the provider to enable the CQC to support local authorities to manage a provider failure

In the majority of cases in Leeds where a care home provider has gone into administration, it has been our experience that the home has subsequently been sold by the administrator to an alternative provider and the home has continued to operate as a going concern.

Over the last 5 years we have had 10 new care homes for older people open within the city with approximately 750 new beds. During September 2013 there are two new care homes opening, adding a further 170 (approx) beds. We are also aware of a number of further development being planned for the near future. This would indicate a thriving market in Leeds, where independent sector providers are willing to invest.

5 The number of private sector beds available

The number of residential places available in the Independent sector in Leeds is as follows:

- City-wide care homes with nursing: 2166 places (with an additional 182 places either approved or pending planning)
- City-wide care homes without nursing: 1956 places (with an additional 398 places either approved or pending planning)
- City-wide extra care housing beds: 680 (with an additional 197 beds either approved or pending planning)
- City-wide local authority beds in residential homes for older people: 465

In 2012/13 the Council contracted with the independent sector for 750 places in care homes with nursing and 1,255 places in care homes without nursing.

Currently there are 318 contracted vacant places within the independent sector (nursing and non-nursing places combined) in Leeds (figure updated 18/9/13 with information provided by independent sector providers). The vacancies can be characterised as 216 non-nursing and 102 nursing

A planning application has been submitted for 63 sheltered apartments on the site of the Benfield Motors Site in Wetherby.

6 Financial information being different from that being consulted upon

The Executive Board report of February 2013 (pre-consultation) and September 2013 (post-consultation) each reported a financial analysis that reflected running and maintenance costs and projected savings that pertained at the time of writing. Between February and September, the recommendations in respect of three of the homes changed, as did occupancy levels in all homes and day centres. Both of these changes were reflected and explained in the September Executive Board report. For convenience, the relevant section of the Residential Care report is reproduced below. The section explaining the difference in financial information is highlighted.

10 Resources and Value for Money

Financial Resources

- 10.1 The Council-owned day care units have significant running, maintenance and upgrade costs. There is a strong third and independent sector in Leeds that provides day care in an appropriate manner and at a competitive cost. Re-aligning Council services to meet specialist needs with an integrated community focus will offer value for money by providing better outcomes to more people.
- 10.2 The February 2013 Executive Board report in paragraph 10.8 identified potential net savings on direct costs of £0.4 million across all the identified day centres, if the recommended options for each centre were to be confirmed.
- 10.3 Since the February report was presented the specific services that will be available at the Holt Park Active centre and the associated costs have been determined and the initial savings have been updated to a 2013/14 price base. Taking these updates into account, the full-year net direct cost savings from the four proposed day centre closures are £0.3 million.
- 10.4 The condition of the four day centres earmarked for decommissioning has been surveyed and the cost to Adult Social Care of longer term renovation has been estimated at £0.3m. The total saving would therefore accrue to a figure of £0.6m taking into account the direct savings outlined in 10.3 above. However, should the day centre buildings remain in Council ownership for the purposes of community use or the delivery of alternative Council services, the costs of on-going maintenance and any necessary upgrade of facilities will not be avoided in the longer term.
- 10.5 As part of the Phase 2 review, the site upon which Burley Willows day centre and Burley Willows residential care home is located is being considered for redevelopment as specialist extra care housing. To avoid nuisance created by empty property and to enable a cleared brownfield site to be offered to the market, it is recommended that Executive Board approve the demolition of both buildings once decommissioned. It is estimated that the cost of demolition will be in the region of £170k.

EXTRACT FROM RESIDENTIAL CARE REPORT

11 Resources and value for money

Financial Resources

- 11.1 The Council-owned residential units have significant running, maintenance and upgrade costs. There is a strong independent sector in Leeds that continues to develop new homes with better specifications and at a competitive cost. Most of the longer term residential care, funded by Adult Social Care, is already provided by the independent sector, with the Council providing 17.3% of this in 2012/13. Re-aligning Council services to meet specialist needs with an integrated community focus will offer value for money by providing better outcomes for more people.
- 11.2 The February 2013 Executive Board report identified potential net savings on direct costs of £0.875m across all of the identified homes, if the recommended options for each home were to be confirmed. These savings took account of the re-provision costs of transferring existing residents to alternative care homes, based on the typical

price of an alternative bed and on the average budgeted occupancy across the Council's homes for older people of 95%.

11.3 By the end of a five year period when the proposals set out in this report are anticipated to be fully implemented, the net impact will be to reduce full-year direct costs by £4m, net of the costs of alternative accommodation for those residents transferring.

11.4 The significant increase in the savings now identified compared with those set out in the February report is due to a number of factors:

- Basing the savings on the permanent occupancy of the eight homes in late July rather than the 95% budgeted occupancy across all Council homes
- The proposals for Manorfield House and Primrose Hill now being for existing residents to continue in residence with no new permanent admissions and so the costs of alternative accommodation for current residents are no longer included
- Uplifting the savings to a 2013/14 price base

11.5 The substantial savings from these proposals are based on the direct costs of providing the service, excluding support services and other overhead costs. Based on 2013/14 budgeted costs at 95% occupancy, the average cost per place across the eight homes is £540 per week compared with the typical independent sector cost of £429 per week, or £442 per week for dementia care. Based on permanent occupancy in late July within these homes, the average cost is £840 per place per week (almost double the cost of independent care). This increase in unit costs based on current occupancy is the main factor in the substantial increase in the identified savings since the February 2013 report.

11.6 To avoid nuisance created by empty property and to enable a cleared brownfield site to be offered to the market, it is recommended that Executive Board approve the demolition of the six homes once decommissioned. The estimated demolition costs are £170k per property.

CONCLUSION

The information above is offered to assist Health and Social Care Scrutiny Board members in their preliminary discussion of the points raised by the GMB Union. Officers of Adult Social Care will be on hand at the meeting to provide any further clarification required.

19 September 2013

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APPEAL TO SAVE PRIMROSE HILL CARE HOME

c/o Stonehaven, 1 Bownas Road,
Boston Spa, Wetherby,
West Yorkshire, LS23 6EX

morton.spa@gmail.com

10th September 2013

THIS LETTER IS FOR THE ATTENTION OF:

Mr Tom Riordan
Chief Executive
Leeds City Council
Civic Hall
Leeds
LS1 1UR

This correspondence has been sent by e-mail to all addressees listed below

Leeds City Council Executive Board	Outer NE Ward Councillors
<p>To: Tom Riordan, Chief Executive tom.riordan@leeds.gov.uk</p> <p>cc to: Councillor Andrew Carter andrew.carter@leeds.gov.uk Councillor Stewart Golton stewart.golton@leeds.gov.uk Councillor Keith Wakefield (Chair) keith.wakefield@leeds.gov.uk Councillor Judith Blake judith.blake@leeds.gov.uk Councillor Mark Dobson mark.dobson@leeds.gov.uk Councillor Peter Gruen peter.gruen@leeds.gov.uk Councillor Richard Lewis richard.lewis@leeds.gov.uk Councillor Lisa Mulherin lisa.mulherin@leeds.gov.uk Councillor Adam Ogilvie adam.ogilvie@leeds.gov.uk Councillor Lucinda Yeadon lucinda.yeadon@leeds.gov.uk</p>	<p>cc to:</p> <p>Councillor Gerald Wilkinson gerald.wilkinson@leeds.gov.uk Councillor Alan Lamb alan.lamb@leeds.gov.uk Councillor John Procter john.procter@leeds.gov.uk Councillor Dan Cohen daniel.cohen@leeds.gov.uk Councillor Peter Harrand peter.harrand@leeds.gov.uk Councillor Neil Buckley neil.buckley@leeds.gov.uk Councillor Ann Castle ann.castle@leeds.gov.uk Councillor Rachael Procter rachael.procter@leeds.gov.uk Councillor Matthew Robinson matthew.robinson@leeds.gov.uk</p>

APPEAL TO SAVE PRIMROSE HILL CARE HOME

Dear Chief Executive, Leader of the Council, Executive Board members and Ward Councillors

APPEAL AGAINST DECISION TO CLOSE PRIMROSE HILL CARE HOME

The residents and their families, the staff of Primrose Hill and the 6,252 people from all the local communities who have supported the Save Primrose Hill Care Home Campaign, are devastated by the decision made at the 4th September Executive Board meeting.

This is turning the clock back 30 years when Councillor William Hill lobbied for Primrose Hill to be built because our communities lacked residential care facilities.

Updating Leeds Adult Social Care's (ASC) numbers, the support to keep open Primrose Hill represented 46% of all the support for all care homes under review in Phase 2. This must tell you the strength of feeling of your local electorate in the Boston Spa and surrounding communities, who have relied upon Primrose Hill over the past 30 years. Not a single voice was heard in favour of closure.

We were surprised by the lack of debate and interrogation of this significant recommendation made to the Executive Board. Therefore, we are obliged to point out to you some key omissions ASC made from the recommendations.

1) Financial cuts and that savings are required

The Directors of ASC have stated publically and in writing that "...the actual savings from the closure of Primrose Hill cannot be known at this stage...."; "...the savings have not yet been calculated...". This does not support their premise of saving money.

The fact that Deputy Director of ASC fails to sum simple numbers correctly in his 15th February report to the Executive Board, compounds the lack of confidence in the expertise of Adult Social Services' financial prowess.

