



**SCRUTINY BOARD  
(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)**

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Meeting to be held in Civic Hall, Leeds, LS1 1UR on  
Tuesday, 11th October, 2016 at 10.00 am

*(A pre-meeting will take place for ALL Members of the Board at 9.30 a.m.)*

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**MEMBERSHIP**

**Councillors**

C Anderson Adel and Wharfedale;  
J Chapman Weetwood;  
M Dobson Garforth and Swillington;  
B Flynn Adel and Wharfedale;  
P Gruen (Chair) Cross Gates and Whinmoor;  
A Hussain Gipton and Harehills;  
J Pryor Headingley;  
B Selby Killingbeck and Seacroft;  
A Smart Armley;  
P Truswell Middleton Park;  
S Varley Morley South;

**Co-opted Member (Non-voting)**

Dr J Beal - Healthwatch Leeds

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*Please note: Certain or all items on this agenda may be recorded*

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**Agenda compiled by:  
Guy Close  
Scrutiny Support Unit  
Tel: 39 50878**

**Principal Scrutiny Adviser:  
Steven Courtney  
Tel: 24 74707**

# A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).</p>	
2			<p><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p><b>RESOLVED</b> – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p><b>No exempt items have been identified.</b></p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p><b>LATE ITEMS</b></p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p><b>DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS</b></p> <p>To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.</p>	
5			<p><b>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</b></p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6			<p><b>CALL IN BRIEFING PAPER</b></p> <p>To consider a report from the Head of Governance Services advising the Scrutiny Board on the procedural aspects of Calling-In the decision.</p>	1 - 6
7			<p><b>BETTER LIVES PROGRAMME - PHASE 3: NEXT STEPS AND PROGRESS REPORT</b></p> <p>To consider a report from the Head of Governance Services presenting background papers to an Executive Board decision in relation to the Better Lives Programme – Phase 3: Next steps and progress report, which has been called-in in accordance with the Council's Constitution.</p>	7 - 304

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8			<p><b>OUTCOME OF CALL-IN</b></p> <p>In accordance with the Scrutiny Board Procedure Rules, to consider the Board's formal conclusions and recommendations arising from the consideration of the called-in decision.</p>	
9			<p><b>DATE AND TIME OF NEXT MEETING</b></p> <p>Tuesday, 25 October 2016 at 1:30pm  <i>(Please note: Pre-meeting for all Scrutiny Board members at 1:00pm)</i></p> <p><b>THIRD PARTY RECORDING</b></p> <p>Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda.</p> <p>Use of Recordings by Third Parties – code of practice</p> <ul style="list-style-type: none"> <li>a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.</li> <li>b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.</li> </ul>	



Report author: Steven Courtney

Tel: 0113 247 4707

## Report of the Head of Governance Services

## Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

**Date: 11 October 2016**

**Subject: Call In Briefing Paper**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## Summary of main issues

1. In accordance with the Council's Constitution, an Executive Board decision has been Called In. The background papers to this particular decision are set out as a separate agenda item and appropriate witnesses have been invited to give supporting evidence.
2. This report advises the Scrutiny Board on the procedural aspects of Calling In the decision.
3. The Board is advised that the Call In is specific to the report considered by the Executive Board and issues outside of this decision, including other related decisions, may not be considered as part of the Board's decision regarding the outcome of the Call In.

## Recommendations

4. The Scrutiny Board is asked to note the contents of this report and to adopt the procedure as detailed within it.

## 1 Purpose of this report

- 1.1 In accordance with the Council's Constitution, an Executive Board decision has been Called In. The background papers to this particular decision are set out as a separate agenda item and appropriate witnesses have been invited to give supporting evidence.
- 1.2 This report advises the Scrutiny Board on the procedural aspects of Calling In the decision.

## 2 Background information

- 2.1 The Call In process provides the facility for the Scrutiny Board to require a decision taker to reconsider a decision within a specified time period. This is a separate function from the Scrutiny Board's ability to review decisions already taken and implemented. The eligibility of an Executive Board decision for Call In is indicated in the minutes.

## 3 Main issues

- 3.1 The Board is advised that the Call In is specific to the report considered by the Executive Board and issues outside of this decision, including other related decisions, may not be considered as part of the Board's decision regarding the outcome of the Call In.

### Reviewing the decision

- 3.2 Because of the unique nature of Call In, particularly with regard to the requirement to conclude the meeting with a recommendation in one sitting, it is important that the meeting has a managed framework. The Scrutiny Board is therefore recommended to adopt the following process:
  - The Members who signed the Call In request(s) will outline their reasons for calling in the decision, defining their concerns and explaining what remedial action they wish to see. If the Chair has agreed in advance that they may be accompanied by other witnesses, these witnesses will also be given the opportunity to briefly outline their concerns in relation to the decision in question.
  - Members of the Scrutiny Board will ask any questions and points of clarification.
  - At this point, the Members who signed the Call In request(s) and any accompanying witnesses will leave the witness table.
  - The Executive Member(s) and/or officer(s) who are representing the decision maker will be invited to join the witness table.
  - The representatives of the decision maker will respond to the issues raised by the Call In request(s).
  - Members of the Scrutiny Board will ask any questions and points of clarification.
  - If necessary, this stage may involve further questioning by Board members of the witnesses in support of the Call In request(s). For the avoidance of doubt, **there is no provision for the witnesses to cross-question one another.**
  - Once Members of the Scrutiny Board have completed their questioning of witnesses, the representatives of the decision maker will leave the witness table.

- A representative on behalf of each of the parties to the Call In will be invited to join the witness table to sum up. The representative of the decision maker will be invited to sum up first if they wish to do so. Following this, the representative of the signatories to the Call In request(s) will be invited to sum up having heard the discussion.
- The Scrutiny Board will then proceed to make its decision in relation to the Call In.

#### Options available to the Board

- 3.3 Having reviewed the decision, the Scrutiny Board will need to agree what action it wishes to take. In doing so, it may pursue one of two courses of action as set out below:

#### Option 1- Release the decision for implementation

- 3.4 Having reviewed this decision, the Scrutiny Board may decide to release it for implementation. If the Scrutiny Board chooses this option, the decision will be immediately released for implementation and the decision may not be Called In again.

#### Option 2 - Recommend that the decision be reconsidered.

- 3.5 The Scrutiny Board may decide to recommend to the decision maker that the decision be reconsidered. If the Scrutiny Board chooses this option a report will be submitted to the decision maker.
- 3.6 In the case of an Executive Board decision, the report of the Scrutiny Board will be prepared within three working days of the Scrutiny Board meeting and submitted to the Executive Board. Any report of the Scrutiny Board will be referred to the next Executive Board meeting for consideration.
- 3.7 In reconsidering the decision and associated Scrutiny Board report, the Executive Board may vary the decision or confirm its original decision. In either case, this will form the basis of the final decision and will not be subject to any further call-in.

#### Failure to agree one of the above options

- 3.8 If the Scrutiny Board, for any reason, does not agree one of the above courses of action at this meeting, then Option 1 will be adopted by default, i.e. the decision will be released for implementation with no further recourse to Call In.

#### Formulating the Board's report

- 3.9 If the Scrutiny Board decides to release the decision for implementation (i.e. Option 1), then the Scrutiny Support Unit will process the necessary notifications and no further action is required by the Board.
- 3.10 If the Scrutiny Board wishes to recommend that the decision be reconsidered (i.e. Option 2), then it will be necessary for the Scrutiny Board to agree a report setting out its recommendation together with any supporting commentary.

- 3.11 Due to the tight timescales within which a decision Call In must operate, it is important that the Scrutiny Board's report be agreed at the meeting.
- 3.12 If the Scrutiny Board decides to pursue Option 2, it is proposed that there be a short adjournment during which the Chair, in conjunction with the Scrutiny Support Unit, should prepare a brief statement proposing the Scrutiny Board's draft recommendations and supporting commentary. Upon reconvening, the Scrutiny Board will be invited to amend/agree this statement as appropriate (a separate item has been included on the agenda for this purpose).
- 3.13 This statement will then form the basis of the Scrutiny Board's report (together with factual information as to details of the Called In decision, lists of witnesses, evidence considered, Members involved in the Call In process etc).
- 3.14 The Scrutiny Board is advised that there is no provision within the Call In procedure for the submission of a Minority Report.

## **4 Corporate Considerations**

### **4.1 Consultation and Engagement**

- 4.1.1 Prior to submitting a Call In, a nominated signatory must first contact the relevant officer or Executive Member to discuss their concerns and their reasons for wanting to call in the decision. Part of this discussion must include the Member ascertaining the financial implications of requesting a Call In. The details of this discussion should be referenced on the Call In Request Form.
- 4.1.2 The background papers to this particular decision will make reference to any internal or external consultation processes that have been undertaken in relation to the decision.

### **4.2 Equality and Diversity / Cohesion and Integration**

- 4.2.1 The background papers to this particular decision will make reference to any impact on equality areas, as defined in the Council's Equality and Diversity Scheme.

### **4.3 Council Policies and City Priorities**

- 4.3.1 The background papers to this particular decision will make reference to any Council Policies and City Priorities relevant to the decision.

### **4.4 Resources and Value for Money**

- 4.4.1 The background papers to this particular decision will make reference to any significant resource and financial implications linked to the decision.

### **4.5 Legal Implications, Access to Information and Call In**

- 4.5.1 This report does not contain any exempt or confidential information.
- 4.5.2 The background papers to this particular decision will make reference to any legal implications linked to the decision.



## **4.6 Risk Management**

- 4.6.1 The background papers to this particular decision will make reference to any risk management issues linked to the decision.

## **5 Conclusions**

- 5.1 In accordance with the Council's Constitution, an Executive Board decision has been Called In. This report advises the Scrutiny Board on the procedural aspects of Calling In the decision.
- 5.2 In particular, the Board is advised that the Call In is specific to the report considered by Executive Board at its meeting on 21 September 2016 and issues outside of this decision, including other related decisions, may not be considered as part of the Board's decision regarding the outcome of the Call In.

## **6 Recommendations**

- 6.1 The Scrutiny Board is asked to note the contents of this report and to adopt the procedure as detailed within it.

## **7 Background documents<sup>1</sup>**

None used.

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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**Report of the Head of Governance Services**

**Report to Scrutiny Board (Adult Social Services, Public Health, NHS)**

**Date: 11 October 2016**

**Subject: Call In – Better Lives Programme – Phase 3: Next steps and progress report**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s): <b><i>NB – Please see the attached Executive Board report for specific wards affected as part of the called-in decision.</i></b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: 10.4.3	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Summary of main issues**

1. This paper presents the background papers to a decision which has been Called In, in accordance with the Council’s Constitution.
2. Papers are attached as follows:
  - Copy of the completed Call In request forms
  - Report of the Director of Adult Social Services (and associated appendices), presented to Executive Board at its meeting on 21 September 2016.
  - Extract from the draft minutes of the Executive Board meeting held on 21 September 2016.
  - Scrutiny Inquiry report on The Green (April 2016).
  - Copies of letters submitted for consideration by the Scrutiny Board.
3. Appropriate Members and officers have been invited to attend the meeting in order to explain the decision and respond to questions.

**Recommendations**

4. The Scrutiny Board (Adult Social Services, Public Health, NHS) is asked to review the Executive Board decision and to determine what further action it wishes to take.

**Background documents<sup>1</sup>**

5. None used

<sup>1</sup> The background documents listed in this section are available to download from the Council’s website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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**CALL IN REQUEST – Option (a)**

**A Call In request may be made by:**

**Any five non-executive Members of council**

Date of decision publication:..... 23<sup>rd</sup> September 2016 .....

Delegated decision ref: .....or

Executive Board Minute no: ..... 60 .....

Decision description: ..... Better Lives Programme – Phase 3  
Next Steps & Progress Report. ....

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**Discussion with Decision Maker:**

Prior to submitting a Call In, a nominated signatory must first contact the relevant officer or Executive Member to discuss their concerns and their reasons for wanting to call in the decision. Part of this discussion must include the Member ascertaining the financial implications of requesting a Call In.

Please identify contact and provide detail.

- Director/author of delegated decision report.  
 Executive Board Member

Detail of discussion (to include financial implications)

Discussed the report with Sharon McFarlane  
Chief Officer – Access & Care.  
we discussed the financial aspect of  
keeping open Sireen Manor at a cost of  
£402,372. The discussion also covered  
the Social Care Levy, age of residents, extra  
care accommodation & the transition process.

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**Reasons for Call In:**

All requests for Call In must detail why, in the opinion of the signatories, the decision was not taken in accordance with the principles set out in Article 13 of the Council constitution (decision making) (principles of decision making) or where relevant issues do not appear to be taken into consideration. *Please tick the relevant box(es) and give an explanation.*

- Proportionality (ie the action must be proportionate to the desired outcome)
- Due consultation and the taking of professional advice from officers
- Respect for human rights
- A presumption in favour of openness
- Clarity of aims and desired outcomes
- An explanation of the options considered and details of the reasons for the decision
- Positive promotion of equal opportunities
- Natural justice

**Explanation** .....


we believe Siergen Manor & the other 2 care homes should remain open & only be covered by any some of the additional funded by the local care dev.

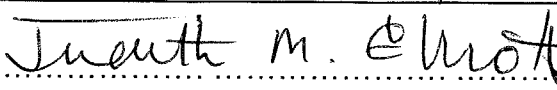
Money needs extra care accommodation & the care homes only remain open on a temporary basis while extra care accommodation becomes available - offering better quality accommodation.


we have some concerns about the quality of care in the independent sector & as many of the residents in all care homes is some of the most vulnerable in our communities we believe this decision does not need to be made at this time & propose it is called in.


Leeds City Council Scrutiny Support Unit

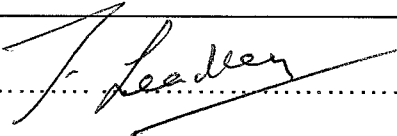
The following signatories request that the above decision be called in:

1) Signature.....   
Print name..... Robert Finnigan

2) Signature.....   
Print name..... JUDITH MARY ELLIOTT

3) Signature.....   
Print name..... ROBERT WILLIAM GETTINGS

4) Signature.....   
Print name..... Shirley Varley

5) Signature.....   
Print name..... Tom Lempert

This form should be submitted to the Scrutiny Support Unit, 1st Floor West, Civic Hall by **5.00pm on the fifth working day after the decision publication date**. The office is open from 9.00am to 5.00pm.

(For further information on the Call In procedure please refer to the Scrutiny Support Unit intranet site, or contact the Unit on 39 51151).

For office use only: (box A)

Received on behalf of the Head of Governance Services by:

STEVEN COURNEY

(signature)

Date: 27/9/16 Time: 2:40pm SSU ref: 2016/17/15/68(G)

For office use only: (box B)

Exemption status checked:

Call In authorised: Yes No

Date checked:

Signed:

S. Courney

Signatures checked:

Date:

27/9/16

Receipts given:

Validity re article 13

Receipt details: .....



**CALL IN REQUEST – Option (a)**

**A Call In request may be made by:**

**Any five non-executive Members of council**

Date of decision publication:..... SEPTEMBER 23rd 2016.....

Delegated decision ref: .....or

Executive Board Minute no: 60 BETTER LIVES PROGRAMME

Decision description: B) THE DECOMMISSIONING OF  
THE GREEN AS A DEMENTIA FACILITY.

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**Discussion with Decision Maker:**

Prior to submitting a Call In, a nominated signatory must first contact the relevant officer or Executive Member to discuss their concerns and their reasons for wanting to call in the decision. Part of this discussion must include the Member ascertaining the financial implications of requesting a Call In.

Please identify contact and provide detail.

- Director/author of delegated decision report.
- Executive Board Member

**Detail of discussion (to include financial implications)**

MET WITH REBECCA CHALLWOOD (EXECUTIVE MEMBER  
FOR HEALTH, WELLBEING AND ADULTS) 26/9/16.  
CLLR CHALLWOOD REITERATED REASONS WHY THE  
DECISION HAD BEEN MADE RE: THE CLOSURE  
OF THE GREEN. DESPITE DISCUSSION, I REMAIN  
UNCONVINCED THAT CLOSURE OF THIS FACILITY  
IS THE CORRECT COURSE OF ACTION.  
FINANCIAL IMPLICATIONS – REQUEST MADE OF

CATH ROFF FIGURES PROVIDED SHOW THAT THE FINANCIAL IMPLICATIONS SHOULD THE GREEN NOT CLOSE EQUAL £366,632. IT WAS SUGGESTED THAT THE REASONS ARGUED FOR SAVING THE GREEN COULD EQUALLY BE APPLIED TO THE OTHER HOMES LEADING TO A POTENTIAL FINANCIAL IMPLICATION TOTALLING £1,945,368. THIS IS NOT CONSIDERED RELEVANT AS THIS CALL-IN RELATES SPECIFICALLY + SOLELY TO THE GREEN.

**Reasons for Call In:**

All requests for Call In must detail why, in the opinion of the signatories, the decision was not taken in accordance with the principles set out in Article 13 of the Council constitution (decision making) (principles of decision making) or where relevant issues do not appear to be taken into consideration. *Please tick the relevant box(es) and give an explanation.*

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Proportionality (ie the action must be proportionate to the desired outcome)         |
| <input checked="" type="checkbox"/> | Due consultation and the taking of professional advice from officers                 |
| <input checked="" type="checkbox"/> | Respect for human rights   |
| <input checked="" type="checkbox"/> | A presumption in favour of openness  |
| <input checked="" type="checkbox"/> | Clarity of aims and desired outcomes   |
| <input checked="" type="checkbox"/> | An explanation of the options considered and details of the reasons for the decision |
| <input checked="" type="checkbox"/> | Positive promotion of equal opportunities  |
| <input checked="" type="checkbox"/> | Natural justice  |

Explanation IF COST IS A MAJOR FACTOR IN THE PROPOSED CLOSURE OF THE GREEN AS A SPECIALIST CARE FACILITY FOR THOSE LIVING WITH DEMENTIA THEN THIS IS NOT PROPORTIONATE. LCC WILL STILL BE PAYING PROVIDERS WHO MAY NOT HAVE THE GREEN'S "GOOD" CQC RATING. CONSULTATION WAS CARRIED OUT BUT IGNORED, AS WAS THE STRONG RECOMMENDATION FROM THE RELEVANT SCRUTINY BOARD TO DEFER CLOSURE FOR TWO YEARS. TO DISPLACE RESIDENTS OF THE GREEN AGAINST THEIR WISHES (+ THOSE OF THEIR FAMILIES AND CARERS) DISREGARDS THEIR HUMAN RIGHTS. THIS FACILITY IS THEIR HOME. MOREOVER, MOVING THOSE WITH COMPLEX HEALTH NEEDS SPEEDS END OF LIFE. PRESUMABLY THE EXECUTIVE BOARD MEMBER WAS AWARE OF THIS? IF NOT AND SHE WAS NOT ADVISED ACCORDINGLY BY OFFICERS THEN THOSE OFFICERS WERE PROFESSIONALLY LACKING. THERE WAS A LACK OF OPENNESS - DESPITE REQUESTS FROM SCRUTINY MEMBERS WERE NOT GIVEN PERMISSION TO



**CALL IN REQUEST – Option (a)**

**A Call In request may be made by:**

**Any five non-executive Members of council**

Date of decision publication:.....

Delegated decision ref: .....or

Executive Board Minute no: .....

Decision description: .....

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**Discussion with Decision Maker:**  
Prior to submitting a Call In, a nominated signatory must first contact the relevant officer or Executive Member to discuss their concerns and their reasons for wanting to call in the decision. Part of this discussion must include the Member ascertaining the financial implications of requesting a Call In.

Please identify contact and provide detail.

Director/author of delegated decision report.

Executive Board Member

Detail of discussion (to include financial implications)

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**Leeds City Council Scrutiny Support Unit**

The following signatories request that the above decision be called in:

1) Signature..... *Catherine Dobson*  
Print name..... CATHERINE DOBSON.

2) Signature..... *R. Prankins*  
Print name..... ROWEN PRANKINS

3) Signature..... *S. Field*  
Print name..... SARAH FIELD

4) Signature..... *Kim Croves*  
Print name..... KIM CROVES

5) Signature..... *J Walker*  
Print name..... JANET WALKER

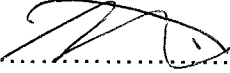
This form should be submitted to the Scrutiny Support Unit, 1st Floor West, Civic Hall by **5.00pm on the fifth working day after the decision publication date**. The office is open from 9.00am to 5.00pm.

(For further information on the Call In procedure please refer to the Scrutiny Support Unit intranet site, or contact the Unit on 39 51151).

SUPPORTED BY  
CLLR DAVID NAGLE  
CLLR DENISE NAGAN.

**For office use only:** (box A)

Received on behalf of the Head of Governance Services by:



.....(signature)

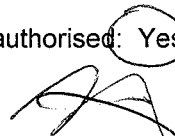
Date: 28th Sep 2016 Time: 13.15 pm SSU ref: 2016/17/15/68(ii)

**For office use only:** (box B)

Exemption status checked:

Call In authorised: Yes/ No

Date checked:

Signed: 

Signatures checked:

Date: 28/9/16

Receipts given:

Validity re article 13

Receipt details: .....

**CALL IN REQUEST – Option (a)**

**A Call In request may be made by:**

**Any five non-executive Members of council**

Date of decision publication: 23/09/16

Delegated decision ref: N/A

Executive Board Minute no: 60

Decision description: Better Lives programme: Phase Three: Next Steps and Progress Report

**Discussion with Decision Maker:**

Prior to submitting a Call In, a nominated signatory must first contact the relevant officer or Executive Member to discuss their concerns and their reasons for wanting to call in the decision. Part of this discussion must include the Member ascertaining the financial implications of requesting a Call In.

Please identify contact and provide detail.

Director/author of delegated decision report.

Executive Board Member

Detail of discussion (to include financial implications)

Cllr Alan Lamb discussed this call in with the Director of Adult Social Care Cath Roff on 29 September 2016 at 11.05AM. Financial implications were discussed along with the reasons for the call in, more details overleaf.

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**Reasons for Call In:**

All requests for Call In must detail why, in the opinion of the signatories, the decision was not taken in accordance with the principles set out in Article 13 of the Council constitution (decision making) (principles of decision making) or where relevant issues do not appear to be taken into consideration. *Please tick the relevant box(es) and give an explanation.*

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | Proportionality (ie the action must be proportionate to the desired outcome)         |
| <input type="checkbox"/>            | Due consultation and the taking of professional advice from officers                 |
| <input type="checkbox"/>            | Respect for human rights   |
| <input checked="" type="checkbox"/> | A presumption in favour of openness  |
| <input checked="" type="checkbox"/> | Clarity of aims and desired outcomes   |
| <input checked="" type="checkbox"/> | An explanation of the options considered and details of the reasons for the decision |
| <input type="checkbox"/>            | Positive promotion of equal opportunities  |
| <input type="checkbox"/>            | Natural justice  |

**Explanation**

The call in is moved for the following reasons:

Firstly, concern about future use of the Manorfield House site and provision of extra care accommodation in that part of the city, along with concerns about communication with residents and where they will be re-located.


Secondly, why have the recent recommendations of the Scrutiny Board Adult Social Services, Public Health, NHS been ignored? These gave a clear recommendation that the Green should be kept open for a further 2 years.

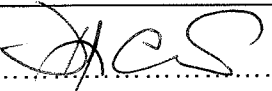
And lastly, has sufficient consideration been given to provide alternative accommodation for residents using the affected day care services, particularly with regard to the Radcliffe Lane Day Centre in Pudsey?

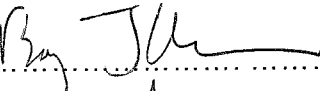


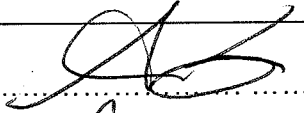
Leeds City Council Scrutiny Support Unit

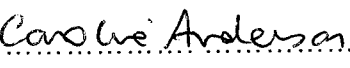
The following signatories request that the above decision be called in:

1) Signature.....   
Print name..... NEIL BUCKLEY

2) Signature.....   
Print name..... DAWN COLLINS

3) Signature.....   
Print name..... Brian Anderson

4) Signature.....   
Print name..... Alan Lamb

5) Signature.....   
Print name..... CAROLINE ANDERSON

This form should be submitted to the Head of Scrutiny and Member Development (Scrutiny Support Unit, 1st Floor West, Civic Hall) by **5.00pm on the fifth working day after the decision publication date**. The office is open from 9.00am to 5.00pm.

(For further information on the Call In procedure please refer to the Scrutiny Support Unit intranet site, or contact the Unit on 39 51151).

**For office use only: (box A)**

*Governance Services*

Received on behalf of the Head of ~~Scrutiny~~ and ~~Member Development~~ by:

*[Signature]* ..... (signature)

Date: *29.9.16* ..... Time: *11:30 AM* SSU ref: *2016/17/15/68(ii)*

**For office use only: (box B)**

Exemption status checked:	<input checked="" type="checkbox"/>	Call In authorised: <u>Yes</u> / No
Date checked:	<input checked="" type="checkbox"/>	Signed: <i>[Signature]</i>
Signatures checked:	<input checked="" type="checkbox"/>	Date: <i>29/SEP/2016</i>
Receipts given:	<input checked="" type="checkbox"/>	
Validity re article 13	<input checked="" type="checkbox"/>	

Receipt details: .....

**CALL IN REQUEST – Option (a)**

**A Call In request may be made by:**

**Any five non-executive Members of council.** *Two non-executive members of council if they are not of same political group.*

Date of decision publication: 23<sup>rd</sup> September 2016

Delegated decision ref or Executive Board Minute no: Minute 60

Decision description: Better Lives Programme: Phase Three: Next Steps and Progress Report

**Discussion with Decision Maker:**

Prior to submitting a Call In, a nominated signatory must first contact the relevant officer or Executive Member to discuss their concerns and their reasons for wanting to call in the decision. Part of this discussion must include the Member ascertaining the financial implications of requesting a Call In.

Please identify contact and provide detail.

Director/author of delegated decision report.

Executive Board Member

**Detail of discussion (to include financial implications)**

A meeting between Cllr Golton, Cllr Jonathan Bentley and Cath Roff took place on Thursday 29<sup>th</sup> September

They discussed concerns that the paper does not sufficiently justify proceeding with the decision given the overwhelmingly negative responses to the consultation with residents, their families and staff at the affected facilities.

They also discussed the councillors' view that the overall strategy is outdated because recent developments in the private care sector mean that the alternatives to current provision are no longer available to the extent envisaged in the Better Lives Strategy. As well as this, councillors were concerned that council assurances around the delivery of extra care housing are insufficient because delivery partners are not coming forward and that the market as described by the council does not exist.

They further discussed fears that the council is taking a risky approach in choosing to dispose of facilities to the private sector without seeking to transfer any of the assets to community social enterprises, which should be enabled to create a more sustainable mixed economy in the city for health and care services.

Cath Roff said that the financial implications of not implementing the recommendations of the executive board paper are £1.9 million in 2016/17.

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**Reasons for Call In:**

All requests for Call In must detail why, in the opinion of the signatories, the decision was not taken in accordance with the principles set out in Article 13 of the Council constitution (decision making) (principles of decision making) or where relevant issues do not appear to be taken into consideration. *Please tick the relevant box(es) and give an explanation.*

<input type="checkbox"/>	Proportionality (ie the action must be proportionate to the desired outcome)
<input checked="" type="checkbox"/>	Due consultation and the taking of professional advice from officers
<input type="checkbox"/>	Respect for human rights
<input checked="" type="checkbox"/>	A presumption in favour of openness
<input checked="" type="checkbox"/>	Clarity of aims and desired outcomes
<input checked="" type="checkbox"/>	An explanation of the options considered and details of the reasons for the decision
<input type="checkbox"/>	Positive promotion of equal opportunities
<input type="checkbox"/>	Natural justice

**Explanation**

- The decision does not give due consideration to the effect of privatising home care on the local care economy, nor does it acknowledge the risks to the service of relying on national or internationally orientated private sector providers operating in a market characterised by ever increasing uncertainty.
- There has been a lack of consultation with members and residents on the closure of Manorfield House and the report lacks detail on what will happen to current residents of that facility
- The report fails to explain why the executive member is not adopting the recommendations of scrutiny board, in particular the recommendation that closure of The Green be delayed for two years
- Whilst consultation with service users and staff is extensive, the report does not give adequate consideration to the overwhelmingly negative responses received to each proposal, nor does it state whether any of these concerns have been addressed or the extent to which they have influenced the final proposals.
- Middlecross itself has a day care centre and residential dementia care on adjoining sites, allowing the residents from the homes to access the day care activities daily, a fact that the report does not adequately acknowledge. Users of the day care centre also enjoy hot meals courtesy of the residential home, a service they would not be able to access elsewhere.

Leeds City Council Scrutiny Support Unit

The following signatories request that the above decision be called in:

Signature..... *David Blackburn*.....  
Print name..... DAVID BLACKBURN.....

Signature..... *A Blackburn*.....  
Print name..... ANN BLACKBURN.....

Signature..... *B. C.*.....  
Print name..... BRIAN CLEASBY.....

Signature..... *Jonathan Bentley*.....  
Print name..... JONATHAN BENTLEY.....

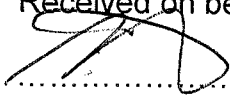
This form should be submitted to the Scrutiny Support Unit, 1st Floor West, Civic Hall by **5.00pm on the fifth working day after the decision publication date**. The office is open from 9.00am to 5.00pm.

(For further information on the Call In procedure please refer to the Scrutiny Support Unit intranet site, or contact the Unit on 39 51151).

*A SIGNATURES VALU. ~ 2 POLITICAL PARTIES.*

For office use only: (box A)

Received on behalf of the Head of Governance Services by:



.....(signature)

Date: 30/SEP/2016

Time: 2.35 pm

SSU ref: 2016/17/15/62 (iv)

For office use only: (box B)

Exemption status checked:



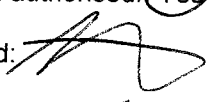
Call In authorised: Yes/No



Date checked:



Signed:



Signatures checked:



Date:

30/9/2016

Receipts given:



Validity re article 13



Receipt details:

TWO NON-EXECUTIVE MEMBERS OF COUNCIL.  
CAN CALL-IN A DECISION IF THEY ARE NOT FROM THE  
SAME POLITICAL GROUP.  
4 VALID SIGNATURES. 2 LIBERAL DEMOCRATS.  
2 GREEN GROUP

**Report of:** Director of Adult Social Services

**Report to:** Executive Board

**Date:** 21 September 2016

**Subject:** *'Better Lives Programme'* Phase Three – Next Steps and Progress Report

Are specific electoral Wards affected?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If relevant, name(s) of Ward(s):		
Armley (Middlecross Care Home and Day Centre)		
Beeston and Holbeck (Springfield Day Centre)		
Gipton and Harehills (Wykebeck Valley Day Centre)		
Horsforth (Manorfield House)		
Killingbeck and Seacroft (The Green Care Home and Day Centre)		
Morley South (Siegen Manor Care Home and Day Centre)		
Pudsey (Radcliffe Lane Day Centre)		
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, Access to Information Procedure Rule number:		
Appendix number:		

## Summary of main issues

The *Better Lives* strategy is the Council's strategy for people with care and support needs. A key aspect of this strategy has been a strategic review of the Council's in-house service for older people. This has taken place in a number of phases since 2011.

In September 2015, Executive Board gave officers permission to consult on Phase Three proposals which included the following:

- Closure of Middlecross care home and day centre
- Closure of Siegen Manor care home and day centre
- Closure of The Green care home and day centre
- Closure of Springfield and Radcliffe Lane Day Centres and
- The conversion of Wykebeck Day centre to a day centre with a specific focus on older people with complex needs including dementia
- The potential delivery of estimated annual revenue savings of £2.2m.

The formal consultation concluded in December 2015 and since then officers have been collating and analysing the outcome of the consultation plus participating in a comprehensive Scrutiny Board process. This has involved five attendances at the Adult Social Care, Public Health and NHS Scrutiny Board as well as participation in two Scrutiny working groups which considered the issues raised by the proposals and examined them in more detail. Scrutiny Board has made extensive and detailed comments on the proposals which have been taken into account in compiling this report to put before Executive Board for its consideration and final decision.

There are four main drivers shaping the recommendations of this report:

- (i) The aspiration of older people to have a wider choice of appropriate accommodation and support options with, as much as possible, support being delivered in their own homes or in care environments like extra care housing.
- (ii) The challenging financial context for local authorities and the need for the most efficient and effective model of services to make the Leeds pound go further
- (iii) The need for capital investment in buildings that are no longer suitable for the level of frailty and complexity of support need that we now see in our care home population
- (iv) The impact of older people exercising choice now on the occupancy levels in our care homes and day services and therefore the unit cost of service

This report details the consultation process that has been undertaken and what service users, family members and staff have said about the proposals. In drawing up the initial proposals, conducting the consultation and in revising the proposals to make the formal recommendations described in this report, officers have been acutely conscious of the depth of feeling aroused among service users, families, local communities and staff. The overwhelming message from older people and their families can be summarised as wanting the services to remain open.

However, the Council's own view, as was set out in the September 2015 Executive Board report is that older people should be afforded a better quality of life than is currently possible in the buildings that are the subject of this report. The Council also believes that the range of housing, care and support opportunities available in some independent and voluntary sector facilities exceeds the material quality of those offered by the Council, and should be widened to be more universally available. In addition, the Council has a duty to future generations of older people to ensure their residential and day care services match their increasing expectations in terms of standard of living and choice of service.

The recommendations in this report are listed below and, if agreed, will result in people currently living in the three residential care homes moving to alternative residential accommodation in localities of their choice which will be equal to or better than the Council's own facilities.



## Recommendations

The Executive Board is asked to:

1. Approve the decommissioning of the services provided at Middlecross, Siegen Manor and The Green residential care homes.
2. Approve the decommissioning of the services provided at Middlecross, Siegen Manor and The Green, Springfield and Radcliffe Lane day centres.
3. Agree the timescales for ceasing the services based on the timeline attached in Appendix 3.
4. Approve the remodelling of Wykebeck Valley day centre to become a complex needs centre for the east of the city, taking a phased approach to accommodate the needs of existing and future customers.
5. Agree reinvestment of £0.111m of the planned savings to ensure Wykebeck can offer an enhanced service like Laurel Bank and Calverlands complex needs day centres.
6. Agree that the Siegen Manor site be ear-marked to explore the potential to develop extra care housing.
7. Approve the development of a city-wide in-house integrated recovery service comprised of Assisted Living Leeds, the SkILs enablement service and a bed-based offer to support the wider Leeds Intermediate Care Strategy. Agree that this service should be called Leeds Recovery Service.
8. Agree that The Green be retained as a community asset for intermediate care / recovery beds subject to the discussion and agreement with NHS commissioners. A further report will be presented to Executive Board when discussions have concluded.
9. Note the outcome of the full consultation reports with stakeholders, including residents, service users, their families and carers, Trade Union, staff and Scrutiny Board appended (Appendices 1 and 2).
10. Note the immediate decommissioning of the services provided at Manorfield House residential home and the assessment and transfer process of residents.
11. Note the continued formal consultation under Employment Legislation with Trade Unions and staff and support for staff throughout the decommissioning process including identifying any opportunities for employment within the Council.
12. Note the development of alternative models of support, including those provided in the independent sector and by other in-house services.
13. Note that the commissioned service Bay Tree Resource Centre in Moor Allerton also offers a choice of day support for people with complex needs including dementia.

14. Note the continued work via the Housing and Care Futures programme to identify potential future use of the sites that become available as a result of the implementation of these proposals, including the opportunity for further development of specialised older people accommodation, including extra care housing.
15. Note that the lead officer responsible for implementation is the Director of Adult Social Services.

## **1 Purpose of this report**

- 1.1 At its meeting on 23<sup>rd</sup> September 2015, the Executive Board agreed to a period of consultation on the future of the residential care homes at The Green, Siegen Manor and Middlecross, including their adjoining day centres, plus the additional day centres at Springfield, Radcliffe Lane and Wykebeck Valley. It also agreed that a further report would be presented to Executive Board detailing the outcome of the consultation process and make further recommendations in relation to next steps.
- 1.2 This report informs Executive Board of what service users, families, staff and the wider community have said about the proposals. It also informs Executive Board of the Scrutiny Board process and issues that Scrutiny Board has asked to be taken into consideration including some specific recommendations. It summarises the business case for the proposals including revised financial modelling in light of changes such as the new national living wage and makes a final set of recommendations.
- 1.3 The report also sets out recommendations regarding the re-use of some of the establishments or sites to further support the Council's policy objectives to promote extra care housing, daytime support for people living with dementia and for the in-house services to deliver recovery and rehabilitation services.

## **2 Background information**

- 2.1 The *Better Lives* Programme commenced in 2011 with a remit to review the care and support services directly provided by Leeds City Council. The review's terms of reference and review criteria were determined by the Adult Social Care Scrutiny Board in 2010. This focused on whether the services were meeting the current and projected needs and aspirations of older people and whether they represented value for money.
- 2.2 The Scrutiny Board's 2010 review of the in-house care homes and day centres concluded that to maintain and operate the Council's residential and day facilities as they are was unrealistic in terms of changing future demand and expectations and unaffordable in terms of the resources needed to provide the quality required to make them viable for the future. The inquiry accepted that people's expectations around choice, quality and control over their residential accommodation had increased significantly and that a position of 'no change' in the provision of Council-run residential care was not an option.
- 2.2 The outcome of the reviewing process has been implemented in phases and has resulted in the development of new services and the closure of some facilities where the demand has fallen and the cost of maintaining and improving the buildings has been prohibitive. The service users affected by these changes have been transferred to a range of alternative care and support options. The transfer process has involved a dedicated team of social care staff working in accordance with a clearly defined protocol and overseen by a quality assurance group.
- 2.3 The Council continues to realign its services to better meet the needs of older people in Leeds and is striving to ensure that the future needs of older people will

be met by supporting them to live in their own home safely and for as long as possible. This will be achieved through the main strands of the *Better Lives* programme:

- Integration
- Enterprise
- Housing, Care and Support
- Strengths-Based Social Care

- 2.4 The Council will look towards working more collaboratively and in partnership with other organisations (notably the NHS and Third Sector). In addition it will influence the market to provide services that are most in demand. There is a recognition that residential care may be appropriate for some people and the Council will continue to commission good quality services from the independent sector through use of its quality framework. The Council is also working on improvement plans for independent sector homes where the Care Quality Commission (CQC) has identified homes that require improvement.
- 2.5 The future strategic role of local authorities will be to financially support people with the highest and most complex needs and ensure people with low to moderate needs are able to access services that will help them remain independent. To this end, local authorities have a key role in developing an independent, voluntary, charitable and faith-sector care and support market that provides its customers with a wide variety of good quality choices across the city. Our 37 Neighbourhood Networks are a good example of these preventative services working in practice.
- 2.6 In order to manage demand for services, the Council is working closely with city partners to help people stay as well and as independent as possible. Our strengths-based approach has, as its starting point, the firm belief that people have strengths as well as support needs and that, by facilitating better links with the natural support assets in our communities, people will need to make less call on formal services. However, we also recognise that sometimes people need a bit of short term help to get back on their feet. The Council has made a commitment to use the skills of staff in our in-house services to promote recovery and rehabilitation. The first part of this was agreeing to transfer the remainder of our long term home care service into the SkILs re-ablement services so it could provide a seven day service. This report now includes proposals for the bed-based part of our recovery service.

### **3 Main issues**

#### **Future long term accommodation-with-support needs for Older People**

- 3.1 Leeds City Council has been a leading authority in the move from institutional models of care to independent living schemes for adults with disabilities and adults with mental health needs. Older people's services have not made this transition at the same speed or to the same extent and by default many older people end up in residential care homes.
- 3.2 If an older person's current accommodation is not suitable, then extra care housing should be offered as an alternative to a care home. Extra care housing offers the

benefit of independence in a safe environment where social interaction is the norm and care and support is tailor made for individual tenants.

- 3.3 Demand analysis has been carried out (extending to 2028) on the number of older people in the community and the type of care and support services they will require. The findings of this research are embodied in the Leeds 'Housing and Care Futures Programme' that was approved by Executive Board in the form of a prospectus and which is closely aligned to the Leeds *Better Lives* Programme. The prospectus acknowledges that some longer term services may be required, but these will increasingly be specialist housing models either supporting independence (e.g. extra care housing) or meeting a specific need (e.g. nursing care).
- 3.4 For example, a city the size of Leeds should have 1,400 units of extra care housing but we currently only have 700 units. This represents an undersupply of 700 units and projections indicate that by 2028, Leeds will require a total of 1,900 extra care units. In addition to the 700 units currently available, an additional 93 are being built, which suggests that there will be an under supply of 1,100 extra care units by 2028.
- 3.5 A small number of Council owned sites have been brought to the market for the development of specialist housing in areas where there is a shortfall of homes designed for older people. The Council is also leading the way in the construction of 45 new extra care apartments in Yeadon and 60 new extra care apartments in West Ardsley which will be available to rent and for shared ownership. A suitable site has been earmarked in Rothwell for the development of extra care and community based services for older people.
- 3.6 Access to suitable sites remains a challenge and many wards have the aspiration for a local extra care scheme but cannot find a site. Part of the solution could rest with redeveloping care home sites for extra care housing: a sort of "new homes for old" strategy.
- 3.7 Demand projections indicate that we have an over-supply of residential care with supply exceeding demand by 1,400 bed spaces. This is forecast to rise to a surplus of 1,500 bed spaces by 2028. These figures support the need to carry out the transition from residential services towards extra care over the coming years. It is likely that this over supply is a contributory factor in some of the quality issues the sector faces, with some care homes struggling to achieve the occupancy levels that would ensure a viable business.
- 3.8 Few people actively choose to go into a long term care home and the likelihood is that their admission is dictated in part by a lack of immediately available alternatives and the stereotypical view of older people (particular those with living with some element of confusion) as being unable to live independently safely.
- 3.9 However good the care home is, choice and the opportunity to be involved in day to day activities is limited by the environment. National surveys reveal that 40% of care home residents experience depression. There is also a much greater chance of an older person (compared to someone under 65) going straight from an unplanned admission to hospital into a long term residential care home. In this instance, a change to the existing model of care is required to ensure that people are able to find the relevant type of care and support and, if possible, are able to

undergo a period of rehabilitation and recovery to facilitate a return to their own home. We know that in 2014/15 Leeds admitted 753 people per 100,000 population aged 65+ into long term care compared to 711 per 100,000 in our benchmarking group. The regional average in 2015/16 was 612 per 100,000 so we know we need to do more to reduce the number of people going into long term care.

- 3.10 The council's care homes were built at a time when the population of residents was fitter, more mobile and there were less people with dementia. We have been increasingly successful at supporting frail older people, including those with mild to moderate dementia, in their homes. This has meant that the current population of care home residents are now older, frailer, with higher mobility needs and a far greater proportion living with dementia. The built environment of our care homes is now less suitable to meet those people's needs. Our room standards are relatively small so if someone is a wheel chair user or needs a mobility aid, it takes up precious space in their bedroom and can be a tripping hazard. If someone needs two people to help them transfer or be hoisted then we have to position their bed away from the wall so care staff can get round both sides of the bed. This reduces the amount of personal furniture a person can have in their room.
- 3.11 Our homes do not have full en-suite facilities. The toilets are situated at the end of a corridor. This distance can mean the difference between being able to go to the toilet by yourself or needing assistance. In terms of dignity in care, many older people highly value the ability to manage their own personal care.
- 3.12 We know that the majority of people in our care homes now have some element of sensory loss and/or confusion and the challenges that advanced dementia brings is one of the reasons that residential care is the appropriate care setting for some of our older residents. We also know, from the work done by the University of Stirling, that the right living environment can keep people safer from such dangers as falls, allow people the freedom and confidence to use their abilities to the fullest extent, aid memory in day-to-day living and reinforce personal identity. While we can make some changes to our care settings that would go some way to making our homes more dementia friendly, they would really need to be re-built to meet modern standards.

### **Future day opportunities for Older People**

- 3.13 While they remain popular among the people that use them and provide essential respite for carers, attendance at older people's day centres has shown a decline over the past five years and it is felt that they no longer represent the most effective response to meeting people's needs. Attendance rates average at 35%.
- 3.14 People are choosing to access meaningful daytime activities that are provided by the 37 Neighbourhood Networks and other Third Sector activities. The Council has also re-modelled some of its in-house services to create a more attractive offer. For example:
- Holt Park Active – is an integrated and accessible social care, well-being and leisure service developed as a corporate initiative and offering new opportunities to over 70 older people who previously would have attended a day centre

- The Leeds Shared Lives scheme, which offers both day support and short breaks for people to relieve some of the pressure on their family carers.
- The Peer Support Network and dementia cafes, which provide safe environments for people with dementia and their carers to meet, make new friends and share experiences.

3.15 However, we are clear that for people with complex needs such as advanced dementia, the Council should continue to offer a dedicated day service and this report contains proposals at items 6.7-6.9 for what might look like. (It should be noted that the Council also commissions a dementia day service from the Methodist Homes Association and this provides 20 places per day at its Bay Tree Resource Centre in Moor Allerton, Alwoodley ward. Together with the three in-house day centres, this provides an evenly distributed geographical offer for Leeds residents).

### **Future prevention, short-term support and recovery services**

3.16 The majority of older people will have their needs met by supporting them to live in their own home safely and for as long as possible. This will be achieved by the Council working more corporately to ensure that older people benefit from active engagement within their communities and by the Council working in partnership with other organisations (notably the NHS and Third Sector). By adopting this approach the Council has already refocused some of its resources on preventative and recovery services. These includes the development of:

- The South Leeds Independence Centre (SLIC) – an Intermediate Care unit developed and run in partnership with the NHS.
- The expansion of the SkILs (re-ablement) service
- Assisted Living Leeds – the city-wide hub for the provision of equipment and assistive technology.

3.17 The Council continues to investigate opportunities to realign services to better fit the needs and aspirations of older people in Leeds. It has recently confirmed its commitment to focusing part of the in-house service on supporting people to recover by transferring the remainder of the Long Term Community Support staff in to Skills for Independent Living (SkILS) enablement service.

3.18 The Council also currently runs Richmond House, Suffolk Court and South Leeds Independence Centre (with the NHS) as short-stay residential homes where people can have a few weeks of rehabilitation to get back on their feet, usually after a spell in hospital. Where there is active therapy input this is sometimes referred to as intermediate care.

3.19 The service primarily supports hospital discharge, but with some usage to prevent hospital admissions. Officers believe the skills of our in-house service can contribute to the city offer of recovery and rehabilitation and this report contains proposals for how that might be enhanced and developed.

### **Consultation**

3.20 Following a review of the potential options for each service, Executive Board gave approval in September 2015 for a period of consultation with residents, service users and staff, to cease the services provided at Middlecross, Siegen Manor and

The Green residential care homes and day centres and Radcliffe Lane and Springfield day centres and commission alternatives in the independent sector. In addition, consultation was approved for the proposal to recommission Wykebeck Valley day centre as a specialist dementia / complex needs service. Executive Board requested that officers submit a further report in 2016 detailing the outcome of the consultation process and making further recommendations in relation to next steps.

- 3.21 The consultation process took place over a twelve week period from 1<sup>st</sup> October 2015 to 23<sup>rd</sup> December 2015. The consultation included residents, service users and their family / carers as well as staff to gather their views and keep them informed of the detail around the proposals. The information gathered from the consultation was analysed and used to inform the revised proposals made for the services under review. Detailed consultation reports were compiled and these are available at Appendices 1 and 2.

### **Outcomes of the consultation and key themes: residents, service users, their families and carers**

- 3.22 The consultation questionnaire was provided to 193 day centre service users with 187 providing a response which represents a 97% return.
- 3.23 The consultation questionnaire was provided to 97 care home residents with 92 providing a response which represents a 95% return.
- 3.24 There were also some people who did not complete the questionnaire, with a variety of reasons for non-completion (e.g. resident/service user in hospital, declined or relative completed questionnaire on their behalf).
- 3.25 The following is a summary of the key themes emerging from the consultation process (full consultation reports are attached at Appendices 1 and 2).
- The majority of respondents didn't want the home/day centre to close. Many suggested that savings should be made elsewhere in the Council.
  - There were positive comments on the care home/day centre and the quality of care provided by a skilled, friendly and professional staff. It was felt that the services were good and the decision to close was simply about money.
  - Concern was raised about the potential negative impact on the health and well-being of vulnerable older people and what will happen to them if the home/day centre closes. The current services were seen as familiar, safe and secure environments with service users comfortable with their established routines.
  - Respondents felt that there was a lack of alternative services and had concerns about the quality and price of alternative services in the independent sector. This included comments that the independent sector was not well placed to meet the care needs of people with dementia, which is an area of increasing demand.
  - Criticism was voiced that a decision has already been made and the consultation is futile. People want their comments to be taken on board and be kept informed / involved as to what happens next.
  - There was concern that the needs of carers would not be met.



- Suggestions were made that opening day centres only on certain days could save money (e.g. close on weekends).
- If the proposals were to be implemented, then it was suggested that the Council should consider a gradual phased shutdown of homes; i.e. not taking on any further permanent admissions, but allowing the current residents to continue living there.
- If services do close, there needs to be clarity on what will happen to the buildings in the future.

### **Outcomes of consultation and key themes: staff**

- 3.26 The consultation questionnaire was sent to 139 staff, with 96 providing a response which represents a 69% return. In addition to the questionnaires, monthly staff briefings and drop-in sessions were held throughout the consultation period, 10 meetings took place between Chief Officers / Heads of Service and staff and two meetings took place between staff and Ward Councillors.
- 3.27 The key themes emerging from the responses were:
- Do not want the home/day centre to close
  - Concern about the health and wellbeing of residents / service users who they consider as ‘friends, not clients’.
  - Concern about their own future (employment, pensions, personal finances).
  - Expressed a need for Dementia services as there didn’t seem to be many alternatives in Leeds and this is an increasing area of demand.
  - Voiced concern over the lack of alternative options for respite.
  - Perceived lack of alternative services in the area.
  - Felt that money should be saved elsewhere, not older people’s services.
  - Perceived poor standards of care in the independent sector in comparison to the Council provided care.
- 3.28 Staff have been involved throughout the consultation process and will continue to be supported throughout the implementation of any proposals agreed by Executive Board.

### **Scrutiny Board**

- 3.29 The Adult Social Care, Public Health and NHS Scrutiny Board has played a very active role in providing constructive challenge around the business case for the proposals.
- 3.30 In January 2016, the Scrutiny Board (Adult Social Care, Public Health, NHS) received a petition (containing over 3,800 names) along with a request for the Scrutiny Board to “...stop the closure of *The Green Home for Older People*” – which was formally considered at the meeting on 27<sup>th</sup> January 2016. At that meeting, Scrutiny Board agreed to consider the issues raised and examine the matter in more detail through a working group of the Scrutiny Board.
- 3.31 The Scrutiny Board working group considered a wide range of issues including the high quality of the care provided by the staff at The Green, cost comparisons with the independent sector, the quality of alternative care in the locality and the impact on the care market if the Council withdrew directly provided care services. The

working group findings included: The Green serves a local population and caters for local residents; The Green has a clear local focus and could take more residents; families and residents are happy and feel safe at the home; care is good – it has been judged so independently by the CQC; and the quality of alternative nearby provision in the independent sector is ‘variable’.

3.32 Following the working groups findings, the Scrutiny Board made the following recommendations:

*“That any decision regarding the long-term future of The Green be deferred for a minimum of 2 years, in order to:*

- i. Re-consider the comparative costs of provision as the impact of a national living wage and the requirements of the Care Act 2014 take effect locally.*
- ii. Assess the occupancy levels achieved through positive promotion of The Green to local residents and beyond.*
- iii. Re-assess the overall ‘quality landscape’ across the care sector in Leeds and specifically the quality of alternative nearby provision in the independent sector.”*

3.33 Cost comparisons, taking into account the National Living Wage, are included in the financial analysis that has been carried out as part of the review process. The implementation of the National Living Wage makes a minor reduction in the overall savings that could be made from closing The Green and does not fundamentally alter the business case.

3.34 Occupancy levels across all the council’s care home have been steadily declining with no material difference if a home is under consultation for closure or not.

3.35 In response to the findings of the consultation, the Scrutiny Board working group and the Council’s ambition to focus its remaining in-house services on promoting recovery and independence, the recommendation regarding The Green has been revised. It is now proposed that The Green should still close as a long term care home but remain as a community asset and be re-commissioned as a bed-based short term recovery service subject to the discussion and agreement with NHS commissioners CCGs.

3.36 The Scrutiny Board has played a valuable role in highlighting the very real concerns that have been presented to them and the revised proposal for The Green acknowledges the efforts of the working group and the recommendation of the Scrutiny Board (full details of the Scrutiny Board findings are available at Appendix 4). However the recommendation to defer a decision for over two years would leave The Green in the same position as some of the local authority homes that were considered in Phases 1 and 2 of the *Better Lives for Older People* programme. The uncertainty regarding the future of a home has led in many cases to staff leaving to find more secure jobs.

3.37 The requirements of the Care Act (2014) have also been taken into account and the revised proposal, involving the retention of directly provided short term recovery bed-based service, allows the Council to influence the care market and to provide a ‘safety-net’ (as required of the Care Act 2014) if a residential care provider fails.

- 3.38 Although the revised proposal for The Green offers the wider community a resource that will be available to more older people and with the potential to achieve better outcomes, the impact on existing residents, their families and carers is acknowledged. Having undertaken a similar exercise previously, in which a residential home was decommissioned then the building used to recommission an alternative service (Harry Booth House, now the South Leeds Independence Centre) Adult Social Care staff have the understanding, skills and sensitivity to minimise any distress or disruption. If The Green is approved for decommissioning / recommissioning the assessment and transfer of residents will be scheduled as part of the *Better Lives for Older People* programme plan. Care will be taken to ensure that the transfer process is centred on the need of each resident and they will be given time and support to allow them to choose an appropriate alternative service.
- 3.39 In addition to the request for Scrutiny regarding The Green, two further requests for scrutiny were received in relation to (a) Siegen Manor (May 2016) and (b) all three care homes and attached day centres, with particular emphasis on Middlecross (June 2016). These requests were considered by the Scrutiny Board at its meeting in June 2016.
- 3.40 Scrutiny Board emphasised the importance of ensuring the health and well-being of current service users and also asked the Director of Adult Social Services to be *“very clear about how individual circumstances have helped shape any proposals and what the proposals are likely to mean for the city and the individual localities affected”*.
- 3.41 They also reflected on the importance of considering the circumstances for each care home and day centre, with specific reference to alternative services and their quality and opportunities to develop facilities for the future. These factors were considered during the review process and details are provided in Appendix 5 - ‘Profile of services’, in which Executive Board will find a breakdown of the business case for each establishment, the number of people affected and what the choices are for them within a 5 mile radius and what we might use the site for going forward.
- 3.42 Other comments raised by Scrutiny Board reflected the outcomes of the consultation findings, with concern over the quality of alternative independent sector provision. The Council recognises the variable quality of independent sector provision and is committed to continually monitoring providers as outlined at items 3.43–3.54 below.

### **Cost and Quality of the independent sector**

- 3.43 Following an extensive viability review into the Phase Three homes, a detailed viability report was presented to Executive Board in September 2015 alongside the proposals for the Phase Three homes and day centres. This report highlighted the cost comparison between the Local Authority services and independent sector provision. The findings showed that the cost of independent sector long term residential care beds in Leeds is £410 per week lower than the cost of the phase three homes operated by the Council.

