



SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Thursday, 8th August, 2024 at 10.30 am

(There will be no pre-meeting for Scrutiny Board Members)

MEMBERSHIP

Councillors

C Anderson	-	Adel and Wharfedale;
E Bromley	-	Horsforth;
L Buckley	-	Alwoodley;
M France-Mir	-	Moortown;
J Gibson	-	Cross Gates and Whinmoor;
C Hart-Brooke	-	Rothwell;
W Kidger	-	Morley South;
K Ritchie	-	Bramley and Stanningley;
A Rontree	-	Kirkstall;
A Scopes (Chair)	-	Beeston and Holbeck;
E Taylor	-	Chapel Allerton;

Co-opted Member (Non-voting)

Co-Chair of Healthwatch Leeds*

Note to observers of the meeting: We strive to ensure our public committee meetings are inclusive and accessible for all. If you are intending to observe a public meeting in-person, please advise us in advance by email (FacilitiesManagement@leeds.gov.uk) of any specific access requirements, or if you have a Personal Emergency Evacuation Plan (PEEP) that we need to take into account. Please state the name, date and start time of the committee meeting you will be observing and include your full name and contact details.

To remotely observe this meeting, please click on the 'View the Meeting Recording' link which will feature on the meeting's webpage (linked below) ahead of the meeting. The webcast will become available at the commencement of the meeting.

<https://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=1090&MId=12780>

*Jane Mischenko or Jonathan Philips will be in attendance as a Co-Chair of Healthwatch Leeds

Principal Scrutiny Adviser:
Angela Brogden
Tel: (0113) 37 88661

Produced on Recycled Paper

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <ol style="list-style-type: none"> 1. To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2. To consider whether or not to accept the officers recommendation in respect of the above information. 3. If so, to formally pass the following resolution:- <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p>No exempt items have been identified.</p>	

3

LATE ITEMS

To identify items which have been admitted to the agenda by the Chair for consideration.

(The special circumstances shall be specified in the minutes.)

4

DECLARATION OF INTERESTS

To disclose or draw attention to any interests in accordance with Leeds City Council's 'Councillor Code of Conduct'.

5

APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES

To receive any apologies for absence and notification of substitutes.

6

CALL IN BRIEFING PAPER

5 - 10

To consider a report from the Head of Democratic Services advising the Scrutiny Board on the procedural aspects of Calling In the decision.

7

ADULTS & HEALTH – IN HOUSE CARE HOMES SERVICE REVIEW: KNOWLE MANOR AND DOLPHIN MANOR, POST CONSULTATION RECOMMENDATIONS REPORT

11 - 192

To consider a report from the Head of Democratic Services, which presents background information relating to an Executive Board decision that has been 'called in' in accordance with procedures set out within the Council's Constitution.

The original decision was taken by the Executive Board on 24 July 2024 and relates to Adults & Health – In House Care Homes Service Review: Knowle Manor and Dolphin Manor, post consultation recommendations report.

8

OUTCOME OF CALL IN

To determine whether to release the decision for implementation or recommend to the decision-maker that the decision should be reconsidered.

DATE AND TIME OF NEXT MEETING

The next meeting of the Adults, Health and Active Lifestyles Scrutiny Board is scheduled for Tuesday, 10th September 2024 at 1:30pm (pre-meeting for all Board Members at 1.00 pm)

THIRD PARTY RECORDING

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda.

Use of Recordings by Third Parties – code of practice

- a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
- b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

Call In Briefing Paper

Date: 8 August 2024

Report of: Head of Democratic Services

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

In accordance with the Council's Constitution, an Executive Board decision has been Called In. The background papers to this decision are set out as a separate agenda item and appropriate witnesses have been invited to give supporting evidence.

This report advises the Scrutiny Board on the procedural aspects of Calling In the decision.

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

Recommendations

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

What is this report about?

- 1 In accordance with the Council's Constitution, an Executive Board decision has been Called In. This report advises the Scrutiny Board on the procedural aspects of Calling In the decision.

What impact will this proposal have?

- 2 The Call-In process provides the facility for the Scrutiny Board to require a decision taker to reconsider a decision within a specified time period. This is a separate function from the Scrutiny Board's ability to review decisions already taken and implemented. The eligibility of an Executive Board decision for Call In is indicated in the minutes of the relevant meeting.
- 3 The Board is advised that the Call In is specific to the decision taken and issues outside of this decision, including other related decisions, may not be considered as part of the Board's decision regarding the outcome of the Call In.

Reviewing the decision

- 4 Due to the unique nature of Call In, which includes the requirement to conclude the meeting with a recommendation in one sitting, it is important that the meeting has a managed framework. The Scrutiny Board is therefore recommended to adopt the following process:
 - The lead signatory or nominated representative of the Call-In request is asked to outline the reasons for calling in the decision, defining their concerns and explaining what remedial action they wish to see. If the Chair has agreed in advance that the lead signatory may be accompanied by other witnesses, these witnesses will also be given the opportunity to briefly outline their concerns in relation to the decision in question.
 - The Executive Member(s) and/or officer(s) who are representing the decision maker will be asked to respond. If the Chair has agreed in advance for the decision-maker to be accompanied by other witnesses, these witnesses will also be given the opportunity to briefly provide a response.
 - Members of the Scrutiny Board will ask any questions and points of clarification of all participants.
 - A representative on behalf of each of the parties to the Call In will be invited to sum up. The representative of the decision maker will be invited to sum up first if they wish to do so. Following this, the lead signatory to the Call-In request, or their nominated representative, will be invited to sum up having heard the discussion.
 - The Scrutiny Board will then proceed to make its decision in relation to the Call In at Agenda Item 8.
- 5 Having reviewed the decision, the Scrutiny Board will need to agree what action it wishes to take. In doing so, it may pursue one of two courses of action as set out below:

Option 1- Release the decision for implementation

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

Option 2 - Recommend that the decision be reconsidered

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

Failure to agree one of the above options

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

Formulating the Board's report

- 11 If the Scrutiny Board decides to release the decision for implementation (Option 1), then the Scrutiny Support Unit will process the necessary notifications and no further action is required by the Board.
- 12 If the Scrutiny Board wishes to recommend that the decision be reconsidered (Option 2), then it will be necessary for the Scrutiny Board to agree a report setting out its recommendation together with any supporting commentary.
- 13 Due to the tight timescales within which a decision Call In must operate, it is important that the principles of the Scrutiny Board's report be agreed at the meeting.
- 14 If the Scrutiny Board decides to pursue Option 2, it is proposed that there be a short adjournment during which the Chair, in conjunction with the Scrutiny Support Service, should prepare a brief statement proposing the Scrutiny Board's draft recommendations and supporting commentary. Upon reconvening, the Scrutiny Board will be invited to amend/agree this statement as appropriate.
- 15 This statement will then form the basis of the Scrutiny Board's report (together with factual information as to details of the Called In decision, lists of witnesses, evidence considered, Members involved in the Call-In process etc).
- 16 The Scrutiny Board is advised that there is no provision within the Call-In procedure for the submission of a Minority Report.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

17 The background papers to the decision under consideration will make any relevant references to the council's three Key Pillars.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted? Yes No

18 Prior to submitting a Call In, a nominated signatory must first contact the relevant Director/report author or Executive Member to discuss their concerns and their reasons for wanting to call in the decision. Part of this discussion must include the Member ascertaining the financial implications of requesting a Call In. The details of this discussion should be referenced on the Call-In Request Form.

19 The background papers to this decision will make reference to any internal or external consultation processes that have been undertaken in relation to the decision.

What are the resource implications?

20 The additional papers appended to later items on this agenda detail any significant resource and financial implications linked to the decision.

What are the key risks and how are they being managed?

21 The additional papers appended to later items on this agenda detail any significant risks linked to the decision.

What are the legal implications?

22 This report does not contain any exempt or confidential information.

23 The additional papers appended to later items on this agenda detail any significant legal implications linked to the decision.

Options, timescales and measuring success

What other options were considered?

24 A Call In is progressed in line with the procedures set out in section 4B of the Council Constitution - [Executive Decision-Making Procedures](#).

What is the timetable and who will be responsible for implementation?

25 Where a decision is released, a call in release form is sent to the relevant director to confirm that the decision can be implemented.

26 Where a decision is referred for reconsideration the Scrutiny Officer is required to prepare a report within three working days of the Scrutiny Board meeting, which will be submitted to the Executive Board, Health and Well-Being Board or senior Officer as appropriate.

27 In the case of the Executive Board the report will then be taken to the next public meeting. This will be considered alongside the original decision – with that decision either re-confirmed or a new decision taken. The outcome of that process – be it a re-confirmation or a new decision – cannot be subject to future call-in.

28 In the case of an officer decision, if the Decision Taker wishes to confirm the original decision, that decision shall be submitted to the next Executive Board meeting.

29 If the original decision was taken by the Health and Wellbeing Board or an officer, and the relevant Director is of the view that the original decision should be confirmed, but that urgency prevents them from submitting the decision to Executive Board;

- The Director shall obtain the approval of the relevant Executive Board Member before implementation;
- Details of the Executive Member approval, together with reasons of urgency will be included in the new delegated decision form; and
- The Director and relevant Executive Board Member will also be required to attend and give their reasoning to the next available meeting of the relevant Scrutiny Board

Appendices

- None

Background papers

- None

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Call In: Adults & Health – In House Care Homes Service Review: Knowle Manor and Dolphin Manor, post consultation recommendations report.

Date: 8th August 2024

Report of: Head of Democratic Services

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

This report presents the background to a decision, which has been Called In in accordance with the Council's Constitution.

Recommendations

- a) The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to review this decision and to determine whether to either:
- Release the decision for implementation
 - Recommend to the decision-maker that the decision should be reconsidered

What is this report about?

- 1 In accordance with the Council's Constitution, an Executive Board decision has been Called In. The decision was taken at the Executive Board meeting on 24th July 2024 and relates to **Adults & Health – In House Care Homes Service Review: Knowle Manor and Dolphin Manor, post consultation recommendations report.**
- 2 Leeds City Council's Call In processes are set out within part 4 (Rules of Procedure) of the Council's constitution. Section 4B relates to [Executive Decision-Making Procedures](#) with call-in procedures detailed in paragraphs 8.1 to 8.2.7.
- 3 The appended Call In request form (see Appendix A) clarifies that a specific element of the decision has been Called In, which is referenced within the Executive Board Minutes as resolution 21(a). This states as follows:

21 (a) That the closure of Knowle Manor care home be approved, and that once closed, the building be declared surplus to service requirements.

- 4 Subject to there being no further Call In requests, the remaining elements of the decision outlined in Minute 21 of the Executive Board meeting on 24th July 2024 may be implemented once the Call In period has lapsed (*any additional requests that are receipted following agenda publication and before the end of the Call In period will be published separately and in readiness to be considered as part of this Call In meeting too*).

What impact will this proposal have?

- 5 The Call-In process provides the facility for the Scrutiny Board to require a decision taker to reconsider a decision within a specified timeframe.
- 6 The Scrutiny Board is advised that the Call In is specific to the Executive Board decision and issues outside of this decision, including other related decisions, may not be considered as part of the Board's decision regarding the outcome of the Call In.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted? Yes No

- 7 Prior to submitting a Call In, a nominated signatory must first contact the relevant officer and/or Executive Member to discuss their concerns and their reasons for wanting to call in the decision. Part of this discussion must include the Member ascertaining the financial implications of requesting a Call In. The detail of this discussion is referenced on the Call In Request Form, which is appended to this report.
- 8 Appropriate Members and officers have been invited to attend the meeting to explain the decision and respond to questions from members of the Scrutiny Board (Adults, Health and Active Lifestyles).

What are the resource implications?

- 9 The appended Executive Board decision and the associated report reference resource and financial implications linked to the decision.

What are the key risks and how are they being managed?

- 10 The appended report references any risk management issues linked to the decision.

What are the legal implications?

- 11 The appended report references any legal implications linked to the decision.

Options, timescales and measuring success

What other options were considered?

- 12 A Call In is progressed in line with the procedures set out in section 4B of the Council Constitution - [Executive Decision-Making Procedures](#).

How will success be measured?

13 A Call In is progressed in line with the procedures set out in section 4B of the Council Constitution - [Executive Decision-Making Procedures](#).

What is the timetable and who will be responsible for implementation?

14 Where a decision is released, a call in release form is sent to the relevant director to confirm that the decision can be implemented.

15 Where a decision is referred for reconsideration the Scrutiny Officer is required to prepare a report within three working days of the Scrutiny Board meeting, which will be submitted to the Executive Board, Health and Well-Being Board or senior Officer as appropriate.

16 In the case of the Executive Board the report will then be taken to the next public meeting. This will be considered alongside the original decision – with that decision either re-confirmed or a new decision taken. The outcome of that process – be it a re-confirmation or a new decision – cannot be subject to future call-in.

17 In the case of a decision by the Health and Well-Being Board or an officer, if the Decision Taker wishes to confirm the original decision, that decision shall be submitted to the next Executive Board meeting.

18 If the original decision was taken by the Health and Wellbeing Board or an officer, and the relevant Director is of the view that the original decision should be confirmed, but that urgency prevents them from submitting the decision to Executive Board;

- The Director shall obtain the approval of the relevant Executive Board Member before implementation;
- Details of the Executive Member approval, together with reasons of urgency will be included in the new delegated decision form; and
- The Director and relevant Executive Board Member will also be required to attend and give their reasoning to the next available meeting of the relevant Scrutiny Board

Appendices

- Appendix A - Copy of the completed Call-In request form.
- Appendix B – Report of the Director of Adults and Health presented to Executive Board at its meeting on 24th July 2024.
- Appendix C – Relevant extract from the draft minutes of the Executive Board meeting held on 24th July 2024.

Background papers

- None

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Leeds City Council Scrutiny Support

CALL IN REQUEST

Date of officer key decision/Executive Board minute publication: 24th July 2024

Delegated decision ref: N/A

Executive Board Minute no: 21(a) - Executive Board Meeting 24th July 2024

Decision description:

Adult and Health – In House Care Homes Service Review: Knowle Manor and Dolphin Manor: Post Consultation Recommendations Report

Discussion with Decision Maker:

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

Please identify contact and provide detail.

Yes	Director/author of delegated decision report.
No	Executive Board Member

Detail of discussion (to include financial implications)

A meeting to discuss this proposal was held on 26th June at 8.30am. The attendees for the meeting included Cllr Salma Arif (Executive Board Member) Cllr James Lewis (Leader of Council) Shona McFarlane (Officer within Adult Social Care) and Cllrs Senior, Newton, Brown and Finnigan MBI Councillors for Morley. The discussion centres on an alternative plan proposed by the MBI Group during the Consultation Process to allow present residents to remain at Knowle Manor as long as they wished without any new residents being admitted, with the future of Knowle Manor to be transformed into a rehabilitation and enabling service provider to reduce NHS bed blocking. The financial reasons behind the decision were discussed as were General Election Manifestos and other Social Care issues. The Call in request was also discussed with the Director of Adults and Health on Wednesday 31st July 2024 by phone where the reasons behind the decision along with the financial implications if the decision was not implemented were fully discussed. I am grateful to Caroline Baria for her helpful comments.