2) The oversupply of Residential Care Home rooms in Wetherby area

The Director of ASC has admitted that Wetherby Manor is full and Ashfield House is 'not acceptable' to family members.

Also, the former has no CQC reputation and the latter has failed CQC examination.

Closing Primrose Hill will lead to an undersupply of residential care rooms in Wetherby area, not an oversupply.

So where will the residents be re-homed? Not locally and this is not acceptable to residents or families.

Closing Primrose will lead to an under supply of residential care beds in our area.

ASC constantly claim they can outsource to the private sector at £429 per person per week. But when questioned about this in July the Director of ASC did admit that negotiations have not yet commenced for outsourcing fees with the private sector, in regard to residents at Primrose Hill, which also implies cost savings cannot be confirmed.

3) That Primrose Hill is an old building not complying to standards

It is actually only 30 years old. It passed the most recent CQC examination, as it always does.

According to The Department of Health, Social Services and Public Safety Residential Care Homes, Minimum Standards, Primrose does meet specification.

So why did ASC choose to omit these statements for their report to the Executive Board?

APPEAL TO SAVE PRIMROSE HILL CARE HOME

The recommendation report is based on overall statements embracing all care homes subject to Phase 2; the numerics are either totals or based on averages for all of Phase 2. This implies the decision has to be 'do everything or nothing at all'.

There is no reference to the unique demographics for Wetherby and Boston Spa.

There is no reference to specific cost calculations for Primrose Hill.

The report you considered makes reference to elderly people wishing to live in their own home for as long as possible. We do not think anyone will disagree with this, but when the local area is forecast to have a demographic increase of the over 65s by 40% and over 85s by 93% during the next 18 years, it would not be surprising to find an ever increasing demand for 24 hours residential care from this huge portion of society. Extra Care Housing becomes impossible when you are no longer able to care for your own dietary requirements, personal hygiene all accompanied by impaired mobility.

The report refers to cost implications '...within these homes...' (a reference to average running cost of all Phase 2 homes) and says the unit cost has increased as occupancy has declined since February 2013.

- a) Surely you want to know the actual figure by care home?
- b) Surely you want to know the actual running cost based on traditional occupancy?
For Primrose Hill this is 95% and over.

Questioned on anecdotal evidence that admissions to Primrose Hill were being denied pre recommendations to the Executive Board, on 8th July the Director ASC admitted this was the case. Indeed, the report refers to national trends and Leeds trends for the demand for residential care places as declining. But there is no reference to the fact that Primrose Hill has traditional occupancy of 95% right up to the second quarter 2013, since when clearly admissions were being redirected elsewhere.

The Consultation One-to-One Process with residents confirmed (per ASC figures) all residents disagreed with the proposal to close Primrose Hill.

By omitting these crucial corrections and other facts from the report of recommendations, Save Primrose Hill Care Home Campaign strongly believe the Executive Board has not been presented with the full facts collected during the Consultation Process.

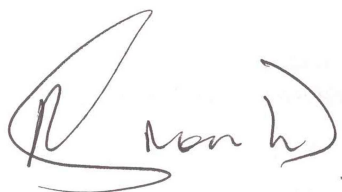
Our aim is for Primrose Hill Care Home to remain open to provide 24 hours care for the present and future elderly folk, a pursuit supported by 6,252 members of your local electorate.

We request you to consider the report as flawed, that the decision made on 4th September 2013 with regard to Primrose Hill be withdrawn and that a full review and balanced two sided debate take place.

Please confirm that you agree to this process and that you understand we may otherwise seek a judicial review.

APPEAL TO SAVE PRIMROSE HILL CARE HOME

Yours sincerely



For and on behalf of Save Primrose Hill Care Home Campaign

David Morton, Angela Morton, Simon Ambrose, Jane Ambrose, Karlis Obrams, Angela Marshall, Andrew Dowson, Helen Dowson, David James, Susie Lax, , Annabel Franklin, Lois Franklin, Celia Jones, Lesley Kitchen , Susan England, Roger England, Irene Taylor, Liz Black, Derek Imrie, Elizabeth Imrie, Anne Page, Sara Clement, Linda Brockley, Denise Wales, Sharon Fountain, Richard Littlewood, George Benson, June Greenall, John Baxter, Norma Waddington, Margaret Speight, Arthur Ellis, Ethel Baxter, Anne Greenwood, Janet Rawdon, Vera Whitehead, Sue Renshaw, Kathleen Morris, Jonathan Kinroy, Maureen Want, Tess Ferres, Sue Renshaw, Sue Wood, Paul Brown, Maureen Fox, Julie Thompson, Sandra Greenall, Janet Green, David Green, Barbara Courtman, Jennifer Wormald, Kathleen Morris, William Smith, Liz Smith, Peter Smith, Maddie Wigglesworth, Keith Wigglesworth, Jon Smith, Kerry Russell, Judy Whittle, Sarah Ellis, Stephen Thompson, Gilly Thompson, Michael Brady, Diana Ceford, Graham Platt, Anne Maney, , Anne Tooke, Denis Tooke, Brian Aston, Angela Windle

and many others who have written letters, e-mails, signed petitions and supported the Campaign

6,252 petitioners

APPEAL TO SAVE PRIMROSE HILL CARE HOME

CAMPAIGN APPEAL

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APPEAL TO SAVE PRIMROSE HILL CARE HOME

1. Better lives for the people of Leeds – Residential Care for Older People

Councillor L Yeadon, Ms S Keene & Mr D Holmes have all stated how they will “...listen...realise older people and families are anxious...we are sympathetic...want to know your views...want to know how changes might impact on you...listen to all arguments...”.

These platitudes are of no consequence to older, frail and defenceless 90 and 100 year olds (and their immediate families who are also generally well over 65 year olds), who are effectively about to be evicted out of their own home, having already made the life changing decision to have leave their family home. Close relatives are ageing themselves and will find longer journeys more difficult, and certainly in winter months, therefore reducing their daily visits, therefore having a negative impact on the resident.

Although the Consultation Process has taken place, bear in mind those being consulted are mainly over 90 years old, and at these great ages are certainly much less able to express the view they would have done some 30 & 40 years previously. Even close families over retired years find these processes wearing and difficult to deal with. So be careful how the Consultation Process is interpreted.

Read what one family have just said “...my mother has just returned from hospital having been extremely poorly, and once again, we have been astounded at the care that she has received since her return, and the almost miraculous improvement in her health and outlook. We strongly feel that this is entirely due to the very high levels of care given by the staff, and the fact that she regards Primrose Hill to be 'home', in the truest sense of the word.”

Similar expressions of the care given by the wonderful staff at Primrose Hill have been confirmed by families on many occasions.

