

## Report of the Director of Adult Social Services

### Report to Executive Board

**Date: 4 September 2013**

**Subject: Better Lives for People in Leeds: report on the future of Residential Care for Older People and responses to Deputations to Leeds City Council by supporters of residents of Manorfield House and Primrose Hill care homes**

Are specific electoral Wards affected?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If relevant, name(s) of Ward(s): Gipton & Harehills; Hyde Park & Woodhouse; Killingbeck & Seacroft; Rothwell; Otley & Yeadon; Horsforth; Pudsey; Wetherby		
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

- 1 The vision for social care at a national and local level is that care and support should be more personalised. As older people aspire to be independent for longer there is an emphasis on choice and control and services that are more responsive to individual need. The number of older people as a proportion of the population is increasing and demographic changes will place additional demands for services at a time of diminishing financial resources
- 2 The Better Lives for Older People programme is responding to the changing expectations of current and future generations of older people by investing in assistive technology, reablement, neighbourhood networks and integrated community based services including intermediate care beds.
- 3 The investment model of specialist housing with care and support is a key theme of the Better lives Programme. Through the corporate Housing and Care Futures project, Leeds is developing a new approach to investment in housing and care support including extra care for older people. The review of Council-owned and operated residential care homes will provide additional opportunities to utilise land assets to support the development of specialist housing and care provision across Leeds and in particular those wards where current provision falls short of demand.
- 4 Research on supply and demand for residential care has found that Leeds has an oversupply of residential care beds although geographically they are not evenly distributed.

The majority of residential care homes are provided by the independent sector. Overall the demand for residential care is expected to continue to fall and those that do require residential care will have more complex care needs including specialist dementia care and nursing.

- 5 The review of Council owned and operated residential care homes matched current provision against an agreed set of criteria to test the sustainability of all 19 facilities. The review concluded that to maintain and operate the Council's residential facilities is unrealistic both in terms of changing future demand and expectations and unaffordable in terms of the level of investment needed to make them viable for the future. Although the quality of care is high and most of the buildings are performing as intended, they will become unfit for purpose as the needs of future generations change.
- 6 Phase 1 of the review began in 2010 and recommended the closure of five residential care homes (three immediately and two pending alternative provision), the retention of four residential care homes and the recommissioning of one residential care home as an integrated community intermediate care bed unit in partnership with the NHS. The remaining eight residential care homes would be subject to a further Phase 2 review.
- 7 Phase 2 has now been completed and proposals for the decommissioning of the eight residential care homes under review have undergone detailed consultation with those directly affected. The Council has listened to the many stakeholder responses received and amended the original proposals to reflect the significant findings of the consultation process. This report sets out revised recommendations on the future of the eight residential care homes under review.

## **Recommendations**

The Executive Board is recommended to:

- 1 Note the very extensive and wide ranging consultation undertaken and thank all contributors for their thoughtful and helpful comments which have informed the recommended outcomes.
- 2 Note the commitment and process which will be followed to ensure all people affected by the adoption of the recommendations are provided with comprehensive care planning and support in identifying appropriate alternative provision.
- 3 Agree the implementation of proposals for the long term residential care homes, namely:
  - (a) To close Amberton Court, Burley Willows, Fairview and Musgrave Court (see para 8.2, Table 2).
  - (b) To agree that Suffolk Court be re-designated over time to offer transitional care, with the objective of eventual conversion as a specialist clinical intermediate care centre (see para 8.5, Table 3).
  - (c) To agree that Manorfield House and Primrose Hill remain open (see para 8.5, Table 3) to provide residential care for existing residents but with no new admissions and will close:
    - when no longer required by existing residents;
    - if the health and wellbeing of the remaining residents cannot be maintained;
    - should alternative new residential care provision become available within the ward
    - in response to changes in registration requirements or legislation

(d) Approve the commencement of dialogue with interested community groups and stakeholders with regard to future use of Home Lea House.

- 4 Agree the implementation process for the transfer of residents that will involve a dedicated social work team applying the Assessment and Closure Protocol and Care Guarantee to ensure a person centred approach to minimise the impact caused by adopting the recommendations.
- 5 Agree that decommissioned buildings, within areas of low supply, will be declared as surplus to requirements and demolished in order that the sites, where suitable, can be considered for the provision of specialist housing for older people.
- 6 Agree that suitable alternative sites within areas of low supply be considered for the provision of specialist housing and care for older people.
- 7 As part of this process, agree that officers be authorised to take appropriate steps to secure partners to exploit development opportunities for specialist housing and care provision.
- 8 Agree to the proposed disposal options in respect of all the facilities as set out in the report.

## **1 Purpose of this report**

- 1.1 On 15<sup>th</sup> February 2013, Executive Board gave approval for a formal consultation on proposed options relating to eight Council owned residential care homes: Amberton Court. (Gipton & Harehills), Burley Willows (Hyde Park & Woodhouse), Home Lea House (Rothwell), Fairview (Killingbeck and Seacroft), Manorfield House (Horsforth), Musgrave Court (Pudsey), Primrose Hill (Wetherby) and Suffolk Court (Otley and Yeadon).
- 1.2 This report describes the outcome of the consultation, proposes a number of revised recommendations with an accompanying justification for the revision.

## **2 Background information**

### Context

- 2.1 The Better Lives for Older People programme involves making changes to the way Leeds provides services to older people. It is driven by a number of factors relating to:

- National policy/legislation
- National and local demographic changes
- Trends
- Financial pressures

### National Policy/Legislation

- 2.2 'The expectations of current and future generations of older people is to live in accommodation that is accessible, affordable, comfortable and allows them to retain their dignity and independence. Any support or care they may need should be something they are in control of and tailor-made around their individual need' (*Putting People First*, the vision and commitment to the transformation of adult social care, DH 2007).
- 2.3 In recent years promoting independence and providing people with more choice and control over their care and support has been a feature of health and social care legislation. One of the Department of Health's adult social care outcomes for 2013/14 is 'delaying and reducing the need for care and support'. Improving the quality of care is at the heart of the Health and Social Care Act 2012 and this Act sets out the priorities for patient-centred care delivered through integrated services. The recently published Care Bill brings together and updates previous social care legislation. Key features of the Care Bill include the general duty of a local authority to promote individual well-being, prevent need for care and support and promote integration of care and support with health services.

### National and Local Demographic Changes

- 2.4 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.
- 2.5 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).
- 2.6 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).

### Trends

- 2.7 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. In Leeds the length of time people spend in a care home has fallen, reflecting people's choice to remain independent and living at home for as long as possible.
- 2.8 Leeds commissioned 138,996 bed weeks in care homes for older people in 2011/12. This is a reduction of 3.2% in 2011/12 over the previous year. This follows a long term trend which has seen a fall of 22.6% over the last 10 years.
- 2.9 Nursing care bed weeks for older people reduced from 48,915 to 46,764 (4.4% reduction) in 2011/12 over the previous year; residential bed weeks for older people fell from 94,697 to 92,232 (2.6% reduction) over the same period.
- 2.10 "The BUPA census of care homes reinforces the view that care homes are moving away from being an alternative form of housing for frail older people towards a location of last resort for individuals with high support needs near the end of life." (© BUPA).
- 2.11 Loneliness and isolation are key elements leading to admission to residential or nursing care. A review of the last 100 older people who were admitted to residential or nursing care in Leeds, up to June 2011, found evidence that in 20% of cases, the individual made a decision to go into care because he or she did not feel safe or felt socially isolated. There was evidence that caring arrangements influenced 24% of admissions: the carer was unable to support the individual either because of living away, or due to their own deteriorating health. Only one in ten individuals admitted was assessed as being unsafe to continue living outside residential care (Leeds Joint Strategic Needs Assessment, 2012).
- 2.12 The need for access to 24 hour, 7 day a week care and support is not the same as the need for 24 hour care and support. Care homes are staffed and funded to provide 24 hour care (together with nursing in the case of nursing homes). Many older people need an environment where they can retain their independence, are not socially isolated, can get immediate access to emergency care and support and the assurance that any additional support will be available without the need to move.
- 2.13 Other forms of specialist housing such as extra care can provide this environment and as such it is both a viable and (for many older people) a preferable alternative to residential care. Nationally many local authorities are closing their remaining long-stay care homes and supporting the development of extra care housing, for example Birmingham and North Yorkshire (Comparator authority review, background paper 1). In Leeds the independent sector has already recognised the demand for extra care housing and many developments have been or are in the process of being built. There are approximately 640 extra care housing units in Leeds with a further 137 units in planned developments (for example the 41 unit Garnett's Paper Mills Scheme in Otley which has planning approval). Many extra care schemes offer a range of mixed tenure options including affordable rented accommodation; there are eight extra-care schemes which the Council either owns or contracts with a voluntary sector landlord to provide social rented units. To complement this, some units built by the private sector are at the high end of the market for sale,

particularly within more affluent wards. There is however a shortfall of 649 extra care units at present in Leeds and a 718 unit projected shortfall by 2020.