- 3.44 Consultation responses during Phase Three raised concern over the quality of provision in the independent sector, with a general view that Council provided services were of a higher standard. There are currently 57 independent sector residential homes across Leeds, providing 2,262 beds. 40% are rated 'good' by the CQC. This represents 909 beds. 50% are rated as 'requires improvement' and a further 10% have not yet been rated.
- 3.45 Analysis has also taken place to identify the alternative options for service users based on independent sector homes within a 5 mile radius of their current home. Initially the analysis was carried out based on alternatives within the same ward as the care home subject to the proposal. However, further investigation into residents' previous home addresses and the addresses of their next of kin found that those using services had not always come from within the same ward as the home, though they had generally come from within 5 miles. This mapping allows an understanding of viable alternatives for each individual allowing them to maintain any community, friendship or family links with the area. Further detail can be found at Appendix 5 – 'Profile of Services'.
- 3.46 The issue relating to an alternative care home being of comparable quality has been, and will continue to be, guided by the Council's Quality Standards in the Residential and Nursing Framework contract.
- 3.47 The current standards were developed in 2011 at a time when CQC had withdrawn their rating system for care homes. The intention of our approach was to continue to drive up quality, whilst providing a framework within which we could assign increased funding to higher quality – in effect the 'enhanced rate'.
- 3.48 The Quality Standards were agreed by an Advisory Board, chaired by the Executive Lead Member, following a coproduction process which contained substantial and detailed consultation with service user representatives and independent sector providers. When the contract was let and the standards introduced in 2012, CQC had not yet released the standards or the rating system which is currently in place and which were only implemented during 2014. However, the core standards are reflective of the elements of a service which commissioners, providers and service users identified during the co-production process as critical areas of good or very good service delivery, and therefore there is already significant read across between our contractual standards and the CQC ratings.
- 3.49 Any home that is on the Council's Quality Framework contract and has subsequently been rated by the CQC as "Requires Improvement" is subject to Adult Social Care officers working with the home to help it deliver that improvement and to closely monitor any actions recommended by the CQC. If a home is not able to demonstrate rapid improvement, the enhanced fee rate is withdrawn.
- 3.50 Work is about to commence to re-commission the current framework contract (again overseen by an advisory board chaired by the Executive Member for Health, Well-Being and Adults) and this will be the opportunity to increase the links between the payment system and the ratings given by CQC. This is already the approach we have taken with the recently let community homecare contract where we have made it a requirement that that all providers who are part of the contract must maintain a CQC rating of at least 'Good'.

- 3.51 We recognise that greater coordination between the CQC regulatory approach, the Council contract monitoring approach, and the outcomes of consultation with service users and providers, will always be an advantage to all involved, producing an approach to quality which is easier for providers to evidence and for service users to understand.
- 3.52 The recommissioning of the residential framework contract will be a positive opportunity to incorporate into the Council's Quality Standards, the valuable experience gained under the current standards, the new approach by CQC, the results of consultation with service users, their families, key partners and service providers, alongside the helpful input from Scrutiny Board.
- 3.53 The *Better Lives for Older People* programme has overseen the structured closure of eight Local Authority residential homes and eight Local Authority day centres through two distinct phases of activity. In total, 401 residents and service users and 260 staff have been affected by the changes. 155 residents have been supported to choose alternative homes, with 133 of these people choosing independent sector residential care. These people were supported throughout the process and follow-up reviews were carried out at three months and 12 months to identify any issues and check on their health and wellbeing in their new home. Of the people that moved, 79% were happy and settled in their new home at the three month review, with 65% still happy and settled in the same home at 12 months. Others had moved on to other services (e.g. nursing, end of life care, hospital etc).
- 3.54 Through the review of the residential framework contract and continued support of people who make a move to an alternative home, any issues regarding the quality of the independent sector provision will continue to be addressed.

#### **4 HR Implications**

- 4.1 There are currently a total of 351 Adult Social Care (ASC) and 132 Civic Enterprise Leeds (CEL) staff employed at all older people care homes and day centres. 148 ASC and 39 CEL staff (187 staff in total) are working at establishments which are proposed to close.
- 4.2 There have been 128 'informal' expressions of interest from ASC staff employed at all older people services in the council's Early Leaver's initiative (ELI) scheme. In addition, proposals to re-model / re-size existing establishments may result in additional opportunities for staff.
- 4.3 Ongoing engagement is taking place with staff and HR regarding potential opportunities for all staff, if they are affected by any of the proposals. A local Early Leaver Initiative (ELI) scheme is likely to be offered to staff currently employed in services at risk and in services where roles have similar skill sets to create further redeployment opportunities across the organisation. We are also working with a range of partners to increase alternative employment opportunities for affected staff.
- 4.4 In addition, the service will take decisions to freeze recruitment and reduce agency usage as and when appropriate. The Directorate will also work with all affected staff

to identify development and training opportunities which could assist staff to move into new or alternative roles within the Authority.

- 4.5 Continued formal consultation will take place under Employment Legislation with Trade Unions and staff and support will be provided for staff throughout the decommissioning process including identifying any opportunities for employment within the Council. It is hoped that this work will significantly minimise the risks to staff in terms of compulsory redundancy.

## **5 Corporate Considerations**

### **5.1 Consultation and Engagement**

- 5.1.1 Consultation took place on the three homes with attached day centres (Middlecross, The Green and Siegen Manor) alongside the additional day centres at Springfield, Radcliffe Lane and Wykebeck Valley from 1<sup>st</sup> October to 23<sup>rd</sup> December 2015.
- 5.1.2 The consultation followed a similar process and best practice used during consultation in Phases 1 and 2 of the *Better Lives for Older People* programme. A comprehensive suite of information was provide to all key stakeholders to explain the process, the purpose of consultation and the potential impact of the proposed change to the services. One to one sessions were held with residents, service users and staff to aid the completion of a questionnaire, supplemented by group sessions and other methods of communication. A summary of the key themes of the consultation is provided at items 3.22-3.28 above and full details can be found in Appendices 1 and 2.

### **5.2 Equality and Diversity / Cohesion and Integration**

- 5.2.1 An Equality Impact Screening was undertaken as part of the initial review of services and this concluded that the proposals would potentially give rise to equality impacts relating to older and disabled people their families and carers. Staff will also be affected, particularly women, who make up a large proportion of the workforce.
- 5.2.2 Full Equality Impact Assessment for residents and service users has been undertaken as a parallel process to the consultation and details can be found in Appendices 6 (covering Middlecross, Siegen Manor and The Green care homes) and 7 (covering Middlecross, Radcliffe Lane, Siegen Manor, Springfield, The Green and Wykebeck Valley day centres).
- 5.2.3 A full Equality Impact Assessment was undertaken in September 2013 for Manorfield House's residents and can be found at Appendix 8.
- 5.2.4 Staff will also be affected, particularly women, who make up 92% of the workforce. An Equality Impact Assessment will also be carried out in relation to the impact on staff. A screening document on the current proposal can be found at Appendix 9.

### 5.3 Council policies and the Best Council Plan

- 5.3.1 The review of the directly provided services for older people has been undertaken as part of the Adult Social Care's *Better Lives* Programme. This strategy focuses on the Council's capacity to help support the growing number of older people with their care and support needs. It recognises the changing expectations and aspirations of people as they grow older and the need to match these with appropriate and affordable responses.
- 5.3.2 Implementing the *Better Lives* Programme is key to delivering the Council's 'Best Council Plan 2015-2020'.
- 5.3.3 The Plan identifies specific priorities for 2016-17 to make Leeds "*The Best Place to Grow Old in*" and to provide "*Early Intervention... reducing health inequalities*". These priorities link closely with the realignment of services to be more responsive to older people's needs, giving them greater choice and control over their care and reducing the impact on longer-term care services. The Plan also refers to Leeds intention to "*become a more efficient and enterprising council*", which again is reflected by the move towards commissioning more quality services from the independent sector where it is more efficient to do so. The Plan's vision is "*for Leeds to be the best city in the UK: one that is compassionate with a strong economy, that tackles poverty and reduces the inequalities that still exist*". Adult Social Care will continue to work with others to achieve better outcomes for the city through a "*combination of innovation and efficiencies*".

### 5.4 Resources and value for money

- 5.4.1 As central government funding to local authorities decreases and demand for services increases councils are under pressure to find more efficient and cost effective ways of doing things. Whilst the social care precept is helpful in providing additional funding for adult social care services, the funding it raised in Leeds for 2016/17 was fully utilised to fund the impact of the National Living Wage. The review recognises the need to refocus resources on affordable and sustainable models of service delivery that offer better outcomes for older people.
- 5.4.2 Based on current occupancy levels, the proposals in this report for decommissioning services provided at Manorfield, Middlecross, Siegen Manor and The Green residential homes will deliver net savings of £1.945m in a full-year. There may be costs in 2016/17 if some staff leave the service through the Early Leaver Initiative that are not included in these savings.
- 5.4.3 This report also recommends that The Green be retained as a community asset for intermediate care / recovery beds subject to the discussion and agreement with NHS commissioners, which will include consideration of any additional funding for this enhanced service and bed base. Savings are also anticipated within Adult Social Care through the recovery service enabling people who would otherwise have gone into residential care to be supported in the community at a lower cost, or to fully regain their independence and require no ongoing support. A further report will be presented to Executive Board to advise on the outcome of discussions with NHS commissioners.

5.4.4 The proposals in this report for the decommissioning of services provided at Middlecross, Siegen Manor, The Green, Springfield and Radcliffe Lane day centres will deliver net savings of £0.897m in a full year. In order to deliver the city-wide dementia service £0.111m is required to fund additional staffing. This would leave an overall net full-year saving of £0.786m. There may be costs in 2016/17 if some staff leave the service through the Early Leaver Initiative that are not included in these savings.

<b>Establishment</b>	<b>Net saving £</b>	<b>Sub-totals £</b>
Manorfield House care home	-530,242	
Middlecross care home	-646,122	
Siegen Manor care home	-402,372	
The Green care home	-366,632	
<i>Care homes sub total</i>		<b>-1,945,368</b>
Middlecross day centre	-253,200	
Radcliffe Lane day centre	-160,340	
Siegen Manor day Centre	-90,750	
Springfield day centre	-164,960	
The Green day centre	-227,360	
<i>Day centre sub totals</i>		<b>-896,610</b>
<b>Grand total</b>		<b>-2,816,706</b>

5.4.5 The 2016/17 budget included savings of £0.635m for the anticipated part-year effect of the immediate decommissioning proposals included in this report.

## 5.5 Legal Implications, Access to Information and Call In

- 5.5.1 This decision is a key decision, has been published to the List of Forthcoming Key Decisions, and is subject to the call-in process as a report to Executive Board.
- 5.5.2 The review of services has taken into consideration the Council's statutory duties and Adult Social Care's specific duties – including duties contained in the Care Act (2014) to meet the needs of those members of the community who require care services. Public consultation on the future of older people's services has been undertaken in accordance with guidance.
- 5.5.3 When making a decision on this matter Executive Board must have "*due regard*" to its duties under section 149 of the Equalities Act 2010 which are set out in more detail in the Legal Implications in Appendix 1 of the Act. In doing so Executive Board must take account of the impact the financial proposals could have on different equality groups and consider ways of mitigating or avoiding any adverse impact.
- 5.5.4 To assist Executive Board to make an informed decision on these matters a full Equalities Impact Assessment has been carried out and the results are summarised at item 5.2 and set out in full at appendices 6-9.



## 5.6 Risk Management

- 5.6.1 A risk log has been maintained throughout the review in-keeping with the *Better Lives* Programme approach to managing projects. All risks are recorded and a governance board oversees the process.

## 6 Conclusions

- 6.1 An extensive review of services and a period of consultation on proposals for the residential homes at Siegen Manor, Middlecross and The Green and their adjoining day centres, plus further day centres at Springfield, Radcliffe Lane and Wykebeck Valley has been completed.
- 6.2 The consultation clarified that current residents and service users appreciate the services provided by the highly skilled and compassionate staff teams and the majority would like to see the current services remain unchanged. Executive Board has to balance the needs of current day centre users and care home residents with the future needs and aspirations of the next generation of older people- all within the context of shrinking council budget when making its final decision.
- 6.3 The demand for the services provided by the Council has been in decline and the Council cannot compete with independent sector providers in terms of the cost of the services. The Council is looking towards a different approach to developing and providing services, through commissioning high quality long term care from the independent sector and concentrating in-house services on prevention, reablement and recovery models.
- 6.4 While the fundamental business case for closures has not changed some of the original proposals have been modified in light of what people have said, Scrutiny Board's contribution and the commitment to develop in-house services to promote recovery services.
- 6.5 Scrutiny Board has looked at the issue of the closure of homes and day centres and have raised important issues which have fed into the process. Their contribution has led to further consideration of the issues and amendment to the original proposal. However, it is not possible to satisfy all interested parties and whilst current residents and users of services are a priority the local authority is satisfied that the plans they have put in place in the past, and are proposing to utilise again, to identify alternative placements, will protect the interests of those groups.

- 6.6 The changes are as follows:

### **Day services**

- 6.7 The original proposal to close the named day services still stands as does the proposal to re-model Wykebeck Valley day centre into a complex needs/ dementia day service. Officers are proposing that £0.111m of the £0.897m day services saving is reinvested to ensure Wykebeck Valley has the staffing ratios to meet higher needs, and that all centres can offer both an 'in-reach' and 'out-reach'

service. The primary aim of the centres will be to deliver a service model aimed at keeping people well and offering a more varied choice of service provision.

- 6.8 The services will be delivered with the customer and their family carer at the heart of developing their own care/support plan. Customers will be supported to identify their strengths, working towards building a fulfilling life, wishes, aspirations and goals whilst maintaining them in their own home as long as possible. The range of services will include:
- A safe space which is dementia friendly and flexible
  - Information and signposting service
  - Carer support groups
  - Dementia café
  - Group activities, one to one support including support with personal care
  - Peer support
  - Links to other professional including CPN's, physiotherapists, podiatry and the memory clinic
  - Links back to local communities, neighborhood networks
  - Health and wellbeing advice, guidance and support

- 6.9 This investment would ensure that **all current service users with advanced dementia** in the Middlecross, Siegen Manor and The Green day centres will be **guaranteed a place** in one of the three complex needs / dementia day services.

### Care homes

- 6.55 In order to continue the council's commitment to developing extra care housing-with-support as the preferred alternative to residential care and taking into account the circumstances of the individual localities affected, it is proposed that Siegen Manor care home still be closed but the site ring-fenced to explore the potential to develop extra care housing. This has long been an aspiration in the Morley area, but after five years no viable site has been identified. In order to achieve "new homes for old", the Council will prioritise this site for this purpose. Initial financial comparisons on the cost of residential care versus extra care reveal that extra care, even with all care recipients having medium to high care and support needs, costs less per week than residential care. An older person (dependent upon the state for their care) with high to medium care and support needs would save ASC in excess of £200 a week if living in extra care compared with a core residential bed on the commissioning framework.
- 6.10 The proposals regarding The Green care home have come under particular challenge and scrutiny. One key point being the home is seen as a local community asset. Officers have considered carefully all contributions and now propose that The Green care home be closed as a long-stay home but be kept as a local community asset for intermediate care / recovery beds subject to the discussion and agreement with NHS commissioners.
- 6.11 In September 2013, Executive Board approved the decommissioning of Manorfield House residential care home once one or more of the following criteria were fulfilled: 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; or in response to changes in registration requirements or legislation.

- 6.12 The home has remained open since this date, but with no further admissions. As outlined in the Leeds Assessment and transfer protocol *“Running up to closure of a residential home, a minimum core of 10 residents is required to prevent deterioration in morale”*. The number of residents at Manorfield House has now fallen below this level and as such it is proposed that the remaining residents are supported through the assessment and transfer process to choose alternative services to meet their needs. Residents’ needs will continue to be met, there will be no loss of service. While the Director of Adult Social Services has delegated authority to action this closure, for the sake of transparency it is being reported to Executive Board. The process will be carried out by the experienced Assessment and Transfer team who worked with residents throughout previous decommissioning exercises during Phase 1 and 2 of the Better Lives programme. The team will use the existing assessment and transfer protocol including the Care Guarantee. All residents and staff impacted will be kept fully informed and engaged throughout this process.

### **Leeds Recovery Service**

- 6.13 The Council has always been clear that, as well as supporting people with complex needs, the remaining in-house services should focus on recovery, rehabilitation and short term support. A key part of this was agreeing at Executive Board, in June 2016, to transfer the remaining long term community support staff into the SkILS service and for that service to make an extended offer into the weekend.
- 6.14 It is now proposed that three key in-house services are integrated to provide a comprehensive, city-wide recovery service. These services are: Assisted Living Leeds, the SkILS enablement service (recovery support in people’s own homes) and bed-based recovery support the wider Leeds Intermediate Care Strategy. This integrated service will be known as the **Leeds Recovery Service**.
- 6.15 The proposal to retain The Green and develop the Leeds Recovery Service may require some utilisation of the forecast £1.945m savings from care home closures, subject to discussions with NHS commissioners. The business case for this is the assumption that if long-term care home placements can be avoided or delayed in a year, then the investment will be at worst cost neutral or help to make further savings. Up to 37 additional recovery beds could be provided by the Local Authority if The Green is retained as a community asset for intermediate care subject to the discussion and agreement with NHS commissioners. The Green is also located in the East North East Management Area and Leeds North CCG, where a lack of recovery beds has been identified.

### **Assessment and Transfer process at Decommissioned Care Homes and Day Centres**

- 6.16 The rest of the original proposals remain unchanged which are to decommission the services at Siegen Manor, Middlecross, The Green (care homes and day centres) and Springfield and Radcliffe Lane day centres. On confirmation of approval to decommission these services, customers and their families / carers will be informed

of the decision to close the service. They will be supported through the closure process by familiar staff and also by an established Assessment and Transfer team who will support the customer in making alternative and appropriate arrangements for their care needs.

- 6.17 The Assessment and Transfer team has supported residents and day centre users affected by closures of services during the previous phases of the Better Lives programme. This has entailed carrying out person-centred assessments, considering the needs and choices of the residents and service users, their families and carers. This work takes place in line with the Council's established assessment and transfers protocols including its Care Guarantee, which provides reassurance on the service that residents, service users and their families can expect to receive. This includes a guarantee that **each person will receive the same level of service** and a commitment that **no resident will be worse off** financially if they have to move. Appendix 10 sets out the Care Guarantee in more detail.
- 6.18 As stated at item 6.12, all current service users with advanced dementia in the Middlecross, Siegen Manor and The Green day centres will be guaranteed a place in one of the three complex needs / dementia day services. In addition, existing service users at Radcliffe Lane and Springfield day centres will be supported to transfer to either Holt Park, a Neighbourhood Network, the Leeds Shared Lives scheme or to a service provided through a Direct Payment. Current service users at Wykebeck Valley will continue to attend the day centre if they wish to do so whilst the service is being remodelled as a complex needs hub. In brief, all residents and service users' needs will continue to be met.
- 6.19 Where necessary, independent advocates have supported this process to ensure the needs of the person affected are captured and responded to. The Assessment and Transfer Team's work has been checked by an independent quality assurance team. This involves the use of a quality checklist to ensure each part of the process including completion of documentation and input of information onto systems takes place appropriately. This process will be carried out by the Programme Office Team following the documented protocols.
- 6.20 Staff will also be supported through the process, with ongoing discussions to support them in finding opportunities elsewhere in the Council, or exploring opportunities for ELI where applicable.

## 7 Recommendations

The Executive Board is asked to:

- 7.1 Approve the decommissioning of the services provided at Middlecross, Siegen Manor and The Green residential care homes.
- 7.2 Approve the decommissioning of the services provided at Middlecross, Siegen Manor and The Green, Springfield and Radcliffe Lane day centres.
- 7.3 Agree the timescales for ceasing the services based on the timeline attached in Appendix 3.

- 7.4 Approve the remodelling of Wykebeck Valley day centre to become a complex needs centre for the east of the city, taking a phased approach to accommodate the needs of existing and future customers.
- 7.5 Agree reinvestment of £0.111m of the planned savings to ensure Wykebeck can offer an enhanced service like Laurel Bank and Calverlands complex needs day centres.
- 7.6 Agree that the Siegen Manor site be ear-marked to explore the potential to develop extra care housing.
- 7.7 Approve the development of a city-wide in-house integrated recovery service comprised of Assisted Living Leeds, the SkILs enablement service and a bed-based offer to support the wider Leeds Intermediate Care Strategy. Agree that this service should be called Leeds Recovery Service.
- 7.8 Agree that The Green be retained as a community asset for intermediate care / recovery beds subject to the discussion and agreement with NHS commissioners. A further report will be presented to Executive Board when discussions have concluded.
- 7.9 Note the outcome of the full consultation reports with stakeholders, including residents, service users, their families and carers, Trade Union, staff and Scrutiny Board appended (Appendices 1 and 2).
- 7.10 Note the immediate decommissioning of the services provided at Manorfield House residential home and the assessment and transfer process of residents.
- 7.11 Note the continued formal consultation under Employment Legislation with Trade Unions and staff and support for staff throughout the decommissioning process including identifying any opportunities for employment within the Council.
- 7.12 Note the development of alternative models of support, including those provided in the independent sector and by other in-house services.
- 7.13 Note that the commissioned service Bay Tree Resource Centre in Moor Allerton also offers a choice of day support for people with complex needs including dementia.
- 7.14 Note the continued work via the Housing and Care Futures programme to identify potential future use of the sites that become available as a result of the implementation of these proposals, including the opportunity for further development of specialised older people accommodation, including extra care housing.
- 7.15 Note that the lead officer responsible for implementation is the Director of Adult Social Services.

## 8 Background documents<sup>1</sup>

8.1 Nil.

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Better Lives for Older People  
Day centres for Older People

Consultation Report June 2016

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**Section two:** Methodology and process

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**Section four:** Detailed findings relating to the proposal for each day centre

## **Section One - Purpose of the report and background**

### **Purpose**

The purpose of this report is to inform Executive Board of the outcome of a process of consultation in relation to the future of older people's day centres. It is also to give Executive Board sufficient information to enable it to make an informed decision about the proposed future options for these services.

This consultation report takes the opportunity to formally recognise and acknowledge the great deal of time and effort that has been put into the responses by contributors to the consultation.

All respondents offered very helpful and detailed comments which have provided a valuable insight into their opinions and wishes and helped to refine recommendations. The findings from the consultation, and the strength of feeling expressed by respondents, have enabled officers to consider the proposals whilst fully taking into account the key themes and issues regarding potential positive and negative impacts on those directly affected; and mitigations against these.

### **Background**

A review of the council owned day centres has been completed and proposals developed that revise the current service model. This report follows the decision of the Executive Board in September 2015 to begin a period of statutory consultation on these proposals.



## Section Two - Methodology and Process

### How we got here – Step by Step

#### **Step One: Consultation approval process**

An extensive and inclusive consultation process undertaken as part of the 'Future Options for Long Term Residential and Day Care for Older People' review in 2011 was informed and endorsed by a Scrutiny Inquiry and aimed to seek the views of all key stakeholders, including current users of day centres, their carers and the staff who provide care and support. The wider consultation also involved discussions and engagement at a more general level with stakeholder and interest groups and the wider general public who may have expectations about the future of older people's care services.

Through a series of planned events, consultation was undertaken with a wide range of stakeholders including current users of adult social care services, carers, voluntary, community and faith organisations, and independent sector providers of adult social services, members of staff and equality and diversity groups and organisations.

The outcomes of the wider consultation described above, together with feedback from a range of stakeholders and the detailed consultation with those directly affected, provided the council's Executive Board in September 2011 with a mandate to approve and proceed with the Better Lives Programme aimed at reshaping local authority day centre provision for older people in Leeds.

The overarching themes arising in the consultation in 2011 have been evidenced throughout phase 2 and phase 3 consultations. The ongoing work undertaken by Adult Social Care to address these issues is as follows and is directly relevant to this third phase of the Better Lives Programme:

- It was generally agreed that maintaining people's independence is a priority; however, in the view of stakeholders, this requires the provision of preventative services allied with specialist services to support those with more advanced levels of need (e.g. nursing care, specialist dementia, respite support).
- *Leeds is already amongst the highest investors in preventative direct access social care services in the country. Neighbourhood Networks are working to develop new services that will help to prevent older people going into hospital unnecessarily, and supporting them by providing a greater range of activities using new funding available through direct payments. The Council is aware that those with more advanced care needs may not feel comfortable being supported in a community setting. For this reason it has retained specialist dementia day centres across the city to ensure the needs of people with dementia continue to be met.*
- There needs to be a strategic approach to change and setting priorities within the Council and across the partnerships.
- *The Council continues to work with partners in the public, independent and voluntary sectors to develop and modernise day services available to older people in Leeds. Holt Park Active is one such example. A joint project between Sport and Active Lifestyles and Adult Social Care, it is the result of a successful bid made by the Council for £28.894m of Government Private Finance Initiative credits (PFI) from the Department of Health. The plan for Holt Park Active is fundamental to the council's*

*objectives for the integration of social care, health, learning, sport and active recreation in modern, accessible and flexible buildings. The plan also supports the implementation of the Council's on-going social care agenda in accordance with the transition to personalised services, focusing on helping people to live at home and maintaining independence.*

- A number of issues arose relating to the management of change for the people affected by the proposed changes, with specific reference to the support available for older people transferring between services.
- *Following the Executive Board decision in September 2011 an extensive programme was undertaken to implement the agreed proposals. A team was recruited, from existing resources, to work with the residents, day centre service users and the families of those people affected by the decommissioning of residential care homes and day centres. This work involved re-assessing residents' and day centre service users' needs and ensuring that their transfer to alternative accommodation was done safely and in accordance with their choice. A Leeds specific 'Care Guarantee' and an Assessment and Transfer Protocol were developed and the transfer process was quality assured to minimise risk and address any issues of concern. This process was replicated in phase 2 and will be implemented in any future change to services to ensure the residents and service users and their families and carers are supported in making decisions regarding their care and treated with dignity and respect.*
- Carers emphasised the need for ensuring that the council maintain specialist services for people with dementia.
- *The phase 3 proposal to transform the service at Wykebeck Valley into a specialist dementia day centre is part of the councils overall strategy to retain an adequate level of dementia day centres across the city. Along with two other day centres, this retention and specialisation of services is expected to meet the needs of the current service users with a dementia need across the city and those with needs in the future.*

The lessons learned from the consultation and decommissioning process conducted in during phase 1 and 2 have been used by the phase 3 team to help shape the third phase of the review and in November 2014, Executive Board gave approval to consider the future of other directly provided services, to identify how they could be delivered more effectively and efficiently, meeting the needs of the people of Leeds and representing value for money.

Following an extensive review of the remaining day centres, on 23 September 2015 the Executive Board approved the commencement of formal statutory consultation on the proposed options outlined in this report which ran from 1 October to 23 December 2015.

## **Step 2: Consultation – methodology and process**

As in Phase 1, the aim of the detailed consultation on the proposals was to consult with those directly affected and as a priority the existing users of day centres and their families and carers. Detailed consultation also took place with affected staff and Trade Unions, with related stakeholders within the locality, including elected members and partner organisations.

### **Establishing clear lines of communication**

Letters were sent to users of day centres and their families and carers on 30<sup>th</sup> September 2015 advising them of the Executive Board's decision to commence consultation on the future of day services.

A telephone helpline, staffed by experienced officers in the Programme Team was made available to provide service users, their relatives and carers with the appropriate level of information from the beginning of the process.

### Fact Sheet

A fact sheet providing background information to the proposed changes, details of the proposals, the consultation process and where to seek further help and information was sent to all those directly affected.

### Detailed questionnaire

As part of the consultation with day centre users and their families a detailed questionnaire has been used in one to one interviews as a tool to capture responses to the proposed option for each individual day centre. Minor changes were made to improve the consultation process following the evaluation of phase one of the programme and questionnaires for day centres were developed with specific questions designed to help describe what people want from the care services they receive.

The purpose of using a questionnaire was to ensure consistency throughout this process. Each individual meeting has been logged and interpreted using a quantitative and qualitative approach.

The questionnaire has 3 rating-style questions and 5 open comment boxes to capture concerns, impact, comments and other ideas or options. The methodology for the collection and analysis of the data is outlined below.

### Approach to the evaluation

The evaluation draws upon the following data sources:

#### Quantitative data.

All quantitative data has been collated and analysed in spread sheets from which charts and tables have been produced and are included in this report in section 4. For rating-scale questions, the frequency of responses for each rating (strongly agree, agree, disagree and strongly disagree etc.) was assigned a numeric value.

#### Qualitative data.

To capture the views, thoughts and feelings of respondents, a qualitative methodology has been chosen. This data has been gathered from the open comment boxes. Comments have been analysed for recurring themes and general trends. Comments have been analysed for recurring themes and general trends and categorised under the following headings, used in section 3 of this report:

- Methodology
- Strategic
- People
- Financial
- Quality
- Locality

### **Step 3: Detailed consultation**

Detailed consultation on the proposals took place between 1 October and 23 December 2015 with those directly affected as follows:

Total questionnaire responses	187
Service user	121
Relative	56
Representative	2
Carer	8

The consultation, undertaken in a 'person centred' way, involved talking directly to day centre users, their families and carers about why the changes are being proposed and to ensure that the rationale behind the proposals is clearly understood.

Staff working in the day centres assisted the coordination of the consultation, using their expertise and experience to help support to those affected.

The manager in each centre arranged a suitable date and time for one-to-one interviews to take place. Relatives, carers and representatives were invited to attend. The questionnaire, available in a range of formats has been used. The aim was to:

- Capture people's responses to the proposed changes
- Determine the impact on individuals and how this might be reduced as plans are developed.

Care and consideration was given to any communication issues for each individual user of the day centres. The programme team worked with each centre manager prior to the engagement with service users to identify individual communication needs.

As some of the day services affected by proposals in phase 3 cater for a large number of service users with dementia care needs, some service users did not have the capacity to complete a questionnaire by themselves and were either assisted to complete the questionnaire, or represented by relatives or carers in their response, hence the high proportion of questionnaires completed by relatives, representatives and carers. Capacity to participate in the consultation was determined by the centre managers. Guidance notes were issued to prompt and guide managers in obtaining the views of service users with dementia. Where service users were supported by relatives/ carers in completed the questionnaire, the respondent has been logged as a service user, but the comments from the relative/ carer have been captured for completeness in section 4 of this document.

*Feedback from this consultation is summarised in sections 3 and 4 of this report*

#### **Step 4: Consultation – Elected Members and Members of Parliament**

##### **Elected Members**

Steps were taken to ensure that all elected members were kept fully informed on the proposed options a briefing note provided to all Elected Members on 20<sup>th</sup> October 2015. The aim was to;

- provide Members with background information to the proposed changes and outline details of the consultation
- outline details of the proposed options for each facility
- provide information on where they can direct people for further help and information.

##### **Members of Parliament**

A briefing note was provided to all 8 Leeds MPs on 20<sup>th</sup> October 2015.

#### **Step 5: Consultation and Engagement with staff**

Keeping our staff informed and involved is expected as a good employer. However, it is also integral in helping to provide a greater sense of security on the part of residents. If staff who

are affected by change feel confident and involved then not only is this consistent with their employment rights but also makes the management of change easier. It also removes a potential source of anxiety on the part of residents and relatives who will be concerned to know what will happen to the people who look after them. Staff also contribute a wealth of experience and expertise to draw upon as the change programme moves forward.

Staff were engaged in the review of services throughout 2015 and in the week following Executive Board on 23 September 2015, meetings took place between the Head of Service with all directly affected staff to advise of Executive Board decision to commence with consultation. Letters were sent to staff on 1/10/15 confirming the consultation approach and providing them with details of next steps.

Staff briefings and drop-in sessions took place each month during the consultation period and a questionnaire was approved by the Trade Unions and made available to all staff for completion.

Separate briefings on employee matters took place concurrently with managers from adult social care. The programme worked closely with trade unions to ensure employee matters were given high priority and regular meetings with trade unions have and will continue to take place.

Across the residential homes and day centres subject to the proposals, 96 questionnaires have been received, which represents a response rate of 69%.

*Details of these responses are outlined in section 3 of this report.*

### **Step 6: Consultation – Trade Unions**

Trade union representatives play a key role in supporting employees through organisational change and monthly consultation meetings have taken place to ensure that arising employee matters are addressed.

In addition to this, representatives from Unison, GMB and Unite Trade Unions were invited to participate in the consultation process and this has been a standing agenda item at the meetings between them and ASC senior management. The Trade Unions have been kept apprised of all developments in this process and will be consulted further on workforce issues, depending on the options selected.

### **Step 7: Consultation with other stakeholders**

#### **NHS Leeds**

Stakeholders within the NHS were engaged through communications and existing groups.

#### **Town and Parish Councils**

Letters were sent to Town and Parish Councils informing them of the consultation process and providing them with contact details if they required further information.

#### **Media relations**

The programme team have liaised closely with Corporate Communications and the Press Office to ensure continuing contact with various media for the purpose of informing the public of progress on the review in a positive, consistent and credible manner and to ensure timely and widespread media coverage.

#### **Petitions**

During the consultation period, one petition was received regarding the future of Siegen Manor Day Centre (154 signatures opposing closure of the home and day centre). A further

petition was received for The Green Care Home (3,863 signatures opposing closure of the home) where a day centre is attached.

In addition, after the consultation period had ended, a petition to keep Siegen Manor care home and day centre open was submitted by Andrea Jenkins MP on 29<sup>th</sup> January 2016 to the Director of Adult Social Services – this petition was signed by 1,360 signatories.

### Scrutiny Board

As a result of these petitions the Scrutiny Board received and accepted a request for scrutiny around the proposed closure of The Green, which was formally considered at the meeting on 27<sup>th</sup> January 2016. At that meeting, the Scrutiny Board agreed to consider the issues raised and examine the matter in more detail through a working group of the Scrutiny Board.

The Scrutiny Board working group considered a wide range of issues including: the high quality of the care provided by the staff at The Green; cost comparisons with the independent sector; the quality of alternative care in the locality; and the impact on the care market if the Council withdrew directly provided care services. The working group findings included:

- The Green serves a local population and caters for local residents
- The Green has a clear local focus and could take more residents
- Families and residents are happy and feel safe at the home
- Care is good – it has been judged so independently by the CQC
- The quality of alternative nearby provision in the independent sector is 'variable'.

Following the working group's findings, the Scrutiny Board made the following draft recommendations: That any decision regarding the long-term future of The Green be deferred for a minimum of 2 years, in order to:

- a) Re-consider the comparative costs of provision as the impact of a national living wage and the requirements of the Care Act 2014 take effect locally.
- b) Assess the occupancy levels achieved through positive promotion of The Green to local residents and beyond.
- c) Re-assess the overall 'quality landscape' across the care sector in Leeds and specifically the quality of alternative nearby provision in the independent sector.

Two further requests for scrutiny were received in relation to (a) Siegen Manor (May 2016) and (b) All three care homes and attached day centres, with particular emphasis on Middlecross (June 2016). These requests were considered by the Scrutiny Board at its meeting in June 2016.

Scrutiny Board emphasised the importance of ensuring the health and well-being of current service users and this will be considered in both the proposals made to Executive Board and the implementation of the proposals. They also reflected on the importance of considering the circumstances for each care home and day centre, with specific reference to alternative services and their quality and opportunities to develop facilities for the future. These factors were considered during the review process and have influenced the proposals for the Executive Board to consider.

Other comments raised by Scrutiny Board reflected the outcomes of the consultation findings, with concern over the quality of alternative independent sector provision. The Council recognises the variable quality of independent sector provision and is committed to continually monitoring providers and working with them to ensure areas requiring improvement are addressed. This will include reviewing the current in-house quality standards to ensure they remain in line with national criteria as defined by the Care Quality Commission.

### Full Council

A deputation is also being presented at the Full Council meeting on 29<sup>th</sup> June 2016 regarding The Green HOP and Day Centre.

### Equality and Diversity

The proposals are the subject of Equality Impact Assessments (EIA) which have been completed as a parallel process to the consultation. The EIA is submitted with this consultation report to be considered through the council's decision making process. It is proposed that should agreement be given to progress with the proposed options, that an implementation plan is developed in line with the Assessment and Closure Protocol which is appended to the Executive Board report. This would show how any closures would be managed over the agreed timescales and how residents, relatives, carers and staff will be supported to safeguard human rights and equal rights, minimise distress and maximise benefits to individuals.

### Section Three – overall summary

This section of the report provides detail on each of the consultation elements broken down by stakeholder group. Further and more detailed information from the feedback and responses from consultation undertaken with day centre users and their relatives and carers is contained in section 4.

Below is a table which outlines the key submissions we have received from stakeholders throughout the consultation process (1<sup>st</sup> October to 23<sup>rd</sup> December 2015).

Stakeholders	Consultation responses included within the analysis
Day centre users, relatives and carers	187 questionnaires completed  12 contacts from day centre users, relatives and carers with 8 comments were also received via comment boxes placed in day centres. Total of 20 contacts.
General public	No enquiries by Email, telephone or letter.
Public meetings	No public meetings took place specifically relating to the day centres. Details of a public meeting relating to The Green residential home can be found in the accompanying residential care consultation report.
Petitions	1 petition with a total of 154 e-petition signatures were received in respect of: Siegen Manor – 154 e-petition signatures
Day centre staff	38 day centre staff questionnaires completed and returned 10 Chief Officer/ head of service meetings with staff across homes and day centres. 2 Ward Councillor meetings with staff across homes and day centres.
NHS Leeds	No formal contact received
CCGs	No formal contact received
Trade Unions	Strategic meetings chaired by Chief Officer, Access and Care Delivery and to which all Trade Unions are invited (where the review of LCC residential and day services are a standing item): 05/10/15 and 11/11/15.  Routine Business meetings chaired by Head of Service and to which all Trade Unions are invited (where the review of LCC residential and day services are a standing item): 09/11/15.
Elected Members	In total 17 responses have been made to enquiries for further information received from Elected Members. In addition two requests for meetings from Councillors were fulfilled by the Director of Adult Social Care to discuss the proposals.
MPs	Eight MPs were provided with letters with details of the proposals for consultation and proposals for the future of social care. Three meetings were held between Head of Service/ Chief Officers with MPs to discuss further.
Full Council	No meetings requested / took place within the consultation period.
Scrutiny Board	No meetings requested / took place within the consultation period.



Parish and Town Councils Attended by Officers	No meetings requested / took place within the consultation period.
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### **Voluntary, Community and Faith Sector (VCFS)**

The following submission was made by Leeds Hospital Alert to Leeds City Council Adult Social Care proposals and makes specific reference to day centres and the future provision of day care and respite:

*We understand and are sympathetic to the huge financial pressures which Leeds Adult Social Care is facing. All decisions in the present climate, which in many ways is hostile to the needs of the most vulnerable in our population, and to proper funding of the staff who care for them, are very difficult. However we have grave reservations about these decisions to effect closures, based on our knowledge and understanding of the needs of older people in Leeds and the likely consequences of these closures on NHS services in the city.*

*1. The movement of very vulnerable older people with dementia from these Care Homes, which are their homes, will inevitably be extremely distressing to them and could even be dangerous for some individuals.*

*2. We are not convinced that the private sector is in a position to find suitable accommodation for people moved from these Homes, or people who might need a place in the future. As we all know, the private Care Home sector is in a period of great uncertainty and volatility, and these people will need specialist care. There are reports of shortages of beds across the city at present, before these closures take effect.*

*3. There are regular reports of the problems caused by older people occupying hospital beds long after they no longer require hospital care- because of the lack of suitable Care Home vacancies in the city, as well as community-based Social Care. This is one of the huge pressures on the NHS around the country. Closing Homes and Day Centres in this situation seems completely counter-productive.*

*4. Day Care and Respite: we are pleased to see that two Care Homes (Richmond House and Suffolk Court) and three "complex needs" Day Care hubs are to be retained for support and respite, but remain very concerned for adequate provision to meet the needs of Carers of people with dementia for respite breaks and regular support if these closures go ahead.*

A detailed response was provided to the issues raised.

### **Consultation with day centre staff**

Out of a workforce of 139 staff in the homes and day centres subject to consultation, 96 questionnaires were completed and returned (38 day centre staff). In addition to the questionnaires, monthly staff briefings and drop-in sessions were held throughout the consultation period, 10 meetings took place between Chief Officers/ Heads of Service and staff and two meetings took place between staff and Ward Councillors.

Staff raised issues related to the following key themes:

- Concerned about losing my job and opportunities elsewhere
- Worried for service users who feel like they are part of my family
- Feel the families and carers of service users would struggle with no respite
- Feel training has been wasted
- Would not want to work in private sector
- Do not feel other services could cope with dementia needs
- Do not feel there are sufficient alternatives for either service users or staff
- Feel that there is a need for dementia services
- Feel that savings should be made elsewhere
- Suggested changes to services could help them stay open (e.g. open on weekends)

Staff have been involved throughout the consultation process and will continue to be supported throughout the implementation of any proposals agreed by Executive Board.

*A full summary of the staff questionnaire responses can be found in section 4.*

## **Consultation – Trade Unions**

Trade union representatives play a key role in supporting employees through organisational change. Consultation has taken place with Trade Unions throughout the initial review of services and during the consultation period. Monthly consultation meetings have taken place to ensure that arising employee matters are addressed. The Trade Unions have been kept apprised of all developments in this process and will be consulted further on workforce issues, depending on the options selected.

## **Consultation with other stakeholders**

### Stakeholder Contacts – Meetings, letters, telephone calls and e-mails

20 contacts have been received from all stakeholders affected by the proposed changes. Individual responses have been provided to everyone who has made contact regarding the proposals.

The following is a summary of comments and issues raised:

- Don't close the day centre
- Positive comments on the day centre, staff and the quality of care provided
- Impact on the health and well-being of vulnerable older people
- What will happen to people if the day centre closes?
- Critical that a decision has already been made
- Concern for loss of friendships and risk of social isolation
- The facility is an important local resource
- Loss of a skilled workforce
- The need for specialist dementia services
- The need for full day respite to support family and carers
- Concern about the availability and quality and price of alternative services
- The council should make savings elsewhere
- Older citizens need the support they deserve
- Loss of a familiar environment and routine
- How will LCC provide for the future requirement of an ageing population?
- What will happen to this building?
- Keep informed /involved as to what happens next
- Take my comments on board

### One-to-ones and completion of questionnaires

The responses to the questionnaires were detailed and diverse. The free-form boxes lend themselves to allowing people to express their views on the proposals and as such emotive responses were gathered. As well as meeting care needs, the Day Centres fulfil a key role in ensuring people get to socialise, make friends and maintain mental as well as physical wellbeing. Activities, bathing and the provision of hot meals were also seen as benefits of going to the day centre. Day Centres were seen as an essential resource for family and carers to allow them a break, with the peace of mind that their relative would be safe, secure and happy at the day centre. This allowed them to work, carry out household tasks and pursue their own hobbies and friendships which was seen as an important supporting factor in maintaining carer wellbeing and helping the service user to remain living at home.

Key themes have emerged from the responses to the questionnaire. The key issues and messages are captured in the following sections below. A response from Adult Social Care is also included.

### People

Respondents to the questionnaire described what the current service means to them:

- The overall view is that the council provides a very good quality service and that the day centres should not close.
- There was much praise for the standards of care and the professionalism, understanding and friendliness of the staff.
- There was a feeling that alternative services were insufficient in quantity, quality or suitability, particularly in terms of dementia and carer respite needs

Service users, relatives and carers were asked what impact the proposals will have on them if they are implemented:

### *Comment*

People have said that the proposals will result in deterioration in their physical and mental health. There were particular concerns expressed for service users with high care needs and those with dementia who will find change hard to cope with. Relatives and carers attribute the improved health and well-being of their loved ones to the care and social interaction they receive from services and are worried that they will not receive the same level of care elsewhere and the impact this will have on their physical and mental health.

### *Our response*

Should the proposals be agreed, the needs of day centre users and their carers will be at the heart of all implementation plans. If a decision is made to close any of the Council's care facilities the transfer of service users will be carefully planned and carried out professionally, sensitively and safely. This will be done within a timescale which will minimise the disruption and discomfort for those affected. Other Council care services have closed in recent years and in order to facilitate those closures a specialist team was established. The Team would be engaged in any further service closures and Team members are experienced, knowledgeable and sensitive in carrying out the assessment and transfer of service users in line with their needs. They follow an "assessment and transfer policy" which ensures they are fully conversant with the needs of service users, including people with dementia. The assessment and transfer process is also monitored by a quality assurance group that offers support to the specialist team and ensures the correct protocols are followed. Family members would be involved in the transfer process including the choice of an alternative day service. Where a service user could not make an informed choice nor has any family, an independent advocate would be made available. Service users will also be supplied with a Care Guarantee clearly stating the service user's and carer's rights.

### *Comment*

There are strongly expressed wishes to stay with groups of friends and maintain the peer companionship that in some cases has been struck up over many years. Also to remain in the local area they are familiar with.

### *Our response*

The Council is aware of the importance of friendships formed between the older people who use day centres. In earlier day centre closures, service users were able to transfer to alternative day activities together and friendship groups were maintained. Should the proposals be agreed, current staff will play a lead role in helping service users make the right decisions and support them in adapting to a new environment and changes in routine.

### *Comment*

Concerns were expressed for the needs of carers. Family members and carers have stated that day centres provide them with a much-needed break and they are concerned that

closure of the centres will force more caring on them at home. Comments indicate that the centres and the respite they provide helps them to cope with the demands of caring and that they are happy in the knowledge that their relative is safe. Reduction or removal of this respite will cause many more people to go into permanent care.

*Our response*

The impact on carers respite should be minimal as all current service users would be offered alternative day time activity and support, however in managing the change it is important to consider and engage with carers throughout. Should the proposals be agreed, the needs of carers will form part of the assessment process detailed in this report.

Finance

*Comment*

There is a perception that the revised eligibility criteria has made it more difficult to access the service; also that the new charging policy mean that older people are unable to afford day care. This in turn has seen a decrease in attendance at the day centres.

*Our response*

Fair Access to care services (FACS) was the system that was used until 1<sup>st</sup> April 2015 for deciding how much support people with social care needs can expect to help them cope and keep fit and well. In Leeds, the eligibility level was set in April 2005 between the moderate and substantial categories to ensure that those people with critical and substantial needs were able to access the appropriate level and quality of statutory services. This has been replaced, since April 2015, with the national eligibility framework set out in the Care Act 2014 and its guidance notes. Its aim is to help social care staff make fair and consistent decisions about the level of support needed. Where people are ineligible for services they are provided with information on alternative sources of support and advice and advised on how these can be accessed. As part of the assessment process, service users are given benefits advice to help them maximise their income to help them pay for their social care needs. The council's charging policy takes account of income when setting the relevant charge for services.

*Comment*

People suggest that the council should invest in the services and make savings elsewhere.

*Our response*

The council has sought every means possible to ensure that the services received by people with statutory social care needs are impacted as little as possible by the current financial circumstances. This has meant significant efficiencies have already been made and will continue to be made; however, it is clear that in some areas alternatives to council provision present far better value for money.

Locality

*Comment*

Day centre provision should be local, in walking or easy travelling distance to people's homes and of a similar nature and quality. Comments were made that people with dementia would suffer if travelling over longer distances.

*Our response*

The new service model will provide a more flexible approach and it will be possible to support older people in different situations, improving their access to a wider range of activities in more socially inclusive settings. Accessing these service may not depend on travelling to a centre. The service will support older people in working out personalised activities plans and will be proactive in ensuring that older people benefit from the

opportunities available through Self Directed Support arrangements. In terms of dementia needs, the continuation of day services at three strategic sites across Leeds should ensure that people can still access services within a reasonable travelling distance.

Strategic

*Comment*

An increasingly ageing population means that day centres should not be shut.

*Our response*

Although people are living longer they are also accessing greater choice over how their care needs in later life are met. Older people tell us that they want to stay living in their own homes for as long as possible. This has been made possible by the availability of new, specialist support services, which we have developed to help them do so.

*Comment*

There is a need for specialist dementia services to enable older people to remain living in their own homes. Some people who attend the centres have high care needs (specifically dementia) and relatives consider them vulnerable and are concerned that their needs will not be met in other independent sector services or community based services.

*Our response*

The council has maintained three centres which will be further developed as specialist resource centres to cater for people with dementia needs and to provide support to their carers during daytime hours. The programme of change will result in improved personalised services for people with dementia and their carers with improved outcomes.

Methodology

*Comment*

Respondents felt that decisions have already been made and that the consultation exercise was futile. It was also expressed that service users/ families/ carers should have been provided with more detail on the alternative services in the area.

*Our response*

In previous phases of the programme, consultation has changed the original proposal and has seen services retained or developed under a different operating model. Consultation is a vital part of the process of shaping the future of services and allows the council to understand the issues people would like to raise.

*Comment*

Many felt that nothing has been done with the buildings where centres have closed in earlier phases and these could be sold to bring in money.

*Our response*

Where services have closed in previous phases, buildings have been re-used for alternative council services or have been identified for disposal/ sale. Should the proposals be agreed, and on completion of the transfer of residents and service users to alternative provision, the buildings will be handed over to Corporate Property Management who will ensure the continued safety and security of the building. Discussions around the future use of the building will take place with local elected members and key partners.

## Section Four – detailed consultation findings relating to the proposal for each day centre

The following information represents feedback and responses from consultation undertaken with day centre users and their relatives and carers. The questions highlighted are taken directly from the questionnaire.

<b>Day centre</b>	<b>Registered Day Centre Service user at the time of the questionnaire</b>	<b>Responses received from service users/ families/ carers</b>
Middlecross	18	18
The Green	32	29
Siegen Manor	13	17
Springfield	39	31
Radcliffe Lane	63	65
Wykebeck Valley	33	27
<b>Total</b>	<b>198</b>	<b>187</b>

In some circumstances there were a greater number of responses than number of service users. This is due to responses coming from a combination of service users, carers and families.

There were also some people who did not complete the questionnaire, with a variety of reasons for non-completion (e.g. service user in hospital, declined or relative completed questionnaire on their behalf).

Measures were taken to ensure that people with dementia who may not be able to complete a questionnaire by themselves were supported to do so.

As an 'open comments' section was used in the questionnaire, some respondents made multiple comments in these sections which is why the number of comments is generally greater than the number of people responding to the questionnaire.

## **Middlecross day centre**

**18 people responded to the proposal to decommission the day centre**

**How much do you agree or disagree with the proposal?**

- 88% strongly disagree
- 6% disagree
- 6% Agree

**Reason for your answer?**

**Key themes**

- Make cuts elsewhere
- All staff very friendly and helpful.
- Would have to go into a residential home if they didn't attend Middlecross Day Centre.
- These services are needed. More people suffering from dementia.
- Need the service to prevent social isolation
- Staff are trained
- Enables me to keep my relative at home.
- I need respite care - where will he go if there is no specialist care.
- Lack of alternative dementia care- a number of people went to alternative provision at Bramley Elderly Action/ Armley Grange/ Care UK but they said they couldn't cope with dementia needs.
- Has a bath at Middlecross
- Worried about quality of private care.

**If the proposal to close the day centre goes ahead what might the impact be on your family and carers?**

**Key themes**

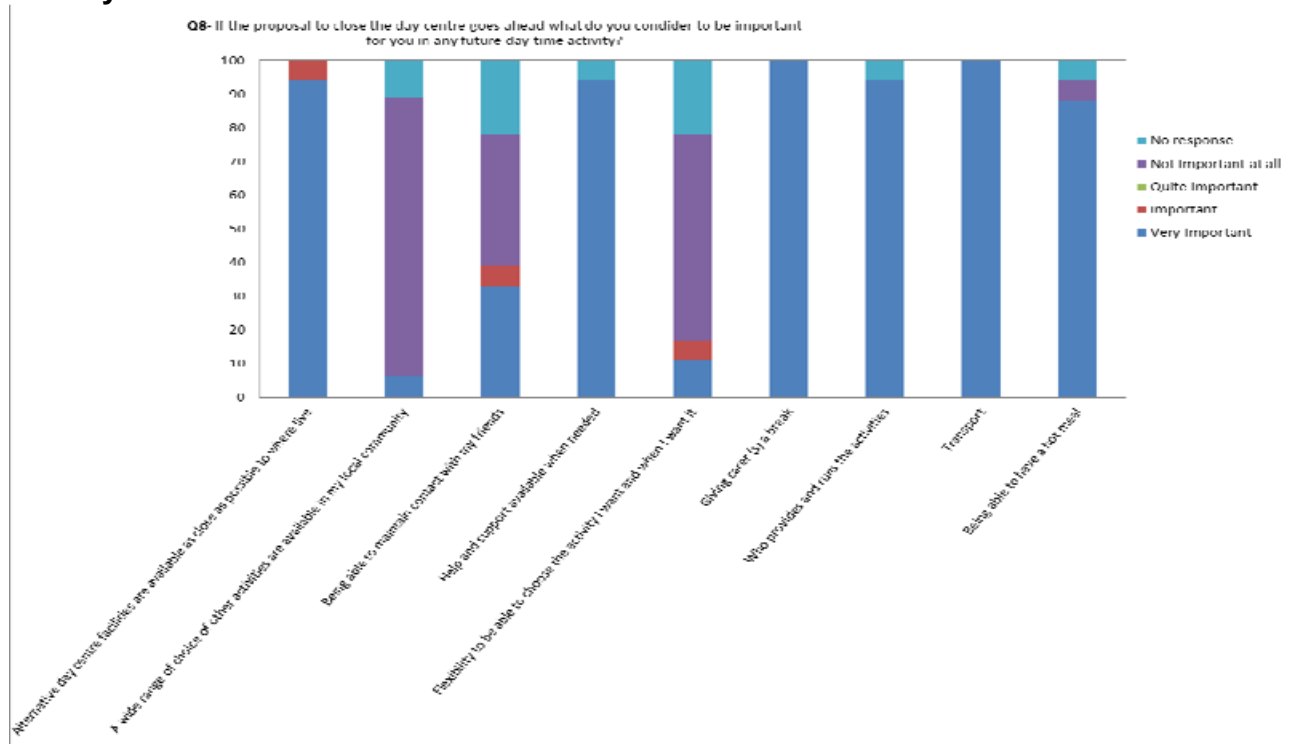
- I would need to care for my mum instead of spending time with my children.
- Middlecross is a valuable service and this is a lifeline for me and my family and it enables us to spend time together
- Could not work and support relative without help from the day centre.
- Gives respite and peace of mind that they're safe when I'm not there.
- Very hard to find another centre. I would need many more carers in and this would disrupt my life.
- If dad didn't attend the day centre then that would force me to give up work to look after him, but I can't afford to do that.
- If the day centre was to close this will affect my health- without the day centre I wouldn't be able to manage him at home.

### What could the council do to reduce the impact?

#### Key issues

- Keep Middlecross open- find the money from somewhere.
- Would need daily carers. I don't want a different person coming in daily. Would also cost the Council a lot more money.
- Something is needed in this area for people with dementia.
- We need support for later stages of dementia for people who cannot access things in the community.
- Provide support and services for my dad and our family to enable us to continue to care for him at home.
- We need specialist care locally.

### If the proposal to close the day centre goes ahead what do you consider to be important for you in any future day time activity?





**Summary of other comments**

- Needs to be familiar with surroundings- don't want different places every day.
- Transport is important - gets distressed if journeys are long so it is important that services are closely available.
- Some activities are not secure as he will 'escape' and he is at high risk when out alone.
- That staff are trained and experienced in dementia care and the service is safe and secure.
- In the past has tried community based activities but these didn't work due to dementia.
- Personal care is very important
- Hot meal is important - gas disconnected at home due to fire risks.
- Social interaction is very important especially interaction from people outside the family.

**Is there anything else you would like to tell us?****Key themes**

- Staff are excellent- has taken time to build trust and this will be lost.
- There are more people with dementia and fewer services.

**The Green**

29 people responded to the proposal to decommission the day centre

**How much do you agree or disagree with the proposal?**

- 100% strongly disagree

**Reason for your answer?****Key themes**

- Because it is a popular centre.
- It's a lifeline, they need to be with other people with Dementia.
- Need to find the savings from somewhere else.
- Not convinced that we will get something as good.
- I understand the reasons, I feel that pushing looking after people in the community - one size fits all and it doesn't.
- It is a good facility, staff are trained. Why relocate to Wykebeck and spend more money to train staff.
- We are so dependent on it.
- Essential for the area.
- Dementia day centres are limited and should not be removed.

**If the proposal to close the day centre goes ahead what might the impact be on your family and carers?****Key themes**

- Take this away and they will have to go into permanent care.
- It's a lifeline and you are taking it away. If it closes both me and my husband will end up in a home.
- We would have no respite, mum would have no outside stimulation.
- I get a break when he is at the centre. I sleep so I can cope when he comes home.
- When she is at The Green DC I have the chance to get some jobs done and relax.
- If the centre closed it would have an impact on my health. It is stressful to be with him 24/7.
- The Green gives me a couple of days of freedom a week.
- I would have to keep her at home. I will not have the confidence in a new service not knowing my mum.