Reasons for Call In:

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

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

Explanation

The proposed alternative from the MBI group raised at the Consultation Stage was not fully explored or costed to see if it was a viable and financially sustainable alternative. Such analysis should have included the costs of bed blocking to both the Council and the NHS and the need for broader rehabilitation services to allow patients to return home more quickly and in a sustainable way, reducing the need to return to hospital shortly after discharge because such rehabilitation options were unavailable. Adult Social Care should also have explored the Incoming Governments proposals for Adult Social Care and their manifesto pledge for the provision of Adult Social Care Centres. The decision should have been delayed while exploring these alternative options and the possibilities under the new Government proposals to retain the building as a Social Care Centre.

We are formally requesting that the element of the decision relating to the proposed closure of Knowle Manor is reconsidered.

Leeds City Council Scrutiny Support


A Call-In request may be made by a **minimum** of:


5 non-executive Members of council from the **same political group**;

or;

2 non-executive Members of council if **they are not from the same political group**.

This Call In request should be submitted to Scrutiny Support, 1st Floor West, Civic Hall by 5.00pm by no later than the fifth working day after the decision publication date. The following signatories (**original signatures only**) request that the above decision be called in.

Nominated Signatory	
Print name Councillor Cllr Robert Finnigan	
Political Group	

Signature	
Print name Councillor Cllr Ryan Stephenson	
Political Group	
Conservative Group	

Signature	
Print name	
Political Group	

Signature	
Print name Councillor	
Political Group	

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Political Group.....

Signature.....

Print name

Political Group.....

For office use only: (box A)

Received on behalf of the Head of Democratic Services by:

Angela Brogden (signature)

Date: 31st July 2024 Time: 4.25 pm SSU ref: 2024/25 - 82

For office use only: (box B)

Exemption status checked:

Call In authorised: Yes

Date checked:

Signed: Angela Brogden

Signatures checked:

Date: 31st July 2024

Receipts given:

Validity re article 13

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Adults & Health – In House Care Homes Service Review: Knowle Manor and Dolphin Manor, post consultation recommendations report.

Date: 24 July 2024

Report of: Director, Adults and Health

Report to: Executive Board

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

In December 2023, the Council's Executive Board approved proposals set out in the Budget Report. These proposals included the request to begin a period of consultation to close Knowle Manor residential care home in Morley, and to repurpose Dolphin Manor residential care home in Rothwell. The proposal to close Knowle Manor will contribute to an estimated in year 2024/2025 saving of £100k and annual net savings of around £400k after reprovisioning costs (but before land and asset considerations). The proposal to repurpose Dolphin Manor also aims to support regular funded income and save the Council money.

This report summarises the findings of the consultation, the impacts on affected residents, family/ carers, staff and wider stakeholders which overall are that the vast majority of respondents are strongly against both the proposed closure of Knowle Manor and repurposing of Dolphin Manor care homes and would want the financial savings to be found elsewhere. (Submission responses are detailed in full in the Consultation Findings Report within the appendix). The Adults and Health Directorate is required to consider all options for efficiencies by reviewing the way services are arranged and provided, and to identify savings opportunities where alternative arrangements and delivery models are more cost effective.

Recommendations

It is recommended that Executive Board:

- a) Approve the closure of Knowle Manor care home and once closed, declare the building surplus to service requirements.
- b) Approve the repurposing of Dolphin Manor into a community care bed base (Recovery Hub).
- c) Subject to the decision being made to close Knowle Manor care home and repurpose Dolphin Manor, approve the timeline for closure provisionally set out at point 66 of this report.
- d) Note that the Director of Adults and Health is responsible for implementation of the recommendations.

What is this report about?

1. In December 2023, in response to proposals put forward to address the Council's current financial challenge and meet the Medium-Term Financial Strategy budget gaps, the Council's Executive Board approved the request to undertake stakeholder consultations on the proposed closure of Knowle Manor long stay residential care home in Morley and the repurposing of Dolphin Manor long stay residential care home in Rothwell, into a short stay service.
2. Supporting the legal requirement for the Council to set a balanced budget and also the Best Council Plan Financial Strategy aim to become more "financially sustainable and resilient, safeguarding public funds whilst achieving value for money", the closure of Knowle Manor care home would contribute an estimated part-year saving of £100k in 2024/2025, with a full year effect of around £400k per annum after reprovisioning costs but before any land and asset considerations. Please note that the in-year saving may be greater, but the figure has been dampened to meet any associated one-off costs.
3. Additionally, the repurposing of Dolphin Manor care home is anticipated to offset the current reduced occupancy income by generation of regular funding income from the Integrated Care Board. There is a process to be followed to arrive at the new model of care. In line with previous service changes, we will reprovide the care offer for current residents. The intention is that the Council will not be financially disadvantaged by this change, aiming for full cost recovery. The repurposing of the service and investment into prevention services in this way also reduces the demand upon, and delays entry into, formal care services which supports people to remain independent for longer and defers and reduces Council costs. Whilst no savings are identified within the proposal for Dolphin Manor, it aims to secure regular funded income.
4. Due to the significant impact upon individuals and their loved ones, these proposals are not made lightly and the only remaining alternative would be to reduce the Directorate spend in other areas which may also impact upon the Council's ability to meet its statutory duties and responsibilities under the Care Act 2014.
5. This report summarises the findings of the stakeholder consultation and the impacts of the proposals on affected residents, family / carers, staff, which overall are that the vast majority of respondents are strongly against both the proposed closure and repurposing of

the care homes and would want the financial savings to be found elsewhere. However, the scale of the financial challenges faced by the Council are such that all opportunities for savings and efficiencies have to be considered. Given the challenging financial context, services need to be financially sustainable and resilient, safeguarding public funds whilst delivering value for money.

6. The Better Lives Programme is the Council's strategy for people with care and support needs. A key aspect of this strategy over recent years has been a strategic review to transform the Council's in-house services for older people. Previous reports to both Executive and Scrutiny Boards have documented how the aspirations of people with care and support needs have changed over time and that there is a strong and increasing desire for people to remain living in their own home for as long as possible or in housing-with-support such as extra care housing. Focus has been upon how services meet both current expectations and crucially how they can contribute to maximising people's independence, recovery, and rehabilitation in the future.
7. In 2017, the Council responded to the increased demand of Intermediate Care provision by working in partnership with Leeds Community Healthcare (LCH) to bid for the provision of intermediate care beds through the Recovery Hub contract. This enabled the continuation of LCC estate and jobs for LCC staff, through funding from the (now) Integrated Care Board. The success of the Recovery Hubs has been recognised by the Home First programme, and given demographic growth, particularly in older cohorts of people, the demand on these services is expected to increase, and in addressing this increase in need, the Leeds Office of the West Yorkshire Integrated Care Board (ICB) has developed a specification for newly reconfigured intermediate care beds provision across the city. Repurposing Dolphin Manor care home into a Recovery Hub builds upon that approach and better places the Adults and Health Directorate (as part of our LCC / LCH Alliance) to be able to respond to this bid.

What impact will this proposal have?

8. Should Knowle Manor close, in-year and future years' financial savings will be realised. (Estimated £100k in 2024/2025 and circa £400k in 2025/2026). Should the use of the land/building be repurposed there is also the potential to generate additional income through the sale or lease of the land/building.
9. Should Dolphin Manor be repurposed into a Recovery Hub and the community care bed contract be awarded by the ICB to LCC / LCH Alliance, income will be secured via NHS funding. Additionally, by delivering an increasing number of rehabilitative services, there will be reduced demand for long term care and support, saving the Council money. The repurposing of The Green residential care home into a Recovery Hub in 2017 has seen an average of 287 people using the service each year. With an average of 64% of people who access the service supported to return to their own homes who may have otherwise required long term support.
10. Should the proposals progress, residents would be supported to transition to suitable alternative residential accommodation in accordance with their individual needs. This would be carefully planned and carried out commensurate with the Council's Care Guarantee. Spring Gardens, an LCC care home, has vacancies and would be an available option

should people wish to remain living in a Council-run care home. There are also a number of externally provided residential care homes within close proximity to the care homes which will enable residents some choice, especially if they wish to remain living in the same area. There are two other care homes in Morley and one in Rothwell, with another close by in the neighbouring Oulton area. The programme would continue to work closely with all affected Knowle Manor based staff and Trade Unions with a view to retaining and redeploying staff into other council services, so their good practice, skills and experience is retained. There would be no changes to the terms and conditions of staff at Dolphin Manor, but support and training would be arranged during the transition to the new service delivery model.

11. The consultation asked stakeholders what they would consider to be the impacts of the proposals. The submission responses showed key themes which are detailed in full in the Consultation Findings Report at Appendix 3a and 3b.
12. The proposals are the subject of an Equality, Diversity, Cohesion, and Integration (EDCI) Assessment and for Knowle Manor, an Organisational Change EDCI Assessment which specifically focuses on the impact of organisational change on the workforce. These have been completed and have been used to inform this report. They can be seen at Appendix 5a and 5b. Identified impacts arising from these assessments are also summarised below.

Impact - People's Health and Wellbeing

13. In drawing up the initial proposal, conducting the consultation and in making the formal recommendations described in this report, officers have been mindful of the views of those who have participated in the process.
14. In progressing the proposals for approval, the impact upon the mental and physical health and wellbeing of the 9 residents who live permanently at Knowle Manor and 15 residents who live permanently at Dolphin Manor is recognised. Implications for the staff who work at Knowle Manor are also acknowledged, although there will be opportunities for all staff affected to be redeployed within the Directorate's other in-house care and support services.
15. With the proposals being approved, the transfer of residents would be carefully planned and carried out professionally, sensitively, and safely as per the Care Guarantee. This is an established process that has been used in previous transfers of care which involves qualified social workers conducting assessments to support the transition of people. The associated Assessment and Transfer Protocol, ensures full consultation with, and consideration of, the needs of residents. This will include taking into account people's views and wishes regards moving with friends / friendship groups and keeping in touch with communities important to people. Family members would also be involved in the transfer process including the choice of an alternative care home. The continued wellbeing of people who will have moved into new services would be monitored through reviews after three, six, and twelve-months following transfer. Previous evaluations of similar transfers following this approach have been positive with regards to people's experience. The Care Guarantee can be found at Appendix 1 and the Assessment and Transfer Protocol can be found at Appendix 2.
16. The importance that staff are made aware of any recommendations affecting the future of their workplace at the earliest opportunity and kept informed is recognised. Therefore,

officers would continue to collaborate closely with all affected staff and Trade Unions with a view to as much as possible retaining and redeploying staff into other Adults and Health Care Delivery, or wider council services, so their good practice, skills and experience are retained.

Impact - Quality

17. During the consultation, concerns were raised regarding the quality of care and support received by residents should they have to move to alternative provision. The high quality of care and support provided at both care homes is acknowledged, but within Leeds the majority of older people’s residential and nursing care is provided by a well-developed independent sector care home market which is regulated by the Care Quality Commission.
18. LCC has a range of services to meet the needs of people who require some type of intervention to either support them to reach their optimum with therapeutic and recovery focused support to return home, or to undertake an assessment to support longer-term needs. This offer includes three Recovery Hubs and the SkILs Reablement service, both of which are delivered in partnership with LCH. The repurposing of Dolphin Manor into a Recovery Hub would expand this offer, increasing sustainability in LCC’s directly provided services and investment in preventative services.
19. Dolphin Manor has recently seen some capital funds investment improving the standard of the building and grounds. The refurbishment works includes creation of a specialist dementia care unit in preparation for pre-agreed plans to turn one area of the home into a short stay facility. This provision further supports meeting the needs of citizens and reduces the potential exclusion from rehabilitative services for people who live with dementia.
20. Despite some investment into decarbonisation works back in 2021 supporting the Council’s Zero Carbon ambition, the condition of the building at Knowle Manor remains a concern. It is estimated that the cost of refurbishment to a suitable standard would be in excess of £600k.
21. Knowle Manor is a 29 bedded home and Dolphin Manor is a 33 bedded home. The homes, in line with other Council-run services, have experienced a reduction in demand in recent years. The Target Operating Model, in line with industry standards, for both care homes is an occupancy rate of 85%. The occupancy levels for permanent customers over the past five years have been as follows:

Knowle Manor	Year	Dolphin Manor
73%	2020	47%
59%	2021	47%
59%	2022	61%
44%	2023	55%
31%	2024 (to date)	45%

It is pertinent to note that although occupancy has been declining over the past five years, permanent admissions into Dolphin Manor have been paused since September 2023 due to the need to maintain a safe environment whilst building works were undertaken.

Impact - Financial

22. The key driver for the proposals is the Council's significant current financial challenges. These proposals are primarily based upon the under-occupancy of the care homes against the changing demand for traditional residential care. The closure of Knowle Manor would, in a full year, save an estimated sum of £400k after reprovisioning costs but before any land and asset considerations. Closing this facility from 31st December 2024 would make an in-year saving in excess of £100k by the end of 2024/25. Please note that the in-year saving may be greater, but the figure has been dampened to meet any associated one-off costs.
23. The Council is committed to ensuring that no person living at either care home is financially disadvantaged because of the recommendations contained in this report and the Care Guarantee provides assurance of that. Where the Council is currently contributing towards a resident's care home fee, there will be no financial detriment to the resident or family carer in choosing a care home from the Council's framework list. Any proposed transfer to a care home not on the Council's framework list will be considered on an individual basis and may incur a top-up fee. (However, it is important to note that the Council will not pay any non-care supplement relating to enhancements that a care home may offer such as a larger room).
24. As noted above, the condition of the building at Knowle Manor remains a concern. It is estimated that the cost of refurbishment to a suitable standard would be in excess of £600k.
25. There are 23 Adult Social Care (ASC) and 7 Civic Enterprise Leeds (CEL) staff employed at Knowle Manor affected by the proposals. There are vacancies within the Adults and Health Care Delivery Service and any recent recruitment has been on a temporary basis to ensure redeployment opportunities are available and minimise the likelihood of staff being put at risk. Where required, officers will also work with affected staff to identify development and training opportunities which could assist staff to move into new or alternative roles across the Council. Continued formal consultation will take place under Employment Legislation with Trade Unions and staff and support would be provided throughout the closure process through the Managing Staff Reductions (MSR) Policy. It is hoped that this work will significantly minimise the risks to staff in terms of compulsory redundancy.
26. There are no MSR financial implications within the proposal to repurpose Dolphin Manor.

Impact - Locality, Land and Buildings

27. As detailed in the Better Lives Strategy we know that many older people want a wider choice of accommodation and options with, as much as possible, support being delivered in their own homes or in care environments like extra care housing. Delivering new housing-with-care provision in line with the current and future demand is one of the aspects of the Better Lives Strategy and Adults & Health continue to work alongside the Housing Growth

Team to consider strategic housing requirements based on supply and demand modelling. LCC has links with 13 Extra Care schemes across the city. 2 of these are LCC buildings and within 3 of the schemes, LCC Adults and Health, Care Delivery Service staff provide the on-site care and support. A further 5 schemes are slated for delivery with two coming to market in 2024 and the remaining schemes in 2026 and 2027 at the earliest, should they still proceed as originally intended.

