

# Scrutiny Board Statement

## Response to the proposed closure of The Green Care Home

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

April 2016





# Introduction and Background

## Introduction

1. In January 2016, the Scrutiny Board (Adult Social Services, Public Health, NHS) received a petition/ request for scrutiny to '*...stop the closure of The Green Home for Older People*'.
2. The request for scrutiny was formally considered by the Scrutiny Board at its meeting on 27 January 2016, where the Scrutiny Board agreed to consider the issues raised and examine the matter in more detail, through a working group of the Scrutiny Board. To help facilitate the attendance of the lead petitioner, a working group meeting was held on 16 March 2016.
3. Following on from the working group meeting and the provision of some further information, an initial draft response was considered by the Scrutiny Board at its meeting on 19 April 2016. At that meeting, the Scrutiny Board received comments on the initial draft response from the Executive Board Member for Health, Wellbeing and Adults and the Director of Adult Social Services. Members of the Scrutiny Board also highlighted additional comments.
4. It was agreed to reflect on the comments made and produce a further draft response, which was subsequently considered and agreed by the Scrutiny Board at its meeting on 29 April 2016.
5. The remaining details in this document set out the response agreed by the Scrutiny Board.

## Background

6. Following a viability review in July 2015, that concluded no other formal service reconfiguration could deliver the projected savings of £2.186M, The Green formed part of the proposed 'next steps' in delivering the Council's Better Lives Strategy presented and considered by the Executive Board in September 2015.
7. The projected level of revenue budget savings were calculated based on purchasing services of 'comparable quality' from the independent sector using actual occupancy / take-up of services across residential and day care services. The projected savings were estimated to be generated from residential care savings of £1.618M and day care savings of £0.568M.
8. A further summary of the projected residential care budget savings is provided below:

Care Home	Capacity	Occupancy*	Projected savings
The Green	37 beds	20 (54%)	£489,290
Seigen Manor	30 beds	19 (63%)	£569,992
Middlecross	32 beds	22 (69%)	£558,696
Totals	99 beds	61 (62%)	£1,617,978

\* Actual permanent occupancy (as at 5/6/15)

9. Part of the Executive Board's decision at its September meeting was:  
*'To begin consultation on the recommended proposals to decommission the three remaining care homes (Middlecross, Seigen Manor and The Green) and associated day centres...'*



# Introduction and Background

10. Following Executive Board approval, a 12-week period of consultation took place from 1st October to 23rd December 2015 with service users and their families and carers as well as staff working at The Green Care Home.
  - Comments and observations of the Executive Board Member (Health, Wellbeing and Adults), the Director of Adult Social Services and members of the Scrutiny Board, highlighted at the Scrutiny Board meeting on 19 April 2016 – where an initial draft response was considered.
11. In January 2016, the Scrutiny Board (Adult Social Services, Public Health, NHS) received a petition/ request for scrutiny to '*...stop the closure of The Green Home for Older People*' – which was formally considered at the meeting on 27 January 2016. At that meeting, the Scrutiny Board agreed to consider the issues raised and examine the matter in more detail through a working group of the Scrutiny Board.
12. To help facilitate the attendance of key stakeholders – including the lead petitioner, a working group meeting was held on 16 March 2016. A summary note from that meeting is attached at Appendix 1, which also includes details of all those in attendance at that meeting (Annex A).
13. As set out in Appendix 1, a number of supplementary questions (Annex B) were subsequently submitted to the Adult Social Services for clarification and additional information. The response received from Adult Social Services is presented at Appendix 2.
14. This response reflects and is based upon the:
  - Representations made at the working group;
  - Information presented to the working group;
  - Information made available in response to supplementary questions following the working group meeting; and,
15. In considering the content of this response, the Scrutiny Board has been very conscious of balancing the estimated financial costs to the Council with the potential personal costs and upheaval for existing residents and their families in the short term, and the medium to longer-term issues associated with the quality of alternative service provision in the independent sector.
16. The Scrutiny Board is very grateful to all those that have contributed and provided information for this aspect of the Board's work: The Board is particularly grateful to members of the public who shared their personal experiences of the care and facilities available to members of their family at The Green.

