

LEEDS CITY COUNCIL
ADULT SOCIAL CARE



PRIMROSE HILL CARE HOME
CAMPAIGN SUBMISSION

RESPONSE

June 2013

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INTRODUCTION

Members of the Save Primrose Hill Care Home Campaign presented their Submission, petition and collected letters to the Executive Member for Adult Social Care and the Director of Adult Social Services on 22 May 2013. The campaign was started in response to the Council's consultation over a proposal to close Primrose Hill (and five other homes and two day centres). The consultation began on 11 March 2013, following approval for the consultation given by Executive Board on 15 February 2013. The consultation ended on 3 June 2013.

The Executive Member and the Director would like to congratulate the Campaign group for the rigour of their research, their enthusiasm and deep commitment to their cause. All the points they have made and all the letters they have sent have been scrutinised personally by the Director and have been recorded by the team that conducted the consultation, who are preparing responses. The information gained from the Submission and other communications received during the consultation will be evaluated over coming weeks as recommendations are prepared for consideration by the Council's Executive Board on 4 September 2013. The recommendations and accompanying report will be published on the Council's website, www.leeds.gov.uk on 27 August 2013.

This Response addresses matters the Campaign Group have highlighted as their case for the continued operation, by Leeds City Council, of Primrose Hill as a residential home for older people. For clarity, the format and chapter headings of this document follow those of the Campaign Group's written Submission.

1 Summary

The Campaign Submission quotes Councillor Yeadon, Sandie Keene and Dennis Holmes, who are unanimous in their statements that the consultation is a genuine one, that views obtained have been listened to and will be taken into account as the recommendations are drawn up for presentation to the Council's Executive Board. The Campaign calls for these commitments to be upheld.

Response: As an illustration of the Council's genuine intent, in a previous consultation over the proposed closure of several homes, on two occasions, residents said that they wanted to stay living locally, but there was no alternative residential home in the area to allow them to do so. Therefore the original proposal was changed, with the final recommendation being to keep the homes open until new-build residential accommodation was provided by the independent sector in their local area. In a third case, the proposal to close was reversed when the local community wanted to take the home on and run it themselves as a going concern. Council officers are currently working with them as they draw up their business plan.

At the time of writing, the ultimate recommendation for Primrose Hill cannot be known and Adult Social Care will remain open-minded until all the information available, including information external to the Campaign, is evaluated.

Once the recommendations have been drawn up, they will become subject to the Council's democratic decision-making process of consideration, discussion and decision by the Executive Board. The Board's decision will be subject to call-in, if this is deemed necessary.

2 Overview of Primrose Hill

The Campaign Submission describes the establishment of Primrose Hill in 1979 and its popularity in the local area. The Submission describes the home as being well-designed, comfortable and providing a good environment for residents and their visitors. It describes the resident profile and praises the staff who work there. The Submission questions the relevance of ensuite facilities to residents and expresses concern for the future of the current staff of Primrose Hill.

Response:

Primrose Hill is a 33-bed residential care home at Boston Spa (Wetherby ward). There are 33 beds in total, of which two are short-stay respite places. At the time of writing (4.6.2013) there are 23 permanent residents, mostly in their 80s and 90s; three are aged over 100. There are 30 staff in total.

The Campaign raises the issue of ensuite facilities being irrelevant to the majority of people who live there because of their level of need and the degree of assistance they require in personal care. A more pressing issue than this is the small size of the individual bedrooms, which impedes the use of equipment such as tracking hoists, specialist beds etc that are required for safe handling and moving, for the safety both of residents and staff.

The Council is fortunate in having many loyal and long-serving staff and is committed to helping staff displaced by any closure to find an alternative position within the Adult Social Care service,

or the wider Council. In the case of closure, some staff may take an opportunity for voluntary early retirement or voluntary redundancy under the Council's Early Leavers scheme.

3 Better Lives for People in Leeds: residential care for older people

The report to the February 2013 meeting of the Council's Executive Board, entitled *Better Lives for People in Leeds: residential care for older people* should be read in the context of a companion report to the same meeting: *Older People's Housing and Care*. This describes a key challenge over coming years to provide the different kinds of housing older people need now and in the future. It sets out an approach which has been developed using a range of mechanisms and seeks to explore as many routes to new investment as possible. It describes how the Council will work with its partners, taking a strategic lead on services for older people and use its role as a large landowner, social housing provider and as the local planning authority to meet the needs of the city's older residents.

4 Petitions and letters

The petitions and numerous letters are acknowledged as a reflection of the strength of feeling against the proposal among the local population and beyond. The Campaign is to be congratulated on a well-organised lobby on behalf of Primrose Hill and the communications of various kinds that have been received will be taken into consideration as the next steps are planned. All the letters received have been read personally by the Director; they are currently being analysed in detail and will be responded to in due course.