- 2.14 Housing and care for older people are closely linked. In the past the level of a person's dependency determined whether the emphasis was on a housing or care need. A person with a low level care need would be supported to live at home. As the care needs increased and the risk to safety became an issue, care in a residential home would be offered. The range of alternative options between living unsupported at home and going into a care home has developed to include adaptations and assistive technology to existing homes and specialist supported housing schemes such as sheltered and extra-care.
- 2.15 As more people aspire to live at home for longer, the increasing importance of maintaining independence and giving people more choice and control drives a need to change service provision to better suit individual needs.

### Financial Pressures

- 2.16 As a result of the 2010 Spending Review, funding for local government is already planned to fall by 33% in real terms over the four years from 2011/12 to 2014/15. The June 2013 Spending Round announced further cuts of £2 billion for local government for 2015/16 (10% in real terms), with clear warnings that the downward trend is likely to continue into 2016/17 and 2017/18.
- 2.17 According to the Local Government Association, the financial future of the local government sector is driven by care spending. It will pass 45 per cent of council spending in 2019-20, eating up other budgets as it does so (Funding Outlook for Councils).
- 2.18 Over a number of years Leeds City Council has invested in services for older people that enhance their well-being, promote their independence and offer them choice and control in any support that they may need. The demand for these services reflects the growing number of older people in our community, the trend for older people to remain independent for as long as possible, government legislation and the changing expectations of an ageing society.
- 2.19 Faced with reducing government funding and increasing demand for a range of services, Leeds City Council has the challenge of how to facilitate choice for older people, improve standards, achieve better outcomes and meet the increasing aspirations of the citizens of Leeds. In Adult Social Care consideration has to be given to a number of competing priorities, both within older people's services and across other service areas such as learning disability, mental health and disability services.
- 2.20 To maintain investment into the new models of service in an adverse economic climate requires a disinvestment in services that no longer represent value for money and are not likely to meet the needs of future generations of older people. Nationally the average cost (per person, per week) of Local Authority care homes is almost twice the average cost of independent sector residential care homes (Health & Social Care Information Centre). This is mainly due to the organisational structure and reporting requirements of Local Authorities that require overheads to be assigned to service areas which in turn drive up the average unit cost. In Leeds, this has been exacerbated by year on year reductions in occupancy levels.
- 2.21 The cost of improving the quality and standard of the Council-owned and operated care homes included in the Phase 2 review has been estimated and the eventual decommissioning of all eight would lead to projected cost avoidance of approximately £13 million at current prices.

2.22 To merely maintain the properties at current standards without the desirable upgrade of facilities would cost in excess of £4 million over the next five years. However, simply doing nothing in terms of upgrading the existing stock of Council-owned and operated care homes would lead to the eventual closure of units through lack of investment. People needing residential care are increasingly more likely to be attracted to the modern, independent care facilities than those provided by the Council. This will continue to drive up the number of vacant places in Council homes and increase the unit cost of a Council-provided placement. Acting alone, the Council will not be able to afford to upgrade any of its units to an expected or desired standard.

### **3 Meeting the Current and Future Care Needs of Older People in Leeds**

3.1 The Better Lives for Older People programme addresses these issues over the short, medium and long term taking into account the needs of the people who will be affected by the changes.

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

3.3 In Phase 1 of the Better Lives Programme an 'Assessment and Closure Protocol' and a specialist team to assess / re-assess residents' needs was introduced. The transfer of residents to alternative private sector homes was conducted in accordance with this protocol, which has now been updated to take into account the experience gained in Phase 1 of the programme.

3.4 Should the proposals be agreed by the Executive Board, the transfer of residents to alternative homes will be done in accordance with their needs and they and their families will have a named key worker who will help them throughout the process. In Phase 1 of the programme, a 'Care Guarantee' was produced which clearly stated the principles and standards that the residents could expect. An 'Assurance Group' was also established, comprising health and social care professionals, to oversee the process and ensure that the Care Guarantee was adhered to. In this next stage of the programme these measures will be re-introduced to ensure that the transfer to an alternative home is done sensitively and safely.

3.5 In the short to medium term Leeds City Council will continue to directly provide specialist residential services. These will focus on intermediate care / reablement (short stay rehabilitation) where there is an opportunity to work in partnership with the NHS.

#### Housing Support

3.6 With regard to the longer term needs of older people, Leeds City Council's 'Better Lives for Older People' programme has worked alongside the Housing and Care Futures project to analyse demand for the new models of care (e.g. reablement, intermediate care, assistive technology) that will continue to have an impact on the number of residential care beds needed in the future.

3.7 A demand analysis has been carried out for services up to 2020, taking into account the increase in the number of older people in the population and health factors such as dementia. It has developed and adapted existing methodologies in order to get an accurate, up-to-date picture of current provision, including that provided by the independent sector, and projected requirements for bed spaces in care homes.

- 3.8 Methodologies used to calculate and forecast demand include national work on provision of older people's housing and care from the Department of Health's 'More Choice, Greater Voice' toolkit.
- 3.9 Alongside this national methodology, local initiatives have been incorporated and brought up to date with 2011 census data, which was released on 30 January 2013.
- 3.10 Based on these formulae, key issues identified at city-wide level are:
- The 2013 care home (without nursing) bed supply is in excess of projected demand; there are currently 1358 more beds than required across Leeds and by 2020 there will be 1879 more beds than required due to declining demand for this type of care.
  - The 2013 extra care supply falls below demand levels; there is a need for a further 649 extra care places across Leeds, rising to 718 by 2020.
  - The 2013 care home (with nursing) bed supply also falls below projected demand levels; there is a need for a further 191 beds across Leeds, rising to 489 by 2020.
- 3.11 Whilst the demand analysis takes into consideration health factors, dementia care provision is a key consideration for the future.
- 3.12 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). 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).
- 3.13 The Leeds Dementia Strategy has been developed with an overarching plan to make Leeds a dementia-friendly city. This will support people with dementia to live their lives to the full as part of the community.
- 3.14 Dementia is often used as a heading under which a number of different conditions affecting the working of the brain are grouped. "A common concern for older people with dementia is that confusion and memory loss will mean that they cannot stay in their own home. But with the right support and with some simple design and layout changes many people with dementia can and do enjoy living at home for much of the rest of their lives." (Care & Repair England).

#### Long term care

- 3.15 Older people who cannot have their care and support needs safely met in their own home will be provided for in care homes run by the independent sector. Care homes are now registered as 'care homes with nursing' or 'care homes without nursing'. Care homes with nursing require the presence of qualified nursing staff, available at all times. This means the provider of this type of care home has to directly employ qualified nurses as well as care staff. Local authorities are not legally permitted to directly employ nursing staff so all care homes with nursing are provided by the independent sector or (in the case of specialist provision) NHS trusts.
- 3.16 The independent sector has for many years provided the vast majority of care home places in Leeds. In 2012/13 Leeds City Council contracted with the independent sector for 750 places in care homes with nursing (which local authorities are not permitted to directly provide) and 1,255 places in care homes without nursing (residential care homes). The number of residents funded in local authority care homes for 2012/13 was 262. The



independent sector in Leeds has the overall capacity to meet current and medium term needs. The total number of beds in the city for older people in the independent sector is in excess of 4,000.