28. In progressing the proposal to close Knowle Manor, the site would be transferred into void management with responsibility for safety, security and maintenance being managed by LCC Facilities Management until brought forward for any redevelopment. The Asset Management team, under the delegations in place to the Director of City Development, are aware of the proposals and are scoping out potential alternative uses for the site prior to the decision being made. Consideration would be given to the Council's priority programmes and requirements, in particular from Adults and Health and the Council Housing Growth Programme. This may involve direct delivery by the Council, delivery in partnership with external organisations or disposal to third parties. In addition, the potential sale of the site will be considered via the Council's Capital Receipt Programme. The future of the surplus property will be subject to a separate decision.

Impact - Strategic

29. Under the Care Act 2014, subject to eligibility criteria, the Council has a statutory responsibility to meet needs for care and support which can be met in a variety of different ways. The Council also has a duty under the Care Act to promote diversity and quality in the provision of services. The proposals to close and repurpose the care homes are principally based upon insufficient demand and oversupply in the market for residential beds and the associated financial unviability of the two services. There are no concerns around adequate alternative provision being available across the city.

30. The Intermediate Care Good Practice Guidance published in September 2023 describes the objective to 'Enable people to stay well, safe and independent at home for longer' which means that whenever possible, people should be supported to return to their home as the first option. The HomeFirst Strategy has seen Leeds embark upon wholesale transformation of its intermediate care services and an increase in partnership working with health colleagues, such as LCH, supporting hospital discharge / avoidance enabling more people to return / remain at home. As the ICB is currently reviewing their community care bed requirements, the repurposing of Dolphin Manor into a Recovery Hub is aligned to that strategy. It has been considered to also repurpose Knowle Manor into a Recovery Hub. However, without the essential significant financial investment described elsewhere in this report, the poor condition of the building eliminates this as an option.

31. The requirement of the Council to respond to the financial challenges and with the legal responsibility to set a balanced budget within its Medium-Term Financial Strategy stipulated the timing for this proposal. The December 2023 Budget Report stated the Council is required to identify an estimated additional £60.6m in year 2025/2026. It is therefore vital both for the reputation of the authority and to meet its requirement to be financially resilient and sustainable, that the Council delivers financially viable services offering value for money within its spending of the Leeds pound.

32. The proposed timeline for the process is based on best practise; for example, appropriate time will be allocated to the assessment and transition process to minimise disruption and discomfort for those affected. Nothing will happen suddenly or unexpectedly, either for staff or for residents and we will continue to work with Trade Unions to support affected staff through this process.
33. The consultation provided different options of participation, including online, over the phone, via email, by post, or through a face-to-face discussion. People residing in both homes on both a permanent and temporary basis were included within the consultation along with other stakeholders.

How does this proposal impact the three pillars of the Best City Ambition?

- Health and Wellbeing Inclusive Growth Zero Carbon

34. The proposal to close Knowle Manor in Morley would contribute net savings of around £400k, delivering £100k in 2024/2025 and a further £400k in 2025/2026 which will support closing the Council budget gap of £60.6m. This supports the legal requirement for the Council to set a balanced budget and also the Best Council Plan Financial Strategy aim to be “financially resilient and sustainable” and provide “value for money.”
35. In addition, the repurposing of Dolphin Manor supports the ambitions of the Better Lives Strategy, the Council’s strategy for people with care and support needs, which helps the Council deliver the overarching Health and Well-being 2023/2030 Strategy aim that: “Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest”. A key aspect of this strategy over recent years has been a strategic review to transform the Council’s in-house service for older people.
36. Implementing the Better Lives Programme is key to delivering the Council’s ‘Best Council Plan 2020 – 2025; in particular the following elements of the council’s Best City priorities:
- Health and Wellbeing “Working as a system to ensure people get the right care, from the right people in the right place.”
 - Inclusive Growth “Supporting the city’s economic recovery from COVID-19 and building longer-term economic resilience”.
 - Housing “Providing the right housing options to support older and vulnerable residents to remain active and independent.”

What consultation and engagement has taken place?

Wards affected: Morley South and Rothwell

Have ward members been consulted? Yes No

37. In December 2023, the proposals to close Knowle Manor care home and repurpose Dolphin Manor care home was shared within the ['Proposed Budget for 2024/25 and Provisional](#)

[Budgets for 2025/26 and 2026/27 Report'](#) when permission was granted by the Executive Board to begin a period of formal consultation.

Establishing clear lines of communication

38. Letters were sent to all those directly affected before and after the December 2023 Executive Board meeting, advising of the recommendations to consult on the proposed changes. Support meetings took place the same week with people living at the homes and their family carers, staff and trade union representatives and HR colleagues. Engagement with elected members also took place. A telephone helpline and email address was made available to provide residents, their family, and carers with the appropriate level of information from the beginning of the process.
39. Following the Executive Board meeting on the 13th December 2023 and the subsequent five-day period in which councillors can review the decision or seek further clarification, the Council approved the request to commence a period of consultation. This consultation took place between Monday 8th January 2024 and 31st March 2024.
40. Letters were sent to all those directly affected to provide further information about the consultation, including how people could participate to share their views on the proposal, and what would happen after the consultation finishes. A Frequently Asked Questions sheet was also shared with stakeholders. Throughout this period officers held regular meetings with staff members and with Trade Unions to explain plans in more detail and to respond to any questions.
41. The aim of the detailed consultation on the proposals was to consult with those directly affected and as a priority the residents, their families, and carers and with affected staff and Trade Unions.

Consultation Methods

42. As described in Appendix 3a and 3b: Consultation Findings Reports the consultation included people who live at Knowle Manor and Dolphin Manor, their family / carers and affected staff. People were encouraged to participate in the consultation via a variety of methods, including through completion of the online surveys, by phone, by email and in writing; and for those directly affected also through a face-to-face meeting where a relative or friend could be present at the meeting to provide support. For people who were not able to express their views for themselves, or have no relatives or friends to be present, an independent advocate was requested to ensure the individual could be appropriately consulted and their views recorded.
43. For affected staff, one to one support meetings were offered, with trade union representatives invited where requested. HR advice and support was also available. Consultation progress updates were also provided at Routine Business Meetings held with Trade Union colleagues.

Equality, Diversity, Cohesion, and Integration (EDCI)

44. The EDCI Assessments are submitted at Appendix 5a and 5b to be considered through the Council's decision-making process. It is proposed that should agreement be given to progress with the proposed options, that an implementation plan is developed in line with the Assessment and Closure Protocol available at Appendix 2. The implementation plan would show how any closures would be managed over the agreed timescales and how people will be supported to safeguard rights, minimise distress and maximise benefits to individuals.

Consultation Findings Overall Summary

45. The majority of people who took part in the consultation for Knowle Manor stated that they understand why the council needs to make changes, however, nearly all the respondents felt strongly against the proposal to close the service. Throughout the feedback collated through the consultation, a number of key themes emerged. One of the most prominent was a concern about the impact that the closure may have on the health and wellbeing of residents, but also a concern for staff, as well as worries about future quality of care if residents need to access other resources.

46. The majority of respondents to the consultation for Dolphin Manor also felt strongly against the proposed repurposing of the care home. A common theme among respondents was that they view Dolphin Manor, and the local area as a whole, as their home, and being asked to move to another care home would be uprooting them from that. Other replies referenced the concerns about the emotional impact of the potential moves making it harder for residents to see family / friends.

What are the resource implications?

Finance

47. The closure of Knowle Manor would, in a full year, save an estimated sum of £400k. This amount would be after the reduction of reprovisioning costs but before any land or asset considerations. Closing this facility from 31st December 2024 would make an in-year saving in excess of £100k by the end of 2024/25. Please note that the in-year saving may be greater, but the figure has been dampened to meet any associated one-off costs such as:

- Alternative independent provision (for those taking up on the care guarantee).
- Additional Social Work provision required to support the transfer of care of people living at both Knowle Manor and Dolphin Manor.
- Any MSR costs such as from the Voluntary Severance Offer.

48. Should Dolphin Manor be repurposed into a Recovery Hub and the community care bed contract be awarded to LCC / LCH Alliance, more consistent income will be secured via NHS funding. In line with previous service changes, we will reprovide the care offer for current residents. There is a process to be followed to arrive at the new model of care. The intention is that the Council will not be financially disadvantaged by this change, aiming for full cost recovery. The repurposing of the service and investment into prevention services in this way also reduces the demand upon, and delays entry into, formal care services which supports people to remain independent for longer and defers and reduces Council costs.

49. As central government funding to local authorities decreases and demand for services increases, councils are under pressure to find more efficient and cost-effective ways of

doing things. The Council has many priorities to meet the needs of its citizens but given the outlined challenging financial context for local authorities, the Council unfortunately has insufficient funding to meet all of these.

What are the key risks and how are they being managed?

50. Regular progress updates are provided at Directorate Leadership Team Meetings and the Directorate Budget Review Group.
51. A risk log has been maintained throughout, in-keeping with the Council's approach to managing projects. All risks are recorded, and the governance arrangements at point 50 oversees the process. The risks are set out below.
52. In progressing the proposals for approval, there are impact risks upon the mental and physical health and wellbeing of the 9 residents who live permanently at Knowle Manor and 15 residents who live permanently at Dolphin Manor. The Care Guarantee and Assessment and Transfer Protocol process, support reducing those risks as much as possible.
53. Implications for staff are described above. Where occupied posts are deleted from the organisation's structure there is scope for potential redundancy. The legal consequences of this will be mitigated through proper application of the Council's Managing Staff Reductions policy as explained above. However, should redeployment for any individual prove unachievable, or cannot be done in a way which protects which preserves pay and employee terms and conditions – then statutory and contractual redundancy requirements would have to be observed.
54. In progressing the proposals for approval, risks of not achieving savings in year is mitigated by the careful consideration and reassessment as described within the Care Guarantee and Assessment and Transfer Policy. The mentioned senior governance and oversight processes would also carefully monitor implementation progress.
55. In progressing the proposals for approval, there is a reputational damage risk to the Council, given the strength of feeling in opposition to the proposed closures, from residents, family / carers, staff and other stakeholders. To support mitigation, thorough consideration has been given to the impact of the proposals with alternative options explored and detailed below.
56. In progressing the proposal to close Knowle Manor, there are organisational risks in relation to the future of the building. These will be mitigated as the site would be transferred into void management with responsibility for safety, security and maintenance being managed by LCC Facilities Management until future plans are determined.

What are the legal implications?

57. The proposals set out in the December 2023 Budget Report supports the Council's statutory responsibility to set a balanced budget.

58. This decision is a key decision, has been published to the List of Forthcoming Key Decisions, and is subject to the call-in process as a report to Executive Board.
59. The review of services has taken into consideration the Council's statutory duties and Adult Social Care's specific responsibilities, including those contained in the Care Act (2014) to meet the needs of those members of the community who require care services under the eligibility criteria.
60. When deciding on this matter Executive Board must have "due regard" to its duties under section 149 of the Equality Act 2010. In doing so Executive Board must take account of the impact the proposals could have on different equality groups and consider ways of mitigating or avoiding any adverse impact.
61. To assist Executive Board to make an informed decision on these matters, full EDCI Assessments have been carried out and are considered within this report; with the documents available within Appendix 5a and 5b.
62. Legal consequences in relation to staff are set out at point 53.

options, timescales and measuring success.

What other options were considered?

- a) **Don't close Knowle Manor care home and find the financial savings elsewhere.**
If the proposal to close Knowle Manor care home does not progress, the Adults and Health Directorate would be required to find the financial savings elsewhere, which could only be achieved through considerable further reduction of funding to other directly provided or commissioned service provision. In addition to identifying savings elsewhere, significant additional investment would be required for the essential refurbishment of the service, creating additional financial pressure.
- b) **Don't close Knowle Manor care home and promote the service more to increase occupancy levels.**
Health and social care professionals are aware of the services provided by the care home and will refer/recommend people there based on needs of the person requiring care and support. Over the past five years, officers have exhaustively continued to raise awareness with referrers and promote the home with people who self-refer, but the condition of the building is not appealing and even if the occupancy could be increased, the type of provision offered is readily available across the city.
- c) **Don't repurpose Dolphin Manor and leave the home as it is.**
For the service offer at Dolphin Manor to stay unchanged, the risk of continued reduced permanent occupancy and ever-increasing rising service costs, remains.
- d) **Offer a mixed models of long stay and respite / short stay provision offering greater economic viability.**
Although no independent sector provision offers respite-only bed accommodation, people like to choose where they stay on respite and still want to maintain links to family and local services, so Adult Social Care are unable to mandate that people use specific homes for respite, and people prefer a choice of location, so will access respite in a range of homes.

Both care homes have always offered respite as standard service offers but uptake has been minimal. Therefore, it is anticipated the underutilisation of the homes would likely continue.

The new specialist dementia offer due to be delivered at Dolphin Manor, is a short stay service. Repurposing the remaining part of the home positions the service to be able to respond to the community care bed based intermediate care request of the ICB. This provides confidence in regular income and supports both sustainability and financial service viability and reduces need for long term support, making efficiencies.

If the proposal to repurpose Dolphin Manor is approved, the home would offer only short stay residential accommodation until the transition plans to become a recovery hub are agreed and finalised.

Without significant investment, the Knowle Manor building is not of a sufficient standard to be able to support further diversification of its service offers.

How will success be measured?

63. The consultation period was set in line with best practice. It was a robust process that enabled the collation of a range of information sufficient to support decision making by the Executive Board. Respondents to the consultation were asked to consider options that would mitigate the impact of the proposals. A variety of options were submitted, which are considered in detail in the Consultation Findings Report found at Appendix 3a and 3b.
64. The financial benefits of the proposals to close Knowle Manor, and repurpose Dolphin Manor are detailed in this report.

What is the timetable and who will be responsible for implementation?

65. If the proposals are approved by Executive Board, and following any associated call-in or Scrutiny process followed, letters will be issued to all affected stakeholders to advise them of the decision. The assessment and transition of customers to suitable alternative provision would commence, and options meetings with staff and Trade Unions would be arranged.
66. The Timeline for implementation would be:
 - 24/07/2024 – Executive Board.
 - 24/07/2024 – Stakeholders made aware of outcome (Call-In pending).
 - 02/08/2024. - 5pm - Call-In period ends.
 - 05/08/2024 – (Subject to Call-In period outcomes) communications with all stakeholders and activity as set out at point 65 to implement the decision, will commence.
 - 31/12/2024 – Knowle Manor building will be handed over to Asset Management.

The process will be carried out in line with the Assessment and Transitions Protocol and therefore it may be that all people living at Knowle Manor are transferred, and the service closes sooner than this.

Appendices

1. Care Guarantee
2. Assessment and Closure Protocol
3. a). Consultation findings report Knowle Manor
b). Consultation findings report Dolphin Manor
4. My Local Authority Area information
5. a). EDCI Assessment
b). EDCI Organisational Change Assessment

Background papers

- None

Leeds City Council Care Guarantee

Our Care Guarantee

It is recognised that decisions to close or repurpose any local authority care home is likely to cause anxiety for residents, their families, carers, and staff.

