SAVE PRIMROSE HILL CARE HOME
CAMPAIGN SUBMISSION

22ND May 2013

CONTENTS OF SEPARATE SECTIONS
LETTERS
PETITIONS
EXTRACTS FROM TOWN & PARISH COUNCILS
PRESS & MEDIA

Abbreviations:

SPHCHC = Save Primrose Hill Care Home Campaign

PH = Primrose Hill

LCC ASS = Leeds City Council Adult Social Services

LCC = Leeds City Council

SUMMARY OF CAMPAIGN ACTIVITIES

Campaign team:

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

Supporters:

Primrose Hill residents
Primrose Hill residents' families & friends
General public
MP Alec Shelbrooke
Wetherby Town Council
Tadcaster Town Council
Wetherby Ward Councillors Gerald Wilkinson, Alan Lamb, John Procter
Wetherby News
The Parish Councils of Boston Spa, Walton & Thorpe Arch, Clifford, Bramham, Harewood, Thorner, Collingham & Linton
St James Church, Wetherby with Linton
St Marys Church, Boston Spa, Benefice of Bramham, Parish of Thorpe Arch & Walton
Methodist Church, Boston Spa
Diocese of Leeds Monsignor John Wilson
Kings Church, Boston Spa
Venerable Richard Seed Emeritus Archdeacon of York
Clifford Methodist Church
WISE
Boston Spa & Tadcaster Round Table
Wetherby Lions
Wetherby Men's forum
Collingham Men's Forum
Boston Spa Jazz Club
GMB

Press & Media involvement:

BBC Look North News
YTV Calendar News
Radio Leeds, Radio Tempo, Radio York, Radio Stray FM, Radio Harrogate District Hospital
Wetherby News
Yorkshire Evening Post
Face Book

Written support offered to the Campaign amounts to:

SOURCE	NUMBER
Number of letters	262
Number of signatures to petitions	4,598
Leeds.gov.uk e-petition signatures	36
HM Government e-petition signatures	77
TOTAL NUMBER OF OBJECTIONS	**4,972**
Leeds City Council Better Lives for People of Leeds – Residential Care for Older People Questionnaire Consultation 11 March 2013 to 31 May 2013	Questionnaire completed by all residents and close families

Boston Spa Neighbourhood Plan Questionnaire:

Questionnaire delivered to all Boston Spa residents includes questions re elderly care and facilities

(1)

SUMMARY OF CONCLUSIONS IN FAVOUR OF THE SAVE PRIMROSE HILL CARE HOME CAMPAIGN

Harold MacMillan famously said "...consultation is just a way of telling the other side what you intend to do....". We sincerely hope this is not the case regarding proposals to close Primrose Hill Care Home in Boston Spa in a democratic society.

Indeed, much play has been made of the "listening" and "hearing" and "know your views", to quote:

- Councillor Lucinda Yeadon says "...we realise that older people and their families feel anxious about this proposed consultation about the future of their Care Homes and I would like to assure them that we are very sympathetic to their feelings and everyone's views will be listened to and heard...."
- Sandie Keene says "....we want to know your views about possible changes in the future running of our residential homes. We also want to know what the impact of changes might be on you and your family and how we might reduce the impact as we make plans."
- Mr Holmes says "....we are listening to all the arguments and will take them into account when the final proposals are drawn up...."

So we expect these statements to be lived up to, and for there to be a democratic position taken when the voice of the community speaks unanimously in favour of keeping open Primrose Hill Care Home.

The SPHCHC was designed to ensure that all quarters of the local and further reaching communities were contacted with the announcement that LCC ASS is consulting over the proposal to close PH. As a result, we have tried to ensure that all aspects of society have had their opportunity to offer an opinion, from the PH residents, to their close and extended families, including grandchildren, friends, and then to the community, community organisations and professional bodies. Press and media have been used to support this effort and bring out all points of view.

The Campaign has received 100 percent support to keep open PH.
Not a single voice has been heard in favour of closure.

The key reasons supporting the Save Primrose Hill Care Home Campaign:

(2)

1. **Over view of Primrose Hill Care Home**

PH was initially lobbied for by Councillor William Hill because of the desperate requirement for a local Care Home where elderly people from the local area could be provided with 24 hours care, safe in the knowledge they were on the doorstep of their close family and friends. PH was built in 1979.
PH is often referred to as the 'Jewel in the Crown'.
It is a purpose built building of incredibly well thought-out design.
It is homely and run by very caring and dedicated staff.
Very comfortable, multiple lounges set out to prevent an overcrowded feeling. This provides an excellent environment for both those who live there and their visitors.
The residents are in the 80s, 90s, and 100 some even 101 years old. They are frail and elderly.

For almost all those living at PH, they cannot attend to their dietary requirements, they cannot dress themselves, they cannot attend to matters of personal hygiene and their general mobility is very much reduced, so they require 24 hours constant care and attention.

What use to them are ECHs or en-suite facilities?
Indeed, some more modern Care Homes with seemingly 'modern' furniture would be entirely unsuitable and unsafe for them.

The staff are wonderful and they make PH home for all those who live there.
What happens to the staff if PH closes?
Many of them have worked at PH for tens of years, in some cases nearly 30 years; most live locally and travel to and from PH during unsociable hours is easy for them. If they have to travel 10 miles or more to a new place of work, this will be extremely life disrupting.

(3)

2. **Leeds City Council Better Lives for People of Leeds – Residential Care for Older People Questionnaire Consultation 11 March 2013 to 31 May 2013,** to the best of our knowledge all the respondents support keeping open Primrose Hill

(4)

3. **The significant number** of Petition signatures and letters

4. Demographics

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

a. The percentage of population > 65 years old in 2011 is
   Wetherby = 23%
   Yorkshire & Humberside = 17%
   UK = 16%
   Leeds MD = 15%

b. The percentage of population retired in 2011 is
   Wetherby Ward area = 20%
   Leeds MD = 12.4%

c. The forecast increase of very older persons in Wetherby Ward area from 2006 to 2031 is significant
   Over 75 years old = plus 43,820 persons = plus 40%
   Over 75 years Old = plus 26,400 = plus 49%
   Over 80 years old = plus 21,900 = plus 70%
   Over 85 years old = plus 13,700 = plus 93%

d. These statistics conclude that Wetherby area will have an increasing requirement for elderly care at all levels. Removing a level of care, such as PH, will not help solve this increasing care requirement. If anything, the demographics help conclude that more Residential Care Homes of the level of PH will be required.

How will LCC provide for the future requirement of an ageing population?

5. Financial analysis

The source of all financial data has been LCC offices.
The 2011/12 net cost of service to run PH is stated as £687,305 per annum. Analysing the income stream to PH we can deduce there were the equivalent of 13 x 100% self-funders. Using this along with the fees for the equivalent care at both Wetherby Manor and Ashfield Nursing Home, the net cost of service post closure of PH and after outsourcing residents to these two homes, is £246,586 and £4,786 annual loss, respectively.
If there are no self- funders resident at PH, then the net cost of service at these two private care homes is £602,295 and £360,495 annual loss, respectively.
Indeed, if the PH residents are transferred to homes where they are assessed as requiring dementia or nursing care, then these losses will become more adverse.