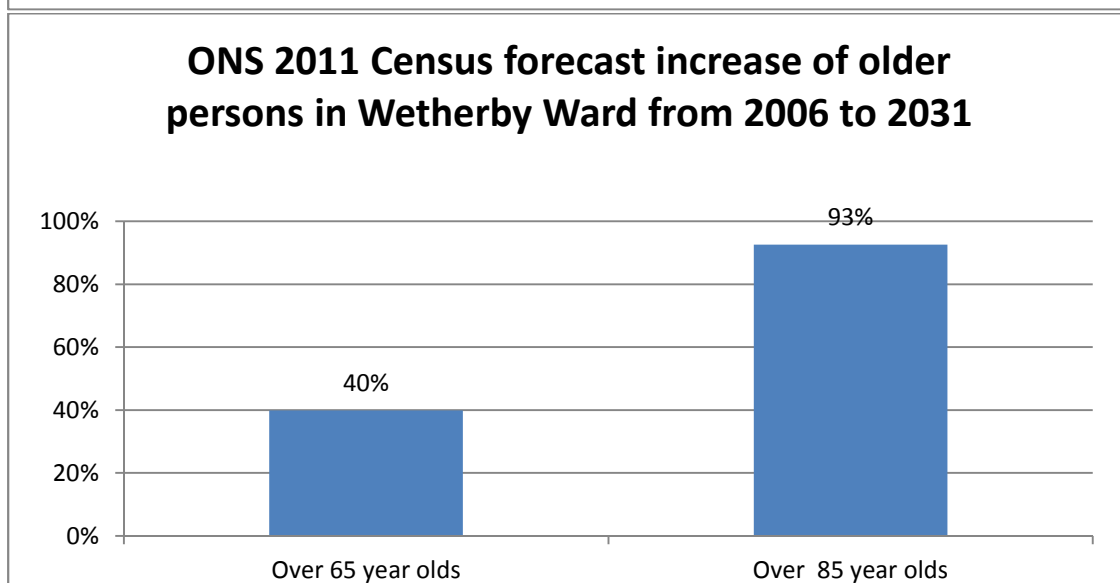
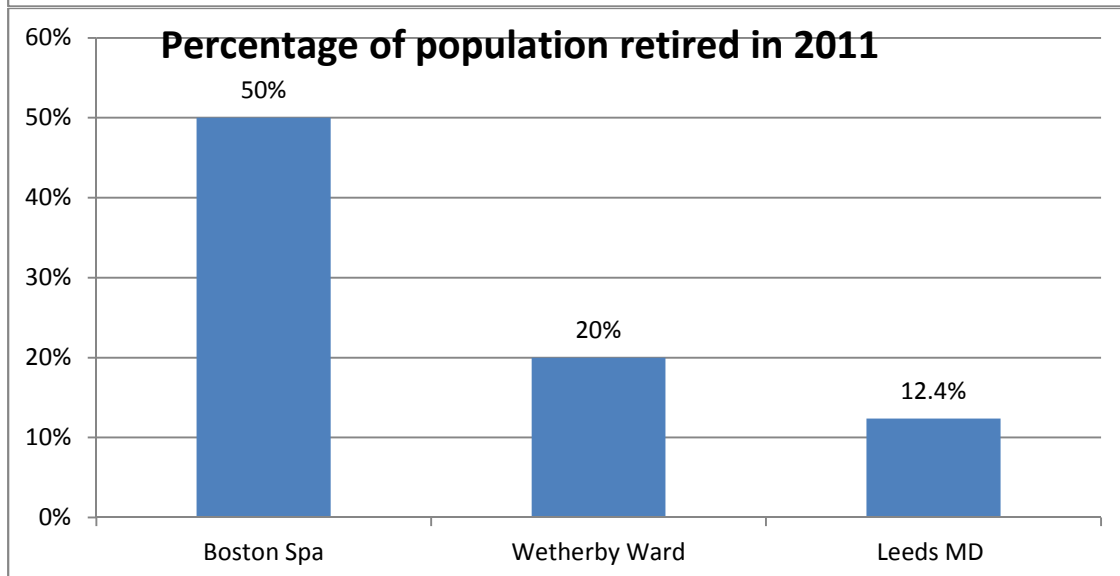
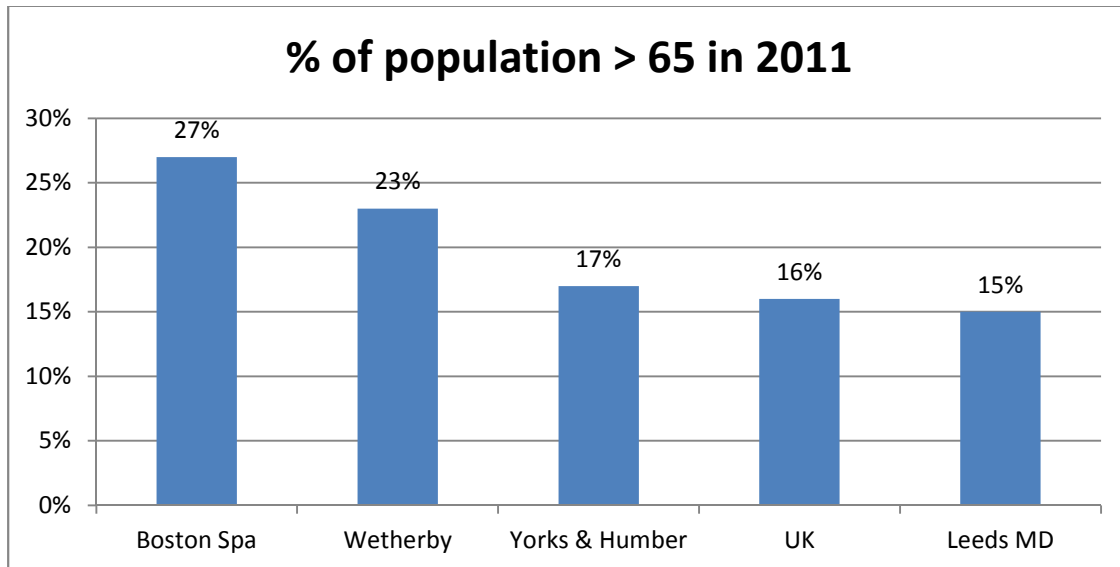
2. Demographics

The statistics clearly identify Wetherby Ward area to be a high density population of older persons, with a forecast for this to grow in excess of other areas.

The 2011 ONS Census recorded that:

The forecast increase of older persons in Wetherby Ward area from 2006 to 2031		
Age group	Increase from 2006 to 2031	% increase
Over 65	43,820	40%
Over 85	13,700	93%

APPEAL TO SAVE PRIMROSE HILL CARE HOME



APPEAL TO SAVE PRIMROSE HILL CARE HOME

3. Primrose Hill Care Home

In 2012 Primrose Hill received full CQC approval.

Primrose was purpose built some 30 years ago following lobbying by local Councillor William Hill, who recognised a requirement for a residential care home in Boston Spa, there being no other in the immediate area.

Fundamentally that situation has not changed and closing Primrose is merely removing a level of care which has been, is and will continue to be vital to local elderly people who require 24 hours support and can no longer live in their own home even with carer visits.

Primrose can be home for 31 permanent and 2 respite residents and there is an unused Respite Suite. Those who live there are mainly 90 and some over 100 years old

It has been widely reported by Adult Social Services that Primrose Hill is under occupied, currently only 20 beds in use. Yet when people make enquires about a bed there, they are told either no beds are available or they are warned off that the unit is under threat of closure. This is a clear attempt to manipulate the data. (See 'Primrose Hill Occupancy' later)

Primrose Hill Care Home has not received visits from any of the senior members of Adult Social Services and has only recently received a glimpsing visit from Councillor Ogilvie. Under normal circumstances, we would consider this unacceptable, but under the present Consultation Process it seems incredulous that such 'desk top' decisions can be made without a careful 'shop floor' examination of the facilities (in this case it is the only home for those who live there; the frail, vulnerable and defenceless elderly people who are in their 90's and even over 100 years old).

Ms M Tynan said that she knew the staff and residents very well. The staff to quote their comments "...were very offended...and upset..." at this comment, because not only was this untrue, they have never actually heard her name, never mind met her.

This is all very disturbing and places great doubt on the credibility with regard to what some say.

Mr D Holmes claims

- a) Primrose Hill is an old building.
Actually it was built in 1979 which at 34 years old is not an old building. It is not an old converted house but is a well-designed Care Home.
- b) The bedroom sizes do not meet present day standards.
According to The Department of Health, Social Services and Public Safety Residential Care Homes, Minimum Standards, the bedrooms do meet specification.
All the bedrooms have a wash basin. The majority of residents do not require en suite facilities. They are not appropriate and would, in fact, be a potential Health & Safety danger to the resident.
There are 8 double sized bedrooms which are used for single occupancy. These are more than large enough for mobility equipment. One of these bedrooms has a tracking system.
- c) The corridor width does not meet standards and all are fitted with handrails
Primrose Hill corridors are 1420 millimetres wide
Standard requirement is 1200 millimetres

The number and standard of the bathrooms are well beyond those seen in Private Homes. They are in excellent condition having all been refurbished in the last few years. Very large – with a mixture of baths, showers, wet rooms – all with tracking systems.

APPEAL TO SAVE PRIMROSE HILL CARE HOME

4. The Respite Suite & Respite Rooms

Built several years ago and has never been used for its intended purpose.

This marvellous facility has a living room, a bedroom with tracking system all the way to a bathroom which is a large size disabled wet room. There is a disabled kitchen. All this is carpeted and furnished.

Upstairs there are 6 offices, a kitchen and bathroom.

In the main house there is also an empty flat consisting of two rooms, a bathroom and kitchen.

Because this has never been used this is a complete wasted investment and no revenue earned.

There are 2 Respite rooms which have regular occupancy. For those who live locally and rely upon this local availability of Respite rooms, where will they go?

5. Primrose Hill Occupancy

On 19th June Mr D Holmes was questioned why Primrose Hill is only 70% occupied.

There is anecdotal evidence that social workers are diverting clients to other homes.

Mr D Holmes replied that "...he had no idea why the Home is not fully occupied. It is not LCC policy to run the numbers down and if there is evidence of this happening then disciplinary action would be taken".

On 8th July Ms S Keene was questioned why the Primrose Hill occupancy is now down to 20 occupied rooms when traditionally over the years it is fully occupied or 1 or 2 rooms vacant short term due to a resident passing away. It was pointed out to her that there is evidence from various families that potential residents are being turned away from Primrose Hill by Social Workers.

S Keene admitted this was the case.

Why do the Director and Deputy Director of Adult Social services provide absolutely conflicting answers?

One has to suggest the correct response is from the Director, but has the disciplinary action been taken?

6. Cost of running Primrose Hill

Figures provided by Leeds City Council to the Campaign show that the running cost based on 100% occupancy is £647 per person per week.

Mr D Holmes has on separate occasions said the running cost is "... over £600pppw..."; then "...over £700pppw..."; whilst Ms S Keene wrote on 5th June the running cost is "...£512.07pppw based on full occupancy".

There are huge discrepancies here that cast complete doubt on the financial data being used.

Finally, Ms S Keene says that "...the actual savings from the closure of Primrose Hill cannot be known at this stage as they will depend on the number of people resident at the time of closure, and the price paid for places in the homes they may transfer to".

As stated earlier the occupancy of Primrose Hill seems to be being deliberately driven down, as admitted by Ms S Keene, to inflate the apparent running cost to enhance the case for closure.

Surely Leeds City Council will evaluate any closure plan only based upon full occupancy, especially when this is the norm for Primrose Hill? Any other formula is purely arbitrary.

APPEAL TO SAVE PRIMROSE HILL CARE HOME

7. Alternative Care Homes

Apart from 2 private homes in Wetherby, there are no other local residential care homes. The nearest homes outside Wetherby = 10 miles + distance = over 20 miles round trip. Remember relatives are into their 60's & 70's, so it will become hard to visit daily, especially in winter.