To alleviate these anxieties, Leeds City Council Adult Social Care has developed the following Care Guarantee for people affected by the changes. This guarantee outlines our commitment to provide you with support and help throughout the whole process.

Our commitment to you:

- We have and will continue to consult and engage fully and widely and make sure people's views are considered, with ongoing engagement at every stage of the process.
- Older people and people acting on their behalf can contact Leeds City Council for information about services. This telephone number is 0113 2224401 and the email address is leedsadults@leeds.gov.uk
- Information on decisions and timescales will be shared with residents and their families in a timely and accessible manner.
- When a home is closing, people's dignity, choice and rights will be protected.
- People who don't have the capacity to understand what is happening will be provided with an independent advocate arranged by us.

The health and wellbeing of residents is paramount and risk assessments will be carried out to ensure their needs – both social and health related are responded to urgently and with sensitivity.

- The assessment of need, care planning and choice of alternative service will be focused on the individual, their carer/family and developed in partnership with their named social worker.
- Residents will not be asked to move until we are sure we have alternative options available; these may include housing with care schemes, other Council-run homes, or residential homes in the private and independent sector – depending on the person's individual needs.
- Support will be given to residents and their carer/family in identifying and moving to an alternative home that meets the person's individually assessed need; a dedicated social worker will work with each resident throughout the whole process.
- Residents of the Council's residential care homes and their carer/family will have visits arranged to alternative home(s) of their choice where they will have the chance to meet other residents and speak with staff before any decision to move is made. We will work with you to ensure that you are given as much control over your choices depending on the circumstances at the time).
- Where the Council is currently contributing towards a resident's care home fee there will be no financial detriment to the resident or carer / family in choosing a new care home from the Council's quality framework list. Any proposed transfer to a care home not on the Council's quality framework list will be considered on an individual basis and may incur a top-up fee. The Council will not pay any supplement relating to enhancements that a care home may offer (such as a larger room).
- Staff in the current home will work closely with any new provider to ensure that they get to know each new resident, their likes, and dislikes. Ongoing support will be available for new residents and their new care provider.

Appendix 1

- The move of residents from their existing care home to another will be carried out by a dedicated team of social workers and will include the multi-disciplinary team involved with you including community nurse, GP.
- A resident or anyone acting on their behalf who is concerned about the transition process can speak to their social worker or the team manager.
- When a resident has moved to their new care home their care plan will be reviewed by the social work team after approximately three months or as needed. Once the resident has settled in, the care plan will be reviewed on an annual basis. The resident's social worker will be available for support and to answer any queries throughout this period.

Reviewed April 2024

Carrying out Assessment & Transfer of Residents in Leeds

Assessment & Closure Protocol

October 2016

Reviewed: May 2021

Reviewed: April 2024

1. Overview

As part of the Leeds City Council Better Lives Strategy there has been a series of service transformations since 2011, some of which have included closures of services and transfers of care from one service to another.

This document has been used to guide and support the actions of the council in ensuring the safety and wellbeing of people as they undergo these changes. The document and its contents have guided the steps of the staff who have supported people through this process. This review has been undertaken in April 2024 and reflects the experience that we have had during previous changes, as well as the changes that have taken place in respect of the way in which our social work and other services are delivered.

In social work, we take a strengths-based approach, focussing on the person and their family and community and looking at their outcomes and aspirations. We take account of a person's history, experience, gifts and assets. We work in a person-centred way, with the preferences and aspirations of individuals identified and acted upon. We undertake a conversation with the person and their family, consistent with the Care Act 2014, arriving at a position where we have a really good understanding of the individual's care and support needs, with their views and wishes at the centre.

Supporting materials will be provided during the assessment process to allow the individual and family/carers to understand the process and the range of services that are currently available, maximising choice and allowing the individual to make an active positive decision about their future care provision.

As potential options for the services include closure, or repurposing a short stay recovery / rehabilitation service, the process will take this into account and investigate alternative services available for the individual concerned. Any decision made on the future provision of a service will be made known to residents, family / carers and staff before any press/public announcement.

Information will be provided that enables people living or residing at the services and / or those acting on their behalf, to understand the outcome of their assessment of need and identifies an alternative to their current service that is best able to meet their assessed needs.

The timing of assessment of residential service users has been challenged in other Local Authorities previously, notably in Coventry (see reference 1) where it was raised that individual assessments should have been undertaken before, not after, the decision to close residential homes was taken. In this case a judge reflected that there was no legal obligation to carry out individual assessments before the homes are closed, or even before the decision to close them is taken.

Due to the impracticalities of carrying out individual assessments for all service users, Coventry was justified in proceeding by taking samples of the population who were entitled to its services, assessing how these people would be affected by closure and then extrapolating the results to gauge the overall impact. This was

followed by individual assessments before any individual's service was changed, to minimise risk of adverse effects on the service user.

The assessment and transfer of any residents who live with dementia will be carefully planned as the majority of studies suggest that adequate preparation would help minimise any adverse effects on vulnerable movers (see reference 1 *and section 10* below on the Specific needs of people with dementia).

General Information on best practice in relation to closures of services is available at:

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

This process is informed by the legislative framework, our commitment to a strengths and asset-based approach and the learning from other places such as Coventry as well as our experience of managing change.

2. Care and Support Planning process

Appendix 2 of this document outlines the process from consultation, through assessment to potential transfer. This is based on the unit either being recommended for closure or repurposing as a recovery / rehabilitation short stay service.

On conclusion of consultation and a decision made on the future of the service, the specifically allocated social work team, comprising of a Team Manager and Social Workers, will arrange for a keyworker / social worker to visit the individual (and where applicable their family / carers) in order to work out with the person and their family what their care and support needs are. The conversations will take place in a way in which the person needs it to take place to ensure that their care needs are understood, and at a pace that supports their communication needs. The conversations will allow a range of needs to be considered and allow the individual to raise any concerns with the keyworker. The staff group at each unit will be involved from the earliest stage possible as they will be working directly with the service users and will need accurate, up-to-date information.

The keyworker will receive support from the Social Work Team Manager and will include all members of the individual's clinical and care support team, including their GP, District Nurse and other professionals involved in their care.

The materials provided and any outputs from the process including the Conversation Record, Care and Support Plan, and Risk Assessment carried out, will be tailored to the individual's needs (e.g. advocacy, clarity and context of information, details of other services available).

Ensuring the health and well-being of all individuals throughout will be of central importance and a Risk Assessment and Management process will be an integral element, also ensuring that Safeguarding issues that arise are dealt with. The risk assessment should balance safety and effectiveness with the right of the individual

who uses the service to make choices, considering their capacity to make those choices and their right to take informed risks.

A keyworker will be allocated to ensure the process is centred on the person as an individual and considers all aspects of their individual circumstances, and their immediate and longer-term needs.

A detailed conversation record and care plan will be developed with the individual and/or those acting on their behalf, (reflecting family / carers needs where appropriate). The care plan should allow flexibility for change in response to changing needs and reflect dignity and choice. It will promote the individual's well-being by taking account of all their needs, including physical, mental, social, personal (relationship), emotional and financial needs.

Continuity in care and support will be maintained as a result of effective communication between all of those who provide it – before and after transfer, including transfer of relevant documentation and liaison between the previous staff and the staff at the new home/day service, as well as GPs. This is covered further in the 'closure' section later in this document.

The provisions of relevant legislation such as the Mental Capacity Act 2005 and the Mental Health Act 1983 will be considered wherever appropriate.

4. Family, friends, social contacts – what matters to me

The keyworker will try to understand where friendships exist between the individual and other service users / staff and try to ensure that if the service changes, these friendship groups can be maintained as far as possible.

Connections to the local community and community groups will also be considered to ensure these are maintained if the individual accesses a different service.

The keyworker has a duty under the Care Act 2014 to 'assess need' in its broadest sense and this process should identify a range of factors including an individual's history and should identify any previous "loss" experienced by the resident which may have a bearing on the present situation as well as any current mental or physical health vulnerabilities.

Stress factors must be understood as a social event and not simply as an individualised mental health problem. Emotional attachment to a room can create a sense of being "at home" - (Groger, 1995) and closure of homes can cause residents, staff and families/ carers to experience sadness and loss. Each person's experience is unique. Some may want to move immediately and risk too abrupt a decision to move while others may drag their heels and hope that something "will turn up".

5. Financial assessment

The individual's financial situation will be assessed to ensure that the service they currently access, and any alternative services they may access in the future are within their budget.

Individual budgets will be explained and explored with each individual.

General and financial advocacy will be available for individuals who lack capacity to make an informed choice.

6. Advocacy

Independent advocacy will be made available to everyone affected by a change in their current residential or day care service provision. The identified social worker will be responsible for ensuring advocacy support is available when required.

There may be occasions when older people find it hard to get their views across and it can feel like other people are making decisions for them. Independent advocates work with the older person to help them come to their own decisions, to help them get heard and to protect them from abuse.

Independent advocates are trained people who will help a person make their own decisions about things that are important to them and that will affect how they live their life. They will do this by making sure that the person has all the information that they need to make their own decision and then they will make sure that the person's decision is communicated to anyone else that may be involved. This could be professionals, family or friends. They will also ensure that the person's human rights are always observed and that they are treated fairly under the law. They will work for the individual and their loyalty will be to them and them alone.

The Mental Capacity Act 2005 applies to people who lack the mental capacity to make a particular decision, which is decision and time specific. The Act states that in certain situations, an Independent Mental Capacity Advocate (IMCA) must be appointed to help people who lack capacity to make a decision and have no one else to speak on their behalf. This could happen when an NHS body wants to provide 'serious medical treatment' or there are plans to provide the person with long-term accommodation in hospital or a care home. We will ensure that advocacy support is available whenever it is needed.

Advonet: <https://advonet.org.uk/>

Mind: [What is advocacy? | Mind, the mental health charity - help for mental health problems](#)

Age UK: <http://www.ageuk.org.uk/leeds/>

7. Outcomes

A new and detailed Care and Support Plan will be produced in conjunction with the individual and any family, friends or carers that they choose to be involved to support them. This document will provide clear statements of future care needs and of the preferred way this care should be provided in any new care setting. It will specify in detail the ways the individuals care and support should be provided to ensure that their personal dignity, independence, abilities and control over services is maximised.

Time should be given for the individual to make an informed decision about the future care they will receive.

Relatives should be kept fully informed of all significant developments by telephone or letter and any individual communication requirements (e.g. language) clearly identified at the beginning of the process.

8. Transfer

Where an alternative service is identified for the individual, arrangements will be made for them to visit to ensure the service meets their needs. During previous phases of the Better Lives programme, it was found that people often liked having familiar staff accompanying them on their visit to an alternative service and this should be considered where requested. It is crucial that early engagement is made between the keyworker, the transferring service and the new service. The keyworker should have access to relevant information about the alternative services and an awareness of resources available across the city (e.g. if there is a place available in a recommended service). This should ensure the individual is given a range of realistic options.

On visiting an alternative service, the individual should have the opportunity to review the facilities and meet key staff including the unit manager to discuss any questions or concerns they may have. The prospective service provider should see this as an important priority and dedicate time and resource to the visit and the conversation with the person.

If an individual moves to a new service, it is vital that it is fully coordinated with the staff in the new service, who must have all the relevant care and support information, including the Conversation Record, Care and Support Plan and all relevant information prior to the move. A review date should be set (not longer than six weeks after the transfer) and is the responsibility of the unit manager to arrange. Ideally the individual should be monitored on an on-going basis to ensure suitable outcomes are achieved both following the move and progressing into the future. The keyworker will maintain in contact post-move and will schedule formal 3 month and 12-month reviews to ensure the person has settled into their new service.

If the move is to an independent sector or voluntary service, Adults and Health Directorate will enter into a tripartite Care Homes Individual Service Agreement with the home and the service user, in accordance with the Community Care policies with the same processes and follow-up reviews taken.

9. Closure

Upon a decision to close a unit, we will ensure that the process of understanding needs and planning the move to a new service takes place with care and positivity. Reed et al (2000) refer to the choices available to people as 'pull factors' (resident active choices) and 'push factors' (external events). In the instance of home closure, the "push" factor of external events causes stress. This can be minimised by providing support and information on other suitable services for the individual and arranging for visits and stays in alternative services. Further detail is outlined in the 'transition' section below.

Other ways to minimise stress factors include ensuring that:

- The move is person-centred. All needs and wants of the individual must be catered for where possible.
- Friendship groups are identified and moves take place within these groups where possible.
- Support to be provided on the day by familiar staff, family and close friends who should accompany the person during the move and encourage them to discuss their feelings.
- Short term support from familiar staff can be provided to support a settling in period to the new unit and enhance the individual's wellbeing.
- Suitcases are used to transport luggage (never black bags) and packing is carried out discreetly. Where a service user does not have suitcases, these should be provided for them. To maintain familiarity of surroundings, furniture should be moved with the resident where possible and desired.
- Running up to closure of a residential home, a minimum core of 10 residents is required to prevent deterioration in morale (reference 3).
- Up-to-date knowledge of an individual's medical condition and their fitness to transfer are essential. Arrangements for registering with a new GP must be made well in advance of the transfer date. The current GPs should be involved in planning the transfer of individuals and for particularly vulnerable or high-risk individuals should liaise with the prospective GP prior to the transfer taking place. For individuals who require nursing intervention, a request should be made for a nursing care plan to be made available to the receiving nurse team prior to transfer. Where applicable, prior to completion of the transfer, it must be assured that nursing care is in place and individuals should have at least 7 full days medication on transfer.
- Moving in winter is avoided, if possible, though if users/relatives want to move during winter, this would be accommodated, and a risk management plan identified to minimise risks.)

- Continued reassurance that there are alternative services/ homes should be provided. The suitability of alternative services and potentially positive outcomes of these services should also be outlined.
- Moving an individual to an alternative service or home that is likely to close imminently should be avoided.
- Standards of care and safe staffing levels should be maintained in the home that is closing to ensure continuity of familiar service and routine.
- Social workers and staff in the service that is closing should have enough time available to ensure that a person-centred approach is maintained throughout the process.

10. Key groups

Some individuals may be exposed to greater risks if transferred, including:

- *People with severe dementia (See section 11 on the Specific needs of people with dementia)*
- *Extremely frail people who have co-existing medical illnesses (e.g. heart and lung disease, previous breakdown etc).* This list is not exhaustive and to minimise risk, medical examination should take place during the assessment and immediately prior to proposed transfer. This will indicate whether a resident or day centre user is fit to transfer and the requirement for any additional precautions.
- *Residents who need specialist equipment.* A review of equipment needs (including any assistive technology) of people transferring to a new home or day service should be undertaken. No one will be moved until the receiving home or day service has the required equipment and where necessary staff are trained in its use.
- *Residents with special dietary needs and those who need assistance with eating.* Individuals should be identified in the assessment process and their support and risk management plans written up to reflect the assistance required. Named care staff from the receiving home or day service should be briefed and trained on any skills which may be required.