So a different mix of self-funders and assessed care post PH closure will lead to an annual net loss of service cost.
How do LCC ASS explain this can be a financial case to close PH when there will be an increased annual cost to local tax payers?
What re-assurance is LCC able to provide about the future stability of fees in the private sector?
Post closure of all LCC's residential care homes LCC will be in the hands of the private sector, and at their price mercy.
What re-assurance can LCC provide of the continuity of the private sector?
The private sector homes are there first and foremost to make money for their owners; what happens when profit is inadequate and price is no longer the solution?
The likelihood is that a private sector home in that situation will close down.
Should people's lives become pawns in a profit or loss situation?

7. **Type of Care Home**

LCC claims that older people want to stay in their own home or move to Extra Care Housing (ECH). This may well be the case, but when an individual is beyond living in their own home or ECH, despite Carer visits, then Residential Care Homes such as PH are needed. They provide 24 hours care and attention in a safe and secure environment. Indeed, for some elderly folk, being at home on their own is a positive health and safety risk. As indeed it is for some to be in Care Homes with en suite, which is totally unsuitable for those who cannot attend to matters of personal hygiene or dress themselves, and where their mobility is severely impaired or zero.
They require facilities with disability aids such as hoists and wheel chairs.

Care Homes like Wetherby Manor seem to cater for the more able elder person, one who has mobility and can decide when refreshment should be taken.

Surely there is a hierarchical structure to care:

Nursing Care
Dementia Care
Residential Care – 24 hours care required
Residential Care – some 24 hours care required
Extra Care Housing
Care at home

Closing PH is removing a level of care, and placing complete reliance on the private sector for this level of care. How does LCC ASS respond to this?

8. The Respite Suite

The Respite Suite is a separate wing attached to the residential home. This wing has been open for many years. This is a marvellous two story facility, which has on the ground floor a kitchen, bed-sit area and large bathroom fully fitted with disability aids; on the first floor there are a number of rooms. The purpose was to allow couples to have short respite stays in the ground floor facilities in the safe knowledge that twenty-four hours care is available. To the best of our knowledge, this Respite Suite has never been used for the intended purpose. No doubt many couples would have been grateful to have access to these facilities, and think of the income stream the Council could have earned. Indeed, this entire two storey wing today stands unused and a complete waste of money. For the future, this facility should be promoted and put to good use by those who would greatly benefit from these excellent facilities.

How does LCC respond to this?

9. Key questions being asked by SPHCHC to which LCC ASS need to provide answers

1 Councillor Lucinda Yeadon says that "...we realise that older people and their families feel anxious about this proposed consultation about the future of their Care Homes and I would like to assure them that we are very sympathetic to their feelings and everyone's views will be listened to and heard...."

Sandie Keene (Director of Leeds Adult Social Services) says "....we want to know your views about possible changes in the future running of our residential homes. We also want to know what the impact of changes might be on you and your family and how we might reduce the impact as we make plans."

Mr Holmes (Deputy Director Adult Social Services) said on 11th April in the Wetherby News that "....we are listening to all the arguments and will take them into account when the final proposals are drawn up...."

So if all the frail elderly people who live at PH say 'No to closure', and they will have completed your 12 weeks Consultation Questionnaire and no doubt said 'no', if all their families & friends say 'no to closure' and because there is 100% support for the campaign to keep open PH, how will you demonstrate that you are listening and that everyone's views will be heard, and what does this mean?

2 Following Ms Keane's letter to the YEP on the 3rd April 2013 asserting "it is not a proven fact that life expectancy is reduced when people move from one home to another", would the Adult Social Services members care to comment on the paper published in Age and Ageing in June 2011 entitled 'Enforced relocation of older people when Care Homes close: a question of life and death? by David Jolley et el'. Furthermore should they choose to close PH, and any other homes, could the Adult Social Services members describe how they will mitigate against harm to the residents?

3 For those who live at PH and pay to do so, some as much as £536.20 per week, when you move them to another more expensive home, according to Sandie Keene writing in the Yorkshire Evening Post ".....with regard to fees in newer, more modern care homes, we have said all along that no-one who moves would experience financial disadvantage. But to discuss all this now is quite premature."
Also according to Sandie Keene writing to Mrs Tyson 7th March 2013 ".....should any home close as a result of our consultation, no-one will experience financial detriment."

What does this mean?
Who will pay the top-up fee?
Is this for life and what happens when the new home annually increases the fees; does the top up increase by the same amount?
Is this for life?

4 My mother is 96 years old and very frail, and has lived at PH for over 3 years. Some of those who live at PH have not been told about your plans to close it down; their state of health is such that the news may do them great harm. We have not told my mother because we know her better than anyone else, and it will be far too distressing for her.

Because we know my mother best, how will you tell her that she has to move because you are shutting the place where she lives, without causing her lasting damage?

5 In your report dated 15th February 2013 to the Executive Board titled Better Lives for People of Leeds – Residential Care for Older People, you state that of the 3 homes closed so far, the estimated savings = £400,000 which equates to an estimated saving of £133,333 per home.

You state that the potential savings from closing 6 more home including PH are estimated at £875,000, after outsourcing to the private sector at £468 per week; this is your figure from your own calculations.

But if the outsourcing fee is £800 per week like Wetherby Manor, then your planned savings of £875,000 for the 6 homes becomes a loss of £2,337,600 per annum

More specifically for PH, comparing current running costs to outsourcing to Wetherby Manor for similar care, LCC will incur an annual loss of £246,586. Of course, for those

requiring dementia or nursing care with the associated higher fees, then the loss is greater.

How do you explain this as a financial case to close PH?

6 One of the most important questions we are all asking ourselves is where is my mother or father going to be sent to when you close PH.

I have moved my mother all the way from Taunton to be on the doorstep of her immediate family, and now you propose to change all that.
I have scoured the documents you wrote on 15th February 2013 but nowhere does it tell me the names of the Care Homes you will be sending our loved ones to.

You must have a plan so please name the homes where you will send all our relatives and how many rooms are available today?

(10)

9. Private Care Homes

What is the guarantee of their sustainability and continuity of business? After all, as private enterprise their first responsibility is a profit to the owners. Sustained periods of unacceptable financial failure will lead to closure. How will LCC ASS ensure that those care homes in the private sector contracted by LCC ASS, do not suffer due to financial failure?

Indeed, according to Mr D Holmes quoting on 24th April 2013 at the Boston Spa Parish Annual Meeting, LCC ASS is underpinning the closure plans for PH by guaranteeing to outsource to the private sector at £437 per week for residential care. Compared to the current fees to private clients at Wetherby Manor of £800 per week, and at Ashfield Nursing Home of £650 per week, this seems an extraordinary number.
Mr Holmes also states in his letter dated 17th April 2013, "...the true unit cost of a place at Primrose Hill is over £700 per week...".
However, the financial data provided by LCC on the running cost including overheads of PH for 2011/12, indicates that the 'unit cost' is £647.03 per week.
So what is the accurate running cost per week at PH?
Has LCC ASS negotiated outsourcing fees with the private sector at any home for the residents of PH post closure of PH?
If so, what are they?
If not, how does LCC ASS guarantee they will agree £437 per week and for what period is this fixed, and what is the agreed escalation clause?
What is the guarantee that the private sector continues to be profitable at £437 per week?