It is noted that the arguments are principally based around challenge to the accuracy of information supplied, concern for existing residents and maintenance of a community resource. Communications over the financial context and future provision are largely absent.

5 Demographics

Working alongside the Housing and Care Futures project, the Better Lives programme has looked to develop and adapt existing methodologies in order to get an accurate and up-to-date picture of current provision and projected requirements for bed spaces in residential homes, extra care and sheltered housing. Data are provided at ward level, in this case Wetherby, to allow a targeted calculation of demand.

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

Alongside this national methodology, local initiatives have been incorporated and brought up to date with 2011 census data, which was released on 30 January 2013. These include work carried out for Leeds City Council in 2009 by Cordis Bright and their associates Planning4Care. The latter organisation, affiliated to Oxford University, produced the 'Planning4Care analysis toolkit' to help project demand for services in the future. The toolkit has been used across a number of Local authorities including Kirklees, Wigan and Cumbria to assist with their strategies for older people's housing, including what type of accommodation and care to provide and to

what level. This re-evaluates and re-defines the residential demand figures proposed by the More Choice Greater Voice methodology by considering the impact of additional factors such as the availability of community preventive services and alternative accommodation to meet older people's support and care needs.

Current Population Statistics

The 'Current population over 75' figure (2107) has been taken from 2011 Census data, the most up-to-date source of figures available. Ward level data have recently been released from the 2011 census and our information has been updated to reflect this.

Calculating Current and Projected Demand

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

The Planning4Care calculations used in that report have been adjusted and applied with more recent data to identify the 'Current Residential beds required' (42).

The Planning4Care work projects the current decline in demand for residential beds up to the year 2029. These projections see demand for publicly funded (those who are supported by the Local Authority in paying) residential care places decrease to around 5 places per 1,000 aged over 75 as compared with just fewer than 24 in 2007/08. However, the report adopts a conservative approach, stating that it is likely that there will be a continuing need for a "Core" residential provision for the most vulnerable older people, setting a higher threshold of 10 publicly funded places per 1,000.

The work carried out during the Better Lives Programme has increased the capacity, with an additional 10 beds included to represent the self-funders who may choose traditional residential care. This gives a total assumed demand of 20 residential beds per 1000 aged over 75 and should ensure that sufficient capacity exists to allow the transition from traditional residential services to alternative provision.

While More Choice Greater Voice figures indicate a suggested 'norm' of 65 residential beds per 1000 aged over 75, the report explains that the 'norm' is based on national averages of actual provision and is set at 2001 population levels. It states that work is required at a local level and that future institutional and specialised housing provision should decline, in line with national government targets, to support an increasing proportion of older people in their existing homes.

The Planning4Care methodology incorporates awareness of local factors and future developments to reduce this figure considerably, with both the decline in demand for traditional residential and the emergence of alternatives such as Reablement, Intermediate Care, Independent Supported Living and Assistive Technology: key factors in the reduced demand projections.

The Existing Independent Residential Bed Supply (89) relates to homes currently operated by the independent sector in Wetherby. This figure is the most up-to-date available, though could change in future if independent sector homes were to open or close.

The overall 'Projected Population over 75' for Leeds is 63,800 for the year 2020. This is taken from the most recent data source, the Office for National Statistics (ONS) subnational population projections (2008) as evidenced at <http://www.poppi.org.uk> (Projecting Older People Population Information System).

Data for population projections up to 2020 are not available at ward level from either the ONS or the census.

To enable us to attempt to calculate this, the city wide projected increase from 53,143 to 63,800 has been split across each ward. For example, Armley currently represents 2.91% of the over 75 population of Leeds. It is assumed that Armley will represent 2.91% of the projected over 75 population in 2020. Therefore the projection for Armley is 1,857 (which is 2.91% of 63,800). This projection does not take into account any possible movement of older people into different wards (e.g. retiring to a different area of the city) though there is no indication that this is currently the case. For Wetherby we calculate that the number of people over the age of 75 in 2020 will be 2530, a growth of 423 people over the last census figure.

The 'Future Residential beds required' (51) calculation is also based on the 'Planning 4 Care' model used for the 'Current residential beds required' calculation (20 beds per 1000, of which 10 are likely to be publicly funded). Our calculations therefore suggest that the number of these types of residential and nursing care beds available in the ward (89) continues to outstrip predicted future need (51).

Conclusion

Even allowing for a net migration into the Wetherby and surrounding area, there is sufficient supply overall for future anticipated need.

6 Financial analysis

The Submission raises a number of matters concerning the cost of running the service at Primrose Hill, including a challenge to the accuracy of some of the figures presented in the February 2013 Executive Board report. The Submission offers an analysis of the income stream leading to a request for detailed financial case to be made for the closure of Primrose Hill. This section ends with a request for reassurance of continuity in the private sector.

Response (i) financial analysis:

Capital Refurbishment Costs

Unfortunately there was a presentational error in the '2000 CQC Standards' column in Appendix 4 of the *Better Lives for People of Leeds – Residential Care for Older People* report to the Council's Executive Board on 15th February 2013.