## Comments and Observations

17. At the working group meeting in March 2016, members heard some very personal experiences from those with family members currently residing at The Green: The experiences described a caring environment, where family members felt safe and happy. In what were often described as difficult situations, the working group also heard that the caring nature of the workforce offered a high degree of reassurance to families that they were 'doing the right thing' for their loved ones.
18. The financial context facing Adult Social Services was discussed and reiterated at the working group meeting. The Scrutiny Board is aware and recognises the unprecedented financial climate in which the Council and Adult Social Services continue to operate, and the significant financial pressures this brings. As it appears there are 'no good solutions' the financial position of Leeds' health and social care sector is likely to form the basis of inquiry for the Scrutiny Board in the new municipal year (2016/17). This will require significant input from Adult Social Services, Public Health and a range of health partners.
19. As set out in the notes at Appendix 1, the working group established some important matters that should be taken into account when considering the future of The Green, including:
- Somewhat contrary to the information presented, The Green is currently providing a service to a relatively local community when considering neighbouring wards – with around 19 from the current 27 residents (approx. 70%) being relatively local to The Green.
  - The Green is considered by others as 'an asset' to the Council and Adult Social Services is proud of the quality of care provided by the dedicated workforce.
- While it was generally acknowledged the physical condition of the building may be in need of refurbishment, there was a difference of opinion around the 'relative priority' when compared to the quality of care provided.
  - The relative quality of care available in nearby<sup>1</sup> independent sector establishments was variable, with a large proportion rated by the Care Quality Commission as 'Requires Improvement'.
  - The issue at the heart of any decision appeared to be a value judgement that would balance the quality of care against the cost of maintaining service provision at The Green.
20. Furthermore, a range of additional important information was collated after the meeting and is set out in Appendix 2. This included:
- Confirmation of the status of the Council's remaining care homes currently operated by Adult Social Services.
  - The financial implications for residential care costs associated with the implementation of a 'national living wage'.
  - Clarification of the projected 'capital investment' costs and implications.
  - Confirmation there was not a waiting list for The Green, with confirmation that 5 of the 37 beds were unoccupied (i.e. approx.. 86% occupancy)<sup>2</sup>

<sup>1</sup> Within a 5 mile radius of The Green Care Home.

<sup>2</sup> Confirmed by Adult Social Services in its response, dated 15 April 2016.

## Quality

21. In the report to the Executive Board in September 2015, it is important to recognise that the projected level of revenue budget savings presented were calculated based on purchasing services of 'comparable quality' from the independent sector. The issue of 'comparable quality' is therefore a fundamental consideration.
22. As previously mentioned, the working group considered the relative quality of care available in nearby independent sector establishments to be variable; with a large proportion rated by the Care Quality Commission (CQC) as 'Requires Improvement'. Based on the information provided, of the 15 independent sector care homes (without Nursing Care), 5 had not yet been rated by the CQC. Of the remaining 10, 80% were identified as 'requires improvement'.
23. Of the 17 independent sector care homes (with Nursing Care), 3 had not yet been rated by the CQC. 10 of the remaining 14 (71%) were identified as 'requires improvement'
24. Notwithstanding the lack of an assessment to precisely determine the impact of some of the areas for improvement, the level of 'requires improvement' supports the view that quality in the independent sector is currently best described as 'variable'.
25. It is worth highlighting that during the course of the current municipal year, processes have been established to allow the Scrutiny Board to routinely consider CQC inspection outcomes on a monthly basis. This has included a summary table of the inspection outcomes notified by the CQC and covers a range of health and social care services and providers. Appendix 3 provides the most recent iteration of the summary report presented to the Scrutiny Board<sup>3</sup>. While the proportion of 'requires improvement' appears to fallen

through the course of the year – perhaps reflecting the targeted approach adopted by the CQC – the emerging picture around the quality of residential care has been an ongoing concern for members of the Scrutiny Board.

26. Over the course of the municipal year, the Scrutiny Board has also sought to develop and strengthen its relationship with the CQC and local inspection managers. At its meeting on 19 April 2016, the Scrutiny Board heard evidence from the CQC's Adult Social Care Inspection Manager covering the Leeds area, and was presented with the following analysis of Adult Social Care ratings:

Ratings	Nationally	North	West Yorks	Leeds
Outstanding	92	31	1	0
Good	9048	2481	250	91
Requires Improvement	3987	1078	194	71
Inadequate	486	180	49	7
<b>Totals</b>	<b>13613</b>	<b>3770</b>	<b>494</b>	<b>169</b>

Ratings	Nationally	North	West Yorks	Leeds
Outstanding	0.7%	0.8%	0.2%	0%
Good	66.5%	65.8%	50.6%	53.8%
Requires Improvement	29.3%	28.6%	39.3%	42.0%
Inadequate	3.6%	4.8%	9.9%	4.1%
<b>Totals*</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

\* Percentage total may differ from 100% due to rounding

27. While the above data does not differentiate between the types of adult social care provision, or indeed the type of provider (i.e. local authority or independent sector), this provides further support for the Scrutiny Board's view around the overall quality of provision in Leeds; with a significantly larger proportion of providers rated as 'require improvement' when compared to the national and north of England statistics.

<sup>3</sup> Considered at the Scrutiny Board meeting held on 19 April 2016

28. The current variability of assessed quality across the care sector across Leeds perhaps reflects the level of maturity within organisations operating across the City.

### Costs

29. It should also be noted that further discussions between the Chair of the Scrutiny Board and the Director of Adult Social Services confirmed that any capital expenditure would be better spent in delivering a new build facility rather than a refurbishment of the current facilities. While the capital costs would be in excess of those presented to the working group and provided in the supplementary information, it is understood that access to such capital and servicing of any loans would not be prohibitive as part of an alternative solution. As such, it appears the central financial issue remains the revenue costs associated with delivering care under the current arrangements, compared to the costs associated with care delivered through the independent sector. Balancing the cost differential against the potential personal costs and upheaval for existing residents and their families, alongside the quality of available care remains a pivotal consideration.