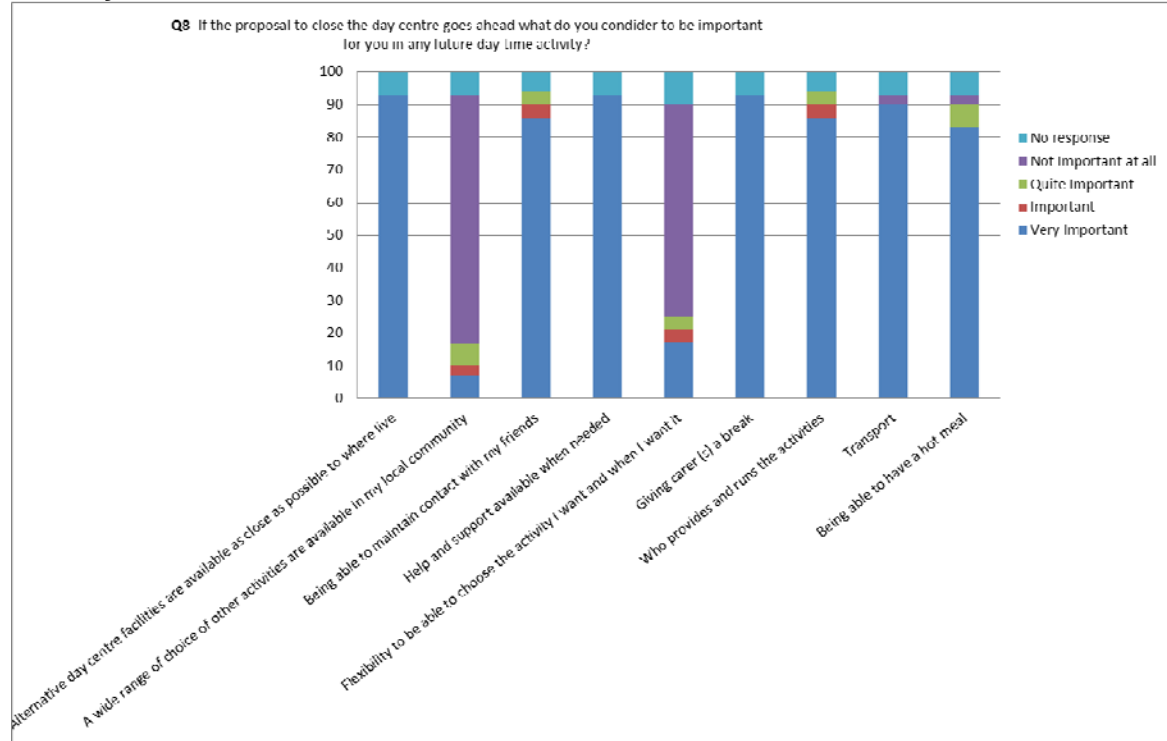
- It gives me a day when I can relax and know she is safe.
- I work full-time and I'm a carer. My mum lives with me and couldn't cope without the service.
- I need to increase this not lose it. It gives me freedom to do things, meet friends.

**What could the council do to reduce the impact?**

**Key issues**

- Don't close it. Where is the suitable alternative?
- Leave it alone, keep adult service (dementia).
- If it does close, need another day centre that is dementia friendly, safe and secure.

**If the proposal to close the day centre goes ahead what do you consider to be important for you in any future day time activity?**



### Summary of other comments

- Doesn't like change so would need to go to the same place each time.
- What local community activities are there available? Dementia sufferers need specialist carers.
- At the moment relative provides transport. If day centre is further away it will be harder.
- Needs are so complex- will not be safe anywhere but The Green.
- As long as the service is safe. I have not got confidence in private providers.

### Is there anything else you would like to tell us?

#### Key themes

- The centre is a caring and welcoming facility which provides the necessary stimulation for dementia sufferers, alongside giving respite and care for carers. If this facility is not available sufferers/families will lose one more lifeline in a cruel and debilitating illness. People living with dementia need outside stimulation as long as possible, home visits do not provide this.
- Work with colleagues to do repairs and maintain building.
- My mum was in a private service for one week. They phoned me because they said they couldn't manage her.
- Feel it is a done deal. Consultation will not change anything.
- People with dementia do not like change.
- I don't understand why it will be cheaper to use private sector.
- There is a need for dementia day care. My mum lives alone. We as a family know she is happy and safe at The Green. It has prevented her going into permanent care.
- The Green has opened up a new life for us both.
- I need a full day not a couple of hours.
- The Council should listen to the volume of people who live local who all agree that The Green should stay open. The impact will be massive.

## Siegen Manor

**17 people responded to the proposal to decommission the day centre**

**How much do you agree or disagree with the proposal?**

- 70% strongly disagree
- 24% disagree
- 6% strongly agree

**Reason for your answer?**

**Key themes**

- Staff show care, patience and understanding and to lose this expertise would be a loss to the care of older people in Leeds.
- Without the use of the centre, both our lives would be greatly affected. He now has access to outside stimulation and interaction which is important to him and his needs.
- The home/day centre is a help for my mum and helps me and my wife have a bit of time to ourselves and know she is safe.
- This provides my husband with the opportunity to meet other people, engage in social activities and get out of the house.
- This provides me with an essential respite from my caring duties and reduces the stress.
- Going to Siegen Day Centre provides my mum with very important socialising time which she wouldn't have staying at home all day. I feel that the care given has slowed the progression of her Alzheimers.
- I understand that things always need reviewing.
- This would increase the disorientation of customers living with dementia.
- Provides relatives with essential respite.
- If he didn't attend the day centre, there is concern that his memory would deteriorate. He would miss the social stimulation.
- This service allows me to continue to support my partner at home.
- The day centre provides a great service and it is local to our home address.

**If the proposal to close the day centre goes ahead what might the impact be on your family and carers?**

**Key themes**

- Further away/longer journey etc to alternative provision.
- The centre and staff offer respite- I would have no personal time.
- My levels of stress will increase substantially and affect my mental health. We would become more socially isolated.
- More pressure on me as a carer will affect my health I couldn't give mum the care she will need.
- I would need to look at accessing permanent residential care.

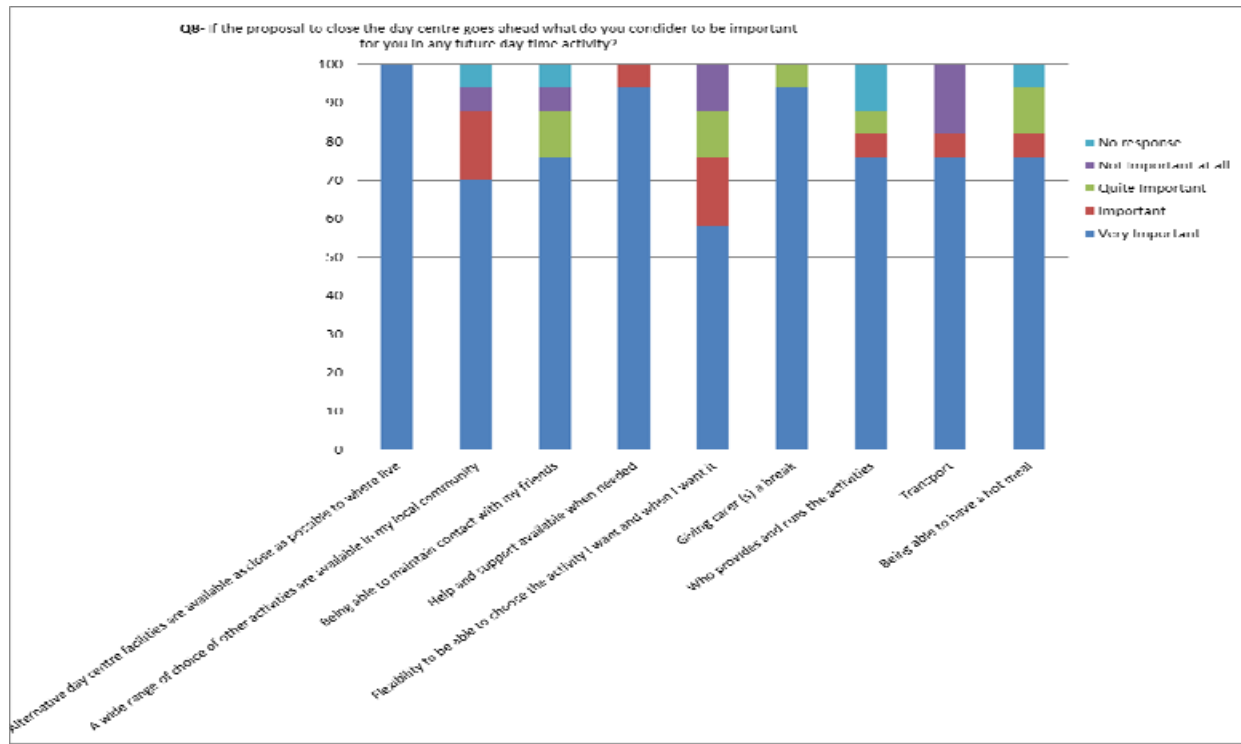
- My brother visits mum at the centre weekly. He lives locally and doesn't drive so wouldn't be able to visit if she moved.
- If we lost the support from the day centre, the level of stress would increase substantially.
- We will worry about his safety at home alone.

**What could the council do to reduce the impact?**

**Key issues**

- Keep the centre open.
- Still be able to have interaction outside my home in a place I feel safe and cared for by regular staff which offer me continuity which I desperately need.
- If the centre was to close we would consider Laurel Bank DC as this is still within 'local' travelling distance.
- They could give assurance that a day care service with trained staff will still be available as well as the opportunity for respite care.
- Source another centre in Morley
- Possibly a personal assistant to accessing services in the community.
- Rearrange provision elsewhere nearby that would include socialising with other people and have a meal and enjoy activities appropriate for someone with dementia.

**If the proposal to close the day centre goes ahead what do you consider to be important for you in any future day time activity?**



**Summary of other comments**

- Maintain routines.
- Needs structure and routine.
- Has good relationships with the staff.

**Is there anything else you would like to tell us?**

**Key themes**

- Too many services are handed over to profit making organisations. Council should look at running services more efficiently.
- The stimulation of interacting with other people gives her a better quality of life and the difference is noticeable to me.
- We do not think a PA would be helpful. He already has home care. He enjoys being a 'member' of the day centre.

## Springfield

31 people responded to the proposal to decommission the day centre

### How much do you agree or disagree with the proposal?

- 94% strongly disagree
- 3% disagree
- 3% agree

### Reason for your answer?

#### Key themes

- Should find another way to keep it open.
- Relative has just got settled and will be upheaval and finding alternative.
- The service helps me to continue to live at home.
- Excellent staff at the centre- The care here is very good.
- Need weekend service.
- This has given me reason to get out of bed on a daily basis.
- Lives in Morley.
- Do lots of activities to keep busy.
- Meet different people and I have made my own friends here
- I appreciate cut backs need to be made but not in this way.
- Gets hot meals here.
- I used to go to Holbeck Day Centre and they shut that.
- There is nowhere around me to go to.
- More positive after attending the centre.
- Agree with proposal- I understand they can't keep throwing money at things that are not cost effective.

### If the proposal to close the day centre goes ahead what might the impact be on your family and carers?

#### Key themes

- More pressure on son who is main carer as he provides transport to and from day centre.
- Daughter gets a break to do her daily tasks whilst I am at the day centre.
- Has no family locally and if the centre closes would be housebound.
- Peace of mind for relatives- don't have to worry when they are at the centre. This will be lost if the centre closes.
- Has dementia and comes to the centre with her husband, who is her carer. Husband would lose support if centre closes.



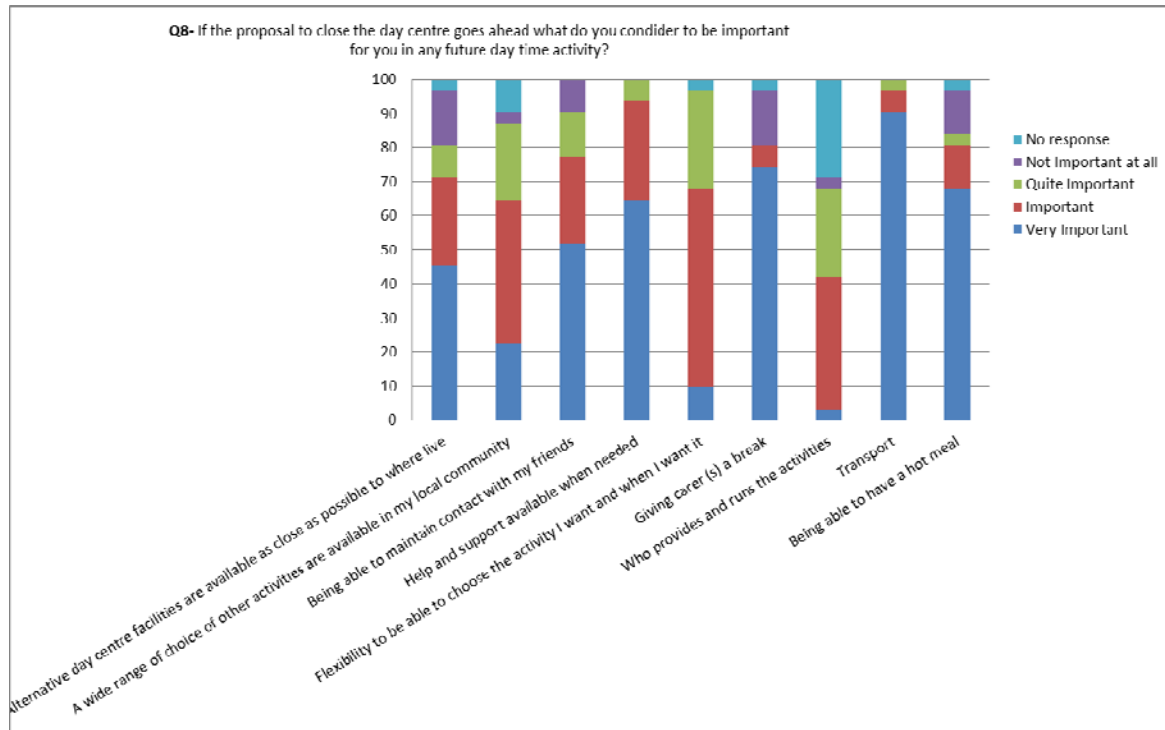
- Wouldn't be able to continue working.
- Would put more pressure on family (e.g. night time phone calls from relative, wandering, misuse of falls pendant etc)
- I cannot attend luncheon clubs due to needing assistance with personal care.
- If it closes it closes and we will get around it.
- I will not be able to pursue my hobbies

### **What could the council do to reduce the impact?**

#### **Key issues**

- Keep us informed and let us know what alternatives are available. Reassurance.
- Offer another place to be able to go with my friends from day centre.
- Will the Council plan look at day services for older people that don't have Dementia?
- Find another place where transport can take and pick up.
- Take on board our views and concerns.
- Must be able to provide an alternative on a Sunday.
- Like for like provisions.
- Need to be able to offer personal care
- Meet Dementia needs.
- Look at ways to increase attendance.
- To provide a suitable alternative. Community groups not suitable as needs assistance with personal care. Does not have any diagnosis of dementia, so choices will be limited.

**If the proposal to close the day centre goes ahead what do you consider to be important for you in any future day time activity?**



### Summary of other comments

- Would need to have hot meal as does not cook at home.
- Understands that the service has few customers coming now and has been worried about how long it would remain open.
- Thinks the cost of coming to the centre has forced people away, too expensive.
- Other services do not offer support and notice any changes like staff do at day centre.
- Attends other luncheon clubs in Morley area twice a week.
- As long as they are nice people I'm not bothered who runs it. I am flexible with changing days.
- Needs assistance to join in activities.
- I would be happy to go somewhere new.
- I would prefer somewhere nearer to where I live.

- I need help with personal care issues.
- Also goes to Siegen Manor Day Centre and has respite in Siegen Manor HOP. Does not manage well with change.
- My sight would impact where I went. I would need transport.
- To look at visiting Holt Park Active.
- Going more to give wife a break rather than him wanting to go.
- I need somewhere that can offer me a bath once a week.
- Spoke about Holt Park Active. Daughter not keen as it is a public building and members of the public will be walking around.

### **Is there anything else you would like to tell us?**

#### **Key themes**

- Why have other sites that have closed not been sold to recuperate some money?
- Really need somewhere to go in a wheelchair so would really need transport.
- Affected by closures before (Holbeck, Burley Willows)
- Willing to go to another day centre if this closes.
- Just want her looked after as well as she is at Springfield.
- Just seems that they want us to take different options like people coming in to our home, but they are only there a short time.
- Attends other services in the area but days/ activities are limited (Elderly Action, Church group, Dewsbury Road over 55's)
- If they say they're going to close it then they are going to close it. What difference will it make putting this down in writing?
- Instead of closing Springfield why couldn't you have a day centre Mon to Fri, close on a weekend. May be reduce the hours a bit throughout the week to save money and keep the centre open. Look at changing but do not close.
- What is going to happen to all the staff?
- I am happy to try anywhere as long as they can meet my needs. I would like to attend 2 days but not sure if I could afford it.
- Registered blind and cannot go out on my own. I go to The Heart in Leeds once a fortnight but that is closing soon.
- Used to attend Armley Helping Hands but this service was withdrawn due to mobility issues and personal care needs.

## Radcliffe Lane

65 people responded to the proposal to decommission the day centre

How much do you agree or disagree with the proposal?

- 89% strongly disagree
- 7% disagree
- 2% neither agree nor disagree
- 2% did not answer

Reason for your answer?

Key themes

- Break for my relative
- I disagree with the proposed closure as the day centre support me as I have dementia. The centre is familiar with the layout.
- Nice to be able to get a bath.
- Enjoy company and activities
- hospital admissions would increase
- without support how do I continue to care
- Radcliffe meets my needs.
- Local to where I live.
- Part of my routine
- was affected by closure of Bramley Lawn
- feels decision has already been made
- I get support from staff.
- Wouldn't be able to have a bath.
- would impact on wellbeing
- It keeps me mentally stimulated.
- I enjoy the transport as it means I can come in all weathers.
- Get a hot meal
- Gives husband a break to pursue his hobbies and do shopping etc
- No alternative as yet outlined. Costs not specified.

## **If the proposal to close the day centre goes ahead what might the impact be on your family and carers?**

### **Key themes**

- Would lose free time at home, following hobbies, attending to our own health needs or banking and other essential chores.
- No break for husband who is main carer. No opportunity to socialise on my own. Would cause carer strain.
- Lose the support.
- Family would be concerned about well-being and safety
- Greater burden on family.
- Would reduce time off (respite) from caring role
- Would need alternative service.
- We work and I don't know how we would fill the gap.
- It would add to my levels of stress as I also care for others.
- It would impact on work/life balance, also a social issue.
- May impact financially if had to stop working.
- I would have to leave my cared for alone to go shopping etc. which would really concern me.
- I would need an increase in community care package.
- I would not get adequate, safe care for my husband at an affordable price.
- This helps me to ward off depression which can build up when caring without respite.
- Will reduce my quality of life and social interaction. Will increase my isolation.
- The latest budget states that a 2% increase in council tax is to be spent on care so why does the centre need to close?

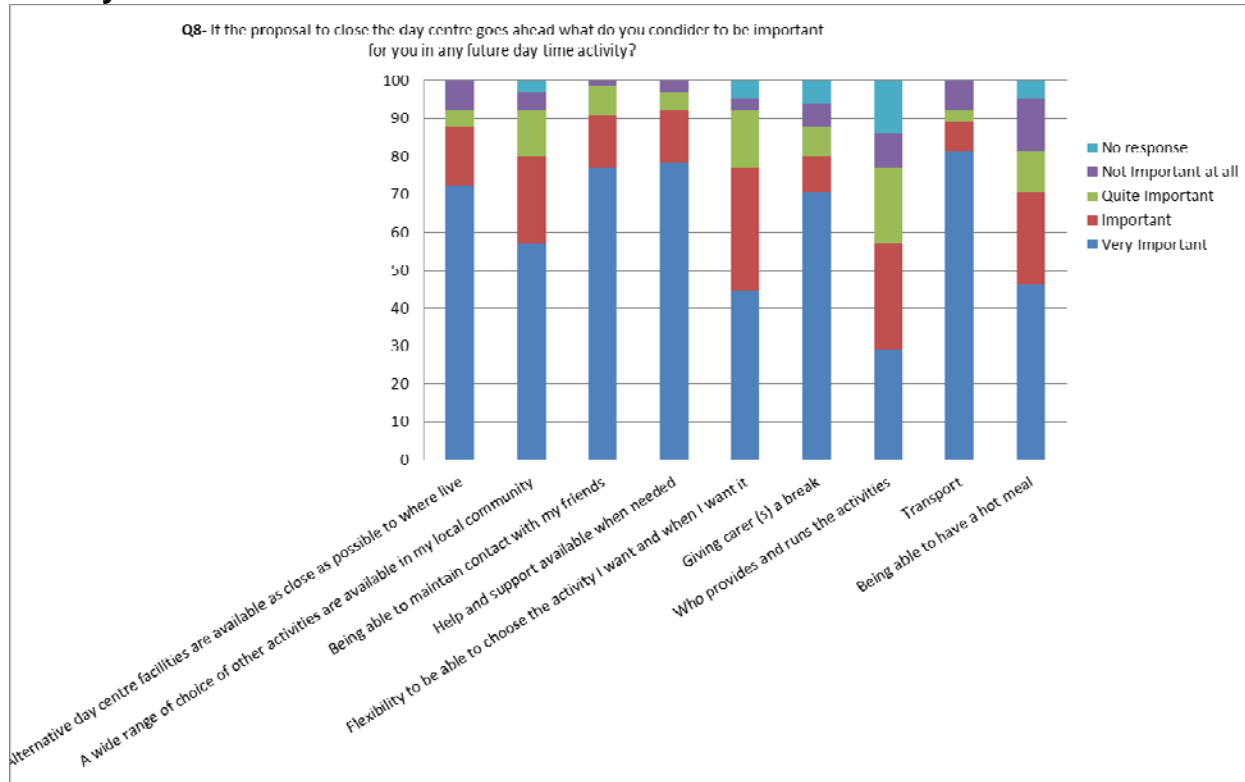
## **What could the council do to reduce the impact?**

### **Key issues**

- I would like to think that we could all go to a new centre together.
- Would like to keep the same staff as have gotten used to them.
- Could amalgamate Sat/Sun into the week and close on weekends to save on costs. Could the facilities of the day centre be used outside of day centre hours to generate income?
- Keep the centre open. It's the only centre in the area that provides this level of support.
- In the letters from Director of LCC ASC an absolute assurance is given that no-one will receive a lower level of care than they do now.
- Continue with updates of decision.
- Keep the day centre open and make better use of the facilities. Keep training staff to provide the service that they do.

- Could a smaller building save money?
- Give adequate details of alternatives proposed.
- I think the Council should provide more for older people not less.

**If the proposal to close the day centre goes ahead what do you consider to be important for you in any future day time activity?**



**Summary of other comments**

- Would prefer to attend a facility where I don't have to travel too far as I am a wheelchair user.
- Important to have staff that can offer me a bath and are trained.
- Concerned about private sector. I trust the existing service.

- Important to have staff that understand my mental health issues (dementia)
- Would go anywhere for day centre facilities as long as there was transport.
- Concerns re: what will happen to staff jobs.
- Local community group does not provide a whole day out with transport.
- I would not want to travel too far from where I live.
- Been through closure previously (Bramley Lawn).
- Feels his needs are complex and unsure if community resources could or would accept him.
- Would like negotiation to keep it open.
- Staff monitor weight as advised by dietician regarding concerns about losing weight. I could not do this at home.
- Continuity and routine are very important as part of the day centre package.
- A hot meal is important as doesn't cook at home.
- If the food was prepared and cooked on the premises then I would gladly pay for a hot meal because at the moment it arrives in containers and does not look appetising and at a cost of nearly £6.00
- I get hot meals delivered daily.
- The day centre has carers who can hoist my husband, give him a bath, emotional support and a sense of purpose.
- My dietary and cultural needs are well met at the centre (Hindu, vegetarian).
- I am a wheelchair user so would need transport. I have physical impairments and need support.

### **Is there anything else you would like to tell us?**

#### **Key themes**

- The centre do a log of preventative work and do keep people out of hospital by flagging up issues with families.
- Would like to attend another day but can't because of the cost.
- Re-made friends from the past at the centre and don't want to lose contact again.
- Change would not be good for continuity of care
- It's a good service, the best that money can buy but we could do with a few more staff.
- I cannot see properly/registered blind. Also deaf. I rely on this centre.
- With the closure of the Council's respite care facilities it has become almost impossible to get respite care. We are allowed 6 weeks a year in theory but despite ringing weekly to book respite I have only been able to get 2 weeks this year.

## Wykebeck Valley

27 people responded to the proposal to change the day centre

### How much do you agree or disagree with the proposal?

- 44% neither agree nor disagree
- 26% agree
- 15% did not respond
- 11% disagree
- 4% strongly agree

### Reason for your answer?

#### Key themes

- Concerns around provision changes and how impacts on overall environment (e.g. how will the social element change? Will the service users be more specialist with less social space and more of a residential type environment?)
- LCC should take regular customers into consideration and not just people with Dementia - even though I know how much a person with Dementia needs care
- As long as she is getting a service she will be happy.
- I have concerns around the service changing to Dementia/specialist as I do not have either and need a mainstream service.
- I couldn't attend The Green when their service changed. I feel that time it wasn't done properly and it really upset me.
- As long as I can still attend this will not affect me.
- Everybody deserves the proper care and opportunities to be looked after.
- Family can understand need for the change of services as the service is under used.
- Not happy about possible change to Dementia/complex needs. I find it difficult to be around others with Dementia.
- I don't really have an opinion on the changes and I know the service is needed for people with dementia.

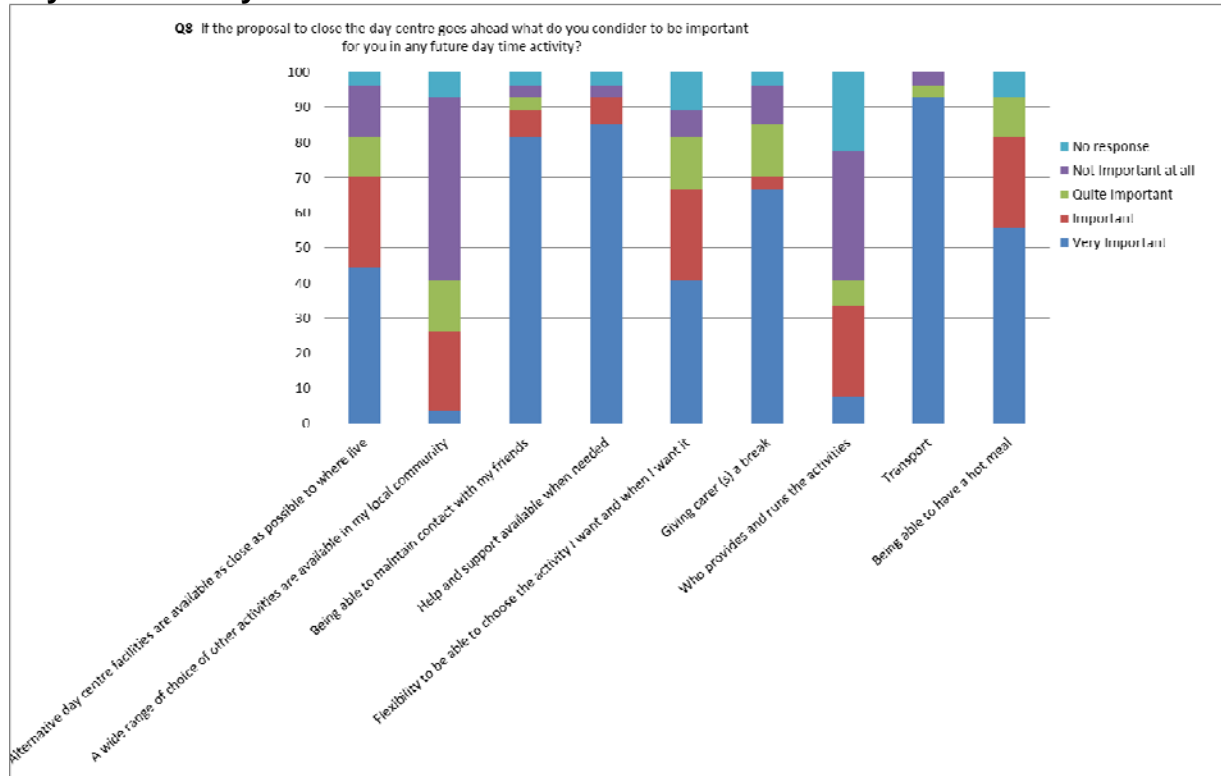
### If the proposal to close the day centre goes ahead what might the impact be on your family and carers?

#### Key themes

- Family don't want her to deteriorate if she is around more complex needs.
- Attends for her personal care and also to get a break from her husband as he has Alzheimers. Son visits daily.
- Has a diagnosis of dementia. Would need to continue at Wykebeck Valley Day Centre to reduce carer stress.



**If the proposal to change the day centre provision goes ahead what do you consider to be important for you in any future day time activity?**



**Key themes**

- Hope that the type of provision still suits needs.
- Very settled in current environment, i.e. relaxed atmosphere. If changes result in bigger numbers of service users, then this could impact on how much she wants to attend the day centre.
- Willing to go or stay at Wykebeck, so long as she will definitely have another service similar to this
- Would still want to attend a specialist service regardless of changes.

- Would need more help if I didn't come here to help me take part in activities and get out.
- Majority would still want to attend, with many having dementia needs already.
- Concern for those with non-dementia needs that their health may decline if mixing with people with dementia
- Important to give family/ carer a break
- Community groups could not meet my personal care needs (bathing/ support going to the toilet etc)
- Relies on the day centre to be able to go out. Needs transport to be able to get out. Family support at a weekend.
- Would become very sad if he didn't come and see his friends. Would suffer with social implications if he did not attend.

### **What could the council do to reduce the impact?**

#### **Key issues**

- Would be useful to be consulted, perhaps involved in a 'focus group' to discuss concerns, and see the positives of the changes in more details
- Ensure that services still provide for all service users, not just those with dementia
- Keep me in the service and allow me to stay at Wykebeck.
- Communication - Tell me the truth
- As long as I could still attend the day centre, even if changes are made, this would not affect me or my family.
- Has carers 4 times a day but they do not have much time to do things at her pace as they are short of time.
- As long as he can still attend a day centre and it is not too far, he would be happy.
- Has a diagnosis of dementia- would still be happy attending the day centre.
- Wants to remain at the day centre as she is unable to attend the community groups as she needs assistance with visiting and accessing the toilet.
- I would like them to leave the centre as it is.
- Would prefer to stay in the day centre as it is familiar and close to home.

#### **Summary of other comments**

- A number of people already affected by Phase 1 and 2 closures (specifically Firthfields and Doreen Hamilton).
- I would like an input into my relatives support, if things change
- Keeping/retaining correct staff for continuity and familiarity
- Several activities delivered to ensure all individuals can engage with something they enjoy and feel confident in
- Ideally stay as local as possible but there are no other day centres nearby.
- I need help with my personal care and prompting to take medication.

- Also attends Cross Gates Good Neighbours- they have transport and she cannot get out alone.
- Needs day care for personal care needs and mobility and communication difficulties.
- I do not want to attend any other community group.
- Needs staff assistance to help with personal care, support and prompting.
- The most important thing for me is my bath which I access at the centre.

### **Is there anything else you would like to tell us?**

#### **Key themes**

- Upset that nothing has been done with other centres that have closed.
- Please keep me and my family informed
- I don't think that people with Dementia and people from mainstream can mix within one service as they have different needs and choices.
- Tried HPA after the closure of Doreen Hamilton and this did not meet needs.
- I have been in Phase 1 and 2 closures. I do not want to leave here or move again.
- The amount charged for day care and transport has increased which has caused the day centres to lose people.
- Would like to increase the number of days I attend
- Do not like change and need to keep structure to my day.

## Staff questionnaire responses

### Middlecross Day Centre

10 members of staff responded to the proposal to decommission the day centre

### How much do you agree or disagree with our proposal for the service you work at?

Disagree 10%

Strongly disagree 90%

### Reason for your answer ?

#### Key Themes

- I see first-hand the need for day care services for customers and for the carers. Without local services that cover a large area, the majority of customers will end up in residential care before they need to.
- Day services are very much needed in our community and should be offered more freely by social workers to the vulnerable people suffering with dementia and their carers.
- We need to keep the service open to help the carer and customer to have the respite apart, so they can have a better life with each other, as their illness will not get any easier.
- There is no other service like this day centre that provides the care and activities for clients that attend.
- We are one of the specialist units in Leeds for dementia and we need to stay open. Dementia is on the rise.
- The service is valuable and the Council should be proud of it.

### Is there anything you think we should be taking into account in considering the options?

- How customers will settle in other centres (if there are any) when they know the staff within our day centre. I think it will be most upsetting for them.
- Take into consideration the fact that the carer needs a break/respite as the illness is 24/7 and with people living longer the service is really needed.
- More people will suffer from Dementia in years to come
- What tax payers would like their money spent on, essential services like looking after the elderly in our community.

- The people that use these services and the many more that would be using them in years to come as Dementia rates are constantly rising and Leeds seems less 'Dementia friendly' than ever before.
- The staff that have been highly trained to carry out their jobs, where are they likely to go as there will be no similar roles?
- Save money in the Council on things that are not really needed i.e. events and other activities that are being spent on.
- People with Dementia need routine and safety.
- Customers will travel further and this is too far for an older person with Dementia. How much will the extra travel cost?
- Other services cannot cope with people with dementia needs
- Our customers are very vulnerable and need routine and a secure safe place to attend.
- We are the only specialist day centre in West Leeds that provides a service for clients to stay in their own homes and have a home environment to come to, and also give carers respite care.

#### **How might the proposals impact on you as a member of staff?**

- The loss of my job that I enjoy very much and I feel it is a very worthwhile job.
- Very limited employment opportunities within the Council
- It is very emotional and stressful to look after our customers and carers and to wonder where they will end up.
- Morale at the day centre is very low as staff are in limbo as to what is happening.
- Worry about training for another job.
- Feel as though I'm letting the customer/carer/family down for not letting them have the service they need and want
- The proposals will have a poor impact on me as a member of staff, having to look for another job and expected to work in a different job from care.
- I have experienced closures before and it is not nice to not know where you are going to end up. Before I always knew I would be placed still with the elderly but if they close all the services, where does that leave me because all my qualifications are based around looking after and caring for elderly and Dementia?
- I have worked for LCC for 28 years. I've never done anything else. This will cause me a lot of distress.
- Further travel- if I get a job will cost me more money. I can walk to work at present.
- I have had to sell my house and buy something smaller as I was worried I would not be able to pay my mortgage.
- I feel these Dementia services are very important to the people of Leeds and need to stay within our council. We read so many times about safeguarding issues within the private sector.

- Worried there is going to be nothing in this area for service users.

**Any other comments?**

- Service users will be travelling further afield to other centres that have to cater for the whole of Leeds.
- I think it is a poor excuse to use money as the excuse of closing these day centres and homes, when there are many good things that happen in them. The staff are very well trained, compassionate and very caring. I do think in years down the line you will regret it as paying for private care will soon cost a lot more because they will have the monopoly like most things that have been privatised.
- Having day services remain at Calverlands, Laurel Bank and the possibility of Wykebeck Valley are of course a good thing but Middlecross serves the West of Leeds and covers a wide area.
- To me filling this form in is a waste of time. We all know it's going to close anyway.
- Clients coming into the centre that come from hospital and using the CIC beds in the HOP enjoy the service we provide. Helping them continue with home environment.

## The Green Day Centre

11 members of staff responded to the proposal to decommission the day centre

### How much do you agree or disagree with our proposal for the service you work at?

Neither agree nor disagree	9%
Disagree	37%
Strongly Disagree	54%

### Reason for your answer ?

#### Key Themes

- The Council should prioritise facilities for our old and needy.
- I understand that the government is cutting funding which has a huge impact on the Council's budget. Although I do not fully believe that people are choosing alternative services themselves.
- Cutting these services is ridiculous. I do not agree that the private sector is able to cope with the demand there will be.
- If The Green closes more people will be admitted to hospital or permanent care.
- I believe that our day service is the best and the staff go above and beyond in looking after our service users.
- The Green is a trustworthy and reliable day centre and helps carers to have a rest and for service users to get out, socialise and keep active.
- The number of people with dementia is increasing so the service is needed

### Is there anything you think we should be taking into account in considering the options?

- The service users will not receive the exceptional care anywhere else, like they do at The Green. The carers should also be taken into account. They receive a rest knowing their loved ones are being cared for.
- The day centre could keep open Monday to Friday. The weekend could be open for another service, drop-in centre for coffee mornings. This could bring money in.
- This is huge impact on the people who access the day centres. Sometimes it is the only one chance for them to get out from their houses and meet others.

- This is the only service some get and as many of them live alone, this is the only contact they have with people and look forward to seeing service users who they have made friends with.
- I believe the private sector to be run as a business NOT a service and it will be all about what a person can afford to pay for.
- I think closing our service will leave a void for people and their families living with Dementia. Sitting services or personal assistants do not fully provide the respite needed for those living with Dementia.

#### **How might the proposals impact on you as a member of staff?**

- I love my job at The Green and do not want to be uprooted into another position.
- I have received extensive training within my role.
- I do not wish to work in the private sector.
- This will be the second time for me going through a proposal to close.
- It's given me insecurity about my future.
- I think there will not be enough work places for people when the services shut down. I am worrying about my financial side, as I have a mortgage to pay and young child.
- At my age I feel it would be hard to get new employment and would feel the loss of colleagues whom are like friends to me now.
- I will come out of a profession after 11 years and go into retail. What a waste of training and waste of money and skills.
- I will have to leave my job for the Council and work for the private sector and work longer hours for less pay.
- I personally have just been successful to receive a place on the 'Integrated Apprenticeship Programme'.
- I enjoy my job as a care assistant at the day centre and I do not wish to work in a care home.
- As a member of staff I could be at risk of redundancy.

#### **Any other comments?**

- To keep staff fully informed of any outcomes and proposals.
- Every day we hear of Dementia and mental health issues. We should not be closing care homes/day centres, but looking towards improvement and funding.
- Money saving strategies should be looked at elsewhere within the Council.



### **Siegen Manor Day Centre**

1 member of staff responded to the proposal to decommission the day centre

### **How much do you agree or disagree with our proposal for the service you work at?**

Strongly Disagree 100%

### **Reason for your answer ?**

#### **Key Themes**

- The attendance level at the centre was fundamentally affected by the raising of the eligibility criteria and a massive increase in charges.
- This is vital support for carers and people living with dementia.
- Without our service, some carers will need to consider permanent residential care for their family members.
- Carers want our service not a personal budget.

### **Is there anything you think we should be taking into account in considering the options?**

- This is a vital support for carers without which a number of people will need to pursue permanent residential care for their family member. Without exception our carers and customers benefit from a service that is provided external to the home environment. Providing our service provides carers with respite (something that they feel is limited if a sitting service is provided as they still feel 'on duty'). This provides the customers with social engagement with their peer group in a safe, homely environment. We are an 'award' winning service having previously won the 'Innovation in the Workplace' section.

### **How might the proposals impact on you as a member of staff?**

- I have experienced redeployment in a previous phase. I may be interested in ELI/VER if a decision is taken to close this day centre.

### **Any other comments?**

- The 'ring-fencing' of monies impacts on how flexibly the Council can use its budget.

## **Radcliffe Lane Day Centre**

3 members of staff responded to the proposal to decommission the day centre

### **How much do you agree or disagree with our proposal for the service you work at?**

Strongly Disagree 100%

### **Reason for your answer ?**

#### **Key Themes**

- We need this service for the elderly to give them something in the senior years to meet people and socialise.
- The day centre shouldn't close because there are no other services like this in our area.
- I don't want the day centre to close because there is a need for the service in this area.

### **Is there anything you think we should be taking into account in considering the options?**

- To save money close on weekend. Transfer others from day centres that are closing to make one large centre.
- Respite care that the day centre provides for them will be non-existent. It's a hard job for families caring for elderly people
- Where am I going to work?
- The customers that attend the day centre have no other service to attend in this area. Some of them have been attending Radcliffe Lane Day Centre for years.

### **How might the proposals impact on you as a member of staff?**

- Change from a role I enjoy (no care jobs left for staff).
- Having to learn a new career at my age.
- Where/if will I be redeployed to. Upset and uncertainty of it all.
- Will I have to travel further?
- Worry about the service users. How it will affect them.

### **Any other comments?**

- I feel that the cut backs that are being made are wrong and very sad. Our elderly deserve better but are being failed again.
- It always seems to be Adult Social Care that bears the brunt. Eventually there will be no services left for the elderly within Leeds City Council.



## Springfield Day Centre

4 members of staff responded to the proposal to decommission the day centre

### How much do you agree or disagree with our proposal for the service you work at?

Disagree 25%

Strongly Disagree 75%

### Reason for your answer ?

#### Key Themes

- This is a much needed service for this community.
- There is no other service like ours in the surrounding area.
- We offer more than just a day centre. We are here to check on service users , that they are ok and support them when they have no families to care for them.
- The closing of the day centre will make service users isolated, not having personal care as they do not always have anyone to assist.
- The impact on closure could lead to a lot of depression
- Services in the community are limited on the people they can accept into their groups. People must be self-sufficient but a lot of our users are not.
- A lot community services do not provide transport so vulnerable older people are expected to use public transport.

### Is there anything you think we should be taking into account in considering the options?

- A lot of our service users may not have long left. They have built up trust and friendship with staff and other service users. There could be a big impact for them to go to other places. Some service users do not have family and look on others at the day centre as family.
- People being isolated.
- Transport issues/people's safety.
- The health and well-being of our service users as some cannot access public transport and services in the community are limited to what they can offer.

- Some of our service users are very high needs and depend on this service.

**How might the proposals impact on you as a member of staff?**

- I will lose my job that I have worked in for 19 years at the day centre that has grown and developed into a family and service users I have known for years. I want to know what's happening with them or to them.
- As a member of staff at Springfield for 24 years and working as home care with older people, this has always been my life. I would not be looking for a new career but would have liked to stay in day care at Springfield until I felt that I wanted to retire.
- I love my job and the only qualifications I have are all care related. I have two small children at home and a job to do at work so gaining more qualifications would prove very difficult.
- This will have a big impact on me as I will lose my job. I have been a carer here for 16 years. It's a job I love doing as it is rewarding and I get a lot out of this. Starting to find employment will be hard due to not many out there. I don't like changes and find it hard adapting to new environments so I'm worried this will have a big impact on my health as well.

**Any other comments?**

- How much more can the government cut. We need to spend money on our elderly and make sure they are safe and properly cared for.
- Why not look at an option to keep Springfield open and relocate other centres that need to close here. The building is in a central location for Morley and Armley. The facilities are good to provide hoisting and assistance, staff are fully trained and relationships of trust are formed.
- Look at offering specialist services alongside NHS and work toward people being independent at home, but not isolated.

## Wykebeck Day Centre

6 members of staff responded to the proposal to recommission the day centre as a specialist unit for people with complex needs.

### How much do you agree or disagree with our proposal for the service you work at?

Agree	50%
Neither agree nor disagree	50%

### Reason for your answer ?

#### Key Themes

- At the moment the number of customers has really dropped. I understand that something has to be done so we can start again utilising the day centre.
- The service we provide has to move forward
- I know there will be changes and it will happen
- The criteria has changed for day care and people are choosing community based things, also dementia is becoming a growing health concern as people are being diagnosed earlier and they need support as early as possible.
- More and more people are wanting to maintain their independence and stay in their own homes and by accessing other services they can do this unless they have more complex needs.
- It is mentioned that that our existing customers will still be able to attend. I just don't think that they will mix well with people who need more specialist care and so will be forced out.

### Is there anything you think we should be taking into account in considering the options?

- Staff may not wish to work weekends or in a specialist service with Dementia customers.
- The length of time from consultations to the report going to the Executive Board is a long time and staff just want to know what is happening to their jobs.
- Concerned how the changes could affect my employment and also the customers who do not have a diagnosis of Dementia.

### How might the proposals impact on you as a member of staff?

- Working weekends will impact on my life at home.
- If the service stays open later I would not feel safe walking home on dark nights.

- Staff will need more training as we have never dealt with this service.
- Concerned an increased workload if the service increases and being able to manage the increase in opening hours.
- I also would not like to work with a majority of Dementia customers.
- More working hours daily. Having to work weekends and bank holidays.

**Any other comments?**

- I enjoy family time at the weekends and bank holiday
- If we do not want to stay in the service what other options are available to us?
- It would be nice if I knew if I would still be a LCC employee if the changes go ahead.

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Better Lives for Older People  
**Residential Care for Older People**

Consultation Report June 2016

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**Section two:** Methodology and process

**Section three:** Overall summary of the consultation

**Section four:** Detailed findings relating to the proposal for each care home

## **Section One – Purpose of the report and background**

### **Purpose**

The purpose of this report is to inform Executive Board of the outcome of a process of consultation in relation to the future of older people's residential care homes. It is also to give Executive Board sufficient information to enable it to make an informed decision about the proposed future options for these services.

This consultation report takes the opportunity to formally recognise and acknowledge the great deal of time and effort that has been put into the responses by contributors to the consultation.

All respondents offered very helpful and detailed comments which have provided a valuable insight into their opinions and wishes and helped to refine recommendations. The findings from the consultation, and the strength of feeling expressed by respondents, have enabled officers to consider the proposals whilst fully taking into account the key themes and issues regarding potential positive and negative impacts on those directly affected; and mitigations against these.

### **Background**

A review of the council owned care homes has been completed and proposals developed that revise the current service model. This report follows the decision of the Executive Board in September 2015 to begin a period of statutory consultation on these proposals.

## Section Two – Methodology and Process

### How we got here – Step by Step

#### **Step One: Consultation approval process**

An extensive and inclusive consultation process undertaken as part of the 'Future Options for Long Term Residential and Day Care for Older People' review in 2011 was informed and endorsed by a Scrutiny Inquiry and aimed to seek the views of all key stakeholders and specifically of those people currently living in residential care homes, their carers and the staff who provide care and support. The wider consultation involved discussions and engagement at a more general level with stakeholder and interest groups and the wider general public who may have expectations about the future of older people's care services.

Through a series of planned events, consultation was undertaken with a wide range of stakeholders including current users of adult social care services, carers, voluntary, community and faith organisations, and independent sector providers of adult social services, members of staff and equality and diversity groups and organisations.

The outcomes of the wider consultation described above, together with feedback from a range of stakeholders and the detailed consultation with those directly affected, provided the Council's Executive Board in September 2011 with a mandate to approve and proceed with the Better Lives Programme. This was aimed at reshaping local authority residential care home provision for older people in Leeds.

The overarching themes arising in the consultation in 2011 have been evidenced throughout phase 2 and phase 3 consultations. The ongoing work undertaken by Adult Social Care to address these issues is as follows and is directly relevant to this third phase of the Better Lives Programme:

- There is some distrust of the services provided by the Independent Sector. Concerns relate to the standard of care provided and quantity of provision available.
- *The Council has a Residential Quality Governance Framework and associated fee structure in place for residential and nursing home care. This provides the council with far greater contractual influence over the quality of independent sector care within a long term, affordable structure. Further details of the Framework are provided in direct response to consultation queries later in this document.*
- It was generally agreed that maintaining people's independence is a priority; however, in the view of stakeholders, this requires the provision of preventative services allied with specialist services to support those with more advanced levels of need (e.g. nursing care, specialist dementia, respite support).
- *Leeds is already amongst the highest investors in preventative direct access social care services in the country. Neighbourhood Networks are working to develop new services that will help to prevent older people going into hospital unnecessarily, and supporting them by providing a greater range of activities using new funding available through direct payments. The Council is aware that those with more advanced care needs may not feel comfortable being supported in a community setting. This is why we continue to work with the market to ensure provision of specialist accommodation for older people is developed, especially in areas of high demand for these types of services.*
- There needs to be a strategic approach to change and setting priorities within the council and across the partnerships.

- *Although the demand for long term care homes may be decreasing there is continuing demand and a potential continuing role for the local authority for the provision of specialist care. This can be delivered in a number of forms. Harry Booth House closed in 2012 (Phase 1 review) and has been re-commissioned as a 40 bed short stay community intermediate care bed unit managed in partnership by the NHS and LCC. The facility, which is now known as the South Leeds Independence Centre, opened its doors to the public in April 2013. It is a pioneering new service, integrating health and social care services to deliver short term, patient-centred rehabilitation, recovery and reablement. Opportunities for other short stay and preventative services are being explored as the Council looks to reshape the services it provides directly and commissions from the independent sector to better meet the needs of the citizens of Leeds.*
- Leeds has a growing number of older people and a need for new specialist accommodation to be delivered in the context of reduced public resources.
- *To address this key challenge a co-ordinated programme of activity is being developed by Adult Social Care, City Development, and Environments and Neighbourhoods. The Housing and Care Futures Project aims to support the delivery of investment in specialist housing and care for older people in Leeds. The Council will work with its partners, taking a strategic lead on services for older people utilising existing assets, specialist knowledge and influence within the sector to meet the changing needs of older people who wish to remain independent for longer. The Housing and Care Futures Project has overseen successful bids for funding from the Department of Health which has supported the development of the LCC owned and operated Wharfedale Court Extra Care scheme (Yeadon) due to open in November 2016. The project has also identified sites for potential further developments for specialist housing, based on the projected demand in the area.*
- A number of issues arose relating to the management of change for the people affected by the proposed changes, with specific reference to the support available for older people transferring between services.
- *Following the Executive Board decision in September 2011 an extensive programme was undertaken to implement the agreed proposals. A team was recruited, from existing resources, to work with the residents, day centre service users and the families of those people affected by the decommissioning of residential care homes and day centres. This work involved re-assessing residents' and day centre service users' needs and ensuring that their transfer to alternative accommodation was done safely and in accordance with their choice. A Leeds specific 'Care Guarantee' and an Assessment and Transfer Protocol were developed and the transfer process was quality assured to minimise risk and address any issues of concern. This process was replicated in phase 2 and will be implemented in any future change to services to ensure the residents and service users and their families and carers are supported in making decisions regarding their care and treated with dignity and respect.*
- Carers emphasised the need for ensuring that the council maintain specialist services for people with dementia.
- *In phase 1 of the Better Lives Programme all the Council-run dementia care homes were retained to continue the provision of residential based dementia services. During Phase 2, Musgrave Court and Fairview were closed and the residents and their families and carers supported to make moves to alternative provision in the independent sector. This was again carried out by the specialist social work team in accordance with the*

*Care Guarantee and Assessment and Transfer Protocol. The outcome of these closures demonstrated that people with dementia could be supported to choose appropriate alternative services in the independent sector which met with their care needs. Regarding phase 3, a decision was taken that there were sufficient alternative services within the independent sector to meet the needs of the residents at the remaining local authority dementia homes. This resulted in the consultation on the future of the homes, which is covered in detail later in this report. Opportunities to develop and modernise dementia services will continue to be explored through the Leeds dementia strategy, which looks to develop a city-wide, multi-agency approach to dementia care with the potential for partnership working and development of services with the independent sector to increase the quality and range of services available.*

The lessons learned from the consultation and decommissioning process conducted in during phase 1 and 2 have been used by the phase 3 team to help shape the third phase of the review and in November 2014, Executive Board gave approval to consider the future of other directly provided services, to identify how they could be delivered more effectively and efficiently, meeting the needs of the people of Leeds and representing value for money.

Following an extensive review of the remaining residential homes, on 23<sup>rd</sup> September 2015 the Executive Board approved the commencement of formal statutory consultation on the proposed options outlined in this report which ran from 1<sup>st</sup> October to 23<sup>rd</sup> December 2015.

## **Step 2: Consultation – methodology and process**

As in Phase 1 & 2, the aim of the detailed consultation on the proposals was to consult with those directly affected and as a priority the existing residents of care homes and their families and carers. Detailed consultation also took place with affected staff and Trade Unions, with related stakeholders within the locality, including elected members and partner organisations.

### Establishing clear lines of communication

Letters were sent to residents and their families and carers on 30<sup>th</sup> September 2015 advising them of the Executive Board's decision to commence consultation on the future of residential and day services.

A telephone helpline, staffed by experienced officers in the Programme Team was made available to provide residents, their relatives and carers with the appropriate level of information from the beginning of the process.

### Fact Sheet

A fact sheet providing background information to the proposed changes, details of the proposals, the consultation process and where to seek further help and information was sent to all those directly affected.

### Detailed questionnaire

As part of the consultation with residents and their families a detailed questionnaire has been used in one to one interviews as a tool to capture responses to the proposed option for each individual care home.

The purpose of using a questionnaire was to ensure consistency throughout this process.

Each individual meeting has been logged and interpreted using a quantitative and qualitative approach.

The questionnaire has 3 rating-style questions and 5 open comment boxes to capture concerns, impact, comments and other ideas or options. The methodology for the collection and analysis of the data is outlined below.

### **Approach to the evaluation**

The evaluation draws upon the following data sources:

**Quantitative data** – All quantitative data have been collated and analysed in spread sheets from which charts and tables have been produced and are included in this report in section 4.

**Qualitative data** – To capture the views, thoughts and feelings of respondents, a qualitative methodology has been chosen. This data has been gathered from the open ‘comment’ boxes. Comments have been analysed for recurring themes and general trends and categorised under the following headings, used in section 3 of this report:

- Methodology
- Strategic
- People
- Financial
- Quality
- Locality

Further detailed comments are summarised and documented in section 4.

### **Step 3: Detailed consultation**

Detailed consultation on the proposals took place between 1 October and 23 December 2015 with those directly affected as follows:

Total questionnaire responses	92
Residents	4
Respite user	2
Relative	80
Representative	4
Carer	3

The consultation, undertaken in a ‘person centred’ way, involved talking directly to residents, their families and carers about why the changes are being proposed and to ensure that the rationale behind the proposals is clearly understood.

As the homes affected by proposals in phase 3 (Siegen Manor, The Green and Middlecross) are all dementia homes, some residents did not have the capacity to complete a questionnaire by themselves and were either assisted to complete the questionnaire, or represented by relatives or carers in their response, hence the high proportion of questionnaires completed by relatives, representatives and carers.

Staff working in the care homes assisted the coordination of the consultation, using their expertise and experience to help support to those affected.

The manager in each care home arranged a suitable date and time for one-to-one interviews to take place. Relatives, carers and representatives were invited to attend. The questionnaire, available in a range of formats has been used. The aim was to:

- Capture people’s responses to the proposed changes

- Determine the impact on individuals and how this might be reduced as plans are developed.

Care and consideration was given to any communication issues for each individual resident. The programme team worked with each home prior to the engagement with residents to identify individual communication needs.

Capacity to participate in the consultation was determined by the home managers. Guidance notes were issued to prompt and guide managers in obtaining the views of residents with dementia.

For people who were not able to make decisions for themselves, or had no relatives or friends to be present, steps were taken to ensure an independent advocate was present to enable them to be appropriately consulted and their views recorded.

**Feedback from this consultation is summarised in sections 3 and 4 of this report**

#### **Step 4: Consultation – Elected Members and Members of Parliament**

##### Elected Members

Steps were taken to ensure that all elected members were kept fully informed on the proposed options a briefing note provided to all Elected Members on 20 October 2015. The aim was to;

- provide Members with background information to the proposed changes and outline details of the consultation
- outline details of the proposed options for each facility
- provide information on where they can direct people for further help and information.

##### Members of Parliament

A briefing note provided to all 8 Leeds MPs on 20 October 2015.

#### **Step 5: Consultation and Engagement with staff**

Keeping our staff informed and involved is expected as a good employer. However it is also integral in helping to provide a greater sense of security on the part of residents. If staff who are affected by change feel confident and involved then not only is this consistent with their employment rights but also makes the management of change easier. It also removes a potential source of anxiety on the part of residents and relatives who will be concerned to know what will happen to the people who look after them. Staff also contribute a wealth of experience and expertise to draw upon as the change programme moves forward.

Staff were engaged in the review of services throughout 2015 and in the week following Executive Board on 23 September 2015, meetings took place between the Head of Service with all directly affected staff to advise of Executive Board decision to commence with consultation. Letters were sent to staff on 1/10/15 confirming the consultation approach and providing them with details of next steps.

Staff briefings and drop-in sessions took place each month during the consultation period and a questionnaire was approved by the Trade Unions and made available to all staff for completion.

Separate briefings on employee matters took place concurrently with managers from adult social care. The programme worked closely with trade unions to ensure employee matters were given high priority and regular meetings with trade unions have and will continue to take place.

Across the residential homes and day centres subject to the proposals, 96 staff questionnaires have been received, which represents a response rate of 69%.