11. Care and Support Planning and Closure - Specific needs of people with dementia

Many people worry that moving care homes for people living with dementia, could result in worsening of their condition or even lead to reducing the person's life expectancy, though there's no definitive evidence for this (www.alzheimers.org.uk) Research indicates that following best practice is however crucial to achieving successful outcomes.

As outlined by the Alzheimer's Society (www.alzheimers.org.uk), it is important that care for people with dementia is centred around the person as an individual and should not focus on their illness or on abilities they may have lost. With this in mind, if there is a requirement to transfer residents from one home to another, it should be possible to use the same principals and processes outlined in the Assessment and Closure Protocol, which points to the most effective ways of supporting people through a change of this type. However, there are also some dementia specific considerations which need to be taken into account when a person living with dementia is faced with a change of accommodation.

Warchol, K (2013, '*Transfer trauma- A real issue for many individuals with dementia*') refers to the stress experienced by someone with dementia when changing living environments as 'transfer trauma'. She states that it is: 'usually temporary in nature and relieved as the individual builds friendships, gains trust, and develops a sense of purpose and belonging in their new community'. Much dementia care research suggests that it is through our relationships with others that well-being is maintained or restored. The quality of these relationships is therefore considered a key factor in ensuring that a person settles in their new home.

In their paper, '*Moving Persons with Dementia?*' Struble and deLaski-Smith (1997) identify a number of measures that can be taken prior to, during and after the move to ensure that any stress associated with a move is minimised. Dementia UK and Care Quality Commission also provide guidance on this.

[Advice on moving into a care home - Dementia UK](#)

<https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england>

Choice and control

People don't lose the right to take part in decisions about their lives just because they have dementia (www.alzheimers.org.uk). They should continue to be included in plans and decisions about their care and helped and supported to make choices (unless it can be shown that they are unable to make them).

To increase choice and control, where appropriate a number of visits to alternative homes should be carried out with the resident given the choice of their preferred home. However people living with dementia in residential care might be very frail and there may be a need to achieve a balance between the information gathered from multiple visits, the impact on the person's well-being and the persons understanding and ability to communicate what they do and don't like.

Struble et al (1997) suggest that it is important for staff and family members to maintain an optimistic and supportive attitude throughout the transfer process to encourage the person living with dementia to see it as a positive change.

Ageing in place

If it is determined that the person is going to move, then it should be ensured that the number of future moves they may need to make is minimised. This is because each move will be stressful, so due care should be taken to ensure that the person is not moved to an alternative home which is likely to close in the near future or will not meet future needs of the individual.

Planning the move

Planning is a key activity that can support the success of a move. Members of the social work team need to be pro-active in making early contact with all agencies involved in the care and support of the individual with dementia. It will be particularly important for the assessment team to work closely with any other involved professionals to gain a clear understanding of the needs and wishes of each individual.

The social work team will ensure early involvement with the occupational therapists in the Disability Support Team to identify if the person has all the equipment they require. This may include such items as profiling beds, crockery, cutlery, drinking aids etc. The social work team will also ensure that temporary equipment is available, should an overnight stay be required to support decisions about the move.

Struble et al (1997) suggest that the bulk of the planning for the move is carried out between staff and family well in advance of the move, before discussing this with the person living with dementia. The person should only be engaged in discussions 2-4 weeks before the move to ensure that they are not caused unnecessary stress too far in advance of the move.

Consideration needs to be given to specific rituals or routines that the person may have (e.g. person prefers to shower before breakfast, or have a drink at a specific time, going to bed and getting up routines), food likes and dislikes etc. Staff at the new home should be made aware of these to ensure that the person can maintain their routine and feel comfortable in their new surroundings. A person's life story work can be used to support this transition. As this belongs to the person this should accompany them in any change of residence, as it contains key information that can be used to support their well-being and identity. If there is no life story work completed or in progress this should be commenced at the earliest opportunity. Life story work will greatly assist the new care team to develop relationships and an understanding of the person.

The home that the person is moving to should be given details of the person's interest/ background to identify whether any potential friendships can be formed within the resident group. Dementia UK suggest that there are several ways that Life Story work can be practiced and can be completed in many formats - or a combination of formats that works best for the individual. These may include books, collages, video recordings and personal profiles, memory boxes and Apps.

The accommodation should be personalised with belongings and key objects that represents the person's life and interests.

Timing and health

On the day

The move should take place during the day, and it is suggested that the best time for the move to take place is in the morning while the person is 'fresh and functioning at their highest level' (Struble et al, 1997). Also, by moving in the morning it should allow a family member, or carer, to support the move and stay with the resident until they have settled. It is also possible that individual traits may point to other more optimum times for such activity. The person that knows them best may provide such an insight. There should be sufficient staffing to ensure that the person receives individualised attention on the day, that the care and support plan in the home can be completed and staff can be informed of and aware of the content of that plan, including any risk assessments that are required. Dietary needs, personal care needs and preferences should be communicated quickly and accurately.

Following transfer- the first few months

Staff at the new home should spend more time with new residents to get to know them during the first month or longer if necessary. Consistency of care staff in the receiving home is particularly important.

Impact on the individual

Every care will be taken to minimise risk and stress caused by the move by following the processes outlined in the Assessment and Closure Protocol. However, it is inevitable that residents with dementia may experience a wide range of emotions when transferring to a different living environment. As such, it is vital that throughout the process a person is treated with dignity and respect and that they feel involved in their care and support provision. This includes their right to expect those caring for them try to understand how they feel and make time to offer support rather than ignoring or humouring them (Alzheimer's Society UK).

12. Transition process

- A suitable period of planning for transition is necessary – most advice is to give approximately 6 months. Williams and Netten (2003) suggest transition to closure generally takes 3 to 6 months.
- The period planned for the relocation should be long enough to avoid people feeling rushed or pressurised but not so protracted that individuals become more likely to suffer depression or their motivation and well-being is affected. The timing of all transfers should be an agreed process with individuals, family and staff and based on individual need, risk and complexity.

- A maximum of 2 residents to move on any one day and a minimum of 2 days will elapse in which there are no transfers from the home. A maximum of 2 people would normally transfer in any week.
- If groups of friends express a wish to move together and suitable staffing arrangement including travelling support can be arranged, then this will be explored as it may be beneficial to the residents for them to move and travel together.
- A Transfer plan will be developed by the key worker with input from the individual, their family and care staff who know them well. This will include arrangements such as:
 - the decoration and layout of the person's new bedroom/personal space.
 - plans to orientate to the new environment and any pre visits/overnight stays, etc.; visits to alternative services should be carried out with someone the resident knows, and the person should be in control of the nature and the length of the visit.
 - arrangements for continuity of care such as staff/relatives working alongside new staff to pass on skills and experiences.
 - Key documentation/information that is needed such as their social and clinical history, patterns of care and special needs, and their cultural and spiritual needs in order to help new care staff to provide the appropriate levels of personalised care.
- Timing of the move should be sufficiently flexible to ensure that people are not expected to move when they are seriously ill, or at the end of their life.
- The Assessment and Transfer protocol was informed by the paper “The Impact of Relocation on care home residents: a review of evidence for Leeds City Council” produced by Public Health in 2011 and reviewed in 2013, (Reference 11) which summarises as follows: “Mortality - The overall message from this body of work is of no significant difference in mortality rate between relocates and comparison groups, with a lower mortality rate reported in some cases. Morbidity - Most studies found (perhaps surprisingly) a higher level of general health or no clear change following relocation. This was true for both inter-institutional and intra-institutional movement of residents.”
- One common factor in research on whether there is any link between transfer of residents between residential homes and mortality 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 and day centre users. Through appropriate assessment identified earlier in this document, stress factors should be minimised to allow a comfortable transition between services.

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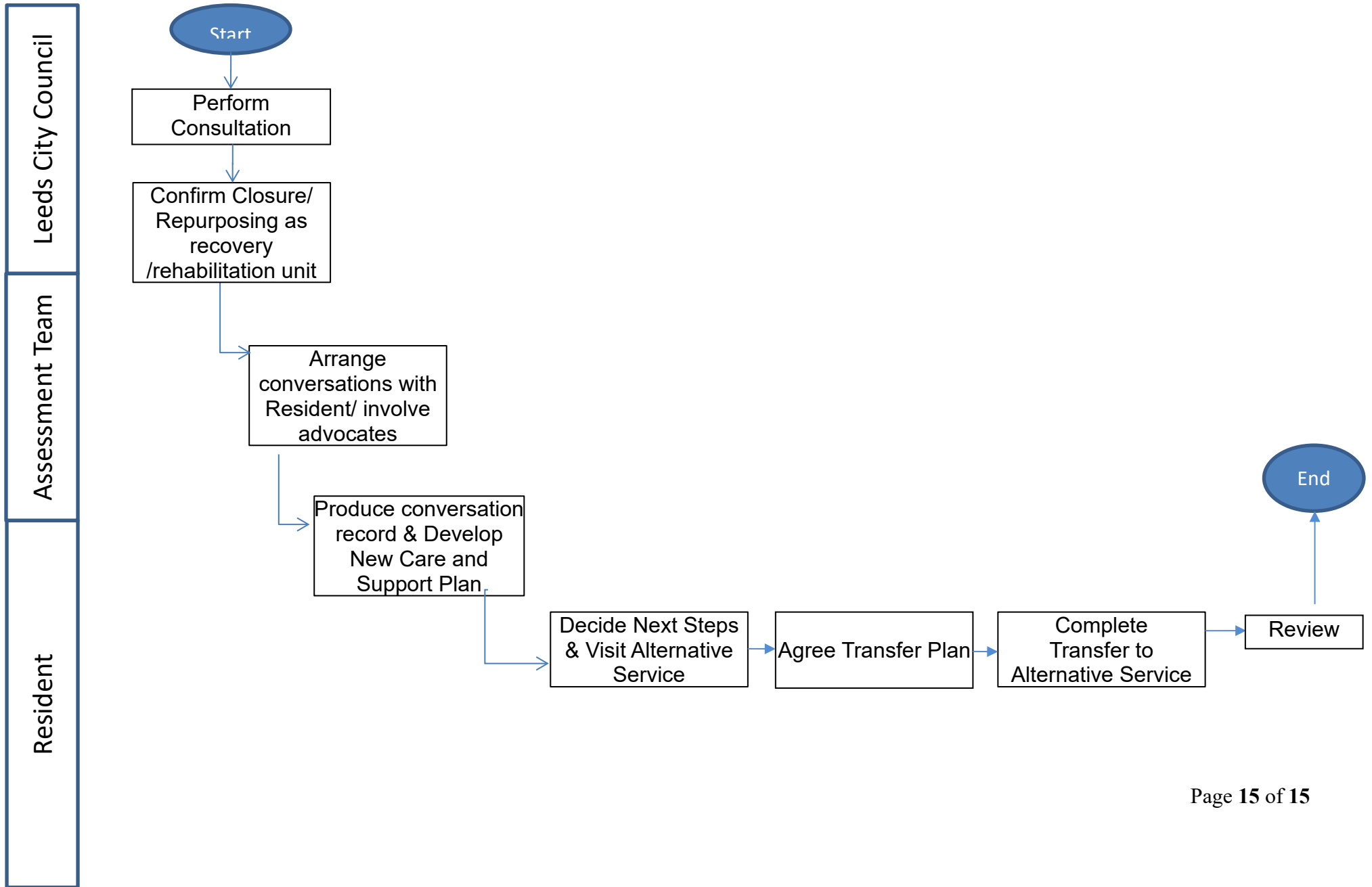
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Appendix 1- Service user Assessment process

- Establish team based on skills required.
- Liaise with staff at the unit.
- Produce information materials & supporting information.
- Involve advocates as required.
- Approach residents/ day centre users/ home/ carers/ families.
- Hold conversations with everyone identified as necessary to ensure a positive process.
- Decide/ discuss options for each individual resident and provide relevant information (e.g. information about other services, cost of the new service etc).
- Ensure resources (staffing, equipment, information, transport etc) are in place to support the transfer.
- Following transfer undertake a follow-up review to ensure that the individual is happy and settled in their new placement.

Reviewed April 2024

Appendix 2- The Resident care and support needs identification Pathway



Appendix 3a.

Service Review Report: LCC Care Home Review

Knowle Manor Residential Care Home

Consultation Findings Report on the Proposed Closure of Knowle Manor Residential Care Home in Morley.

June 2024

Contents:

Section one: Purpose of the report and background

Section two: Methodology and process

Section three: Overall summary of the consultation

Section four: Detailed findings relating to the proposal for Knowle Manor

Section One – Purpose of the report and background

Purpose

The purpose of this report is to inform Executive Board of the outcome of a process of consultation in relation to the proposed closure of Knowle Manor residential care home in Morley. It is also to give Executive Board sufficient information to enable it to make an informed decision about the proposed future options for this service.

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

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

Background

In December 2023, in response to proposals put forward to address the Council's current financial challenge and meet the Medium-Term Financial Strategy budget gaps, the Council's Executive Board approved the request to undertake stakeholder consultations on the proposed closure of Knowle Manor long stay residential care home in Morley.

Supporting the legal requirement for the Council to set a balanced budget and also the Best Council Plan Financial Strategy aim to become more "financially sustainable and resilient, safeguarding public funds whilst achieving value for money", the closure of Knowle Manor care home would contribute estimated part-year saving of £100k in 2024/2025, with a full year effect of around £400k per annum after re-provisioning costs but before any land and asset considerations. Please note that the in-year saving may be greater, but the figure has been dampened to meet any associated one-off costs.

This report follows the decision of the Executive Board in December 2023 to begin a period of statutory consultation on these proposals.

Section Two – Methodology and Process

Consultation approval process

The Better Lives Programme is the Council's strategy for people with care and support needs. A key aspect of this strategy over recent years has been a strategic review to transform the Council's in-house service for older people. Previous reports to both Executive and Scrutiny Boards have documented how the aspirations of people with care and support needs have changed over time and that there is a strong and increasing desire for people to remain living in their own home for as long as possible or in housing-with-support such as extra care housing. Focus has been upon how services meet both current expectations and crucially how they can contribute to maximising people's independence, recovery, and rehabilitation in the future.

Knowle Manor

Knowle Manor is a 29 bedded residential home in Morley with 9 people currently living there on a permanent basis (31% occupancy).

The closure of Knowle Manor care home would contribute estimated part-year costs saving of £100k in 2024/2025, with a full year effect of around £400k per annum after reprovisioning costs but before any land and asset considerations. Please note that the in-year saving may be greater, but the figure has been dampened to meet any associated one-off costs.

Consultation – Methodology and Process

The aim of the detailed consultation on the proposals was to consult with stakeholders and as a priority the residents, their families, and carers.

Staff were also involved at each stage of the process and have been kept informed and supported by senior managers throughout the consultation.

The purpose was to hear people's views about the possible closure of the care home, what the impact of this might be, and how we might reduce that impact as we make our plans.

Establishing clear lines of communication

Letters were sent to all those directly affected on 4th December 2023 advising them of the recommendations in the forthcoming Budget Report being presented to the Executive Board in December 2023.

Letters were then sent to all those directly affected on 22nd December 2023 advising them of the Executive Board's decision to commence consultation on the future of Knowle Manor long stay residential care home.