30. As outlined in the additional information details at Appendix 2, the cost differential between independent sector and direct council service provision diminishes as a result of the national living wage. The potential cost differential appears likely to fall between savings of £278k (based on actual occupancy) and £62k (based on target maximum occupancy – 95%): Both estimates representing a reduction in the projected level of savings from those originally presented to the Executive Board in September 2015.

31. The Director of Adult Social Services has outlined to the Scrutiny Board that recent occupancy levels at local authority care homes has been in the region of 67% - which would result in savings at the higher end of the estimated range. While the Scrutiny Board also heard from the Director that 95% occupancy levels in a local

authority setting may be aspirational, if the current occupancy level of around 86% were maintained, this would perhaps suggest savings towards the lower end of the estimated range.

32. It is also important to recognise and consider the potential fluctuating nature of estimated levels of saving. The Executive Board report in September 2015 reported projected savings in relation to The Green of £489,290, based on a June 2015 occupancy level of 54%. However, in April 2016 the Department has revised down the projected level of savings to around £278,000 as a result in an increase in costs within the independent sector and a higher occupancy level. This represents over a 40% reduction in the estimated savings within a 10 month period<sup>4</sup>. Further changes to the occupancy rates and/or additional costs to provision in the independent sector may further affect the achievability of the estimated saving.

33. While the precise level of savings may be somewhat difficult to predict – largely due to the variable nature of occupancy levels – it is clear that the implementation of a national living wage has reduced the revenue cost differential between the existing provision and the independent sector. Therefore, the Executive Board will need to consider whether the reduced level of estimated savings provides overall value for money when considering the short-term upheaval costs to individuals and their families and the variable quality landscape across the independent sector.

34. It is perhaps also worth recognising that while direct service costs are often presented without and directorate and corporate support costs, the same could also be said for independent sector providers – i.e. the procurement / commissioning costs and the quality / contract compliance functions

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<sup>4</sup> The 10-month period being from June 2015 (the base date for the estimated savings presented to the Executive Board in September 2015) to April 2016.

associated with independent sector provision. Moving towards a model of solely independent sector provision, the Executive Board will need to assure itself that any such indirect costs associated with independent sector provision have been taken into account – including any potential future increases in cost.

#### Direct service provision

35. Leeds has a history of being a compassionate city, with the Council having a strong public sector ethos and delivery of direct services. Based on the discussions at the working group, there was a sense that members of the public believe the Council should remain proud of the services Adult Social Services provides for the people of Leeds. However, based on the additional information provided by the working group, it is clear that the Council is edging towards becoming solely reliant on the independent sector for the provision of residential care in Leeds.
36. Of the 10 homes currently being operated by Adult Social Services, decisions to close four (4) have been made in principle; three (3) have recently been subject to consultation with a proposal to close; and the type of provision at the remaining three (3) likely to change significantly.
37. Once finally committed to a path of no direct service provision, it is difficult to see how the Council would ever be in a position to re-mobilise services in the future. As such, it is important to be satisfied that this is a path the Council is content to take and remains in the best interests of the City and its residents in the longer-term.

#### Other considerations

38. Part of the concern of the working group centred around the long-term impact on the Council should a decision be made to withdraw from any direct service provision. For example:
  - Would the Council have a weakened position in terms of future fee

negotiations with the independent sector?

- How would the Council manage an emergency transfers in care – should the need arise either as a result of a provider withdrawing from the sector voluntarily or as a result of any external intervention – i.e. as a consequence of a Care Quality Commission inspection?

39. The Scrutiny Board believes these to be important considerations for the Executive Board to consider in its future deliberations and is supported by additional information that has become available.
40. It is understood that in March 2016, the Department of Health wrote to all local authority chief executives in England, reminding them of councils' responsibilities under the Care Act 2014 and the accompanying statutory guidance to assist councils in delivering their legal obligations. While the precise content of the letter has not been considered, it is understood that the letter was also copied to the Executive Board Member with responsibility for Adult Social Care.
41. In April 2016, the Social Care Provider Task Force made further contact with the Council to ensure the Department of Health's message remains at the forefront of the thinking of local authority officers and elected members in discharging the Council's responsibilities around Adult Social Care for the people of Leeds and their families.
42. The Social Care Provider Task Force recognises that social care in England faces extraordinary challenges – with already serious demographic pressures likely to increase in the coming years. Such pressures will undoubtedly impact on Leeds as a City and as a Council – in similar ways to other parts of the country. However, the Social Care Provider Task Force also expressed concern that some people who use residential and home-based



support may not be receiving the type or quality of care they need or deserve.