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

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

How does LCC respond to this?

10. Keeping open Primrose Hill

What are the conditions that need to be met for LCC to keep open Primrose Hill?

SUMMARY OF MEETINGS

Date	Time / Venue	Attendees	Subject / Activity
15th February		LCC Executive Board	Agree proposal to close Primrose Hill
18th February		Boston Spa Parish Council meeting	
21st February		Save Primrose Hill Care Home campaign group meet	1st meeting
26th February		G Wilkinson , T Baker + ADM / AEM / SA / KO / AM	
6th March		Bramham Parish Council meeting	
7th March		Save Primrose Hill Care Home campaign group meet	2nd meeting
11th March		LCC Consultation Process commences for 12 weeks	
12th March		Wetherby Town Council meeting	LCC ASS presentation
20th March		Clifford Parish Council meeting	
21st March		G Wilkinson , T Baker + ADM / AEM / SA / KO / AM	
26th March		Save Primrose Hill Care Home campaign group meet	3rd meeting
28th March		Harewood Parish Council meeting	
< 4th April			Arrange meeting with LCC ASS via GW
8th April	19:00 @ Village Hall	TB / KO / AM / SA / AEM / ADM	Prepare a) Data b) Questions c) Outline document for 24th April meeting
17TH April		Clifford Parish Council meeting	
17th April To be reconvened due to Baroness MT funeral		G Wilkinson / A Lamb	Leeds City Council + Back Bench Concern. GW/AL express concern
18th April		GW meets A Shelbrooke	

Date	Time / Venue	Attendees	Subject / Activity
18th April	19:00 Primrose Hill	Save Primrose Hill Care Home relatives meeting	4th meeting
24th April	19:30 @ Village Hall	All of us	Boston Spa Parish Council Annual Meeting + LCC ASS
25th April		GW	GW attends Town & Parish Council Committee
1st May	19:00 @ Leeds Civic Hall		GMB meeting v LCC ASS
3rd May	09:00 at Merrion House		AS / GW / AL / JP V SK / LY et al
21st May	19:00 @ Village Hall	GW / TB / KO / AM / SA / AEM / ADM	a) Presentation for 3rd July b) Campaign Submission draft
22nd May	17:30 @ Civic Hall, Leeds	ADM / AEM / SA / KO / AM / Gwilkinson / T Baker	Campaign Submission
11th June		LCC Consultation Process ends after 12 weeks	
11th June			Prepare presentation to LCC 3rd July and circ SA / KO / AD
1st or 3rd July		GW / TB / KO / AM / SA / AEM / ADM	Leeds City Council meeting max 5 minutes presentation and handover Document No 1
8th July		GW attends 3x wards area committee meeting with LCC ASS presentation	
September		LCC Social Adult Services	Decision announced

PRIMROSE HILL RESIDENTS' OPINIONS

To the best of our knowledge, not a single resident has completed the " Leeds City Council Better Lives for People of Leeds – Residential Care for Older People Questionnaire Consultation 11 March 2013 to 31 May 2013" in favour of closing PH. They all regard PH as their home, having initially had to wrench themselves away from their own family home. They all want to live at PH.

They are frightened distressed and worried about where they will be sent. At PH they are near their families.
Some have even moved from far afield to be near their family so they can see them daily instead of infrequently.
The residents and their close families have chosen PH for all the key attributes set out in this Campaign Submission.

Read some of the key statements made by those who live at PH:

- I know I will not survive the stress and disruption of the move, nor will many other residents as many are over 100 years old
- I know the staff very well
- All my family can visit regularly
- I am 93 how would you like someone telling you where you had to live
- Very unhappy
- Very upset
- Big decision to give up my independence to come to PH in the first place, and now they want to shunt me somewhere else
- I was at risk so had to decide to move to a care home
- A big relief when I found Primrose Hill
- Devoted caring staff
- I am 92 and very frail
- The thought of moving somewhere else fills me with dread and leaves me shaking
- My friends are in Boston Spa and can just pop in
- My doctor who has looked after me for years knows me
- I do not want to be disrupted
- My family have refurbished my room to look like my own home
- I don't think your Executive Board have got a clue what is required for older people who have lost their independence through no fault of their own

PRIMROSE HILL RELATIVES' & FRIENDS' OPINIONS

To the best of our knowledge, not a single relative has completed the "Leeds City Council Better Lives for People of Leeds – Residential Care for Older People Questionnaire Consultation 11 March 2013 to 31 May 2013" in favour of closing Primrose Hill.

The fact that nearly 100 relatives and friends have attended the various SPHCHC meetings is testimony to the support and feeling to keep open PH.

Read some of the key statements made by relatives and friends of those who live at PH:

- Why close Primrose Hill
- What is wrong with the home
- Can you explain why there has not been a meeting between relatives and LCC
- If closing where do residents go
- A massive disruption to the life of the residents
- They have known the staff for many years
- At their tender age they should be settled
- Future of the staff
- Redeployment to Leeds city area will incur travel cost
- Wish to work in their local community
- What is the timetable
- Wait until September unacceptable
- People's lives, wellbeing and happiness being put at risk
- No alternative local homes
- Primrose Hill is only council operated care home on east side of Leeds
- New Wetherby Manor almost full on residential care floor
- Ashfield House in Wetherby – not a good reputation
- Alternative homes = Leeds, Harrogate, Tadcaster, Knaresborough, they are all inconvenient
- Primrose residents chose Primrose to live in the area they know
- Be near to their family & friends
- Residents who cannot afford to pay and therefore cannot choose where to move to, would have to go to Leeds making travel for relatives very difficult
- Alternative homes difficult to travel to; bus routes awkward, no trains, by car

- Boston Spa to
  - Leeds = from 9 to 20 miles
  - Harrogate = 12 miles
  - Scarthingwell = 9 miles
  - Knaresborough = 13 miles
- Cannot just 'pop' in
- Extra Care Homes do not satisfy the needs of Primrose residents
- Residents range in age from 80s, 90s and 100s
- Health professional say it is a fact that unnecessary relocation of older people is detrimental to health and shortens life expectancy dramatically
- A senior health professional states to close Primrose Hill will damage long term health of a group of vulnerable people
- A practice nurse states witnessing the difference in a happy and secure homely environment makes to an older person's health and happiness
- Open for some 30 years
- 'Jewel in the Crown' of all the LCC homes...and better than many private homes
- A more valuable local resource could not be imagined
- A shining example of a great facility, which is warm and welcoming
- Serves the local community and area
- Residents have chosen Primrose to be in the area they know
- On the doorstep for families and friends
- Many visitors can be at Primrose Hill in a very few minutes
- An excellent home
- Purpose built, not a conversion
- Building layout is excellent
- All residents extremely happy and content in Primrose Hill
- Excellent lounges not institutionalised
- Good occupancy level
- Excellent, caring and dedicated local staff
- Excellent refurbished bathrooms
- Some of the best bathrooms seen after visiting many Care Homes & Nursing Homes
- It is a very clean Care Home, unlike many other Care Homes & Nursing Homes
- Praised by all local professionals who provide service to Primrose Hill
- Villagers full of praise for Primrose Hill
- Relatives lived in Boston Spa all their life near to relatives and friends
- Regular and spontaneous visits would no longer be possible
- Secure
- Safe
- Elderly are frail
- Cannot defend themselves
- Elderly need to be near to their families