Wetherby = 3 miles = 6 miles round trip
Scarthingwell = 9 miles = 18 miles round trip
Harrogate = 12 miles = 24 miles round trip
Leeds = 9 to 20 miles = 18 to 40 miles round trip
York = 14 to 20 miles = 28 to 40 miles round trip

From the considerable convenience of local and spontaneous daily visits to considerable inconvenience, extra cost and in some cases inability to make regular visits to the planned alternative Care Home, how do you expect this to enhance both residents' and relatives' lives post Primrose Hill closure?

8. Alternative Local Care Homes & CQC Status

There are 2 private homes in Wetherby:

- 1) Wetherby Manor is full and has no reputation or a CQC Report and we know that staff are resigning.
 - a. On 8th July when questioned about the availability of rooms at Wetherby Manor, Ms S Keene admitted there are no vacancies available.
 - b. This means that residents will have to be moved many miles away from Boston Spa and their family and friends.
- 2) Ashfield House is 'not approved' by Primrose families. In 2012 it did not pass the CQC criteria on two accounts:
 - i. Cleanliness and infection control
 - ii. Assessing and monitoring the quality of service provision

On 8th July Ms S Keene admitted knowledge that Ashfield House had failed the CQC examination and is not appropriate.

9. Other alternatives

On 19th June Mr D Holmes said that "...Current residents would have choice of where to move. LCC's experience is that local places could be secured for those wishing to remain in the area. The Department of Adult Social Care is liaising with the Planning Department to encourage the building of a care facility as part of the Thorpe Arch housing development."

This has never been mentioned before. What does his statement mean?
Ms S Keene has confirmed that no local residential care places exist.

APPEAL TO SAVE PRIMROSE HILL CARE HOME

10. Cost of Outsourcing to the Private Sector

The fees in the private sector are well known to far exceed that of local authority homes. But for clarification:

- a) Primrose Hill full self-funding fees = £536.20 per person per week
- b) Wetherby Manor = from £800
- c) Ashfield House, Wetherby = from £650

Mr D Holmes has made great play of the fact that LCC outsource at a contract fee of £429pppw.

On 5th June Ms S Keene wrote that "...the actual savings from the closure of Primrose Hill cannot be known at this stage as they will depend onthe price paid for places in the homes to which people may transfer". So this suggests that £429 is not the outsourcing fee relevant to Primrose Hill.

It seems the Director and Deputy Director of Adult Social Services are contradicting each other.

11. Private Care Homes

Wilkins Kennedy, an accountancy firm that deals with insolvency, says that the number of care homes that have gone bust has risen 12 percent in a year. The firm blames local authorities who have made cuts and left private homes unable to service their debts. 67 care homes failed in 2012 compared to just 28 in 2008.

Michelle Mitchell of Age UK, says that "...the future of many homes is threatened by an underfunded care system where local authorities are paying well below the market rate to owners, forcing them to cut corners." Age UK says that the higher the ratio of local authority funded places: privately funded places in private care homes, leads to bankruptcy. (Quote Daily Telegraph 30th April 2013).

Is Leeds City Council prepared to relinquish its responsibility and Duty of Care for the residential care of its older people, to an underfunded and failing private sector?

12. Leeds Climate Change Strategy

It is estimated that post Primrose Hill closure, relatives and friends may have to travel anywhere up to a combined additional 75,000 miles per annum equivalent to some 50 tpa CO₂ Carbon footprint. How does this fit with **Leeds' Climate Change Strategy** which states that "...tackling climate change is one of the strategic priorities for Leeds City Council" ?

13. Health & Safety

Some sons and daughters have not yet told their mothers or fathers about the planned closure and being moved to another home, because they are so concerned about mum and dad's reaction, the impact on their health and wellbeing. Some have said it could kill them.

There is evidence supported by the medical profession to show that moving older people, of great ages is not just health threatening but also life threatening.

Some families have moved their mum or dad from further afield to have them locally so they can visit daily; and this has in all cases been health and mentally beneficial to the resident in question.

APPEAL TO SAVE PRIMROSE HILL CARE HOME

14. Medical Profession & Care

Boston Spa Surgery practice partners all condemn the planned closure of Primrose Hill. Their letter is included in the 8th Folder and to extract they say that:

“...losing such an important local resource would in our view be a grave blow to the effective provision of care for our local ageing population. Boston Spa has for many years had a higher than average elderly population. Proposed building in the area is likely to add to the demands for local services including elderly residents. It would seem a perverse decision to close a facility providing care to this highly vulnerable population whose numbers can only be expected to increase in coming years”.

They say evidence does exist that moving older folk (remember = 90+) is life shortening; witness the closure of the Marguerite Hepton Nursing Home when 1/3rd of residents died within 6 months of being displaced. Closing Primrose Hill removes a level of care. Building Extra Care Homes is no substitute for those needing 24 hours care.

Harrogate District Hospital says that:

“... Primrose Hill is a considerable local resource and its closure would have a considerable impact on the local community. The Trust discharged patients to Primrose Hill from 30 admissions in the last 12 months and its closure would result in a disservice the community. Unfortunately it could also impact on patient's length of stay in hospital and the Trust would always promote that any patient who is well enough is better to be cared for at home, or nearer home”.

Messrs Jolley, Jeffreys, Katona & Lennon in their paper titled 'Enforced relocation of older people' state that:

“...practioners must remain vigilant to prevent the irresponsible relocation of vulnerable old people....relocation is stressful and carries associated risk of morbidity and mortality....”.

Clear evidence is documented that moving elderly people shortens life.

Professor Sir Bruce Keogh's latest report to HMG referring to the troubled NHS, categorically states that:

“...pressure caused in the large part by increasing numbers of elderly patientscan be relieved by Care Home facilities....”.

The family of a Primrose Hill resident have said (17th July) that:

“....my mother has just returned from hospital having been extremely poorly, and once again, we have been astounded at the care that she has received since her return, and the almost miraculous improvement in her health and outlook. We strongly feel that this is entirely due to the very high levels of care given by the staff, and the fact that she regards Primrose Hill to be 'home', in the truest sense of the word.”

What more evidence can be required of the case put by the Medical Profession, whose advice and guidance we all ignore at our peril?

APPEAL TO SAVE PRIMROSE HILL CARE HOME

15. Financial Case

Mr D Homes stated on 19th June that "...the savings (from closing Primrose Hill) have not yet been calculated...".

Indeed, Ms S Keene wrote on 5th June that "...the actual savings from closure of Primrose cannot be known at this stage as they will depend on the number of residents and price paid for places in homes to which people are transferred".

But surely the calculation should assume on 100% occupancy (=normal for Primrose).

So what of Mr Holmes £429 which he claims is fixed but Ms S Keene says the outsourcing price is still unknown?

Source of data Shirley Johnson at LCC

Outsourcing to private sector				
	Wetherby Manor	Ashfield Nursing & Residential Home	Zero self funders	
Fees				
Weekly	£800	£650	£650	£800
Annual	£41,600	£33,800	£33,800	£41,600
For all residents	£1,289,600	£1,047,800	£1,047,800	£1,289,600
Less self funders at Primrose Hill cost	355,709	355,709	0	0
Net cost of outsourcing	£933,891	£692,091	£1,047,800	£1,289,600

Analysis of Primrose Hill closure savings				
Gain / Loss v Net cost of service	- 246,586	- 4,786	- 360,495	- 602,295

Gain / **Loss** v Net cost of service

-
246,586 -
4,786 -
360,495 -
602,295

Mr D Holmes's report dated 15th February 2013 states that the potential savings from closing 6 homes including Primrose Hill are estimated at £875,000, after outsourcing to the private sector. This equates to an annual saving of some £146,000 per home.

Even applying an outsourcing cost of £429pppw an annual loss of some **£5,000** pa is still incurred post closure of Primrose Hill

So this does not add up to the average £146,000 per home saving forecasted.

But readers will have registered that despite claims made in reports, both Messrs Keene & Holmes confirm that "...the actual savings from closure of Primrose cannot be known at this stage".

APPEAL TO SAVE PRIMROSE HILL CARE HOME

16. Primrose Hill Care Home Staff

Mr D Homes stated on 19th June that staff will be offered alternative employment because LCC does not have a redundancy policy.

Most of the staff live locally and many have worked at Primrose Hill for many years.

In the event they lose their jobs this will not only bring financial hardship to them personally, but will also deprive the local community of their past spending power.

LEEDS CITY COUNCIL
ADULT SOCIAL CARE



PRIMROSE HILL CARE HOME
CAMPAIGN APPEAL

RESPONSE

September 2013

INTRODUCTION

The Appeal document submitted by the campaign group on 10 September follows the style and content of an earlier document submitted on the 22 May 2013 (to which a response was made in June 2013) and a deputation to Council on the 1 July (to which a response was made to Executive Board on 4 September). So that Executive Board members could be apprised fully of the campaign group's views, the earlier submission and deputation, together with the Council's full responses, were appended to the Executive Board report.

The Council's response to the Appeal document is as follows.

1 Better lives for the people of Leeds – residential care for older people

The document states that the Council's claims that the consultation was genuinely one of listening to views and understanding the impact on older people are "platitudes of no consequence to older, frail and defenceless people ... who are effectively about to be evicted out of their own home ..."

Response:

The Council's decision to change its recommendation for outright closure to closure only after one of a number of conditions has been met is clear evidence that the consultation was one of listening to people's views and acting upon them. There is no basis whatever in the claim that Primrose Hill residents are "about to be evicted".

2 Demographics

The Appeal document quotes data which identify Wetherby as an area of an increasing population of older people.