43. The Scrutiny Board shares similar concerns and believes the overall number of Leeds based social care providers that have been identified as 'Requires Improvement' or 'Inadequate'<sup>5</sup> would support those concerns.
44. However, the Scrutiny Board is also mindful of other comments made by the Social Care Provider Task Force – particularly around the statutory guidance to ensure councils enable social care providers to deliver high quality care, delivered by well trained, supported and properly remunerated staff – quoting the following extracts from the Care Act:

**4.28.** *People working in the care sector play a central role in providing high quality services. Local authorities must consider how to help foster, enhance and appropriately incentivise this vital workforce to underpin effective, high quality services.*

**4.31.** *When commissioning services, local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care. This should support and promote the well-being of people who receive care and support, and allow for the service provider ability to meet statutory obligations to pay at least the national minimum wage and provide effective training and development of staff. It should also allow retention of staff commensurate with delivering services to the agreed quality, and encourage innovation and improvement. Local authorities should have regard to guidance on minimum fee levels necessary to provide this assurance, taking account of the local economic environment.*

**4.35.** *Local authorities should consider the impact of their own activities on the*

*market as a whole, in particular the potential impact of their commissioning and re-commissioning decisions, and how services are packaged or combined for tendering, and where they may also be a supplier of care and support. The local authority may be the most significant purchaser of care and support in an area, and therefore its approach to commissioning will have an impact beyond those services which it contracts. Local authorities must not undertake any actions which may threaten the sustainability of the market as a whole, that is the pool of providers able to deliver services of an appropriate quality – for example, by setting fee levels below an amount which is not sustainable for providers in the long-term.*

45. While the Care Act is designed to ensure person-centred care, delivered through a robust and sustainable social care sector, it seems reasonable to consider that this will inevitably come at a financial cost sometime in the future. This might significantly impact on the financial analysis previously presented and considered by the Executive Board.
46. While the Scrutiny Board accepts it may be difficult to accurately predict future costs across the independent sector, there are some developments – such as the Care Act and the National Living Wage where the future financial impacts are perhaps easier to predict. As such, in considering any financial analysis around revenue costs, the Scrutiny Board would urge the Executive Board to satisfy itself that all reasonable assumptions have been taken into account and that the Council will not be exposed to unmitigated risks should there be no future public sector provision of residential care for older people in Leeds.

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<sup>5</sup> Identified through the Care Quality Commission inspection and reporting processes.

## Conclusion

47. The Scrutiny Board recognises the significance and difficulties associated with the decision under consideration. The Scrutiny Board also recognises the significance of the decision under consideration applies equally to all stakeholders.
48. To help draw some conclusions, the Scrutiny Board has considered and tried to balance a range of information to help inform any future decision. To this end, the Scrutiny Board wishes to highlight the following points:
- The working group was very impressed by the petitioners who want to keep the home open, and the arguments put forward. A petition consisting of more than 3800 names should be carefully considered.
  - The working group findings included:
    - The Green serves a local population and caters for local residents;
    - The Green has a clear local focus and could take more residents;
    - Families and residents are happy and feel safe at the home.
    - Care is good; it has been judged so independently by the CQC.
    - The quality of alternative nearby provision in the independent sector is 'variable'.
  - Care in Local Authority homes in Leeds is statistically better than care delivered by the independent sector. This is particularly stark in the case of The Green when considering alternative care nearby<sup>6</sup>.
  - Despite the physical accommodation at The Green not being equivalent to modern standards, i.e. no en-suite facilities; residents and their families clearly prefer to have it stay open than close.
- Essentially, the value judgement comes down to a balance between the affordability of revenue funding versus upheaval costs in the short-term and good care in the longer-term: All other factors appear not to be significantly influential.
49. The Scrutiny Board recognises the financial plight of the Council and Adult Social Services. However, the significant balance appears to be a value judgement between the estimated financial costs to the Council, against the potential personal costs and upheaval for existing residents and their families in the short term, alongside the medium to longer-term issues associated with the quality of alternative service provision in the independent sector.
50. It is clear to the Scrutiny Board that everyone working and living at The Green do not believe the home is at its natural end of making a positive and useful contribution to care in the city. This view is also supported by families of residents.
51. Based on the range of information considered by the Scrutiny Board, and in particular the current landscape of service quality across the care sector in Leeds, the Scrutiny Board would ask decision makers to carefully consider whether or not it is indeed the right time to make a firm and final decision on the future of The Green, or whether further consideration could be deferred to sometime in the future, after an appropriate period of time to allow the full effects of recent changes to be analysed and assessed.


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<sup>6</sup> Within a 5 mile radius of The Green Care Home

## **Recommendation**

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

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



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

**April 2016**





# Appendix 1

## **Scrutiny Board (Adult Social Services, Public Health, NHS) The Green – Working Group Meeting**

**Committee Room 6/7, Leeds Civic Hall**

**16 March 2016**

### **NOTES OF THE MEETING**

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

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

- A summary of petition submitted in support of the Request for Scrutiny
- A report for the working group, prepared by the Director of Adult Social Services (dated 16 February 2016).
- Letter from Richard Burgon MP (dated 15 March 2016)

The Chair outlined the purpose of the meeting was for members of the Scrutiny Board to receive and consider the:

- Concerns of petitioners;
- Report submitted by the Director of Adult Social Services;
- Contributions from other stakeholders, including the Executive Board Member, local Ward Members and Richard Burgon MP.