- Some residents been moved to Primrose by their families, who live in Boston Spa
- Residents are all well settled in
- Friendships with staff
- Detrimental to health to be moved
- Will be confused to be moved
- They are in familiar surroundings
- Trust the staff
- Staff tend to live locally
- Close to all Health Professionals required by the residents
- The local Health Professionals all know the residents
- We are unclear why Primrose Hill has been targeted for closure
- We (relative) visited many homes in and around Leeds and other towns to find somewhere suitable for my mother / father
- We chose PRIMROSE Hill because of its reputation, proximity to our home and we were very impressed
- No other care home comes anywhere near the quality of Primrose Hill
- Seems to be a 'done deal' to close Primrose Hill
- Have any of the LCC Executive Board or Social Adult Care management team ever visited Primrose Hill, and if so when and for how long
- The staff say they do not recognise or know LCC ASS members
- Consultation is nothing other than cosmetic and politically correct
- Retired relatives with career experience of local government are aware of creative budgets
- Why does the respite suite remain unused?
- It (respite suite) could have / & still could generate income for Primrose Hill. Typical of council assets remaining underutilised.
- Why would an elderly person unable to take care of their own personal hygiene or even dress themselves, require ensuite bathrooms or an Extra Care Home
- Life changing consequences
- Appalled
- A disaster
- Just targeting vulnerable old people who cannot retaliate of their own accord
- Respect for older people
- Most residents have had to give up their home as they become too frail
- An undertaking not to be taken lightly
- Deserve dignity
- Require emotional stability
- Deserve companionship of familiar faces
- Proud older people who will not necessarily complain
- Should be able to lead a quiet, comfortable and above all peaceful life

- Some residents have even been 'friends' of Primrose Hill in their active days, visiting their elder generation
- Many residents and indeed present older local villagers, have always relied upon Primrose Hill as their final home
- Everyone has paid their taxes and deserves to be repaid in their time of need of care
- What a waste of money this whole debate is. It could be spent keeping Primrose Hill open
- Many only children have their mother or father in Primrose
- Damaging to health
- Disruptive
- After being in hospital, the staff helped my mother / father regain strength and stamina
- My mother / father does not require ensuite facilities, on the contrary it would be dangerous
- With poor mobility ensuite is not appropriate
- They could not manage to bath or shower
- Moving elderly is disorientating and confusing
- To lose Primrose Hill will be a bitter blow to the village community
- I will not be able to let my husband go locally for respite for a week and still be able to visit him

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WHAT DO AGENCY WORKERS SAY WHEN THEY COME TO WORK AT PRIMROSE HILL?

"...the best home I have worked in.....I would like to work here permanently...."

Para 6 Table 1+2

STATISTICAL DATA

The table below is in the report by Dennis Holmes for the 15th Feb 2013 Executive Board meeting, when the proposals to close PH were agreed to proceed. The column headed '2000 CQC' is incorrectly totalled. It should = £8,301,874.24.

Such a major error bring into question the validity of all numbers presented.

Can LCC explain how such a gross error of significant value has failed to be tested by an audit?

Can LCC Executive Board be sure of the credibility of the numbers?

	Estimated Cost of Improvement		
Residential Homes earmarked for decommissioning	**Planned Maintenance (estimated cumulative spend over next five years) £'s**	**2000 CQC Standards £'s**	**High Dependency Dementia Standard £'s**
Amberton Court	412,900	1,423,365.91	1,572,647.90
Burley Willows	548,800	1,432,471.33	1,724,532.72
Manorfield House	464,150	1,278,630,46	1,460,314.39
Primrose Hill	478,345	1,395,205.79	1,539,141.27
Fairview	600,050	1,427,932.28	1,706,073.45
Musgrave Court	515,400	1,344,268.47	1,755,033.21
Total	**3,019,645.00**	**7,023,243.78**	**9,757,742.94**

Source of data is Leeds City Council

Better lives for older people. Residential & day services. 5 year vision.

Profile for Primrose Hill Residential Home

Nos of staff	Nos of LCC beds	Nos of permanent beds	Nos of short stay, CIC & respite	current permanent occupancy
19	33	31	2	27

Age Profile of Primrose Hill	
< 60	0
60 -69	0
70 -79	0
80 -89	5
90 -99	20
>100	2

Length of Residency at Primrose Hill	
1 - 2 years	12
3 - 4 years	8
5 -6 years	4
7 -8 years	2
9 -1- years	0
> 11 years	1