The tables below show the version that was included within the Executive Board report and the corrected version, with the relevant figures on both being shaded in grey and explained below.

Table 1: Capital Cost of Improvement to Residential Homes in Phase 2 – Executive Board version

	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 £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
Totals	3,019,645.00	7,023,243.78	9,757,742.94

Residential Homes with possible alternative use			
Home Lea House	494,075	1,278,630.46	1,460,314.39
Suffolk Court	No survey available		

Combined Total	3,513,720.00	8,301,874.24	11,218,057.33
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Table 2: Capital Cost of Improvement to Residential Homes in Phase 2 – Corrected Version

	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 £s
Amberton Court	412,900	1,423,365.91	1,572,647.90
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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
Totals	3,019,645.00	8,301,874.24	9,757,742.94

Residential Homes with possible alternative use			
Home Lea House	494,075	1,278,630.46	1,460,314.39
Suffolk Court	No survey available		

Combined Total	3,513,720.00	9,580,504.70	11,218,057.33
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In the Executive Board report the total estimated cost for the six homes (Amberton Court, Burley Willows, Manorfield House, Primrose Hill, Fairview and Musgrave Court) to be brought up to 2000 CQC Standards was shown as £7,023,243.78. The correct figure is £8,301,874.24 – a difference of £1,278,630.46. The same discrepancy was carried through to the combined total figure, which was shown as £8,301,874.24 instead of the correct figure of £9,580,504.70. However, as the cost of bringing the homes up to the CQC standards were understated rather than overstated in the report, the error does not affect the conclusions drawn.

Financial Analysis - Context

The Submission raised a number of questions regarding the financial case for the proposed closure of Primrose Hill. Before addressing these specifically, it might be helpful to provide some context.

In terms of setting budgets for the Council's homes for older people and calculating the financial implications of potential closures there are a number of key variables that need to be taken into account. The gross unit cost per bed will depend on the costs of providing the service and the number of residents. To arrive at a net unit cost, resident contributions are taken into account and these will vary from person to person depending on his or her financial circumstances. Some residents will fully fund their own care and others will make a lower contribution, with the Council funding the difference between their contribution and the total gross cost. All residents make a least some contribution towards the cost based on their entitlement to a state retirement pension and other state benefits. The other key variable in assessing the financial implications of potential closures is the price paid for the beds to which residents transfer.

The budgets for all the Council's homes for older people are based on the average occupancy and average resident contributions across the homes. The gross expenditure budget for the relevant homes, excluding overheads, is the starting point for considering the financial implications of potential closures. The average price for independent sector care is then factored in to arrive at the net savings from the proposed closures. It can be quite some time between an original decision to close a home and the actual closure taking place. During this time the figures will be refined and will change as a result of:

- Changes to the price base i.e. moving from one financial year to the next on 1st April will change the figures due to the impact of inflation

- Reflecting the actual occupancy of the individual homes proposed for closure rather than the average used in budget setting
- Reflecting the actual price paid for alternative beds in the homes to which people are relocated when homes close

Although the position with regard to resident contributions is set out above to provide a complete picture, the figures presented to Executive Board on the financial impact of proposed closures are shown gross and do not include income from residents' contributions. This is because the amount that residents contribute primarily reflects their individual financial circumstances and so will remain unchanged whichever home they are resident in. The only variations will be at the margin for those who are self-funders. If they move to a home for which the weekly charge is lower than the current £536.20 charge for council-run homes, their contribution will reduce accordingly. Those whose contribution would increase if they move to a home with a higher charge than for council run homes will continue to pay the same through the council's guarantee that current residents will not be financially disadvantaged by any closures.

Savings from Proposed Closures – February 2013 Executive Board Report

The Executive Board report in paragraph 9.10 identified potential net savings of £875,000 across all of the identified homes, if the recommended options for each home were confirmed. These savings were calculated after the re-provision costs of transferring existing residents to alternative care homes were taken into account, based the typical price of an alternative bed and on the average budgeted occupancy across the Council's homes for older people of 95%. The price base for these figures was 2012/13 and Primrose Hill accounted for £149,830 of the £875,000 savings.

Savings from the Proposed Closure of Primrose Hill – Current Position

The actual savings from a potential closure of Primrose Hill cannot be known at this stage as they will depend on the number of people resident at the time of closure, were that to be agreed, and the price paid for places in the homes to which people may transfer. However, the £149,830 savings included as part of the Executive Board report figures can be updated based on the current position.

Updating the figures to a 2013/14 price base increases the savings from the closure of Primrose Hill to £179,350. This increase results from inflation increases in staffing costs combined with a reduction in the typical weekly costs to the council of purchasing places in independent sector homes.