In order to form an overall view and basis for a response to the proposals, the Chair advised that members of the Scrutiny Board would then privately consider all the information provided and discussed at the meeting.

#### **Petitioners**

The petitioners and those with relatives currently residing at The Green were invited to address the meeting.

Those present provided some very detailed and emotional descriptions of their personal experience of The Green and finding the 'right place' for their loved ones to be cared for. Some of the overall and general issues highlighted and discussed included:

- The purpose of the petition was to try to give those with relatives at The Green with a voice.
- The request for the Council to re-think its proposal to close The Green.
- The care provided at The Green was considered to be 'excellent' and it should be considered to be a 'flagship' that the Council should be very proud of.
- Prior to choosing The Green for relatives, some of those present had viewed many care homes- some good, some excellent and some poor. It was felt The Green fell into the excellent category.

- There was significant concern regarding the potential detrimental effect for relatives and other residents having to move homes as a result of any closure.
- Relatives were mindful of some of the 'horror stories' surrounding some independent sector providers and it was felt that only having independent sector homes available was limiting choice.

### **Executive Board member**

The Chair invited Cllr Lisa Mulherin for some initial comments and observation. Cllr Mulherin addressed the meeting and made the following main points:

- Thanks to the petitioners for engaging in the consultation process and for sharing their views and perspectives of the care provided at The Green
- It was important to recognise that no decision had yet been made regarding the future of The Green or other care homes that formed part of the Council's consultation.
- All comments received as part of the consultation would be reviewed and would ultimately inform any future decision.
- The Council, and in particular in the area of Adult Social Care, had a good track record of actively listening and acting on feedback from public consultations.

### **Director**

The Chair invited the Director to address the meeting and highlight any specific matter from the report prepared for the working group. The main issues highlight and discussed included:

- An understanding of the points and issues raised by the petitioners and those with relatives receiving care at The Green.
- The Department and the Council was very proud of The Green and the standard of care provided and comparing experiences from elsewhere, Leeds was a very compassionate City.
- The Council and the Department were facing an unprecedented financial situation, with the Department needing to make £15M savings in 2016/17: Therefore affordability and the financial situation were the main drivers for the proposals presented for consultation.
- Notwithstanding the quality of care provided at The Green, the building was in need of repair and the low occupancy levels (of around 67%) had a significant impact on the running costs.
- Currently, there was an estimated 1000 over-supply of residential care places across the City, whereas there was a greater demand for nursing care. Legislation prevents the Department directly providing nursing care.
- The consultation closed at the end of December 2015, and the responses were currently being processed and analysed. It was intended to present a further report to the Council's Executive Board for a decision in June 2016.

### **Initial discussion**

Following the Director's comments, a number of points of clarification were sought and discussed, including:

- The quality of care at alternative providers and the variability in the close vicinity to The Green.
- Details around the consultation outcomes.
- The pressure caused by a rise in cases of increasingly complex dementia and the impact on delayed discharges. The associated decision of CCGs to de-

commissioning 5 beds at The Green and seek alternative types of provision/ care.

- The outcomes of the Francis report and subsequent shortages across Nursing Care outside of hospital settings.
- Decisions by medics around discharges and the appreciation of the level and type of care available in some residential care settings compared to nursing care.
- Value for money and the potential 'good and bad' reasons for lower costs.
- The Council's quality and cost framework arrangements with the independent sector.
- Current occupancy level at The Green: 27 from 32 available beds (84%), compared to 67% historically.
- The proximity of residents and their families to The Green.
- The budget envelop and differential costs between local authority provision and independent sector provision.
- Contract and quality standards monitoring arrangements within the Department.
- The processes and available support for residents in the event of any future closure and the Department's previous experience and 'good track record' in this regard.

### **Ward member**

Following the initial discussion, Cllr Catherine Dobson – ward member for Killingbeck and Seacroft – was invited to address the meeting and highlight any other specific matters for the working group to consider. The following points were made:

- Fully supported the petitioners attending the meeting, along with other residents from The Green, family members and staff.
- There appeared to be a balance to be drawn between the standard of care provided at The Green and the condition of the building and the facilities available.