- 3.17 The quality of the care services in Leeds provided by the independent sector is monitored by the Care Quality Commission and through the Quality Framework, a contracting mechanism introduced in December 2012 by Leeds City Council, which promotes high standards of care.
- 3.18 The Quality Framework is an arrangement negotiated between Leeds City Council and the independent sector care home providers. It is the result of a comprehensive exercise to establish the true cost of care, introduce quality standards linked to fees and set a fee level that is acceptable and sustainable over a number of years. Under this arrangement, which now applies to the majority of care homes in Leeds, an agreed fee is paid at either a core or enhanced rate depending on the level of quality the care home has demonstrated. This incentivises the market to achieve a quality standard that attracts the enhanced fee. The contract length of five years also stabilises the market and promotes greater partnership working between the Council and care home providers.
- 3.19 The care homes contracted under the Quality Framework have to evidence their compliance with the quality standards and agree not to impose third party top-ups for the care that they provide. This and the regular review of homes by Council officers gives an assurance that the homes are of a good quality standard and as the fee is based on the true cost of care, relatives of local authority funded residents will not be asked to pay a third party top-up. These are a common feature in many local authorities where the contribution made by the local authority is capped and relatives are required to make up the difference between the local authority contribution and the full care home fee.
- 3.20 By determining a true and fair cost for care, through the introduction of the Quality Framework, Leeds has responded to some of the concerns expressed by the Dilnot Commission regarding the cost of care. The government's decision to implement the proposals of the Dilnot Commission, now incorporated in the Care Bill (with some variation in the proposed financial threshold) is a significant step towards wider reform in that a policy milestone is established, which places a limit on how much people have to pay for care. This combination of a cap on care costs and an extended means test will see more people benefit from public funding (Fairer Care Funding: The Report of the Commission on Funding for Care and Support, DH 2011).

#### Outcomes from Phase 1 of the residential services programme

- 3.21 The inquiry into the future of residential care provision for older people was launched by the Adult Social Care Scrutiny Board in June 2010. The inquiry concluded that to maintain the status quo in the operation of the Council's residential care homes and day care centres was unrealistic in terms of changing demand and expectations and unaffordable in terms of the resources needed to provide the quality required to make the buildings viable for the future. The inquiry accepted that people's expectations around choice, quality and control over where they live and how care is provided had increased significantly and that a position of 'no change' was not an option.
- 3.22 The December 2010 meeting of the Council's Executive Board implemented a review of the Council's 19 residential care homes and 18 day centres for older people in response to the following drivers:
- the changing demographic profile of older people in the city
  - people's wish to remain at home for as long as possible
  - new services that are being developed as alternatives to residential and day care

- new services aimed at preventing premature entry into residential and day care
  - new services being developed in the independent sector
  - the Putting People First and personalisation agenda
  - the increasing number of surplus places in the Council's residential homes and day centres
- 3.23 The Phase 1 review found that although the quality of care was high and most of the buildings were performing as intended, the facilities provided would quickly become unfit for purpose as the needs of future generations changed.
- 3.24 The age and condition of the buildings would result in prohibitively high basic maintenance and upgrade costs in comparison to the funding available both now and in the future. The running costs of these services were far in excess of equivalent services provided by the independent sector, particularly as occupancy and attendance levels were below capacity in most instances.
- 3.25 The Phase 1 review of residential and day care services, which included a comprehensive phase of consultation with key stakeholders concluded with a report to Executive Board in September 2011 with the following recommendations:
- decommission three care homes and transfer residents to alternative accommodation of their choice (Grange Court, Westholme, Kirkland House, all awaiting demolition)
  - convert one care home into an integrated community intermediate care bed unit in partnership with health (Harry Booth House, now re-commissioned as the South Leeds Independence Centre)
  - retain four care homes as specialist provision (Richmond House, Middlecross, Siegen Manor, The Green)
  - retain two care homes to remain operational until new alternative facilities were available within the ward (Spring Gardens, Knowle Manor)
  - retain one care home pending the further development of interest from the third sector (Dolphin Manor)
  - The remaining eight residential care homes would be subject to a further review (Phase 2).

#### Phase 1 Outcome for Residents

- 3.26 Following the Executive Board decision on 7 September 2011 an extensive programme was put in place to implement the recommendations to close Grange Court, Kirkland House and Westholme and to re-commission Harry Booth House. A dedicated team of social workers was recruited, from existing resources, to work with the residents and their families. This work involved re-assessing residents' 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. Each resident was allocated a key (social) worker who helped them to identify their current care needs, advised them (and their families) of the choice of alternative accommodation and enabled them to move.
- 3.27 The Care Guarantee made it clear that the health and well-being of residents was paramount and that risk assessments would be carried out to ensure that clinical and therapeutic needs were met. A total of 96 residents were affected by the closures but of these, eight people were too ill to move and as such a transfer was not even contemplated. Seven of the 8 residents who passed away remained in their care home allowing them to die with dignity in familiar surroundings and one died in hospital.

- 3.28 The remaining 88 people benefitted from an individual needs assessment and transferred to alternative accommodation of their choice. The majority (74 people) moved to care homes within the independent sector; 13 moved to local authority care homes (10 of these to permanent placements and 3 to temporary community intermediate care beds pending assessment prior to going home) and one resident returned home directly.
- 3.29 The assessment and transfer process was quality assured by an independent review of case files to ensure there was evidence of compliance with the Care Guarantee and the Assessment and Transfer protocol. This review identified any issues that had arisen during the transfer process and provided feedback to the team and their managers.
- 3.30 Key workers maintained contact with their residents throughout and beyond the transfer period with care plan reviews taking place at 3 months and 12 months after transfer. This level of contact was built into the transfer protocol and was an important factor in helping residents to settle and provided residents and their families with a named person who they could contact to resolve any issues.
- 3.31 The individual care plan reviews at three and twelve months, with the residents who had moved during this process, were to ensure that they were content with how the transfer had been carried out and with their alternative care arrangements. The outcomes of these reviews are as follows:

3 months (88 assessments)

- 73 people (83%) happy and settled in new placement
- 8 people (10%) had died
- 4 people (4%) returned home from short stay beds
- 2 people (2%) had transferred to another more suitable home
- 1 person (1%) was in hospital
- 1 (1%) person moved to an NHS Community Intermediate Care bed

12 months (80 assessments)

- 63 people (79%) happy and settled in new placement
- 12 people (15%) had died
- 2 people (2.5%) were receiving nursing care
- 1 person (1%) transferred to Extra Care Housing
- 1 person (1%) was in hospital but planning to return to the residential home
- 1 person (1%) was being supported by the NHS under Continuing Care criteria

- 3.32 The reviews indicate that the majority of people successfully transferred to alternative accommodation and were happy and settled in their new home.
- 3.33 None of the deaths that occurred after residents transferred to a different care home can be attributed to the move. The overall mortality rate within the 12 month period (23%) is lower than the national mortality rate of older care home residents (26.2%). (Mortality in older care home residents in England & Wales – Sunhil Sha - © OUP 2013)

#### **4 Main Issues: Phase 2 Review**

- 4.1 At its meeting in February 2013 the Executive Board was informed of the progress made in the first phase of the Better Lives for Older People Programme and asked to consider options for consultation on the care homes identified for further review in Phase 2. An options analysis had been completed on the eight remaining care homes using an agreed set of criteria previously agreed by Executive Board as follows:

- the current profile of people using the facility, their needs, levels of dependency and risks associated with their care and those of their carers
- the current profile of the staff team, skill mix and length of service
- the wishes of staff in relation to the recent offer of early leaver initiatives
- the strategic fit of the unit in the future vision for adult social care in the city
- the current profile of use, be that specialist or generic
- the current use of the facility under agreement with partners
- the availability of appropriate alternative facilities nearby
- the trend in levels of unoccupied places
- the unit cost of placements in the facility
- the material condition of the building
- the capital and revenue requirements over the next five years to maintain the facility to basic standards;
- the capital and revenue requirements to upgrade the facility to approach compliance with minimum standards
- the impact on other Council initiatives in the local community

4.2 The criteria were supplemented with further data on the over 75 population (current and projected), planned independent sector developments and health and income statistics. This additional analysis has provided 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.