*Details of these responses are outlined in section 3 of this report.*

### **Step 6: Consultation – Trade Unions**

Trade union representatives play a key role in supporting employees through organisational change. Consultation has taken place with Trade Unions throughout the initial review of services and during the consultation period. Monthly consultation meetings have taken place to ensure that arising employee matters are addressed. The Trade Unions have been kept apprised of all developments in this process and will be consulted further on workforce issues, depending on the options selected.

### **Step 7: Consultation with other stakeholders**

#### **NHS Leeds**

Stakeholders within the NHS were engaged through communications and existing groups. They were also consulted during viability review stage prior to consultation as part of the review of the community beds strategy meeting where they declined the offer of taking on one or all 3 dementia homes as intermediate care units.

#### **Town and Parish Councils**

Letters were sent to Town and Parish Councils informing them of the consultation process and providing them with contact details if they required further information.

#### **Media relations**

The programme team have liaised closely with Corporate Communications and the Press Office to ensure continuing contact with various media for the purpose of informing the public of progress on the review in a positive, consistent and credible manner and to ensure timely and widespread media coverage.

One article was produced by the Yorkshire Evening Post specifically regarding the petition set-up to oppose the proposed closure of The Green residential home.

In addition, a briefing on the proposals was provided by the Programme Team to Cllr Lewis to allow him to respond to a Radio Leeds interview in which he was to be asked questions from members of the public.

#### **Petitions**

During the consultation period, two petitions have been received from the following:

- The Green (3863 signatures opposing closure of the home).
- Siegen Manor (154 signatures opposing closure of both the home and day centre)

In addition, after the consultation period had ended, a petition to keep Siegen Manor care home and day centre open was submitted by Andrea Jenkins MP on 29<sup>th</sup> January 2016 to the Director of Adult Social Services – this petition was signed by 1,360 signatories.

#### **Scrutiny Board**

As a result of these petitions the Scrutiny Board received and accepted a request for scrutiny around the proposed closure of The Green, which was formally considered at the meeting on 27<sup>th</sup> January 2016. At that meeting, the Scrutiny Board agreed to consider the issues raised and examine the matter in more detail through a working group of the Scrutiny Board.

The Scrutiny Board working group considered a wide range of issues including: the high quality of the care provided by the staff at The Green; cost comparisons with the independent sector; the quality of alternative care in the locality; and the impact on the care



market if the Council withdrew directly provided care services. The working group findings included:

- The Green serves a local population and caters for local residents
- The Green has a clear local focus and could take more residents
- Families and residents are happy and feel safe at the home
- Care is good – it has been judged so independently by the CQC
- The quality of alternative nearby provision in the independent sector is 'variable'.

Following the working group's findings, the Scrutiny Board made the following draft recommendations: That any decision regarding the long-term future of The Green be deferred for a minimum of 2 years, in order to:

- a) Re-consider the comparative costs of provision as the impact of a national living wage and the requirements of the Care Act 2014 take effect locally.
- b) Assess the occupancy levels achieved through positive promotion of The Green to local residents and beyond.
- c) Re-assess the overall 'quality landscape' across the care sector in Leeds and specifically the quality of alternative nearby provision in the independent sector.

Two further requests for scrutiny were received in relation to (a) Siegen Manor (May 2016) and (b) All three care homes and attached day centres, with particular emphasis on Middlecross (June 2016). These requests were considered by the Scrutiny Board at its meeting in June 2016.

Scrutiny Board emphasised the importance of ensuring the health and well-being of current service users and this will be considered in both the proposals made to Executive Board and the implementation of the proposals. They also reflected on the importance of considering the circumstances for each care home and day centre, with specific reference to alternative services and their quality and opportunities to develop facilities for the future. These factors were considered during the review process and have influenced the proposals for the Executive Board to consider.

Other comments raised by Scrutiny Board reflected the outcomes of the consultation findings, with concern over the quality of alternative independent sector provision. The Council recognises the variable quality of independent sector provision and is committed to continually monitoring providers and working with them to ensure areas requiring improvement are addressed. This will include reviewing the current in-house quality standards to ensure they remain in line with national criteria as defined by the Care Quality Commission.

#### Full Council

A deputation is also being presented at the Full Council meeting on 29<sup>th</sup> June 2016 regarding The Green HOP and Day Centre.

#### Public meetings

Held at Seacroft Village Hall 28<sup>th</sup> October 2015.

Introduction with a statement from Richard Burgon MP supporting the campaign to keep The Green open. Main comments were:

- All the speakers commented on the high quality care provided by The Green.
- Concerns were expressed about the detrimental impact on residents' health and well-being if the home shut.
- Staff in the private sector have poor training, pay and conditions
- LCC was wasting money on non- essential areas (Cycle super highway, new fire station, Senior Executive posts and Leeds Grand Theatre)

- There are few NHS services to support people with dementia available to carers.
- LCC was proposing to close a centre of excellence
- Leeds wants to be a dementia friendly city yet it is closing dementia residential homes.
- The Green is the only home in the area with a good CQC rating.
- Other housing options (sheltered housing /living with carers) are not suitable for people with advanced dementia.
- The private sector will have a monopoly if ASC closes all its homes.
- Why can't ASC force people who they are placing in private homes live at The Green?
- ASC claims to be in financial difficulties yet it is taking a long time to carry out financial assessments (one person said they had been told they would have to wait six months for a financial assessment. Other people in the audience said they had had a similar experience).
- The Green provides emergency care how will this be provided in future if the home closes.
- The responsibility for finding alternative accommodation will fall on relatives if the home closes.
- Is there a will to keep the services open?
- Is it a real consultation?

Cath Roff responded to the comments made:

- Acknowledged the positive feedback on The Green from relatives
- Put the proposals in the context of the financial cuts that ASC was facing
- Acknowledged the joint work undertaken with the unions and staff to see if the services could be made more financially viable
- It was unlikely that the Private sector would be able to develop a cartel as there are currently 700 more residential beds than required in the city. She did acknowledge however that there was a shortage of nursing beds.
- The quality of Private sector homes is being monitored closely via LCC Quality Framework and joint working with CQC. CQC has upped their game.
- Cath acknowledged that The Green was the closest home to financial viability of any of the homes proposed for closure. Cath agreed to check the comparative costings of The Green & private sector provision to ensure that we are comparing like for like in relation to enhanced care.
- New dementia post has been created in each Neighbourhood Team to support people with dementia access services.
- Proposed to keep a dementia day service in each wedge of the city, including the proposed development of Wykebeck as a 7 day specialist dementia service.

### Equality and Diversity

The proposals are the subject of Equality Impact Assessments (EIAs) which have been completed as a parallel process to the consultation. The EIA is submitted with this consultation report to be considered through the Council's decision making process. It is proposed that should agreement be given to progress with the proposed options, that an implementation plan is developed in line with the Assessment and Closure Protocol which is appended to the Executive Board report. This would show how any closures would be managed over the agreed timescales and how residents, relatives, carers and staff will be supported to safeguard human rights and equal rights, minimise distress and maximise benefits to individuals.

### Section Three – overall summary

This section of the report provides detail on each of the consultation elements broken down by stakeholder group. Further and more detailed information from the feedback and responses from consultation undertaken with those people currently living in the care homes and their relatives and carers is contained in section 4.

Below is a table which outlines the key submissions we have received from stakeholders throughout the consultation process (1<sup>st</sup> October to 23<sup>rd</sup> December 2015).

Stakeholders	Consultation responses included within the analysis
Residents, relatives, next of kin & carers	92 questionnaires completed  57 contacts by Email, telephone and letter 3 comments were also received via comment boxes placed in care homes. (total of 61 contacts when including general public enquiries)
General public	1 enquiry by Email.
Residents, relatives, next of kin & carers meetings	21 meetings were held, 10 relating to Siegen Manor, 8 relating to The Green and 3 relating to Middlecross
Public meetings	Public meeting to discuss the proposal to close The Green residential home & day centre. Seacroft Village Hall on 28/10/15. Attended by residents, families and carer, union representative, ward members and ASC representatives. Around 25 people attended.
Petitions	2 petitions with a total of 4,017 signatures were received during the petition: The Green – 3,863 e-petition signatures Siegen Manor – 154 e-petition signatures
Care home staff	58 residential staff questionnaires returned. 10 Chief Officer/ head of service meetings with staff across homes and day centres. 2 Ward Councillor meetings with staff across homes and day centres.
Voluntary, Community & Faith Groups	One contact was made by Leeds City Wide Older People's Forum enquiring about the consultation proposal. Further detail can be found below this table.
NHS Leeds	No formal contact received
CCGs	No formal contact received
Trade Unions	Strategic meetings chaired by Chief Officer, Access and Care Delivery and to which all Trade Unions are invited (where the review of LCC residential and day services are a standing item): 05/10/15 and 11/11/15.  Routine Business meetings chaired by Head of Service and to which all Trade Unions are invited (where the review of LCC residential and day services are a standing item): 09/11/15.
Elected Members	In total 17 responses have been made to enquiries for further information received from Elected Members. In addition two requests for meetings from Councillors were fulfilled by the Director of Adult Social Care to discuss the proposals.

MPs	Eight MPs were provided with letters with details of the proposals for consultation and proposals for the future of social care. Three meetings were held between Head of Service/ Chief Officers with MPs to discuss further.
Full Council	No meetings requested / took place within the consultation period.
Scrutiny Board	No meetings requested / took place within the consultation period.
Community Committee	Deputation presented by relative on 10/12/15 regarding the proposals to close The Green HOP at the Inner East Area Committee
Parish and Town Councils Attended by Officers	No meetings requested / took place within the consultation period.

### **Voluntary, Community and Faith Sector (VCFS)**

The following submission was made by Leeds Hospital Alert to Leeds City Council Adult Social Care proposals to close Siegen Manor, The Green and Middlecross Care Homes:

*We understand and are sympathetic to the huge financial pressures which Leeds Adult Social Care is facing. All decisions in the present climate, which in many ways is hostile to the needs of the most vulnerable in our population, and to proper funding of the staff who care for them, are very difficult. However we have grave reservations about these decisions to effect closures, based on our knowledge and understanding of the needs of older people in Leeds and the likely consequences of these closures on NHS services in the city.*

*1. The movement of very vulnerable older people with dementia from these Care Homes, which are their homes, will inevitably be extremely distressing to them and could even be dangerous for some individuals.*

*2. We are not convinced that the private sector is in a position to find suitable accommodation for people moved from these Homes, or people who might need a place in the future. As we all know, the private Care Home sector is in a period of great uncertainty and volatility, and these people will need specialist care. There are reports of shortages of beds across the city at present, before these closures take effect.*

*3. There are regular reports of the problems caused by older people occupying hospital beds long after they no longer require hospital care- because of the lack of suitable Care Home vacancies in the city, as well as community-based Social Care. This is one of the huge pressures on the NHS around the country. Closing Homes and Day Centres in this situation seems completely counter-productive.*

*4. Day Care and Respite: we are pleased to see that two Care Homes (Richmond House and Suffolk Court) and three "complex needs" Day Care hubs are to be retained for support and respite, but remain very concerned for adequate provision to meet the needs of Carers of people with dementia for respite breaks and regular support if these closures go ahead.*

A detailed response was provided to the issues raised.

### **Consultation with staff**

Out of a workforce of 139 staff in the homes and day centres subject to consultation, 96 questionnaires were completed and returned (58 residential home staff). In addition to the questionnaires, monthly staff briefings and drop-in sessions were held throughout the consultation period, 10 meetings took place between Chief Officers/ Heads of Service and staff and two meetings took place between staff and Ward Councillors.

Staff raised issues related to the following key themes:

- Do not want the home to close
- Concern about the health and wellbeing of residents who they consider as 'friends, not clients'
- Concern about their own future (employment, pensions, personal finances)
- Expressed a need for Dementia services as there didn't seem to be many alternatives in Leeds and this is an increasing area of demand
- Voiced concern over the lack of alternative options for respite
- Perceived lack of alternative services in the area

- Felt that money should be saved elsewhere, not older peoples services
- Perceived poor standards of care in the private sector care homes in comparison to the Council provided care.

Staff have been involved throughout the consultation process and will continue to be supported throughout the implementation of any proposals agreed by Executive Board.

*A full summary of the staff questionnaire responses can be found in section 4.*

### **Consultation with Trade Unions**

Regular meetings took place with Trade Unions during the consultation process.

### **Consultation with other stakeholders**

#### Stakeholder Contacts – Meetings, letters, telephone calls, e-mails and comment boxes

61 contacts have been received from all stakeholders affected by the proposed changes. Individual responses have been provided to everyone who has made contact regarding the proposals.

The following is a summary of comments and issues raised:

- Don't close the home
- Positive comments on the care home and the quality of care provided
- Impact on the health and well-being of vulnerable older people
- What will happen to people if the home closes?
- Critical that a decision has already been made
- Praise for the staff
- Concern for the needs of carers and respite needs
- Loss of a skilled workforce
- The need for specialist dementia homes
- Concern about the availability and quality and price of alternative homes
- The council should make savings elsewhere
- Older citizens need the support they deserve
- Loss of a familiar environment and routine
- How will LCC provide for the future requirement of an ageing population?
- No other council home in the area
- Consider a gradual phased shutdown; do not take on any further permanent admissions
- Concerns that proposals based on money and not quality of services
- What will happen to this building?
- Keep informed /involved as to what happens next
- Take my comments on board

#### One-to-ones and completion of questionnaires

The responses to the questionnaires were detailed and diverse. The free-form boxes lend themselves to allowing people to express their views on the proposals and as such emotive responses were gathered. Residential care is described by many as 'their home' and the staff are seen as 'their family'. There is clearly a feeling of anger, sadness, and distress by the proposals to decommission the homes. Many people have said the proposals are unfair and that the council does not have the interests of older people at heart, suggesting that the prevalence of dementia diagnosis is increasing and that this should be matched by an increase rather than decrease in services provided.

Key themes have emerged from the responses to the questionnaire. The key issues and messages are captured in the following sections below. A response from Adult Social Care is also included.

### People

Respondents to the questionnaire described what the current service means to them:

- Generally the satisfaction with the current service appeared to be high. It was stated that the council provides a 'first class' service and that the homes should not close.
- It was felt that the private sector could not match the quality of service provided by the council and that the council had a duty to provide services for people with dementia.
- The staff were viewed as being highly trained, skilled, caring and professional.
- Respite was seen as crucial to help carers continue in their caring role and keep people living at home rather than in permanent care.

Residents, service users, relatives and carers were asked what impact the proposals will have on them if they are implemented:

### *Comment*

Responses focussed on the detriment to the health of the residents, with concern that those with dementia would find change to their care provision very difficult and may not survive the implementation of the proposals to close the home. The homes were viewed as being a safe and secure environment with familiar and friendly staff who had helped to maintain and in some cases improve the well-being of the residents. Family and carers felt that they had peace of mind due to the high quality of the service, which they felt would not be matched in the private sector.

### *Our response*

If a decision is made to close any of the Council's care facilities the transfer of residents will be carefully planned and carried out professionally, sensitively and safely. This will be done within a timescale which will minimise the disruption and discomfort for those affected. Other Council care homes have closed in recent years and in order to facilitate those closures a specialist team was established. The Team would be engaged in any further service closures and Team members are experienced, knowledgeable and sensitive in carrying out the assessment and transfer of residents in line with the resident's needs. They follow an "assessment and transfer policy" which ensures they are fully conversant with the needs of residents, including people with dementia. The assessment and transfer process is also monitored by a quality assurance group that offers support to the specialist team and ensures the correct protocols are followed. Family members would be involved in the transfer process including the choice of an alternative care home. Where a resident could not make an informed choice or has no family an independent advocate would be made available. No resident would transfer if, in the opinion of their doctor or specialist, they were considered too ill to be moved. Service users will also be supplied with a Care Guarantee clearly stating the service user's and carer's rights. Alternative services were identified for care home residents at phases 1 and 2, including the safe assessment and transfer of residents from two dementia homes (Fairview and Musgrave Court in phase 2. Service users and their families were supported to exercise choice of alternative provision. The continued wellbeing of people who had moved into new services at both phases 1 and 2 was monitored by reviews after three, six and 12 months following transfer.

### *Comment*

Residents are keen to maintain links with staff who in some cases are described as 'my family'. Relatives and carers also expressed the need to ensure any alternative is local to the area they live in so they can continue to visit.

*Our response*

Should the proposals be agreed, current staff will support residents in the assessment and transfer process. Any move to a new service will be supported by the assessment and transfer team, who will continue this support before, during and after the move to ensure the resident settles into their new service and becomes familiar with their new surroundings and the staff team. Supply and demand analysis indicates that there are alternative homes in the three areas in which the homes are based.

Finance

*Comment*

Residents and their families expressed concerns that they may suffer financially from any change to their care and that alternative care in the independent sector is not affordable.

*Our response*

The Council is committed to ensure that no individual is disadvantaged as a consequence of the recommendations contained in this report. As in previous phases the Care Guarantee will be used to give assurance that where the Council is currently contributing towards a resident's care home fee there will be no financial detriment to the resident or carer/family in choosing a new care home from the Council's quality framework list. Any proposed transfer to a care home not on the Council's quality framework list will be considered on an individual basis and may incur a top-up fee. The Council will not pay any non-care supplement relating to enhancements that a care home may offer (such as a larger room).

*Comment*

People suggest that the council should invest in the services and make savings elsewhere.

*Our response*

The council has faced difficult decisions regarding the continued provision of older people's services. The decrease in demand for residential and day centre services has been evidenced through detailed supply and demand analysis. The proposals made relating to the homes took into account that alternative provision was available in the independent sector at a lower cost than the council could provide. The council continues to realign services to meet areas of increasing need and is working with the wider market to develop specialist housing types (e.g. Extra Care Housing and nursing care).

Locality

*Comment*

Families and carers felt that any alternative service would need to be in the same area to allow them to visit and to allow links to the community to be maintained.

*Our response*

Subject to a decision on the future of the homes, the needs of relatives and carers will form part of the assessment process in identifying suitable alternative provision for each resident.

Strategic

*Comment*

Comments were made that the buildings didn't have anything wrong with them, or that money should be found to maintain them up to standards. Some relatives and carers felt that residents didn't need en-suite facilities.

*Our response*

The three residential home buildings have essential maintenance requirements which must be carried out. In addition, the three homes were built prior to 2000. Any homes built since 2000 are likely to be developed in accordance with the 2000 Care Standards. These

standards outline the aspirational building requirements for any new residential home and as such newer homes are likely to have en-suite facilities, larger rooms and wider corridors than those built earlier. While en-suite facilities may not be deemed essential, they can aid carers in providing dignified support to residents, rather than residents having to use communal facilities.

*Comment*

People have asked why the homes are closing given the growing ageing population and the increase in people with a dementia diagnosis.

*Our response*

While there is a growing ageing population, demand for residential care is declining. This is in part due to the aspirations of the older population including how their care needs are met and the desire to choice and control over care and support, remaining independent for longer. As stated earlier in this report, a decision was taken that there were sufficient alternative services within the independent sector to meet the needs of the residents at the remaining local authority dementia homes. The council will continue to work with providers on its quality framework to ensure any emerging dementia needs are met across the city.

*Comment*

Family and carers expressed the need for respite to help them continue their caring role and prevent their cared for going into permanent care.

*Our response*

The Better Lives Programme has overseen the strategic withdrawal from long-term care and support services that can be delivered with the same quality but at a lower cost by the independent sector, and a refocussing of ASC services on short-term outcome focused initiatives. The Council remain dedicated to ensuring that a wide range of short-stay, reablement, respite and day opportunities are available in building based and community settings. This includes partnerships with the NHS (South Leeds Independence Centre), discussions around how services can be effectively commissioned from the independent sector (including having the ability to pre-book respite), continued work of community teams to support people in their own homes and investigation into the potential for further building based services. The Council will strive to meet the needs of service users, carers and their families and is aware of the need for whole-day support, transport requirements and the need for carers to have a break.

Quality

*Comment*

There was concern over the quality of provision in the independent sector and a view that this would not match the high standards at the council-run homes.

*Our response*

In addition to Care Quality Commission monitoring, the Council manages the quality of provision in the independent sector through its Quality Framework. In December 2012 the five year "Quality Framework Arrangement" was introduced with regard to independent sector care homes for older people in Leeds. This was the result of a comprehensive exercise to; establish the true cost of care in the city, introduce quality standards linked to fees, set a fee level that was acceptable and sustainable over a number of years and support stability of the market. An agreed fee is paid at a core or enhanced level depending on the level of quality they have demonstrated. The Quality Framework standards are divided into three main areas: Quality Standards and Outcomes; Environment and Resources; and Financial Security and Development. Within these three main areas, there are 11 standards overall, on which the quality of the provider is assessed. The introduction



of a quality standards framework linked to two fee rates, one core and one enhanced, is intended to incentivise the market place to strive to achieve the best performing level of quality in order to be able to claim the higher enhanced fee rate.

Methodology

*Comment*

Respondents felt that decisions have already been made and that the consultation exercise was futile. It was also expressed that residents/ families/ carers should have been provided with more detail on the alternative services in the area.

*Our response*

In previous phases of the programme, consultation has changed the original proposal and has seen services retained or developed under a different operating model. Consultation is a vital part of the process of shaping the future of services and allows the council to understand the issues people would like to raise.

*Comment*

What will happen to the buildings?

*Our response*

Should the proposals be agreed, and on completion of the transfer of residents and service users to alternative provision, the buildings will be handed over to Corporate Property Management who will ensure the continued safety and security of the building. Discussions around the future use of the building will take place with local elected members and key partners.

## Section Four – detailed consultation findings relating to the proposal for each care home

The following information represents feedback and responses from consultation undertaken with those people currently living in the care homes and their relatives and carers as well as staff working in the homes. The questions highlighted are taken directly from the questionnaire.

As an 'open comments' section was used in the questionnaire, some respondents made multiple comments in these sections which is why the number of comments is generally greater than the number of people responding to the questionnaire.

Proposal	Residential Homes	Type of Resident			Total registered residents at the time of the questionnaire	Responses Received
		Permanent	Respite	Temporary		
Decommission	Middlecross	15	8	2	25	20
	The Green	44	2	0	44	46
	Siegen Manor	20	4	2	26	26
		<b>79</b>	<b>14</b>	<b>4</b>	<b>97</b>	<b>92</b>

In some circumstances there were a greater number of responses than number of residents. This is due to responses coming from a combination of residents, carers and families and the use of the facilities for respite care.

There were also some people who did not complete the questionnaire, with a variety of reasons for non-completion (e.g. service user in hospital, declined or relative completed questionnaire on their behalf).

Measures were taken to ensure that people with dementia who may not be able to complete a questionnaire by themselves were supported to do so.

## **Middlecross**

### **20 people responded to the proposal to decommission the home**

#### **How much do you agree or disagree with the proposal?**

- 95% strongly disagree
- 5% disagree

#### **Reason for your answer?**

##### **Key themes**

- The service is first class.
- Staff are familiar and friendly. They treat people with dignity and as a result people feel safe.
- Concern over the quality of service and staff in the private sector unsuitability for my relative and lack of effective regulation.
- The building is fine and has a good layout.
- Current home location convenient/accessible for relatives
- Moving vulnerable older people will have an adverse impact on their physical/mental health with concerns over longevity of life if people are moved.
- The decision is just about money, with no concern for the individual and their carers.

##### **Respite**

- Other providers can't cope with people with dementia.

#### **If the proposal to close the home goes ahead what might the impact be on your family and carers?**

##### **Key themes**

- The location, quality and availability of alternative accommodation including respite care.
- Physical and mental strain on the family if respite care is not available elsewhere, or is of a lesser standard.
- Family are close and can visit daily. This may not be possible if the home closes.
- Financial concerns, potential for an increase in fees and not being able to afford 'top ups'
- Anxiety- worrying about relative and stress of finding a new home.

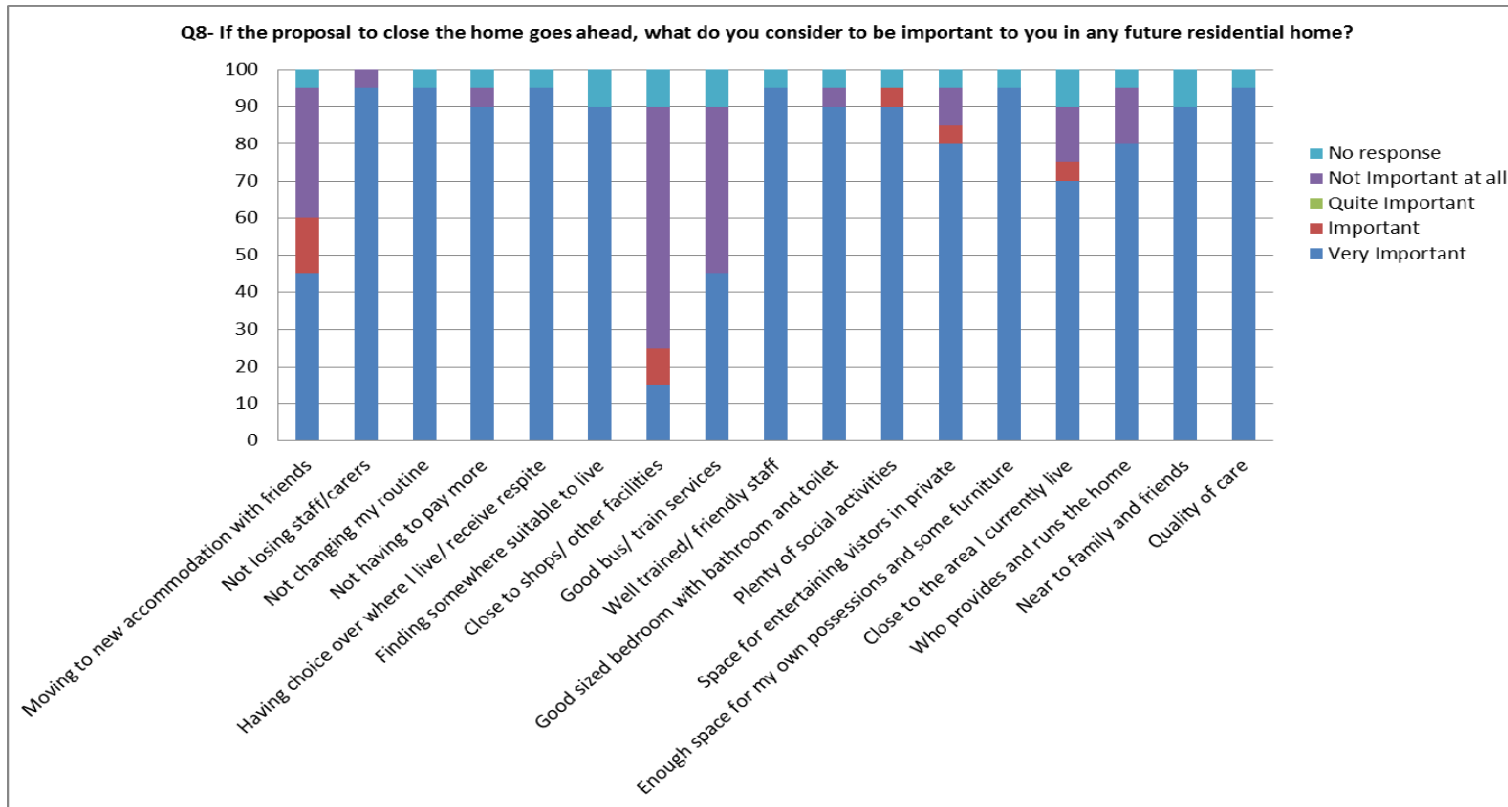
#### **What could the council do to reduce the impact?**

##### **Key issues**

- Keep Middlecross and make the savings elsewhere in the Council.

- Residents should not have to move, at the very least the home should stay open until all the residents have passed away or moved on.
- The staff should be considered. They are well trained with lots of experience and are excellent.
- The Council would have to ensure that the staff team would have to go where my relative goes.
- Have an open and honest relationship with the team at Middlecross and would expect the same quality and degree of skill in the private sector.

**What do you consider to be important for you in your new home?**



**Summary of other comments**

- We need the same level of care and staff that we have at Middlecross. Communication is very important.
- Would prefer relative to move closer to where I live.
- It is essential that any new service has staff that are trained to care for people with dementia.
- The place must be secure. My relative is not safe outside alone.
- It is vital that the process is not rushed and that appropriate assessments are made to determine future care provisions and that needs can be fulfilled.
- Essential that I have opportunity to find somewhere suitable for my relative where they feel comfortable and safe.

**Is there anything else you would like to tell us?****Key themes**

- It must be a consistent place for respite not different every time.
- Secure garden area.
- Enjoys being around familiar members of staff and other customers who make her respite visits a comfortable experience.
- The quality of care is more important than area.
- Needs to be homely.
- We feel the decision has already been made.
- I think money could be saved in other ways rather than moving vulnerable elderly people with dementia.
- The staff at Middlecross have installed 100% trust and confidence in the level of care, skills and knowledge that they demonstrate at all times. Leeds City Council have invested greatly into the training development of the team and this would be a great loss to the vulnerable people who depend on this service.
- If more people are getting dementia how are the Council going to meet the demand when services are closing?

## The Green

### 46 people responded to the proposal to decommission the home

#### How much do you agree or disagree with the proposal?

- 96% strongly disagree
- 2% disagree
- 2% no response

#### Reason for your answer?

##### Key themes

- Quality of care is not as good in private homes.
- I think it's a bad idea getting rid of home which you will need in the future.
- People with Dementia need to live in a Dementia home when they are unable to cope at home.
- You have a responsibility to provide homes for older people alongside the private sector.
- Moving could kill some of them.
- Look elsewhere for savings- I do not believe the cuts should come from older people with dementia living in Council homes.
- This is my home
- Staff and service great

##### Respite

- My main concern, I need to place mum in a Local Authority home to ensure I get 6 weeks a year.
- More people with dementia. We need more not less respite homes.
- As a carer I need a break. My dad will only agree to go to The Green.

#### If the proposal to close the home goes ahead what might the impact be on your family and carers?

##### Key themes

- We would be worried about her care anywhere else. The quality of care at The Green is excellent.
- I would be upset because my mum's health would be at risk.
- I cannot afford to pay extra.
- For us as a family it is upsetting and stressful. Do we move her now? Do we wait?
- We would have to find her alternative accommodation. We have had experience in private homes and it was not successful.
- Due to her Dementia, change will be traumatic for all of us including mum. I dread the thought, we think it will kill her.
- It will be devastating for the whole family.

## **Respite**

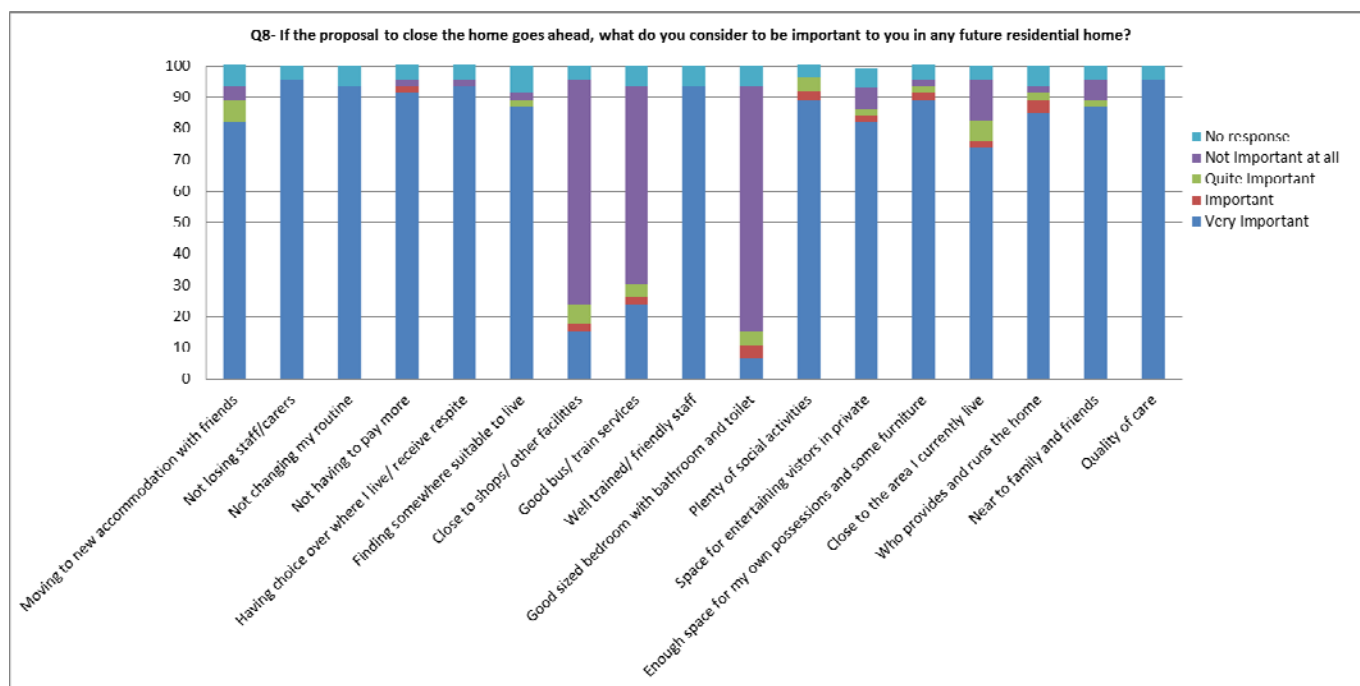
- He will end up in a home permanently quicker.
- I need to be able to book in advance 6 months. I have never been able to book in a private home.
- I need the break. It will cause stress, guilt.
- I come because my wife needs the rest, so we can live together like man and wife should.
- I would have to give up work and let her move in with me.
- I need respite at The Green to give me a break. If it closed he would have to go in a home.

## **What could the council do to reduce the impact?**

### **Key issues**

- Keep it open
- Make the cuts elsewhere in the Council
- Make sure my keyworker goes with me. Make sure that my routine is the same. I would like a bigger room.

## **What do you consider to be important for you in your new home?**



### Summary of other comments

- This feels like a safe place and I want to be somewhere safe.
- I would hope the staff (in other homes) have the same training.
- Quality of care is paramount.
- It's not who it is run by (Council or private sector), but how well they run the home.

### Is there anything else you would like to tell us?

#### Key themes

- The impact on residents, relatives and staff will be far too great if The Green closes
- This is a place I call home
- Staff are wonderful, well trained and caring. Quality of service and residents life are good.
- If you are 'Dementia friendly' don't shut The Green.



- Concern whether private sector can provide the high quality of service provided at The Green. 'I trust The Green'
- If there is no option but to close, is there an opportunity for a co-operative/charity/funding to purchase and take over as it is.
- I don't understand why it will be cheaper, private sector are so expensive.
- I couldn't find another home that provides the care that she gets. It is not about the building, it is about the care that they get and the well trained staff.

### **Respite**

- Enjoy coming for respite. Nowhere else can meet respite needs.

## Siegen Manor

### 26 people responded to the proposal to decommission the home

#### How much do you agree or disagree with the proposal?

- 84% strongly disagree
- 8% agree
- 4% disagree
- 4% neither agree nor disagree

#### Reason for your answer?

##### Key themes

- Because of ageing population the Council should be looking at increasing the provision.
- Feel the private sector are focused on the profit, not delivery quality care.
- Should not be making cuts in older people's services.
- Family feel the home is in the heart of the community, accessible to everyone.
- Concerns that a larger home may not provide the care required.
- She has already been moved from Musgrave.
- May not cope with moving again
- Feel the Council should provide dementia care.
- The area of South Leeds only has this one Council run care home. Plus where in South Leeds can we find day care?
- If the home closes this will take away my mum's social network.
- It will cause too much upset.
- The staff are excellent
- It took a long time for her to settle here which was a difficult time for our family.
- We are concerned about the disruption it will cause to the residents and at the end of the day it is their home.
- We have had experience of private providers and we moved our mum to Siegen Manor due to the poor standards of care
- She is a person not a statistic. She is safe and comfortable here.
- Things have to change and get better so that is fine.

##### Respite

- Local to our home address/ that of the resident.

- This is an essential support because night-time is frequently disrupted and it impacts my wellbeing. This service allows me to continue to support my partner at home.
- Mum has dementia. She uses respite care to allow me to have a break.
- Provides a vital respite for me in my role as carer and relieves the pressure.

### **If the proposal to close the home goes ahead what might the impact be on your family and carers?**

#### **Key themes**

- We may struggle to visit as she lived local to this area and we also live locally.
- We will have concerns about the level of care she will receive and this will increase our anxiety levels.
- Concerns regarding financial implications involved in moving to the private sector.
- This is already having an impact on our health and welfare and causing extreme anxiety.
- Stressful- when we placed our mum at Siegen Manor we thought it would be a home for life. Very convenient on buses and we feel confident coming here at any times.
- The impact on the family would be monumental having to place my mum in care, once was hard enough.

#### **Respite**

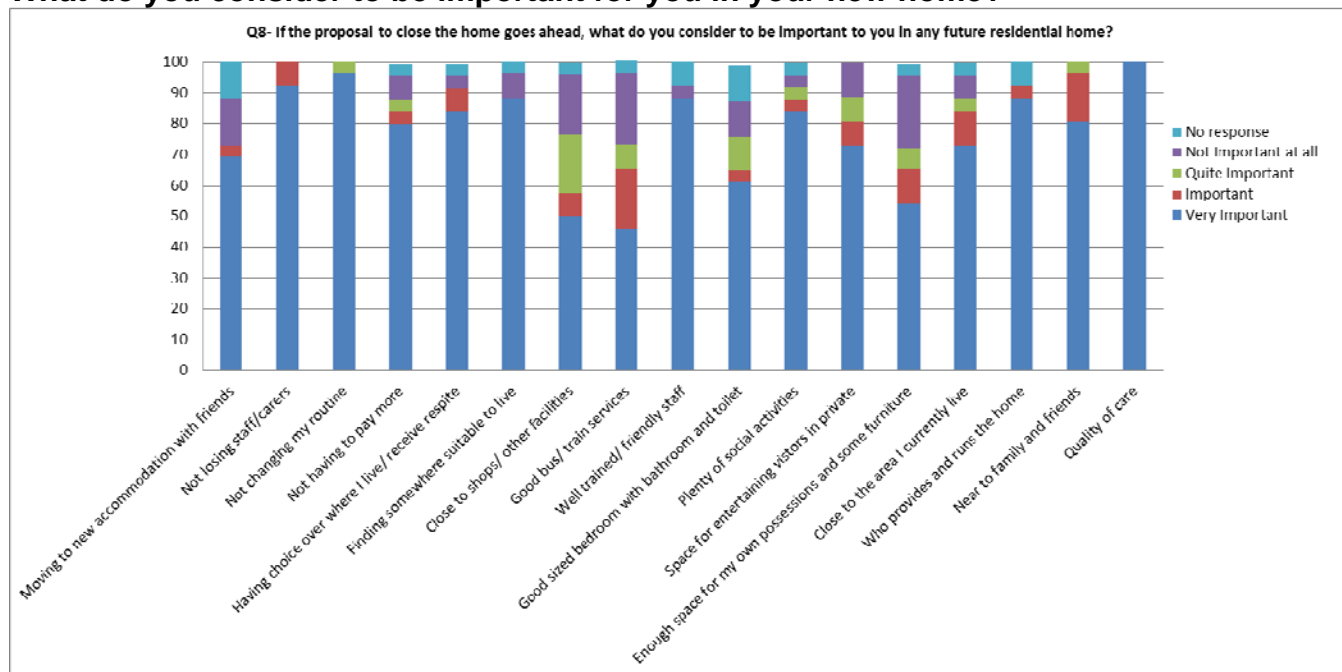
- We will be unable to take holidays together or have a break from regular frequent visits
- I wouldn't get a break. I am not getting any younger, work full-time and live a long way away.
- I would have to consider permanent residential care.
- I have been struggling to find respite care in private homes as they want permanent residents.
- If we lost the support from the respite provision, the level of stress would increase substantially.

### **What could the council do to reduce the impact?**

#### **Key issues**

- Keep the home open and bring the building up to the required standard.
- Identify alternative provisions now to enable family to visit other facilities to gain knowledge of other facilities.
- Provide other specialist dementia respite.
- I would want to consider a similar provision locally.
- Would like to be reassured that any other provision has staff as skilled and caring as those at Siegen Manor.
- Assure us that alternative respite facilities would be available. Guarantee that we would receive the same level of care from well trained and friendly staff.
- There would be no impact upon me as I am adaptable. Not leaving the area and feeling safe is more important.

## What do you consider to be important for you in your new home?



### Summary of other comments

- We want it as close to central Morley as possible.
- It's the staff and care that's important.
- Relatives don't feel en-suite bathrooms are important to older people at all.
- I feel who provides and runs the home, also the quality of care is most important.
- Needs familiar faces around her to make her feel safe.
- He is with others who understand this background and culture. Near a church to meet religious needs.
- Important that the home has nice small friendly lounges, where people have a choice of where they choose to sit.
- We feel it is important that we are involved in fundraising and family events as we have at Siegen Manor.
- We require a small home and relaxed calm atmosphere

- A guarantee that they would not have to move again and that the new care provider is reputable and viable.
- Family would like to be kept informed at all stages.
- As a family we would want somewhere that doesn't have visiting hours. We feel comfort in the fact we can visit at any time.

**Is there anything else you would like to tell us?**

**Key themes**

- Why close such a lovely care home that has just been refurbished.
- The length of time we have to wait for a decision is very concerning. Also I am worried that staff may leave and the residents may find out the home is closing which will upset and create more confusion and be very unsettling.
- People with dementia need more protection because they are vulnerable.
- Dementia is currently on the increase. What provision you are putting into place to accommodate in the future?
- Why is Siegen Manor up for consultation when another Council run home within a mile of Siegen has not closed because they cannot find alternative accommodation for the people who live there?

## Staff questionnaire responses

### Middlecross HOP

7 members of staff responded to the proposal to decommission the home.

### How much do you agree or disagree with our proposal for the service you work at?

Neither agree nor disagree 14%

Disagree 29%

Strongly disagree 57%

### Reason for your answer ?

#### Key Themes

- Services shouldn't be based on cost
- Middlecross provides an opportunity for customers to get good care
- You're taking a valuable and much needed service away at a time when it is much needed.
- Because provision for the elderly with dementia is sparse as it is and closing the last respite services left would put an immense strain on carers and families. It would also be a tragedy for emergency placements.
- There is an ultimate need for our service and would hope Leeds City Council recognises that there has to be services that support vulnerable adults and their carers.
- I feel that it is very unfair for both staff and elders in the home

### Is there anything you think we should be taking into account in considering the options?

- Impact on: vulnerable adults, families, staff, and staff families
- Impact on the surrounding area
- No respite care provision left in Leeds.
- Nobody left to work out of hours, weekends within the Council, to provide emergency placement assistance. It would be left for the private sector to provide emergency placements which is non-existent at present.
- Places are very hard to find especially in dementia care.

### How might the proposals impact on you as a member of staff?

- The proposal has caused great anxiety about my future career prospects and mostly concerns about our customers' wellbeing and the impact it would have on them having to be re-placed to other care establishments. It is difficult to remain positive with such grim prospects
- Loss of job, losing close colleagues and elders that live at Middlecross
- Redundancy, redeployment within a totally different area.

**Any other comments?**

- Elderly services are stretched at present – especially within dementia care
- We hear on the news of increasing “rushed of their feet” badly paid private care staff who try to fit in as many people as possible on their shift. I don't think you can beat a Council run home.
- Closing the last few homes would have a devastating effect on people trying to be maintained at home, as there would be no safety net if things go wrong
- I find my role greatly rewarding and I'm proud to be part of an incredible established team that practises care that is individually centred.

## The Green HOP

40 members of staff responded to the proposal to decommission the home.

### How much do you agree or disagree with our proposal for the service you work at?

Neither agree nor disagree	2%
Disagree	10%
Strongly disagree	88%

### Reason for your answer ?

#### Key Themes

- The Executive Board need to look at other budgets not older peoples' dementia care.
- Budget cuts should not affect residents in older peoples' homes
- The impact on service users and carers will be very distressing. Treat our elderly with dignity and not count the pennies.
- We need this home in the community there are not enough homes that could take our residents in the area
- This is home to people who are unable to do for themselves
- This is peoples' home and peoples' jobs and lives
- Staff are trained on a regular basis and provide good quality care for people with dementia.
- Closing Council run care homes will leave vulnerable elderly people with limited comprehension of what is happening to them at the mercy of private services.

### Is there anything you think we should be taking into account in considering the options?

- The Green is a family unit. Each member of staff and resident is treated like a family member. LCC has to take into account the effect it would have on the client if they had to move. Many have come to live here until the end of their life and they have put their trust in LCC in providing a warm friendly place until they die. To disrupt this would break that trust of most citizens and have a very negative effect.
- Consider residents who are settled here and call this their home and who have made friendships in the home with co-residents. Also consider residents' families who are happy with where their parents/grandparents are living.
- Residents will be affected by too much change. As we have seen in the past change often takes their lives.



- There are not enough homes for people with dementia in Leeds.

**How might the proposals impact on you as a member of staff?**

- Loss of job, loss of contact with residents and colleagues.
- The proposals impact each member of staff differently as some staff are at a certain age where they aren't capable of doing some jobs such as office work as not everyone is able to use technology well nowadays. There also aren't enough jobs out there and not everyone drives to be able to get to further locations. Not all jobs are shift work and some staff have children but can't afford childcare and prefer the shift work. Not everyone is qualified to do certain jobs.
- I could not work in the private sector as I believe they don't have the same high standards as LCC give to people of Leeds with dementia.

**Any other comments?**

- Don't shut our home!
- I feel sorry when a thing is so good why change it? Just improve The Green.
- In my opinion the care these people require and deserve should be priority not renovations.
- It's not the residents' fault that we are in debt. Why should they suffer?
- I know that closing The Green would cause untold misery and heartache to residents, family members and staff who consider The Green and its residents as extended family.

## Siegen Manor HOP

11 members of staff responded to the proposal to decommission the home.

### How much do you agree or disagree with our proposal for the service you work at?

Disagree 8%  
Strongly Disagree 92%

### Reason for your answer ?

#### Key Themes

- This is a much needed and valued service and it's an absolute disgrace that LCC is considering closing this much needed establishment down
- Most of the residents have been living at Siegen Manor for many years and it is their home – to close the home would be devastating for these people.
- If you close the home there will be an impact on residents, family and friends and staff losing their jobs.
- There would be a negative impact on residents' mental health - most especially those who have been here longer.
- This is their home and because of their health issues the upheaval and trauma caused by a move can result in deterioration in their health. Staff have seen this happen when new customers have arrived from other homes that have been closed.
- It is a vital service for both families and clients offering valuable respite care. These vulnerable adults rely heavily on the service.
- I believe that our home gives a very good service and there are not enough of these in the private sector. I know it needs a lot of improvement.
- Council homes are at a high standard but if they modernise them they are better than private homes.
- Private homes don't offer the same standards of care. They are putting the financial side before the level of care for the clients. I have worked in a lot and they are rubbish – poor care it's all about profits.
- When Council homes are all closed the private homes will then have the monopoly to increase their prices as there will be no competition.
- No other facilities in the area. No proposals for new facilities in the area

### **Is there anything you think we should be taking into account in considering the options?**

- The impact it will have on residents and their families visiting. No other respite facilities in this area.
- Our Council homes need money putting into them to keep up with the standards.
- Save on costs: agency staff cost more than Council staff and residents refuse to be assisted by most of them; maternity and sick pay should be looked at, don't use expensive contractors; food budget could be cheaper if alternative suppliers used, get rid of some of the Principal Unit Managers; ask for volunteers to help e.g. serving meals, routine tasks (not personal care).

### **How might the proposals impact on you as a member of staff?**

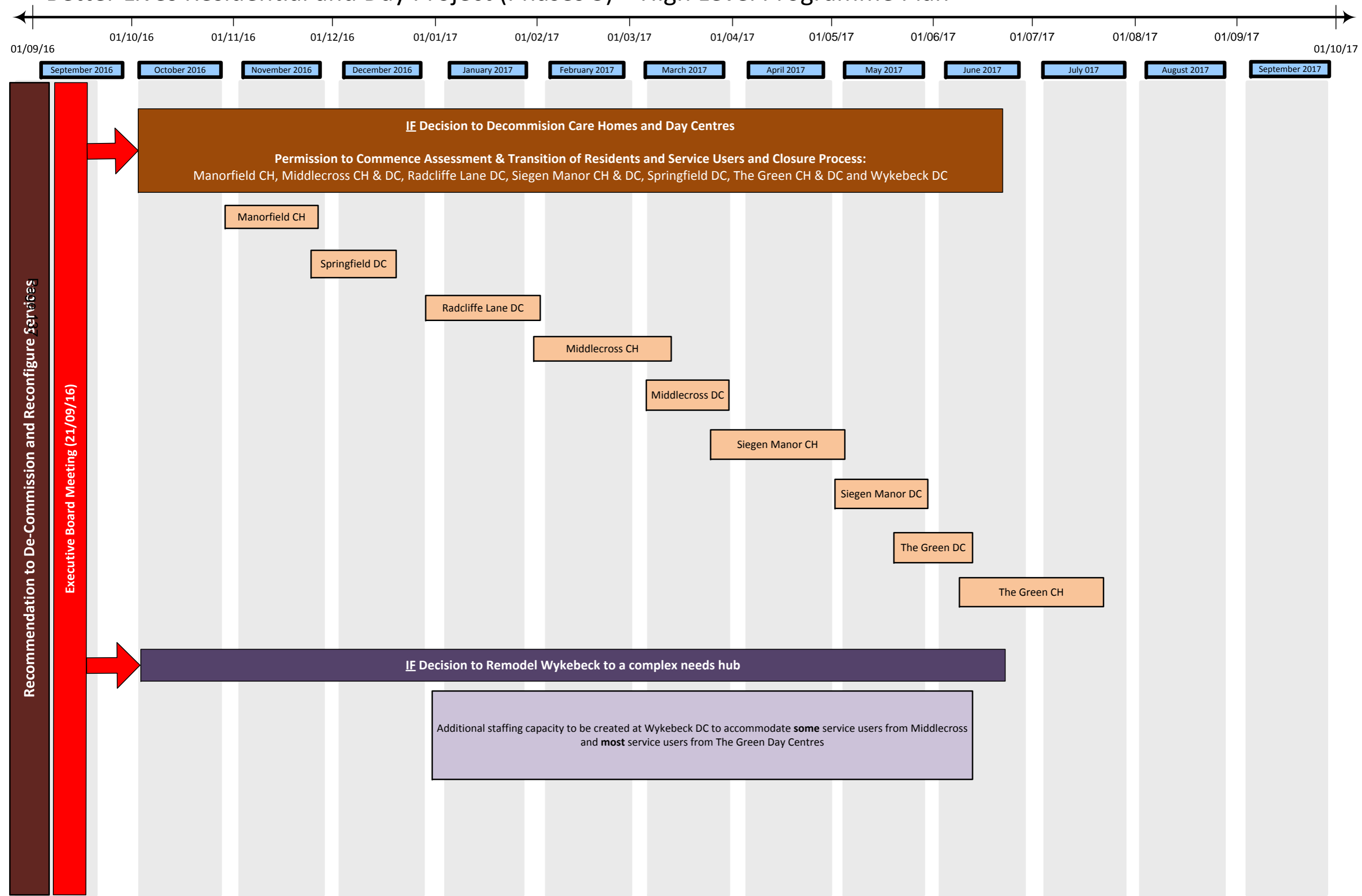
- It will impact on me and my family financially.
- Losing a job that we have been trained to do.
- Where's money coming from for retraining because you keep telling us there is none?
- I am 60 now and will find it hard to get another job if the Council cannot provide me with one.
- Would not like to work in private sector, as their standards are not as good as ours
- Loss of job, pension, not many vacancies for the hours I work.
- I have been through redeployment twice. This will be my third time going through consultations and it makes you feel like your work is not valued.
- I love my job here and would be sad to see the home close.
- Unable to plan for anything, just awaiting the next upheaval.
- More people going into a job pool with fewer positions each time
- They aren't just clients, the residents are friends. Staff build bonds and gain their trust. All that would be lost.

### **Any other comments?**

- There are no Dementia care facilities in our immediate area. These people they are making homeless will suffer immensely from being moved to other homes as will their families. People with Dementia do not adjust well to change and quite often die as a result of this.
- LCC should look to not spending so much money on events for the city to make them look good and start looking after the people who have done so much for this country.
- Government need to look again about the care homes, as the Council run are better and cheaper than private sector.

- I will be happy to lose my double pay for bank holiday and sick pay and freeze pay rises.
- We have agency workers here sometimes and they are of the opinion that Council homes are better than the private homes. Staff at Council homes are better trained, usually better looked after, shifts are shorter and standards are higher.

# Better Lives Residential and Day Project (Phases 3) – High Level Programme Plan



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# Delivering the Better Lives Strategy in Leeds:

## Response to the Better Lives Strategy update

Scrutiny Board (Adult Social Services, Public Health, NHS)

July 2016



**Leeds**  
CITY COUNCIL







# Introduction

## Introduction

1. In September 2015, the Executive Board considered the report '*Delivering the Better Lives Strategy in Leeds – Proposed Next Steps*'. This report followed an extensive viability review of Middlecross, Siegen Manor and The Green care homes and day centres, which was completed in July 2015. The review was carried out in conjunction with Trade Unions and staff and concluded that no other formal service reconfiguration could deliver a business case to financially justify the continued operation of the homes and day centres
2. As such, the Executive Board report in September 2015 advised members that, due to the availability of alternative provision within the independent sector at a lower cost, purchasing independent sector provision would offer the Council a revenue budget saving of £2.186m. The ongoing viability of the care homes and day centres was further questioned when reviewing the capital costs associated with maintaining the buildings to an acceptable standard in the coming years.
3. At its September 2015 meeting, Executive Board approved that consultation should commence on the proposed closure of Middlecross, Siegen Manor and The Green care homes and their attached day centres along with Radcliffe Lane and Springfield Day centres. It also approved consultation to commence on the proposed decommissioning of Wykebeck Day Centre and recommissioning of the unit as a specialist day service for complex needs.
4. A 12-week public consultation took place from 1st October to 23rd December 2015, specifically aimed at service users and their families and staff across the care homes and day centres.
5. In January 2016, the Scrutiny Board (Adult Social Services, Public Health, NHS) received and accepted a request for scrutiny, asking the Scrutiny Board to specifically consider the proposed closure of The Green care home. In April 2016, the Scrutiny Board agreed its report in relation to The Green, alongside the following recommendation:

### Recommendation

That any decision regarding the long-term future of The Green be deferred for a minimum of 2 years, in order to:

- a) Re-consider the comparative costs of provision as the impact of a national living wage and the requirements of the Care Act 2014 take effect locally.
- b) Assess the occupancy levels achieved through positive promotion of The Green to local residents and beyond.
- c) Re-assess the overall 'quality landscape' across the care sector in Leeds and specifically the quality of alternative nearby provision in the independent sector.

6. Two further requests for scrutiny were received in relation to (a) Siegen Manor (May 2016) and (b) All three care homes and attached day centres, with particular emphasis on Middlecross (June 2016). These requests were considered by the Scrutiny Board at its meeting in June 2016.



# Introduction

7. At the same meeting, the Scrutiny Board also considered the Director of Adult Social Services report – *Delivering the Better Lives Strategy in Leeds – Progress Report* – and was asked to:
  - (i) Note the work that has been undertaken in the consultation on future proposals for the Council’s residential care homes and day centres; and,
  - (ii) Consider the consultation and its conclusion to ensure they are relevant, focused and purposeful.
8. In respect of the requests for scrutiny and the Director of Adult Social Services’ report, the Scrutiny Board agreed to establish a sub-group to consider the information presented and discuss the issues raised in more detail. The relevant extract from the draft minutes of the Scrutiny Board (Adult Social Services, Public Health, NHS) meeting held on 28 June 2016 is attached at Appendix 1.
9. A sub-group meeting was held on 12 July 2016. The notes of that meeting are attached at Appendix 2.
10. At the time of agreeing this response (at our meeting on 26 July 2016), we were presented with some additional comments from the Director of Adult Social Services. The Director’s comments were provided on our original draft response<sup>1</sup>. We acknowledge and appreciate the additional information and comments provided. Nonetheless, the Director confirmed the additional information did not highlight any factual errors or fundamentally incorrect statements within our original draft statement. As such, it should be noted we did not examine the additional information in great detail and therefore it may not be reflected in this response.