Response:

This was addressed at length in the response dated June 2013, when the conclusion was that there was adequate supply of residential care for present and future needs. Since then, and since the analysis of the consultation, the Council changed its recommendation in respect of Primrose Hill, allowing current residents to remain at the home. The Council made further recommendations in respect of areas of insufficient supply of older people's housing, instructing officers to explore development opportunities for specialist provision.

3 Primrose Hill care home

The document makes a number of points about CQC inspection; visits by senior councillors and Adult Social Care officers; and about the age, structure and fabric of the building.

Response:

The last CQC report on Primrose Hill and its findings in not disputed. Councillors Ogilvie and Hanley visited on the 8 July as part of their programme to visit all the homes under consideration prior to Executive Board taking the decision. The Director and Chief Officer are kept in close touch with all of our homes through the regular contact with the Head of Service and Principal Service Managers.

The Council maintains its view that with older people living longer and becoming more frail, the use of hoists and other specialist equipment for the safe transfer for bed to bath or toilet will

become more common. This requires a greater amount of *useable floor space* in residents' rooms than is currently available. The document states that the 'majority of residents' do not require ensuite facilities. This makes no allowance for *the needs of* future residents who are more likely to require equipment in their room which can be used safely by staff and whose relatives are unlikely to tolerate their loved ones need to share facilities.

4 The respite suite and respite rooms

The Appeal document refers to the respite suite, which is acknowledged has been sadly under-used. The issue of the respite suite was fully addressed in the Council's response to the Campaign group's earlier 'Submission'. For convenience, the response is reproduced here:

"Response: In 2008/09 the Department of Health made monies available to local authorities to promote 'Dignity in Care' in residential care homes for older people. Leeds received some of these funds and looked for innovative ways in which to use the money. People who used older people's services were consulted on how they would like to see the money used and it was agreed that Adult Social Care would develop a series of respite suites that would be able to accommodate a vulnerable older person and a carer / relative in suitably adapted accommodation.

"The suites were developed at Suffolk Court, Grange Court, Harry Booth House and Primrose Hill. In Suffolk Court, Grange Court and Harry Booth House the suites were developed in the main part of the home and were provided in two rooms with a connecting door, enabling the rooms to be used as ordinary bedrooms when not required for use as a respite suite. As this was the conversion of beds already registered with the regulator no additional permission was needed to use the beds in this way.

"At Primrose Hill the respite suite was developed in a separate building from the main home, connected by an enclosed corridor. This had the disadvantage of giving a feeling of being separate from the home. It has also meant that the suite did not have the versatility enjoyed on the other sites and was more difficult to use for regular respite guests, being separated from the main home. Because the suite was providing an additional bed it had to be inspected and registered by the regulator and added to the home's registered activities. There were considerable delays by the regulator in completing this task and the Director had to write to the Care Quality Commission (CQC, the regulator) in September 2009 asking for the process to be completed so the facility could be used.

"The facility has never been used. [At the time of writing tis Response, 23 September 2013, it has since been used once] All of the respite suites were widely publicised at the time. The resources at Suffolk Court, Grange Court and Harry Booth House have been used as ordinary respite units because they can be used as single person accommodation by locking the connecting door. Because of the layout of the unit at Primrose Hill and the terms of its registration with the CQC, this was not possible at Primrose Hill, as only one of the two beds could be used for a regulated activity. There were also concerns that a single occupant of the suite would be physically isolated from the rest of the home and this may have an adverse impact on their well-being.

“In retrospect, the development of the respite suites, while imaginative and innovative, has not proved to be a service for which there is a demand.

In response to the Appeal’s request for information of alternative respite services, the following homes offer respite care.

- Ashfield Nursing & Residential Home (3.5 miles)
- Wetherby Manor (3.3 miles)
- Donisthorpe Hall (9.8 miles)
- Moorfield House (9.8 miles)
- Holmfield Court (9.9 miles)
- St Katherine’s (9.7 miles)
- Parkside (9.4 miles)

It should be noted that the Primrose Hill respite service will remain available for as long as the home remains open.

5 Primrose Hill occupancy

The document refers to ‘evidence from various families that potential residents are being turned away from Primrose Hill by social workers’ and that ‘S Keene admitted this was the case’.

Response:

The complaint that occupancy levels have been artificially lowered in order to assist the case for closure has been made many times. No instruction has been issued to social workers to cease to refer potential residents to Primrose Hill. Each time this issue has been raised, Adult Social Care has asked for evidence more substantial than anecdotal, so that this could be investigated, but this has not been forthcoming.

During a meeting of the local Area Committee, the Director of Adult Social Services, Mrs Keene, explained that it was only fair that potential new residents (and their families) should be informed that the home was the subject of a proposal for closure and to confirm that they understood this in writing; this is not the same as refusing a referral. We suspect this has been misinterpreted as admitting that there had been an instruction to cease referrals.

6 Cost of running Primrose Hill

The document refers to apparent discrepancies in weekly charges for a room at Primrose Hill and reiterates the claim that occupancy is being deliberately ‘driven down’.

Response:

The claim that occupancy is being ‘driven down’ is addressed in Para 5 above. The cost per room per week varies according to the number of rooms occupied at any one time and this will account for the different figures quoted at different times.

The running costs for primrose Hill were the subject of a detailed explanation in the Council’s Response to the Campaign Group’s earlier Submission (Section 6). A further analysis is contained in the Executive Board report of 4 September 2013 (Para 11).

7 Alternative care homes

The document states that apart from two independent care homes in Wetherby, the nearest alternatives are over 10 miles away, potentially involving extra travel and increased inconvenience to friends and relatives who visit.

Response:

This is why the Council changed its recommendation to allow current residents to remain at Primrose Hill for as long as they need the home, or until new residential accommodations is available in the ward (see Executive Board report, 4 September, recommendation 3c). This changed recommendation is a direct result of what local people told the Council during the consultation.

8 Alternative local care homes and CQC status

The document states that Wetherby Manor is new and 'has no reputation or a CQC report'. It says that as Wetherby Manor is full, 'residents will have to be moved many miles away from Boston Spa and their families'. The document goes on to display unwillingness to accept placements at Ashfield House.

Response:

Residents will not have to 'be moved many miles away from Boston Spa and their families' because the Council's changed recommendation means that they will be able to stay there for as long as they wish (see Executive Board report, 4 September, recommendation 3c).

Whilst it is true that Wetherby Manor has not yet had a CQC inspection, it has been visited by the Council's own contracts monitoring officers, who have praised the physical amenity of the home and detected no problems with standards of care.

We respect the families' right to choose whether or not to accept Ashfield House as an alternative to Primrose Hill.

9 Other alternatives

The document refers to a remark about discussions over potential for building a care facility as part of the Thorpe Arch development.

Response:

The Trustees of Rockspring Hanover Property Unit Trust (through their agent) have submitted an outline planning application on 16th July 2013, for a development which includes proposals for 2,000 houses at Thorpe Arch, in Wetherby.

The applicants have made pre-application presentations to the City Plans Panel and a consultative forum has been set up that consists of representatives of Walton, Thorpe Arch and Boston Spa Parish Councils.

As part of the planning process discussions are on-going to agree the level of affordable housing to be delivered as part of any approval. Work is under way to identify local need including the provision of Extra Care Housing for the elderly. Adult Social Care has indicated its preference for an Extra Care Scheme on site as part of the affordable housing mix based upon the demand

analysis work undertaken by the Directorate. Current demand analysis shows a shortfall of -45 beds spaces in Wetherby rising to -55 bed spaces by 2020. The suggestion is that there is a clause in the Section 106 to agree the mix of affordable units at each delivery phase and against local need and unit types to be agreed with Adult Social care.

10 Cost of outsourcing to the private sector

The Appeal document lists the fees for self-funders as: Primrose Hill, £536.20; Wetherby Manor, from £800; Ashfield House, from £650 per person per week. It quotes the Deputy Director who has cited the fee paid to homes under the Framework Contract as £429 per person per week, whereas the Director has written that 'the actual savings from the closure of Primrose Hill cannot be known at this stage as they will depend on ... the price paid for homes to which people may transfer.' These are taken in the document to be two contradictory statements by Adult Social Care's most senior officers.

Response:

The Council has for many years applied a 'cap' to the fees charged to self-funders, which at the moment is set at £536.20 per person per week. Anything above this in terms of the true cost of care is effectively subsidised by the Council. At the time of writing (September 2013), the actual cost of a person's care at Primrose Hill is £743.71 per person per week. Whilst, as the document correctly states, the independent sector *fees* exceed those charged by the Council, the *cost of care* at Primrose Hill is very comparable to fees charged in the independent sector. A comprehensive explanation of this was contained in the Council's 'Response' to the earlier Primrose Hill Campaign's 'Submission'. That response was appended to the Executive Board report of 4 September.

Under the Leeds Quality Framework the Council has negotiated a fee of £429 per person per week (standard rate as quoted by Mr Holmes) with those homes which have elected to enter into a contract with the authority. However people *being displaced* from a home that is closing would be able to select any home of their choice, regardless of whether it is contracted to the Council under the Quality Framework. This means that some people may move to homes that are in the Quality Framework (standard fee £429), and some may move to homes outside the Quality Framework contract (fee unknown). This is what led to Mrs Keene's statement that the 'savings from the closure of Primrose Hill cannot be known ...'. There is no contradiction between the Director and her Deputy.