There are currently 23 permanent residents in Primrose Hill, an occupancy level of 70% rather than the 95% average used to calculate the Executive Board report figures. Using this current occupancy rate and the typical weekly cost of external homes, the savings from closing Primrose Hill would be £365,630 per year. As the typical weekly charge for alternative accommodation is lower than that for council-run homes there will also be a reduction in residents' contributions for those who fully-fund their own care. Taking account of this would reduce the gross savings from the closure of Primrose Hill from £365,630 to £326,610 per year. Table 3 shows a mapping of the variables in the calculations in more detail.

Table 3: Calculations of Savings or Costs from the Closure of Primrose Hill

	Price Base								
	2012/13	2013/14	2013/14	2013/14	2013/14	2013/14	2013/14	2013/14	2013/14
Max no beds	33	33	33	33	33	33	33	33	33
Occupancy number	31.35	31.35	23	23	23	23	31	31	31
Occupancy percentage	95%	95%	69.7%	69.7%	69.7%	69.7%	93.9%	93.9%	93.9%
Employee costs	£745,270	£764,850	£764,850	£764,850	£764,850	£764,850	£764,850	£764,850	£764,850
Premises costs	£46,510	£48,290	£48,290	£48,290	£48,290	£48,290	£48,290	£48,290	£48,290
Supplies costs	£64,990	£65,070	£65,070	£65,070	£65,070	£65,070	£65,070	£65,070	£65,070
Transport	£570	£500	£500	£500	£500	£500	£500	£500	£500
Gross Cost	£857,340	£878,710	£878,710	£878,710	£878,710	£878,710	£878,710	£878,710	£878,710
Reprovision price per week	£434	£429	£429	£650	£800	£734.70	£650	£800	545.10
Reprovision cost	£707,510	£699,360	£513,080	£777,400	£956,800	£878,700	£1,047,800	£1,289,600	£878,700
Change to residents' contributions			£-39,020						
Saving / Cost	£149,830	£179,350	£326,610	£101,310	-£78,090	Breakeven	-£169,090	-£410,890	Breakeven

Savings from the Proposed Closure of Primrose Hill – Future Projections

As explained above, the savings from proposed closures are shown gross and do not include any income from resident's contributions that will remain largely unchanged if people move to another home. Using this gross expenditure basis, the current savings from the closure of Primrose Hill set out in the section above to are updated reflect the two scenarios included in the Campaign Submission, i.e. all residents transferring to a home costing £800 per week (based on Wetherby Manor) or all residents transferring to a home costing £650 per week (based on Ashfield).

Re-providing for the 23 current permanent residents at £800 per week would cost £956,800 per year and at £650 per week the annual cost would be £777,400. Taking account of the gross expenditure savings from the closure of Primrose Hill, transferring all current residents to beds costing £650 per week would generate an annual saving from the closure of £101,310. In the unlikely event that all residents were to transfer to beds costing £800 per week, there would be a net cost from the closure of £78,090. The breakeven fee for all current residents would be £734.70 per week so if all residents are placed at fee levels below this the closure of Primrose Hill would generate some savings. Table 3 shows these figures in more detail.

Other Issues Raised in the Submission

Please note that the following comments also relate to Key Question e. (page 15)

The sections above explain the basis of the calculations of the financial impact of closing Primrose Hill. These differ from the figures you have outlined on page 6 of the Submission for several reasons:

- The updated figures above have been calculated based on the 2013/14 gross expenditure budget of £878,710 rather than actual expenditure for 2011/12 of £890,949

- The Submission's figures include overheads, whereas Adult Social Care's calculations exclude these on the prudent assumption that any home closures will not necessarily and/or immediately enable overhead costs to be reduced
- The Submission's calculations assume 13 residents who are 100% self-funders, but in reality there are fewer self-funders and some income is received from all other residents as explained above
- Assuming zero self-funders and/or zero income in calculating the cost of closing Primrose Hill of between £360,495 and £602,295 (page 28 of the Submission) is incorrect. Any closure will result in the residents in the home at that time transferring, all of whom will make at least some contribution towards the cost of their care.

Table 3 also sets out the financial position if all 31 permanent places in Primrose Hill were occupied at the time of any closure. If all residents were placed in alternative accommodation costing £800 per week the additional annual cost compared with the current costs at Primrose Hill would be £410,890. If the cost of alternative places was £650 per week the additional annual cost would be £169,090 and if the price for alternative places is £545.10 per week the closure of Primrose Hill would be cost neutral.

As set out in the preceding sections, depending on the number of people resident at the time of any closure and the charge for the homes to which they transfer, the financial impact of closing Primrose Hill ranges from a saving of £326,610 to a cost of £410,890 at a 2013/14 price base. The additional cost to the council of placing the residents of Primrose Hill in alternative places costing £800 per week compared with the 2013/14 budgeted costs for Primrose Hill would be £78,090 for 23 residents and £410,890 if all 31 permanent beds were occupied at the time of closure.