Next of Kin by Ward	
Wetherby	41%
Leeds area #	37%
Away	22%

Resident's original home	
Wetherby	41%
East Leeds	37%
Leeds	18%
Away	7%

mainly East Leeds

Profile of independent sector

Nos of beds
32
Ashfield Nursing Home

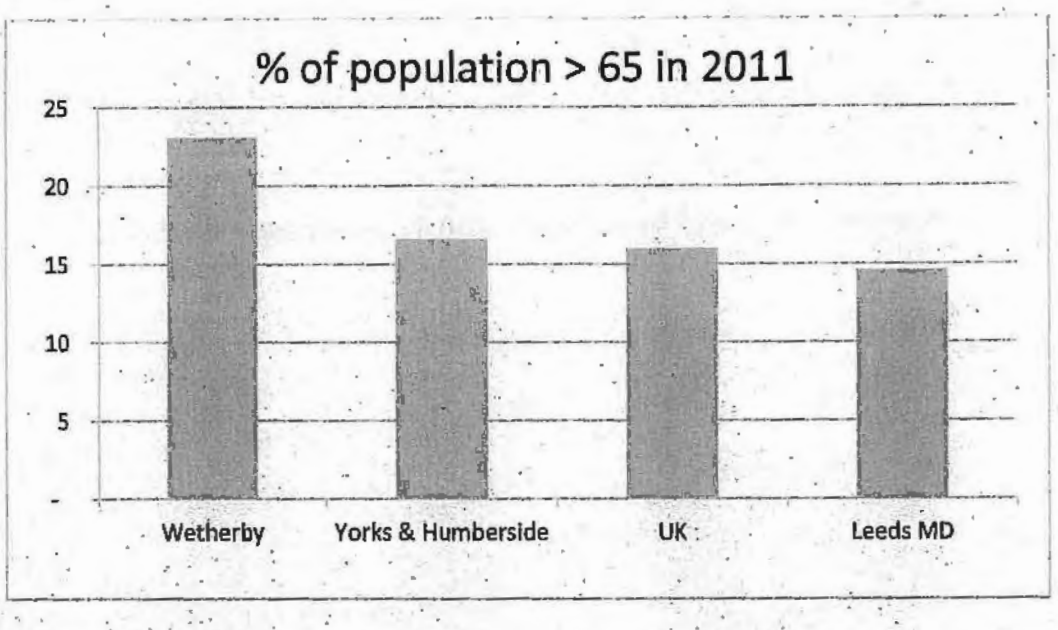
Proposal & Rationale

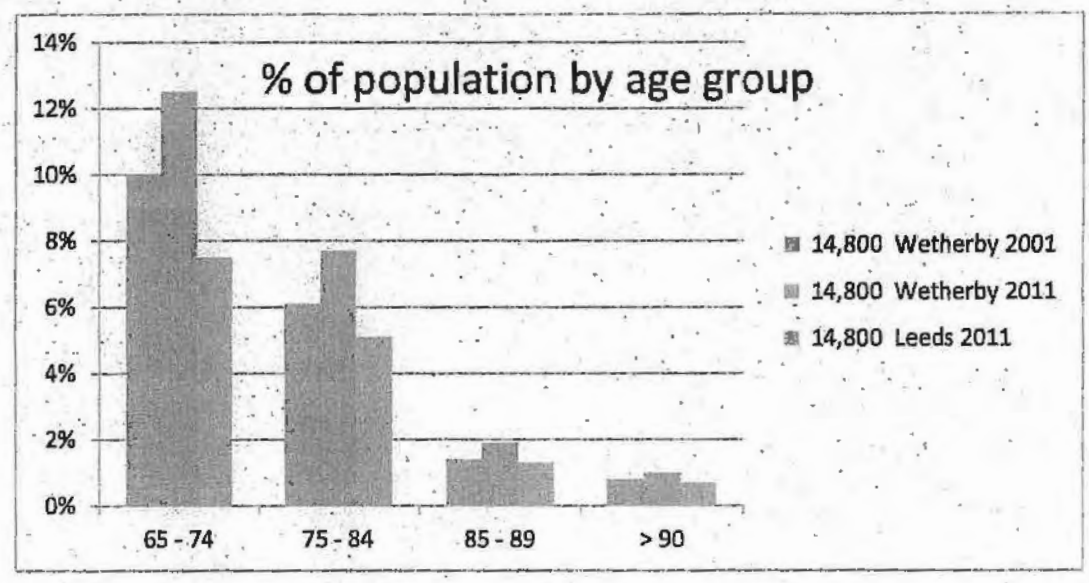
Proposal	decommission
Rationale	cost of maintaining building
	adequate supply of similar alternatives in ward
	transfer residents to alternatives in ward & adjacent wards

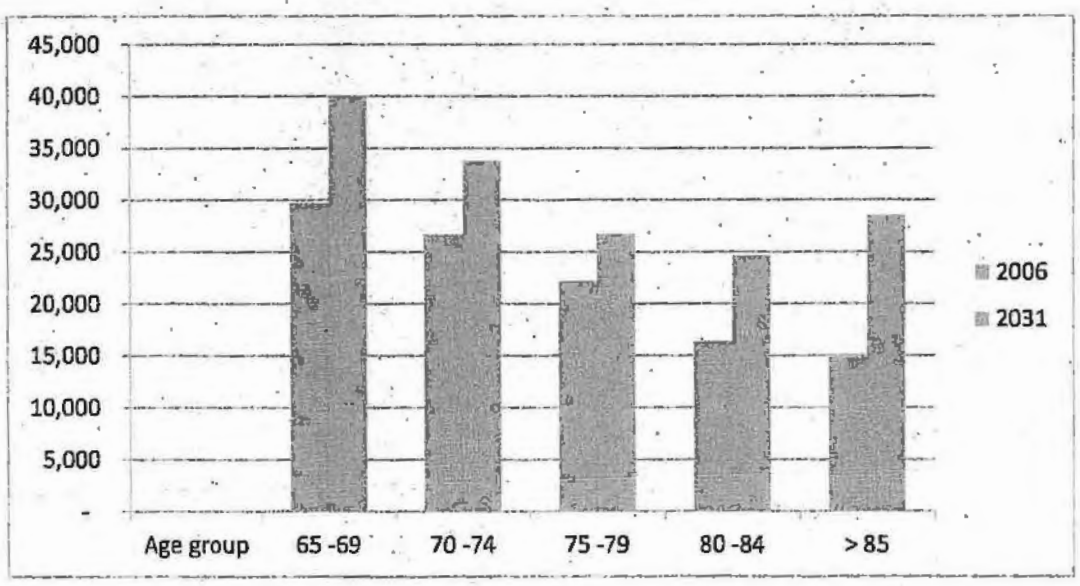
Source of data is Office of National Statistics 2011 Census and Leeds PCT & LCC Joint Information Group

	Wetherby 2001		Wetherby 2011		Wetherby Change 2001 to 2011	Leeds MD 2011		Yorkshire & Humberside % of population		UK 2011	
Age group	Number	% of population	Number	% of population	% of population	Number	% of population	2001	2011	% of population	% change 2001 to 2011
65 - 74	1,993	10	2,496	12.5		56,455	7.5				
75 - 84	1,215	6.1	1,532	7.7		38,561	5.1				
85 - 89	281	1.4	376	1.9		9,600	1.3				
> 90	153	0.8	199	1	30	4,982	0.7			0.8	26
Total > 65	3,642	18	4,603	23		109,598	15	16	17	16	
Retired			2,942	20		69,446	12.4				

	Wetherby			
	Nos of people in Wetherby by age		Change 2006 to 2031	
Age group	2006	2031	Increase	% change
65 -69	29,700	40,000	10,300	35%
70 -74	26,680	33,800	7,120	27%
75 -79	22,200	26,700	4,500	20%
80 -84	16,400	24,600	8,200	50%
> 65	109,780	153,600	43,820	40%
> 75	53,400	79,800	26,400	49%
> 80	31,200	53,100	21,900	70%
> 85	14,800	28,500	13,700	93%


% of population > 65 in 2011
25
20
15
10
5
-
Wetherby
Yorks & Humberside
UK
Leeds MD


% of population by age group
14%
12%
10%
8%
6%
4%
2%
0%
65 - 74
75 - 84
85 - 89
> 90
14,800 Wetherby 2001
14,800 Wetherby 2011
14,800 Leeds 2011


45,000
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
-
Age group
65 -69
70 -74
75 -79
80 -84
> 85
2006
2031

How does LCC explain how it will handle the inevitable increasing numbers of older people requiring residential care in the Wetherby area?

What is the forecast for the Wetherby area for 2020 and 2030 for older people requiring the following?