4.3 In February 2013, the Executive Board considered the results of the Phase 2 options appraisal for each facility and accepted the recommendation to proceed to consult on the following options:

Table 1  
Phase 2 initial proposals

Care Home	Proposal
Amberton Court	Decommission facility and transfer service users to other services of their choice already available in the ward / area
Burley Willows	Decommission the facility and transfer service users to other services of their choice already available in the ward / area. Potential to develop extra care housing on the site in future will be pursued as part of the proposal
Fairview	Decommission facility and transfer service users to other services of their choice already available in the ward / area
Home Lea House	To consult on potential development in partnership with a community group / third sector organisation
Manorfield House	Decommission facility and transfer service users to other services of their choice already available in the ward / area
Musgrave Court	Decommission facility and transfer service users to other services of their choice already available in the ward / area
Primrose Hill	Decommission facility and transfer service users to other services of their choice already available in the ward / area
Suffolk Court	Proposal to consider and consult on Suffolk Court as a potential site for specialist short stay integrated intermediate care unit with access to 24

	hour nursing.
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## **5 Consultation and engagement**

- 5.1 The proposals presented in this report, endorsed by the Executive Board, have been the subject of a formal and comprehensive programme of consultation and engagement.
- 5.2 The responses to the consultation received have been incorporated into the feedback from all stakeholders and have been used to draw up the recommendations outlined in this report for consideration by the Executive Board.
- 5.3 Communication has been and will continue to be key throughout the change programme. If the recommendations made in this report are supported by Executive Board, service users would be kept fully informed of the planned changes and timescales, their needs would be fully assessed, they would be offered a choice in alternative provision and their quality of care would be maintained. The important role of family carers is also recognised and they would be kept fully informed and offered a carers' assessment, where appropriate.
- 5.4 A detailed account of the consultation undertaken and an analysis of the findings relating to the proposals for each residential home are appended in Appendix 5 Consultation Report September 2013. In addition all source materials including individual questionnaires, letters and responses are available to Executive Board Members.
- 5.5 At its meeting on 15 February 2013, the Executive Board approved the commencement of formal statutory consultation on the options for the eight residential care homes included for review in Phase 2 of the Better Lives for Older People programme (Amberton Court, Burley Willows, Fairview, Home Lea House, Manorfield House, Musgrave Court, Primrose Hill and Suffolk Court). The consultation has taken into account the benefits from lessons learned and the insights gained from the wider public consultation undertaken in 2011. Detailed consultation on the current proposals took place between 11 March and 3 June 2013 with 212 questionnaires being completed with permanent residents and their relatives and carers, 50 questionnaires being completed by respite users and their relatives and carers and 10 questionnaires with Temporary residents and their relatives. Some 274 members of staff directly affected, plus key stakeholders were also consulted with.
- 5.6 The consultation and engagement process, which had been endorsed by the Executive Board, was aimed at seeking the views of those people currently living in residential care homes, respite users, their carers, relatives and the staff who provide care and support. A consultation plan was developed that incorporated the need to be mindful of engaging with older people who may inevitably be anxious about the proposals, particularly those with complex needs, such as those with dementia. The consultation was undertaken in a 'person-centred' way and involved talking directly to residents, their families and carers about why the changes were being proposed and to ensure that the rationale behind the proposals was clearly understood. A dedicated telephone number was also provided to allow those directly affected to speak to specially trained advisors with any concerns they may have had. Consultation also took place with affected care staff and Trade Unions, with related stakeholders within the locality, including elected members and partner organisations.
- 5.7 A total of 272 questionnaires were received from residents, relatives, representatives and carers. Of those, 212 were from permanent residents and their families, 50 from respite users and their families and 10 from temporary residents and their relatives.

## Deputations and submissions

- 5.8 In addition there were 12 petitions, (11 from homes, one general petition from GMB), two deputations to Council, one deputation to an Area Committee and one formal 'submission' to Adult Social Care. The formal responses to the deputations and submission are attached in Appendices 1-4.
- 5.9 The Primrose Hill Care Home Campaign presented a Deputation to Council on the 1 July 2013, as well as a detailed 'Submission' to Adult Social Care in June. The main points can be summarised as
- the high level of local and public support for keeping the home open, as demonstrated through petitions, letters and a vigorous local newspaper campaign
  - request for a detailed financial analysis of the context and rationale for closure and associated costs and savings
  - concerns over the genuine-ness of the consultation
  - concern for the well-being of older people being moved in the event of closure
  - concerns over potential financial disadvantage if moving to a home with higher fees
  - lack of availability of alternative care homes in the local area and consequent increased travel for visiting relatives.
- 5.10 In response to the Primrose Hill Campaign (see Appendix 1 and 2), the Council:
- acknowledged the campaign group's enthusiasm and commitment to its cause and gave assurances that all letters had been scrutinised personally by the Director of Adult Social Services
  - provided a detailed financial analysis, including correcting an error contained within the Executive Board report of 15 February 2013; and an explanation of the projected savings expected of the proposed closure programme as a whole and Primrose Hill in particular.
  - an assurance that the consultation was open and honest, as evidenced by the Phase 1 consultation, which led to some proposals being changed.
  - an explanation of the Council's Care Guarantee and reference to work carried out by the University of Birmingham into the safe transfer of older people during a home closure programme.
  - provided further assurances that no-one would be financially disadvantaged by moving to another home following a closure
  - provided a list of alternative homes in the Leeds, Harrogate and North Yorkshire areas, whilst acknowledging a lack of alternative provision in the immediate area
- 5.11 Relatives of residents of Manorfield House submitted Deputations to the Council meeting of 1 July, as well as the North-West Outer Area Committee meeting on 17 June. The main points can be summarised as:
- concern over a lack of alternative accommodation in the local area
  - request for clarity over the estimated cost of electrical repairs to the home
  - request for clarity over the sizes of rooms
  - concern over financial viability of homes in the independent sector
  - concern over potential financial disadvantage if moving to a home with higher fees
- 5.12 In response to the Manorfield House campaign (see Appendix 3 and 4), the Council:
- provided information on alternative accommodation in the area, whilst acknowledging there are limited alternatives in the immediate area
  - explained the Council's reliance on the non-disruptive survey, and that a more intensive survey would be carried out should the decision be taken to carry out the repairs
  - provided clarity over the small size of the majority of the residents' rooms at Manorfield House

- Explained the Council's Quality Framework agreement with independent care providers, which provides stability for their businesses through long-term contracts and establishes a fee structure which has been agreed with the providers as sustainable by their businesses
- Repeated reassurances that no-one would be financially disadvantaged by moving to another home following a closure

5.13 The Consultation Report, which gives the full consultation process, methodology, analysis and findings, has been produced to give Executive Board an overview of the opinions of those affected by the proposals for services under review. A copy of the Consultation Report can be found at Appendix 5.

5.14 All the primary materials from the consultation, ie questionnaires, letters, petitions, submissions and deputations will be available for Executive Board members to inspect in the Civic Hall on the morning of the Board meeting (4 September 2013).

5.15 Most people who responded were understandably opposed to the proposals and concerned about what closure would mean for them personally. The main concern for both service users and relatives was the impact of change on their wellbeing from a health, support and economic perspective, summarised as follows:

- that decommissioning would be disruptive and adversely affect the physical and mental health of residents
- concern for the loss of much needed respite care and the added pressures the proposals created for carers
- Concerns relating to possible financial detriment to residents and their families and that alternative care in the independent sector is not affordable or of the same quality.

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

6.1 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 proceed with the proposed options, an implementation plan is developed in line with the Assessment and Closure Protocol. This shows how any closures would be managed over the agreed timescales and how residents, relatives, carers and staff would be supported to safeguard human rights and equal rights, minimise distress and maximise benefits to individuals.

6.2 The Council has a duty as defined in the Equality Act 2010. The main requirements under the Act are as follows:

A public authority must, in the exercise of its functions, have due regard to the need to:

- (a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) Foster good relations between persons who share a relevant protected characteristic and people who do not share it.