However, the Council has recently negotiated a contract price for residential beds of £429 per week and whilst higher prices may be paid to meet the choices of those affected by closures it is highly unlikely that all residents would be placed at a cost of £800 per week. Some residents may have increased needs warranting dementia care or nursing care, but again this would be unlikely to apply to all.

Response (ii) the independent sector: Over the past year, Leeds City Council has worked closely with the independent sector to agree a fair cost of care in homes within the city. This includes incentive payments for higher and improving quality of service under a 'Quality Framework' that has been agreed between the Council and independent care home providers. The vast majority of care homes in the city have tendered to be part of this Quality Framework and will be monitored, or 'validated', by the Adult Social Care commissioning team to ensure they are meeting the quality standards required by the contract. Part of this validation will include checks to ensure the care homes have a sustainable business model and can provide evidence of financial stability.

Whilst the nature of a commercial market means that weaker businesses will occasionally fail, the Council has developed a plan for use in a case where we are informed an organisation is to go into, or has been put into administration, which may result in the closure of a care home. In addition, the government recently announced a national system of oversight and coordination,

administered through the Care Quality Commission (CQC), which will provide early warnings if a company is in financial trouble. The CQC will have the power to:

- Require regular financial and relevant performance information
- Require the provider to develop and submit a 'sustainability plan' to manage any risk to the organisation's on-going sustainability
- Commission an independent business review to help the CQC to support local authorities in managing a provider failure

In the majority of cases in Leeds where a care home provider has gone into administration, it has been our experience that the home has subsequently been sold by the administrator to an alternative provider and the home has continued to operate as a going concern without disruption or detriment to its residents.

7 Type of care home

The Submission presents a tabulated list of various levels of care required as people become older, more frail and in need of more intensive packages of care. It claims that to close Primrose Hill would remove a level of care and place a complete reliance on the private sector. An Adult Social Care response to this is requested.

Response: Currently, the Council has the capability to provide 485 out of approximately 5,100 care beds in the city. At present, and over many years, the majority of care home placements purchased by the Council are from independent sector providers.

Care does not necessarily follow the hierarchical structure presented in the Submission. Most care homes in Leeds are established to care for people with varying and changing levels of need. Indeed, care homes such as the one (Wetherby Manor) cited as an example in the Submission as seeming 'to cater for the more able elder person' are registered to provide both residential and nursing care and will also cater for people with dementia.

8 The respite suite

The Submission rightly points out that the respite suite at Primrose Hill has not been used for its intended purpose and suggests that it should be promoted more vigorously.

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

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

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

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

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

9 Key questions

a. The Consultation

The Submission quotes Councillor Yeadon, the Director of Adult Social Services and the Deputy Director giving assurances that everyone's views will be listened to and heard, and will be taken into account when final proposals are drawn up.

Response: The Council's record of responsiveness to the views expressed by residents, relatives and communities is described in Para (1), p.4 above. The delay between the end of the consultation (3 June) and the publication of the report and recommendations (27 August) is to allow sufficient time for the programme team to analyse in detail the responses drawn from the consultation and weigh them against other factors including demographic projections, alternative provision of residential care in the area, building condition, cost of refurbishment to currently acceptable standards, and running costs. The methodology of the consultation and analysis of results were agreed by the Council's Scrutiny Board, are compliant with current legal requirements and follow examples of good practice developed in Kent and Bradford.

b. Reduced life expectancy after a move

The Submission refers to a paper published by Professor Jolley *et al* entitled 'Enforced relocation of older people when care homes close: a question of life and death?'. It goes on to ask how Adult Social Care intends to mitigate against harm to residents.

Response: The issue of 'enforced relocation' is addressed at length in Para (16), p.20 below. The Council's stated code of practice to be used when arranging for a person to move from a

home undergoing closure is set out in the 'Care Charter' (see Appendix 1), which was used to good effect in the last round of home closures.

c. No financial disadvantage

The Submission quotes The Director of Adult Social Services and the Chief Officer, Michele Tynan, as giving assurances that, should a home close as part of the current programme, no-one will experience financial detriment / disadvantage. Questions are raised around who would pay if charges were higher and whether this would apply for the lifetime of the resident.

Response: If a person chooses to move to a new home where charges are higher than Primrose Hill, the Council would ensure no financial disadvantage. This would last for the lifetime of the resident.

d. Distress on hearing news of closure

The son / daughter of a 96 year-old resident has withheld news of the proposal to close Primrose Hill. The Submission asks how the lady would be informed that she would have to move without causing her lasting damage, should closure of Primrose Hill become the ultimate option.