11 Private care homes

The document casts doubt of the financial stability of the care home industry, citing underfunding by local authorities leading to insolvencies.

Response:

The Council has worked closely with the independent sector over the last year to agree a fair cost of care for homes within the city, which includes incentive payments for higher levels of quality of service provided through a quality framework. The majority of care homes in the city have tendered to be part of this Quality Framework. Homes that are part of the Quality Framework will be validated on a regular basis to ensure they are meeting the quality standards required. Part of this validation process will include the checks to ensure each care home has a sustainable business model and can evidence financial stability.

Whilst the nature of a commercial market will inevitably lead to some organisations failing, the Council has developed a plan of action to be used where we are informed an organisation is to go or has been put into administration, which may result in the closure of a care home. In addition, the government recently announced a national system of oversight and coordination, administered through the Care Quality Commission (CQC), which will provide early warnings if a company is in financial trouble.

CQC will have the power to:

- require regular financial and relevant performance information
- require the provider to develop and submit a 'sustainability plan' to manage any risk to the organisation's on-going sustainability
- commission an independent business review to help the provider to return to financial stability
- require information from the provider to enable the CQC to support local authorities to manage a provider failure.

In the small number of cases in Leeds where a care home provider has gone into administration, it has been our experience that the home has subsequently been sold by the administrator to an alternative provider and the home has continued to operate as a going concern.

Over the last 5 years we have had 10 new care homes for older people open within the city with approximately 750 new beds. During September 2013 there are two new care homes opening, adding a further 170 (approximate) beds. We are also aware of a number of further developments being planned for the near future. This would indicate a thriving market in Leeds, where independent sector providers are willing to invest.

This matter was addressed fully in the Council's 'Response' (p.12) to the Primrose Hill Campaign Group's 'Submission', which was attached to the 4 September Executive Board report (Appendix 2a).

12 Leeds Climate Change Strategy

The Appeal document says that post closure, relatives and friends of Primrose Hill would have to travel up to a combined additional 75,000 per year, equivalent to 50 'tpa' CO₂ Carbon footprint.

Response:

The recommendation agreed by Executive Board means that Primrose Hill will stay open *either* until current residents no longer need it *or* until a new, replacement residential facility is available in the ward / area. This means that there is no reason why longer journeys for visitors should be envisaged.

13 Health & Safety

The document cites some research which has concluded that moving older people from their residential home can be detrimental to their wellbeing.

Response:

Again, this was responded to fully in the Council's 'Response' (p.20) to the Primrose Hill Campaign Group's 'Submission', which was attached to the 4 September Executive Board report (Appendix 2a).

For convenience, the response is copied below:

Research indicates differing views on whether there is any link between transfer of residents between residential homes and mortality (Coventry City Council, 2008 'Does Home Closure and Involuntary Relocation Affect Mortality Rates for Older People?').

However, one common factor is the recognition that the stress created by the move itself together with the way the move is managed are the two most important factors impacting on the outcome for residents. This is supported by the article to which you draw our attention, written by Jolley, Jeffries, Katona and Lennon, which states that:

'The very old and frail, and people with dementia, are particularly vulnerable as well as being less able to act effectively as their own advocates. They must therefore be protected. Expert medical advice should be sought when revision of services and movement of groups of older people are contemplated.

'When professionals are involved in service redesign or when they are asked to advise on relocation they should ensure that they thoroughly understand the issues involved in relation to the individuals who may be moved.'

Subject to the outcome of the consultation process and the subsequent decision by the Executive Board of Leeds City Council, there could be a further reduction in the number of older people's homes and day centres that the Council directly manages. This will have an immediate impact on the residents, day centre users, their families and the staff at the homes and day centres concerned.

Leeds City Council fully accepts that it has a duty of care to current residents and day centre users and it will continue to fulfil this duty during the change programme. This will entail keeping residents, day centre users their family and staff fully aware of what is happening and what their options are.

The University of Birmingham/ADASS publication 'Achieving Closure - Good Practice in supporting older people during residential care closures' concludes in reviewing the experience of Birmingham Adult Social Care :

'emerging findings from the survey data are very positive, in that older people's sense of health and wellbeing was not any worse at 28 days follow up and 12 month review. These results are perhaps surprising given the fact that participants were already frail enough to be receiving support from the local authority in either a care home or a day centre at the start of the study, and were a year or so older at 12 month follow up. They had also experienced significant changes in their services and, in the case of care home residents, had moved to another home altogether. However, results from this study suggest that the policy and process adopted by Birmingham City Council seemed to

have limited potential negative impacts on individuals' health and well-being and, for some people, there was a slight improvement in outcomes' (p16).

The authors suggest that if the closure process is conducted well, with high levels of respect, clear communication and empathy, then life after resettlement in a new service can be a positive experience.

They make the following specific recommendations based on the experience of Birmingham City Council's care home and day centre closure programme and a review of the relevant literature:

- Put in place well organised, dedicated and skilled assessment teams.
- Involve all relevant parties (especially older people themselves) in decisions about future services.
- Get to know people well and carry out holistic assessments of their needs.
- Support older people, families and care staff through potentially distressing and unsettling changes.
- Work at the pace of the individual and give as much time and space to explore future arrangements as possible.
- Help residents and key members of care staff to stay together if possible.
- Ensure independent advocacy is available.
- Plan the practicalities of any moves and ensure as much continuity as possible after the move has taken place.
- Stay in touch with people and assess the longer-term impact of resettlement.
- Work in partnership with a range of external agencies and key stakeholders, managing information and communication well.

They conclude that 'the most important ingredient seems to be time to conduct closures well...' (p19)

Reference: <http://www.birmingham.ac.uk/Documents/news/BirminghamBrief/AchievingClosureReport.pdf>

Leeds Adult Social Care has taken the learning and best practice from Birmingham and other local authorities' experience of closing services and built these into phase one of the Leeds closure programme. Our specific approach is set out below:

- A dedicated team of experienced social workers was put in place to work alongside residents and their carers to undertake a comprehensive review of their support needs and determine the most appropriate alternative placement for the individual. Carers were also offered a carer's assessment to determine if they had unmet support needs.
- Older people themselves were central to the assessment process along with their carers. Other professionals such as social workers, OTs, GPs, Community Nursing, consultants and advocacy services were involved where ever necessary. An expert advisory group was also established to give advice in cases where independent guidance was required. Key workers in the residential homes and day centres who had daily contact with individuals also contributed to the assessment process, supporting people through the transition process by offering reassurance and practical support and in many cases accompanying people to the new service and helping them to settle in. This

helped to maintain continuity of support for people at a stressful and difficult time for them.

- No-one was moved if they were ill. Indeed some closures were delayed because people were not well enough to move.
- No home or day centre was closed until people were settled in their new service. The Social Work team had time to explore a range of options for each individual, which often involved visiting a number of alternative services and more than one meeting with the older person and their family. The average length of time from the start of the assessment process to completion and closure was 120 days for residential homes and 78 days for day centres at phase one.
- During the consultation carried out prior to phase one of the closure programme a recurrent request by older people and their families was that they should be able to move with their existing friendship groups to the new service. People were able to move with their friends where ever this was requested. Staff in the services that were closing were able to state a preference as to where they wanted to work. In a number of cases this meant transferring with the older people they had worked with in the service that was closing if they were transferring to another Adult Social Care service.
- All residents and service users had access to an independent advocacy service.
- A transition team comprising the manager of the assessment team, the service line manager, transport manager, Community Occupational Therapist and Change Manager managed the transition process using the Leeds Assessment and Closure Protocol document. The successful transfer of residents and day centre users to alternative private sector homes or alternative day services was conducted in accordance with this policy, which will be updated to take into account the experience gained in phase one of the programme. Should any further residential homes or day centres be closed in the future, this protocol will be used to ensure risks to residents and day centre users are identified and minimised.
- All residents and day centre users who moved were followed up with a review three months after the move to check that they were settled and satisfied with the new service. A member of the assessment team was available to follow up on any issues that might arise before this. People continue to receive an annual review of their support needs from the Adult Social Care reviewing team.
- A communications strategy was developed as part of Phase one of the Better Lives Programme. This ensured that key stakeholders were kept informed of the proposals, able to contribute to the consultation process and informed about decisions made. Residents, service users and their families were informed of developments via letters, posters in homes and day centres and meetings. Other key stakeholders consulted included staff, trade unions, elected members, NHS partners and the Independent, voluntary and faith sectors.

The research suggests that much can be done to minimise the negative impact of care home and day centre closures on older people. Leeds Adult Social Care will ensure that best practice is followed if a decision is taken to close further homes and day centres.

14 Medical profession and care

The document quotes correspondence and published materials that state the importance of a residential care facility to the local area and the potential impact of closure of Primrose Hill. It goes on to praise the quality of care provided at the home.

Response:

To address the last point first, the proposal to close Primrose Hill has never been intended as a criticism of the quality of care provided. This has never been in doubt.

The revised proposal means that Primrose Hill will not close until the current residents no longer need it, or until alternative facilities are available in the ward / area. In changing its proposal, the Council acknowledged that there is insufficient capacity currently in the area to accommodate all the Primrose Hill residents if they were to move *en masse*. However, there is capacity for people newly needing to enter residential care in the area, in the shape of Wetherby Manor and Ashfield. A recently-submitted planning application for Extra Care housing on the Benfield Ford site and the Council's negotiations with the developers at Thorp Arch (see para 9 above) should also be noted.