- Residential care
- Dementia care

Source of data is Shirley Johnson LCC

Primrose Hill actual income and expenditure 2007 -2008 to 2011 - 2012					
	£				
	2007 / 08	**2008/09**	**2009/10**	**2010/11**	**2011/12**
Running costs including overheads	793,834	952,505	885,966	1,133,354	1,043,014
Income	240,964	251,568	335,477	332,674	355,709
Net cost of service	552,870	700,937	550,489	800,680	687,305

	2007 / 08	**2008/09**	**2009/10**	**2010/11**	**2011/12**
Running costs excluding overheads	626,497	698,701	743,507	803,893	890,949
Overheads	167,336	253,804	142,460	329,461	152,065
Running costs including overheads	793,833	952,505	885,967	1,133,354	1,043,014
Income	240,964	251,568	335,477	332,674	355,709
Net cost of service	552,869	700,937	550,490	800,680	687,305

Source of data is Agenda Item 18 report to LCC Executive Board for meeting 15th February 2013

Finances for Phase 1 & Phase 2

	£			
	Total	Average		
		Per home	Per resident = 32 in PH	
			Per annum	Per week
Closure of Westholme, Kirkland House & Grange Court December 2011 to March 2012				
Annual savings	2,536,000			
Cost of outsourcing to private sector	2,136,000			
Gain / Loss	400,000	133,333		
Closure of 6 homes including Primrose Hill				
Potential estimated savings post closure	5,400,000			
Cost of outsourcing to private sector	4,525,000	754,167	24,328	468
Gain / Loss	875,000	145,833	4,704	90
Estimated maintenance over next 5 years	3,019,645			
Estimated cost to update to Care Standards Act (2000)	8,301,871			
But if weekly fee is £650	6,286,800	1,047,800	33,800	650
Then savings post closure gain / loss	- 886,800	- 147,800		
But if weekly fee is £800	7,737,600	1,289,600	41,600	800
Then savings post closure gain / loss	- 2,337,600	- 389,600		

Capital cost of improvement to residential homes in Phase 2

	£			
Residential homes for decommissioning	Planned maintenance (estimated cumulative spend over next 5 years)	2000 CQC standards	High dependency dementia standard	
Amberton Court	412,900	1,423,365	1,572,647	
Burley Willows	548,800	1,432,471	1,724,532	
Manorfield House	464,150	1,278,630	1,460,314	
Primrose Hill	478,345	1,395,205	1,539,141	#
Fairview	600,050	1,427,932	1,706,073	
Musgrave Court	515,400	1,344,268	1,755,033	
TOTAL	3,019,645	8,301,871	9,757,740	

NOTE: LCC's summation of 2000 CQC total in 15th February 2013 report = £7,023,243.78 is incorrect

Analysis of Primrose Hill finances using LCC source information

Primrose Hill actual income and expenditure 2007 -2008 to2011 - 2012							
	£						
	Actual					Forecast	Budget
	2007 / 08	2008/09	2009/10	2010/11	2011/12	2012 /13	2013 /14
Running costs excluding overheads	626,497	698,701	743,507	803,893	890,949		
Overheads	167,336	253,804	142,460	329,461	152,065		zero
Running costs including overheads	793,833	952,505	885,967	1,133,354	1,043,014		
Income	240,964	251,568	335,477	332,674	355,709		
Net cost of service	552,869	700,937	550,490	800,680	687,305		

Therefore, average weekly cost per resident per running costs	£647.03
Self-funding fees payable	
Weekly	£530.90
Annual	£27,606.80
Therefore, number of 100% self funders	13
Number of permanent beds	31

Note:

Fees at PH increased to £536.20 per week effective April 2013

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

Analysis of Primrose Hill closure savings				
Gain / Loss v Net cost of service	- 246,586	- 4,786	- 360,495	- 602,295
Planned maintenance 5 years cost per annum	95,669	95,669	95,669	95,669
Gain / Loss v Net cost of service	- 150,917	- 90,883	- 264,826	- 506,626
Planned 2000 CQC standard 5 years cost per annum	279,041	279,041	279,041	279,041
Gain / Loss v Net cost of service	128,124	369,924	14,215	- 227,585

How does LCC explain the financial case for closing PH in the light of the above analysis?

Why are capital costs included to upgrade PH to a dementia unit when according to Mr D Holmes' report 15th February 2013 to the LCC Executive Board, PH is not listed as a target home to upgrade to a dementia unit?

HEALTH & SAFETY

Dr Michael Brady
Dr Gareth Harrison
Dr Sarah Chubb
Dr Helen Turner

205 High Street
Boston Spa
Wetherby
West Yorkshire
LS23 6PY

Dear Sir

We are writing to express our grave concerns regarding the proposed closure of Primrose Hill Residential Home in Boston Spa.

We have concerns both about the loss of an important local care facility and the impact of proposed closures on provision of services for the increasing elderly population across the City.

We have all visited our patients and worked alongside the care staff at Primrose Hill for many years and have always expressed our admiration for the level of care provided by the staff. They provide an excellent service. Many of the residents have complex care needs which simply could not be met in most community care settings. Provision of care at Primrose Hill has allowed many of our patients, no longer able to live independently, to be supported close to family within a community they have lived in for many years. For elderly patients, particularly those with failing memory, this continued contact with family and past lives is an important determinant of their mental well being.
We have all witnessed the journey that many of our own patients have made from independence at home to dependence on others for basic core needs. Care in a residential setting has not been a lifestyle choice for these patients it has been a matter of necessity. We have been alongside these patients and their families as attempts to support them at home have failed and their increasing frailty and dependence on others to provide basic care needs has become unsustainable outside of a residential care setting.
For others whose families have continued to provide care at home Primrose Hill has offered essential respite - a chance for carers to "recharge their batteries" to enable them to continue to provide care for their loved ones.

Losing such an important local resource would in our view be a grave blow to the effective provision of care for our local aging population. Boston Spa has for many years had a higher than average elderly population. There is no reason to suppose that the demography of the local population is likely to change in the foreseeable future. Proposed building development in the area is likely to add to the demands on local services including those for elderly residents. It would seem to be a perverse decision to close a facility providing care to this highly

vulnerable population whose numbers can only be expected to increase in coming years.
We would like to clarify where and how the displaced residents are going to be cared for? There is certainly no additional suitable local provision which is available. Recent "assisted living" developments in adjacent towns may provide a high standard of accommodation but would be woefully inadequate at providing the more basic care requirements of the highly dependent residents of Primrose Hill. If Council members are unclear about what care provision of this sort entails perhaps they might spend some time observing care in the Residential Homes they intend to close.
We have been offered no clear vision of how the facilities provided by Primrose Hill would be replaced. We believe it is totally unacceptable to contemplate closure without a clear plan for continued local care provision for the current residents. Thought also needs to given to future provision of care for our dependent elderly patients. It seems short sighted to look at closure of facilities without replacement yet this seems to be the approoch that is being taken. There is clearly potential for impact on the health and well being of residents faced with being moved elsewhere. When this issue was discussed at a recent meeting a colleague reflected that when Marguerite Hepton Nursing home in Thorp Arch closed some years ago one third of the residents who were displaced died within 6 months. These are sobering, albeit anecdotal, statistics that we trust the Council will heed.

We understand that a number of other similar facilities within Leeds are also likely to close. This seems difficult to justify on the background of an increasingly aged and dependent population across the city. It is of course appropriate to consider other care options such as increased care provision within patients' homes and we have no doubt that this may seem attractive for a number of reasons. However as clinicians we have all seen the short comings of home care arrangements and this type of care is not suitable for all. A comprehensive city-wide plan must encompass a range of choices reflecting the differing care needs of our elderly population. Continued provision of residential care must surely be an integral part of any sensible plan for future core of the elderly. Closing residential homes does not seem to be a sensible option.
No doubt the private sector might be considered as an alternative provider. It is debatable whether private providers would be able to make a sustained and dependable commitment to such provision.
We can understand the financial pressures to evaluate continued Residential Home care in the City. However, any short term financial gains made from sale of residential care home sites could not justify the future human and social costs of such action. Even from a purely fiscal point of view the long term consequences could be dire. The need for future replacement of residential care stock, unwisely disposed of by the current Council, would be likely to come at a huge cost. In the probable absence of Local Authority funds for capital investment, some form of private finance initiative would be likely to be needed.