Response: The Council is acutely aware of its duty of care for all its residents. The approach to be taken is set out in detail in the 'Care Charter' (Appendix 1) and summarised in Para (16), Page 20. Briefly, it would involve a dedicated team of social workers working with residents and their carers, involving other professionals such as GPs, consultant geriatricians, advocates and key workers in the home. All would offer reassurance and practical support throughout the process. They would be complemented by a transitions team to make the physical process as smooth as possible and to check on wellbeing both prior to and following the move.

e. Estimated savings

A detailed description of proposed savings can be found in Para (6), Pages 7-13.

f. Choice of future care homes

The Submission states that one of the most important questions people are asking is 'where is my mother or father going to be sent when you close PH'. It asks for the Council's 'plan' for this and how many rooms are available today.

Response: It would be premature at this time to have a 'plan' for alternative placements for residents of Primrose Hill, since no decision to close the home has been taken. If closure is eventually the course of action decided upon, then that would be a decision based upon sound evidence that there is an adequate supply of alternative provision in the area(s) where residents want to live. People make their choices for a number of different reasons, including moving closer to family, moving with friends etc.

There would be little point in knowing the numbers of rooms available 'today', since availability constantly fluctuates. It is important to remember that, should closure be decided upon, nothing would happen quickly, or unexpectedly. Adult Social Care would work with residents and families, at their own pace, and without setting an inappropriate timescale for completing the closure.

10 Private care homes

The Submission refers to sustainability and continuity of businesses in the independent care home sector and alludes to the risk of closure in view of the perceived low fees payable to the independent sector by the Council, compared to higher prices quoted by some homes in the sector. It asks how Adult Social Care will ensure that those care homes contracted by the Council do not suffer due to financial failure. The Submission goes on to ask whether Adult Social Care has negotiated fees with an independent provider in the Primrose Hill area, should the home be closed.

In addition, the Submission refers to figures quoted for the weekly unit cost of a place at Primrose Hill

Response (i) Independent care homes: Whilst Leeds City Council cannot guarantee the sustainability and continuity of any business with which it holds a contract, the introduction of the Quality Framework in Leeds (described above, page 12) will contribute significantly to the financial stability of organisations providing care in the city, with the guarantee of contracts over five years, instead of being annually renewable, as was the case before the Framework was negotiated. It is important to note that the Framework was drawn up with the full involvement and agreement of independent providers themselves and was not unilaterally imposed on them by the Council.

At present, the Council has not negotiated any specific rates with the private sector for residents at Primrose Hill. This is because no decision has been taken to close the home. However, the Council has now tendered its Quality Framework and the vast majority of care homes in Leeds have applied to become part of this contract, at the agreed rates.

Response (ii) unit cost at Primrose Hill

Based on the gross cost of running Primrose Hill of £878,710 per annum at 2013/14 prices (i.e. excluding overheads), the weekly cost is as follows:

£512.07 Based on all 33 beds being occupied for the full year

£539.02 Based on average occupancy across all homes of 95% (31.35 beds)

£734.71 Based on the current occupancy of 23 beds for the full year

Based on current occupancy, the true cost of a place at Primrose Hill is over £700 per week as Mr Holmes stated in his letter of 17th April.

11 Keeping Primrose Hill open

The Campaign Submission asks what conditions would need to be met in order to be kept open by Leeds City Council.

Response: Criteria would include a sustainable business plan which would reduce costs to the Council and prevent the need for further investment by the Council. The plan would have to be in line with the Council's developing options for housing and care for older people in the future.

12 Primrose Hill residents' opinions

The Submission lists 17 key statements made by residents at Primrose Hill. They range from distress at the prospect of moving to the quality of the staff and proximity of family and friends.

Response: The Council has acknowledged all along the anxiety caused by the proposal to close the home and we apologise for this. The proposal is not one that has been made lightly and officers and members alike regret that financial circumstances imposed on the Council have made this and other proposals necessary. We have pledged to do everything we can to minimise the impact of the proposal.

13 Primrose Hill relatives' and friends' opinions

The Submission lists 106 key statements by relatives and friends of people who live at Primrose Hill. These include comments on the effect on residents, praise for the home and staff, the locality issue, distance from alternative accommodation, and criticism of the consultation with the proposal being described as a 'done deal'.

Response: The strength of feeling locally in opposition to the proposal is not disputed, nor will it be disregarded. The Campaign has produced an unequivocal response that opposes any change at Primrose Hill, with no counter-proposals or alternative solutions being offered. The dilemma for the Local Authority is how to take account both of strong local opinion and the issue of lack of funding available to support all of its homes in the medium to long term. This is the subject of the deliberations under way internally, the results of which will be published for decision by the September meeting of Executive Board.

14 Statistical data

The Submission rightly points out an error in the report presented to the Council's Executive Board in February 2013. This has been addressed at Para (6) of this response and Tables 1 and 2, Page 8.

The Submission goes on to present a number of graphs and tables derived from various reports and publications. Below are up to date statistics for comparison.