### **Further discussion**

The Chair addressed the meeting and sought to identify a number of points where there was a common understand and agreement, including:

- The Green providing a service to a relatively local community: taking a slightly broader view and considering neighbouring wards, around 19 from the current 27 residents (approx. 70%) were relatively local to The Green.
- Of the 3800 members of the public that had signed the petition, it appeared reasonable to consider that many were local residents and had some connection with The Green.
- The consultation process appeared to be fair – with good opportunities to express views. Although there was a degree of shock from residents and their families around the proposal to close The Green.
- It was agreed that The Green provides 'good' care: no concerns from a local authority perspective; no concerns from relatives / families; no contrary evidence from the Care Quality Commission.
- The balance of the argument primarily seemed to be between the weighting apportioned to the cost of provision and the quality of care provided.
- Members also wished to consider the potential impact of moving on the current 27 residents and their families and it was disturbing to consider that some might suffer distress during that process, through any loss of friendship groups and relationships with key workers and other members of staff.

### Further comments from the Executive Board member

- The workforce at The Green was considered an asset to the Council and there had been no adverse effects on the standard of care, following the announced proposals.
- The implementation of a National Living Wage would need to be factored into the analysis and assessment of the available options.
- Reiterated the huge cost pressures facing the Council and the Department.
- Other savings with the Department would need to be found if The Green was to remain open.
- Confirmation that there were no 'good' options.
- Reiterated previous comments around listening to feedback on the proposals and welcoming the comments from the Scrutiny Board prior to any decision.

### Further comments from other members of the working group

- Concerns about the mixed picture of quality in nearby facilities and that the discussion at the working group painted 'too rosy' a picture in this regard. To illustrate, reference was made to Tables 2 and 3 in the report to the working group.
- The impact of the threat of closure had not appeared to adversely affect admissions and/or occupancy levels.

Concluding the discussion, the Chair thanked those in attendance for their contribution to the meeting and advised that the working group would give further consideration to the matters discussed in private.

### **Deliberations of the working group**

In discussing all the information presented and highlighted at the meeting, the following points were agreed:

- Agreement with the overall assessment of the financial pressures facing the Council and the Department.
- The quality of care at The Green did not appear to be in question.
- There was some concern about the physical state of the building described at the meeting: However most of the working group had not visited The Green recently.
- Careful consideration needed to be given around whether any potential closure would have a disproportionate impact on the care, security and well-being of current residents.
- The impact on residents' families was also a significant consideration.
- Closure should be considered as the 'last resort' option.
- A range of additional information would be helpful in drawing together any conclusions and recommendations. (*The additional information requested in summarised at Annex B*).
- A copy of the Executive Board report (September 2015) should be provided to members in attendance at the meeting.

The Chair thanked members for their attendance and contributions to the discussion and a draft report setting out the comments and observation would be produced as soon as possible.

The meeting was closed.



**DETAILS OF ATTENDANCE AND APOLOGIES**

**ATTENDANCE**

**Members of the Scrutiny Board**

Cllr Billy Flynn  
Cllr Peter Gruen (Chair)  
Cllr Ghulam Hussain  
Cllr Christine Macniven  
Cllr Shirley Varley  
Dr J Beal - Healthwatch Leeds (Co-opted member)

**Other Members**

Cllr Lisa Mulherin – Executive Board Member for Health, Wellbeing and Adults  
Cllr Catherine Dobson – Ward Member (Killingbeck and Seacroft)

**Petitioners**

Laura Denbigh (lead petitioner)  
Jill Denbigh  
Lindsey Cannon  
Tony Cannon

**Adult Social Care**

Cath Roff – Director  
Anna Clifford – Programme Manager  
Mark Phillott – Head of Contracts and Business Development

**Others**

Steven Courtney – Principal Scrutiny Adviser

**APOLOGIES**

Apologies had been received from the following members of the Scrutiny Board:

Cllr Caroline Anderson  
Cllr Arif Hussain  
Cllr Sandy Lay  
Cllr Brian Selby  
Cllr Alice Smart  
Cllr Eileen Taylor

**REQUEST FOR ADDITIONAL INFORMATION**

- (1) Are The Green, Siegen Manor and Middlecross the last remaining local authority run (in-house) care homes? If not, please provide an up-to-date list of Council facilities.
- (2) Does the implementation of a 'national living wage' impact on the financial assessment presented to Executive Board? If so, what are the specific implications in terms of cost comparisons?
- (3) Are there any specific implications of the implementation of a 'national living wage' for different business models – in particular the Social Enterprise model?
- (4) Have the number of beds currently block purchased by Leeds CCGs (that will become available for more general use) been included in the financial calculations? If not, what are the potential implications for generating additional income and how does this affect the financial assessment?
- (5) Is there currently a waiting list for places at the Green? Are there any reasons why the relatives attending the working group meeting might understand there to be a waiting list?
- (6) Are there any en-suite facilities available at The Green? How many shared bathrooms are there at the home and what is the ratio of the total number of beds available / against the number of bathrooms for residents?
- (7) The 5-year capital costs for The Green (to meet legislative standards) is projected at over £500k: What are the legislative standards referred to? When was the last condition survey undertaken? To what extent has there been any consideration of a public / private partnership to help fund this work?