It is interesting to note that of the 19 people from Wetherby ward who entered permanent residential care in the financial year 2012/13, five chose Primrose Hill, with others opting for homes in areas as diverse as Armley, Roundhay, Bradford and Shadwell.

15 Financial case

The document repeats perceived contradictions between the Director and Deputy Director over potential savings from the closure of Primrose Hill. It goes on to say that calculations should have been based on 100% occupancy at Primrose Hill, which is said to be 'normal'.

Response:

The issue of potential savings and perceived contradictions has been addressed at para 10 above. According to Adult Social Care records since January this year, Primrose Hill has never been at 100% occupancy; the highest number of permanent residents all this year has been 28 with the average occupancy being 82% (including permanent, respite and transitional beds).

16 Primrose Hill staff

The document assumes that staff from Primrose Hill will lose their jobs, which will mean personal financial hardship and also deprive the local community of their spending power.

Response:

The revised decision means that Primrose Hill will stay open for as long as current residents need it, or until a new facility is available in ward / area. This means that staff will remain for the time being, the staff complement only diminishing when occupancy levels fall. This will give us time to work with staff to find alternative positions within Adult Social Care or the wider Council. Opportunities may be found within a number of other services, such as home care,

learning disability, supported living and wider Council opportunities. There may also be opportunities in the independent sector as new facilities are opened; and some staff may choose to take advantage of the Council's Early Leavers' initiative. It is worth noting that in the earlier round of home and day centre closures, all staff who wished to remain with the Council were able to move to alternative posts with Adult Social Care.

It is also the case that a high proportion of workers at Primrose Hill are supplied by Agencies and will therefore retain that employment status.

Scrutiny Board (Health and Wellbeing and Adult Social Care)

Call-in meeting: 25 September 2013

Email correspondence received:

24 September 2013

Dear John

RE: Suffolk Court Care Home, Yeadon, LS19

I am writing to you as Chair of the Adult Social Care Scrutiny Board in relation to the future of Suffolk Court Care Home.

As I have said in previous correspondence with Leeds City Council, I find the decision to try and close yet another care home in the area simply unacceptable. Two other homes in the area have already had their futures cut short and to remove one of the few remaining homes will only cause further strain on local services. The closure of this home has also caused considerable distress and inconvenience to the residents and their families.

I would ask that the scrutiny board look once again at this situation and overturn the initial decision given the large quantities of evidence that has been provided by myself, residents and their families.

Thank you for your assistance and I look forward to your response.

--

Yours sincerely

Greg Mulholland
Member of Parliament for Leeds North West

Scrutiny Board (Health and Wellbeing and Adult Social Care)

Call-in meeting: 25 September 2013

Email correspondence received:

23 September 2013

Dear Scrutiny Board Members

As relatives of a respite user of Manorfield House, we participated in the consultation process and welcomed the fact that issues raised were listened to and did affect the final report to the Executive Board. We are pleased that some of the permanent residents will be able to live out their lives at Manorfield (a Home that the Council can take great pride in). The revised report does amount to a proposal to close this Home (and 2 others) by stealth i.e. when there will be few residents and families immediately affected by a closure to cause much fuss and the trauma of a move will return for them.

To us, there are still some flaws in the justifications given for closure. We recognise that there are severe strains on budget and that is a legitimate concern. However, the inappropriate use of a model to determine level of need indicated in the initial consultation document that there was a large surplus of supply in the area where in reality there will be insufficient now without Manorfield. With some knowledge of modelling techniques as user and educator, my husband questioned its use. The model is only appropriate over a much larger region and this was eventually recognised with the lack of nearby provision being one of the reasons leading to the temporary reprieve in the final report. Before the permanent closure of Manorfield goes ahead, there should be sufficient and adequate local alternative provision of an acceptable standard (i.e. at least the standards that your officers think Manorfield should aspire to if it were to meet the levels the consultation report says are required).

We do not see any sign of such private sector provision being definitely made in the area; indeed only applications for housing (with little or no general amenity provisions attached), some office development and land held in land banks. It does seem that provision after closure was not a significant part of the brief for these reports judging by answers given by your officers when this was raised in meetings (i.e. "post closure provision was a matter to be considered after a closure decision was made and not before").

The need for care of the elderly close to support networks, schools etc are going to rise significantly if this housing goes ahead and the Council and the private sector both have an important role to play and we urge the board to consider how this need for the elderly is going to be met if Manorfield is closed through any one of the options listed in the report considered on the 4th September.

Yours Faithfully
Beth and Ian Dawson

Scrutiny Board (Health and Wellbeing and Adult Social Care)

Call-in meeting: 25 September 2013

Email correspondence received:

23 September 2013

Dear Scrutiny Board Members

Manorfield House, Horsforth - Friends of Manorfield House

I write as Chair of the Friends of Manorfield House Group, and as the niece of one of Manorfield's residents.

As you will be aware, we have made significant efforts over the last 6 months, both during and after the formal Consultation process, attempting to persuade the Officers and Members of Leeds City Council that Manorfield House is a valuable and much loved resource in the Horsforth ward and that it should be retained for the benefit of current and future residents and taxpayers of Leeds, but more specifically Horsforth.

At the outset, we had significant concerns that the Consultation process was merely an exercise to justify a decision that had already been made. So we were relieved that a concession was subsequently made to enable Manorfield House to remain open in the short term, whilst at the same time being very sympathetic to the plight of the residents and families at the 4 homes that LCC voted to close.

However, given this further opportunity to make our concerns known to you, the Scrutiny Board, we do consider the decision regarding the long term future of Manorfield House to be wrong, for the following reasons:-

- There is insufficient provision for elderly residents in Horsforth who require 24/7 care, even if Manorfield House were to remain open to new residents. Without Manorfield, the gap is huge.
- There are no plans for this gap to be filled by the private sector in the short, medium or long term.
- The mechanism for assessing future demand for residential care beds in the Horsforth ward is based on flawed assumptions and cannot be relied upon.
- The Extra Care model being recommended as the solution to the care needs of Leeds elderly residents is not appropriate for all elderly people - the 21 permanent residents at Manorfield House have all been assessed as having greater needs than would be met by this model.
- There is no reason to suppose that future generations of elderly people will have fewer needs than the current generation.
- Manorfield House is fit for its current purpose and it is in significantly better condition than much of the private residential care home sector stock in the nearby area with large bedrooms, (most of which have ensuite toilets), a large lift, wide access corridors and three spacious communal rooms.
- The estimated future capital costs for the property do not stand up to scrutiny - with significant amounts included for electrical works which were carried out some 8 years ago when Manorfield was closed for almost a year for a £1.5m refurbishment.

Scrutiny Board (Health and Wellbeing and Adult Social Care)

Call-in meeting: 25 September 2013

Email correspondence received:

The Officers' revised proposal to the LCC executive amounts to closure by stealth since, although we have been assured that our family members can stay as long as they require the accommodation, it seems likely that their 'health and wellbeing' will be assessed as being adversely impacted as soon as numbers of residents fall below a certain level. Even if this were not to be the case, the fundamental issue of lack of provision for the elderly in the Horsforth Ward would remain.

We urge you to report back to the Executive with a recommendation that they agree to keep Manorfield House open permanently.

Regards

Julia Chapman
Chair
Friends of Manorfield House

Scrutiny Board (Health and Wellbeing and Adult Social Care)

Call-in meeting: 25 September 2013

Email correspondence received:

4 September 2013

Dear Mr Illingworth

As chairman of the scrutiny board I implore you to look into the way that the Director of Adult Social Care & the Executive Board have allowed only 2 residential homes to remain open.

The consultations seem to have been a joke, Burley Willows Residential home & Daycentre collected thousands of signatures for their petitions, why was this not mentioned today? Numerous letters from relatives & friends were sent plus all the staff put in their own point of views, all to no avail.

The families of 2 homes however, had very loud voices & this seems to have won them the day.

One of the homes also had Labour Councillor & Executive Board member Adam Ogilvie supporting them as was seen in the Horsforth Newsletter. A photograph of Mr Ogilvie outside Manorfield House with the caption 'Lab our Saves Manorfield House'. Rather biased don't you think? Where was Mr Ogilvie's support for the other homes?

Why are residents in 2 of the more affluent areas of Leeds allowed to die in their homes when the residents in the poorer areas of Leeds have to move out of theirs? Where is the Justice?

How much is it going to cost the council to keep the Horsforth & Boston Spa residents in their homes until they die. Some of the residents could live another 20years at least & the council will have to keep the majority of staff in place to comply with the regulations.

Yes we all know that the council has to save money but surely they can choose to save the money in different ways rather than penalise our old & frail members of Leeds. Other councils in the country seem to have managed it, maybe its time Leeds to a leaf out of their book.

Is it that our elderly are easy targets because they can't fight back?

Yours sincerely
Julia & Graham Nowland

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MANORFIELD HOUSE SUBMISSION

Better Lives for People in Leeds: residential and day care for older people

Health & Social Care Scrutiny Board

25 September 2013

INTRODUCTION

This paper has been requested following receipt of an email from the chair of the Friends of Manorfield House, which had been sent on 23 September to all members of the Health & Social Care Scrutiny Board. A further email has been received from relatives of a respite user. The emails list a number of concerns which the writers feel remain, despite the Council's revised recommendation that Manorfield House should not close immediately. Adult Social Care's responses to the concerns raised are below. As a reminder to Scrutiny Board members, the recommendation in respect of Manorfield House (and Primrose Hill), which was supported by Executive Board, was as follows:

- 3(c) To agree that Manorfield House and Primrose Hill remain open (see para 8.5, Table 3) to provide residential care for existing residents but with no new admissions and will close:
- When no longer required by existing residents;
 - If the health and wellbeing of the remaining residents cannot be maintained;
 - Should alternative new residential care provision become available within the ward;
 - In response to changes in registration requirements or legislation.