Capital Cost of Improvement to Residential Homes in Phase 2

Table 5 Estimated costs for improvements

Residential Homes earmarked for decommissioning	Estimated Cost of Improvement		
	Planned Maintenance (estimated cumulative spend over next five years) £s	2000 CQC Standards £s	High Dependency Dementia £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
Totals	3,019,645.00	8,301,874.24	9,757,742.94

Residential Homes with possible alternative use			
Home Lea House	494,075	1,278,630.46	1,460,314.39
Suffolk Court	No survey available		

Combined Total	3,513,720.00	9,580,504.70	11,218,057.33
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Table 6 Profile for Primrose Hill Residential Home (as at 4.6.2013)

Wedge, Area Committee and Ward	Number of staff	Total number of LCC beds	Number of perm beds	Number of short stay, CIC and respite	Current Perm Occupancy	Number of Independent Sector beds in the ward
East North East, Outer North East, Wetherby	30	33	31	2	23 as at 4.6.2013	89 Ashfield Nursing Home (31) Wetherby Manor (58) opened 25.4.2013

Age profile	
Under 60	0
60-69	0
70-79	0
80-89	3
90-99	17
100+	3
Total	23

Length of residency	
Less than a year	6
1-2 years	7
3-4 years	5
5-6 years	3
7-8 years	1
9-10 years	0
11+ years	1
Total	23

Dependency	
Low	10
Medium	12
High	1**
Total	23

NOK address by ward		Service user's originating address by ward	
Adel and Wharfedale	1	Chapel Allerton	2
Chapel Allerton	1	City and Hunslet	1
Garforth and Swillington	1	Harewood	6
Harewood	4	Kippax and Methley	1
Out of Leeds ward area	5	Outside Leeds area	3
Roundhay	1	Wetherby	10
	1		
Wetherby	0		
Total	23	Total	23

** NHS funded for Continuing Care

The five next of kin addresses which are out of the Leeds area are Royal Wootton Bassett, Whitley Bay, Tadcaster, Bath and Lichfield. Ten relatives live in Wetherby ward of which two are in Boston Spa, one in Clifford and the remaining seven live in Wetherby.

The **three** service users who were originally from out of the Leeds area originate from Taunton, Grange-over-Sands and York. Ten service users originate from Wetherby ward of which one is from Boston Spa, and one from Clifford – the other eight lived in Wetherby.

15 Health and safety

The Submission appends a letter from the four general practitioners at The Spa Medical Practice, High Street, Boston Spa. The doctors outlined their objections to the proposed closure of Primrose Hill.

Response: The Deputy Director has responded:

'I fully understand your concern for your patients who live at Primrose Hill and their families and appreciate that in many cases you have formed a long-term relationship of care and support. We fully appreciate the anxieties caused by any suggestion of change and we are working hard to keep these to a minimum. You write warmly about the quality of the staff and I know that they are supporting the residents and their families with all the professionalism one would expect.

'I have noted your points about demography and in particular the elderly profile of the Boston Spa / Wetherby area. This is a factor that we will take carefully into account, including the current and likely future availability of residential care provision in the local area. In a past consultation, strong representations told us that people wanted to stay living in the local area. Accordingly, we revised our proposals on two occasions to delay a home's closure until sufficient alternative provision can be provided in the area; and on a third occasion, until a local community can draw up a viable business plan to take over the running of its home as a going concern. Continuity of local provision will be a priority as we draw up our plans for the future of Primrose Hill.

'Your concern for the wellbeing of residents who are displaced by a home closure is understandable. Our experience last year when we closed a number of homes and moved 96 people to new places was that all settled well into their new surroundings and experienced no adverse effects from their move. This is of course a tribute to the skill of our staff who managed the move and the staff in the homes that received their new residents. I would expect the same to apply should Primrose Hill ultimately be closed.

'With reference to your point about the importance of a sufficient supply of residential care provision, I would agree entirely and point out that city-wide the independent sector has provided over 1,000 new bed spaces over the past few years, with more in the pipeline. In terms of quality of amenity, these new-build facilities now outstrip that provided in the Council's in-house service, with the result that we have falling occupancy levels resulting in poor cost-effectiveness at the very time when large amounts of capital need spending on the homes to bring them to an acceptable quality. Our policy instead is to use our reduced resources to concentrate on helping people stay in their own homes for as long as possible, and on preventive measures to help people avoid the need for hospital admission and premature entry into residential care.

'I hope that this has addressed the points you have made. Your letter has been passed to the team that is collating the responses to the consultation so that your comments can be taken into account. Thank you very much for taking the trouble to get in touch.'

16 Enforced relocation of older people

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

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

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

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

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

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

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

'emerging findings from the survey data are very positive, in that older people's sense of health and wellbeing was not any worse at 28 days follow up and 12 month review. These results are perhaps surprising given the fact that participants were already frail enough to be receiving support from the local authority in either a care home or a day centre at the start of the study, and were a year or so older at 12 month follow up. They had also experienced significant changes in their services and, in the case of care home residents, had moved to another home altogether. However, results from this study suggest that the policy and process adopted by Birmingham City Council seemed to have limited potential negative impacts on individuals' health and well-being and, for some people, there was a slight improvement in outcomes' (p16).