6.3 Giving due regard to equality, the proposed options were subject to an Equality Screening and this concluded that they will potentially give rise to equality impacts particularly on those older and disabled people, their families and carers, whose home or day care is currently provided by the in-house residential and day care service. Staff will also be

affected, particularly women, who make up 90% 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 the EIA.

- 6.4 The interests of current service users, most of whom have a range of disabilities, especially people who live permanently in any affected care homes, must be weighed in the balance with the interests of potential future users intended to benefit from improved provision.
- 6.5 The differences identified in relation to the various equalities strands can be mitigated and the general adverse impacts of the change lessened and potentially removed through putting into place a range of mitigating actions.
- 6.6 Detailed actions to ensure that mitigation is in place are outlined in the Equality Diversity and Integration Action Plan.
- 6.7 An equality impact assessment has been completed to ensure that equality considerations are fully considered in the management of change and the commissioning of alternative services through Phase 2 of this review.
- 6.8 Adult Social care will ensure that communications with residents are clear and understandable to all communities in a range of accessible formats and main community languages. Social workers allocated to a resident will involve them and their relatives and carers in managing the proposed changes sensitively following the individual assessment of existing residents by identifying and supporting people's access to alternative provision of their choice. Independent advocacy will be provided for those people with dementia who may lack the mental capacity to make decisions for themselves. Continued contact between people and friendship groups will be supported in line with the Assessment and Closure Protocol.
- 6.9 People should not be found to be financially worse off as a result of any proposed changes to their residential care. Support will be provided to carers about alternative provision in terms of selecting alternative respite care.
- 6.10 The use of services by people from BME communities will be monitored to ensure that the take-up of services by older people from different ethnic backgrounds is relative to the make-up of the population of Leeds.
- 6.11 Appropriate support will be provided to staff who 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.

## **7 Council Policies and City Priorities**

- 7.1 Promoting independence and providing older people with more choice over their care and support will sustain an number of priorities contained within the City Priority Plan, including supporting more people to live safely in their own homes, thereby reducing the rate of admission to residential care homes and giving people choice and control over their health and social care services.
- 7.2 Leeds City Council's Top 25 priorities set out the delivery milestones of the Council for 2012-13, which support the delivery of key priorities in the City Priority Plan and Council Business Plan 2011-15. In relation to Adult Social Care, this includes supporting Better Lives through Enterprise with the development of a wider range of service providers. This will increase the range of choices open to service users.



7.3 Over the last decade the Council has invested heavily in a range of services for older people that offer them choice in the support they need to remain in their own homes and communities, These services include personal budgets, assistive technology, reablement / intermediate care, Neighbourhood Networks, home care, sheltered and extra-care housing and accessible community facilities.

## 8 Phase 2 Recommendations Post Consultation

8.1 Although there is understandable concern regarding the de-commissioning of the residential care homes, to fail to do so would miss an opportunity for the future development of alternative care services for older people. We know from the outcomes of Phase 1 that those residents with alternative residential placements settled well and were happy in their new home. The supply and demand data indicate that there is sufficient alternative residential care provision without nursing within the ward or within 5 miles of Amberton Court, Burley Willows, Fairview and Musgrave Court, to which residents could be resettled depending on their choice of residential home. Residential care facilities will be provided for residents at Home Lea House as part of any Better Lives through Enterprise development but this will be subject to the development of a robust business case by the third sector and be subject to further consultation.

8.2 Executive Board is therefore requested to consider confirming the recommendation made prior to consultation at its meeting on the 15<sup>th</sup> February 2013 for five of the eight care homes. The homes therefore proposed for decommissioning under Phase 2 of the Residential and Day Care Review are Amberton Court, Burley Willows, Fairview, and Musgrave Court plus Home Lea House for decommissioning following development linked to Better Lives through Enterprise.

### Table 2

The five care homes where the post consultation recommendations remain the same:

<p><b>Amberton Court (Gipton &amp; Harehills)</b> A non-specialist 35 bed care home with 14 permanent residents</p>
<p><b>Independent Sector Provision:</b></p> <ul style="list-style-type: none"> <li>§ Within ward: 138 care beds without nursing</li> <li>§ Outside ward: (within 5 miles of Amberton Court): 453 care beds without nursing</li> </ul> <p><b>Consultation responses:</b> 23 questionnaires returned and 21 other contacts, which included 1 meeting, letters, emails and telephone calls.</p> <p><b>Post Consultation proposal remains unchanged from pre consultation:</b> Decommission facility and transfer service users to other services of their choice already available in the ward / area and then demolish.</p>
<p><b>Burley Willows (Hyde Park and Woodhouse)</b> A non-specialist 35 bed care home with 17 permanent residents</p>
<p><b>Independent sector Provision:</b></p> <ul style="list-style-type: none"> <li>• within Hyde Park and Woodhouse ward 24 care beds without nursing</li> <li>• outside ward (within 5 miles of Burley Willows) 1,072 care beds without nursing</li> </ul>

**Consultation Responses:** 38 telephone contacts / letters / emails, 41 questionnaires from residents and relatives / carers and 2 petitions with a total of 3,484 signatories

**Post consultation proposal remains unchanged from pre consultation:** Decommission the facility and transfer service users to other services of their choice already available in the ward / area and then demolish. Potential to develop extra care housing on the site in future will be pursued as part of this proposal.

#### **Fairview (Killingbeck and Seacroft)**

A specialist 37 bed care home with 17 permanent residents

#### **Independent Sector Provision:**

- Within Killingbeck and Seacroft ward, there are currently no care beds without nursing in the independent sector. However, The Green is a specialist dementia unit within the ward run by the Council, which provides 37 care beds and it is also anticipated that from autumn 2013, a new care village facility will open in Seacroft (The Grange) providing 59 care beds without nursing as well as 20 care beds with nursing and 17 extra care units
- Outside ward (within 5 miles of Fairview) there are 505 care beds without nursing.

**Consultation responses:** 23 questionnaires and 23 telephone, emails and letters; and 1 petition with 571 signatures.

**Post consultation proposal remains unchanged from pre consultation:** Decommission facility and transfer service users to other services of their choice which will soon be available in the ward / area (the Grange will be available within the ward) and then demolish.

#### **Home Lea House (Rothwell)**

A non-specialist 29 bed care home with 21 permanent residents

**Proposed Third Sector Provision:** Interest has been shown by Friends of Dolphin Manor in the provision of residential care in Rothwell that would accommodate existing residents from both Dolphin Manor (also in Rothwell) and Home Lea House. Friends of Dolphin Manor formed as a result of consultation during the Phase 1 review with a view to establishing a community enterprise to manage residential care facilities in Rothwell. Both residents and staff from Home Lea House could transfer to the proposed new community managed facilities once established.

**Consultation Responses:** 48 questionnaires from residents and relatives / carers and 11 other contacts

**Post consultation proposal remains unchanged from pre consultation:** To continue to support a potential development in line with 'Better Lives through Enterprise'.

**Musgrave Court (Pudsey)**

A specialist 36 bed care home with 27 permanent residents

**Independent Sector Provision:**

- Within Pudsey ward 117 care beds without nursing
- outside the ward (within 5 miles of Musgrave Court) 573 care beds without nursing; outside the ward (within 5 miles of Musgrave Court, Leeds only) 378 care beds without nursing

**Consultation responses:** 31 telephone contacts / letters / emails / meetings. 28 questionnaires from residents and relatives /carers and a petition with 447 signatures.

**Post Consultation proposal remains unchanged from pre consultation:** Decommission facility and transfer service users to other services of their choice already available in the ward / area and then demolish.

- 8.3 The revised proposals set out in this report for three care homes (Manorfield House, Primrose Hill and Suffolk Court) vary from the original Executive Board recommendations upon which the consultation was based. The changes reflect the sensitivity of the Council to concerns expressed by consultees on issues of perceived risk to the wellbeing of residents, perceived lack of availability of alternative residential places in specific localities and the distance of travel to alternatives.
- 8.4 Throughout the consultation the Council took great care to emphasise its willingness to listen to what consultees had to say and to take all opinions into account. Many passionate and thoughtful letters and emails were received and Council officers were left in no doubt of the deep concerns felt by residents and their families after attending a number of public and semi-public meetings. The revised proposals for Primrose Hill and Manorfield House therefore demonstrate the sincerity of the Council's promise, from the outset, to carry out a genuine and open consultation, and to be guided in its decision-making by the outcome.
- 8.5 In addition to the summary of consultation responses recorded in Table 3 below (set out in detail in Appendix 5), deputations opposing decommissioning were received by Full Council and Area Committees. The deputations and the Council's response are set out in Appendices 1-4.