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<sup>1</sup> *The Scrutiny Board’s original draft response and the comments provided by the Director of Adult Social Services are available on the Council’s website, along with all the other agenda papers for the meeting held on 26 July 2016; accessible [here](#).*



# Comments and observations

## Overview

11. It is likely that the Executive Board will soon be presented with a range of recommendations and asked to make some final decisions on the future provision of residential care and day care services across the City. Specifically, this is likely to include the Council's future role in the delivery of residential care and day care services and, either directly or as an indirect consequence, the Council's future role in the direct provision of such services.
12. We recognise the complexity of these matters and difficult nature of the decisions facing the Executive Board – balancing the needs of current service users, while looking to develop and implement a strategic and sustainable plan for the future. Nonetheless, **we believe the health and well-being of current service users to be of paramount importance – be they residents within residential care homes, or users of day care services.**
13. Overall, from our discussions, it is clear the circumstances for each care home and day centre are very specific to each facility and its locality. The availability and location of alternative services; the quality of alternative services; opportunities to develop facilities for the future – are some examples of the specific matters that can be particular to individual facilities. As such, in formulating proposals for the Executive Board, **we believe the Director of Adult Social Services should be very clear about how individual circumstances have helped shape any proposals and what the proposals are likely to mean for the City and the individual localities affected.**

14. The comments set out in this statement aim to help inform the view of the Director of Adult Social Services and assist the Executive Board in its decision-making processes. **We believe our input will increase the robustness of any future decisions on the future provision of residential care and day care services across the City.**

## Consultation

15. We were specifically asked by the Director of Adult Social Services to consider the consultation and its conclusion to ensure they are relevant, focused and purposeful.
16. In this regard, we are satisfied that **the consultation process has been fair, focused and purposeful.** We are also satisfied that **the analysis of the consultation outcome provided and presented to us has been thorough, accurate and informative – overwhelmingly demonstrating that key stakeholders did not support the proposed closure of the residential care homes and day centres.**
17. In order to truly consider if the conclusion from the consultation is relevant, focused and purposeful, it is important to know how the outcomes will be used to inform decision-making and shape any recommendations. Clearly, this information will from part of the report presented to the Executive Board later in the year; however the Scrutiny Board has not had the benefit of being presented with any initial thinking around how the consultation results are likely to influence any recommendations to the Executive Board. Therefore, **we feel unable to fully comment on the 'conclusion' of the consultation at this time.**



# Comments and observations

## Quality

18. We welcome the 'care guarantee' set out by the Director of Adult Social Services – in that anyone affected by a future change would receive the same or better quality of care and would not be worse off financially. However, we have reservations whether or not such a guarantee could be practicably implemented.
19. We note the acknowledgement that some independent sector care homes require improvement and the Council is 'looking to address this'. Nonetheless, **we believe more detail is needed to describe the Council's proposed and how such actions will address the identified areas for improvement.**
20. In our previous statement on 'The Green', we highlighted our significant concerns regarding the availability of consistently high standards and quality care across alternative providers. We recognise there are some good independent care providers in Leeds; nonetheless, overall **we still believe the quality landscape across the independent care sector in Leeds remains varied and lacks consistency.** There are also variations across the independent care sector operating in surrounding areas to The Green, Siegen Manor and Middlecross.
21. It has been stated that the Council is reassured by the range of alternatives available in homes rated as 'Good' by the Care Quality Commission (CQC). However, we do not believe this is necessarily supported by the information presented to us. Based on the information provided to us, Table 1 (below) sets out our analysis of independent sector providers rated or projected to be rated as 'good' or 'requires improvement', within a 5 mile radius of each care home. The analysis is provided in terms of the number of providers and the number of care beds this represents – demonstrating that at least 54% and in some case up to 72% of independent care beds 'require improvement'. **We believe this supports our view that the quality landscape across the independent care sector in Leeds remains varied and that further work is needed to improve and sustain good quality of care across the independent sector.**
22. We recognise this information does not represent the whole of the City and may therefore only provide a partial picture. As such, when presenting final proposals and recommendations to the Executive Board, **we believe it would be helpful to present a city-wide picture of the quality of residential and nursing care across the whole of Leeds.**
23. We recognise and welcome efforts to incentivise care quality in the independent sector through the introduction of the Quality Standards framework, with the core and enhanced fee structure. However, from the information provided we note there are occasions where the Council is paying an enhanced fee and the providers have been rated by the CQC as 'Requires Improvement'. Although such occurrences appear to be relatively low in number, **we believe receipt of an enhanced fee payment should be dependent on any provider maintaining a CQC rating of at least 'Good'.**



# Comments and observations

24. We recognise the current CQC assessment process and ratings do not make a formal judgement on the impact of any area requiring improvement – something the Director of Adult Social Services has repeatedly highlighted. As such, **we believe there should be a closer link between the Council’s Quality Standards framework and the CQC assessment and rating of providers.** Our initial view is that any care provider assessed by the CQC as ‘Requires Improvement’ or ‘Inadequate’ should not be in receipt of an enhanced fee level until such time that the CQC reassess the provider as ‘Good’ or ‘Outstanding’. There should also be a clear and understood approach where there is evidence of providers repeatedly failing to meet the CQC standards.
25. In the longer-term, **we also believe that any changes to the national processes for assessing the quality of care should be reflected in the Council’s Quality Standards framework.** This will provide a closer link between the standard national processes for the assessment of quality and the Council’s local framework.
26. Furthermore, to recognise and demonstrate the importance of ensuring high quality residential and nursing care is provided across the City, **we believe the Director of Adult Social Services, working in collaboration with the CQC, should routinely produce an annual statement on the quality of care across the City, published on the Council’s website, and made available to the Executive Board, Leeds Safeguarding Adults Board and the relevant Scrutiny Board.** The precise timing of such an annual report would need to be agreed; nonetheless, we believe this would further enhance the quality improvement work and efforts of the Council and, over time, could help to demonstrate (or otherwise) quality improvements across the independent care sector in Leeds. It would also serve to provide public assurance both on the standards of care across the City and the inspection, service monitoring and reporting arrangements in place.
- ## Day care centres
27. The concerns we received about the proposed closure of facilities have tended to be more focused on the existing residential care homes – with a significant focus on these being people’s ‘homes’. By the very nature of people travelling to and from locations to access day services, there does not appear to be the same degree of attachment. In addition, with less people choosing to access services via day centres; the wide ranging work of neighbourhood networks; and the proposed retention of three specialist, city-wide complex needs care and support services, we are more willing to accept the closure proposals for day centres.
28. We also acknowledge and **welcome the commitment that those service users currently accessing day centre services will receive the same level of service they are currently in receipt of and any closures will not result in a loss of service.**
- ## Future care provision – extra care housing
29. We heard that a significant part of the Council’s longer-term and future care strategy included ‘extra care housing’ – with around 700 units required across the City. We heard about the improved level of supported independence that extra care housing can offer – something we would both support and advocate.



# Comments and observations

30. We also heard of the commitment from the Executive Board to prioritise the development of ‘specialist housing’ on appropriate sites across the City – although this will require a delicate balance between prioritising such developments and generating capital receipts from surplus assets.
31. We heard of the potential and general impact of planning permissions and processes in the development of extra care housing across the City; along with the different ownership models and the desire of Adult Social Services to maintain ‘nomination rights’ for the lifetime of future extra care housing schemes in Leeds, in order to help ensure people’s needs are met in the future. We also heard the development of extra care housing can be affected by the vagaries of the property market – with the economic downturn being cited as a reason for a relative lack of recent developments.
32. While additional extra care housing will not address the ‘here and now’ issues faced by current residents in residential care homes and their families, it is clear that extra care housing represents part of the Council’s longer-term strategy for meeting people’s future care needs. We specifically discussed this aspect in relation to Siegen Manor and, given the limited availability of alternative independent sector provision (rated by the CQC as at least ‘good’), **we believe any proposal to close Siegen Manor should be accompanied with a clearer vision for future care provision in that area of the City, with specific plans for the reuse or redevelopment of the existing facilities.**
33. In addition, over the coming years the City is also likely to experience significant numbers of new housing, for example the Northern Quadrant in East Leeds. To help develop our communities and provide a range of housing types, we believe it is important that extra care housing forms part of the City’s overall housing growth.
34. In terms of the Northern Quadrant in East Leeds we are aware that developers are keen to explore options to provide homes for the elderly through a third party. We believe opportunities for early, direct engagement need to be grasped in order for the Council to help influence the type, numbers and design of future housing units<sup>2</sup>.
35. Given the current and projected expansion of housing and development opportunities across the City, **we believe it is vitally important for the Director of Adult Social Services to proactively work with and engage developers to help deliver the additional 700 extra care housing units needed across the City.**
- ## Workforce
36. We acknowledge the Director’s assessment of the changing nature of care needs that suggests an estimated over supply of 1000 traditional residential care beds and an under supply of 500/600 nursing care beds across the City. We are also aware of the significant workforce pressures across the health and social care economy in Leeds – including nursing. **We believe the Executive Board should be provided with suitable assurance about the current workforce and workforce projections across the health and social care sector, particularly focusing on how workforce planning will deliver a**
- 
- <sup>2</sup> Reference to the need for specialist housing is also referred to in the Housing Mix Scrutiny Inquiry report (March 2016).



# Comments and observations

**suitably trained and skilled workforce in order to support the need for an additional 500/600 nursing care beds across the City.**

37. During our deliberations, we have been reminded that built facilities should not be the sole consideration when considering ‘assets’ – with the services themselves and those delivering the services also representing ‘assets’. We have also been struck by the high regard in which the Council’s workforce working in residential care homes and day centres is held by residents, service users and their families: The workforce is regarded as an asset within the City – and rightly so in our opinion. As such, **we believe there should be some consideration by the Executive Board around how parts of the Council’s current care workforce might be suitably developed to help address existing and future workforce pressures.**

## Reuse or disposal of surplus buildings

38. At our meeting in June 2016, we requested details of any plans for the reuse or disposal of surplus buildings that may arise from future decisions. We asked for this to be presented to the sub-group meeting on 12 July 2016. The briefing note described how older people’s overall housing and care needs had been considered within the Council and by the Executive Board over a number of years: It also described a number of sites where services had been decommissioned and set out the future use or proposed use of those sites.
39. Previously, when considering proposals from Leeds Community Healthcare NHS Trust (LCH) to change the locations for some of its services, we were critical of

the Trust for failing to adequately plan for dealing with buildings once they were declared as ‘surplus’. At that time (March 2016), we commented that:

*‘The community impact of the closure of physical assets, i.e. buildings, should not be underestimated. It is the view of the Scrutiny Board that, far too often, decisions are made to close facilities without a clear plan for the future of the asset. The decision to close Garforth Clinic without a proper plan for disposal or redevelopment has the potential to leave the community with a significant ‘blot on the landscape’ in terms of a boarded-up property that was once used to provide local NHS services. While in a boarded-up state, Garforth Clinic will not only serve to be a constant reminder of the community asset lost, it will also have the potential to be the focus for anti-social behaviour in the area.’*

40. During our consideration of LCH’s proposals, we also noted a potential financial impact for both the Trust and other partners (such as the Police), i.e. costs associated with maintaining a safe and secure environment, while a decision is made on the long-term future of a surplus building. We believe the Council is likely to face similar challenges in its disposal of physical assets declared surplus, including any decommissioned residential care homes and day-centres.
41. Therefore, **we believe it is important for the Executive Board to provide an outline of future aspirations for communities at the time of decommissioning any services in the local area.** We would also re-emphasise our specific comments in relation to Siegen Manor and the surrounding locality, set out earlier in this response.



# Conclusion

42. We recognise the significance and difficulties associated with decisions around direct provision of the residential care and day centre services under consideration. We also recognise the significance of any future decision to all stakeholders.
43. To help draw some conclusions and contribute to a robust decision-making process, we have considered and tried to balance a range of information to help inform the Director of Adult Social Care and the Executive Board. We have highlighted some specific matters in some detail above, but would reiterate the following points:
- The health and well-being of current service users to be of paramount importance – be they residents within residential care homes, or users of day care services.
  - The analysis of stakeholder consultation overwhelmingly demonstrates the proposed closure of the residential care homes and day centres is not supported.
  - The quality landscape across the independent care sector in Leeds remains varied and that further work is needed to improve and sustain a good quality of care across the independent sector.
  - There should be a closer link between the Council's Quality Standards framework and the CQC assessment and rating of providers.
  - The Director of Adult Social Services, working in collaboration with the CQC, should routinely produce an annual statement on the quality of care across the City.
  - The commitment that those service users currently accessing day centre services will receive the same level of service they are currently in receipt of
- and any closures will not result in a loss of service.
- Any proposal to close Siegen Manor should be accompanied with a clearer vision for future care provision in that area of the City, with specific plans for the reuse or redevelopment of the existing facilities.
  - It is vitally important for the Director of Adult Social Services to proactively work with and engage developers to help deliver the additional 700 extra care housing units needed across the City.
  - Suitable assurance should be given about the current workforce and workforce projections across the health and social care sector, particularly focusing on how workforce planning will deliver a suitably trained and skilled workforce in order to support the need for an additional 500/600 nursing care beds across the City.
  - There should be some consideration by the Executive Board around how parts of the Council's current care workforce might be suitably developed to help address existing and future workforce pressures.
  - It is important for the Executive Board to provide an outline of future aspirations for communities at the time of decommissioning any services in the local area.
44. We are grateful to all those who have contributed to our work and deliberations; and we trust our conclusions will assist relevant decision-makers in their discussions.

**Cllr Peter Gruen, Chair of the Scrutiny Board (Adult Social Services, Public Health, NHS)**





## Table 1: Analysis of independent sector providers

		Middlecross		Siegen Manor		The Green	
		Nursing	Residential	Nursing	Residential	Nursing	Residential
<b>Providers</b>	<b>Require Improve.</b>	9 (64%)	13 (50%)	3 (50%)	3 (60%)	10 (59%)	10 (63%)
	<b>Good</b>	5 (36%)	13 (50%)	3 (50%)	2 (40%)	7 (41%)	5 (31%)
	<b>Not rated</b>	-	-	-	-	-	1 (6%)
	<b>Total</b>	14	26	6	5	17	16
<b>Beds</b>	<b>Require Improve.</b>	585 (68%)	682 (61%)	93 (54%)	287 (72%)	551 (66%)	414 (70%)
	<b>Good</b>	272 (32%)	440 (39%)	79 (46%)	114 (28%)	284 (34%)	122 (20%)
	<b>Not rated</b>	-	-	-	-	-	58 (10%)
	<b>Total</b>	857	1122	172	401	835	594





# Appendix 1

## SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

### EXTRACT OF THE MINUTES HELD ON: TUESDAY, 28TH JUNE, 2016

**PRESENT:** Councillor P Gruen in the Chair

Councillors C Anderson, J Chapman,  
B Flynn, M Harland, A Hussain, G Hussain,  
J Pryor, A Smart, P Truswell and S Varley

**Co-opted Member:** Dr J Beal (Healthwatch Leeds)

## 9 The Better Lives Strategy in Leeds

The Head of Scrutiny submitted a report which presented two requests for scrutiny, alongside a report from the Director of Adult Social Services setting out the background and findings of recent consultation regarding proposals on the future provision of Council care home and daycentre services.

The following information was appended to the report:

- Better Lives for Older People – Day centres for Older People – Consultation Report (June 2016)
- Better Lives for Older People – Residential Care for Older People (June 2016)
- Day Centre Service User Profiles (as at 15/06/16) and Alternatives
- Resident Profiles (as at 15/06/16) and Alternatives
- Better Lives Service Review – Potential Savings – Residential Care and Day centres
- Summary of all centres – Post Consultation Contact 24 December to Date
- Request for scrutiny dated 19 May 2016 in relation to Siegen Manor Care Home, Morley.

The following were in attendance:

- Councillor Rebecca Charlwood (Executive Member for Health, Wellbeing and Adults)
- Cath Roff (Director of Adult Social Services) – Leeds City Council
- Shona McFarlane (Chief Officer: Access and Care Delivery) – Adult Social Services, Leeds City Council
- Anna Clifford (Programme Manager) – Adult Social Services, Leeds City Council
- Mark Phillott (Head of Commissioning (Contracts and Business Development)), Adult Social Services, Leeds City Council
- Linda Newsome - presenting the request for scrutiny in relation to Siegen Manor Care Home
- Keith Spellman - presenting the request for scrutiny in relation to the proposed closure of all three care homes, with a particular emphasis on Middlecross Care Home



# Appendix 1

The Board received the requests for scrutiny in relation to Siegen Manor Care Home and the proposed closure of all three care homes, with a particular emphasis on Middlecross Care Home.

The Board considered and discussed the report from the Director of Adult Social Services. Some of the key areas of discussion included:

- Historical practice in tender evaluations around the weighting of cost and quality.
- The need to ensure that effective commissioning of services and monitoring arrangements were in place.
- General concern about perceived poor standards of provision in the independent sector compared to Council provided care.
- The quality landscape specifically in the vicinity of the three care homes proposed for closure.
- The high level of response to the consultation and the overwhelming response not supporting the proposed closures.
- The quality of the public consultation process.
- Increased budget pressures on Adult Social Services.
- Assurances that residents who moved elsewhere would not be worse off financially, nor in terms of the quality of service provided.
- The Board was advised that while cost comparisons were based on revenue expenditure, capital expenditure was needed to refurbish Council Care homes to bring them in line with modern facilities.
- Making best use of provision, i.e. provision of dementia day care services.
- Concerns about how some CQC inspection outcomes were reported – specifically in terms of the lack of judgements around the ‘impact’ on services.
- Comparisons with other decisions made by the Council, with specific reference to the disposal of school buildings.
- Plans for the reuse or disposal of surplus buildings that may arise from future decisions.

Prior to the conclusion of the discussion, members of the Scrutiny Board agreed that in the main the Board had sufficient information to consider in making any statement on the proposals and consultation outcome: The exception being an outline of any plans for the reuse or disposal of surplus buildings that may arise from future decisions.

## **RESOLVED –**

- (a) That the Board establishes a sub-group to consider the information presented and issues raised in more detail address some of the issues that had been raised.
- (b) That an outline of any plans for the reuse or disposal of surplus buildings that may arise from future decisions be made available and presented to the sub-group meeting of the Board.

*(Councillor P Truswell left the meeting at 2.55pm during the consideration of this item.)*



# Appendix 2

## Scrutiny Board (Adult Social Services, Public Health, NHS) Care homes – Working Group Meeting

12 July 2016

### NOTES OF THE MEETING

The Chair opened the meeting and thanked everyone for attending. Introductions were given and apologies were noted – as presented at Annex A.

The following written information had been made available to those attending the meeting:

- A copy of the Director of Adult Social Services report, '*Delivering the Better Lives Strategy in Leeds – Progress Report*', presented to the Scrutiny Board (Adult Social Services, Public health, NHS) on 28 June 2016.
- An extract from the draft minutes of the Scrutiny Board (Adult Social Services, Public health, NHS) meeting, held on 28 June 2016.
- A briefing note from Adult Social Services on 'Housing and Care Futures Programme' – 8 July 2016
- A letter from Mr K Spellman (received 6 July 2016).

Given the additional information now available to the Scrutiny Board and the change in its membership, the Chair outlined the purpose of the meeting was to provide an opportunity to comment on the future of the Council's remaining Adult Social Care Residential Care homes and Day centres, and identify any specific matters the Scrutiny Board wished to highlight to the Executive Board when making future decisions.

It was highlighted that the Scrutiny Board had specifically been asked to:

- Note the work that has been undertaken in the consultation on future proposals for the Council's residential care homes and day centres; and,
- Consider the consultation and its conclusion to ensure they are relevant, focused and purposeful.

It was noted that the Scrutiny Board had already made its views known regarding the proposed closure of The Green Care Home, via its April 2016 Statement.

The difficulties associated with any future decision were recognised, along with the depth of public feeling among communities that had become evident during the most recent public consultation (September 2015 – December 2015). The Chair also corresponded with Mr K Spellman, received since the Scrutiny Board's meeting on 28 June 2016.

The Chair also referenced the known and expected 'Good' Care Quality Commission (CQC) ratings in relation to The Green, Siegen Manor and Middlecross Care homes.



## Appendix 2

The Chair also made the following observations and sought agreement from those Members present that these represented a fair summary of the current position:

- The consultation process had been fair, focused and purposeful.
- The analysis of the consultation had been fair, focused and purposeful, with the overwhelming response from those who responded was to reject the proposed closure of the Council's Day centres and Care homes.
- Despite the thoroughness of the consultation analysis, the Scrutiny Board would be unable to comment on the ultimate conclusions of the process, as these had not been presented.
- From the information presented to date and representations made to the Scrutiny Board, there appeared to be a distinction between the proposed closure of Day centres and the proposed closure of Care homes.
- The Scrutiny Board had previously expressed its concern in relation to the varied 'quality landscape' of independent sector provision of residential care services in Leeds. This remained a concern at the current time.
- The view of the Director of Adult Social Services was there was sufficient, equal or better, quality bed space within the City to meet the needs of current residents in care homes run by Leeds City Council.

The following points were subsequently confirmed and clarified by Adult Social Services:

- An estimated over supply of 1000 traditional residential care beds across the City.
- An under supply of 500/600 nursing care beds across the City.
- A need for approximately 800 Extra Care housing units.

### Discussion

Following the opening remarks, members of the working group highlighted a number of matters for discussion and sought a range of points of clarification, including:

- The health and well-being of current residents within residential homes being of paramount importance.
- Current arrangements at Dolphin Manor (Rothwell) and the potential development of Extra Care Housing.
- Potential of Extra Care Housing offering a real alternative future care option for older people.
- The role and implications of planning permissions in the development of Extra Care Housing across the City.
- The benefits of Extra Care Housing as an alternative accommodation type, compared to residential care homes.
- Timing around the development of any Extra Care Housing Schemes and the potential closure of care homes.
- The potential different ownership models within general Extra Care Housing developments.
- The desire for Adult Social Services to maintain 'nomination rights' for the lifetime of future Extra Care Housing Schemes in Leeds.



## Appendix 2

- Considering 'service provision' as a community asset not simply the 'built environment'.
- Balancing the needs of current vulnerable older people living in care homes, while developing and delivering a model of care to meet the needs of older people in the future.
- A commitment from the Executive Board to prioritise the development of 'specialist housing' on appropriate sites across the City.
- Development options in the Morley area of the City.
- Extra Care Housing Options likely to be unsuitable for current residential care residents.
- Concerns around the quality of some independent sector residential care provision – particularly in East Leeds.
- Implications and potential opportunities associated with the significant housing expansion plans in East Leeds, and the need for close working relationships between Planning, Adult Social Services and Public Health.
- The 'care guarantee' – meaning local authority care home residents affected by any closures would not be worse off financially, nor in terms of the quality of care provided.
- The need for any proposed closures to be considered on a case-by-case basis, reflecting the needs of current residents, the local circumstances and implications of any closure. In making any cases for closure, these should be accompanied by a clear exit strategy and reuse / development/ disposal plan, with demonstrable community benefit.
- Decisions in the near future aimed at helping the Council plan tactically over the next 40 years or so – therefore any programme of closure needed to be balanced with a programme of development.
- Recent discussions within the Older People's Forum around the Older People's Housing Strategy.

### Conclusion

The Chair thanked everyone for their attendance and contribution to the discussion, and outlined the plan to provide a short report to help inform the Director of Adult Social Services during the production of a report for the Executive Board in September 2016.

The Chair confirmed a draft report setting out the comments and observation would be produced as soon as possible, for formal consideration and agreement by the Scrutiny Board (Adult Social Services, Public Health, NHS).

The meeting was closed at 12:50pm.



# Appendix 2

## ANNEX A

### ATTENDANCE

#### **Members of the Scrutiny Board**

- Cllr Peter Gruen (Chair)
- Cllr Shirley Varley
- Cllr D Nagle (substitute member for Cllr A Hussain)
- Cllr C Dobson (substitute member for Cllr M Dobson)

Apologies were received as follows:

- Cllr J Chapman
- Cllr M Dobson
- Cllr B Flynn
- Cllr A Hussain
- Cllr J Pryor
- Cllr A Smart
- Cllr P Truswell
- Dr J Beal - Healthwatch Leeds (Co-opted member)

#### **Adult Social Care**

- Shona McFarlane – Chief Officer (Access and Care Delivery)
- Anna Clifford – Better Lives Programme Manager

#### **Others**

- Steven Courtney – Principal Scrutiny Adviser





Scrutiny Board (Adult Social Services, Public Health, NHS)

Delivering the Better Lives Strategy in Leeds: Response to the Better Lives Strategy Update

July 2016



Report author: Steven Courtney

## Appendix 5 – Profile of services – as at 9 August 2016

Name of service: Middlecross residential home

Total number of permanent residents affected by the proposal = 18

Residents' Previous Home Address by Ward and alternatives	Number of people
Adel and Wharfedale	1
Alwoodley	0
Ardsley and Robin Hood	0
Armley	3
Beeston and Holbeck	0
Bramley and Stanningley	1
Burmantofts and Richmond Hill	0
Calverley and Farsley	3
Chapel Allerton	0
City and Hunslet	0
Cross Gates And Whinmoor	0
Farnley and Wortley	2
Garforth and Swillington	0
Gipton and Harehills	0
Guiseley and Rawdon	0
Harewood	0
Headingley	0
Horsforth	2
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	0
Kippax and Methley	0
Kirkstall	1
Middleton Park	0
Moortown	1
Morley North	0
Morley South	0
Otley and Yeadon	0
Pudsey	2
Rothwell	0
Roundhay	1
Temple Newsam	0
Weetwood	1
Wetherby	0
Outside Leeds Ward Area	0
<b>Total</b>	<b>18</b>

Independent sector provision in Armley Ward	
Care beds without nursing	242
Care beds with nursing	60
Extra Care Housing units	0

Independent sector provision within 5 miles of Middlecross	
Care beds without nursing	1,122
Care beds with nursing	917
Extra Care Housing units	227

### Care Homes without Nursing within 5 miles of Middlecross care home

Care Home Independent Sector Provision (Without Nursing)	Ward	No of Care Beds	Actual CQC Rating (as at 08/09/16)	LCC Framework	Distance (miles) from Middlecross
Acacia Court	Pudsey	41	Good	Enhanced	3.8
Airedale Residential Home	Pudsey	36	Good	Core	3.9
Alexander Care Home	Morley North	39	Good	Enhanced	4.6
Alexandra Court Residential Home	Kirkstall	24	Good	Enhanced	4.1
Beech Hall	Armley	64	Good	Core	0.9
Dyneley House	Chapel Allerton	24	Good	Enhanced	4.6
Hillcrest Residential Home	Armley	19	Good	Core	1.2
Larchfield	City and Hunslet	40	Good	Core	3.5
Neville House	Chapel Allerton	22	Good	Core	4.3
Pennington Court	City and Hunslet	25	Good	Core	3.4
Red Court Care Home	Pudsey	40	Good	Enhanced	4.2
Rievaulx House Care Centre	Farnley and Wortley	50	Good	Core	1.2
Simon Marks Court	Farnley and Wortley	40	Good	Core	1.6
The Spinney Res Home	Armley	30	Good	Core	1.6
Victoria House Residential Home	Middleton Park	41	Good	Core	4.8
Gledhow Lodge EMI	Roundhay	25	Good	Core	4.8
Aire View	Armley	84	Requires Improvement	Enhanced	2.4
Amber Lodge	Farnley and Wortley	40	Requires Improvement	Core	1.2
Berkeley Court	Gipton and Harehills	78	Requires Improvement	Core	4.8
Carr Croft Care Home	Moortown	35	Requires Improvement	Core	4
Cookridge Court	Weetwood	96	Requires Improvement	Core	3.2
Grove Park Care Home	Chapel Allerton	80	Requires Improvement	Core	3.3
Headingley Hall	Headingley	52	Requires Improvement	Enhanced	3
Hopton Court	Armley	45	Requires Improvement	Core	0.9
Manor House Residential Home	Farnley and Wortley	30	Requires Improvement	Core	2.3
Springfield House Retirement Home	Morley North	22	Requires Improvement	Core	5
<b>Number of care beds without nursing within 5 miles of Middlecross</b>		<b>1,122</b>			

### Care Homes with Nursing within 5 miles of Middlecross care home

Care Home Independent Sector Provision (With Nursing)	Ward	No of Care Beds	Actual CQC Rating (as at 08/09/16)	LCC Framework	Distance (miles) from Middlecross
Grove Court Nursing Home	Headingley	38	Good	Enhanced	2.3
Halcyon Court	Hyde Park and Woodhouse	58	Good	Core	2.7
Mount St Josephs	Headingley	46	Good	Core	3
Pennington Court Nursing Home	City and Hunslet	30	Good	Core	3.4
Sunnyview House	Beeston and Holbeck	84	Good	Enhanced	2.9
Atkinson Court Care Home	Burmantofts and Richmond Hill	75	Requires Improvement	Core	4.9
Brandon House Nursing Home	Moortown	42	Requires Improvement	Core	3
Bremner House	Armley	60	Requires Improvement	Core	0.5
Claremont Care Home	Calverley and Farsley	63	Requires Improvement	Core	4.9
Copper Hill Residential and Nursing Home	City and Hunslet	180	Requires Improvement	Core	4.1
Corinthian House	Farnley and Wortley	70	Requires Improvement	Core	1.4
Green Acres Nursing Home	Burmantofts and Richmond Hill	62	Requires Improvement	Core	3.5
Harewood Court Nursing Home	Chapel Allerton	40	Requires Improvement	Core	4.2
Harrogate Lodge Care Home	Chapel Allerton	50	Requires Improvement	Core	4.4
Radcliffe Gardens Nursing Home	Pudsey	19	Requires Improvement	Enhanced	4.3
<b>Number of care beds with nursing within 5 miles of Middlecross</b>		<b>917</b>			

### Quality of provision within 5 miles of Middlecross:

Residential Beds within 5 miles of Middlecross				
Rating	Beds	%	Homes	%
Good	560	50%	16	62%
Inadequate	0	0%	0	0%
Not Rated	0	9%	0	0%
Requires Improvement	562	50%	10	38%
<b>Total</b>	<b>1,112</b>	<b>100%</b>	<b>26</b>	<b>100%</b>

Nursing Beds within 5 miles of Middlecross				
Rating	Beds	%	Homes	%
Good	256	28%	5	33%
Inadequate	0	0%	0	0%
Not Rated	0	0%	0	0%
Requires Improvement	661	72%	10	67%
<b>Total</b>	<b>917</b>	<b>100%</b>	<b>15</b>	<b>100%</b>

All Care Beds within 5 miles of Middlecross				
Rating	Beds	%	Homes	%
Good	816	40%	21	51%
Inadequate	0	0%	0	0%
Not Rated	0	0%	0	0%
Requires Improvement	1,223	60%	20	49%
<b>Total</b>	<b>2,039</b>	<b>100%</b>	<b>41</b>	<b>100%</b>

### Alternative homes within 5 miles of Middlecross next of kin (NOK) address

In brief, current Middlecross NOK live on average 13.2 miles from the home. If we remove any NOK living outside of Leeds, this average distance reduces to 5.1 miles (highest distance for Leeds NOK along with The Green).

Middlecross NOK have on average 1,218 residential and nursing beds (highest out of three) within 5 miles of their address, 39% of which are rated good (469).

Average Residential Beds within 5 miles of NOK address				
Rating	Beds	%	Homes	%
Good	302	42%	8	50%
Inadequate	0	0%	0	0%
Not Rated	19	3%	0	3%
Requires Improvement	406	56%	8	47%
<b>Total</b>	<b>727</b>	<b>100%</b>	<b>17</b>	<b>100%</b>

Average Nursing Beds within 5 miles of NOK address				
Rating	Beds	%	Homes	%
Good	167	34%	4	39%
Inadequate	0	0%	0	0%
Not Rated	3	1%	0	2%
Requires Improvement	322	65%	6	59%
<b>Total</b>	<b>491</b>	<b>100%</b>	<b>10</b>	<b>100%</b>

Average Residential and Nursing Beds within 5 miles of NOK address				
Rating	Beds	%	Homes	%
Good	469	39%	12	46%
Inadequate	0	0%	0	0%
Not Rated	21	2%	1	2%
Requires Improvement	728	60%	14	52%
<b>Total</b>	<b>1,218</b>	<b>100%</b>	<b>27</b>	<b>100%</b>

Distance currently travelled from NOK address to Middlecross Care Home	
All NOK	13.2
NOK in Leeds	5.1

### Overview of costs/ savings for the service:

<b>Direct Service Costs (2016/17 Budget)</b>	<b>£1,094,310</b>
<b>Annual re-provision costs (residential care in independent sector)</b>	<b>£448,188</b>
<b>Net Saving after closure and reprovision costs</b>	<b>-£646,122</b>

### Potential Future use of site:

Middlecross has a larger site area than the majority of decommissioned LCC residential homes and has the potential for the development of a larger extra care scheme. The site would therefore be marketed for this purpose with the intention of bringing a mix of tenure of extra care homes to the area in particular affordable to rent and shared ownership.

**Name of service: Siegen Manor residential home**

**Total number of residents affected by the proposal = 22**

<b>Residents' Previous Home Address by Ward</b>	<b>Number of people</b>
Adel and Wharfedale	0
Alwoodley	0
Ardsley and Robin Hood	2
Armley	0
Beeston and Holbeck	3
Bramley and Stanningley	0
Burmantofts and Richmond Hill	0
Calverley and Farsley	0
Chapel Allerton	1
City and Hunslet	0
Cross Gates And Whinmoor	0
Farnley and Wortley	1
Garforth and Swillington	0
Gipton and Harehills	1
Guiseley and Rawdon	0
Harewood	0
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	1
Kippax and Methley	0
Kirkstall	1
Middleton Park	4
Moortown	0
Morley North	2
Morley South	5
Otley and Yeadon	0
Pudsey	0
Rothwell	0
Roundhay	0
Temple Newsam	0
Weetwood	1
Wetherby	0
Outside Leeds Ward Area	0
<b>Total</b>	<b>22</b>

<b>Independent sector provision in Morley South Ward</b>	
Care beds without nursing	46
Care beds with nursing	0
Extra Care Housing units	0

<b>Independent sector provision within 5 miles of Siegen Manor</b>	
Care beds without nursing	172
Care beds with nursing	401
Extra Care Housing units	72

### Care Homes without Nursing within 5 miles of Siegen Manor care home

Care Home Independent Sector Provision (Without Nursing)	Ward	No of Care Beds	Actual CQC Rating (as at 08/09/16)	LCC Framework	Distance (miles) from Siegen Manor
Alexander Care Home	Morley North	39	Good	Enhanced	1.3
Ferndale Care Home	Morley South	15	Good	Core	0.7
Pennington Court	City and Hunslet	25	Good	Core	4.5
Springfield House Retirement Home	Morley North	22	Requires Improvement	Core	1.4
Stone Gables Care Home	Morley North	40	Requires Improvement	Core	2.3
Morley Manor Residential Home	Morley South	31	Requires Improvement	Core	0.9
<b>Total Care Beds Without Nursing Within 5 miles of Siegen Manor</b>		<b>172</b>			

### Care Homes with Nursing within 5 miles of Siegen Manor care home

Care Home Independent Sector Provision (With Nursing)	Ward	No of Care Beds	Actual CQC Rating (as at 08/09/16)	LCC Framework	Distance (miles) from Siegen Manor
Sunnyview House	Beeston and Holbeck	84	Good	Enhanced	3.7
Pennington Court Nursing Home	City and Hunslet	30	Good	Core	4.5
Acre Green Nursing Home	Middleton Park	50	Requires Improvement	Core	3.7
Copper Hill Residential and Nursing Home	City and Hunslet	180	Requires Improvement	Core	4.6
<b>Total Nursing Care Beds within 5 miles of Siegen Manor</b>		<b>344</b>			

### Quality of provision within 5 miles of Siegen Manor:

Residential Beds within 5 miles of Siegen Manor				
Rating	Beds	%	Homes	%
Good	79	46%	3	50%
Inadequate	0	0%	0	0%
Not Rated	0	0%	0	0%
Requires Improvement	93	54%	3	50%
<b>Total</b>	<b>172</b>	<b>100%</b>	<b>6</b>	<b>100%</b>

Nursing Beds within 5 miles of Siegen Manor				
Rating	Beds	%	Homes	%
Good	114	33%	2	50%
Inadequate	0	0%	0	0%
Not Rated	0	0%	0	0%
Requires Improvement	230	67%	2	50%
<b>Total</b>	<b>344</b>	<b>100%</b>	<b>4</b>	<b>100%</b>

All Care Beds within 5 miles of Siegen Manor				
Rating	Beds	%	Homes	%
Good	193	37%	5	50%
Inadequate	0	0%	0	0%
Not Rated	0	0%	0	0%
Requires Improvement	323	63%	5	50%
<b>Total</b>	<b>516</b>	<b>100%</b>	<b>10</b>	<b>100%</b>



### Alternative homes within 5 miles of Siegen Manor next of kin (NOK) address

In brief, current Siegen Manor NOK live on average 13.6 miles from the home (highest overall distance between 3 homes). If we remove any NOK living outside of Leeds, this average distance reduces to 4.2 miles (lowest average distance for Leeds NOK).

Siegen Manor NOK have on average 1,094 residential and nursing beds within 5 miles of their address, 44% of which are rated good (486).

Average Residential Beds within 5 miles of NOK address				
Rating	Beds	%	Homes	%
Good	308	54%	8	56%
Inadequate	0	0%	0	0%
Not Rated	10	2%	0	2%
Requires Improvement	256	45%	6	42%
<b>Total</b>	<b>575</b>	<b>100%</b>	<b>15</b>	<b>100%</b>

Average Nursing Beds within 5 miles of NOK address				
Rating	Beds	%	Homes	%
Good	252	30%	4	39%
Inadequate	0	0%	0	0%
Not Rated	5	1%	0	2%
Requires Improvement	337	65%	5	59%
<b>Total</b>	<b>520</b>	<b>100%</b>	<b>9</b>	<b>100%</b>

Average Residential and Nursing Beds within 5 miles of NOK address				
Rating	Beds	%	Homes	%
Good	486	44%	12	50%
Inadequate	0	0%	0	0%
Not Rated	15	1%	0	2%
Requires Improvement	593	54%	12	49%
<b>Total</b>	<b>1,094</b>	<b>100%</b>	<b>24</b>	<b>100%</b>

Distance currently travelled from NOK address to Middlecross Care Home	
All NOK	13.6
NOK in Leeds	4.2

### Overview of costs/ savings for the service:

<b>Direct Service Costs (2016/17 Budget)</b>	<b>£982,380</b>
<b>Annual re-provision costs (residential care in independent sector)</b>	<b>£580,008</b>
<b>Net Saving after closure and re-provision costs</b>	<b>-£402,372</b>

### Potential Future use of site:

The site has been earmarked to explore the potential to develop extra care.

Name of service: The Green residential home

Total number of residents affected by the proposal = 25

Residents' Previous Home Address by Ward	Number of people
Adel and Wharfedale	1
Alwoodley	1
Ardsley and Robin Hood	0
Armley	0
Beeston and Holbeck	0
Bramley and Stanningley	0
Burmantofts and Richmond Hill	0
Calverley and Farsley	0
Chapel Allerton	0
City and Hunslet	0
Cross Gates And Whinmoor	5
Farnley and Wortley	0
Garforth and Swillington	0
Gipton and Harehills	3
Guiseley and Rawdon	0
Harewood	2
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	6
Kippax and Methley	0
Kirkstall	0
Middleton Park	0
Moortown	0
Morley North	0
Morley South	1
Otley and Yeadon	0
Pudsey	1
Rothwell	0
Roundhay	2
Temple Newsam	0
Weetwood	0
Wetherby	3
Outside Leeds Ward Area	0
<b>Total</b>	<b>25</b>

Independent sector provision in Killingbeck and Seacroft Ward	
Care beds without nursing	59
Care beds with nursing	20
Extra Care Housing units	0

Independent sector provision within 5 miles of The Green	
Care beds without nursing	594
Care beds with nursing	835
Extra Care Housing units	176

### Care Homes without Nursing within 5 miles of The Green care home

Care Home Independent Sector Provision (Without Nursing)	Ward	No of Care Beds	Actual CQC Rating (as at 08/09/16)	LCC Framework	Distance (miles) from The Green
Dyneley House	Chapel Allerton	24	Good	Enhanced	4.7
Gledhow Lodge	Roundhay	25	Good	Core	3.6
Neville House	Chapel Allerton	22	Good	Core	4.4
St Armands Court	Garforth and Swillington	40	Good	Enhanced	5
The Hollies	Garforth and Swillington	28	Good	Enhanced	5
Berkeley Court	Gipton and Harehills	78	Requires Improvement	Core	3.1
Holmfield Court	Roundhay	25	Requires Improvement	Core	4.1
Meadowbrook Manor	Garforth and Swillington	23	Requires Improvement	Enhanced	3.9
Oak Tree Lodge	Gipton and Harehills	60	Requires Improvement	Core	2
Oakhaven Care Home	Roundhay	24	Requires Improvement	Core	2.6
Parkside Residential Home	Roundhay	20	Requires Improvement	Core	3.6
Seacroft Grange Care Village	Killingbeck and Seacroft	59	Requires Improvement	Core	0.1
Springfield (Garforth)	Garforth and Swillington	71	Requires Improvement	Core	4.7
St Katherines Residential Home	Roundhay	18	Requires Improvement	Core	4
The Coach House Care Home	Garforth and Swillington	19	Requires Improvement	Core	4.4
Augustus Court	Garforth and Swillington	58		Core	5
<b>Total Care Beds Without Nursing Within 5 miles of The Green</b>		<b>594</b>			

### Care Homes with Nursing within 5 miles of The Green care home

Care Home Independent Sector Provision (With Nursing)	Ward	No of Care Beds	Actual CQC Rating (as at 08/09/16)	LCC Framework	Distance (miles) from The Green
Aberford Hall	Roundhay	42	Good	Core	2.7
Gledhow	Roundhay	50	Good	Non-Framework	4.1
Kingston Nursing Home	Roundhay	47	Good	Core	3.9
Park Lodge	Roundhay	40	Good	Core	3.5
Sunnyside Nursing Home	Cross Gates and Whinmoor	36	Good	Enhanced	1.4
Willowbank Nursing Home	Cross Gates and Whinmoor	37	Good	Enhanced	1
Atkinson Court Care Home	Burmantofts and Richmond Hill	75	Requires Improvement	Core	2.9
Colton Lodges Nursing Home	Temple Newsam	138	Requires Improvement	Core	3
Elmwood Nursing Home	Roundhay	36	Requires Improvement	Core	2.8
Green Acres Nursing Home	Burmantofts and Richmond Hill	62	Requires Improvement	Core	3.7
Harewood Court Nursing Home	Chapel Allerton	40	Requires Improvement	Core	3.8
Harrogate Lodge Care Home	Chapel Allerton	50	Requires Improvement	Core	4.1
Moorfield House Nursing Home	Moortown	50	Requires Improvement	Core	5
Park Avenue Nursing Home	Roundhay	43	Requires Improvement	Core	3.5
Sabourn Court BUPA	Roundhay	49	Requires Improvement	Core	3
Seacroft Grange Care Village	Killingbeck and Seacroft	20	Requires Improvement	Core	0.1
Southlands Nursing Home	Roundhay	20	Requires Improvement	Enhanced	2.8
<b>Total Nursing Care Beds within 5 miles of The Green</b>		<b>835</b>			

### Quality of provision within 5 miles of The Green:

Residential Beds within 5 miles of The Green				
Rating	Beds	%	Homes	%
Good	120	26%	4	34%
Inadequate	0	0%	0	0%
Not Rated	48	10%	1	9%
Requires Improvement	293	63%	7	58%
<b>Total</b>	<b>594</b>	<b>100%</b>	<b>126</b>	<b>100%</b>

Nursing Beds within 5 miles of The Green				
Rating	Beds	%	Homes	%
Good	197	36%	5	41%
Inadequate	0	0%	0	0%
Not Rated	3	1%	0	1%
Requires Improvement	350	64%	7	59%
<b>Total</b>	<b>835</b>	<b>100%</b>	<b>17</b>	<b>100%</b>

All Care Beds within 5 miles of Siegen Manor				
Rating	Beds	%	Homes	%
Good	318	31%	9	37%
Inadequate	0	0%	0	0%
Not Rated	51	5%	1	5%
Requires Improvement	642	64%	14	58%
<b>Total</b>	<b>1,012</b>	<b>100%</b>	<b>33</b>	<b>100%</b>

### Alternative homes within 5 miles of next of kin (NOK) address

In brief, current The Green NOK live on average 8.4 miles from the home (lowest overall average distance). If we remove any NOK living outside of Leeds, this average distance reduces to 5.1 miles (highest distance for Leeds NOK along with Middlecross).

The Green NOK have on average 1,012 residential and nursing beds within 5 miles of their address, 31% of which are rated good (318).

Average Residential Beds within 5 miles of NOK address				
Rating	Beds	%	Homes	%
Good	90	19%	3	27%
Inadequate	3	1%	0	1%
Not Rated	82	18%	2	18%
Requires Improvement	287	62%	7	55%
<b>Total</b>	<b>462</b>	<b>100%</b>	<b>12</b>	<b>100%</b>

Average Nursing Beds within 5 miles of NOK address				
Rating	Beds	%	Homes	%
Good	160	29%	4	34%
Inadequate	0	0%	0	0%
Not Rated	45	8%	1	7%
Requires Improvement	345	63%	7	59%
<b>Total</b>	<b>550</b>	<b>100%</b>	<b>11</b>	<b>100%</b>

Average Residential and Nursing Beds within 5 miles of NOK address				
Rating	Beds	%	Homes	%
Good	250	25%	7	30%
Inadequate	3	0%	0	0%
Not Rated	127	13%	3	13%
Requires Improvement	632	62%	13	57%
<b>Total</b>	<b>1,013</b>	<b>100%</b>	<b>23</b>	<b>100%</b>

Distance currently travelled from NOK address to The Green Care Home	
All NOK	8.4
NOK in Leeds	5.1

**Overview of costs/ savings for the service:**

<b>Direct Service Costs (2016/17 Budget)</b>	<b>£1,078,460</b>
<b>Annual re-provision costs (residential care in independent sector)</b>	<b>£711,828</b>
<b>Net Saving after closure and reprovision costs</b>	<b>-£366,632</b>

**Future use of site:**

Proposal that site to be used to deliver the recovery model, the costs of which are to be confirmed after discussions with NHS commissioners.

Name of service: Middlecross day centre

Total number of service users affected by the proposal = 17

Service User's Address by Ward	Number of people
Adel and Wharfedale	0
Alwoodley	0
Ardsley and Robin Hood	0
Armley	2
Beeston and Holbeck	0
Bramley and Stanningley	1
Burmantofts and Richmond Hill	0
Calverley and Farsley	8
Chapel Allerton	0
City and Hunslet	0
Cross Gates And Whinmoor	0
Farnley and Wortley	3
Garforth and Swillington	0
Gipton and Harehills	0
Guiseley and Rawdon	0
Harewood	0
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	0
Kippax and Methley	0
Kirkstall	1
Middleton Park	0
Moortown	0
Morley North	0
Morley South	0
Otley and Yeadon	0
Pudsey	2
Rothwell	0
Roundhay	0
Temple Newsam	0
Weetwood	0
Wetherby	0
Outside Leeds Ward Area	0
<b>Total</b>	<b>17</b>

Alternative LCC Provision for current Service Users	
Calverlands Day Centre (most current service users)	
Wykebeck Valley Day Centre (some current service users)	
Laurel Bank Day Centre (some current service users)	

Service User Attendance at Middlecross Day Centre	
Total Sessions available per week (07/06/16 - 13/06/16)	140
Total Sessions attended in period (07/06/16 – 13/06/16)	35
Service User attendance rate (percentage)	25%

**Overview of costs/ savings for the service:**

<b>Direct Service Costs (2016/17 Budget)</b>	<b>£253,200</b>
<b>Anticipated Annual re-provision costs</b>	<b>£0</b>
<b>Net Saving after closure and reprovision costs</b>	<b>-£253,200</b>

**Potential Future use of site:**

See under Middlecross Residential Home

Name of service: Radcliffe Lane day centre

Total number of service users affected by the proposal = 63

Service User's Address by Ward	Number of people
Adel and Wharfedale	0
Alwoodley	0
Ardsley and Robin Hood	0
Armley	5
Beeston and Holbeck	0
Bramley and Stanningley	13
Burmantofts and Richmond Hill	0
Calverley and Farsley	16
Chapel Allerton	0
City and Hunslet	0
Cross Gates And Whinmoor	0
Farnley and Wortley	7
Garforth and Swillington	0
Gipton and Harehills	0
Guiseley and Rawdon	0
Harewood	0
Headingley	0
Horsforth	1
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	0
Kippax and Methley	0
Kirkstall	1
Middleton Park	0
Moortown	0
Morley North	0
Morley South	0
Otley and Yeadon	0
Pudsey	20
Rothwell	0
Roundhay	0
Temple Newsam	0
Weetwood	0
Wetherby	0
Outside Leeds Ward Area	0
<b>Total</b>	<b>63</b>

#### Alternative LCC Provision for current Service Users

Holt Park Active (for Service Users with general needs)
Calverlands or Laurel Bank (for Service Users if they have dementia needs)

#### Alternative 3rd Sector Provision for current Service Users with general needs (Neighbourhood Networks)

Bramley Elderly Action – NNS
Farsley Live at Home Scheme – NNS
Pudsey Live at Home Scheme – NNS
Armley Helping Hands – NNS
Neighbourhood Action in Farmley, Moortop – NNS
OWLS – NNS
Hawksworth Older People's Support – NNS
Horsforth Live at Home Scheme – NNS

#### Service User Attendance at Radcliffe Lane Day Centre

Total Sessions available per week (07/06/16 – 13/06/16)	245
Total Sessions attended in period (07/06/16 – 13/06/16)	88
Service User attendance rate (percentage)	36%

#### Overview of costs/ savings for the service:

<b>Direct Service Costs (2016/17 Budget)</b>	<b>£160,340</b>
<b>Anticipated Annual re-provision costs</b>	<b>£0</b>
<b>Net Saving after closure and reprovision costs</b>	<b>-£160,340</b>

#### Potential Future use of site:

Once the property has been declared surplus by the service, Asset Management and Regeneration will firstly consider a future use in terms of meeting strategic needs of the city. If the site is not suitable or required it will be progressed for open market disposal.



Name of service: Siegen Manor day centre

Total number of service users affected by the proposal = 15

Service User's Address by Ward	Number of people
Adel and Wharfedale	0
Alwoodley	0
Ardsley and Robin Hood	0
Armley	0
Beeston and Holbeck	1
Bramley and Stanningley	0
Burmantofts and Richmond Hill	0
Calverley and Farsley	0
Chapel Allerton	0
City and Hunslet	1
Cross Gates And Whinmoor	0
Farnley and Wortley	0
Garforth and Swillington	0
Gipton and Harehills	0
Guiseley and Rawdon	0
Harewood	0
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	0
Kippax and Methley	0
Kirkstall	0
Middleton Park	0
Moortown	0
Morley North	7
Morley South	6
Otley and Yeadon	0
Pudsey	0
Rothwell	0
Roundhay	0
Temple Newsam	0
Weetwood	0
Wetherby	0
Outside Leeds Ward Area	0
<b>Total</b>	<b>15</b>

Alternative LCC Provision for current Service Users	
Laurel Bank Day Centre (All current service users)	

Service User Attendance at Laurel Bank Day Centre	
Total Sessions available per week (07/06/16 – 13/06/16)	60
Total Sessions attended in period (07/06/16 – 13/06/16)	26
Service User attendance rate (percentage)	43%

Overview of costs/ savings for the service:

<b>Direct Service Costs (2016/17 Budget)</b>	<b>£90,750</b>
<b>Anticipated Annual re-provision costs</b>	<b>£0</b>
<b>Net Saving after closure and reprovision costs</b>	<b>-£90,750</b>

Potential Future use of site:

See above under Siegen Manor care home

Name of service: Springfield day centre

Total number of service users affected by the proposal = 28

Service User's Address by Ward	Number of people
Adel and Wharfedale	0
Alwoodley	0
Ardsley and Robin Hood	1
Armley	1
Beeston and Holbeck	5
Bramley and Stanningley	0
Burmantofts and Richmond Hill	0
Calverley and Farsley	0
Chapel Allerton	0
City and Hunslet	1
Cross Gates And Whinmoor	0
Farnley and Wortley	5
Garforth and Swillington	0
Gipton and Harehills	0
Guiseley and Rawdon	1
Harewood	0
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	0
Kippax and Methley	0
Kirkstall	0
Middleton Park	0
Moortown	0
Morley North	7
Morley South	5
Otley and Yeadon	0
Pudsey	0
Rothwell	2
Roundhay	0
Temple Newsam	0
Weetwood	0
Wetherby	0
Outside Leeds Ward Area	0
<b>Total</b>	<b>28</b>

Alternative LCC Provision for current Service Users
Holt Park Active (for Service Users with general need)
Laurel Bank (for Service Users if they have dementia needs)

Alternative 3 <sup>rd</sup> Sector Provision for current Service Users with general needs (Neighbourhood Networks)
Morley Elderly Action – NNS
Belle Isle Elderly Winter Aid – NNS
South Leeds Live at Home Scheme – NNS
Neighbourhood Action in Farnley, New Farnley and Moor Top – NNS
AVSED – NNS
Rothwell Live at Home Scheme – NNS
Garforth Neighbourhood Elders Team – NNS
Armley Helping Hands – NNS
Trinity Network (Dewsbury Road) – NNS
Trinity Network (Belle Isle) – NNS
Middleton Elderly Aid – NNS
Holbeck Elderly Aid – NNS

Service User Attendance at Springfield Day Centre	
Total Sessions available per week (07/06/16 – 13/06/16)	210
Total Sessions attended in period (07/06/16 – 13/06/16)	38
Service User attendance rate (percentage)	18%

**Overview of costs/ savings for the service:**

<b>Direct Service Costs (2016/17 Budget)</b>	<b>£164,960</b>
<b>Anticipated Annual re-provision costs</b>	<b>£0</b>
<b>Net Saving after closure and reprovision costs</b>	<b>-£164,960</b>

**Potential Future use of site:**

Once the property has been declared surplus by the service, Asset Management and Regeneration will consider a future use in terms of meeting strategic needs of the city. The day centre is half of a building shared with a Children's Centre, therefore cannot be sold independently. Alternative use is being explored for occupation either by a Council service or a 3<sup>rd</sup> sector organisation (which would generate an income).