# Appendix 2

## **Delivering the Better Lives Strategy in Leeds Programme Briefing Note to Cllr Gruen Chair of Scrutiny Board (Adult Social Services, Public Health, NHS)**

### **1. Background**

- 1.1 On 6<sup>th</sup> April 2016, Steven Courtney (Principal Scrutiny Adviser for the Adult Social Services, Public Health and NHS Scrutiny Board) emailed Cath Roff (Director of Adult Social Services) following the Scrutiny Working Group Meeting that had taken place on 16<sup>th</sup> March 2016. Cath Roff, Anna Maria Clifford and Mark Phillott had been in attendance at the meeting representing the Directorate.
- 1.2 Within this email, Steven Courtney raised points of clarification identified post-meeting. Responses to these points were provided by Anna Maria Clifford via email on 14<sup>th</sup> April 2016.
- 1.3 Immediately following this email, Steven Courtney raised a number of follow up queries.
- 1.4 The queries raised in both Steven Courtney's emails (6<sup>th</sup> and 14<sup>th</sup> April 2016) are listed in the section below along with the Directorate's responses.

### **2. Points of clarification raised in emails received on 6<sup>th</sup> and 14<sup>th</sup> April 2016 and ASC responses**

- 2.1 *Are The Green, Siegen Manor and Middlecross the last remaining local authority run (in-house) care homes? If not, please provide an up-to-date list of Council facilities. Can you provide details of whether these are general or more specialist residential care settings?*
- 2.1.1 The table below lists the 10 care homes currently being operated by Adult Social Care. The table indicates what type of care is provided and if there are any related Executive Board decisions:

	Establishment	Type of Care and Current Status	Executive Board Decision
Phase 1 (Decision September 2011)	Dolphin Manor	General Needs In operation – new permanent admissions permitted	Decommission at a future date through either the transfer of ownership to a community interest company (subject to satisfactory business evaluation and due diligence test) or on completion of new build residential care facilities in Rothwell
	Knowle Manor	General Needs In operation – new permanent admissions permitted	When it is considered that suitable alternative provision is available for Knowle Manor and Spring Gardens, the Director of Adult Social Services, in consultation with the Executive Member for Adult Social Care, will consider a decision to cease permanent admissions from an agreed date
	Spring Gardens	General Needs In operation – new permanent admissions permitted	
Phase 2 (Decision September 2013)	Home Lea House	General Needs In operation – new permanent admissions permitted	To consult on potential development in partnership with a community group / third sector organisation
	Manorfield House	General Needs In operation – no new permanent admissions permitted	Remain open for existing, cease admissions and will close: <ul style="list-style-type: none"> <li>• when no longer required by existing residents</li> <li>• if the health and wellbeing of the remaining residents cannot be maintained</li> <li>• should alternative new residential care provision become available within the ward</li> </ul>
	Richmond House	Intermediate Care / Respite In operation	Local authority provision of city-wide recovery / reablement / respite / intermediate care services
	Suffolk Court	General Needs / Intermediate Care In operation – no new permanent admissions permitted	Proposal to consider and as a potential site for specialist short stay integrated intermediate care unit with access to 24 hour nursing. No new permanent residents.
Phase 3	Middlecross	Specialist Dementia	No decision has been taken on the future of these homes. Executive Board has only given permission to consult on the proposal to close these homes.
	Siegen Manor	In operation	
	The Green		

2.2 Does the implementation of a 'national living wage' impact on the financial assessment presented to Executive Board? If so, what are the specific implications in terms of cost comparisons?

2.2.1 The report that was presented to Scrutiny Working Group used the 2015/16 enhanced dementia fee (£478 p/w) as a comparison which did not include the implementation of the living wage. We have recently received the 2016/17 enhanced dementia fee (£507 p/w) which does include for the national living wage (6% increase).

2.2.2 The Table below shows what the proposed framework fees are from 1<sup>st</sup> April 2016 to reflect the introduction of the National Living Wage. The enhanced residential dementia fee which has been used as a cross comparison is highlighted in red:

		2016/17 Framework Fees (per week) from 1st April 2016
<b>Residential</b>	Core Fee	£468
	Enhanced Fee	£486
<b>Residential Dementia</b>	Core Fee	£481
	Enhanced Fee	£507
<b>Nursing</b>	Core Fee	£502
	Enhanced Fee	£523
<b>Nursing Dementia</b>	Core Fee	£506
	Enhanced Fee	£528

2.2.3 Based on **direct service costs** only and using 2015/16 framework fees, we had estimated that we would make annual savings of £318k (based on actual occupancy) and £115k (based on target maximum occupancy – 95%).

2.2.4 Based on **direct service costs only** and using 2016/17 framework fees, we now estimate that we would make annual savings of £278k (based on actual occupancy) and £62k (based on target maximum occupancy – 95%).

2.2.5 As a result, it is projected that there will be a reduction of annual savings of £41k (based on actual occupancy) and £53k (on target maximum occupancy – 95%).

2.2.6 The report also provided details of total costs to run The Green including directorate and corporate support costs.

2.2.7 Based on **total service costs** and using 2015/16 framework fees, we had estimated that we would make annual savings of £486k (based on actual occupancy) and £284k (based on target maximum occupancy – 95%).