The following table sets out the revised proposals for Manorfield House, Suffolk Court and Primrose Hill:

Table 3

Revised proposals

**Manorfield House (Horsforth)**

A non-specialist 27 bed care home with 20 permanent residents

**Consultation Responses:** 132 telephone contacts / letters / emails / meetings, 2 petitions with 970/13 signatures, 47 questionnaires from residents and relatives /carers and a deputation to full Council.

**Independent Sector Provision:** Within the ward there are 36 care beds without nursing in one residential home and currently no known interest shown in any further provision by the independent sector. Outside the ward however and within 5 miles of Manorfield House there are 639 care beds without nursing within the Leeds boundary.

**Post Consultation Factors Considered:**

- There was a high level of disagreement with the proposal to decommission with 96% of questionnaires returned disagreeing
- Significant concerns were recorded by relatives relating in particular to lack of choice, quantity and quality of alternative provision within the ward and difficulties in travelling to visit if their relative was placed in a residential home outside Horsforth because many are elderly themselves or without transport
- Nine next of kin (out of 20) live within the ward of Horsforth
- The Council has invested in the past in improvements to the fabric of the building and there is partial ensuite to bedrooms
- During consultation with residents, respondents suggested that current residents to continue to live at Manorfield House but stop new admissions.

**Pre Consultation Proposal:** Decommission the facility and transfer service users to other services of their choice already available in the ward / area

**Post Consultation Recommendation:** Manorfield House remains open to provide residential care for existing residents but with no new admissions. Manorfield House will close:

- when no longer required by existing residents;
- if the health and wellbeing of the remaining residents cannot be maintained;
- should alternative new residential care provision becomes available within the ward
- in response to changes in registration requirements or legislation
- and then to be demolished

**Primrose Hill (Wetherby)**

A non-specialist 33 bed care home with 22 permanent residents

**Consultation Responses:** 313 telephone contacts / letters / emails / meetings held with local members and officers; 3 petitions with a total of 5,975 signatories and 37 questionnaires from residents and relatives /carers plus a deputation to full Council and representations at Parish Council and Area Committee meetings and a detailed 'Submission'

**Independent Sector Provision:**

- Within Wetherby ward, 23 care beds without nursing have been exclusively allocated by Ashfield Nursing & Residential Home and Wetherby Manor; the remaining 66 beds at both these facilities can also be used for both care with and without nursing should the need arise
- there are no further care beds without nursing within 5 miles of Primrose Hill

**Post Consultation Factors Considered:**

- a high level of disagreement with proposals from questionnaires at 97%,
- 10 next of kin (out of 22 ) live within the ward of Wetherby
- strong local member support for keeping Primrose Hill open
- concern relating to lack of choice and quantity of alternative provision within the independent sector both within the ward and surrounding areas

- Strong perception of Wetherby as a geographically distinctive town with lack of alternative provision in the immediate area and wider area
- During consultation with residents, respondents suggested that current residents to continue to live at Primrose Hill but stop new admissions.

**Pre Consultation Proposal:** Decommission the facility and transfer service users to other services of their choice already available in the ward / area

**Post Consultation Recommendation:** Primrose Hill remains open to provide residential care for existing residents but with no new admissions. Primrose Hill will close:

- when no longer required by existing residents;
- if the health and wellbeing of the remaining residents cannot be maintained;
- should alternative new residential care provision becomes available within the ward
- in response to changes in registration requirements or legislation
- and then to be demolished

### **Suffolk Court (Otley and Yeadon)**

A non-specialist 40 bed care home with 26 permanent residents

**Consultation Responses:** local meeting with MP and residents, 65 telephone contacts / letters / emails / comments, 2 petitions with 1,354 and 86 signatures and 5 meetings held with local members and officers, 25 questionnaires from residents and relatives /carers, Greg Mulholland MP raised the closure of Suffolk Court in Parliament

**Independent Sector Provision:** within Otley and Yeadon ward 77 care beds without nursing; outside the ward (within 5 miles of Suffolk Court) 342 care beds without nursing; outside the ward (within 5 miles of Suffolk Court, Leeds only) 183 care beds without nursing

**Post Consultation Factors Considered:**

- a high level of disagreement with proposals from questionnaires at 96%,
- Eight next of kin (out of 26) live within the ward of Otley and Yeadon
- Suffolk Court continues to be part of on-going discussions with NHS commissioners relating to use of the facility as part of the Community Bed Strategy.
- During consultation with residents, a suggestion was made to consider an alternative approach that would allow current residents to remain and as they leave replace with short stay beds.

**Pre Consultation Proposal:** Proposal to consider and consult on Suffolk Court as a potential site for specialist short stay integrated intermediate care unit with access to 24 hour nursing.

**Post Consultation Recommendation:** Suffolk Court remains open to provide residential care for existing residents but with no new permanent admissions. Suffolk Court would in future offer transitional care with the objective of eventual conversion to a specialist clinical intermediate care centre.

- 8.6 The consultation report contains key findings that fully support the recommendations that Manorfield House, Primrose Hill and Suffolk Court should remain open to current residents. The following suggestions were made by residents and their families with regard to potential alternative solutions to the pre consultation proposals:

#### Manorfield House

- Provide an alternative new build in Horsforth before closing Manorfield House
- Stop permanent admissions and run it down, without moving current residents.
- Would be more accepting of the proposal if permanent admissions were stopped and current residents allowed to stay

#### Primrose Hill

- Keep the home open even if the numbers need to reduce
- Stop permanent admissions and run it down, without moving current residents.
- Could the Council extend Primrose Hill and use space more effectively instead of closing it?
- keep the home open and use the financial detriment savings to upgrade the home

#### Suffolk Court

- Why doesn't the Council say that existing residents can stay and make new vacancies intermediate care?
- Leave the residents where they are until the end of their lives

- 8.7 The proposals to decommission Manorfield House and Primrose Hill were considered by the local Town and Parish Councils. Comments on Manorfield House were provided by Horsforth Town Council and Rawdon Parish Council and expressed concern that the Council should ensure that the home remains open in the absence of alternative facilities locally. Comments on the proposed closure of Primrose Hill were provided by Boston Spa Parish Council, Clifford Parish Council and Wetherby Town Council and expressed concern that there is no other residential care home in the area and that closure would reduce access to quality care and the choice to stay in the area in which people live.

- 8.8 Household composition data taken from the 2011 Census highlights the higher proportional representation of older people within outlying wards including Wetherby, Horsforth, and Otley and Yeadon compared to the rest of the City. In Wetherby ward 30.7% of households consist of pensioners only compared to 19.1% for the City. Of the 2,604 pensioner households within this ward in Horsforth ward 1,481 are occupied by a lone person (17.4% of all households in the Wetherby ward). In Otley and Yeadon ward just over a quarter of households consist of pensioners only totalling 2,583 households of which 1,626 are occupied by a lone person (16.2% of all households within the ward). In Horsforth ward 24% of households consist of pensioners only (2,246) of which 1,274 are occupied by a lone pensioner.

#### Implementation of phase 2

- 8.9 Subject to Executive Board approval, commencing in October 2013, the residents from Amberton Court, Burley Willows, Fairview and Musgrave Court who would be affected by the decommissioning process, will be informed, assessed and supported by a dedicated team of professionals working in accordance with the Assessment and Closure Protocol. This process would be overseen by an Assurance Group comprising colleagues in public health, a psycho-geriatrician, nursing, therapy and social work managers. Residents who live at the homes which would be gradually decommissioned (Manorfield House, Primrose Hill and Suffolk Court) would not be required to move, but if they chose to do so they would be supported by the dedicated team and their assessment and transfer would follow the same processes and protocols. Those residents who would transfer from local authority

care via Better Lives through Enterprise as in the case of Home Lea House would also be fully supported to ensure that their choice in this continued to be protected.