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

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

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

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

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

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

- A dedicated team of experienced social workers was put in place to work alongside residents and their carers to undertake a comprehensive review of their support needs and determine the most appropriate alternative placement for the individual. Carers were also offered a carer's assessment to determine if they had unmet support needs.
- Older people themselves were central to the assessment process along with their carers. Other professionals such as social workers, OTs, GPs, Community Nursing, consultants and advocacy services were involved where ever necessary. A 'virtual' expert advisory group was also established to advise in cases where independent guidance was required. Key workers in the residential homes and day centres who had daily contact with individuals also contributed to the assessment process, supporting people through the transition process by offering reassurance and practical support and in many cases accompanying people to the new service and helping them to settle in. This helped to maintain continuity of support for people at a stressful and difficult time for them.
- No home or day centre was closed until people were settled in their new service. The Social Work team had time to explore a range of options for each individual, which often involved visiting a number of alternative services and more than one meeting with

the older person and their family. The average length of time from the start of the assessment process to completion and closure was 120 days for residential homes and 78 days for day centres at phase one.

- During the consultation carried out prior to phase one of the closure programme a recurrent request by older people and their families was that they should be able to move with their existing friendship groups to the new service. People were able to move with their friends where ever this was requested. Staff in the services that were closing were able to state a preference as to where they wanted to work. In a number of cases this meant transferring with the older people they had worked with in the service that was closing if they were transferring to another Adult Social Care service.
- All residents and service users had access to an independent advocacy service.
- A transition team comprising the manager of the assessment team, the service line manager, transport manager, Community Occupational Therapist and Change Manager managed the transition process using the Leeds Assessment and Closure Protocol document. The successful transfer of residents and day centre users to alternative private sector homes or alternative day services was conducted in accordance with this policy, which will be updated to take into account the experience gained in phase one of the programme. Should any further residential homes or day centres be closed in the future, this protocol will be used to ensure risks to residents and day centre users are identified and minimised
- All residents and day centre users who moved were followed up with a review three months after the move to check that they were settled and satisfied with the new service. A member of the assessment team was available to follow up on any issues that might arise before this. People continue to receive an annual review of their support needs from the Adult Social Care reviewing team.
- A communications strategy was developed as part of Phase one of the Better Lives Programme. This ensured that key stakeholders were kept informed of the proposals, able to contribute to the consultation process and informed about decisions made. Residents, service users and their families were informed of developments via letters, posters in homes and day centres and meetings. Other key stakeholders consulted included staff, trade unions, elected members, NHS partners and the Independent, voluntary and faith sectors.

Conclusion

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

17 Where are the alternative care homes?

The Submission lists a number of areas in Leeds, Harrogate and York and suggests that unreasonable journey times would be involved if relocations to homes in these areas were to take place.

Response: The attached Table 7 lists homes in the Leeds, York and North Yorkshire areas and their distances from Primrose Hill.

18 The green environment

The Submission estimates that friends and relatives may have to travel up to 75,000 miles per annum if Primrose Hill is closed and residents moved further afield. It states that this would have an adverse effect on the carbon footprint.

Response: Additional mileage cannot be estimated at present, but more tangible are the recommendations from the 2012 Stock Condition Survey, which suggests the building as it stands has poor energy efficiency. The surveyors say 'We feel that as part of any refurbishment project, elements of sustainability should be considered and incorporated within the design. ... The recommendations below are initial ideas only and not an extensive list.'

The recommendations include

- Insulation provided within the roof space does not comply with current standards. It is advised additional insulation is provided during the next refurbishment scheme.
- Cavity wall insulation could be provided to improve the thermal efficiency of the walls.
- The windows are double glazed uPVC units. An option could be to use triple glazed timber units to lower heat loss from the building.
- Storage and use of 'grey water' from roof drainage should be investigated.
- The use of a condensing boiler is recommended, to give a high operating efficiency with low Nox and CO₂ emissions. These are key points detailed in Part L1 of the Building Regulations, to which all heating systems must comply.
- The areas that have the largest energy use are the lighting installations. The home would greatly benefit from using low energy lamp sources wherever possible and the adoption of a lighting management scheme, which would prevent unnecessary waste of energy.

19 Conclusion

Adult Social Care respectfully offers this Response to the Save Primrose Hill Care Home Campaign's Submission. We have attempted to provide constructive and non-adversarial responses to the points made and questions asked in the Submission. The consultation period is now closed and consideration of all that has been learned, including the valuable contribution of the Submission, is under way.

Meanwhile, support for the residents in the home, and their families, continues to be provided by Adult Social Care managers and the staff at Primrose Hill. This Response ends with the assurance to those concerned that the Council's priority lies at all times with the safety and wellbeing of the people in its care.