- 2.2.8 Based on **total service costs** and using 2016/17 framework fees, we now estimate that we would make annual savings of £446k (based on actual occupancy) and £231k (based on target maximum occupancy – 95%).
- 2.2.9 As a result, it is also projected that there will be a reduction of annual savings of £41k (based on actual occupancy) and £53k (on target maximum occupancy – 95%).
- 2.3 Are there any specific implications of the implementation of a 'national living wage' for different business models – in particular the Social Enterprise model?
- 2.3.1 There are no variances to the Living Wage issue re Social enterprise. The Variance in Aspire costs as a Social Enterprise (the former Learning Disabilities in-house service) are long term – namely that as staff leave (who were on LCC protected terms and conditions) – they will be replaced by staff on lower T's and C's – this is a long term plan before you see savings, and for a relative small staff team – such as a care home – these are fairly insignificant. In addition, the Local authority does not set the rate per home per what they pay staff – so the authority would be paying the same LCC framework rate as any other independent sector provider.
- 2.4 Have the number of beds currently block purchased by Leeds CCGs (that will become available for more general use) been included in the financial calculations? If not, what are the potential implications for generating additional income and how does this affect the financial assessment?
- 2.4.1 Yes, the 5 beds that were formerly purchased by Leeds CCGs have been included in the calculation. From 1<sup>st</sup> April 2016, the CCGs no longer block purchase these beds.
- 2.5 Is there currently a waiting list for places at the Green? Are there any reasons why the relatives attending the working group meeting might understand there to be a waiting list?
- 2.5.1 No, there is not a waiting list. We do not hold waiting lists. As at 15/0416, we have 30 permanent residents and one respite resident at The Green. As such 5 of the total 37 beds are unoccupied.
- 2.6 Are there any en-suite facilities available at The Green? How many shared bathrooms are there at the home and what is the ratio of the total number of beds available / against the number of bathrooms for residents?
- 2.6.1 There are no-ensuite bathrooms at The Green. There are 8 shared bathrooms which is a ratio of just under one bathroom to every five bedrooms.
- 2.7 The 5-year capital costs for The Green (to meet legislative standards) is projected at over £500k: What are the legislative standards referred to? When was the last condition survey undertaken? To what extent has there been any consideration of a public / private partnership to help fund this work?
- 2.7.1 The latest Survey and Condition report for The Green was commissioned by Adult Social Care and carried out by NPS in October 2012.

- 2.7.2 The Report states *“To comply with current legislation and to bring the building and its facilities up to a good standard certain works need to be undertaken. The following recommendations are given together with their budget costing. All estimates are exclusive of professional fees and VAT. In summary the estimated cumulative total spend over the next five years is £522,635.00”*
- 2.7.3 The Report states that in relation to the works required for mechanical and electrical plant and equipment, this is to ensure *“the building services comply with current Health and Safety and Office Accommodation Regulation”*. In addition, *“Health and safety glazing legislation, which is now retrospective, requires safety glazing to doors and windows”*.
- 2.7.4 In addition, the report also makes recommendations as to Provisions under Part M of the Building Regulations and the Equality Act 2010.
- 2.7.5 The report also makes comments and recommendations based on the requirements of Approved Document B (ADB) of the Building Regulations 2000 and the Regulatory Reform (Fire Safety) Order 2005 (RRFSO). *“The requirements of ADB are retrospective, therefore landlords, employers and occupiers of a building have responsibilities and obligations under the Health and Safety at Work Etc Act 1974, the Workplace Regulations 1992, Fire Precautions (Workplace) Regulations 1997 and Amendment 1999, amongst others, to have manage health and safety in the workplace. To assist in this, NPS have determined that ADB, being the current standard for existing and new buildings, shall be the performance indicator against which all buildings shall be measured”*.
- 2.7.6 Furthermore, the survey also provided budget costings to refurbish the property to meet the 2000 Care Quality Commission standards in the region of £1,433,373. *“However, the report stressed “that refurbishment to this standard will still not meet the requirements due to the small bedroom floor areas and corridor widths present in this building”*. The report also stated that the budget costings to refurbish the property to meet the High Dependency Dementia Standards would be in the region of £1,945,785 - however, it was noted that *“to meet this standard major structural alteration will need to be carried out”*.
- 2.7.7 In terms of efforts to develop a public / private partnership to help fund this work, the survey makes it clear that any major works would require a reduction in the numbers of rooms. This then impacts on economies of scale in terms of a revenue return. Private Providers are investing in care homes that are larger, on average 50 – 70 beds and as such there has not been an approach by a private or public provider to refurbish the existing building.

**ASC Programme Office**  
**Adult Social Care**  
**15<sup>th</sup> April 2016**









Scrutiny Board (Adult Social Services, Public Health, NHS)  
Scrutiny Response to the proposed closure of  
The Green Care Home

April 2016

Report author: Steven Courtney



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