- 8.10 The implementation of any plan to de-commission a residential home clearly needs to be handled sensitively and with a great deal of planning around the individual needs of the people concerned. To this end, Adult Social Care has developed a Care Guarantee which outlines the principles that residents can expect from the Council. We have looked at guidance from other areas such as Birmingham City Council who have undertaken similar transition programmes and used their learning to inform proposals for Leeds, developing a process that is mindful of the anxiety and stress that such a move can cause for older people.

#### Permanent residents in residential care

- 8.11 The Assurance Group would oversee the process and ensure that the Care Guarantee is adhered to throughout the process; the Assessment and Closure Protocol details the steps we would take to ensure any move is sensitive to the needs of residents and their family carers. The Group would also be a resource for the Social Work team for advice and guidance around any issues that may arise requiring discussion and support from a multi-disciplinary group.
- 8.12 Every resident would be allocated a dedicated Social Worker who will work with them from assessment to transfer and would take into account factors such as the person's friends in their home and whether they could transfer with a friend, any medical condition, specialist aids and dietary needs. The Social Worker would spend time with the resident and his or her family carer (or advocate) to get a good picture of what would need to be considered. This would be especially important for those people who are frail, have dementia or any medical condition.
- 8.13 We would ensure that any resident with medical needs has a medical assessment and liaise with their GP throughout the process. If required, we would ensure that there is nursing input to any transfer arrangements and that the person was fit to move prior to any transition.
- 8.14 Communication and discussion with family or friends is equally important and the named Social Worker would ensure that they are kept up to date and involved in any proposals throughout the process.
- 8.15 When considering an alternative placement, there would be an opportunity for visits (including family carers) and discussion with the unit manager and staff there. If required, we would arrange for the resident to meet the residents on the unit and stay for a meal to ensure they feel comfortable with the proposal.
- 8.16 On reaching agreement on a placement, it would be possible for residents or carers to provide any furniture or decoration they wish, to make it more 'homely'. The staff involved in their care would spend time with them in the new placement to ensure that care plans and individual needs are communicated to the new staff team. They would take time with the person to ensure they know the layout of a home and become familiar with the facilities. Clearly, the new staff team would need to be well briefed on any special likes and dislikes, an essential element to ensuring that the transition goes as smoothly as possible. A key worker from the new unit would be nominated prior to the move to enable the individual to have a named person with whom they are familiar and who would have contact with them prior to the move to ensure continuity of care.

- 8.17 The team in the current unit would also ensure that any special equipment is in place prior to the move and that the team in the new unit has experience and training in the use of it. Medication would also need to be provided prior to any move and arrangements put in place for a new GP (if required) and the local pharmacy to be made aware of medication requirements.
- 8.18 As residents start to move, we would aim to move no more than two people per day to minimise the disruption to a home and only during the working week when we would have access to all professionals involved in their care. If a person were to be unwell on the day of the move, we would postpone until they were well enough to move safely.
- 8.19 Feedback from the consultation process identified issues around the locality of some homes and suitable alternatives in the area which has influenced the decision to recommend Manorfield House (Horsforth), Primrose Hill (Wetherby) and Suffolk Court (Otley & Yeadon) to be gradually decommissioned. This would allow the current residents to continue to live in these homes if they wish to do so, but with new admissions stopped. Any existing bookings for respite care at these homes would be honoured. Care will be taken to ensure that the health and wellbeing of the remaining residents is maintained. If, due to unforeseen circumstances a home was required to close (eg a major health and safety issue that puts residents at risk) then the remaining residents would be assessed and transferred to an alternative service. In these circumstances the home may not reopen.

#### People receiving respite care

- 8.20 A number of beds within the homes are used for respite purposes and, as with permanent residents the Social Worker would meet with the person receiving respite and family carers. They would undertake an assessment in order to determine the appropriate alternative and discuss the options available. If people have bookings made for 2013, we would endeavour to accommodate people on those dates, particularly if family carers have made commitments during that time. As with permanent residents, we would offer an introduction to the new service, which would include meeting staff groups and visiting the home.

### **9 The Development of Specialist Housing and Care (Housing and Care Futures Project)**

- 9.1 The focus of the Better Lives Programme is to identify better and more cost effective ways to meet the needs of older people in Leeds through enterprise, integration of health and social care services and specialist housing. The policy to support older people to live independently and have choice and control over their care is evidenced by the greater uptake of personal budgets and an increasing range of community based services including neighbourhood networks, reablement, intermediate care and assistive technology.
- 9.2 The Housing and Care Futures Project has emerged from the Better Lives through Housing, Care and Support theme of the Better Lives programme with the aim of developing a corporate response to the specialist housing needs of an ageing population. Work to develop a better understanding of current supply and future demand for residential / nursing care and specialist housing has revealed a predicted drop in the numbers of residential and nursing places required; and a shortfall in specialist provision such as extra care (the methodology used to reach the supply and demand data is explained in detail in background paper 2). The current supply of extra care units within Leeds falls short of demand by 649 which will rise to a total of 718 new units required by 2020.
- 9.3 The Older People's Housing and Care Strategy was approved by Executive Board in February 2013 and established the need to deliver new specialist accommodation for older



people as a key priority. Executive Board approved proposals to establish the principle of disposing of suitable sites for extra care housing and the disposal of unsuitable sites on the open market with the potential to ring-fence receipts to support the delivery of the Housing Care Futures project. Developers will be encouraged to bring forward sites in areas of shortfall (based on demand data) for the development of specialist housing and care for older people. The Phase 2 review of Council-owned and operated residential care homes will provide additional opportunities to utilise land assets to support the development of specialist housing and care provision across Leeds and in particular those wards where current provision falls short of demand.

- 9.4 Adult Social Care has been joined by the City Development and Environments and Neighbourhoods directorates to ensure that a corporate, multi-disciplinary approach is taken to the Housing and Care Futures Project. In total seven potential sites have been identified for the development of specialist older people’s housing (made up of sites released through Phase 1 of the Residential Care Home Review plus others earmarked for disposal) as part of the Housing Investment Land Strategy. Environments and Neighbourhoods has launched a review of current Council housing provision for tenants over the age of 55 in order to identify sustainable housing and support options with sufficient flexibility to meet the changing needs of older people. The review of housing provision, particularly of sheltered housing facilities, may offer opportunities for the development of extra care.
- 9.5 Development potential may be released from sites decommissioned under Phase 2 of the Residential Care Home Review which, if considered to be of sufficient capacity, could be used for the development of specialist housing for older people. The Draft Leeds Model of Extra Care considers the minimum size for an extra care housing scheme to be 40 one- and two-bedroomed units. Any less than 40 units and the development may not be able to benefit from the economies of scale that would support a full range of services both in terms of care support packages and provision of on-site activities and services. Some of the sites that will become available following decommissioning are marginally too small to support the scale of development required and alternative uses will be pursued for those sites that support the development of specialist housing for older people by alternative means. Suffolk Court and Home Lea House are not included in the table below as they will be re-commissioned and the facilities remain in use.