Our local Health Service experience of this would suggest that any building costs would be paid many times over to a private developer.

We feel that we should express our disappointment that as the medical practice providing care for nearly all of the residents of Primrose Hill, the Council have failed to seek our views regarding the impact of closure on residents' care. Closer integration of Health and Social care is a key Government objective in the current round of Health Service reconfiguration. We feel that consideration also needs to be given to the impact on overall care provision for the elderly of withdrawl of residential care provision. There will be an inevitable impact on local nursing, medical and other community and secondary care services. We believe that the input and agreement of such other care providers needs to be sought before decisions to close local care facilities is made. We trust that the Council will make clear what discussions have taken place with other bodies such as the former PCT and the newly operational Clinical Commissioning Groups (CCGs). We have raised the matter via the CCG and will continue to pursue the matter at this level.

We look forward to your response to the concerns that we have raised.

Yours faithfully

Dr M Brady

Dr G Harrison

Dr S Chubb

Dr H Turner

How does LCC respond to the above letter?

How does LCC ASS respond to the following report by DAVID JOLLEY PETER JEFFERYS, CORNELIUS KATONA and SEAN LENNON?

ENFORCED RELOCATION OF OLDER PEOPLE

Health professionals do say that moving elderly frail people at this stage of their life is both detrimental to health and can even be life threatening

It seems that there is evidence to suggest that moving frail elderly people can lead to a deterioration of health and even a shortening of life.

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COMMENTARY

Enforced relocation of older people when Care Homes close: a question of life and death?

DAVID JOLLEY[1], PETER JEFFERYS[2], CORNELIUS KATONA[3], SEAN LENNON[4]

[1]PSSRU Manchester University, Dover Street, Manchester M13 9PL, UK [2]CNWL Foundation NHS Trust, Northwick Park Hospital, Harrow HA1 3UJ, UK [3]Department of Mental Health Sciences, University College London, London W1W 7EJ, UK [4]Laureate House, Wythenshawe Hospital, Manchester M23 9LT, UK

Address correspondence to: D. Jolley. Tel: (+44) 0161 275 5652; Fax: (+44) 0161 275 5790. Email: David.jolley@manchester.ac.uk

Abstract

Care Homes are usually seen as the last refuge for older people but residents are sometimes required to move between homes for administrative purposes. There is concern that such moves threaten their well-being and survival. Relocations have been contested repeatedly in court. A recent ruling and its review of case-law and literature provides guidance for practitioners who may be consulted for advice in this demanding situation. on practitioners to identify hazards and minimise risks by adopting best practice in preparing residents and their families.

Keywords: relocation, Care Homes, older people, elderly

Introduction

This commentary draws attention to a recent European Court of Human Rights (ECHR) ruling on a Care Home resident who was reluctant to be moved. The court's considerations and thinking are presented and welcomed. The implications are that relocation cannot and should not always be avoided, but there is a professional burden

Hazards of relocation

What responsibilities do organisations and professionals carry when it is proposed that old people be moved from one institution to another? To what extent does the law protect such individuals? The recent ECHR ruling in the case of Louisa Watts [1] provides an important reference point in this evolving story.

In spite of public outrage about the quality of institutional care for the elderly and mentally ill in the 1960s, which led to the formation of the Hospital (later Health) Advisory Service [2], further scandals followed. One was at Fairfield Hospital in Bury. Fifteen elderly women with dementia were moved from ward 17 to cold, ill-suited Musberry House at Rossendale General Hospital December 1973. Seven died within the next month and nine within the first 3 months. Only four survived a year [3]. The Bury-Rossendale Inquiry drew attention to the hazards and responsibilities associated with movement of older people for administrative or economic convenience. It concluded prophetically that 'transfers of groups of patients are likely to become more common, particularly in the fields of psychiatry and geriatrics'.

Enforced relocation of older people when Care Homes close

It is generally accepted that moving home is a stressful life event for individuals of any age even when the move is planned and anticipated as a positive step [6]. Relocation of older people from one care setting to another is recognised to be particularly stressful and to have adverse effects on health and even on survival. We now know which elements of a move produce the greatest stress, which individuals are most vulnerable to adverse effects and which procedures minimise stress and improve outcome [7–12](Boxes 1 and 2).

Box 1.

Vulnerabilities, stresses and approaches to best practice

Characteristics of residents most vulnerable to adverse effects

Gender: males do less well

Age: adverse effects more likely with greater age

Dementia

Depression

Anxiety

Regression or withdrawal in the face of relocation (expressed anger is protective)

Impaired eyesight and/or hearing

Reduced mobility

Incontinence

• Multiple problems summate Elements of relocation which are most stressful

Sudden or unplanned moves

Failure to assess and meet medical and psycho-social needs

Multiple moves including temporary interim placements

Discontinuity of care

Lack of consultation with residents and families

Lack of information and explanation of rights and options

Highest risk in the first 3 months after relocation

Since that time there have been serial reconfigurations of services. Much of the care of very frail old people is now provided in the community or in Care Homes rather than in hospitals. Enabling individuals to retain a degree of independence at home or in sheltered accommodation is promoted as the preferred option [4]. Changes occur in the Care Home sector in England, in response to fierce market forces, shifts in political ideology and pressures to reduce costs yet improve standards. Despite increasing numbers of the very old, the Care Home sector shrank from 214,130 beds in 2004 to 177,605 beds in 2009. The most marked reduction has been among local Authority-managed homes, where 40% of beds have been lost [5]. Total bed numbers are likely to shrink further in response to forthcoming public expenditure cuts.

Box 2.

Good practice towards reduced stress and better outcomes

Pre-relocation

Inform residents and families individually and as soon as possible when relocation becomes a probable option

Make careful plans for individual residents, groups of individuals and staff. Make written records of discussions and share these with all parties

Facilitate discussions and counseling with individuals and groups in anticipation of the move

Undertake comprehensive medical and psycho-social needs assessment for every individual in association with their family and current health and social care staff. Make any adjustments to care and therapy indicated by the findings

Identify suitable alternative placements in association with the family and resident. Factors to take into account include: site, accessibility for family and friends, physical attributes (layout, space, furniture, temperature, etc.), number and mix of residents, staffing, management style and activities. Reports from inspecting authorities should be scrutinised and made available: factors such as rates of catheterisation, use of tranquillisers, physical restraint, pressure sores and contractures are informative

Prepare handover notes so that continuity of health and psycho-social care can be ensured. Share these with staff of the receiver home in advance

Arrange for familiarisation visits if this is feasible so that the resident and their family gain a feel for the receiver home and the staff and vice versa

Arrange for staff of the donor home to be available to or within the receiver home during the first weeks of the placement

Relocation

Be sure that all parties are aware of the date and the details

Ensure adequate physical and staffing arrangements are achieved within the donor and receiver homes and that suitable transport is provided

Ensure appropriate health checks at departure and arrival

Ensure that a familiar and responsible person travels with the resident and carries with them documentation required for continued care, including health care, medication and equipment

Relocation of groups of three to four residents together may have advantages

The introduction of large groups within a short time-scale may produce additional stress for residents and staff