A telephone helpline staffed by experienced officers in the Programme Team was made available to provide stakeholders with the appropriate level of information from the beginning of the process. A dedicated email address was also arranged and monitored by the Head of Service.

On 5th January 2024, printed copies of the survey were made available to all those directly affected by the proposal, along with a fact sheet providing background information to the proposed changes, details of the proposals, the consultation process and where to seek further help and information.

Throughout this period managers from Adult Social Care held regular meetings with stakeholders to explain plans in more detail, and to respond to any questions.

Consultation Methods

A variety of methods of communication were made available for all people to use during the consultation period. These included writing, email, completing an online survey and by phone.

Links were also provided in the letters and briefs that were issued as described above.

Stakeholders were offered one-to-one meetings to explain the proposal, answer any questions and gather views using the survey questions for consistency.

A relative or friend could be present at the meeting to provide support and for people who are not able to express their views for themselves, or have no relatives or friends to be present, an independent advocate was sought to ensure the individual could be appropriately consulted and their views recorded.

Detailed Survey

As described above, a detailed survey was made available and could be completed via different methods. The purpose of using a survey was to ensure consistency throughout this process.

However, submissions to the consultation could take any form and did not have to be via this method; letters, phone calls and emails were also received and have been considered as part of the consultation process.

The survey uses a mix of a quantitative and qualitative approach and has ratings style questions along with open comment boxes to capture concerns, impact, comments and other ideas or options.

Methodology for data collection and analysis.

Approach to the evaluation

The evaluation draws upon the following data sources:

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

Qualitative data – To capture the views, thoughts and feelings of respondents, a qualitative methodology has been chosen. This data has been gathered from the

open 'comment' boxes and from consultation submissions that did not choose to use the survey format. Comments have been analysed for recurring themes and general trends and categorised under the following headings, used in section 3 of this report:

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

Further detailed comments are summarised and documented in section 4.

Equality, Diversity, Cohesion, and Integration (EDCI)

The proposals are the subject of an EDCI Assessment which has been completed as a parallel process to the consultation.

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

Section Three – overall summary

This section of the report provides summary detail of the consultation submissions.

Further and more detailed information from the feedback and responses from consultation undertaken is contained in section 4.

Summary of consultation submissions and engagement activity by stakeholder group

Overall, there were 392 instances of engagement as part of the consultation process. This included 40 survey responses, 58 emails, 92 letters, 80 phone calls and 52 meetings.

Table 1: Consultation Submissions / Engagements

Care Home Knowle Manor Stakeholder Group	Method of Consultation Submission / Engagement									
	Surveys		Emails		Letters		Phone Calls		Petitions	Meetings
	Sent	Completed	Sent	Received	Sent	Received	Outbound	Received		
Resident	21	12			21					15
Relative	21	16	24		1		40			12
Representative							1			
Staff Member	28	12	17		70		39			15
Trade Union			1	3						2
Elected Members			5	8						6
Full Council										2
Totals by Method of Engagement	40		58		92		80			52

Please note:

- Where a field is blank no method of submission / engagement was received or requested.

Consultation with Residents, Family / Carers, Representatives

All residents during the consultation, and their families were contacted and invited to take part in the consultation process. Of the 21 residents which included both those living permanently and residing temporarily in the home, 12 completed a survey. An additional 16 surveys were completed by family members. In some cases, the family members completed the surveys on behalf of relatives, and in other cases, both family members and residents each completed one. An online and paper version

was provided for completion. The survey consultation took place from Monday 8th January 2024, and the deadline for responding was Sunday 31st March 2024.

All residents and family members were offered support to complete the survey in the form of face-to-face meetings, online meetings, and phone calls. This included 15 meetings which took place with residents, and 12 meetings which took place with relatives. Overall, 28 survey responses were received.

In person group meetings took place and included:

- 06/12/2024 – Residents and their family / carers were invited to meet with the Head of service and Service Delivery Manager.
- 21/12/2023 – Residents and their family / carers were invited to meet with the Head of Service and Service Delivery Manager.
- 04/01/2024 – Residents and their family / carers were invited to meet with the Head of Service and the Service Delivery Manager.

21 letters were distributed in person to every person residing at the home, both permanently and temporarily. As well as one additional letter that was sent to a relative.

As part of the support offered to family members to engage with the consultation, 24 emails were sent out to family members, and 40 phone calls were also made to family members.

Consultation with Staff

Every staff member received at least one letter informing them of the plans regarding the consultation, as well as a copy of the survey form, either online or in paper form. Of the 28 staff members who were engaged with. 20 responses were received, 12 surveys were completed and 8 people declined the opportunity to complete the form.

In addition to that, 17 emails were sent out to staff members, and a total of 70 letters were also sent out at various stages of the consultation to ensure that staff were kept fully informed. 1 staff member was supported by a relative and manager to complete the survey form.

The Principal Service Manager also met with 2 staff members to tentatively look at alternative employment options and met with 8 members of staff 1-1 to provide support.

Management meetings with staff included:

- 04/12/2023 – Staff met with Head of Service, Service Delivery Manager and HR.
- 28/12/2023 – Service Delivery Manager was available to meet with all staff.
- 02/01/2024 – Staff met with Head of Service, Service Delivery Manager, Principal Service Manager and Trade Union Representatives.
- 07/03/2024 – Principal Service Manager held a support meeting for staff.
- 09/04/2024 – Principal Service Manager held a support meeting for staff.

- 08//05/2024 - Staff met with Head of Service, Service Delivery Manager and Trade Unions.

Team meetings with the manager of Knowle Manor were also held:

- 31/01/2024
- 14/02/2024
- 13/03/2024

Consultation with Trade Unions

Consultation with Trade Unions took place as part of the consultation. Emails were exchanged and updates were also provided at service Routine Business Meetings attended by Trade Union representatives.

A further staff meeting took place on Thursday, 7th May 2024, attended by Trade Union representatives.

Copies of the same letters that were being sent to staff and residents were shared with Trade Unions.

Consultation with Elected Members and MPs

Elected Members in the affected ward areas received invitations to meet with Directorate Senior Managers to discuss the December 2023 Executive Board proposals, and then again following the Executive Board decision once the call-in period had lapsed.

We are aware two petitions were raised. 1 by Andrea Jenkyns MP and 1 by Cllr Robert Finnigan. However, we have not received any information to confirm the number of signatures received.

Consultation at Council Forums including Full Council, Scrutiny Board, Cabinet and Community Committee

A deputation was submitted on Wednesday 20th March 2024, for discussion at a meeting of the Council.

Themes arising from all consultation and engagement activity

The responses to the consultation via the methods and stakeholder groups described above were detailed and diverse.

The range of engagement methods allowed people to express their views on the proposals and as such responses were gathered, as well as specific questions about the proposals.

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

Overall findings relating to the proposals:

The majority of people who took part in the consultation for Knowle Manor stated that they understand why the council needs to make changes, however, nearly all the respondents did not support the proposal to close the service. Throughout the feedback collated through the consultation, a number of key themes emerged. One of the most prominent was a concern about the impact that the closure may have on the health and wellbeing of residents, but also a concern for staff.

People's health and wellbeing

Key issues and messages

- Residents, family members and staff are all concerned about the impact of the proposal on people's health and wellbeing. They are concerned about the emotional impact as well as impact on their physical health.
- There is a concern that potentially moving residents away from a place that is familiar, may have negative impact.
- There are concerns regarding the impact the potential plans could cause on residents' mental health. There is a suggestion that the consultation alone has already had a detrimental impact on the health and wellbeing of some residents.
- The care home is referred to by the residents as their home, and that residents view staff and other residents as family.
- Residents are attached to the area and have friends and family nearby. There are concerns if residents are moved further away, visits from family members may be reduced.
- Staff report that they have strong relationships with the residents and worry about the impact of any potential move on their health and wellbeing.
- There are multiple references that family members struggled to settle at Knowle Manor originally, but they are happy there now. Family members do not want residents to go through the same struggle again, with no certainty that they will settle in a new environment.

Our response

Full Equality, diversity, cohesion, and integration (EDCI) impact assessments have been carried out as part of the consultation process. This focuses on the potential impacts to people using the service and their families/carers. This impact assessment is included along with the report to July's Executive Board.

If a decision is made to close Knowle Manor, the transfer of residents would be carefully planned and carried out professionally, sensitively, and safely as per the

Care Guarantee. This is an established process that has been used in previous transfers of care which involves qualified social workers conducting assessments to support the transition of people. The associated Assessment and Transfer Protocol, ensures full consultation with, and consideration of, the needs of residents. This will include taking into account people's views and wishes regards moving with friends / friendship groups and keeping in touch with communities important to people. Family members would also be involved in the transfer process including the choice of an alternative care home. This will be done within a timescale which will minimise the disruption and discomfort for those affected. The continued wellbeing of people who will have moved into new services would be monitored by reviews after three-, six-, and twelve-months following transfer. Previous evaluations of similar transfers following this approach have been positive with regards to people's experience. The Care Guarantee can be found at Appendix 1 and the Assessment and Transfer Protocol can be found at Appendix 2.

Where a resident cannot make an informed choice or has no family an independent advocate would be made available. No resident would transfer if, in the opinion of their doctor or specialist, they were considered too ill to be moved. Resident's will also be supplied with the Care Guarantee clearly stating theirs and their carer's rights.

Should the proposals be agreed, current staff will support residents in the assessment and transfer process. Any move to a new service will be supported by the assessment and transfer team, who will continue this support before, during and after the move to ensure the resident settles into their new service and becomes familiar with their new surroundings and the staff team.

Quality

Key issues and messages

- Residents and families speak very highly of staff and the care they provide.
- Residents report that they feel safe at Knowle Manor.
- There is the suggestion that the quality of care at Knowle Manor is higher than it would be elsewhere.
- Residents report that staff are kind and caring, understand their needs and have positive relationships with both residents and relatives.
- The conditions and environment at the care home is suggested to be very positive.
- The feedback suggests that Knowle Manor is an excellent care home, the staff are great, and provide high quality care to residents.

- There is a suggestion that the care home is among the best in Leeds in terms of quality and should stay open for that reason.

Our response

Quality of Care

The high quality of care and support provided at Knowle Manor is recognised and acknowledged.

Quality of alternative long stay residential care provision

The need for residential homes is decreasing within Leeds and where this resource is required to meet people's needs, there is a well-developed independent sector care home market.

Leeds currently has 51 older people's residential and nursing care homes rated good or outstanding by the Care Quality Commission, in the independent sector, with over 2500 beds in these homes.

If a recommendation for closing Knowle Manor was made and approved, no-one will have their care taken away or their level of support reduced.

Quality of the care home market

Within Leeds the majority of older people's residential and nursing care is provided by a well-developed independent sector care home market which is regulated by the Care Quality Commission. A considerable number of these homes also have a service contract with the Council and are therefore subject to the Council's monitoring provisions in addition to CQC inspections.

Adults and Health also have a Care Quality Team which provides proactive and targeted support to regulated care providers in the city, whether or not they hold a contract with the Council, to assist in improving and maintaining quality services.

In addition to the contract monitoring teams in Adults and Health, the Integrated Care Board also have quality officers to assist the care homes in ensuring clinical aspects of care are being met.

Quality improvements are also further supported through Commissioning for Quality and improvement (CQUINs) built into contracts and monitored as part of that process, which helps to further incentivise defined improvements.

Finance

Key issues and messages

- Financially it would be counterproductive to close Knowle Manor due to the need in the community and the negative impact it would have on the health of current residents who's care needs would increase as a result.

- There are concerns that if Council owned homes continue to be closed, the alternative options would be more expensive, and people may not be able to afford to pay higher fees.
- There are concerns about the cost of private care homes.
- There are concerns that the funding will not be there to support the alternative forms of care needed if the care home is closed.
- Questions have been raised over the money spent on refurbishment if the care home could potentially be closed.
- Concerns over loss of income and ability to find employment elsewhere
- There is a suggestion that the Council need to manage their current budget more effectively and be less wasteful with funds.

Our Response

Cost of alternative provision

The Council is committed to ensure that no individual is disadvantaged because of the proposals. The Care Guarantee would be used to give assurance that where the Council is currently contributing towards a resident's care home fee there will be no financial detriment to the resident or carer/family in choosing a new care home from the Council's quality framework list. Any proposed transfer to a care home not on the Council's quality framework list will be considered on an individual basis and may incur a top-up fee. The Council will not pay any non-care supplement relating to enhancements that a care home may offer (such as a larger room). Carers / family members will be involved in the assessment and transfer process including the choice of an alternative provision.

Impact on staff jobs

As outlined above, the high quality of care and support provided at Knowle Manor is recognised and acknowledged. It is the staff group that has helped the homes gain their good ratings and we hope to retain the staff and redeploy them into other council services, so their good practice is retained.

There is currently a total of 23 Adult Social Care (ASC) and 7 Civic Enterprise Leeds (CEL) staff employed affected by the proposals at time of writing. Ongoing engagement is taking place with staff and HR regarding potential opportunities for all staff, if they are affected by any of the proposals. The Directorate will also work with all affected staff to identify development and training opportunities which could assist staff to move into new or alternative roles within the Authority.

Continued formal consultation will take place under Employment Legislation with Trade Unions and staff and support would be provided for staff throughout the decommissioning process including identifying any opportunities for employment

within the Council. It is hoped that this work will significantly minimise the risks to staff in terms of compulsory redundancy.

The programme will work closely with Trade Unions to ensure employee matters are given high priority and regular meetings with trade unions have and will continue to take place. Nothing will happen suddenly or unexpectedly, either for staff or for residents and we will continue to work with Trade Unions to support affected staff through this process.

Locality

Key issues and messages

- Knowle Manor is viewed as a key asset to the area and would be detrimental to the local community if it closes.
- Local people rely on it as source of quality residential care as people get older.
- Local MP and Cllr are campaigning to keep the care home open.
- Respondents report how important it is to have such high-quality provision, so close by.
- Concerns over transport links and future accessibility to a new care home.

Our Response

Alternative Provision

As detailed in the Better Lives Strategy we know from our discussions that many older people want a wider choice of accommodation and support options with, as much as possible, support being delivered in their own homes or in care environments like extra care housing. Leeds currently has 51 older people's residential and nursing care homes rated good or outstanding by the Care Quality Commission, in the independent sector, with over 2500 beds in these homes.

It is equally important that we make sure our services can still meet the city's changing requirements for care, with more people living independently for longer and a rising number of people needing specialist care, such as those who develop dementia.

Adult Social Care is therefore continuing to invest in the development of extra care accommodation and as outlined above, to work with NHS partners to model service developments to support people with dementia and complex needs.

Management of Buildings

As detailed in the Better Lives Strategy we know that many older people want a wider choice of accommodation and options with, as much as possible, support being delivered in their own homes or in care environments like extra care housing. Delivering new housing-with-care provision in line with the current and future demand is one of the aspects of the Better Lives Strategy and Adults & Health continue to work alongside the Housing Growth Team to consider strategic housing requirements based on supply and demand modelling. LCC has links with 13 Extra Care schemes across the city. 2 of these are LCC buildings and within 3 of the schemes, LCC Adults and Health Care Delivery Service staff provide the on-site care and support. A further 5 schemes are slated for delivery.