Name of service: The Green day centre

Total number of service users affected by the proposal = 29

Service User's Address by Ward	Number of people
Adel and Wharfedale	0
Alwoodley	0
Ardsley and Robin Hood	0
Armley	0
Beeston and Holbeck	0
Bramley and Stanningley	0
Burmantofts and Richmond Hill	2
Calverley and Farsley	0
Chapel Allerton	0
City and Hunslet	0
Cross Gates And Whinmoor	5
Farnley and Wortley	0
Garforth and Swillington	1
Gipton and Harehills	2
Guiseley and Rawdon	0
Harewood	2
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	6
Kippax and Methley	4
Kirkstall	0
Middleton Park	0
Moortown	0
Morley North	0
Morley South	0
Otley and Yeadon	0
Pudsey	0
Rothwell	2
Roundhay	0
Temple Newsam	5
Weetwood	0
Wetherby	0
Outside Leeds Ward Area	0
<b>Total</b>	<b>29</b>

Alternative LCC Provision for current Service Users	
Wykebeck Valley Day Centre (most current service users)	
Laurel Bank (some current service users)	

Service User Attendance at The Green Day Centre	
Total Sessions available per week (07/06/16 – 13/06/16)	126
Total Sessions attended in period (07/06/16 – 13/06/16)	56
Service User attendance rate (percentage)	44%

#### Overview of costs/ savings for the service

<b>Direct Service Costs (2016/17 Budget)</b>	<b>£227,360</b>
<b>Anticipated Annual re-provision costs</b>	<b>£0</b>
<b>Net Saving after closure and re-provision costs</b>	<b>-£227,360</b>

#### Potential Future use of site:

See under The Green Care Home

**Name of service: Wykebeck Valley day centre**

**Total number of service users affected by the proposal = 23**

Service User's Address by Ward	Number of people
Adel and Wharfedale	0
Alwoodley	0
Ardsley and Robin Hood	0
Armley	0
Beeston and Holbeck	0
Bramley and Stanningley	0
Burmantofts and Richmond Hill	6
Calverley and Farsley	0
Chapel Allerton	0
City and Hunslet	0
Cross Gates and Whinmoor	3
Farnley and Wortley	0
Garforth and Swillington	2
Gipton and Harehills	1
Guiseley and Rawdon	0
Harewood	0
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	5
Kippax and Methley	1
Kirkstall	0
Middleton Park	0
Moortown	1
Morley North	0
Morley South	0
Otley and Yeadon	0
Pudsey	0
Rothwell	0
Roundhay	2
Temple Newsam	2
Weetwood	0
Wetherby	0
Outside Leeds Ward Area	0
<b>Total</b>	<b>23</b>

Alternative LCC Provision for current Service Users
Holt Park Active (for Service Users with general needs)
Calverlands or Laurel Bank (for Service Users if they have dementia needs)

Alternative 3rd Sector Provision for current Service Users with general needs (Neighbourhood Networks)
Action for Gipton Elderly – NNS
Burmantofts Senior Action – NNS
Richmond Hill Elderly Action – NNS
Seacroft North Good Neighbours – NNS
Seacroft South Friends and Neighbours – NNS
Swarcliffe Good Neighbours – NNS
Halton Moor and Osmondthorpe Project – NNS

Service User Attendance at Wykebeck Valley Day Centre	
Total Sessions available per week (07/06/16 – 13/06/16)	150
Total Sessions attended in period (07/06/16 – 13/06/16)	35
Service User attendance rate (percentage) for both June and July 2016	23%

**Overview of costs/ savings for the service:**

<b>Direct Service Costs (2016/17 Budget)</b>	<b>£127,690</b>
<b>Anticipated total budget required to enhance service to transform into complex needs hub</b>	<b>£238,241</b>
<b>Net additional cost as a result of enhancing service to a complex needs hub</b>	<b>£110,551</b>

**Potential Future use of site:**

Not applicable. Will continue to operate for existing service users. Over time will change to a complex needs hub.

# **Better Lives for People of Leeds**

## **Care Homes for Older People**

### **EQUALITY IMPACT ASSESSMENT**

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## **Section 1**

### **1.0 Introduction**

- 1.1 Leeds City Council is reviewing the ways it provides care homes for older people – specifically care homes directly run by the council.
- 1.2 Proposals are that in future the council will minimise the number of care homes it operates directly, replacing these with commissioned services under the residential quality framework. It will however continue to ensure that older people’s care needs are met by promoting a wider range of specialist provision for those unable to stay living independently in their own homes and through the development of specialist housing, such as Extra Care. Extra Care differs from residential care in that it provides the opportunity for people to live in their own home with services brought to them, allowing “ageing in place” as far as possible rather than having to move home as individual needs change.
- 1.3 This paper outlines the Equality Impact Assessments that have been carried out in the context of these proposals to ensure that they do not unfairly impact on people from the different equality groups. It has been completed as a parallel process to the consultation on the proposed changes.
- 1.4 The lead officer for this assessment is Cath Roff, Director – Adult Social Care. Members of the assessment team are:
- Anna Clifford – Programme Manager, Adult Social Care
  - Richard Graham – Senior Quality Assurance Officer, Adult Social Care
  - Pauline Ellis – Senior Policy and Performance Officer, advisor to the assessment.

### **2.0 Current Services / Background**

- 2.1 In September 2015 the Council’s Executive Board agreed to proceed with formal consultation on the third phase of the Better Lives Programme. This included the following proposals for the in-house facilities:
- decommissioning of three homes (Siegen Manor, Middlecross and The Green) and their adjoining day centres
  - decommissioning of a further two day centres (Radcliffe Lane and Springfield) and the recommissioning of Wykebeck Valley day centre as a specialist dementia service
- 2.2 The criteria for determining the future options for the local authority provided residential and day services were considered and agreed by the Executive Board on 15 December 2010. The criteria formed the basis for reviewing each of the services during the three phases of the programme. The impact of proposals for each service

was assessed during each phase through an Equality Impact Assessment Copies of Equality Impact Assessments can be obtained from the Equality Impact Team ([equalityteam@leeds.gov.uk](mailto:equalityteam@leeds.gov.uk)). The impact of the proposals was considered and assessed both in terms of those individuals directly affected and future users of the services (detail of the report: 'Future Options for Long Term Residential and Day Care for Older People' and the related appendices are available at: <http://democracy.leeds.gov.uk/documents/g4890/Public%20reports%20pack%2015th-Dec-2010>). .

- 2.3 The following impacts for people living in the general population were identified:
- The proposals around residential care supported the national view that a strategic resource shift is needed from residential care to services aimed at supporting people to live independently and safely in their own homes and communities for longer.
  - It was expected that the proposed programme of change will result in improved, personalised services to be delivered for older people with dementia and their carers in a manner and location of their choice - with improved outcomes.
  - Residential care homes managed by the council are provided alongside a well-developed independent sector care home market, which offers a wide range of services delivered in a flexible manner. Services commissioned by the council will retain the focus on continuously improving the quality of service to all service users.
  - The proposals to phase-out permanent admissions to statutory residential homes could impact on potential residents in the general public however the development of new community based preventative services and Intermediate Care services will enable older people to remain living safely and independently at home.
  - To address concerns of a 2 tier system – those who can afford to pay and those who cannot - the commissioning of services will take full account of equalities and ensure that places purchased through the Independent Sector are of a consistent, high quality that meets individually identified needs.
- 2.4 The adverse impacts of the change have been lessened and potentially removed through putting in place a range of mitigating actions. These actions include the following:
- An assessment team has been established to undertake assessments of service users in accordance with the council's Assessment and Transition Protocol.
  - A Leeds-specific Care Guarantee will apply that outlines the principles that residents affected by the closures could expect from the Council to ensure their dignity, choice and rights were protected.
  - People who do not have the capacity to make an informed decision will be given access to an independent advocate arranged by Adult Social Care.
  - Risk assessments will be carried out to ensure that clinical and therapeutic needs of those directly affected are responded to urgently and with sensitivity.
- 2.5 The Executive Board report describes in detail the outcomes for service users directly affected in phase 1 and 2 of the programme.

### **3.0 Proposals**

- 3.1 An options analysis has been completed and proposals developed for the three remaining care homes. The criteria developed for the option analysis in the first phase of the programme have been supplemented with further data to give a clearer picture of where demand for development of older people's housing and care is most needed and also where adequate levels of provision of services are evident.
- 3.2 These proposed options were the basis for detailed consultation with those directly affected. Full details of the consultation and an analysis of responses are attached in the Consultation Report. These proposed options are the subject of individual EIAs, outlined in section 2 of this report.
- 3.3 It is intended that the review of these services will balance the need to achieve savings with opportunities to develop the service to ensure that it adds value and contributes to the health and well-being of older people.
- 3.4 Leeds City Council will wherever possible seek to avoid any unintended consequences of any proposals developed that have a negative impact. This could be disproportionate impacts on different geographic locations, communities and the voluntary and community sector.

### **4.0 Scope of the equality, diversity, cohesion and integration impact assessment**

- 4.1 This EIA will consider and assess the impact of the options for:
  - Current residents and carers affected by the proposed options, as future users were consulted in the equality impact process for the first phase of this programme.
- 4.2 This EIA is intended to support the decision making process by:
  - Identifying the potential positive and negative impact of any changes/decisions on each protected characteristic.
  - Setting out actions to minimise/ mitigate any adverse impacts.
- 4.3 Proposals have been subject to Equality Screening and this concluded that the proposed options will potentially give rise to equality impacts particularly by those older and disabled people, their families and carers, whose home is currently provided by the in-house service.
- 4.4 Staff will also be affected, particularly women who make up 93% of the workforce. If the proposals are agreed, a full EIA on organisational change will consider impacts on staff and therefore staff are not included in the scope of this EIA.
- 4.5 To mitigate against any adverse impacts and ensure that any such impacts are minimised, it was agreed that each option would be subjected to an equality impact assessment. The assessments will then be considered through the council's decision making process. These are outlined in section 2 of this report.
- 4.6 Should agreement be given to progress with the proposals, an implementation plan will be developed in line with the Assessment and Closure Protocol. This would show how any closures would be managed over the timescales and how residents, relatives, and carers are to be supported to safeguard human rights and minimise

distress and maximise the benefits to individuals. This will relate particularly to the monitoring arrangements in relation to the proposed changes.

### **5.0 Fact Finding – what do we already know?**

#### **5.1 Demographics**

- 5.1.1 Leeds is the second largest Metropolitan District in England with an estimated population in excess of 750,000 people. The country is faced with an increase in the proportion of older people in its population. There are currently 9.9m million people aged 65 or over in the UK and this figure is expected to rise in the next 20 years to over 14.1 million in 2033 (ONS, 2014 projections). This represents 24% of the total population.
- 5.1.2 The increase is reflected in Leeds, where there are currently 116,600 people over the age of 65, representing 14.6% of the overall population of the city. This figure will increase to 129,800 by 2020 (15.3% of population) and by 2030 the figure will reach 153,800 (16.9% of population) (ONS subnational population projections, March 2012).
- 5.1.3 Leeds is clearly becoming a more diverse place. Stonewall, the lesbian, gay and bisexual charity, estimates that large cities such as Leeds with an established gay scene, businesses and support network may be made up of at least 10 per cent lesbian, gay and bisexual people.
- 5.1.4 Leeds population broken down by religion or belief is 55.9% Christians, 5.4% Muslims, 1.2% Sikh, 0.9% Jewish, 0.9% Hindu, 0.4% Buddhist other religion 0.3% and 28.2% no religion or 6.7% not stated.
- 5.1.5 Leeds is now home to over 130 different nationalities. The 2011 Census estimated that 18.9 per cent of the total resident population comprised people from black and minority ethnic communities (including Irish and other white populations), a rise of 8 per cent from the 2001 Census.
- 5.1.6 Many citizens in the over 65 age group continue to contribute to the economic prosperity of Leeds and the social fabric of its diverse communities. This is reflected in the number of people who continue to work beyond 65 either in paid employment or as volunteers. The over 65 year-olds who act as informal or family carers also play an important part in our society. However it is estimated that almost all people currently aged 65 will need healthcare, and 66% of men and 84% of women will need some social care before they die (Personal Social Services Research Unit, 2011).
- 5.1.7 Dementia is one of the main causes of disability in later life, with over 820,000 people estimated to be suffering from dementia in the UK in 2010. By 2025, the number is expected to rise to one million (ONS, background paper 7). In Leeds there are an estimated 8,500 people with dementia and this figure is estimated to increase to 12,000 by 2028, a 35-40% increase in 15 years (Leeds Dementia Strategy 2013).
- 5.1.8 The trend to move out of the provision of long term care is a feature of local authorities across the country and many are viewing Extra Care Housing as a preferable alternative option, for example Birmingham which has now closed all twenty nine of its long term care homes and developed additional Extra Care Housing.



## 5.2 Trends

- 5.2.1 Although there is an increasing number of older people in the population, nationally the demand for residential care homes has fallen as people have chosen and been supported to remain as independent as possible in suitable housing. Details of the trends for residential places and the Councils realignment of services to ensure they continue to provide for the needs of older people are outlined in the phase 2 report to Executive Board 'Better Lives for People of Leeds: the future of Day Services for Older People' (<http://democracy.leeds.gov.uk/documents/s101337/Day%20Care%20Cover%20Report%20220813%20v2.pdf>) and in the June 2016 report to Executive Report ('Better Lives Programme' – Next Steps and Progress Report).

## 5.3 Other Datasets

- 5.3.1 In addition to the above, the EIA considers data from the following:
- Key strategies and policies relating to the proposals, including the *Better Lives Strategy* (<https://betterlivesleeds.wordpress.com>) and the Best Council Plan 2015-2020 ([www.leeds.gov.uk/docs/BestCouncilPlan](http://www.leeds.gov.uk/docs/BestCouncilPlan)).
  - Quantitative information relating to the profile of current residents and carers. This is included within each assessment in section 2.
  - Feedback from consultation with those directly affected.
  - Feedback from consultation with key partners in the NHS.
  - Comments from submissions, complaints and suggestions received throughout the course of the consultation.
  - Feedback/comments from Area Committees, Cross Party Advisory Group, and individual Elected Members.

## 6.0 Are there any gaps in equality and diversity information?

- 6.1 Adult Social Care, where possible, will obtain full equality information around the profile of residents and determine the likely impacts given that profile. Due regard will be taken of this information during the implementation phase, should these proposals be agreed. A review of the impact will also be undertaken post implementation, considering any impact on equality groups.

## 7.0 Consultation and Involvement

- 7.1 Detailed consultation on the proposals took place between 1st October and 23rd December 2015. The aim of the consultation was to consult with those directly affected and as a priority the existing residents of care homes and their families and carers. Detailed consultation also took place with affected staff and Trade Unions, with related stakeholders within the locality, including elected members and partner organisations.
- 7.2 As part of the consultation with residents, and their families and carers a questionnaire has been used in one to one interviews as a tool to capture responses to the proposed option for each individual care home and day centre. The aim was to:
- Capture people's responses to the proposed changes
  - Determine the impact on individuals and how this might be reduced as plans are developed.

## Appendix 6

7.3 The findings from the consultation are outlined in full in the Consultation Report appended. Key themes are outlined in the individual Equality Impacts Assessments options in section 2 of this report.

### 8.0 Equality Impacts Identified

8.1 The table below highlights the range of impacts on equality characteristics, stakeholders and other potential barriers.

8.2 Data on current users indicate that the proposed options potentially give rise to impacts mainly in respect of age; gender, race, disability, carers and socio-economic.

8.3 Data relating to sexual orientation and gender reassignment is not available, however, no disproportionate impacts have been identified for these equality characteristics through consultation with current residents and carers.

<b>Equality characteristics</b>		
<input checked="" type="checkbox"/>	<b>Age</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Gender reassignment</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Sex (male or female)</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Other</b>	<input checked="" type="checkbox"/>
	<b>Low socio-economic groups</b>	
<input checked="" type="checkbox"/>	<b>Carers</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Race</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Sexual orientation</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Disability</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Religion or Belief</b>	
<b>Stakeholders</b>		
<input checked="" type="checkbox"/>	<b>Services users</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Partners</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Employees</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Members</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Trade unions</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Suppliers</b>	
<b>Potential barriers for current users</b>		
<input checked="" type="checkbox"/>	<b>Built environment</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Location of premises and services</b>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Information and communication	Customer care
<input checked="" type="checkbox"/> <b>Timing</b>	<input checked="" type="checkbox"/> <b>Stereotypes and assumptions</b>
<input checked="" type="checkbox"/> <b>Cost</b>	<input checked="" type="checkbox"/> <b>Consultation and involvement</b>
<input checked="" type="checkbox"/> <b>specific barriers to the strategy, policy, services or function:</b> <ul style="list-style-type: none"> <li>○ <b>Staffing</b></li> <li>○ <b>Capacity of the Independent Sector</b></li> </ul>	

- 8.4 The following provides an overview of the relevance of the proposals to the equality characteristics and where identified, action to mitigate any impact.
- 8.5 **Age:** The proposals for change are aimed at providing improved services to older people of the 65+ age group. The overall aim of the proposals is to reform and modernise services for older people. It is embedded in key modernisation strategies and strategies specific to older people which highlight the importance of enabling older people to remain in their own homes for as long as possible.
- 8.6 **Disability:** By the nature of the residential service, all residents are older people and have impairments associated with ageing. Alongside the proposals the council will consider how it can play a role in ensuring the need for specialist provision in key areas is met. This includes ensuring the increasing need for dementia services and intermediate care is met.
- 8.7 **Gender:** Statistical data of current service users suggest that the service has a high proportion of female residents. The service will be provided to people irrespective of, but with respect for gender specific needs and this will be taken into consideration in any needs assessment.
- 8.8 **Race:** Statistical data of current service users indicates lower usage by people from BME groups. In relation to current BME residents this provides an opportunity to consult with them on relocation which could result in a positive impact.
- 8.9 **Religion or belief:** No specific issues have been identified in relation to religion or belief. The service will be provided to people irrespective of, but with respect for religion and belief, and this will be taken into consideration in any needs assessment.
- 8.10 **Carers/ families:** Carers and families were involved in the consultation process and supported to identify their needs to allow them to continue supporting their cared for. This engagement will continue throughout any implementation of proposals, and the Council will seek to identify changes which promote independence and choice and facilitate support for carers
- 8.11 **Cohesion:** Integrating people into communities wherever possible will enable them to access universal services and make links with their own communities

## Appendix 6

- 8.12 **Social Exclusion:** The service proposals will need to ensure that socially excluded people are not disproportionately disadvantaged as a result of these changes.
- 8.13 **Sexual orientation:** No specific issues have been identified in relation to sexual orientation. The service will be provided to people irrespective of, but with respect of their sexual orientation, as this will be taken into consideration in any needs assessment.
- 8.14 **Gender reassignment:** No specific issues have been identified in relation to gender reassignment. The service will be provided to people irrespective of, but with respect of their gender reassignment, as this will be taken into consideration in any needs assessment.

## Section 2

### Equality Impacts Assessments on proposed options

**Proposal:** To decommission the facility and transfer service users to other services of their choice already available in the ward / area

- Middlecross, Siegen Manor and The Green: Specialist dementia care.

#### Bed profile (as at 12/05/16)

Occupancy	Middlecross (32 beds)	Siegen Manor (30 beds)	The Green (37 beds)
Permanent	18	22	28
Respite / Short Stay	2	2	3

#### Permanent Resident Profile (as at 12/05/16)

Age	Middlecross	Siegen Manor	The Green
100+	0	1	1
90 -99	5	6	4
80-89	9	11	15
70-79	5	4	8
60-69	0	0	0
Physical disability or age related frailty	17	21	22
Male	5	5	3
Female	13	17	25
Ethnic Origin	19	22	28
White British			
Ethnic origin BME	0	0	0
Ethnic Origin Not Given	0	1	0
White European	0	0	0
Chinese	0	0	0

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### Middlecross

#### Permanent Residents' Previous Home Address by Ward

Adel and Wharfedale	1
Alwoodley	0
Ardsley and Robin Hood	0
Armley	4
Beeston and Holbeck	0
Bramley and Stanningley	2
Burmantofts and Richmond Hill	0
Calverley and Farsley	3
Chapel Allerton	0
City and Hunslet	0
Cross Gates And Whinmoor	0
Farnley and Wortley	2
Garforth and Swillington	0
Gipton and Harehills	0
Guiseley and Rawdon	0
Harewood	0
Headingley	0
Horsforth	2
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	0
Kippax and Methley	0
Kirkstall	1
Middleton Park	0
Moortown	1
Morley North	0
Morley South	0
Otley and Yeadon	0
Pudsey	2
Rothwell	0
Roundhay	0
Temple Newsam	0
Weetwood	1
Wetherby	0
Outside Leeds Ward Area	0
<b>Total</b>	<b>19</b>

#### Independent sector provision in Armley Ward

Care beds without nursing	242
Care beds with nursing	0
Extra Care Housing units	0

#### Independent sector provision within 5 miles of Middlecross

Care beds without nursing	1,122
Care beds with nursing	857
Extra Care Housing units	227

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### Siegen Manor Residents' Previous Home Address by Ward

Adel and Wharfedale	0
Alwoodley	0
Ardsley and Robin Hood	1
Armley	0
Beeston and Holbeck	3
Bramley and Stanningley	0
Burmantofts and Richmond Hill	0
Calverley and Farsley	0
Chapel Allerton	1
City and Hunslet	0
Cross Gates And Whinmoor	0
Farnley and Wortley	1
Garforth and Swillington	0
Gipton and Harehills	2
Guiseley and Rawdon	0
Harewood	0
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	1
Kippax and Methley	0
Kirkstall	1
Middleton Park	4
Moortown	0
Morley North	2
Morley South	5
Otley and Yeadon	0
Pudsey	0
Rothwell	0
Roundhay	0
Temple Newsam	0
Weetwood	1
Wetherby	0
Outside Leeds Ward Area	0
<b>Total</b>	<b>22</b>

### Independent sector provision in Morley South Ward

Care beds without nursing	46
Care beds with nursing	0
Extra Care Housing units	0

### Independent sector provision within 5 miles of Siegen Manor

Care beds without nursing	172
Care beds with nursing	401
Extra Care Housing units	72

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### The Green Residents' Previous Home Address by Ward

Adel and Wharfedale	1
Alwoodley	1
Ardsley and Robin Hood	0
Armley	0
Beeston and Holbeck	1
Bramley and Stanningley	0
Burmantofts and Richmond Hill	0
Calverley and Farsley	0
Chapel Allerton	0
City and Hunslet	0
Cross Gates And Whinmoor	8
Farnley and Wortley	0
Garforth and Swillington	0
Gipton and Harehills	3
Guiseley and Rawdon	0
Harewood	2
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	6
Kippax and Methley	0
Kirkstall	0
Middleton Park	0
Moortown	0
Morley North	0
Morley South	1
Otley and Yeadon	0
Pudsey	0
Rothwell	0
Roundhay	2
Temple Newsam	0
Weetwood	0
Wetherby	3
Outside Leeds Ward Area	0
<b>Total</b>	<b>28</b>

### Independent sector provision in Killingbeck and Seacroft Ward

Care beds without nursing	59
Care beds with nursing	20
Extra Care Housing units	0

### Independent sector provision within 5 miles of The Green

Care beds without nursing	594
Care beds with nursing	835
Extra Care Housing units	176



## Consultation

Formal consultation has been undertaken with all services users over a period of 12 weeks.

**The Consultation Report provides a full analysis of responses.**

### Key themes from the consultation

- The majority of respondents didn't want the home to close. Many suggested that savings should be made elsewhere in the Council.
- There were positive comments on the care homes and the quality of care provided by a skilled, friendly and professional staff. It was felt that the services were good and the decision to close was simply about money.
- Concern was raised about the potential negative impact on the health and well-being of vulnerable older people and what will happen to them if the homes close. The current services were seen as familiar, safe and secure environments with service users comfortable with their established routines.
- Respondents felt that there was a lack of alternative services and had concerns about the quality and price of alternative services in the independent sector. This included comments that the independent sector was not well placed to meet the care needs of people with dementia, which is an area of increasing demand.
- Criticism was voiced that a decision has already been made and the consultation is futile. People want their comments to be taken on board and be kept informed /involved as to what happens next.
- There was concern that the needs of carers would not be met.
- If the proposals were to be implemented, then it was suggested that the Council should consider a gradual phased shutdown of homes; do not take on any further permanent admissions, but allow the current residents to continue living there. If services do close, there needs to be clarity on what will happen to the buildings in the future.

### Potential impacts identified from decommissioning these services:

#### Built environment

The older age and physically frail are likely to find changes more difficult to cope with both physically and mentally in terms of changes in routine and to their care needs. The built environment may dictate some of these changes.

**Action:** An assessment of every service user will be undertaken in accordance with the Assessment and Closure Protocol and the recommended ways to minimise stress factors will be put in place.

#### Location of premises

Where there is lack of availability of alternative provision in some localities and where people move to may have an impact on residents who have lived at the home for a considerable length of time and who have long established links to the local area. Residents may have strong friendships and be fearful of the impact of the proposed changes on their lives, and whether they are able to maintain the relationships they have established. It may also impact on carers and relatives and whether they can maintain regular visits due to greater distances to travel and associated costs.

**Action:** Focus on local alternative provision and give consideration to methods of ensuring continued contact between people, in line with the Assessment and Closure Protocol.

#### Communication and Information

Some residents may not be able to make their own decisions, or may need one-one help in

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understanding the proposed changes.

**Action:** Clear and timely communication to all residents, particularly regarding information about alternative provision. Steps will be taken to ensure independent advocates are available for those who need one.

### **Customer Care and staff training**

Staff will play a lead role in understanding the concerns of residents, helping them understand the proposed changes and helping them make the right decisions for themselves.

**Action:** Provide appropriate support to staff through awareness raising events.

### **Cost**

Carers may be reliant on the home for respite from their caring role, and so may need to make other arrangements, which could involve additional costs.

There is a risk that the changes to care provision could increase social inequality among older people as some users may be financially worse off as a result of a move.

**Action:** Ensure independent sector provision is available and bookable in advance to meet carer and service user needs.

**Action:** Offer all current service users alternative residential respite care in the independent sector.

**Action:** Ensure that a full benefit and financial review is undertaken as part of the service user assessment to ensure any financial detriment with respect to the care costs is negated in keeping with the Care Guarantee.

### **Stereotypes and assumptions**

Assumptions may be made in connection with residents with dementia and extremely frail residents who have co-existing illnesses

**Action:** A full reassessment of all service users and carers will be undertaken by qualified social workers to ensure that current, individual needs are properly understood. Individuals and their relatives/carers will be supported by their managers or a dedicated resource to seek appropriate alternative services following a reassessment of their needs and will be given comprehensive information on cost, quality and all alternatives in order to make an informed decision

**Actions to ensure mitigation is in place are outlined in the Equality Diversity and Integration Action Plan on Page 15**

### Equality, diversity, cohesion and integration action plan

(insert all your actions from your assessment here, set timescales, measures and identify a lead person for each action)

#### Care Homes

Action	Timescale	Measure	Lead person
An assessment team will be established to undertake assessments of service users in accordance with the council's Assessment and Transitions Protocol. This work will be overseen by an Assurance Group who will monitor and advise during the process.	In line with programme plan	<ul style="list-style-type: none"> <li>• A stress free, managed and coordinated transition of residents to alternative accommodation</li> <li>• Minimised /eradicated risk to health and well-being of residents and carers brought on by move</li> <li>• The number of residents accessing alternative accommodation of their choice</li> <li>• The number of people satisfied with their alternative accommodation</li> </ul>	Programme Team
Give consideration to methods of ensuring continued contact between people, in line with the Assessment and Closure Protocol. Focus on local alternative provision. Give consideration to carers and relatives around the distance to travel to alternative provision	In line with programme plan	<ul style="list-style-type: none"> <li>• Friendship groups maintained where requested</li> <li>• Risk of social isolation removed</li> <li>• The number of residents able to transfer and remain within their local area where they have long established links</li> <li>• The number of relatives and carers able to maintain regular visits</li> </ul>	Programme Team
Commissioning to take full account of equality issues and to ensure that the quality of services is consistent and of good quality	In line with programme plan	Services commissioned by the council will focus on quality of service to all diverse users.	Programme Team
Ensure that the range of	In line with	Provision of accessible services that	Programme Team

Action	Timescale	Measure	Lead person
alternative provision meets the needs and outcomes of people across all cultures.	programme plan	meet the needs of all diverse users	
Further and more detailed negotiations to be undertaken with NHS Leeds aimed at developing an integrated service model	In line with programme plan	<ul style="list-style-type: none"> <li>• A decrease in the number of older people needing long-term residential care.</li> <li>• A decrease in hospital admissions and delayed discharge from hospital</li> <li>• An increase in the number of older people accessing preventative services that maintains independent living</li> </ul>	Programme Team
Older people with physical disability/frailty who are in need of high level support and personal care, including adapted facilities, will be identified and offered 'taster' sessions to try alternative services which provide this level of care	In line with programme plan	<ul style="list-style-type: none"> <li>• Minimised confusion for older people</li> <li>• Minimised changes to routine</li> <li>• Individual care needs met</li> </ul>	Programme Team
Ensure robust procedures are in place to identify and manage safeguarding concerns as they arise. All staff and volunteers to be trained in recognising and responding to safeguarding concerns	In line with programme plan	<p>The provision of:</p> <ul style="list-style-type: none"> <li>• Services that prioritise both safeguarding and independence</li> <li>• A well trained workforce operating in a culture of zero tolerance of abuse</li> <li>• A sound framework for confidentiality and information sharing across agencies good universal services, such as community safety services</li> <li>• Needs and risk assessments to inform people's choices</li> <li>• A range of options for support to</li> </ul>	Programme Team

Action	Timescale	Measure	Lead person
		keep safe from abuse tailored to people's individual needs	
All equalities considerations will be considered in the planning and commissioning of services. All services will be monitored to identify where there is disproportionate impact and action taken to understand and where appropriate address	In line with programme plan	The number of assessments undertaken to ensure that the individual needs of residents and carers are properly understood	Programme Team
Ensure that the assessment team and care home staff are aware of the full range of alternative services available and that information is available in a range of formats	In line with programme plan	<ul style="list-style-type: none"> <li>• Service users and their carers able to exercise choice and make informed decisions on the range of services available</li> <li>• Improved personalised services for older people and their carers, with improved outcomes</li> <li>• The number of residents who understand the changes and are able to make informed decisions</li> </ul>	Programme Team
Involve residents and carers fully in the decision making process when considering alternative services. Ensure carers receive regular information on the change process. Signpost to carer support networks	In line with programme plan	<ul style="list-style-type: none"> <li>• The number of residents accessing alternative accommodation of their choice</li> <li>• The number of people satisfied with their alternative accommodation</li> <li>• The number of carers accessing support networks</li> </ul>	Programme Team
Provide service users with an opportunity to let the council know what impact	In line with programme plan	<ul style="list-style-type: none"> <li>• The number of residents and carers reporting the impacts of the changes</li> </ul>	Programme Team

Action	Timescale	Measure	Lead person
the changes may have on them			
Ensure that a range of information relevant to all cultures is available in a range of accessible formats and main community languages. Involve communities and their representatives in identifying gaps.	In line with programme plan	<ul style="list-style-type: none"> <li>Positive relocation for current BME residents</li> </ul>	Programme Team
Continue dialogue and negotiations with stakeholders and interest groups with regard to future building use.	In line with programme plan	<ul style="list-style-type: none"> <li>Identification of options for any decommissioned sites and realisation of benefits through re-use or sale</li> <li>The number of decommissioned buildings in community use</li> </ul>	Programme Team
Work with officers in City Development to advertise for residential/nursing care development at the earliest opportunity	In line with programme plan	The number of new developments in areas of high demand	Programme Team
Ensure that a full benefit and financial review is undertaken as part of service user assessment to ensure no financial detriment with respect to the cost of care received	In line with programme plan	No resident financially disadvantaged with respect to the cost of the care they receive as a result of change.	Programme Team

**Governance, ownership and approval**

State here who has approved the actions and outcomes from the equality, diversity, cohesion and integration impact assessment

Name	Job Title	Date
Cath Roff	Director, Adult Social Care	08/09/16

**Monitoring progress for equality, diversity, cohesion and integration actions**  
(please tick)

- As part of Service Planning performance monitoring
- As part of Project monitoring
- Update report will be agreed and provided to the appropriate board  
Please specify which board
- Other (please specify)

**Publishing**

This Equality, Diversity, Cohesion and Integration impact assessment will act as evidence that due regard to equality and diversity has been given.

If this impact assessment relates to a **Key Delegated Decision, Executive Board, full Council** or a **Significant Operational Decision** a copy should be emailed to Corporate Governance and will be published along with the relevant report.

A copy of **all other** Equality and Diversity, Cohesion and Integration impact assessment's should be sent to [equalityteam@leeds.gov.uk](mailto:equalityteam@leeds.gov.uk). For record keeping purposes it will be kept on file (but not published).

<b>Date impact assessment completed</b>	19/08/16
If relates to a Key Decision – <b>date sent to Corporate Governance</b>	08/09/16
Any other decision – <b>date sent to Equality Team (equalityteam@leeds.gov.uk)</b>	

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# **Better Lives for People of Leeds**

## **Day Centres for Older People**

### **EQUALITY IMPACT ASSESSMENT**

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## **Section 1**

### **1.0 Introduction**

- 1.1 Leeds City Council is reviewing the ways it provides day care for older people – specifically day centres directly run by the council.
- 1.2 Proposals are that in future the council will no longer run some of its day centres. It will however continue to ensure that older people’s care needs are met with a wider range of more flexible day time activities.
- 1.3 This paper outlines the Equality Impact Assessments that have been carried out in the context of these proposals to ensure that they do not unfairly impact on people from the different equality groups. It has been completed as a parallel process to the consultation on the proposed changes.
- 1.4 The lead officer for this assessment is Cath Roff, Director – Adult Social Care. Members of the assessment team are:
- Anna Clifford – Programme Manager, Adult Social Care
  - Richard Graham – Senior Quality Assurance Officer, Adult Social Care
  - Pauline Ellis – Senior Policy and Performance Officer, advisor to the assessment.

### **2.0 Current Services / Background**

- 2.1 In September 2015 the Council’s Executive Board agreed to proceed with formal consultation on the third phase of the Better Lives Programme. This included the following proposals for the in-house facilities:
- decommissioning of three homes (Siegen Manor, Middlecross and The Green) and their adjoining day centres
  - decommissioning of a further two day centres (Radcliffe Lane and Springfield) and the recommissioning of Wykebeck Valley day centre as a specialist dementia service
- 2.2 The criteria for determining the future options for the local authority provided residential and day services were considered and agreed by the Executive Board on 15 December 2010. The criteria formed the basis for reviewing each of the services during the three phases of the programme. The proposals for each service were assessed with due regard to equality through an Equality Impact Assessment. The impact of the proposals was considered and assessed both in terms of those individuals directly affected and future users of the services (detail of the report: ‘Future Options for Long Term Residential and Day Care for Older People’ and the related appendices are available at:

<http://democracy.leeds.gov.uk/documents/g4890/Public%20reports%20pack%2015th-Dec-2010>).

2.3 The following impacts for people living in the general population were identified:

- The review of day care service is in line with the personalisation of adult social care services. Future delivery of adult social care will see an increased use of personal budgets and a reduction on people using traditional day services.
- Currently a high level of resource is committed to a service which is underused. The impact of this is that it locks up resources in the existing service which could be used to support older people's day activities in other ways. The proposals aim to free up this resource to be reinvested in services for future and current users who would prefer to receive an alternative to a centre based day service.
- Supporting older people with care needs must be seen in the context of other work which is being done to promote the independence, well-being and choice of older people in Leeds. The proposals will allow resources to focus more on increased take-up of preventative services which will enable older people to remain living safely and independently in their own homes for longer.

2.4 The adverse impacts of the change have been lessened and potentially removed through putting in place a range of mitigating actions. These actions include the following:

- An assessment team has been established to undertake assessments of service users in accordance with the council's Assessment and Transition Protocol.
- A Leeds-specific Care Guarantee will apply that outlines the principles that residents affected by the closures could expect from the Council to ensure their dignity, choice and rights were protected
- People who do not have the capacity to make an informed decision will be given access to an independent advocate arranged by Adult Social Care.
- Risk assessments will be carried out to ensure that clinical and therapeutic needs of those directly affected are responded to urgently and with sensitivity.

2.5 The Executive Board report describes in detail the outcomes for service users directly affected in phase 1 and 2 of the programme.

### **3.0 Proposals**

3.1 An options analysis has been completed and proposals developed for the six day centres. One of these centres (Wykebeck Valley) has been identified to be developed as a specialist day centre following the options analysis and consultation has taken place on this option.

3.2 The proposed options for the other five day centres were the basis for detailed consultation with those directly affected. Full details of the consultation and an analysis of responses are attached in the Consultation Report.

3.3 It is intended that the review of these services will balance the need to achieve savings with opportunities to develop the service to ensure that it adds value and contributes to the health and well-being of older people.

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3.4 Leeds City Council will wherever possible seek to avoid any unintended consequences of any proposals developed that have a negative impact. This could be disproportionate impacts on different geographic locations, communities and the voluntary and community sector.

### **4.0 Scope of the equality, diversity, cohesion and integration impact assessment**

4.1 This EIA will consider and assess the impact of the options for:

- Current users of the day centres and their carers affected by the proposed options, as future users were consulted in the equality impact process for the first phase of this programme.

4.2 This EIA is intended to support the decision making process by:

- Identifying the potential impact of any changes/ decisions on each protected characteristic
- Setting out actions to minimise/ mitigate any adverse impacts

4.3 Proposals have been subject to Equality Screening and this concluded that the proposed options will potentially give rise to equality impacts particularly to those older and disabled people, their families and carers, who attend day centres currently provided by the in-house service. Staff will also be affected, particularly women who make up 83% of the workforce. If the proposals are agreed, a full EIA on organisational change will consider impacts on staff and therefore staff are not included in the scope of this EIA.

4.4 To mitigate against any adverse impacts and ensure that any such impacts are minimised, it was agreed that each option would be subjected to an equality impact assessment. The assessments will then be considered through the council's decision making process. These are outlined in Section 2 of this report.

4.5 It is proposed that should agreement be given to progress with the proposals, an implementation plan will be developed in line with the Assessment and Closure Protocol. This would show how any closures would be managed over the timescales and how service users and their carers are to be supported to safeguard human rights, minimise distress and maximise the benefits to individuals. This will relate particularly to the monitoring arrangements in relation to the proposed changes.

### **5.0 Fact Finding – what do we already know?**

#### **5.1 Demographics**

5.1.1 Leeds is the second largest Metropolitan District in England with an estimated population in excess of 750,000 people. The country is faced with an increase in the proportion of older people in its population. There are currently 10.3 million people aged 65 or over in the UK and this figure is expected to rise by 65% in the next 25 years to over 16.4 million in 2033 (ONS, 2009/11). This represents 21% of the total population.

5.1.2 The increase is reflected in Leeds, where there are currently 116,600 people over the age of 65, representing 14.6% of the overall population of the city. This figure will increase to 129,800 by 2020 (15.3% of population) and by 2030 the figure will reach

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153,800 (16.9% of population) (ONS subnational population projections, March 2012).

- 5.1.3 Leeds is clearly becoming a more diverse place. Stonewall, the lesbian, gay and bisexual charity, estimates that large cities such as Leeds with an established gay scene, businesses and support network may be made up of at least 10 per cent lesbian, gay and bisexual people.
- 5.1.4 Leeds population broken down by religion or belief is 55.9% Christians, 5.4% Muslims, 1.2% Sikh, 0.9% Jewish, 0.9% Hindu, 0.4% Buddhist other religion 0.3% and 28.2% no religion or 6.7% not stated.
- 5.1.5 Leeds is now home to over 130 different nationalities. The 2011 Census estimated that 18.9 per cent of the total resident population comprised people from black and minority ethnic communities (including Irish and other white populations), a rise of 8 per cent from the 2001 Census.
- 5.1.6 Many citizens in the over 65 age group continue to contribute to the economic prosperity of Leeds and the social fabric of its diverse communities. This is reflected in the number of people who continue to work beyond 65 either in paid employment or as volunteers. The over 65 year-olds who act as informal or family carers also play an important part in our society. However it is estimated that almost all people currently aged 65 will need healthcare, and 66% of men and 84% of women will need some social care before they die (Personal Social Services Research Unit, 2011).
- 5.1.7 Dementia is one of the main causes of disability in later life, with over 820,000 people estimated to be suffering from late onset dementia in the UK in 2010. By 2025, the number is expected to rise to one million (ONS, background paper 7). In Leeds there are an estimated 8,500 people with dementia and this figure is estimated to increase to 12,000 by 2028, a 35-40% increase in 15 years (Leeds Dementia Strategy 2013).

## 5.2 Trends

- 5.2.1 Although there are an increasing number of older people in Leeds, the demand for day care has fallen as people have chosen to have their wellbeing and care needs met by alternative means available within their own communities.
- 5.2.2 Helping older people to remain independent and become involved in social activities in their own communities are key factors in improving a person's well-being and avoiding social isolation. In Leeds this has led to the development and continued investment in Neighbourhood Networks that now provide a comprehensive range of activities and services for older people across the City.
- 5.2.3 The policy to support people to live independently and have choice and control over their care and support services is evidenced in Leeds by the introduction of a range of community based services. In addition to personal budgets and the Neighbourhood Networks, Leeds has invested into a range of services provided to older people in their own homes. These include reablement, intermediate care, assistive technology, daily living equipment and home adaptations. The development of these services represents a change in emphasis away from building-based services, where the person is required to fit in with the service, towards a personalised service that responds to individual needs.
- 5.2.4 It is recognised that people's health, wellbeing and care needs cannot be separated and that efficiencies can be achieved by jointly commissioning and providing services. This has led to a number of initiatives that have been developed by Leeds

City Council and in partnership with other statutory and third sector organisations such as the NHS and Neighbourhood Networks and include Holt Park Active Wellbeing Centre and integrated health and social care assessment and care management teams.

### **5.3 Other Datasets**

5.3.1 In addition to the above, the EIA considers data from the following:

- Key strategies and policies relating to the proposals, including the Better Lives Strategy (<https://betterlivesleeds.wordpress.com>) and the Best Council Plan 2015-2020 ([www.leeds.gov.uk/docs/BestCouncilPlan](http://www.leeds.gov.uk/docs/BestCouncilPlan))
- Quantitative information relating to the profile of current service users and carers. This is included within each assessment in section 2
- Feedback from consultation with those directly affected (see appended consultation report)
- Comments from all stakeholders through submissions, complaints and suggestions received throughout the course of the consultation (see appended consultation report)

### **6.0 Are there any gaps in equality and diversity information?**

6.1 Adult Social Care, where possible, will obtain full equality information around the profile of service users and determine the likely impacts given that profile. Due regard will be taken of this information during the implementation phase, should these proposals be agreed. A review of the impact will also be undertaken post implementation, considering any impact on equality groups.

### **7.0 Consultation & Involvement**

7.1 Detailed consultation on the proposals took place between 1st October and 23rd December 2015. The aim of the consultation was to consult with those directly affected and as a priority the existing users of day centres and their families and carers. Detailed consultation also took place with affected staff and Trade Unions, with related stakeholders within the locality, including elected members and partner organisations.

7.2 As part of the consultation with service users and their families and carers a questionnaire has been used in one to one interviews as a tool to capture responses to the proposed option for each individual day centre. The aim was to:

- Capture people's responses to the proposed changes
- Determine the impact on individuals and how this might be reduced as plans are developed.

7.3 The findings from the consultation are outlined in full in the Consultation Report appended. Key themes are outlined in the individual Equality Impacts Assessments options in section 2 of this report.

### **8.0 Equality Impacts Identified**

8.1 The table below highlights the range of impacts on equality characteristics, stakeholders and other potential barriers.

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- 8.2 Data on current users indicate that the proposed options potentially give rise to impacts mainly in respect of age; gender, race, disability, carers and socio-economic.
- 8.3 Data relating to sexual orientation and gender reassignment is not available; however no disproportionate impacts have been identified for these equality characteristics through consultation with current users of day centres and carers.

<b>Equality characteristics</b>		
<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Carers	<input checked="" type="checkbox"/> Disability
<input checked="" type="checkbox"/> Gender reassignment	<input checked="" type="checkbox"/> Race	<input checked="" type="checkbox"/> Religion or Belief
<input checked="" type="checkbox"/> Sex (male or female)	<input checked="" type="checkbox"/> Sexual orientation	
<input checked="" type="checkbox"/> Other		
<b>Low socio-economic groups</b>		
<b>Stakeholders</b>		
<input checked="" type="checkbox"/> Services users	<input checked="" type="checkbox"/> Employees	<input checked="" type="checkbox"/> Trade unions
<input checked="" type="checkbox"/> Partners	<input checked="" type="checkbox"/> Members	<input checked="" type="checkbox"/> Suppliers
<b>Potential barriers for current users</b>		
<input checked="" type="checkbox"/> Built environment	<input checked="" type="checkbox"/> Location of premises and services	
<input checked="" type="checkbox"/> Information and communication	<input checked="" type="checkbox"/> Customer care	
<input checked="" type="checkbox"/> Timing	<input checked="" type="checkbox"/> Stereotypes and assumptions	
<input checked="" type="checkbox"/> Cost	<input checked="" type="checkbox"/> Consultation and involvement	
<input checked="" type="checkbox"/>	<b>specific barriers to the strategy, policy, services or function:</b>	
	<ul style="list-style-type: none"> <li>• Capacity of the voluntary and private sector</li> </ul>	

- 8.4 The following provides an overview of the relevance of the proposals to the equality characteristics and where identified, action to mitigate any impact.
- 8.5 **Age:** The proposals for change are aimed at providing improved services to older people of the 65+ age group. The overall aim of this proposal is to reform and modernise services for older people. It is embedded in key modernisation strategies and strategies specific to older people which highlight the importance of enabling older people to remain in their own homes for as long as possible.
- 8.6 **Disability:** By the nature of the day centre service, all service users are older people and have disabilities associated with ageing. As part of the review, the council will consider that its role in ensuring the need for specialist provision in key areas such as the increasing need for dementia services and intermediate care is met. In relation to day services, service user profiling will be undertaken to identify those people with personal care and high dependency needs to ensure that their needs continue to be met.
- 8.7 **Gender:** Compared with the general population, statistical data of current service users suggest that the service has a high proportion of female service users. The service will be provided to people irrespective of, but with respect for gender specific needs and this will be taken into consideration in any needs assessment.
- 8.8 **Race:** Statistical data of current service users indicates lower usage by people from BME groups. In the first phase of this programme, two day centres were recommissioned as specialist facilities to provide personalised services for older people from BME backgrounds and their carers. Work is on-going within Adult Social Care to understand the low take-up of services by, and representation of, ethnic groups. In relation to current BME service users this provides an opportunity to consult with them on relocation which could result in a positive impact.
- 8.9 **Religion or belief:** The services will be provided to people irrespective of, but with respect for religion and belief, as this will be taken into consideration in any needs assessment
- 8.10 **Carers/ families:** The review will seek to identify changes which promote independence and choice and facilitate support for carers.
- 8.11 **Cohesion:** Integrating people into communities wherever possible will enable them to access universal services and make links with their own communities
- 8.12 **Social Exclusion:** The service proposals will need to ensure that socially excluded people are not disproportionately disadvantaged as a result of these changes.
- 8.13 **Sexual orientation:** No specific issues have been identified in relation to sexual orientation. The service will be provided to people irrespective of, but with respect of their sexual orientation, as this will be taken into consideration in any needs assessment.
- 8.14 **Gender reassignment:** No specific issues have been identified in relation to gender reassignment. The service will be provided to people irrespective of, but with respect of their gender reassignment, as this will be taken into consideration in any needs assessment.

## Section 2

### Equality Impacts Assessments on proposed options

**Proposal:** To decommission the facility and transfer service users to other services of their choice already available in the ward / area.

#### Middlecross, Radcliffe Lane, Siegen Manor, Springfield and The Green

Consultation also took place on the proposal for **Wykebeck Valley** to become a specialist day centre, with consideration given to the impacts this may have on current service users.

	Middlecross	Radcliffe Lane	Siegen Manor	Springfield	The Green	Wykebeck Valley
Days open per week	7	7	5	7	7	5
No on register (as at 11/05/16)	17	61	17	31	30	26
No places per day	20	35	12	30	18	30
Attendance rate (April 2016)	25%	35%	46%	20%	39%	24%

#### Profile of current users (based on consultation responses)

	Middlecross	Radcliffe Lane	Siegen Manor	Springfield	The Green	Wykebeck Valley
100+	0	0	0	0	0	6
90-99	2	12	1	9	4	4
80-89	8	28	7	23	22	11
65-79	7	23	5	7	6	5
41-64	1	0	0	0	0	0
Physical disability or age-related frailty*	2	37	7	17	12	23
Male	6	22	5	14	12	8
Female	12	41	12	25	20	19
White British	17	59	13	37	32	25
White European	0	2	0	0	0	0
BME	1	2	0	1	0	1
Not specified	0	0	0	1	0	1

*\*Physical disability statistics are based on those who responded 'yes' when asked 'Do you consider yourself to have a disability?'*



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### Middlecross Service User's Address by Ward

Adel and Wharfedale	0
Alwoodley	0
Ardsley and Robin Hood	0
Armley	4
Beeston and Holbeck	0
Bramley and Stanningley	0
Burmantofts and Richmond Hill	0
Calverley and Farsley	6
Chapel Allerton	0
City and Hunslet	0
Cross Gates And Whinmoor	0
Farnley and Wortley	3
Garforth and Swillington	0
Gipton and Harehills	0
Guiseley and Rawdon	1
Harewood	0
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	1
Killingbeck and Seacroft	0
Kippax and Methley	0
Kirkstall	0
Middleton Park	0
Moortown	0
Morley North	0
Morley South	0
Otley and Yeadon	0
Pudsey	2
Rothwell	0
Roundhay	0
Temple Newsam	0
Weetwood	0
Wetherby	0
Outside Leeds Ward Area	0
<b>Total</b>	<b>17</b>

<b>Alternative LCC Provision for current Service Users</b>
Calverlands Day Centre (most current service users)
Wykebeck Valley Day Centre (some current service users)
Laurel Bank Day Centre (some current service users)

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### Radcliffe Lane

#### Service User's Address by Ward

Adel and Wharfedale	0
Alwoodley	0
Ardsley and Robin Hood	0
Armley	5
Beeston and Holbeck	0
Bramley and Stanningley	13
Burmantofts and Richmond Hill	0
Calverley and Farsley	15
Chapel Allerton	0
City and Hunslet	0
Cross Gates And Whinmoor	0
Farnley and Wortley	7
Garforth and Swillington	0
Gipton and Harehills	0
Guiseley and Rawdon	0
Harewood	0
Headingley	0
Horsforth	1
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	0
Kippax and Methley	0
Kirkstall	1
Middleton Park	0
Moortown	0
Morley North	0
Morley South	0
Otley and Yeadon	0
Pudsey	19
Rothwell	0
Roundhay	0
Temple Newsam	0
Weetwood	0
Wetherby	0
Outside Leeds Ward Area	0
<b>Total</b>	<b>61</b>

#### Alternative LCC Provision for current Service Users

Holt Park Active (for Service Users with general need)

Calverlands or Laurel Bank (for Service Users if they have dementia needs)

#### Alternative 3<sup>rd</sup> Sector Provision for current Service Users with general needs (Neighbourhood Networks) or Provision for current Service Users (Neighbourhood Networks)

Bramley Elderly Action - NNS

Farsley Live at Home Scheme - NNS

Pudsey Live at Home Scheme - NNS

Armley Helping Hands - NNS

Neighbourhood Action in Farmley, Moortop - NNS

OWLS - NNS

Hawsworth Older People's Support - NNS

Horsforth Live at Home Scheme - NNS

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### Siegen Manor Service User's Address by Ward

Adel and Wharfedale	0
Alwoodley	0
Ardsley and Robin Hood	2
Armley	0
Beeston and Holbeck	2
Bramley and Stanningley	0
Burmantofts and Richmond Hill	0
Calverley and Farsley	0
Chapel Allerton	0
City and Hunslet	1
Cross Gates And Whinmoor	0
Farnley and Wortley	0
Garforth and Swillington	0
Gipton and Harehills	0
Guiseley and Rawdon	0
Harewood	0
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	0
Kippax and Methley	0
Kirkstall	0
Middleton Park	0
Moortown	0
Morley North	9
Morley South	3
Otley and Yeadon	0
Pudsey	0
Rothwell	0
Roundhay	0
Temple Newsam	0
Weetwood	0
Wetherby	0
Outside Leeds Ward Area	0
<b>Total</b>	<b>17</b>

<b>Alternative LCC Provision for current Service Users</b>
Laurel Bank Day Centre (All current service users)

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### Springfield Service User's Address by Ward

Adel and Wharfedale	0
Alwoodley	0
Ardsley and Robin Hood	1
Armley	1
Beeston and Holbeck	5
Bramley and Stanningley	0
Burmantofts and Richmond Hill	0
Calverley and Farsley	0
Chapel Allerton	0
City and Hunslet	2
Cross Gates And Whinmoor	0
Farnley and Wortley	5
Garforth and Swillington	0
Gipton and Harehills	0
Guiseley and Rawdon	1
Harewood	0
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	0
Kippax and Methley	0
Kirkstall	0
Middleton Park	0
Moortown	0
Morley North	6
Morley South	7
Otley and Yeadon	0
Pudsey	0
Rothwell	3
Roundhay	0
Temple Newsam	0
Weetwood	0
Wetherby	0
Outside Leeds Ward Area	0
<b>Total</b>	<b>31</b>

<b>Alternative LCC Provision for current Service Users</b>
Holt Park Active (for Service Users with general need)
Laurel Bank (for Service Users if they have dementia needs)

<b>Alternative 3<sup>rd</sup> Sector Provision for current Service Users with general needs (Neighbourhood Networks)</b>
Morley Elderly Action - NNS
Belle Isle Elderly Winter Aid - NNS
South Leeds Live at Home Scheme - NNS
Neighbourhood Action in Farnley, New Farnley and Moor Top - NNS
AVSED - NNS
Rothwell Live at Home Scheme - NNS
Garforth Neighbourhood Elders Team - NNS
Armley Helping Hands - NNS
Trinity Network (Dewsbury Road) - NNS
Trinity Network (Belle Isle) - NNS
Middleton Elderly Aid - NNS
Holbeck Elderly Aid - NNS

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### The Green Service User's Address by Ward

Adel and Wharfedale	0
Alwoodley	0
Ardsley and Robin Hood	0
Armley	0
Beeston and Holbeck	0
Bramley and Stanningley	0
Burmantofts and Richmond Hill	5
Calverley and Farsley	0
Chapel Allerton	0
City and Hunslet	0
Cross Gates And Whinmoor	7
Farnley and Wortley	0
Garforth and Swillington	0
Gipton and Harehills	1
Guiseley and Rawdon	0
Harewood	0
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	7
Kippax and Methley	3
Kirkstall	0
Middleton Park	0
Moortown	0
Morley North	0
Morley South	0
Otley and Yeadon	0
Pudsey	0
Rothwell	3
Roundhay	0
Temple Newsam	4
Weetwood	0
Wetherby	0
Outside Leeds Ward Area	0
<b>Total</b>	<b>30</b>

<b>Alternative LCC Provision for current Service Users</b>
Wykebeck Valley Day Centre (most current service users)
Laurel Bank (some current service users)

## Appendix 7

### Wykebeck Valley Service User's Address by Ward

Adel and Wharfedale	0
Alwoodley	0
Ardsley and Robin Hood	0
Armley	0
Beeston and Holbeck	0
Bramley and Stanningley	0
Burmantofts and Richmond Hill	8
Calverley and Farsley	0
Chapel Allerton	0
City and Hunslet	0
Cross Gates And Whinmoor	2
Farnley and Wortley	0
Garforth and Swillington	2
Gipton and Harehills	1
Guiseley and Rawdon	0
Harewood	0
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	6
Kippax and Methley	1
Kirkstall	0
Middleton Park	0
Moortown	1
Morley North	0
Morley South	0
Otley and Yeadon	0
Pudsey	0
Rothwell	0
Roundhay	2
Temple Newsam	3
Weetwood	0
Wetherby	0
Outside Leeds Ward Area	0
<b>Total</b>	<b>26</b>

Alternative Provision not required as existing Service Users will be able to continue to use the service, whilst it changes over time.

## **Consultation**

Informal and formal consultation has been undertaken with all service users over a period of 12 weeks

**The Consultation Report attached provides a full analysis of responses.**

### **Key themes from the consultation**

- The majority of comments related to the detrimental impact and potential risk to the health and well-being of service users brought about by the closure of their day centre. Concerns were raised that this will have an unsettling effect and could lead to disorientation, particularly among the very old and most vulnerable.
- The overall view is that the council provides a very good quality service and that the day centres should not close.
- There was much praise for the standards of care and the professionalism, understanding and friendliness of the staff.
- There was a feeling that alternative services were insufficient in quantity, quality or suitability, particularly in terms of dementia and carer respite needs
- It was requested that the needs of carers should be recognised.

The emerging key themes to alleviate the impact of the proposed closure are that the following are important:

- Alternative provision is local and of similar nature and quality
- Consider individual needs, especially regarding dementia
- Make the transition as stress free as possible and provide ongoing support to older people to access alternative provision

### **Potential impact identified from decommissioning this service**

The programme of change will result in improved personalised services for people with dementia and their carers with improved outcomes.

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, however it is recognised that there may be some barriers to this being the case. The following key themes from the consultation have been identified with actions to mitigate their impact:

### **Built environment**

Older people are likely to find changes more difficult to cope with both physically and mentally in terms of changes in routine and to their care needs. The built environment may dictate some of these changes. The emphasis of the proposals is to reduce barriers to day activities for older people so that older people with care needs can remain involved in their local communities and pursue activities like other people. The proposals also have the potential for improved access to other health and social care services - through community based activities.

Whereas day care centres inadvertently tend to foster the stereotype that older people with care needs move into segregated settings to receive care and support, the new service model will provide a more flexible approach. For example; a wider range of activities in more socially inclusive settings will make it possible to support older people in different situations. Accessing these service may not depend on travelling to a centre.