Ensure that each individual is welcomed and made to feel safe, comfortable and wanted

• Let family and the donor home know of the safe arrival Post-relocation

Organise a review of progress and current health and psycho-social care needs within 1 week and at 4 weeks and 3 months. These reviews to include the resident, their family and contributions from all relevant care groups. Act to rectify any problems as far as possible

Provide orientation within the new environment

Maximise stability and continuation of good practices from the previous home

Provide opportunity to discuss and come to terms with the experience

Facilitate an environment in which the resident and family know that their values and preferences are heard and will inform activities

Keep records of key communications and monitor physical health, mood, cognition, participation and integration, quality of life and the views of family and friends who visit

Relocation and the law

In the decade following implementation of the Human Rights Act (HRA) 1998 in October 2000 a series of challenges were mounted in the Family Division of the High Court in England, on behalf of individual Care Home residents, seeking to prevent or delay Home closure (largely unreported because of confidentiality). It was argued that relocation posed a threat to their well-being or survival and infringed upon their human rights. Expert medical evidence was provided (by the present authors among others), relying on clinical experience and on published evidence from ill-planned closure programmes. It was established that local authorities had a duty to assess the risk to individuals prior to finalising closure or transfer, and best practice guidance followed [11]. Following a split House of Lords decision on whether HRA protection extended to those in privately owned Care Homes (YL v Birmingham City Council and others [2007] UKHL 27), the government changed the law to include them.

Other agendas may fuel resistance to Care Home closure. Many homes attract loyalty from families of current and past residents and staff. Holding on to what we have and what we know is a strong instinct. Not everyone is convinced that the proposed alternatives will deliver better care. There is often deeply held suspicion that the elderly are systematically disadvantaged by changes purporting to benefit them but in fact intended to save costs. The spectre of vulnerable old people—who established our Welfare State >60 years ago—being exposed to unnecessary upheaval and suffering at the very end of their lives is understandably abhorrent.

The key argument put forward on behalf of Louisa Watts was that: 'her involuntary transfer to another care home resulted in a threat to her life, her health and her right to respect for her private and family life and in particular her right to respect for her physical and psychological integrity'.

This argument (summarised below together with the court's conclusions) relies on Articles 2, 3 and 8 of the European Convention of Human Rights:

> Article 2: Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction for a crime for which this penalty is provided by law.

This imposes both a 'negative obligation' on agents of the state not to take life, and a 'positive obligation' to safeguard the lives of those within their jurisdiction.

The court found that in this case there was no intention to take life (the negative obligation). Relying on expert medical evidence from earlier cases as well as medical opinion on her specific risk, the court accepted that 'badly managed transfer... could well have a negative impact on life expectancy'. Relocation of elderly frail residents does therefore carry risk to health and life though it is difficult to quantify. The court further accepted that adverse effects can be reduced by careful planning and other measures but worded its

findings on the obligation to protect Louisa Watts from risk cautiously: Although not all risk was (or could have been) eliminated, the local authority had taken 'all reasonable steps' to reduce risks. It had therefore met its positive obligations under Article 2. The Article 2 complaint was rejected as 'manifestly ill-founded'.

> Article 3: No one shall be subjected to torture or to inhuman or degrading treatment or punishment.

The court judged that the probability of stress and distress associated with relocation did not reach the (very high) threshold required for a positive obligation required within Article 3—i.e. it did not consider relocation to amount to inhuman or degrading treatment and there was no failure by the local authority to prevent such occurrence.

> Article 8: (1) Everyone has the right to respect for his private and family life, his home and his correspondence and (2) There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

While accepting that involuntary relocation did constitute an interference with her private and family life, the court found that it was pursued with a view to providing a better standard of care to Mrs Watts and others, at lesser cost and that: 'every effort was made to minimise the impact of the move on the applicant and to avert risks to her health and well-being'. It was therefore not an illegal act. The transfer was 'proportionate and justified under Article 8'. The court also quoted Sedley LJ 'that to involve them [vulnerable residents] in litigation might contribute to the stress of relocation' [13].

These matters have now been explored exhaustively in law. Unless there is evidence that parties clearly depart from accepted good practice in their preparations, consultations and implementation of the relocation of an individual or group of residents, there is unlikely to be justification for further recourse to the courts. The legal process carries an attendant risk of adding to the stress for the residents, their families and care staff involved. Although the health, wellbeing and interests of individuals should never be overlooked, residents should not be used as pawns in negotiations.

The current position

Practitioners must remain vigilant to prevent irresponsible relocation of vulnerable old people such as occurred in Bury-Rossendale 1973. Examples now exist of remodelled

services where good overall outcomes have been achieved with the active involvement of residents and their families [9–15]. Life contains risk at every stage. The very old and frail, and people with dementia, are particularly vulnerable as well as being less able to act effectively as their own advocates. They must therefore be protected. Expert medical advice should be sought when revision of services and movement of groups of older people are contemplated. When professionals are involved in service redesign or when they are asked to advise on relocation they should ensure that they thoroughly understand the issues involved in relation to the individuals who may be moved. Although clinicians will always have the best interests of individuals at heart, not all risks can or should be avoided and responsible progress should not be vetoed.

Key points

Being a resident in a Care Home is not a status which conveys the right to live in a particular home for the duration of life. There are several eventualities that may require that individuals move on.

Relocation is stressful and carries an associated risk of morbidity and mortality.

Most residents of Care Homes are very old. Many are disabled as a consequence of multiple pathologies including dementia, depressive illness, impairment of mobility and reduced sensory function. Most have experienced multiple losses leading to their need for care. These characteristics render them vulnerable to any stress including that associated with relocation.

When an individual is acutely unwell with additional symptoms but not so severe as to need transfer to hospital, there may be absolute arguments against a move at that time. Active medical input will be required in such instances in the care home setting.

Where the vulnerability is longstanding and a move can be carefully anticipated and planned, there are accepted practices that will ameliorate the stress and its possible consequences. This includes expert medical advice to identify individuals who require additional help in planning their move, as well as sharing information about hazards and ways of minimising consequential stress with individuals, their families and care professionals.

Conflicts of interest

All four authors have contributed expert advice to court proceedings in related matters. No copyright issues.

Funding

None.

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WHERE ARE THE ALTERNATIVE CARE HOMES?

Wetherby = 3 miles = 6 MILES ROUND TRIP

Scarthingwell = 9 miles = 18 miles round trip

Harrogate = 12 miles = 24 miles round trip

Leeds = 9 to 20 miles = 18 to 40 miles round trip

- Belle Isle
- Roundhay
- Armley
- Hunslet
- Cross Gates
- Garforth
- Chapel Allerton
- Wortley
- Meanwood
- Kirkstall
- Gipton
- Old Farnley
- Cookridge
- Headingley

York = 14 to 20 miles = 28 to 40 miles round trip

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

GREEN ENVIRONMENT

It is estimated that post PH closure, relatives and friends may have travel anywhere up to a combined additional 75,000 miles per annum equivalent to some 50 tpa CO_2 Carbon footprint.

How does this fit with **Leeds' Climate Change Strategy** which states that" tackling climate change is one of the strategic priorities for Leeds City Council?