Table 4  
Phase 2 Sites: Future Use

Site	Size	Possible Future use
Amberton Court	0.4ha	<p>a) Oversupply of extra care units within five miles of Amberton but none within the ward so would ideally wish to position site for extra care provision if interest was shown</p> <p>b) Site is small with maximum of 40 units if of three storey construction</p> <p>c) However if no interest in development of extra care then offer the site on the open market for general affordable housing with a registered provider</p> <p>d) Request capital receipt or commuted sum to be ring-fenced for development of extra care</p>

Burley Willows	0.49ha	<p>a) Reuse the site for extra care housing on the basis that no other sites are available in locality</p> <p>b) Urban design team has been asked to look at the feasibility of the site and the scale of development that could be accommodated within the site footprint</p>
Fairview	0.3ha	<p>a) Site is too small for an extra care development</p> <p>b) Market the site on the open market or</p> <p>c) Work with a registered provider to develop general needs affordable housing for older people</p> <p>d) Request capital receipt or commuted sum to be ring fenced for development of extra care</p>
Manorfield House	0.4 ha	<p>a) Site is small and would require scale of at least 3 storeys to develop 40 units</p> <p>b) After decommissioning, dispose of site on open market specifically for extra care housing to meet low provision / lack of sites for development in the ward or</p> <p>c) Market site for affordable housing for older people</p> <p>d) Request capital receipt or commuted sum to be ring fenced for development of extra care</p>
Musgrave Court	0.38ha	<p>a) Site is marginally undersized for extra care and type of development will depend upon scale</p> <p>b) After decommissioning, dispose of site on open market specifically for extra care housing to meet lack of provision in the ward or</p> <p>b) Market site for affordable housing for older people</p> <p>c) Request capital receipt or commuted sum to be ring fenced for development of extra care</p>
Primrose Hill	0.44ha	<p>a) After decommissioning, dispose of site on open market specifically for extra care housing to meet lack of provision in the ward or</p> <p>b) Market site for affordable housing for older people</p> <p>c) Request capital receipt or commuted sum to be ring fenced for development of extra care</p>

The Phase 2 sites listed above will form part of a portfolio of development opportunities included within the Housing Care Futures project.

## **10 Corporate Considerations**

- 10.1 Under Leeds City Council's budget proposals for 2013-14 Adult Social Care and Children's Services will continue to be the focus of council resources, but with a stronger concentration on preventive interventions and reablement services, which it is hoped will bring about significant savings as well as improving people's lives.
- 10.2 The Better Lives for Older People programme was established in 2011 with a remit to review and reform the local authority care homes and day centres for older people. Working in conjunction with the Older People's Housing and Care Project has led to a more comprehensive understanding of the future demand for housing for older people and the 'Housing Investment Land – a Strategic Approach to Delivery' report to Executive Board in July has begun the process of identifying suitable Council assets for development. The corporate Housing and Care Futures Project will focus on the design, development and delivery of specialist housing and care in areas of undersupply within Leeds.

## **11 Resources and value for money**

### Financial Resources

- 11.1 The Council-owned residential units have significant running, maintenance and upgrade costs. There is a strong independent sector in Leeds that continues to develop new homes with better specifications and at a competitive cost. Most of the longer term residential care, funded by Adult Social Care, is already provided by the independent sector, with the Council providing 17.3% of this in 2012/13. Re-aligning Council services to meet specialist needs with an integrated community focus will offer value for money by providing better outcomes for more people.
- 11.2 The February 2013 Executive Board report identified potential net savings on direct costs of £0.875m across all of the identified homes, if the recommended options for each home were to be confirmed. These savings took account of the re-provision costs of transferring existing residents to alternative care homes, based on the typical price of an alternative bed and on the average budgeted occupancy across the Council's homes for older people of 95%.
- 11.3 By the end of a five year period when the proposals set out in this report are anticipated to be fully implemented, the net impact will be to reduce full-year direct costs by £4m, net of the costs of alternative accommodation for those residents transferring.
- 11.4 The significant increase in the savings now identified compared with those set out in the February report is due to a number of factors:
- Basing the savings on the permanent occupancy of the eight homes in late July rather than the 95% budgeted occupancy across all Council homes
  - The proposals for Manorfield House and Primrose Hill now being for existing residents to continue in residence with no new permanent admissions and so the costs of alternative accommodation for current residents are no longer included
  - Uplifting the savings to a 2013/14 price base
- 11.5 The substantial savings from these proposals are based on the direct costs of providing the service, excluding support services and other overhead costs. Based on 2013/14 budgeted costs at 95% occupancy, the average cost per place across the eight homes is £540 per week compared with the typical independent sector cost of £429 per week, or £442 per

week for dementia care. Based on permanent occupancy in late July within these homes, the average cost is £840 per place per week (almost double the cost of independent care). This increase in unit costs based on current occupancy is the main factor in the substantial increase in the identified savings since the February 2013 report.

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

### Human Resources

- 11.7 The Council has developed and will maintain workforce planning and development plans to inform the future resource requirements for the organisation. The workforce plans will outline what anticipated changes are likely as a result of internal and external influences, for example legislation changes, national and local policy together with responding to the financial challenges.
- 11.8 Due to the uncertain future and in preparation for key decisions, the Directorate has taken a cautious approach to managing vacancies in all provider services and is constantly reviewing the individual requests to leave under the Council's Early Leavers Initiative (ELI). Continual monitoring of the staffing complement including use of agency and overtime is undertaken.
- 11.9 A key element to protecting jobs will be to create a flexible and agile workforce that can be deployed to areas of service priority for the council. Opportunities to develop the Talent Pool as a vehicle for resourcing the organisation are continually being explored including accessing re-training into unrelated job roles where appropriate. The Council has also improved the formal redeployment policy and process in partnership with the Trade Unions and has a successful track record in delivering mutually acceptable resolutions including redeployment via the Talent Pool and enabling staff to leave voluntarily.
- 11.10 Any decision to close an establishment will initiate referral(s) to Managing Workforce Change to search for suitable alternative work in the Council or an offer to leave voluntarily under the ELI scheme. The Directorate is confident that the level of interest in the ELI offer, the alternative service offer, the careful management of vacancies in ASC provider services and the number of jobs advertised over the last 12 months will provide sufficient opportunities for staff should they be required.

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

- 12.1 Legal services have been involved in the programme to provide advice on legal requirements, contracts and challenges. To date there have been two Freedom of Information requests, both of which have been responded to in full. Any decision regarding the proposed re-commissioning and de-commissioning of residential and day service units would be subject to Call In.

## **13 Risk Management**

- 13.1 The main risks that have been identified can be categorised as individual and organisational.
- 13.2 At an individual level any risks to residents will be mitigated by compliance with the Assessment and Closure Protocol and Care Guarantee. This will ensure that individual risk assessments are carried out on all service users affected by the changes and plans put in

place to safeguard their health and well-being. Risks relating to staff and in particular the potential loss of experienced staff will be mitigated by following the Council's Managing Workforce Change Policy.

- 13.3 Organisational risks relate to the on-going cost of running and maintaining services that are subject to decommissioning and the impact this would have on investment into alternative services. These risks will be mitigated by project managing the decommissioning of services and taking a partnership approach to the future use or disposal of buildings.

## **14 Summary and Conclusions**

- 14.1 This report deals with one of the most difficult decisions Adult Social Care has to take and in that regard the process leading up to the submission of this report has attempted to reflect the extremely serious nature of the decisions that inevitably need to be taken.
- 14.2 The Phase 2 review of Council owned and operated residential care homes has concluded that to maintain the Council's residential facilities as they are now is unrealistic in terms of changing future demand and expectations and unaffordable in terms of the cost of making them viable for the future.
- 14.3 This report describes the findings of that consultation, which has involved those most directly affected by the proposed changes. The Council has listened closely to the opinions of residents, their families and carers, staff, Council members and representatives of local communities.
- 14.4 The outcome of the Phase 2 review and the proposed amendments to the recommendations contained within this report reflect the sensitivity of the Council to the concerns raised throughout the consultation.
- 14.5 The revised recommendations to decommission the Council owned and operated residential care homes (if agreed) will contribute to an improvement in the quality of care for older people as expectations change. Council assets will become available that can be used to encourage the development of new specialist housing, care and support in areas of low provision that will enable people to remain independent for longer and increasingly scarce Council resources can be refocused on services aimed at promoting choice and control.

## **15 Recommendations**

The Executive Board is recommended to:

- 15.1 Note the very extensive and wide ranging consultation undertaken and thank all contributors for their thoughtful and helpful comments which have informed the recommended outcomes.
- 15.2 Note the commitment and process which will be followed to ensure all people affected by the adoption of the recommendations are provided with comprehensive care planning and support in identifying appropriate alternative provision.
- 15.3 Agree the implementation of proposals for the long term residential care homes, namely:
- (a) To close Amberton Court, Burley Willows, Fairview and Musgrave Court (see para 8.2, Table 2).

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

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

- 1 Comparator Authority Review
- 2 Care Home Supply and Demand Projections – Methodology
- 3 Phase 1 Residential Service User and Carer Comments

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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.