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The service will support older people in working out personalised activities plans and will be proactive in ensuring that older people benefit from the opportunities available through Self Directed Support arrangements.

**Action:** An assessment of every service user will be undertaken in accordance with the Assessment and Closure Protocol

**Action:** Provide visits to new provision to lessen confusion

### **Location of premises**

Changes to transport arrangements may be required and a longer journey time and/or different route could have an adverse effect. Also potential difficulties for those with high dependency needs if they choose mainstream services with less support for their disability, or are dependent upon less reliable support services (e.g. accessible transport is not available or unreliable). In addition potential difficulties for carers dropping off service users. There may also be concerns about loss of contact with friends etc

**Action:** Give consideration to methods of ensuring continued contact between people, in line with the Assessment and Closure Protocol. Focus on local alternative provision and specialist provision where it is required to meet needs (eg dementia).

**Action:** Transport needs to form part of each current service user's assessment. Make more effective use of community transport.

### **Communication and Information**

Some service users may not be able to make their own decisions, or may need 1-1 help in understanding the proposed changes through the use of independent advocacy. Also older people affected by age-related conditions or limited mental capacity may have to take on more control of their care than they would choose. Traditionally day services for older people have provided an important respite function for carers, providing them with a significant, regular and reliable break from caring. Even if day activities are organised in a different way the respite needs of carers must be considered.

**Action:** Clear and timely communication to all service users and carers, particularly that which provides information about alternative provision

**Action:** An assessment of every service user will be undertaken in accordance with the Assessment and Closure Protocol by qualified social workers to ensure that current, individual needs are properly understood. If they wish, individuals and their relatives/carers will be supported by their managers or a dedicated resource to seek appropriate alternative services following a reassessment of their needs and will be given comprehensive information on cost, quality and all alternatives in order to make an informed decision

**Action:** Minimise the impact on carers by carrying out separate carers assessments, where requested, to understand their needs.

**Action:** Identify and offer alternative respite facilities to ensure carers are supported to continue in their caring role.

### **Customer Care and staff training**

Staff will play a lead role in understanding the concerns of service users, helping them understand the proposed changes and helping them make the right decisions for themselves. Staff will need to address issues, particularly for older people concerned about



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having to adapt to a new environment and different staff. There may also be concerns regarding the loss of friendship groups, concerns over changes in routine and that their care needs will not be met by new staff.

**Action:** Provide appropriate support to staff through awareness raising events and regular communication.

### **Timing**

There are other proposals to change Adult Social Care Services that could also affect older and disabled people

**Action:** Adult Social Care to ensure a joined up approach and effective coordination and communication of the various change programmes. This will include ensuring sufficient and relevant support is in place prior to closure of any of the day centres (with specific regard to ensuring the Councils retained specialist dementia day centres are able to support those service users affected by any closures.)

**Action:** Provide service users and their carers with opportunities to let us know what impact all changes may have on them.

### **Cost**

The proposals could negatively impact on carers who are reliant on the centres for respite from their caring role, and so may need to make other arrangements.

There is a risk that the changes to care provision could increase social inequality among older people as some users may be financially worse off as a result of a change to day care.

**Action:** Review carers respite to ensure that they are not negatively impacted upon

**Action:** Ensure that a full benefit and financial review is undertaken as part of service user assessments to ensure no financial detriment.

**Actions to ensure mitigation is in place are outlined in the Equality Diversity and Integration Action Plan below**

**Equality, diversity, cohesion and integration action plan**

(insert all your actions from your assessment here, set timescales, measures and identify a lead person for each action)

Action	Timescale	Measure	Lead person
An assessment team will be established to undertake assessments of service users in accordance with the council's Assessment and Transitions Protocol (A&TP) This work will be overseen by an Assurance Group who will monitor and advise during the process.	In line with programme plan	<ul style="list-style-type: none"> <li>• A stress free, managed and coordinated transition of service users to alternative day time activities</li> <li>• Minimised /eradicated risk to health and well-being of day centre users and carers brought on by move</li> <li>• The number of service users accessing alternative day time activities of their choice</li> <li>• The number of people satisfied with their alternative day time activity</li> </ul>	Programme Team
Give consideration to methods of ensuring continued contact between people, in line with the Assessment and Closure Protocol. Focus on local alternative provision	In line with programme plan	<ul style="list-style-type: none"> <li>• Friendship groups maintained where requested</li> <li>• Risk of social isolation removed</li> <li>• The number of service users able to transfer and remain within their local area where they have long established links</li> </ul>	Programme Team
Commissioning to take full account of equality issues and to ensure that the quality of services is consistent and of good quality.	In line with programme plan	Services commissioned by the council will focus on quality of service to all diverse users.	Programme Team
Understand and address the low take-up of services by, and representation of, ethnic groups	In line with programme plan	The take-up of services by older people is relative to the ethnic make- up of the population of Leeds	Programme Team
Ensure that existing service users are matched to day activities that support their well-being and independence in friendship groups or	In line with programme plan	<ul style="list-style-type: none"> <li>• The number of day centre users accessing a wider range of activities in more socially inclusive settings</li> <li>• The number of day centre users supported to</li> </ul>	Programme Team

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Action	Timescale	Measure	Lead person
independently within the wider community. Organise a timetable of 'taster' sessions in alternative services throughout the community with health, leisure and VCFS partners.		have personalised packages of care through personal budgets <ul style="list-style-type: none"> <li>• Friendship groups maintained</li> <li>• Risk of social isolation removed</li> <li>• Service user profiling of all day centre users</li> <li>• Minimised confusion for older people</li> <li>• Minimised changes to routine</li> <li>• Individual care needs met</li> </ul>	
Ensure alternative community services are aware of the needs of service users with high dependency needs and disabilities. Consider access to specialist services in the city where appropriate	In line with programme plan	<ul style="list-style-type: none"> <li>• Improved access and increase in numbers of service users accessing community based health and social care services and activities</li> <li>• On-going provision of day services at day centres retained following phase 3</li> <li>• Services provided by Neighbourhood Networks and Holt Park Active to consider access for people with high dependency needs</li> </ul>	Programme Team
Ensure robust procedures are in place to identify and manage safeguarding concerns as they arise. All staff and volunteers to be trained in recognising and responding to safeguarding concerns	In line with programme plan	The provision of: <ul style="list-style-type: none"> <li>• Services that prioritise both safeguarding and independence</li> <li>• A well trained workforce operating in a culture of zero tolerance of abuse</li> <li>• A sound framework for confidentiality and information sharing across agencies. Good universal services, such as community safety services</li> <li>• Needs and risk assessments to inform people's choices</li> <li>• A range of options for support to keep safe from abuse tailored to people's individual needs</li> </ul>	Programme Team
Increase the take-up of preventative services such as	In line with programme plan	<ul style="list-style-type: none"> <li>• Number of service users provided with /supported by preventative services</li> </ul>	Programme Team

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Action	Timescale	Measure	Lead person
reablement and assistive technology which will ensure that more older people can remain living independently and safely in their own home		<ul style="list-style-type: none"> <li>• Number of service users exercising choice and personalised packages of care through personal budgets</li> </ul>	
Further work undertaken to ensure that the range of universal and preventative services are developed to meet the needs and outcomes of people across all cultures and communities. This to be developed in partnership with a range of stakeholders in the statutory, voluntary and private sectors	In line with programme plan	Increased personalised services provided across all communities (due to reinvestment of resources freed up from the closure of day centres)	Programme Team
Focus on local alternative provision- give consideration to the distance to travel to alternative day time activities	In line with programme plan	<ul style="list-style-type: none"> <li>• The number of service users accessing day time activities in settings within their own community</li> <li>• Reduction in the number of service users dependent on transport</li> <li>• Reduction in transport costs</li> </ul>	Programme Team
All equalities considerations will be considered in the planning and commissioning of services. All services will be monitored to identify where there is disproportionate impact and action taken to understand and where appropriate address	In line with programme plan	The number of assessments undertaken to ensure that the individual needs of service users and carers are properly understood	Programme Team
Ensure that the assessment team and day centre staff are	In line with programme plan	<ul style="list-style-type: none"> <li>• Service users and their carers able to exercise choice and make informed decisions on the</li> </ul>	Programme Team

Appendix 7

Action	Timescale	Measure	Lead person
aware of the full range of alternative services available and that information is available in a range of formats		range of services available <ul style="list-style-type: none"> <li>• Improved personalised services for older people and their carers, with improved outcomes</li> <li>• The number of day centre users who understand the changes and are able to make informed decisions</li> </ul>	
Involve service users and carers fully in the decision making process when considering alternative services. Ensure carers receive regular information on the change process. Sign post to carer support networks	In line with programme plan	<ul style="list-style-type: none"> <li>• The number of service users accessing day time activities of their choice</li> <li>• The number of people satisfied with their alternative day time activities</li> <li>• The number of carers accessing support networks</li> </ul>	Programme Team
Provide service users with an opportunity to let the council know what impact the changes may have on them	In line with programme plan	The number of day centre users and carers reporting the impacts of the changes	Programme Team
Ensure that the Leeds City Council website contains a range of information relevant to all communities. Information should be available in a range of accessible formats and main community languages. Work should be undertaken to ensure information is available in locations that are appropriate for target communities. Involve communities and their representatives in identifying	In line with programme plan	Increase in take up of personalised, community based day time activities	Programme Team

Appendix 7

Action	Timescale	Measure	Lead person
gaps.			
Establish a communication and information strategy about day time activities and explore and promote opportunities and activities in local communities in order to improve choice and facilitate access. This to be integrated as part of an overall approach to information so that the message about ASC day services fits with wider messages about personalisation and promoting independence	In line with programme plan	Increase in take up of personalised, community based day time activities	Programme Team
Continue dialogue and negotiations with stakeholders and interest groups with regard to future building use.	In line with programme plan	The number of decommissioned buildings retained for community use	Programme Team
Ensure that a full benefit and financial review is undertaken as part of service user assessment to ensure no financial detriment	In line with programme plan	<ul style="list-style-type: none"> <li>• No service users financially disadvantaged as a result of changes</li> <li>• The number of service users supported to receive personal budgets</li> </ul>	Programme Team

**Governance, ownership and approval**

State here who has approved the actions and outcomes from the equality, diversity, cohesion and integration impact assessment

Name	Job Title	Date
Cath Roff	Director, Adult Social Care	08/09/16

**Monitoring progress for equality, diversity, cohesion and integration actions**  
 (please tick)

- As part of Service Planning performance monitoring
- As part of Project monitoring
- Update report will be agreed and provided to the appropriate board  
Please specify which board
- Other (please specify)

**Publishing**

This Equality, Diversity, Cohesion and Integration impact assessment will act as evidence that due regard to equality and diversity has been given.

If this impact assessment relates to a **Key Delegated Decision, Executive Board, full Council** or a **Significant Operational Decision** a copy should be emailed to Corporate Governance and will be published along with the relevant report.

A copy of **all other** Equality and Diversity, Cohesion and Integration impact assessment's should be sent to [equalityteam@leeds.gov.uk](mailto:equalityteam@leeds.gov.uk). For record keeping purposes it will be kept on file (but not published).

<b>Date impact assessment completed</b>	19/08/16
If relates to a Key Decision – <b>date sent to Corporate Governance</b>	08/09/16
Any other decision – <b>date sent to Equality Team (equalityteam@leeds.gov.uk)</b>	

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# Better Lives for People of Leeds

## Care Homes for Older People

### EQUALITY IMPACT ASSESSMENT

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#### Section One

##### 1.0 Introduction

- 1.1 Leeds City Council is reviewing the ways it provides care homes for older people – specifically care homes directly run by the Council.
- 1.2 Proposals are that in future the Council will minimise the number of care homes it operates directly, replacing these with commissioned services under the residential quality framework. It will however continue to ensure that older people’s care needs are met by promoting a wider range of specialist provision for those unable to stay living independently in their own homes and through the development of specialist housing, such as Extra Care. Extra Care differs from residential care in that it provides the opportunity for people to live in their own home with services brought to them, allowing “ageing in place” as far as possible rather than having to move home as individual needs change.
- 1.3 This paper outlines the updated Equality Impact Assessment that has been carried out in the context of the proposals relating to Manorfield House residential home, to ensure that they do not unfairly impact on people from the different equality groups. An Equality Impact Assessment was initially carried out as a parallel process to the consultation on the proposed changes in 2013. This document represents an update to accompany the 2016 recommendation to Executive Board to implement the proposal to decommission the service.
- 1.4 The lead officer for this assessment is Cath Roff, Director – Adult Social Care. Members of the assessment team are:

Anna Clifford	Programme Manager, Adult Social Care
Richard Graham	Senior Quality Assurance Officer, Adult Social Care
Pauline Ellis	Senior Policy and Performance Officer, advisor to the assessment.

##### 2.0 Current Services

##### 2.1 Background

- 2.1.1 Since 2010 two phases of the Better Lives programme have been implemented and a third phase of proposals has been consulted on, with a view to implementation of further recommendations in late 2016/ early 2017.

As part of phase two of the programme in 2013 the Council proposed to decommission Manorfield House residential home. Consultation was carried out alongside an Equality Impact Assessment on those impacted by the proposal. Following consultation a recommendation was made by Executive Board in September 2013 that the home will close when either; 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.

The home has remained open since 2013, but with no further admissions. As outlined in the Leeds Assessment and transfer protocol *'Running up to closure of a residential home, a minimum core of 10 residents are maintained to prevent deterioration in morale'*. The number of residents at Manorfield House has now fallen below this level and as such it is proposed that the remaining residents are supported through the assessment and transfer process to choose alternative services to meet their needs. An update to the Equality Impact Assessment for Manorfield House has been carried out. This will ensure all impacts on those affected by the decision to decommission the home are logged.

2.1.2 The criteria for determining the future options for the local authority provided residential and day services were considered and agreed by the Executive Board on 15 December 2010. This criteria formed the basis for reviewing each of the services during the three phases of the programme. The impact of proposals for each service was assessed during each phase through an Equality Impact Assessment Copies of Equality Impact Assessments can be obtained from the Equality Impact Team ([equalityteam@leeds.gov.uk](mailto:equalityteam@leeds.gov.uk)). The impact of the proposals was considered and assessed both in terms of those individuals directly affected and future users of the services (detail of the report: 'Future Options for Long Term Residential and Day Care for Older People' and the related appendices are available at: <http://democracy.leeds.gov.uk/documents/g4890/Public%20reports%20pack%2015th-Dec-2010>).

2.1.3 The following impacts for people living in the general population were identified:

- The proposals around residential care supported the national view that a strategic resource shift is needed from residential care to services aimed at supporting people to live independently and safely in their own homes and communities for longer.
- It was expected that the proposed programme of change will result in improved, personalised services to be delivered for older people with dementia and their carers in a manner and location of their choice - with improved outcomes.
- Residential care homes managed by the Council are provided alongside a well developed independent sector care home market, which offers a wide range of services delivered in a flexible manner. Services commissioned by the Council will retain the focus on continuously improving the quality of service to all service users.
- The proposals to phase-out permanent admissions to statutory residential homes could impact on potential residents in the general public however the development of new community based preventative services and Intermediate Care services will enable older people to remain living safely and independently at home.
- To address concerns of a 2 tier system – those who can afford to pay and those who cannot - the commissioning of services will take full account of equalities and ensure that places purchased through the Independent Sector are of a consistent, high quality that meets individually identified needs.

2.14 The adverse impacts of the change have been lessened and potentially removed through putting in place a range of mitigating actions. These actions include the following:

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- An assessment team was established to undertake assessments of service users in accordance with the Council's Assessment and Transition Protocol.
- A Leeds-specific Care Guarantee was developed which outlined the principles that residents affected by the closures could expect from the Council to ensure their dignity, choice and rights were protected
- People who did not have the capacity to make an informed decision were given access to an independent advocate arranged by Adult Social Care.
- Risk assessments were carried out to ensure that clinical and therapeutic needs of those directly affected were responded to urgently and with sensitivity.

2.15 The Executive Board report describes in detail the outcomes for service users directly affected in phase 1 and 2 of the programme.

### 3. Proposals

3.1 These proposal to commence with decommissioning Manorfield House residential home is subject to an individual EIA, outlined in section 2 of this report.

3.4 Leeds City Council will wherever possible seek to avoid any unintended consequences of any proposals developed that have a negative impact. This could be disproportionate impacts on different geographic locations, communities and the voluntary and community sector.

3.5 Subject to a decision to commence with decommissioning Manorfield House, the remaining nine residents will be supported through the assessment and transfer process to choose alternative services to meet their needs. The process will be carried out by the experienced assessment and transfer team who worked with residents throughout previous decommissioning exercises during phase 1 and 2 of the Better Lives programme. The team will use the existing assessment and transfer protocol including the Care Guarantee. All residents and staff impacted will be kept fully informed and engaged throughout this process.

### 4.0 Scope of the equality, diversity, cohesion and integration impact assessment

4.1 This EIA will consider and assess the impact of the options for:

- Current residents and carers affected by the proposed options, as future users were consulted in the equality impact process for the first phase of this programme.

4.2 This EIA is intended to support the decision making process by:

- Identifying the potential positive and negative impact of any changes/ decisions on each protected characteristic
- Setting out actions to minimise/ mitigate any adverse impacts

4.3 Proposals have been subject to Equality Screening and this concluded that the proposed options will potentially give rise to equality impacts particularly by those older and disabled people, their families and carers, whose home is currently provided by the in-house service.

4.4 Staff will also be affected, particularly women who make up 93% of the workforce at Manorfield House. If the proposals are agreed, a full EIA on organisational change

will consider impacts on staff and therefore staff are not included in the scope of this EIA.

- 4.5 To mitigate against any adverse impacts and ensure that any such impacts are minimised, it was agreed that each option would be subjected to an equality impact assessment. The assessments will then be considered through the council's decision making process. These are outlined in Section 2 of this report.
- 4.5 Should agreement be given to progress with the proposals, an implementation plan will be developed in line with the Assessment and Closure Protocol. This would show how any closures would be managed over the timescales and how residents, relatives, and carers are to be supported to safeguard human rights and minimise distress and maximise the benefits to individuals. This will relate particularly to the monitoring arrangements in relation to the proposed changes.

### **5.0 Fact Finding – what do we already know?**

#### **5.1 Demographics**

- 5.1.1 Leeds is the second largest Metropolitan District in England with an estimated population in excess of 750,000 people. The country is faced with an increase in the proportion of older people in its population. There are currently 9.9m million people aged 65 or over in the UK and this figure is expected to rise in the next 20 years to over 14.1 million in 2033 (ONS, 2014 projections). This represents 24% of the total population.
- 5.1.2 The increase is reflected in Leeds, where there are currently 116,600 people over the age of 65, representing 14.6% of the overall population of the city. This figure will increase to 129,800 by 2020 (15.3% of population) and by 2030 the figure will reach 153,800 (16.9% of population) (ONS subnational population projections, March 2012).
- 5.1.3 Leeds is clearly becoming a more diverse place. Stonewall, the lesbian, gay and bisexual charity, estimates that large cities such as Leeds with an established gay scene, businesses and support network may be made up of at least 10 per cent lesbian, gay and bisexual people.
- 5.1.4 Leeds population broken down by religion or belief is 55.9% Christians, 5.4% Muslims, 1.2% Sikh, 0.9% Jewish, 0.9% Hindu, 0.4% Buddhist other religion 0.3% and 28.2% no religion or 6.7% not stated.
- 5.1.5 Leeds is now home to over 130 different nationalities. The 2011 Census estimated that 18.9 per cent of the total resident population comprised people from black and minority ethnic communities (including Irish and other white populations), a rise of 8 per cent from the 2001 Census.
- 5.1.6 Many citizens in the over 65 age group continue to contribute to the economic prosperity of Leeds and the social fabric of its diverse communities. This is reflected in the number of people who continue to work beyond 65 either in paid employment or as volunteers. The over 65 year-olds who act as informal or family carers also play an important part in our society. However it is estimated that almost all people currently aged 65 will need healthcare, and 66% of men and 84% of women will need some social care before they die (Personal Social Services Research Unit, 2011).
- 5.1.7 Dementia is one of the main causes of disability in later life, with over 820,000 people estimated to be suffering from dementia in the UK in 2010. By 2025, the number is

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expected to rise to one million (ONS, background paper 7). In Leeds there are an estimated 8,500 people with dementia and this figure is estimated to increase to 12,000 by 2028, a 35-40% increase in 15 years (Leeds Dementia Strategy 2013).

- 5.1.8 The trend to move out of the provision of long term care is a feature of local authorities across the country and many are viewing Extra Care Housing as a preferable alternative option, for example Birmingham which has now closed all twenty nine of its long term care homes and developed additional Extra Care Housing.

### 5.2 Trends

- 5.2.1 Although there is an increasing number of older people in the population, nationally the demand for residential care homes has fallen as people have chosen and been supported to remain as independent as possible in suitable housing. Details of the trends for residential places and the Councils realignment of services to ensure they continue to provide for the needs of older people are outlined in the phase 2 report to Executive Board 'Better Lives for People of Leeds: the future of residential and Day Services for Older People' (<http://democracy.leeds.gov.uk/documents/s101337/Day%20Care%20Cover%20Report%20220813%20v2.pdf>) and in the June 2016 report to Executive Report 'Better Lives Programme' – Next Steps and Progress Report).

### 5.4 In addition to the above, the EIA considers data from the following

- Key strategies and policies relating to the proposals, including the Better Lives Strategy (<https://betterlivesleeds.wordpress.com>) and the Best Council Plan 2015-2020 ([www.leeds.gov.uk/docs/BestCouncilPlan](http://www.leeds.gov.uk/docs/BestCouncilPlan))
- Quantitative information relating to the profile of current residents and carers. This is included within each assessment in section 2
- Feedback from consultation with those directly affected
- Feedback from consultation with key partners in the NHS
- Comments from submissions, complaints and suggestions received throughout the course of the consultation
- Feedback/comments from Area Committees, Cross Party Advisory Group, and individual Elected Members.

### 6.0 Are there any gaps in equality and diversity information?

- 6.1 Adult Social Care, where possible, will obtain full equality information around the profile of residents and determine the likely impacts given that profile. Due regard will be taken of this information during the implementation phase, should these proposals be agreed. A review of the impact will also be undertaken post implementation, considering any impact on equality groups.

### 7.0 Consultation and involvement

- 7.1 Detailed consultation on the proposals relating to Manorfield House took place between 11 March and 3 June 2013. The aim of the consultation was to consult with those directly affected and as a priority the existing residents of care homes and their families and carers. Detailed consultation also took place with affected staff and

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Trade Unions, with related stakeholders within the locality, including elected members and partner organisations.

- 7.1.1 As part of the consultation with residents, their families and carers a questionnaire has been used in one to one interviews as a tool to capture responses to the proposed option for each individual care home and day centre. The aim was to:
- Capture people's responses to the proposed changes
  - Determine the impact on individuals and how this might be reduced as plans are developed.
- 7.1.2 The findings from the consultation were outlined in full phase 2 Consultation Report. Key themes are outlined in the Equality Impacts Assessment options in section 2 of this report.

### **8.0 Equality impacts Identified**

- 8.1 The table below highlights the range of impacts on equality characteristics, stakeholders and other potential barriers.
- 8.2 Data on current users indicate that the proposed options potentially give rise to impacts mainly in respect of age; gender, race, disability, carers and socio-economic. Data relating to sexual orientation and gender reassignment is not available, however no disproportionate impacts have been identified for these equality characteristics through consultation with current residents and carers.

<b>Equality characteristics</b>		
<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Carers	<input checked="" type="checkbox"/> Disability
<input checked="" type="checkbox"/> Gender reassignment	<input checked="" type="checkbox"/> Race	<input checked="" type="checkbox"/> Religion or Belief
<input checked="" type="checkbox"/> Sex (male or female)	<input checked="" type="checkbox"/> Sexual orientation	
<input checked="" type="checkbox"/> Other low socio-economic groups		
<b>Stakeholders</b>		
<input checked="" type="checkbox"/> Services users	<input checked="" type="checkbox"/> Employees	<input checked="" type="checkbox"/> Trade unions
<input checked="" type="checkbox"/> Partners	<input checked="" type="checkbox"/> Members	<input checked="" type="checkbox"/> Suppliers
<b>Potential barriers for current users</b>		
<input checked="" type="checkbox"/> Built environment	<input checked="" type="checkbox"/> Location of premises and services	
<input checked="" type="checkbox"/> Information and communication	<input checked="" type="checkbox"/> Customer care	
<input checked="" type="checkbox"/> Timing	<input checked="" type="checkbox"/> Stereotypes and assumptions	
<input checked="" type="checkbox"/> Cost	<input checked="" type="checkbox"/> Consultation and involvement	
<input checked="" type="checkbox"/> Specific barriers to the strategy, policy, services or function:		
○ Staffing		
○ Capacity of the Independent Sector		

8.3 The following provides an overview of the relevance of the proposals to the equality characteristics and where identified, action to mitigate any impact

8.4 **Age:** The proposals for change are aimed at providing improved services to older people of the 65+ age group. The overall aim of the proposals is to reform and

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modernise services for older people. It is embedded in key modernisation strategies and strategies specific to older people which highlight the importance of enabling older people to remain in their own homes for as long as possible.

- 8.5 **Disability:** By the nature of the residential service, all residents are older people and have impairments associated with ageing. As part of the review, the Council will consider that its role in ensuring the need for specialist provision in key areas such as the increasing need for dementia services and intermediate care is met.
- 8.6 **Gender:** Compared with the general population, statistical data of current service users suggest that the service reflects the gender profile across the city.
- 8.7 **Race:** Statistical data of current service users indicates lower usage by people from BME groups. In relation to current BME residents this provides an opportunity to consult with them on relocation which could result in a positive impact.
- 8.8 **Religion or belief:** No specific issues have been identified in relation to religion or belief. The service will be provided to people irrespective of, but with respect for religion and belief, as this will be taken into consideration in any needs assessment.
- 8.9 **Carers/ families:** The review will seek to identify changes which promote independence and choice and facilitate support for carers.
- 8.10 **Cohesion:** Integrating people into communities wherever possible will enable them to access universal services and make links with their own communities
- 8.11 **Social Exclusion:** The service proposals will need to ensure that socially excluded people are not disproportionately disadvantaged as a result of these changes.
- 8.12 **Sexual orientation:** No specific issues have been identified in relation to sexual orientation. The service will be provided to people irrespective of, but with respect of their sexual orientation, as this will be taken into consideration in any needs assessment.
- 8.13 **Gender reassignment:** No specific issues have been identified in relation to gender reassignment. The service will be provided to people irrespective of, but with respect of their gender reassignment, as this will be taken into consideration in any needs assessment.



## Section 2

### Equality Impacts Assessments on proposed options

**Proposal:** To decommission the facility and transfer service users to other services of their choice already available in the ward / area

#### Bed profile

	Manorfield House
Permanent generic residential	9
Respite	2

#### Resident Profile

Age	Manorfield House
100+	0
90-99	3
80-89	5
70-79	1
60-69	0
Physical disability or age related frailty	2
Male	0
Female	9
Ethnic Origin	8
White British	
Ethnic origin BME	1
Ethnic Origin	0
Not Given	
White European	0
Chinese	0

Resident's previous address by ward	No. of residents
Armley	1
Calverley and Farsley	1
Guiseley and Rawdon	1
Hyde Park and Woodhouse	2
Kirkstall	2
Otley and Yeadon	1
Weetwood	1

#### Number of Independent sector beds in the area

32 care beds without nursing	Olive Lodge
35 care beds with nursing	Sunningdale Lodge
10 units of Extra Care Housing	Philips Close (Bedford Court)

### **Consultation**

Informal and formal consultation was undertaken with all services users over a period of 12 weeks.

**The Phase 2 Consultation Report provides a full analysis of responses.**

#### **Key themes from the consultation**

Concerns related to the detrimental impact on the physical and mental health of residents, their families and carers. There were particular concerns expressed for very old residents with high care needs and those with dementia who will find change hard to cope with.

There are strongly expressed wishes to stay with groups of friends and to maintain support networks for residents and their carers.

Carers are concerned for the loss of peace of mind that respite care brings and which helps them to cope with the demands of caring.

In relation to responses from Manorfield House, a lack of knowledge, choice, capacity and quality of alternative provision in the local area was emphasised. Comments also related to the degree to which community and local needs have been taken into account particularly where there are limited local community facilities.

The emerging key themes to alleviate the impact of the proposals suggest that the following are important:

- Alternative provision is of a similar nature and quality
- Alternative provision is local
- Keep friends together
- Keep the homes open and cease permanent admissions allowing current residents to remain.

#### **Potential impacts identified from decommissioning these services:**

##### **Built environment**

The older age and physically frail are likely to find changes more difficult to cope with both physically and mentally in terms of changes in routine and to their care needs. The built environment may dictate some of these changes.

**Action:** An assessment of every service user will be undertaken in accordance with the Assessment and Closure Protocol and the recommended ways to minimise stress factors will be put in place.

##### **Location of premises**

Where there is lack of availability of alternative provision and where people move to may have an impact on residents who have lived at the home for a considerable length of time and who have long established links to the local area. Residents may have strong friendships and be fearful of the impact of the proposed changes on their lives, and whether they are able to maintain the relationships they have established. It may also impact on carers and relatives and whether they can maintain regular visits due to greater distances to travel and associated costs.

**Action:** Focus on local alternative provision and give consideration to methods of ensuring continued contact between people, in line with the Assessment and Closure Protocol.

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**Action:** Work with officers in City Development to support and encourage the independent sector to develop older people's housing with care (including residential, nursing and extra care housing) in areas of short supply.

### **Communication and Information**

Some residents may not be able to make their own decisions, or may need one-one help in understanding the proposed changes.

**Action:** Clear and timely communication to all residents, particularly which provides information about alternative provision. Steps will be taken to ensure independent advocates are available for those who need one.

### **Customer Care and staff training**

Staff will play a lead role in understanding the concerns of residents, helping them understand the proposed changes and helping them make the right decisions for themselves.

**Action:** Provide appropriate support to staff through awareness raising events.

### **Cost**

Carers may be reliant on the home for respite from their caring role, and so may need to make other arrangements, which could involve additional costs.

There is a risk that the changes to care provision could increase social inequality among older people as some users may be financially worse off as a result of a move.

**Action:** Offer all current service users alternative residential respite care

**Action:** Ensure that a full benefit and financial review is undertaken as part of the service user assessment to ensure any financial detriment is negated in keeping with the Care Guarantee.

### **Stereotypes and assumptions**

Assumptions may be made in connection with residents with dementia and extremely frail residents who have co-existing illnesses

**Action:** A full reassessment of all service users and carers will be undertaken by qualified social workers to ensure that current, individual needs are properly understood. Individuals and their relatives/carers will be supported by their managers or a dedicated resource to seek appropriate alternative services following a reassessment of their needs and will be given comprehensive information on cost, quality and all alternatives in order to make an informed decision

**Actions to ensure mitigation is in place are outlined in the Equality Diversity and Integration Action Plan on Page 12.**

### Equality, diversity, cohesion and integration action plan

(insert all your actions from your assessment here, set timescales, measures and identify a lead person for each action)

#### Care Homes

Action	Timescale	Measure	Lead person
An assessment team will be established to undertake assessments of service users in accordance with the council's Assessment and Transitions Protocol. This work will be overseen by an Assurance Group who will monitor and advise during the process.	In line with programme plan	<ul style="list-style-type: none"> <li>• A stress free, managed and coordinated transition of residents to alternative accommodation</li> <li>• Minimised /eradicated risk to health and well-being of residents and carers brought on by move</li> <li>• The number of residents accessing alternative accommodation of their choice</li> <li>• The number of people satisfied with their alternative accommodation</li> </ul>	Programme Team
Give consideration to methods of ensuring continued contact between people, in line with the Assessment and Closure Protocol. Focus on local alternative provision. Give consideration to carers and relatives around the distance to travel to alternative provision	In line with programme plan	<ul style="list-style-type: none"> <li>• Friendship groups maintained where requested</li> <li>• Risk of social isolation removed</li> <li>• The number of residents able to transfer and remain within their local area where they have long established links</li> <li>• The number of relatives and carers able to maintain regular visits</li> </ul>	Programme Team

Action	Timescale	Measure	Lead person
Commissioning to take full account of equality issues and to ensure that the quality of services is consistent and of good quality	In line with programme plan	Services commissioned by the council will focus on quality of service to all diverse users.	Programme Team
Ensure that the range of alternative provision meets the needs and outcomes of people across all cultures.	In line with programme plan	Provision of accessible services that meet the needs of all diverse users	Programme Team
Further and more detailed negotiations to be undertaken with NHS Leeds aimed at developing an integrated service model	In line with programme plan	<ul style="list-style-type: none"> <li>• A decrease in the number of older people needing long-term residential care.</li> <li>• A decrease in hospital admissions and delayed discharge from hospital</li> <li>• An increase in the number of older people accessing preventative services that maintains independent living</li> </ul>	Programme Team
Older people with physical disability/frailty who are in need of high level support and personal care, including adapted facilities, will be identified and offered 'taster' sessions to try alternative services which provide this level	In line with programme plan	<ul style="list-style-type: none"> <li>• Minimised confusion for older people</li> <li>• Minimised changes to routine</li> <li>• Individual care needs met</li> </ul>	Programme Team

Action	Timescale	Measure	Lead person
of care			
Ensure robust procedures are in place to identify and manage safeguarding concerns as they arise. All staff and volunteers to be trained in recognising and responding to safeguarding concerns	In line with programme plan	The provision of: <ul style="list-style-type: none"> <li>• Services that prioritise both safeguarding and independence</li> <li>• A well trained workforce operating in a culture of zero tolerance of abuse</li> <li>• A sound framework for confidentiality and information sharing across agencies good universal services, such as community safety services</li> <li>• Needs and risk assessments to inform people's choices</li> <li>• A range of options for support to keep safe from abuse tailored to people's individual needs</li> </ul>	Programme Team
All equalities considerations will be considered in the planning and commissioning of services. All services will be monitored to identify where there is disproportionate impact and action taken to understand and where appropriate address	In line with programme plan	The number of assessments undertaken to ensure that the individual needs of residents and carers are properly understood	Programme Team
Ensure that the assessment team and	In line with programme plan	<ul style="list-style-type: none"> <li>• Service users and their carers able to exercise choice and make</li> </ul>	Programme Team

Action	Timescale	Measure	Lead person
care home staff are aware of the full range of alternative services available and that information is available in a range of formats		<p>informed decisions on the range of services available</p> <ul style="list-style-type: none"> <li>• Improved personalised services for older people and their carers, with improved outcomes</li> <li>• The number of residents who understand the changes and are able to make informed decisions</li> </ul>	
Involve residents and carers fully in the decision making process when considering alternative services. Ensure carers receive regular information on the change process. Signpost to carer support networks	In line with programme plan	<ul style="list-style-type: none"> <li>• The number of residents accessing alternative accommodation of their choice</li> <li>• The number of people satisfied with their alternative accommodation</li> <li>• The number of carers accessing support networks</li> </ul>	Programme Team
Provide service users with an opportunity to let the council know what impact the changes may have on them	In line with programme plan	<ul style="list-style-type: none"> <li>• The number of residents and carers reporting the impacts of the changes</li> </ul>	Programme Team
Ensure that a range of information relevant to all cultures is available in a range of accessible formats and main community languages. Involve communities and their representatives in	In line with programme plan	<ul style="list-style-type: none"> <li>• Positive relocation for current BME residents</li> </ul>	Programme Team

Action	Timescale	Measure	Lead person
identifying gaps.			
Continue dialogue and negotiations with stakeholders and interest groups with regard to future building use.	In line with programme plan	<ul style="list-style-type: none"> <li>• Identification of options for any decommissioned sites and realisation of benefits through re-use or sale</li> <li>• The number of decommissioned buildings in community use</li> </ul>	Programme Team
Work with officers in City Development to advertise for residential/nursing care development at the earliest opportunity	In line with programme plan	The number of new developments in areas of high demand	Programme Team
Ensure that a full benefit and financial review is undertaken as part of service user assessment to ensure no financial detriment	In line with programme plan	No resident financially disadvantaged as a result of change	Programme Team



**Governance, ownership and approval**

State here who has approved the actions and outcomes from the equality, diversity, cohesion and integration impact assessment

Name	Job Title	Date
Cath Roff	Director, Adult Social Care	08/09/16

**Monitoring progress for equality, diversity, cohesion and integration actions**

(please tick)

- As part of Service Planning performance monitoring
- As part of Project monitoring
- Update report will be agreed and provided to the appropriate board  
Please specify which board
- Other (please specify)

**Publishing**

This Equality, Diversity, Cohesion and Integration impact assessment will act as evidence that due regard to equality and diversity has been given.

If this impact assessment relates to a **Key Delegated Decision, Executive Board, full Council** or a **Significant Operational Decision** a copy should be emailed to Corporate Governance and will be published along with the relevant report.

A copy of **all other** Equality and Diversity, Cohesion and Integration impact assessment's should be sent to [equalityteam@leeds.gov.uk](mailto:equalityteam@leeds.gov.uk). For record keeping purposes it will be kept on file (but not published).

<b>Date impact assessment completed</b>	19/08/16
If relates to a Key Decision – <b>date sent to Corporate Governance</b>	08/09/16
Any other decision – <b>date sent to Equality Team (equalityteam@leeds.gov.uk)</b>	

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## Equality, diversity, cohesion and integration screening – organisational change impacting on the workforce

As a public authority we need to ensure that all organisational change arrangements impacting on the workforce have given proper consideration to equality, diversity, cohesion and integration.

Equality and diversity will always have relevancy to organisational changes which impact on a diverse workforce. If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration then you have already carried out an impact assessment.

A **screening** process is a short, sharp exercise, which completed at the earliest opportunity will help to determine:

- whether or not equality, diversity, cohesion and integration is being or has already been considered, and therefore
- whether or not it is necessary to carry out an impact assessment.

<b>Directorate: ASC</b>	<b>Service area: Older Peoples Services</b>
<b>Lead person: Debbie Ramskill</b>	<b>Contact number: 3367709</b>

### 1. Please provide a brief description of the organisational change arrangements that you are screening

Approval is being sought at Executive Board in September 2016 to:

1. Approve the immediate decommissioning of services provided at: Middlecross, Siegen Manor and The Green Residential Homes
2. Approve the immediate decommissioning of services provided at: Middlecross, Siegen Manor and The Green, Springfield and Radcliffe Lane Day Centres.
3. Note the immediate closure of Manorfield House.
4. Agree that The Green be retained as a community asset for intermediate care / recovery beds subject to the discussion and agreement with NHS commissioners.

### 2. Consideration of equality, diversity, cohesion and integration checklist

Questions	Yes	No
Have you already considered equality and diversity within your current and future planning?	x	
Where you have made consideration does this relate to the range of equality characteristics	x	
Have you considered positive and negative impacts for different equality characteristics	x	

Have you considered any potential barriers for different groups	x	
Have you used equality information and consultation where appropriate to develop your proposals	x	
Is there a clear plan of how equality areas identified for improvement will be addressed	x	

If you've answered **no** to the questions above, there may be gaps in your equality and diversity considerations and you should complete an equality and diversity, cohesion and integration impact assessment (organisational change). Please go to **section 4**.

If you've answered **yes** to the questions above and believe you've already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 3**.

### 3. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate that you've considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

#### How have you considered equality, diversity, cohesion and integration?

(think about the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected).

There are currently a total of 351 ASC and 123 CEL staff employed at all older people care homes and day centres. 187 ASC and CEL staff are working at establishments which are proposed to close immediately.

Employees are predominantly female, white and non-disabled. More than 50% are over 55 years old.

Employees within the service will have the opportunity to be flexibly redeployed into alternative roles within ASC / CEL, or be redeployed into alternative roles across the council. This will be carried out with support from management and HR. Employees also have the option to leave the council on the Early Leavers Initiative [ELI].

#### Key findings

(think about any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another).

Staff are potentially at risk of redundancy although the council will make every effort to avoid, reduce and mitigate against this.

#### Actions

(think about how you'll promote positive impact and remove or reduce negative impact)

Continued employee engagement and trade union consultation will take place to support

current employees into new opportunities.	
<b>4. If you're <b>not</b> already considering the impact on equality, diversity, cohesion and integration <b>you'll need to carry out an impact assessment</b></b>	
Date to scope and plan your impact assessment:	
Date to complete your impact assessment	
Lead person for your impact assessment (Include name and job title)	

<b>5. Governance, ownership and approval</b> Please state here who approved the actions and outcomes of the screening		
<b>Name</b>	<b>Job title</b>	<b>Date</b>
Cath Roff	Director, Adult Social Services	08/09/16
<b>Date screening completed</b>		19/08/16

<b>6. Publishing</b>	
Though <b>all</b> key decisions are required to give due regard to equality the council <b>only</b> publishes those related to <b>executive board, full council, key delegated decisions</b> or a <b>significant operational decision</b> .	
A copy of this equality screening should be attached as an appendix to the decision making report:	
<ul style="list-style-type: none"> <li>governance services will publish those relating to executive board and full council</li> <li>the appropriate directorate will publish those relating to delegated decisions and significant operational decisions</li> <li>a copy of all other equality screenings that are not to be published should be sent to <a href="mailto:equalityteam@leeds.gov.uk">equalityteam@leeds.gov.uk</a> for record</li> </ul>	
Complete the appropriate section below with the date the report and attached screening was sent	
For executive board or full council – sent to governance services	Date sent: 08/09/16
For delegated decisions or significant operational decisions – sent to appropriate directorate	Date sent:
All other decisions – sent to the equality team	Date sent:

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## **Leeds City Council Care Guarantee – Better Lives for Older people: Future Options for Long Term Residential Care Home Service**

### **Our Care Guarantee**

It is recognized that decisions to close or re-commission any local authority care home is likely to cause anxiety for residents, their families, carers and staff.

To alleviate these anxieties, Leeds City Council Adult Social Care has developed the following Care Guarantee for people affected by the changes. This guarantee outlines our commitment to provide you with support and help throughout the whole process.

### **Our commitment to you:**

- We have consulted fully and widely, and made sure people's views were considered before any final decisions were made by Leeds City Council, on the future of the Council's long term residential care homes.
- We will continue to consult fully and widely and secure ongoing engagement at every stage of the process.
- Older people and people acting on their behalf can contact Leeds City Council by telephoning one telephone number for information about services and we will get back to you within 1 working day (during the working week). This number is 0113 37 83821
- Information on decisions and timescales will be shared with residents and their families in a timely and accessible manner.
- When a home is closing people's dignity, choice and rights will be protected.
- People who don't have the capacity to understand what is happening will be provided with an independent advocate arranged by us.
- The health and wellbeing of residents is paramount and risk assessments will be carried out to ensure that clinical and therapeutic needs are responded to urgently and with sensitivity.
- The assessment of need, care planning and choice of alternative service will be focused on the individual, their carer/family and developed in partnership with their named social worker.
- Residents will not be asked to move until we are sure we have alternative options available; these may include housing with care schemes or residential homes in the private and independent sector – depending on the person's individual needs.
- Support will be given to residents and their carer/family in identifying and moving to an alternative home that meets the person's individually assessed need; a dedicated care manager will work with each resident throughout the whole process.
- Residents of the Council's residential care homes and their carer/family will have visits arranged to alternative home(s) of their choice where they will have the chance to meet other residents and speak with staff before any decision to move is made.
- Where the Council is currently contributing towards a resident's care home fee there will be no financial detriment to the resident or carer/family in choosing a new care home from the Council's quality framework list. Any proposed transfer to a care home not on the Council's quality framework list will be considered on an individual basis and may incur a top-up fee. The Council will not pay any supplement relating to enhancements that a care home may offer (such as a larger room).
- Staff in the current home will work closely with any new provider to ensure that they get to know each new resident, their likes and dislikes. Ongoing support will be available for new residents and their new care provider.
- The move of residents from their existing care home to another will be carried out by a dedicated team of social workers and the process will be overseen by a group which will include therapy, nursing and medical staff to assure its quality and effectiveness. The assurance group will also advise on complex or sensitive issues as they arise.
- The social work team will work closely with the health service during this period of change and involve nurses and GPs as required.

- A resident or anyone acting on their behalf who is concerned about the transition process can speak to their social worker or the team manager.
- When a resident has moved to their new care home their care plan will be reviewed by the social work team after approximately three months or as needed. Once the resident has settled in, the care plan will be reviewed on an annual basis. The resident's social worker will be available for support and to answer any queries throughout this period.



## **Leeds City Council Care Guarantee – Better Lives for Older people: Future Options for Day Care Support**

### **Our Care Guarantee**

It is recognized that decisions to close or re-commission residential and day care facilities will cause anxiety and uncertainty for day centre users their families and carers and staff.

To alleviate these anxieties, Leeds City Council Adult Social Care has developed the following Care Guarantee for people affected by the changes. This guarantee outlines our commitment to provide you with support and help throughout the whole process.

### **Our commitment to you:**

- We have consulted fully and widely, and made sure people's views were considered before any final decisions were made by Leeds City Council, on the future of day care facilities.
- We will continue to consult fully and widely and secure ongoing engagement at every stage of the process.
- Older people and people acting on their behalf can contact Leeds City Council by telephoning one telephone number for information about services and we will get back to you within 1 working day (during the working week). This number is 0113 37 83821
- Information on decisions and timescales will be shared with you in a timely and accessible manner.
- When a day centre is closing people's dignity, choice and rights will be protected.
- People who don't have the capacity to understand what is happening will be provided with an independent advocate arranged by us.
- The health and wellbeing of service users is paramount and risk assessments will be carried out to ensure that clinical and therapeutic needs are responded to urgently and with sensitivity.
- The assessment of need, care planning and choice of alternative service will be focused on the individual, their carer/family and developed in partnership with their named social worker.
- You will not be asked to move until we are sure we have alternative options for you; these may include local community facilities or respite facilities depending on your individual needs.
- Service users of the Council's day centres and their carer/family will have visits arranged to alternative provision of their choice before any decision to move is made. You will have the chance to meet other service users, and speak with staff before you decide.
- There will be no financial detriment to you or your family in choosing a new placement – it will not cost you any more than it does now.
- Staff in the current day centre will work closely with any new provider to ensure that they get to know you, your likes and dislikes and will be available for support and reassurance to you in your new centre and for support they can give the new provider.
- The move of service users from one service to another will be carried out by a dedicated team of social workers and the process will be overseen by a group which will include therapy, nursing and medical staff to assure its quality and effectiveness.
- We will work closely with the health service during this period of change and involve nurses and your GP as required.
- A service user or anyone acting on their behalf who is concerned about the transition process can speak to their social worker or the team manager.
- The transition process will be overseen by an assurance group who will advise on complex or sensitive issues as they arise.
- Once you have moved to a new service your care plan will be reviewed within the first three months by your social worker and then on request as needed. Once you are settled, the care plan will be reviewed on an annual basis. Your social worker will be available for any queries or support during this time.

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**SCRUTINY BOARD  
(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)**

**11 OCTOBER 2016**

**Extract from the draft minutes of the Executive Board meeting, held on 21 September 2016.**

**HEALTH, WELLBEING AND ADULTS**

**60 Better Lives Programme: Phase Three: Next Steps and Progress Report**

The Director of Adult Social Services submitted a report presenting the outcomes from the associated consultation exercise which was agreed to be undertaken by Executive Board on 23<sup>rd</sup> September 2015 (Minute No. 40 referred), and which sought approval of the next steps for the delivery of the Better Lives Strategy.

In presenting the report, the Executive Member for Health, Wellbeing and Adults thanked all of those who had participated in the associated consultation process, with specific reference to the contribution of the Scrutiny Board (Adult Social Services, Public Health and NHS), partners, stakeholders, Trade Unions, service users and their families, and highlighted how the original proposals had been revised in response to the contributions made.

In addition, detail was provided upon the submitted proposals, which looked to modernise the type of social care that was provided in Leeds, unlock sites for extra care and also enhance intermediate care and complex care provision. The focus that was being placed upon improving the quality of service provided within the private sector was also highlighted.

Members then discussed the key proposals detailed within the report, and with respect to specific enquiries raised around the decommissioning of certain services, the Board was provided with detailed responses to such enquiries.

Linked to this, Members also discussed the evolving nature of social care provision in the city, with specific reference being made to the role played by the Council, Neighbourhood Networks and private sector providers. The Board also considered matters regarding capacity and quality levels of social care provision, with specific reference being made to the surplus of residential care in the city and the demand which existed for extra care housing. Responding to such comments, emphasis was placed upon the vital role to be played by extra care housing in the future, whilst also, officers undertook to provide Board Members with further details regarding the over-supply of residential care units in the city.

In response to a specific enquiry regarding the content of correspondence which had been received by some service users, it was undertaken that the content of such communications would be reviewed.

Also, given the significant nature of this matter, it was requested that Members were provided with the opportunity to comment upon this matter at the next scheduled Council meeting. In response, it was undertaken that this request, and the portfolio order by which the Executive Board minutes would be considered at the November Council meeting would be submitted to the Group Whips for consideration.

Furthermore, the Board received assurances that the priority for providing any affected service users with alternative provision would be to accommodate the choices of the individual, and that they would be guaranteed to receive a level of provision which was at least equal in quantum and to the standard of their current provision, if not better. In addition, it was highlighted however that should an individual choose provision that was rated less than their current standard, then where appropriate, checks may be undertaken in order to ensure that that choice was in the individual's best interest.

In addition, assurances were also provided around the personal support that service users and their families would be given during any transition process by the Assessment and Transfer Team.

In conclusion, the Chair highlighted the need for the Council to continue to lobby Government on a cross-party basis, in order to highlight the level of resource that the Local Authority needed in order to ensure that there was the necessary levels of social care provision in the city.

#### **RESOLVED –**

- (a) That the decommissioning of the services provided at: Middlecross, Siegen Manor and The Green residential care homes, be approved;
- (b) That the decommissioning of the services provided at: Middlecross, Siegen Manor, The Green, Springfield and Radcliffe Lane Day Centres, be approved;
- (c) That the timescales for ceasing those services, based on the timeline as detailed within Appendix 3 to the submitted report, be agreed;
- (d) That the remodelling of Wykebeck Valley day centre to become a complex needs centre for the east of the city, taking a phased approach to accommodate the needs of existing and future customers, be approved;
- (e) That approval be given to the reinvestment of £0.111m from the planned savings, in order to ensure that Wykebeck can offer an enhanced service like Laurel Bank and Calverlands complex needs day centres;
- (f) That approval be given for the Siegen Manor site to be ear-marked for the purposes of exploring the potential to develop it for the provision of extra care housing;
- (g) That the development of a city-wide in-house integrated recovery service, comprised of Assisted Living Leeds, the SKILs enablement service and a bed-based offer to support the wider Leeds Intermediate Care Strategy, be approved, and that it be agreed that this service should be called the 'Leeds Recovery Service';

- (h) That approval be given for The Green to be retained as a community asset for intermediate care / recovery beds, subject to discussion and agreement with NHS commissioners, with a further report being presented to Executive Board for consideration when associated discussions have concluded;
- (i) That the outcome of the full consultation reports with stakeholders, including residents, service users, their families and carers, Trade Union, staff and Scrutiny Board, as detailed at Appendices 1 and 2 to the submitted report, be noted;
- (j) That the immediate decommissioning of the services provided at Manorfield House residential home, together with the assessment and transfer process of residents, be noted;
- (k) That the continued formal consultation under Employment Legislation with Trade Unions and staff be noted, together with the provision of support for staff throughout the decommissioning process which includes identifying any opportunities for employment within the Council;
- (l) That the development of alternative models of support, including those provided in the independent sector and by other in-house services, be noted;
- (m) That it be noted that the commissioned service Bay Tree Resource Centre in Moor Allerton also offers a choice of day support for people with complex needs including dementia;
- (n) That the continued work via the Housing and Care Futures programme to identify potential future use of the sites that become available as a result of the implementation of such proposals and resolutions be noted, which include the opportunity for further development of specialised older people accommodation, including extra care housing;
- (o) That it be noted that the lead officer responsible for implementation of such matters is the Director of Adult Social Services.

*(Under the provisions of Council Procedure Rule 16.5, Councillor A Carter required it to be recorded that he abstained from voting on the decisions referred to within this minute, whilst under the same provisions Councillor Golton required it to be recorded that he voted against the decisions referred to within this minute)*

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# Scrutiny Board Statement

## Response to the proposed closure of The Green Care Home

Scrutiny Board (Adult Social Services, Public  
Health, NHS)

April 2016



**Leeds**  
CITY COUNCIL







# Introduction and Background

## Introduction

1. In January 2016, the Scrutiny Board (Adult Social Services, Public Health, NHS) received a petition/ request for scrutiny to '*...stop the closure of The Green Home for Older People*'.
2. The request for scrutiny was formally considered by the Scrutiny Board at its meeting on 27 January 2016, where the Scrutiny Board agreed to consider the issues raised and examine the matter in more detail, through a working group of the Scrutiny Board. To help facilitate the attendance of the lead petitioner, a working group meeting was held on 16 March 2016.
3. Following on from the working group meeting and the provision of some further information, an initial draft response was considered by the Scrutiny Board at its meeting on 19 April 2016. At that meeting, the Scrutiny Board received comments on the initial draft response from the Executive Board Member for Health, Wellbeing and Adults and the Director of Adult Social Services. Members of the Scrutiny Board also highlighted additional comments.
4. It was agreed to reflect on the comments made and produce a further draft response, which was subsequently considered and agreed by the Scrutiny Board at its meeting on 29 April 2016.
5. The remaining details in this document set out the response agreed by the Scrutiny Board.

## Background

6. Following a viability review in July 2015, that concluded no other formal service reconfiguration could deliver the projected savings of £2.186M, The Green formed part of the proposed 'next steps' in delivering the Council's Better Lives Strategy presented and considered by the Executive Board in September 2015.
7. The projected level of revenue budget savings were calculated based on purchasing services of 'comparable quality' from the independent sector using actual occupancy / take-up of services across residential and day care services. The projected savings were estimated to be generated from residential care savings of £1.618M and day care savings of £0.568M.
8. A further summary of the projected residential care budget savings is provided below:

Care Home	Capacity	Occupancy*	Projected savings
The Green	37 beds	20 (54%)	£489,290
Seigen Manor	30 beds	19 (63%)	£569,992
Middlecross	32 beds	22 (69%)	£558,696
Totals	99 beds	61 (62%)	£1,617,978

\* Actual permanent occupancy (as at 5/6/15)

9. Part of the Executive Board's decision at its September meeting was:  
*'To begin consultation on the recommended proposals to decommission the three remaining care homes (Middlecross, Seigen Manor and The Green) and associated day centres...'*



# Introduction and Background

10. Following Executive Board approval, a 12-week period of consultation took place from 1st October to 23rd December 2015 with service users and their families and carers as well as staff working at The Green Care Home.
  - Comments and observations of the Executive Board Member (Health, Wellbeing and Adults), the Director of Adult Social Services and members of the Scrutiny Board, highlighted at the Scrutiny Board meeting on 19 April 2016 – where an initial draft response was considered.
11. In January 2016, the Scrutiny Board (Adult Social Services, Public Health, NHS) received a petition/ request for scrutiny to '*...stop the closure of The Green Home for Older People*' – which was formally considered at the meeting on 27 January 2016. At that meeting, the Scrutiny Board agreed to consider the issues raised and examine the matter in more detail through a working group of the Scrutiny Board.
12. To help facilitate the attendance of key stakeholders – including the lead petitioner, a working group meeting was held on 16 March 2016. A summary note from that meeting is attached at Appendix 1, which also includes details of all those in attendance at that meeting (Annex A).
13. As set out in Appendix 1, a number of supplementary questions (Annex B) were subsequently submitted to the Adult Social Services for clarification and additional information. The response received from Adult Social Services is presented at Appendix 2.
14. This response reflects and is based upon the:
  - Representations made at the working group;
  - Information presented to the working group;
  - Information made available in response to supplementary questions following the working group meeting; and,
15. In considering the content of this response, the Scrutiny Board has been very conscious of balancing the estimated financial costs to the Council with the potential personal costs and upheaval for existing residents and their families in the short term, and the medium to longer-term issues associated with the quality of alternative service provision in the independent sector.
16. The Scrutiny Board is very grateful to all those that have contributed and provided information for this aspect of the Board's work: The Board is particularly grateful to members of the public who shared their personal experiences of the care and facilities available to members of their family at The Green.