In progressing the proposal to close Knowle Manor, the site would be transferred into void management with responsibility for safety, security and maintenance being managed by LCC Facilities Management until brought forward for any redevelopment. The Asset Management team, under the delegations in place to the Director of City Development, are aware of the proposals and are scoping out potential alternative uses for the site prior to the decision being made. Consideration would be given to the Council's priority programmes and requirements, in particular from Adults and Health and the Council Housing Growth Programme. This may involve direct delivery by the Council, delivery in partnership with external organisations or disposal to third parties.

Strategic

Key issues and messages

- Stakeholders report that they understand the context of the proposal, and why savings need to be made, but also disagree that closing the care home is the solution.
- There is a suggestion that the occupancy figures reported by the Council are not accurate and are misleading. For example, short term residents are not included in the figures.
- There is a suggestion that the statement being made about less people choosing to stay in Care Homes, is inaccurate.
- A suggestion that this approach to cost saving is having the biggest impact on the most vulnerable people in society, and instead they should be the ones most protected.
- Suggestion that it would cause more work and cost more money to rehome than it would to keep the care home open.
- Make the savings elsewhere and through services that do not impact as much on people's lives.

Our Response

Under the Care Act 2014, subject to eligibility criteria, the Council has a statutory responsibility to meet needs for care and support which can be met in a variety of different ways. The Council also has a duty under the Care Act to promote diversity and quality in the provision of services. The proposals to close the care home is principally based upon insufficient demand for residential beds and the associated financial unviability of the service. Therefore, there are no concerns around adequate alternative provision being available across the city.

The requirement of the Council to respond to the financial challenges, along with the legal requirement of the Council to set a balanced budget within its Medium-Term Financial Strategy stipulated the timing for this proposal. The December 2023 Budget Report stated the Council is required to identify an estimated additional £60.6m in year 2025/2026. It is therefore vital for both the reputation of the authority and to meet its ambition to be financially resilient and sustainable, that the Council delivers financially viable services offering value for money within its spending of the Leeds pound.

The proposed timeline for the process is based on best practise; for example, appropriate time will be allocated to the assessment and transition process to minimise disruption and discomfort for those affected. Nothing will happen suddenly or unexpectedly, either for staff or for residents and we will continue to work with Trade Unions to support affected staff through this process.

Methodology

Key issues and messages

- There is a concern there won't be enough jobs for care home staff to go to, due to the number of care homes that remain open after previous closures.
- Ensure that all stakeholders are included in all future discussions and plans.
- Keep people informed and allow them enough time to make alternative arrangements if needed.

Our Response

The consultation included people who live at Knowle Manor and their family / carers and affected staff. People were encouraged to participate in the consultation via a variety of methods, including through completion of the online surveys, by phone, by email and in writing. For those directly affected also through a face-to-face meeting where a relative or friend could be present at the meeting to provide support. For people who were not able to express their views for themselves, or have no relatives or friends to be present, an independent advocate was requested to ensure the individual could be appropriately consulted and their views recorded. Knowle Manor has a number of people who are currently residing in the care homes on a temporary basis. These people were also included within the consultation.

For affected staff, one to one support meetings were offered, with trade union representatives invited where requested. HR advice was also available. Consultation

progress updates were also provided at Routine Business Meetings held with Trade Union colleagues.

Staff affected by the proposals and will be supported through the MSR Policy.

There are staffing vacancies within the Care Delivery Service. The Directorate will also work with all affected staff to identify development and training opportunities which could assist staff to move into new or alternative roles within the authority.

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

Suggested Mitigations

Key issues and messages

- Reassure staff that they will be supported into new jobs.
- Keep the home open and fill the vacant rooms.
- Undertake the refurb and keep the home open.
- Keep residents nearby if they must be moved.
- Ensure the same quality and level of care will be provided if they must move elsewhere.

Our Response

- As stated above, staff will be supported through the MSR policy which includes supporting staff into other roles.
- The low number of residents in the care home is an ongoing issue, and demand remains low.
- The cost of refurbishing the building to the standard required would be unviable in the current financial challenge.
- Residents will be supported through individual assessments to remain close to the location if that is their wish and would only be moved to Leeds City Council approved framework providers.

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

The following information represents feedback and responses from consultation undertaken with those people currently living in the care homes and their relatives

and carers as well as staff working in the homes and the local community. The questions highlighted are taken directly from the survey questionnaire.

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

All questions were optional, so some people chose not to complete every question.

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

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

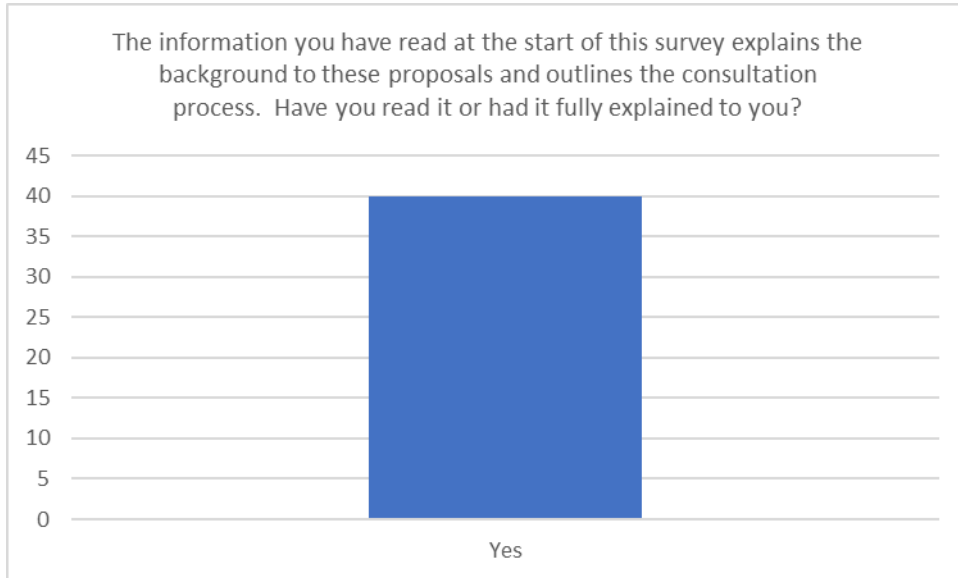
Where names, ages or relationships were used in the comments these have been redacted to comply with data protection requirements.

4a) Consultation Survey Questionnaire Detailed Responses

Please note any personally identifiable information such as names, relationships and ages have been redacted.

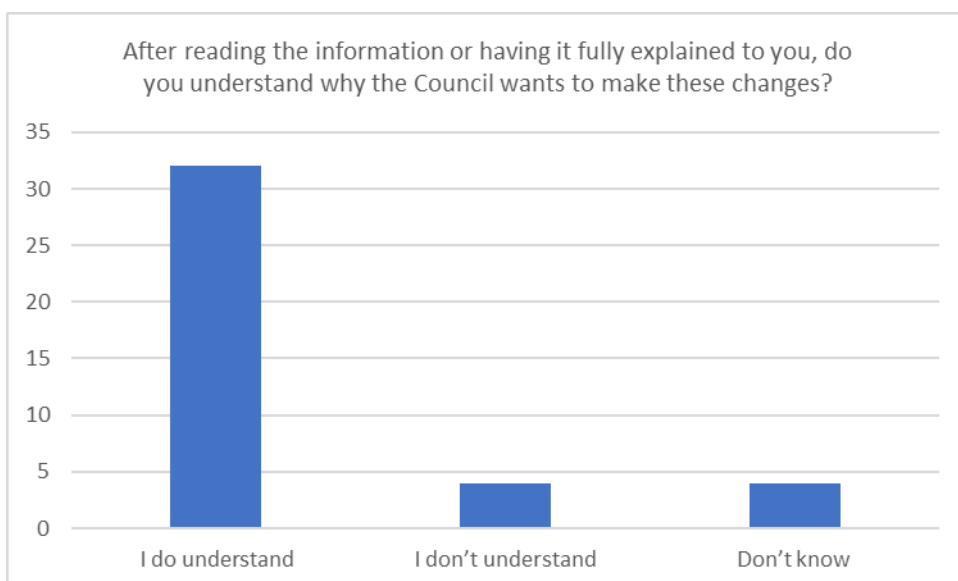
Knowle Manor General Public Consultation, 8th January 2024 to 31st March 2024 Survey Results (40 Responses)

Knowle Manor Consultation – Analysis



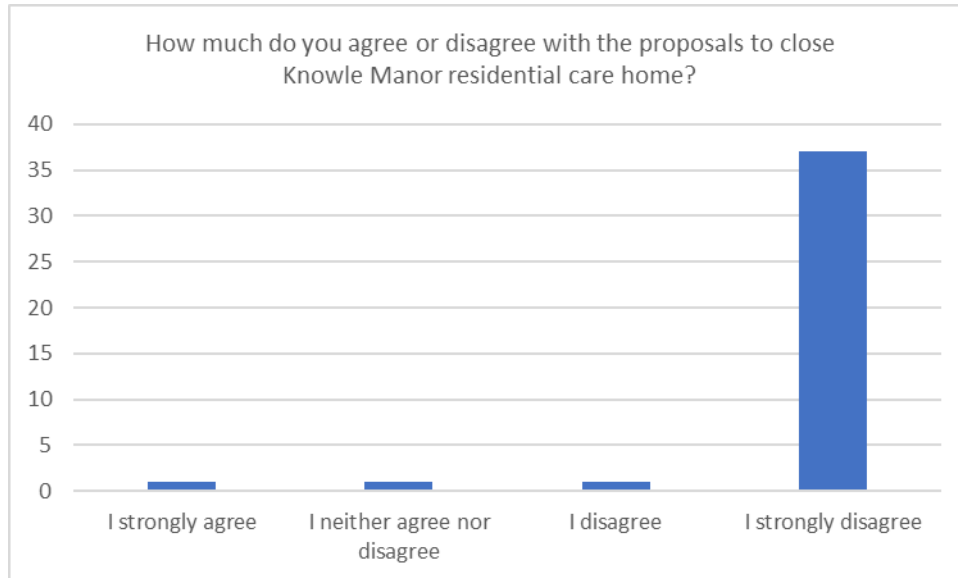
The information you have read at the start of this survey explains the background to these proposals and outlines the consultation process. Have you read it or had it fully explained to you?

Yes	No
40	0



After reading the information or having it fully explained to you, do you understand why the Council wants to make these changes?

I do understand	I don't understand	Don't know
32	4	4



How much do you agree or disagree with the proposals to close Knowle Manor residential care home?

I strongly agree	I agree	I neither agree nor disagree	I disagree	I strongly disagree
1	0	1	1	37

Please tell us the reason for your answer (Themes)

- **Impact on residents health and wellbeing**
- **Impact on care home staff**
- **Stress and mental health**
- **Excellent care home/Very good staff**
- **Finance**
- **Care homes underused/More homes required**
- **Access/location of home**
- **Residents need a care facility**

Q11. Please tell us the reason for your answer.

After Siegen Manor was closed down a few years ago, I feel Knowle Manor is the only LCC home left in Morley. I feel it will have a huge impact in the lives of the residents who have been here for a long time if it eventually closes.

I have worked in this home for 12 years as agency then managed to secure a temporary contract in September 2022 to continue working at the home till now. The home is like my 2nd home and I have a close relationship with residents and staff, I have very good memories with the current staff and residents and not forgetting retired staff and residents that have moved on to other homes and those who have passed on. We are like a family. It would be a shame if the home close as this will affect the residents' health as I believe this will lead to the deterioration of their health and mental state as the thought of the closure is very stressful and daunting to all

My [REDACTED] is a resident at Knowle Manor, is partially sighted, [REDACTED], is very settled there and to move her would be terrible.

Knowle Manor is one of the best care homes I have ever seen, its clean, light and airy and has several rooms as well as a conservatory that the residents can use. A great dining area and has very good staff that run the place extremely well.

MORLEY WOULD BE LOSING A SIGNIFICANT ASSETT..FOR THE PEOPLE..EVERYBODY GETS OLD AND REQUIRES PLACES LIKE THESE ..IN THE LATER YEARS ..INCLUDING THE PEOPLE WANTING TO MAKE THESE CUTS..SURELY MONEY CAN BE SAVED IN OTHER LESS IMPORTANT AREAS... PEOPLE MUST COME FIRST

My [REDACTED] is extremely dependant on the care given at Knowle manor

My [REDACTED], who is [REDACTED] this year and has just spent 2 very happy years in this home. She spent several years in her own home before this, really looking back now, struggling to manage. This home is like a big happy family where the staff are amazing. I don't want my [REDACTED] to be uprooted at nearly [REDACTED]. The building maybe could be modernised, but it is a grand building and another building will just have it's good points and bad points.

More and more council run homes are closing down being replaced by private homes costing an absolute fortune. Who is going to pay the extortionate top up fees that families of loved ones cannot afford to pay. Disruptions to the residents will have serious consequences.

My [REDACTED] was cared for so well by [REDACTED] and her wonderful team - they made the last years of her life so very happy - they transformed her from a sad lonely lady to a very happy one - through ultra professional care, kindness and "realising her needs and personality- they worked so well with me, supporting me to help her. Leeds has an utter jewel of a care home here - not all of them are - but this is the best of the best and this perfect place should be an example to all

With all the money that the council wastes, it could be put back into the care system. My [REDACTED] likes it so much in the home – they're nice friendly people – same faces, lot of trust. It's like a little family in there. If he moves, it could be less care. Here it's the same faces all the time. A lot of privately owned homes, it's agency staff – I'd be worried they wouldn't care the same as Knowle Manor staff.

I think some of the information in this document is very misleading as the figures presented, 29 bed and 15 residents is not true and suggests the care home is only partly used. My [REDACTED] is not included in this figure, still temporary status but has been there over a year. There are others like [REDACTED] and there are short term residents coming and going all the time, so not as under used as the figures suggest. The other thing I don't understand is, if so many people are choosing alternative care outside the care home system and care homes are now underused why do we still have bed blocking in Hospitals. The aged population is only going

to grow as we go through the boomer generations and there will be many more people not able to look after themselves, particularly as families are more widely spread and not able to offer assistance. I would have thought we would need more homes not less, plus other alternatives which will only be suitable for some. My concern is that people will be pushed into alternatives in the community when the care is not there and neither is the funding to support this. Knowle Manor is a much valued care home.

We have worked hard as a team to support and care for these vulnerable residents most of which call us their family it is devastating to think that they may lose their home it makes me feel that we have betrayed their trust at their most vulnerable time of their lives having difficult conversation we ask them their advanced wishes most of which are to end their days at Knowle Manor where they feel safe and looked after. As soon as the residents knew the future of the home was at threat, we have had so many ill we have had so many falls we have had 4 deaths and people who have had previous mental health issues have started to spiral it is heart-breaking .

Question After reading the information or having it fully explained to you, do you understand why the Council wants to make these changes? - Lack of finance. It's a home I've grown comfortable with and it's the same for a lot of people here. It's accessible for my [REDACTED] to get here, it's got good staff, they are friendly and happy with their job. I have stayed in another home which was large and impersonal. This home is cosy/friendly.