ISSUES RAISED

Email from Julia Chapman, Chair, Friends of Manorfield House

- 1 There is insufficient provision for elderly residents in Horsforth who require 24/7 care, even if Manorfield were to remain open to new residents. Without Manorfield, the gap is huge.**

The original proposal to close Manorfield House was revised to the above recommendation out of recognition that there would be insufficient provision for people needing residential care within the ward, *if Manorfield were to close immediately and all of its residents wished to find alternative residential accommodation within the ward.* However, within the Horsforth Ward there are Sunningdale Nursing Home (32 beds) and Philips Close (36 beds), which provide sufficient capacity to accommodate people in the ward who will need residential care in the future.

It should be borne in mind however, that within 5 miles of Manorfield House, there are 17 homes offering non-nursing care (639 beds) and 5 extra care facilities (364 beds). All of these are within the Leeds boundary.

It is also interesting to note that the next-of-kin of the Manorfield residents currently travel between 6.7 miles (closest) and 20.3 miles (farthest). Nineteen (90%) out of the 21 next-of-kin travel more than 9 miles to visit their relatives.

2 There are no plans for this gap to be filled by the private sector in the short, medium or long term.

A report which was considered by the Council's Executive Board on 15 February 2013, entitled 'Older People's Housing and Care' comprised an analysis and forecast of older people's housing needs in the city. The report states 'The Council recognises that this is a key challenge and this report sets out an approach which has been developed using a range of mechanisms and seeks to explore as many new routes to new investment as possible. The Council will work with its partners, taking a strategic lead on services for older people and use its role as a large landowner, social housing provider and as the local planning authority, to meet the objective of meeting the needs of older residents.'

Officers of Adult Social Care and planning colleagues are in constant touch with landowners, private developers and independent care providers, seeking opportunities to ensure the city, including Horsforth ward, is well provided-for in terms of the type and quantity of housing for older people.

3 The mechanism for assessing future demand for residential care beds in Horsforth is based on flawed assumptions and cannot be relied on.

It is difficult to answer this statement without knowing the nature of the perceived flaws to which the writer refers. However the methodologies used to calculate and forecast demand include national work on provision of older people's housing and care from the 'More Choice, greater Voice' toolkit published by the Department of Health in 2008. This was prepared specially to accompany the government's National Housing Strategy for an Ageing Society. Alongside this, we incorporated information from the 2011 census and work carried out for Leeds in 2009 by Cordis Bright and their associates Planning4Care. This latter organisation, affiliated to Oxford University, produced the 'Planning4Care analysis toolkit' to help predict demand for services in the future. This has been used by a number of other authorities including Kirklees, Wigan and Cumbria to assist with their housing strategies for older people.

4 The Extra Care model being recommended as the solution to the care needs of Leeds elderly residents is not appropriate for all elderly people. The 21 residents of Manorfield House have all been assessed as having greater needs than would be met by this model.

We agree. The Adult Social Care 'Better Lives through Housing Care and Support' programme has committed us to providing a choice of types of housing for older people that meets their various needs and abilities. This includes sheltered, extra care, residential and nursing provision.

Our demand analysis has shown that city-wide

- There are currently (2013) 1358 more (non-nursing) residential care beds than are required across Leeds; and this will rise to an excess of 1879 by 2020, due to declining demand for this type of care.
- There is currently an under-supply of extra care housing, with a need for 649 more extra care places across Leeds, rising to 718 by 2010.
- The 2013 care home (with nursing) bed supply also falls below projected demand levels; there is a need for a further 191 beds across Leeds now, rising to 489 by 2020.

As explained in para 2 above, the Council is committed to redressing this imbalance.

5 There is no reason to suppose that future generations of elderly people will have fewer needs than the current generation.

We do not suppose this and we do not believe we have ever suggested it. This is why we are working hard to provide different types of older people's housing to meet various levels of need, and which can be adapted as levels of need change. For example, care packages in sheltered or extra care housing can be increased as people become more frail, with the result that residential care may not become necessary; and people in residential care homes who develop dementia may no longer have to move to a 'specialist' dementia home since registration criteria were relaxed and all residential homes can now accept people with dementia, provided they can provide the required level of care.

6 Manorfield House is fit for its current purpose and it is in significantly better condition than much of the private residential care home stock in the nearby area with large bedrooms (most of which have ensuite toilets) a large lift, wide access corridors and three spacious communal rooms

Condition of the building: The Council estimates that £1,278,630 would be needed to bring Manorfield House up to standards recommended by the Care Quality Commission in 2002. Some refurbishment works were carried out in 2004, but this was mainly to the lighting and fire alarm systems. It is estimated that much of the remaining wiring is original to the building's construction (it was built in 1966) and in need of replacement (estimated cost of this alone is £385,000).

Size of rooms: The Care Standards Act of 2002 called for 12m² per person (16m² per couple or per wheelchair user) of *useable floor space* (ie space not occupied by immovable objects such as beds, wardrobes etc). At that time the national regulatory body was the Commission for Social Care Inspection (CSCI). In 2010, responsibility for inspection passed to the Care Quality Commission (CQC) which relaxed the minimum standard set in 2002, so that today no minimum is specified. However, in Leeds, we believe that best practice would be to continue to comply with the standard set in 2002.

However, to interpret even this too rigidly would be to miss the point about the amount of space needed in a bedroom in a residential home for older people. With people in non-nursing care living longer but becoming more frail, the use of hoists for safe moving and handling is becoming more and more common. In order for this to be used safely for staff and residents alike, sufficient room to move large pieces of equipment is a necessity in a modern care setting.

7 The estimated future capital costs for the property do not stand up to scrutiny – with significant amounts included for electrical works which were carried out some 8 years ago when Manorfield was closed for almost a year for a £1.5 million refurbishment.

Please see para 6 above. The refurbishments to the electrical system were mainly to the lighting and fire alarm systems. The rest of the electrical system may be up to 47 years old and in need of major investment if the building is to serve for the long term.

- 8 The officers' revised proposal amounts to closure by stealth since, although we have been assured that our family members can stay as long as they require the accommodation, it seems likely that their 'health and wellbeing' will be assessed as being adversely impacted as soon as numbers of resident fall below a certain level.**

We have no pre-determined level of occupancy which would be a trigger-point for closure. However, the recommendation does reserve the Council's right to exercise its duty of care to the residents should conditions in the home fall below those which give them an acceptable quality of life. We would hope that this is what residents and their relatives would want and expect us to do, should such circumstances arise. Equally, we would want to be flexible if faced with a situation where a group of residents eventually expressed a collective wish to leave.

Email from Beth and Ian Dawson

- 9 To us, there are still some flaws in the justifications given for closure ... the model is only appropriate over a much larger region and this was eventually recognised with the lack of nearby provision being one of the reasons leading to the temporary reprieve in the final report.**

Working alongside the Housing and Care Futures project, the Better Lives programme has looked to develop and adapt existing methodologies in order to get an accurate, up-to-date picture of current provision and projected requirements for bed spaces in Care Homes (without nursing), care homes (with nursing), extra care and sheltered housing. Data are provided at ward level (wards listed in column 1) to allow a targeted calculation of demand.

Methodologies used to calculate and forecast demand include national work on provision of older peoples housing and care from the 'More Choice Greater Voice' toolkit, which was developed by the Housing LIN and published by the Department of Health in February 2008. It was prepared specifically to accompany the government's new National Housing Strategy for an Ageing Society to offer guidance to commissioners and providers to enable them to forecast demand and produce accommodation and care strategies for older people.

Alongside this national methodology, local initiatives have been incorporated and brought up to date with 2011 census data, which was released on 30 January 2013. These include the work carried out for Leeds City Council in 2009 by Cordis Bright and their associates Planning4Care. The latter organisation, affiliated to Oxford University, produced the 'Planning4Care analysis toolkit' to help project demand for services in the future. The toolkit has been used across a number of Local authorities including Kirklees, Wigan and Cumbria to assist with their strategies for older peoples housing, including what type of accommodation and care to provide and to what level. This re-evaluates and re-defines the care home (without nursing) demand figures proposed by the More Choice Greater Voice methodology by considering the impact of additional factors such as preventative services and alternative accommodation to meet older peoples care needs.

2013 Population Statistics

The 'Population over 75' figure has been taken from 2011 Census data, which was released in January 2013 and is the most up-to-date source of verified figures available. Ward level data

has recently been released from the 2011 census and the table has been updated to reflect this information.

Calculating 2013 Demand

In terms of applying a methodology for calculating demand for older people's housing, the base used is the 2009 work carried out by Cordis Bright and Planning4Care, who were commissioned by Leeds City Council to carry out a Needs Analysis of current and future demography utilising recognised predictive modelling tools and techniques.

CONCLUSION

The information above is offered to assist Health and Social Care Scrutiny Board members in their discussion of the points raised by supporters of the Manorfield House campaign. Officers of Adult Social Care will be on hand to provide any further clarification required.

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