## Comments and Observations

17. At the working group meeting in March 2016, members heard some very personal experiences from those with family members currently residing at The Green: The experiences described a caring environment, where family members felt safe and happy. In what were often described as difficult situations, the working group also heard that the caring nature of the workforce offered a high degree of reassurance to families that they were 'doing the right thing' for their loved ones.
18. The financial context facing Adult Social Services was discussed and reiterated at the working group meeting. The Scrutiny Board is aware and recognises the unprecedented financial climate in which the Council and Adult Social Services continue to operate, and the significant financial pressures this brings. As it appears there are 'no good solutions' the financial position of Leeds' health and social care sector is likely to form the basis of inquiry for the Scrutiny Board in the new municipal year (2016/17). This will require significant input from Adult Social Services, Public Health and a range of health partners.
19. As set out in the notes at Appendix 1, the working group established some important matters that should be taken into account when considering the future of The Green, including:
- Somewhat contrary to the information presented, The Green is currently providing a service to a relatively local community when considering neighbouring wards – with around 19 from the current 27 residents (approx. 70%) being relatively local to The Green.
  - The Green is considered by others as 'an asset' to the Council and Adult Social Services is proud of the quality of care provided by the dedicated workforce.
- While it was generally acknowledged the physical condition of the building may be in need of refurbishment, there was a difference of opinion around the 'relative priority' when compared to the quality of care provided.
  - The relative quality of care available in nearby<sup>1</sup> independent sector establishments was variable, with a large proportion rated by the Care Quality Commission as 'Requires Improvement'.
  - The issue at the heart of any decision appeared to be a value judgement that would balance the quality of care against the cost of maintaining service provision at The Green.
20. Furthermore, a range of additional important information was collated after the meeting and is set out in Appendix 2. This included:
- Confirmation of the status of the Council's remaining care homes currently operated by Adult Social Services.
  - The financial implications for residential care costs associated with the implementation of a 'national living wage'.
  - Clarification of the projected 'capital investment' costs and implications.
  - Confirmation there was not a waiting list for The Green, with confirmation that 5 of the 37 beds were unoccupied (i.e. approx.. 86% occupancy)<sup>2</sup>

<sup>1</sup> Within a 5 mile radius of The Green Care Home.

<sup>2</sup> Confirmed by Adult Social Services in its response, dated 15 April 2016.

## Quality

21. In the report to the Executive Board in September 2015, it is important to recognise that the projected level of revenue budget savings presented were calculated based on purchasing services of 'comparable quality' from the independent sector. The issue of 'comparable quality' is therefore a fundamental consideration.
22. As previously mentioned, the working group considered the relative quality of care available in nearby independent sector establishments to be variable; with a large proportion rated by the Care Quality Commission (CQC) as 'Requires Improvement'. Based on the information provided, of the 15 independent sector care homes (without Nursing Care), 5 had not yet been rated by the CQC. Of the remaining 10, 80% were identified as 'requires improvement'.
23. Of the 17 independent sector care homes (with Nursing Care), 3 had not yet been rated by the CQC. 10 of the remaining 14 (71%) were identified as 'requires improvement'
24. Notwithstanding the lack of an assessment to precisely determine the impact of some of the areas for improvement, the level of 'requires improvement' supports the view that quality in the independent sector is currently best described as 'variable'.
25. It is worth highlighting that during the course of the current municipal year, processes have been established to allow the Scrutiny Board to routinely consider CQC inspection outcomes on a monthly basis. This has included a summary table of the inspection outcomes notified by the CQC and covers a range of health and social care services and providers. Appendix 3 provides the most recent iteration of the summary report presented to the Scrutiny Board<sup>3</sup>. While the proportion of 'requires improvement' appears to fallen

through the course of the year – perhaps reflecting the targeted approach adopted by the CQC – the emerging picture around the quality of residential care has been an ongoing concern for members of the Scrutiny Board.

26. Over the course of the municipal year, the Scrutiny Board has also sought to develop and strengthen its relationship with the CQC and local inspection managers. At its meeting on 19 April 2016, the Scrutiny Board heard evidence from the CQC's Adult Social Care Inspection Manager covering the Leeds area, and was presented with the following analysis of Adult Social Care ratings:

Ratings	Nationally	North	West Yorks	Leeds
Outstanding	92	31	1	0
Good	9048	2481	250	91
Requires Improvement	3987	1078	194	71
Inadequate	486	180	49	7
<b>Totals</b>	<b>13613</b>	<b>3770</b>	<b>494</b>	<b>169</b>

Ratings	Nationally	North	West Yorks	Leeds
Outstanding	0.7%	0.8%	0.2%	0%
Good	66.5%	65.8%	50.6%	53.8%
Requires Improvement	29.3%	28.6%	39.3%	42.0%
Inadequate	3.6%	4.8%	9.9%	4.1%
<b>Totals*</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

\* Percentage total may differ from 100% due to rounding

27. While the above data does not differentiate between the types of adult social care provision, or indeed the type of provider (i.e. local authority or independent sector), this provides further support for the Scrutiny Board's view around the overall quality of provision in Leeds; with a significantly larger proportion of providers rated as 'require improvement' when compared to the national and north of England statistics.

<sup>3</sup> Considered at the Scrutiny Board meeting held on 19 April 2016

28. The current variability of assessed quality across the care sector across Leeds perhaps reflects the level of maturity within organisations operating across the City.

### Costs

29. It should also be noted that further discussions between the Chair of the Scrutiny Board and the Director of Adult Social Services confirmed that any capital expenditure would be better spent in delivering a new build facility rather than a refurbishment of the current facilities. While the capital costs would be in excess of those presented to the working group and provided in the supplementary information, it is understood that access to such capital and servicing of any loans would not be prohibitive as part of an alternative solution. As such, it appears the central financial issue remains the revenue costs associated with delivering care under the current arrangements, compared to the costs associated with care delivered through the independent sector. Balancing the cost differential against the potential personal costs and upheaval for existing residents and their families, alongside the quality of available care remains a pivotal consideration.

30. As outlined in the additional information details at Appendix 2, the cost differential between independent sector and direct council service provision diminishes as a result of the national living wage. The potential cost differential appears likely to fall between savings of £278k (based on actual occupancy) and £62k (based on target maximum occupancy – 95%): Both estimates representing a reduction in the projected level of savings from those originally presented to the Executive Board in September 2015.

31. The Director of Adult Social Services has outlined to the Scrutiny Board that recent occupancy levels at local authority care homes has been in the region of 67% - which would result in savings at the higher end of the estimated range. While the Scrutiny Board also heard from the Director that 95% occupancy levels in a local

authority setting may be aspirational, if the current occupancy level of around 86% were maintained, this would perhaps suggest savings towards the lower end of the estimated range.

32. It is also important to recognise and consider the potential fluctuating nature of estimated levels of saving. The Executive Board report in September 2015 reported projected savings in relation to The Green of £489,290, based on a June 2015 occupancy level of 54%. However, in April 2016 the Department has revised down the projected level of savings to around £278,000 as a result in an increase in costs within the independent sector and a higher occupancy level. This represents over a 40% reduction in the estimated savings within a 10 month period<sup>4</sup>. Further changes to the occupancy rates and/or additional costs to provision in the independent sector may further affect the achievability of the estimated saving.

33. While the precise level of savings may be somewhat difficult to predict – largely due to the variable nature of occupancy levels – it is clear that the implementation of a national living wage has reduced the revenue cost differential between the existing provision and the independent sector. Therefore, the Executive Board will need to consider whether the reduced level of estimated savings provides overall value for money when considering the short-term upheaval costs to individuals and their families and the variable quality landscape across the independent sector.

34. It is perhaps also worth recognising that while direct service costs are often presented without and directorate and corporate support costs, the same could also be said for independent sector providers – i.e. the procurement / commissioning costs and the quality / contract compliance functions

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<sup>4</sup> The 10-month period being from June 2015 (the base date for the estimated savings presented to the Executive Board in September 2015) to April 2016.

associated with independent sector provision. Moving towards a model of solely independent sector provision, the Executive Board will need to assure itself that any such indirect costs associated with independent sector provision have been taken into account – including any potential future increases in cost.

#### Direct service provision

35. Leeds has a history of being a compassionate city, with the Council having a strong public sector ethos and delivery of direct services. Based on the discussions at the working group, there was a sense that members of the public believe the Council should remain proud of the services Adult Social Services provides for the people of Leeds. However, based on the additional information provided by the working group, it is clear that the Council is edging towards becoming solely reliant on the independent sector for the provision of residential care in Leeds.
36. Of the 10 homes currently being operated by Adult Social Services, decisions to close four (4) have been made in principle; three (3) have recently been subject to consultation with a proposal to close; and the type of provision at the remaining three (3) likely to change significantly.
37. Once finally committed to a path of no direct service provision, it is difficult to see how the Council would ever be in a position to re-mobilise services in the future. As such, it is important to be satisfied that this is a path the Council is content to take and remains in the best interests of the City and its residents in the longer-term.

#### Other considerations

38. Part of the concern of the working group centred around the long-term impact on the Council should a decision be made to withdraw from any direct service provision. For example:
  - Would the Council have a weakened position in terms of future fee

negotiations with the independent sector?

- How would the Council manage an emergency transfers in care – should the need arise either as a result of a provider withdrawing from the sector voluntarily or as a result of any external intervention – i.e. as a consequence of a Care Quality Commission inspection?

39. The Scrutiny Board believes these to be important considerations for the Executive Board to consider in its future deliberations and is supported by additional information that has become available.
40. It is understood that in March 2016, the Department of Health wrote to all local authority chief executives in England, reminding them of councils' responsibilities under the Care Act 2014 and the accompanying statutory guidance to assist councils in delivering their legal obligations. While the precise content of the letter has not been considered, it is understood that the letter was also copied to the Executive Board Member with responsibility for Adult Social Care.
41. In April 2016, the Social Care Provider Task Force made further contact with the Council to ensure the Department of Health's message remains at the forefront of the thinking of local authority officers and elected members in discharging the Council's responsibilities around Adult Social Care for the people of Leeds and their families.
42. The Social Care Provider Task Force recognises that social care in England faces extraordinary challenges – with already serious demographic pressures likely to increase in the coming years. Such pressures will undoubtedly impact on Leeds as a City and as a Council – in similar ways to other parts of the country. However, the Social Care Provider Task Force also expressed concern that some people who use residential and home-based

support may not be receiving the type or quality of care they need or deserve.

43. The Scrutiny Board shares similar concerns and believes the overall number of Leeds based social care providers that have been identified as 'Requires Improvement' or 'Inadequate'<sup>5</sup> would support those concerns.
44. However, the Scrutiny Board is also mindful of other comments made by the Social Care Provider Task Force – particularly around the statutory guidance to ensure councils enable social care providers to deliver high quality care, delivered by well trained, supported and properly remunerated staff – quoting the following extracts from the Care Act:

**4.28.** *People working in the care sector play a central role in providing high quality services. Local authorities must consider how to help foster, enhance and appropriately incentivise this vital workforce to underpin effective, high quality services.*

**4.31.** *When commissioning services, local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care. This should support and promote the well-being of people who receive care and support, and allow for the service provider ability to meet statutory obligations to pay at least the national minimum wage and provide effective training and development of staff. It should also allow retention of staff commensurate with delivering services to the agreed quality, and encourage innovation and improvement. Local authorities should have regard to guidance on minimum fee levels necessary to provide this assurance, taking account of the local economic environment.*

**4.35.** *Local authorities should consider the impact of their own activities on the*

*market as a whole, in particular the potential impact of their commissioning and re-commissioning decisions, and how services are packaged or combined for tendering, and where they may also be a supplier of care and support. The local authority may be the most significant purchaser of care and support in an area, and therefore its approach to commissioning will have an impact beyond those services which it contracts. Local authorities must not undertake any actions which may threaten the sustainability of the market as a whole, that is the pool of providers able to deliver services of an appropriate quality – for example, by setting fee levels below an amount which is not sustainable for providers in the long-term.*

45. While the Care Act is designed to ensure person-centred care, delivered through a robust and sustainable social care sector, it seems reasonable to consider that this will inevitably come at a financial cost sometime in the future. This might significantly impact on the financial analysis previously presented and considered by the Executive Board.
46. While the Scrutiny Board accepts it may be difficult to accurately predict future costs across the independent sector, there are some developments – such as the Care Act and the National Living Wage where the future financial impacts are perhaps easier to predict. As such, in considering any financial analysis around revenue costs, the Scrutiny Board would urge the Executive Board to satisfy itself that all reasonable assumptions have been taken into account and that the Council will not be exposed to unmitigated risks should there be no future public sector provision of residential care for older people in Leeds.

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<sup>5</sup> Identified through the Care Quality Commission inspection and reporting processes.

## Conclusion

47. The Scrutiny Board recognises the significance and difficulties associated with the decision under consideration. The Scrutiny Board also recognises the significance of the decision under consideration applies equally to all stakeholders.
48. To help draw some conclusions, the Scrutiny Board has considered and tried to balance a range of information to help inform any future decision. To this end, the Scrutiny Board wishes to highlight the following points:
- The working group was very impressed by the petitioners who want to keep the home open, and the arguments put forward. A petition consisting of more than 3800 names should be carefully considered.
  - The working group findings included:
    - The Green serves a local population and caters for local residents;
    - The Green has a clear local focus and could take more residents;
    - Families and residents are happy and feel safe at the home.
    - Care is good; it has been judged so independently by the CQC.
    - The quality of alternative nearby provision in the independent sector is 'variable'.
  - Care in Local Authority homes in Leeds is statistically better than care delivered by the independent sector. This is particularly stark in the case of The Green when considering alternative care nearby<sup>6</sup>.
  - Despite the physical accommodation at The Green not being equivalent to modern standards, i.e. no en-suite facilities; residents and their families clearly prefer to have it stay open than close.
- Essentially, the value judgement comes down to a balance between the affordability of revenue funding versus upheaval costs in the short-term and good care in the longer-term: All other factors appear not to be significantly influential.
49. The Scrutiny Board recognises the financial plight of the Council and Adult Social Services. However, the significant balance appears to be a value judgement between the estimated financial costs to the Council, against the potential personal costs and upheaval for existing residents and their families in the short term, alongside the medium to longer-term issues associated with the quality of alternative service provision in the independent sector.
50. It is clear to the Scrutiny Board that everyone working and living at The Green do not believe the home is at its natural end of making a positive and useful contribution to care in the city. This view is also supported by families of residents.
51. Based on the range of information considered by the Scrutiny Board, and in particular the current landscape of service quality across the care sector in Leeds, the Scrutiny Board would ask decision makers to carefully consider whether or not it is indeed the right time to make a firm and final decision on the future of The Green, or whether further consideration could be deferred to sometime in the future, after an appropriate period of time to allow the full effects of recent changes to be analysed and assessed.

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<sup>6</sup> Within a 5 mile radius of The Green Care Home



## **Recommendation**

That any decision regarding the long-term future of The Green be deferred for a minimum of 2 years, in order to:

- a) Re-consider the comparative costs of provision as the impact of a national living wage and the requirements of the Care Act 2014 take effect locally.
- b) Assess the occupancy levels achieved through positive promotion of The Green to local residents and beyond.
- c) Re-assess the overall 'quality landscape' across the care sector in Leeds and specifically the quality of alternative nearby provision in the independent sector.



**Cllr Peter Gruen, Chair  
On behalf of the Scrutiny Board (Adult  
Social Services, Public Health, NHS)**

**April 2016**





# Appendix 1

## **Scrutiny Board (Adult Social Services, Public Health, NHS) The Green – Working Group Meeting**

**Committee Room 6/7, Leeds Civic Hall**

**16 March 2016**

### **NOTES OF THE MEETING**

The Chair opened the meeting and thanked everyone for attending. Introductions were given and apologies were noted – as presented at Annex A.

The following written information had been made available to those attending the meeting:

- A summary of petition submitted in support of the Request for Scrutiny
- A report for the working group, prepared by the Director of Adult Social Services (dated 16 February 2016).
- Letter from Richard Burgon MP (dated 15 March 2016)

The Chair outlined the purpose of the meeting was for members of the Scrutiny Board to receive and consider the:

- Concerns of petitioners;
- Report submitted by the Director of Adult Social Services;
- Contributions from other stakeholders, including the Executive Board Member, local Ward Members and Richard Burgon MP.

In order to form an overall view and basis for a response to the proposals, the Chair advised that members of the Scrutiny Board would then privately consider all the information provided and discussed at the meeting.

#### **Petitioners**

The petitioners and those with relatives currently residing at The Green were invited to address the meeting.

Those present provided some very detailed and emotional descriptions of their personal experience of The Green and finding the 'right place' for their loved ones to be cared for. Some of the overall and general issues highlighted and discussed included:

- The purpose of the petition was to try to give those with relatives at The Green with a voice.
- The request for the Council to re-think its proposal to close The Green.
- The care provided at The Green was considered to be 'excellent' and it should be considered to be a 'flagship' that the Council should be very proud of.
- Prior to choosing The Green for relatives, some of those present had viewed many care homes- some good, some excellent and some poor. It was felt The Green fell into the excellent category.

- There was significant concern regarding the potential detrimental effect for relatives and other residents having to move homes as a result of any closure.
- Relatives were mindful of some of the 'horror stories' surrounding some independent sector providers and it was felt that only having independent sector homes available was limiting choice.

### **Executive Board member**

The Chair invited Cllr Lisa Mulherin for some initial comments and observation. Cllr Mulherin addressed the meeting and made the following main points:

- Thanks to the petitioners for engaging in the consultation process and for sharing their views and perspectives of the care provided at The Green
- It was important to recognise that no decision had yet been made regarding the future of The Green or other care homes that formed part of the Council's consultation.
- All comments received as part of the consultation would be reviewed and would ultimately inform any future decision.
- The Council, and in particular in the area of Adult Social Care, had a good track record of actively listening and acting on feedback from public consultations.

### **Director**

The Chair invited the Director to address the meeting and highlight any specific matter from the report prepared for the working group. The main issues highlight and discussed included:

- An understanding of the points and issues raised by the petitioners and those with relatives receiving care at The Green.
- The Department and the Council was very proud of The Green and the standard of care provided and comparing experiences from elsewhere, Leeds was a very compassionate City.
- The Council and the Department were facing an unprecedented financial situation, with the Department needing to make £15M savings in 2016/17: Therefore affordability and the financial situation were the main drivers for the proposals presented for consultation.
- Notwithstanding the quality of care provided at The Green, the building was in need of repair and the low occupancy levels (of around 67%) had a significant impact on the running costs.
- Currently, there was an estimated 1000 over-supply of residential care places across the City, whereas there was a greater demand for nursing care. Legislation prevents the Department directly providing nursing care.
- The consultation closed at the end of December 2015, and the responses were currently being processed and analysed. It was intended to present a further report to the Council's Executive Board for a decision in June 2016.

### **Initial discussion**

Following the Director's comments, a number of points of clarification were sought and discussed, including:

- The quality of care at alternative providers and the variability in the close vicinity to The Green.
- Details around the consultation outcomes.
- The pressure caused by a rise in cases of increasingly complex dementia and the impact on delayed discharges. The associated decision of CCGs to de-

commissioning 5 beds at The Green and seek alternative types of provision/ care.

- The outcomes of the Francis report and subsequent shortages across Nursing Care outside of hospital settings.
- Decisions by medics around discharges and the appreciation of the level and type of care available in some residential care settings compared to nursing care.
- Value for money and the potential 'good and bad' reasons for lower costs.
- The Council's quality and cost framework arrangements with the independent sector.
- Current occupancy level at The Green: 27 from 32 available beds (84%), compared to 67% historically.
- The proximity of residents and their families to The Green.
- The budget envelop and differential costs between local authority provision and independent sector provision.
- Contract and quality standards monitoring arrangements within the Department.
- The processes and available support for residents in the event of any future closure and the Department's previous experience and 'good track record' in this regard.

### **Ward member**

Following the initial discussion, Cllr Catherine Dobson – ward member for Killingbeck and Seacroft – was invited to address the meeting and highlight any other specific matters for the working group to consider. The following points were made:

- Fully supported the petitioners attending the meeting, along with other residents from The Green, family members and staff.
- There appeared to be a balance to be drawn between the standard of care provided at The Green and the condition of the building and the facilities available.

### **Further discussion**

The Chair addressed the meeting and sought to identify a number of points where there was a common understand and agreement, including:

- The Green providing a service to a relatively local community: taking a slightly broader view and considering neighbouring wards, around 19 from the current 27 residents (approx. 70%) were relatively local to The Green.
- Of the 3800 members of the public that had signed the petition, it appeared reasonable to consider that many were local residents and had some connection with The Green.
- The consultation process appeared to be fair – with good opportunities to express views. Although there was a degree of shock from residents and their families around the proposal to close The Green.
- It was agreed that The Green provides 'good' care: no concerns from a local authority perspective; no concerns from relatives / families; no contrary evidence from the Care Quality Commission.
- The balance of the argument primarily seemed to be between the weighting apportioned to the cost of provision and the quality of care provided.
- Members also wished to consider the potential impact of moving on the current 27 residents and their families and it was disturbing to consider that some might suffer distress during that process, through any loss of friendship groups and relationships with key workers and other members of staff.

### Further comments from the Executive Board member

- The workforce at The Green was considered an asset to the Council and there had been no adverse effects on the standard of care, following the announced proposals.
- The implementation of a National Living Wage would need to be factored into the analysis and assessment of the available options.
- Reiterated the huge cost pressures facing the Council and the Department.
- Other savings with the Department would need to be found if The Green was to remain open.
- Confirmation that there were no 'good' options.
- Reiterated previous comments around listening to feedback on the proposals and welcoming the comments from the Scrutiny Board prior to any decision.

### Further comments from other members of the working group

- Concerns about the mixed picture of quality in nearby facilities and that the discussion at the working group painted 'too rosy' a picture in this regard. To illustrate, reference was made to Tables 2 and 3 in the report to the working group.
- The impact of the threat of closure had not appeared to adversely affect admissions and/or occupancy levels.

Concluding the discussion, the Chair thanked those in attendance for their contribution to the meeting and advised that the working group would give further consideration to the matters discussed in private.

### **Deliberations of the working group**

In discussing all the information presented and highlighted at the meeting, the following points were agreed:

- Agreement with the overall assessment of the financial pressures facing the Council and the Department.
- The quality of care at The Green did not appear to be in question.
- There was some concern about the physical state of the building described at the meeting: However most of the working group had not visited The Green recently.
- Careful consideration needed to be given around whether any potential closure would have a disproportionate impact on the care, security and well-being of current residents.
- The impact on residents' families was also a significant consideration.
- Closure should be considered as the 'last resort' option.
- A range of additional information would be helpful in drawing together any conclusions and recommendations. (*The additional information requested in summarised at Annex B*).
- A copy of the Executive Board report (September 2015) should be provided to members in attendance at the meeting.

The Chair thanked members for their attendance and contributions to the discussion and a draft report setting out the comments and observation would be produced as soon as possible.

The meeting was closed.

**DETAILS OF ATTENDANCE AND APOLOGIES****ATTENDANCE****Members of the Scrutiny Board**

Cllr Billy Flynn  
Cllr Peter Gruen (Chair)  
Cllr Ghulam Hussain  
Cllr Christine Macniven  
Cllr Shirley Varley  
Dr J Beal - Healthwatch Leeds (Co-opted member)

**Other Members**

Cllr Lisa Mulherin – Executive Board Member for Health, Wellbeing and Adults  
Cllr Catherine Dobson – Ward Member (Killingbeck and Seacroft)

**Petitioners**

Laura Denbigh (lead petitioner)  
Jill Denbigh  
Lindsey Cannon  
Tony Cannon

**Adult Social Care**

Cath Roff – Director  
Anna Clifford – Programme Manager  
Mark Phillott – Head of Contracts and Business Development

**Others**

Steven Courtney – Principal Scrutiny Adviser

**APOLOGIES**

Apologies had been received from the following members of the Scrutiny Board:

Cllr Caroline Anderson  
Cllr Arif Hussain  
Cllr Sandy Lay  
Cllr Brian Selby  
Cllr Alice Smart  
Cllr Eileen Taylor

**REQUEST FOR ADDITIONAL INFORMATION**

- (1) Are The Green, Siegen Manor and Middlecross the last remaining local authority run (in-house) care homes? If not, please provide an up-to-date list of Council facilities.
- (2) Does the implementation of a 'national living wage' impact on the financial assessment presented to Executive Board? If so, what are the specific implications in terms of cost comparisons?
- (3) Are there any specific implications of the implementation of a 'national living wage' for different business models – in particular the Social Enterprise model?
- (4) Have the number of beds currently block purchased by Leeds CCGs (that will become available for more general use) been included in the financial calculations? If not, what are the potential implications for generating additional income and how does this affect the financial assessment?
- (5) Is there currently a waiting list for places at the Green? Are there any reasons why the relatives attending the working group meeting might understand there to be a waiting list?
- (6) Are there any en-suite facilities available at The Green? How many shared bathrooms are there at the home and what is the ratio of the total number of beds available / against the number of bathrooms for residents?
- (7) The 5-year capital costs for The Green (to meet legislative standards) is projected at over £500k: What are the legislative standards referred to? When was the last condition survey undertaken? To what extent has there been any consideration of a public / private partnership to help fund this work?





# Appendix 2

## **Delivering the Better Lives Strategy in Leeds Programme Briefing Note to Cllr Gruen Chair of Scrutiny Board (Adult Social Services, Public Health, NHS)**

### **1. Background**

- 1.1 On 6<sup>th</sup> April 2016, Steven Courtney (Principal Scrutiny Adviser for the Adult Social Services, Public Health and NHS Scrutiny Board) emailed Cath Roff (Director of Adult Social Services) following the Scrutiny Working Group Meeting that had taken place on 16<sup>th</sup> March 2016. Cath Roff, Anna Maria Clifford and Mark Phillott had been in attendance at the meeting representing the Directorate.
- 1.2 Within this email, Steven Courtney raised points of clarification identified post-meeting. Responses to these points were provided by Anna Maria Clifford via email on 14<sup>th</sup> April 2016.
- 1.3 Immediately following this email, Steven Courtney raised a number of follow up queries.
- 1.4 The queries raised in both Steven Courtney's emails (6<sup>th</sup> and 14<sup>th</sup> April 2016) are listed in the section below along with the Directorate's responses.

### **2. Points of clarification raised in emails received on 6<sup>th</sup> and 14<sup>th</sup> April 2016 and ASC responses**

- 2.1 *Are The Green, Siegen Manor and Middlecross the last remaining local authority run (in-house) care homes? If not, please provide an up-to-date list of Council facilities. Can you provide details of whether these are general or more specialist residential care settings?*
- 2.1.1 The table below lists the 10 care homes currently being operated by Adult Social Care. The table indicates what type of care is provided and if there are any related Executive Board decisions:

	Establishment	Type of Care and Current Status	Executive Board Decision
Phase 1 (Decision September 2011)	Dolphin Manor	General Needs In operation – new permanent admissions permitted	Decommission at a future date through either the transfer of ownership to a community interest company (subject to satisfactory business evaluation and due diligence test) or on completion of new build residential care facilities in Rothwell
	Knowle Manor	General Needs In operation – new permanent admissions permitted	When it is considered that suitable alternative provision is available for Knowle Manor and Spring Gardens, the Director of Adult Social Services, in consultation with the Executive Member for Adult Social Care, will consider a decision to cease permanent admissions from an agreed date
	Spring Gardens	General Needs In operation – new permanent admissions permitted	
Phase 2 (Decision September 2013)	Home Lea House	General Needs In operation – new permanent admissions permitted	To consult on potential development in partnership with a community group / third sector organisation
	Manorfield House	General Needs In operation – no new permanent admissions permitted	Remain open for existing, cease admissions and will close: <ul style="list-style-type: none"> <li>• when no longer required by existing residents</li> <li>• if the health and wellbeing of the remaining residents cannot be maintained</li> <li>• should alternative new residential care provision become available within the ward</li> </ul>
	Richmond House	Intermediate Care / Respite In operation	Local authority provision of city-wide recovery / reablement / respite / intermediate care services
	Suffolk Court	General Needs / Intermediate Care In operation – no new permanent admissions permitted	Proposal to consider and as a potential site for specialist short stay integrated intermediate care unit with access to 24 hour nursing. No new permanent residents.
Phase 3	Middlecross	Specialist Dementia	No decision has been taken on the future of these homes. Executive Board has only given permission to consult on the proposal to close these homes.
	Siegen Manor	In operation	
	The Green		

2.2 Does the implementation of a 'national living wage' impact on the financial assessment presented to Executive Board? If so, what are the specific implications in terms of cost comparisons?

2.2.1 The report that was presented to Scrutiny Working Group used the 2015/16 enhanced dementia fee (£478 p/w) as a comparison which did not include the implementation of the living wage. We have recently received the 2016/17 enhanced dementia fee (£507 p/w) which does include for the national living wage (6% increase).

2.2.2 The Table below shows what the proposed framework fees are from 1<sup>st</sup> April 2016 to reflect the introduction of the National Living Wage. The enhanced residential dementia fee which has been used as a cross comparison is highlighted in red:

		2016/17 Framework Fees (per week) from 1st April 2016
<b>Residential</b>	Core Fee	£468
	Enhanced Fee	£486
<b>Residential Dementia</b>	Core Fee	£481
	Enhanced Fee	£507
<b>Nursing</b>	Core Fee	£502
	Enhanced Fee	£523
<b>Nursing Dementia</b>	Core Fee	£506
	Enhanced Fee	£528

2.2.3 Based on **direct service costs** only and using 2015/16 framework fees, we had estimated that we would make annual savings of £318k (based on actual occupancy) and £115k (based on target maximum occupancy – 95%).

2.2.4 Based on **direct service costs only** and using 2016/17 framework fees, we now estimate that we would make annual savings of £278k (based on actual occupancy) and £62k (based on target maximum occupancy – 95%).

2.2.5 As a result, it is projected that there will be a reduction of annual savings of £41k (based on actual occupancy) and £53k (on target maximum occupancy – 95%).

2.2.6 The report also provided details of total costs to run The Green including directorate and corporate support costs.

2.2.7 Based on **total service costs** and using 2015/16 framework fees, we had estimated that we would make annual savings of £486k (based on actual occupancy) and £284k (based on target maximum occupancy – 95%).

- 2.2.8 Based on **total service costs** and using 2016/17 framework fees, we now estimate that we would make annual savings of £446k (based on actual occupancy) and £231k (based on target maximum occupancy – 95%).
- 2.2.9 As a result, it is also projected that there will be a reduction of annual savings of £41k (based on actual occupancy) and £53k (on target maximum occupancy – 95%).
- 2.3 Are there any specific implications of the implementation of a 'national living wage' for different business models – in particular the Social Enterprise model?
- 2.3.1 There are no variances to the Living Wage issue re Social enterprise. The Variance in Aspire costs as a Social Enterprise (the former Learning Disabilities in-house service) are long term – namely that as staff leave (who were on LCC protected terms and conditions) – they will be replaced by staff on lower T's and C's – this is a long term plan before you see savings, and for a relative small staff team – such as a care home – these are fairly insignificant. In addition, the Local authority does not set the rate per home per what they pay staff – so the authority would be paying the same LCC framework rate as any other independent sector provider.
- 2.4 Have the number of beds currently block purchased by Leeds CCGs (that will become available for more general use) been included in the financial calculations? If not, what are the potential implications for generating additional income and how does this affect the financial assessment?
- 2.4.1 Yes, the 5 beds that were formerly purchased by Leeds CCGs have been included in the calculation. From 1<sup>st</sup> April 2016, the CCGs no longer block purchase these beds.
- 2.5 Is there currently a waiting list for places at the Green? Are there any reasons why the relatives attending the working group meeting might understand there to be a waiting list?
- 2.5.1 No, there is not a waiting list. We do not hold waiting lists. As at 15/04/16, we have 30 permanent residents and one respite resident at The Green. As such 5 of the total 37 beds are unoccupied.
- 2.6 Are there any en-suite facilities available at The Green? How many shared bathrooms are there at the home and what is the ratio of the total number of beds available / against the number of bathrooms for residents?
- 2.6.1 There are no en-suite bathrooms at The Green. There are 8 shared bathrooms which is a ratio of just under one bathroom to every five bedrooms.
- 2.7 The 5-year capital costs for The Green (to meet legislative standards) is projected at over £500k: What are the legislative standards referred to? When was the last condition survey undertaken? To what extent has there been any consideration of a public / private partnership to help fund this work?
- 2.7.1 The latest Survey and Condition report for The Green was commissioned by Adult Social Care and carried out by NPS in October 2012.

- 2.7.2 The Report states *“To comply with current legislation and to bring the building and its facilities up to a good standard certain works need to be undertaken. The following recommendations are given together with their budget costing. All estimates are exclusive of professional fees and VAT. In summary the estimated cumulative total spend over the next five years is £522,635.00”*
- 2.7.3 The Report states that in relation to the works required for mechanical and electrical plant and equipment, this is to ensure *“the building services comply with current Health and Safety and Office Accommodation Regulation”*. In addition, *“Health and safety glazing legislation, which is now retrospective, requires safety glazing to doors and windows”*.
- 2.7.4 In addition, the report also makes recommendations as to Provisions under Part M of the Building Regulations and the Equality Act 2010.
- 2.7.5 The report also makes comments and recommendations based on the requirements of Approved Document B (ADB) of the Building Regulations 2000 and the Regulatory Reform (Fire Safety) Order 2005 (RRFSO). *“The requirements of ADB are retrospective, therefore landlords, employers and occupiers of a building have responsibilities and obligations under the Health and Safety at Work Etc Act 1974, the Workplace Regulations 1992, Fire Precautions (Workplace) Regulations 1997 and Amendment 1999, amongst others, to have manage health and safety in the workplace. To assist in this, NPS have determined that ADB, being the current standard for existing and new buildings, shall be the performance indicator against which all buildings shall be measured”*.
- 2.7.6 Furthermore, the survey also provided budget costings to refurbish the property to meet the 2000 Care Quality Commission standards in the region of £1,433,373. *“However, the report stressed “that refurbishment to this standard will still not meet the requirements due to the small bedroom floor areas and corridor widths present in this building”*. The report also stated that the budget costings to refurbish the property to meet the High Dependency Dementia Standards would be in the region of £1,945,785 - however, it was noted that *“to meet this standard major structural alteration will need to be carried out”*.
- 2.7.7 In terms of efforts to develop a public / private partnership to help fund this work, the survey makes it clear that any major works would require a reduction in the numbers of rooms. This then impacts on economies of scale in terms of a revenue return. Private Providers are investing in care homes that are larger, on average 50 – 70 beds and as such there has not been an approach by a private or public provider to refurbish the existing building.

**ASC Programme Office**  
**Adult Social Care**  
**15<sup>th</sup> April 2016**









Scrutiny Board (Adult Social Services, Public Health, NHS)  
Scrutiny Response to the proposed closure of  
The Green Care Home

April 2016

Report author: Steven Courtney



[www.scrutiny.unit@leeds.gov.uk](http://www.scrutiny.unit@leeds.gov.uk)  
[www.twitter.com/scrutinyleeds](http://www.twitter.com/scrutinyleeds)

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[REDACTED]

28 September 2016

**Re: Siegen Manor Residential Home, Morley Leeds**

Dear Sirs

I am writing to express my deep concerns about the closure of Siegen Manor in Morley and would ask you to reconsider your decision.

My mum [REDACTED] went into Siegen 2 years ago, prior to that she lived with my brother who was her carer but sadly in 2013 my brother died, I was working full time and lived further away but tried to visit mum and stay with her as much as I could, I got in touch with Social Services and someone came in 4 times a day but mum deteriorated quickly, she wouldn't eat what they did for her (she would throw it away when they had gone) she was getting mixed up with tablets (i.e. taking the wrong amounts from the pill box). She started going out and forgetting where she lived and leaving the doors open at home and the gas on or something on the hob or in the oven and forgetting about it. She had numerous falls which ended up with her being in hospital for long periods to the point where the hospital started asking questions about her well being and Social Services got involved. I was staying with her and visiting as much as I could but it got to breaking point.

She started to get very afraid and was seeing things and ended up in a room in complete darkness and with the fire on full. We got in touch with the emergency services and a team came to assess her and she was taken to Siegen for rehabilitation and assessment. After a lot of tests and assessment she was diagnosed with Dementia and Vascular Disease. It was also decided (after much agonising) that mum should go into permanent residential care. We looked at 5 private care homes in Morley none of which my mum liked (some she wouldn't even go in the door) and her main complaint was that they were all old buildings, dark and dismal and are not up to standard they need repair and don't all have En suite rooms. She asked the question why couldn't she stay where she was (Siegen), we had a meeting and it was decided that yes mum could live at Siegen.

The staff at Siegen have been wonderful, she fully trusts them and feels safe. The staff have made my mum very happy in her surroundings yes she has good days and bad days but she always knows and trusts the staff. To even think about moving her is making the whole family distraught.

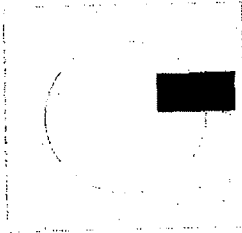
I also attach a letter from her GP which shows his concerns about her moving.

Please could you now listen to the families, friends & carers and keep these homes open. These very vulnerable people need stability and need to be safe the very nature of their disease means they have to have continuity with people they trust. If mum had to move she would deteriorate rapidly, we have to think about these peoples' human rights.

Kind regards

[REDACTED]

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**The Fountain Medical Centre**

Little Fountain Street  
Morley  
Leeds LS27 9EN

Tel: 0113 295 1600  
Fax: 0113 295 1660  
www.fountainmedical.co.uk

Our Ref: NH/JT

23 September 2016

TO: WHOM IT MAY CONCERN

Dear Sir/Madam

**Re: [REDACTED]  
Siegen Manor, Wesley Street, Morley, Leeds, LS27 9EE**

[REDACTED] is a resident of Siegen Manor Care Home. I understand there is a potential threat to closure of the Care Home. The staff, the patient's relatives and myself have concerns regarding the potential to significantly affect this lady's mental and physical health if she were to be moved to a new Care Home.

In view of this I would appreciate your kind consideration and support in this matter.

Many thanks.

Yours sincerely

Dr Nick Hall

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**From:** [REDACTED]  
**Date:** 2 October 2016 at 11:08:49 BST  
**To:** <[peter.gruen@leeds.gov.uk](mailto:peter.gruen@leeds.gov.uk)>  
**Subject:** Proposed closure of Siegen Manor, Morley

Dear Cllr. Gruen,

I am e-mailing you on behalf of one of the residents of Siegen Manor. [REDACTED] has been a client since May 2015 and, as her friend and former next-door neighbour, I have visited her weekly since that time. On that basis, and as Mrs. Bew's dementia is accelerating, I can only hope Scrutiny Board decide to keep the three care homes in question open.

[REDACTED] is nearly 86 and has no immediate family; she only receives visits from myself and her 'guardians' [REDACTED] and [REDACTED]. She was showing signs of dementia prior to a fall at home in February 2015, at which time she suffered multiple pelvic fractures and was treated at St. James' Hospital until being discharged home that April. She was completely incapable of coping independently, despite visits from a carer four times per day. As a result of ongoing issues and concerns expressed by both the Mental Health Care team and the social worker assigned to her case a place was found for her at Siegen Manor where she has lived for the past 17 months.

While I feel a huge sense of responsibility towards [REDACTED] (I was the one who found her after she fell and who also took her to Siegen Manor as the only alternative was sectioning and a bed at Leeds Psychiatric Hospital), I cannot do more than I already am. Nor do I feel care in the community is appropriate in this case. [REDACTED] is receiving the specialist care and support she needs at Siegen Manor, which I feel is of a high quality. She knows, and is responsive to, the staff and has made friends. To move her to another home in the event the council closes Siegen Manor will be hugely disruptive to her quality of care and, I am certain, will cause her unnecessary distress.

I am sure other families affected share my view and hope you convey our grave concerns to Scrutiny Board.

Yours sincerely,

[REDACTED]

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Dear Councillors,

My wife [REDACTED] was diagnosed with Alzheimers about three years ago because of her failing memory, but it was not serious at this point.

In September 2014 she fell and broke her arm and this seemed to trigger the onrush of her condition.

She began to get up at hourly intervals through the night claiming to need the toilet but nobody needs the toilet so often.

This began to affect me as I was being deprived of my sleep and it began to also affect my health. Some years earlier I had suffered a heart attack and I was about to have a heart by-pass operation, so my health became critical in my ability to care for my wife.

In May 2015 she went into The Grange, Seacroft, for three days respite, whilst I worked a ten hour shift for the elections and in July she had a weeks respite also in The Grange.

My experience of the Grange was not good. On the first occasion they tried to charge me twice for a trip to the Cricketers and on the second I had to complain that in spite of being given strict instructions by my daughter they failed to ensure that [REDACTED] was correctly dressed in her underwear.

Before [REDACTED] went into care I had no help from any outside body or agency and I had to cope on my own as there is no-one else living in our household.

[REDACTED] is as happy as she can be living away from her family and I am overjoyed at the care and attention she gets from the staff at The Green.

Regards

[REDACTED]

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29/09/16

Dear Councillors,

I would like to express my concerns over the closure of the Green care home and day centre in Leeds 14.

My Dad is a resident there, a very happy and settled resident .

My Dad has been through enough changes in his live that the cause of Dementia can bring.

I understand people may want new buildings with 5☆ accommodation but I would much prefer my Dad to have 5☆ care.

They may not have en suite rooms but at the end of the day there will always be a commode in their room !!

I did once look at a private care home for my dad, but never again .

He is happy were he is, we are happy were he is, all the staff are amazing they care for each resident 100%.

It's not an easy decision to put a parent in a care home and believe me a lot of research went into finding the perfect one and now we have, I am hoping that the council can find a way to keep the Green care home and day centre open.

Yours faithfully



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[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

It was approximately 4 1/2 years ago that my mum ([REDACTED]) was diagnosed with dementia.

For the first two years of my mum been diagnosed, me and my step dad looked after her, he would have mum all week, I had mum at the weekend to give him a break.

It wasn't too bad to start with as her dementia wasn't too server, slowly as the days went on my mum got worse, we had to do things like help her to stand up and walk, help her up and down the stairs, cut her food up, try to bath her (getting her in and out of the bath), clean her up after accidents (not making it to the toilet in time) which happened quite a lot, basically not been able to leave her on her own, reason for this possible may harm herself by falling, try going up stairs not making it an falling back down, trying to make a cup of tea an scold herself, going out of the door and thinking she could go to the shops on her own(nearly getting knocked down by cars).

As the months went on mum kept getting worse, it was taking a lot of time and hard work to look after mum, she didn't sleep at night which meant my step dad didn't get sleep either, that is why I took my mum at weekends, it got to the stage where I was going on a morning to help get mum up and give her breakfast, while I was doing this my step dad would get ready an go to the shops while I looked after my mum, when he came back I would then go and do a full day's work, after work I would go back to my mums and help give her tea and get her ready for bed (even though mum didn't sleep much), then I would go home and sort things out at my own house, this all went on for approximately another 6 month.

At this stage we were both at our wits end, so unfortunately we had to make the decision to put my mum in a residential care home, we looked into this with a great lot of care to make sure we found one that would be suitable for all my mums needs, eventually we managed to get mum a place at The Green Residential Care Home.

Since my mum has been in the care home, unfortunately she is getting worse, the staff and careers that look after mum make her time in there as happy as possible.

I think if and when the home closes it will be a terrible up evil for her an she might find it really hard to re adjust to the new environment as for any of the resident that live there. Depending where they decide to put mum, my step dad will find it hard to get there as he has a mobility scooter to get about on, if it is too far away he will not be able to go every day like he does now, so that would mean getting taxis there and back which is more expense

Kind regards

[REDACTED]  
[REDACTED] daughter)

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My wife [REDACTED] was first diagnosed with having dementia approximately 4 and a half years ago, at first she was not too bad and me and my step daughter were able to look after her but slowly over the years, she became worse.

To start with she just started to forget ie not remember where she had put things, why she had gone into a room. She didn't sleep on a night and seemed to wonder around in a daze. This went on for the first year but slowly got worse by the day.

In the second year, she was unable to make a meal/drink as she was unaware of the temperatures ie too hot, too cold. She was unable to use cutlery correctly so she ate most meals with her fingers, this meant that we were unable to go out for family meals as she could get embarrassed. She didn't realise when she needed to go to the toilet so she soiled herself. She would wonder out of the house and onto the main road (which was directly outside the garden) as she didn't see/hear and danger, this resulted in having to keep the doors locked at all times for her safety. Again, each day - she just kept getting worse.

The last 6 months of her being at home was very difficult due to her not being able to do anything for herself and she had to be cared for 24 hours a day. Every morning my step daughter came to visit to get her dressed/ready and feed her breakfast. Whilst she was doing this, I would quickly get myself ready. Once I was ready, my step daughter would go to work and I would look after her for the day. When my step daughter finished work, she would come back every day and look after her by giving her dinner, bathing her and getting her ready for bed.

By this stage she was totally dependable on us 24 hours a day. I tried to get home help from social services to give me a break and to assist but I was told that I would NOT get the level of care that she required to be looked after ie 24 hours a day. Looking after her was stressful and time consuming and sometimes a struggle which was putting a strain on the family.

At this stage, we started to look at putting her into residential care for her own safety. We looked into several residential care homes and found that the Green Residential Care Home seemed the best to look after my wife as they had the qualifications/facilities to care for people with Dementia. This was a very hard decision to make but I had to consider what was best for my wife.

My wife has been in The Green Residential Care Home for the past 2 and a half years, she settled in very well and seems to be happy there. The staff look after her and cater for everything that she requires and she has the 24 hour care that she needs. The staff are very caring, polite and professional in everything they do for my wife. If the care home was to close, I believe that it would be a great upheaval for her to be relocated to an alternative residential home. It would also be very difficult for me to visit her everyday, as I do now, depending on the location of the new residential home due to me being elderly, disabled and reliant on public transport/taxis.

Kind Regards

[REDACTED]

1<sup>st</sup> October 2016

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To whom it may concern

When my mum [REDACTED] got ill with her Dementia that she could no longer live on her own in her home, even though she was in a residential complex ( Woodview Swarcliffe).

It was devastating to all of us especially my mum, it was the hardest thing my sister and I have ever had to do, but we knew that it was the best thing for our mum.

Although it was difficult for my mum at first she soon came around to trusting and feeling comfortable with the Staff at the Green and we felt very comfortable in leaving her when we had visited.

We visited a few homes before we chose the Green and none of the homes we looked at gave us the feeling of a home.

My sister had worked at the Green for a few years so she knew mum would get the professional caring assistance she would require.

Mum has been a resident at the Green for 3 years now and is really happy and feels safe and we have never had to worry whether she is happy or not being cared for as we have seen at first hand how good the staff are.

I visit mum weekly and she is always clean and nicely dressed, and always very happy.

On many occasions when I visit there are activities going on such as singing, dancing, drawing and colouring which my mum loves, there are many of mums pictures that she has coloured hanging around the home which she is very proud of.

It is good to see the residents are not left to sit and vegetate unlike many of the other homes we visited previously.

The staff are not just carers they are part of mums family who she recognises and loves, and you can see she feels very safe around them.

For the home ( their home) to be closed would cause so much trauma, confusion and stress to my mum and the other residents.

These people are humans not pets, they are Mothers, Fathers, Brothers and Sisters and I am disappointed that Adult Services are willing to treat people in this way despite your recommendations.

Anyone knows that the worst thing you can do with an Alzheimer's sufferer is to change their routine.

If you chose to close the home I am sure it will kill someone. The blame would lie with the Adult Services and the Executive Board decision on 21/9/16. Please review

Yours sincerely

[REDACTED]

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22/9/2016

Dear Councillors and Leeds City Council,

I am writing to you to ask for your support to keep THE GREEN RESIDENTIAL HOME at Seacroft green OPEN.

My mum is a resident in that care home and she has Dementia. My mum has been a permanent resident in there since 18<sup>th</sup> September 2015. Leeds city council have yesterday said they want to close this unit down..... This cannot be allowed to happen.


When my mum went into there from hospital she was extremely anxious confused and very frightened. After a week or so she gradually began to calm down considerably and that was due to the wonderful care of ALL the staff, reassuring her that she was SAFE, after a while it decided that mum may be well enough to go back to her council house. Mum was only home for two days before she had to be re-admitted back into the home as she was back to how she was before going into hospital a very very confused frightened elderly lady. She went back to The Green and immediately settled back into the routine but most of all she TRUSTED the staff she KNEW SHE WAS SAFE. Mum was placed permanent on 18<sup>th</sup> September 2015 and she was so so HAPPY to be there, she had always said to me years and years ago please don't ever put me into a home, but mum does call this "HER HOME" she is happy there and would beg me not to send her back to her council house as she said "this is my home now" With this illness mum does have bad days and good days, and on the bad days if I have gone to visit the visit doesn't always run smoothly for me as I do get so very emotional seeing her confused, but I can always rely on ANY member of staff from the lovely Michaela the Manager to any other staff member to be there for ME to help ME understand this shocking illness and reassurance from them that what's happening is normal for this illness.

If this home closes it would be a disaster!!!! These residents DON'T want to move out and go into strange environments I know MY mum would struggle tremendously and I fear would deteriorate rapidly because of the change of surrounds, all new staff that she wouldn't be able to trust and so many more issues.

Please Please Please Councillors and Leeds City Council, help support THE GREEN RESIDENTIAL HOME TO STAY OPEN LOOK AT THE NEW FINDINGS.....so many vulnerable elderly residents NEED your help to have a happy life in the place and the people they know and trust, and that means also for relatives and friends of resident.

The staff are absolute Angels there and when you go you can see the care they are showing to the residents its GENUINE not just because they are getting paid for doing the job but "BECAUSE THEY DO CARE" The Green has excellent reports - please examine these reports, look what a fantastic home The Green is, some of the private homes reports have "needs improvements" The Green has NOT had anything like that everything has been GOOD , let the new findings have a chance to see if the home after 2 and half years proves to be viable.

PLEASE REVERSE YOUR DECISION - WE "BEG YOU" save this home from closure.

Yours faithfully,  


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Hi

I am [REDACTED] son of [REDACTED] who has lived at the green care home for the past 2 years. Before my mom resided at the green I used to cook and clean for her 3 times a day with 0 help from anyone except her gp. After 2 years I could no longer cope or give her the care she needed I used all my resources to make her dementia life a caring loving one that gave her a good quality of life. As it got impossible for me to give her that she went into the greens kick beds and was assessed as needing full time care. Within the last 2 years her dementia has deteriorated but the care hasn't she is at the stage now where we cannot take her out of the green as she gets upset frustrated and cries whenever she gets out the front doors and it makes her dementia even worse I don't know what effect it would have on my mom if she left the green one thing I am sure if it could be in detriment to her health. Before visiting the green I checked and visited other care homes available and suggested by adult social care booklet and to my amazement they were bad some were very bad indeed in fact one home was so bad I went home and cried at the thought of my mother living there. Then I found the green an old building on first looks but as soon as I entered I knew this was my moms home from home I now relax and don't worry or stress so much. It doesn't only effect one patient it effects a whole family when the wrong decisions are made and the vulnerable are a easy target. As my mom cannot speak for herself she expects the adult social care to speak for her and closing the green is something that she sold not or will not want them to do to her at this awful time in her life

Regards. Just a worried son

Please pass on to anyone you need to

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29<sup>th</sup> September 2016

Dear Scrutiny Board Members,

When my dad was diagnosed with Lewy Body Dementia approximately two years ago the consultant stated that it will be beneficial for my dad to remain in his own home for continuity. Therefore, I gave up my job in Birmingham and came to Leeds to care and support my dad (this is not a permanent arrangement).

I am the main carer (24hrs/seven days a week) for my father. My sister and extended family members live in Birmingham therefore, we have no support in Leeds. I managed to get my father respite at The Green residential care home for one week, once every two months. This is very beneficial to me as it gives me a break to enable me to care for my father.

My father appears to be settled and contented at The Green with the members of staff who care and look after him. With my dad's diagnosis he needs stability and it appears that he gets the care he needs from the friendly caring staff at The Green.

If you require any further information please do not hesitate to contact me.

[REDACTED]

Kind Regards

[REDACTED]

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To whom it may concern

My mum [REDACTED] is a resident at the Green. She has been there the past three years. she is very settled and happy there and i really feel that if she was to be moved away from there this would most certainly not be in her best interest as this would confuse my mother even more.

The staff at the Green are second to none these are whom my mother relates to as her family she feels safe and comfortable when the staff are present and to change this at this stage of her illness would most certnaily have a negative affect.

I myself worked as part of the team at the green for five years i know the level of care goes beyond expectation and ive also worked within the private care and there is no comparison to the level of care that the council provide.

To remove my mother from her home because that is what the green is now to my mum its her home where she is happy and has built trust with her surroundings at such a very hard and confusing stage of her life would be crule and insensitive and certainly not thinking of the residents welfare.

Yours sincerely

[REDACTED]

30-09-16

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Dear Scrutiny Board

I would just like to very briefly tell you how five years ago my Mum's [REDACTED] illness changed not just her life and mine, but everyone around us and how then finding the best dementia/Alzheimer's care provider in Leeds has allowed us to move from a very challenging and difficult cope with environment changed into a positive environment which has improved my Mum's health and wellbeing as well as mine.

My mum has always been 'the quiet one' a true introvert with a tradition relationship with my dad 'in charge', so on reflection the way he cope with Mum's Alzheimer's meant no one else was even aware of it. That was until the shocking day on Friday 9 September 2011 when at the request of my dad, who was physically disabled following a series of strokes 12 years previously, ask me to take my mum to the doctors as 'she was driving him mad as she couldn't remember anything!' We chatted normally before going in to see the doctor. Then came the test. My poor mum, bless her she didn't know what day it was never mind what century we were in! I was in a state of shock and she couldn't even remember we had been to the doctors. Further tests followed and in March 2012 she was finally diagnosed with Alzheimer's, which the doctor said she had already had for about four years.

Unfortunately at the same time my dad became very, very ill and ended up in hospital. My Mum's world was turned upside down and as it became clear just how dependant she had been on my dad for her memory. My already very busy life became chaos as I needed to include time to care for my mum and visit my dad in hospital. After a few weeks it was clear dad wasn't coming home anytime soon and my juggling of life wasn't working. With both parents very ill, in very different ways, my priorities had to be caring for them along with keeping my work commitments. My husband was very understanding but my young children not so much! Sadly my dad died on 29 May 2012 and that was the beginning of an even more challenging period with mum struggling to remember that her husband of 58 years had died.

The journey from then until October 2014 has been exceedingly difficult given the challenges and whilst I managed to care for my mum, as was my dad's dying wish my world and everything around me slowly fell apart and my health deteriorated with the exhaustion of it all.

In October 2014 my mum became exceedingly ill and we spent almost three months in hospital. (I say we as by this point it was as if mum and I were one.) We both knew we could no longer continue lurching from crisis to crisis. Having asked mum what she wanted from a new home, with 24/7 care, I diligently visited care homes across Leeds in the main they were shiny and new with lovely en-suites however there were only two who confidently provided satisfactory answers when I asked about the specific care they could give my mum in particular for her Alzheimer's. I then looked at CQC reports only to be very disappointed with how bad they were the only place that was good was The Green. I used a scoring system and although The Green wasn't shiny and new it was head and shoulders above everywhere else in every other aspect. Best of all my mum and I knew the staff from my mum attending The Green Day Centre. And we had both experienced their excellent standards of care.

Mum moved into The Green as I knew this was the best and only place for my her. Even though mum wanted to be at The Green she did have times during the first few weeks when she got very upset as she wanted to return to her home of over 40 years. These were difficult times but the staff were excellent at caring for and reassuring mum and helping me cope with a very difficult period.

During the almost two years my mum has been at The Green I cannot praise them enough for everything they have done. I visit my mum every day and sometimes at very strange times and I have never seen anything other than kind, caring, happy and truly motivated staff at all levels. When my mum went to live at The Green, due to her health problems the doctors didn't expect her to live beyond a few months. However, the expectational care she received means she is living happily in a place she loves and calls home.

Leeds City Council should be proud of this excellent facility and be building upon the fantastic work it does by using it as a centre of excellence.

To close The Green would be a travesty and for many of the residents at The Green, who are vulnerable, fragile and unable to cope with change, it would be a death sentence.

I hope having heard our story you will see keeping The Green open is the best thing for its current residents and in the future for people across Leeds who are suffering with the terrible diseases effecting the memory and who are at the point of needing care 24 hours a day, seven days a week, 365 days a year. As before we know it it could be all of us!

[REDACTED]

[REDACTED]