This home has kept [REDACTED] well - the staff go the extra mile. [REDACTED] came in temporary - she wanted the same person coming in and couldn't have that at home but wasn't safe at home. She surprised us by saying she wanted to stay. It's outstanding - she loves the food, her room is lovely, the staff are caring. She is [REDACTED] and I don't think she would survive a move. It's like home from home to her. My [REDACTED] was in a home and I didn't rate it at all. This home is outstanding and should have money spent on it, not close it.

I've been here for about 4 and a half years (and before that I was here for a year and a half). It's my home. There are more residents than stated here. I'm happy here. I know the area. This is my home, I grew up here and my children grew up here.

I'm frightened. Here they help me with everything - they cut any food up and help me to get where I want to be because of my sight. I couldn't manage without them. This August, I'll be [REDACTED]. There's another lady who is [REDACTED] today. The staff do a lovely celebration for everyone. Knowing that there's such wonderful staff and the office will help you with any problem makes you more light-hearted. Because of my sight getting worse, I know the place like the back of my hand. I'd be scared somewhere new. As you get much older, change is much harder. The staff are like family and why change what's marvellous? The thought of moving is terrible. The manager says don't worry about anything.

It's doing a lot of good for a lot of people who are passing through like me. What happens to me is not unusual and I would have had nowhere to go and would still be in hospital. You can live like you do at home (or as near as you can while you're here). They encourage you to do that. The food and the care are good, and staff are friendly.

Some people don't have anywhere else to go. The Council is just transferring from one care home to another. My [REDACTED] sees other people and is not as isolated in the care home at Knowle Manor. My [REDACTED] is always talking about other people that she has been talking to through the day.

I lived by myself and my [REDACTED] did everything for me. At Knowle Manor the people are fantastic – everybody is so kind. I feel 10x safer here than I did at home. It would be a shame to close this place down. It's like my own home and I've only been here since October. If you're in a flat, no-one sees you once you shut the door. The meals are beautiful.

Question – do you like living here? It's alright. [REDACTED] explains that [REDACTED] has been upset since hearing about the proposed closure. She has no other family and is cared for by the home's staff team.

[REDACTED] says 'it's really lovely. The staff can't do enough for you'. The staff are so lovely, they know about the residents and family. They go above and beyond and care and keep people well. They're very experienced and know what to look out for. I've had to fight for her to come back here from hospital each time. It's very important to have people who care and know what they're doing when you've got a poorly mum. They're very proactive. She's been in another local home and it wasn't as good. You can't compare the two.

Why did the Council mention to the care home that they were refurbishing. They asked for residents input regarding colours/flooring/decoration etc. Where's the budget now? It is a disgrace leading the residents/family/care home staff on. How would you feel if this was your family member - utterly disgraceful. Residents in the care home that do not have family/friends/neighbours to visit - the care home staff are their family. The residents have made friends in the care home. It's also their home - just like LCC are evicting them from their home, what it is doing to their mental health! their feelings. It's somewhere safe for them to be and looked after by good carers. More residents have started staying in their rooms. More morale is definitely going downhill. For the residents/family to have to go through the whole process trusting another 'potential' care home to look after them is sole destroying for me. I am sure it will have a detrimental effect on the residents. Another care home may not be near for their family to visit or a bus/train route, they may not even drive. Near shops & amenities. Families have to fight for the residents. Carers treat them like their family. It's been a hub between leaving the hospital and going home or on to further care, in a good location. The town of Morley needs this in the area, it is part of Morley. Part of the refurb was a pathway to the park, yet another thing that's not going to happen. Some residents have previously worked for LCC, a nice way to treat ex-employees. More care home staff off ill - it's totally affected them. There is a petition with over 2000 signatures on to keep the care home open. That's amazing. It's been on the local radio and calendar, who support also. The Morley local councillor is fighting for the care home to stay open and social media.

[REDACTED] - I have looked around different homes, and this is immaculate. [REDACTED] - It's like family, they all look after each other. They do activities, my [REDACTED] as never done this, but he's changed. It has fetched him out of what he was like, he was on his own. He lived in [REDACTED] and a flat in [REDACTED]. He never went out he wanted to be near us. We visit twice a week. He had long standing mental health problems. If he had to move, he would never get over it. [REDACTED] is very happy and content and doesn't want to go back home or move. This is a brilliant place, I can't find

() Why did the council ask in the Autumn about refurbishment? Where has the money gone in that time? It's despicable that they are doing it. - I'm sure if it was your family you wouldn't be doing it. There are people from s to and the effect on them must be so bad. The staff are their families, for some of them. came from hospital to here - she is somewhere safe. I know she is well looked after. It's local to where lived and to me. It's got good road links.

I like coming to work and helping to look after residents that are happy and it is their home. I would really struggle with change as I need structure and I am supported with this. It makes me feel upset.

This and two other residential homes are only the last council homes. I think this home should be kept open not only for the staff to keep their jobs, but most importantly for the residents. As this is their home! They are really happy here, and settled if they move elsewhere I think they would not be happy and their health would decline. As I know this has happened in all the council homes I worked in that have closed.

Although you say we only have 15 permanent residents, we often take in people from hospital. Waiting care packages or waiting for new homes. I cannot see why this cannot continue to liaise with hospitals and use it as a hub like Dolphin is getting repurposed but keep the residential we have. Some of them don't have family at all and we are there one constant and family.
If you close us many will be very unsettled and will ultimately pass away. We have experienced this in the past. I am sure the council can make savings elsewhere without putting frail residents at risk by closure.

The care that is provided in this home is the best in the City and creates a homely environment for our residents and family and the closures will break up friendship groups formed between residents and increase stress and anxiety and leads to deterioration in their health. Also there is a degree on the issue of financial savings as Leeds City Council would only have one residential care home left and leave them extremely vulnerable to the private sector and then increase their costs.

I am strongly against the closure of Knowle Manor residential home as are the majority of Morley people who have relatives living there at present and in the past. Newspapers declared the home inadequate for future care although we were down for refurbishment in September 2023. for me this is simply not the case. It is all down to saving money and as usual the elderly are being targeted. The residents at Knowle Manor have already given up their homes once to come and live at Knowle Manor and are now to be moved elsewhere. I can only imagine how upsetting this is for them and their families at their time in life. Morley needs a council run care home and deserves to be cared and respected in an environment that they are used to.

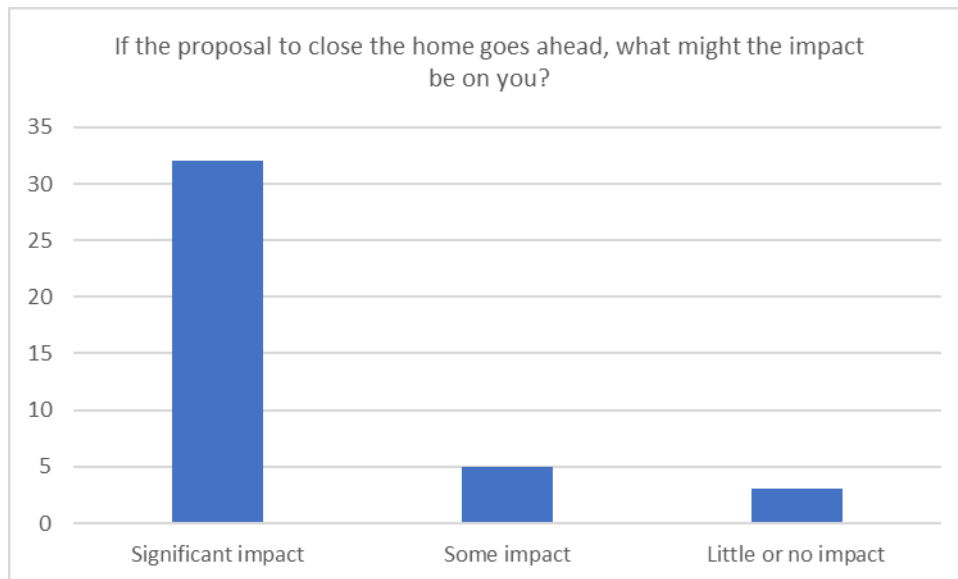
The reason for my answer is the impact that the closure would have on the residents. All the residents see Knowle Manor as their home and are deeply upset and disturbed surrounding the proposals to close their home. This is having a daily impact on their well being regarding all the uncertainty surrounding the loss of their home and to lose friends and members of staff who they depend on and rely on a daily basis.

I strongly disagree with the proposals to close Knowle Manor. It's a lovely home in the heart of the community. Our residents are happy, feel safe and well looked after. Feedback from professionals who visit the home always comment on how homely it feels, everyone seems happy, staff always helpful. I find it appalling that

residents will be made to leave their home and this has already had an impact on their health and wellbeing.

Thinking about the residents, they have told staff they don't want to move and at their ages they thought they were settled. Been through it before and the residents pass away when they are moved.

It will have an impact on residents as change is hard in old age. Is there enough places for elderly in the future. Staff are uncertain in the future.



If the proposal to close the home goes ahead, what might the impact be on you?

Significant impact	Some impact	Little or no impact
32	5	3

Please tell us the reason for your answer (Themes)

- Financial instability
- job loss/security
- Stress and mental health
- Residents don't want to move - Worry about alternatives
- Familiarity and with staff/good quality of care
- Location – accessible to family and friends
- Impact on physical health and personal care

Please tell us the reason for your answer.

With no 100% guarantee of another place for us to work after it closes, the prospect of getting a better place to work is very slim and that would in turn affect us financially as a family with payment of bills.

I would lose my job and this will affect me financially and the thought of looking for another job is very stressful.

I know we have been told that we will be deployed to other jobs I am worried that there is a possibility that jobs wont be enough for all of us as there is only few council homes that are open at this present time

As above it would have significant impact to move my [REDACTED] at [REDACTED] years old who is partially sighted and loosing mobility. The actual move would be very traumatic. She loves the staff at Knowle Manor, they are amazing and has friends there.

My [REDACTED] was born and bred in Morley and has been in the care of Knowle Manor for the last 7 years after suffering a stroke , she is nearly [REDACTED] years old and we feel moving her at this age would have a great impact on her mental health and physical health.

SOME IMPACT IF [REDACTED] IS STILL RESIDING THERE ALTHOUGH SOMEONES [REDACTED] WILL BE THERE SO THIS QUESTION ISNT RELEVANT REALLY OLD PEOPLE NEED REFUGE AND CARE

My [REDACTED] mental health would suffer greatly

Because it is a worry for us all. We are a close and caring for one another family and she has always been a very good [REDACTED] to me and all my family and we do worry about her welfare and happiness.

For myself not a great impact as I drive so can always get to see my loved one. But the impact on my relative will be massive. Older people like stability and any changes to their every day life can lead to serious health issues and confusion.

My [REDACTED] has died recently - she was very sad when she heard KM might be closing - she tried to pretend it wasn't happening and that it would go away - I would be very sad that [REDACTED] and her teams work was all in vain - this is the best in Leeds and needs to stay open for future residents

Because it's so local, it's the ideal place for my [REDACTED] and for family to visit as often as we can and want to— I'd worry about where he would be placed and how that would affect how often we visit (depending on where it is). It would have an impact on my family, as we would want to check how he is being looked after – depending on where he is, that would add to family stress.

I think [REDACTED] would be upset because he likes it there so much. He already had a hard time adapting to new people and he likes routine and relies on the staff for all his social interaction – he isn't very sociable with other people but he is with the staff.

As a relative ([REDACTED]) I am concerned about the accessibility of any future care home. I do not have my own transport and rely on trains/buses. It's important that public transport links exist and the service is fairly frequent, particularly at weekends (I live in [REDACTED]).

I am also concerned at the impact on my [REDACTED] as she does take some time to settle in new settings, is a somewhat anxious mixer who would prefer to be around some familiar faces. She is happy with the set up at Knowle Manor as it is small, friendly and welcoming and she is not just a number.

As I said above this is effecting some of the most vulnerable people in our society that deserve better. They should be able to spend the time they have left with people who support and care for them. Also have access to the same level of healthcare that they are used to. The staff are finding it very difficult seeing the impact the threat of closure is having on them not to mention the uncertainty for them too.

Going into another unfamiliar setting and knowing that other homes are not as good as here. We've spoken to other people and they have all said they are large and impersonal - they are big business just interested in investment. They don't see the people at all. I have to take lots of medication for Parkinson's I'm more stable now (I wouldn't given them properly in a bigger place they would think "what's she fussing about?"). The staff here know me very well and know about my condition. It's easy to get forgotten about in a bigger place.

I don't know if she would survive a move, where would she go? Would she like it? I always have peace of mind because I know the staff look after her and keep me updated even when I can't visit. I am my [REDACTED] full time carer and [REDACTED] doesn't have any other immediate family. I enjoy coming here and seeing her happy. She needs the same level of care for the same cost because she has no money left. She's been here about 3 years and she's so comfortable - she enjoys every day. Staff go the extra mile - they get her everything she needs.

I was born in Morley and came back to Morley and I've lived here ever since. I don't want to leave Morley ever. I had a house just down the road and it's been sold now. I would need to find another home in Morley with the same help. The staff know me really well and they know what I like to do and how to help me and what my routines are. There are times when I get fed up and the staff here know me well enough to help me when I'm in one of those bad moods.

I've been told from the word go that I should feel like this is my home. I've given up my home because I couldn't cope and now I'm being told to give my home up when I can cope really well, with help. My [REDACTED] comes up from [REDACTED] every month, she doesn't want to travel far when she gets here. I've lived in Leeds all my life. I have visitors and people that I worked with who came and visit.

If it was at the moment, I don't know what would happen to me. I'm here temporarily but the others here have nowhere to go. It would have a big impact on people who live her permanently.

She is settled at Knowle Manor. Moving her at her age is very unsettling - when you get old, any change causes anxiety. That's not a good thing for health and mental health. It's much more difficult to adapt to when you're older. [REDACTED] has medical issues and the staff team are very familiar with her and they know her well and I don't know how new staff would manage. When she went to Spring Gardens, she worried about everything and it made it difficult for staff to care for her. When she moved to Knowle Manor she had to go through all that again and that would be difficult to repeat.

I'd be absolutely devastated. It's harder to move when you're my age ([REDACTED]). One day it may happen to you. I want you to think what would happen to you if you were in my shoes. I don't smoke and I don't drink but I think this would have an effect on my health. I really do.

They all want it to stop open. I'd be disappointed or sad – one or the other. It's important for [REDACTED] to have people she knows and who support her around her. She came to Knowle Manor 5 years ago with her partner who sadly died and the staff team supported her. She has close friends here and is familiar with her surroundings. It took a long time for [REDACTED] to get used to managing in this environment. She has a very close connection with her key worker and losing that would have a big impact on her too.

My [REDACTED] lives nearby and I live here too. We needed something nearby. It gives me peace of mind (I work and I'm a single parent and my [REDACTED] main carer) that I can leave her with them and know she's alright and they'll call me when they need to. [REDACTED] has agreed to come to Knowle Manor because she feels comfortable and it's like home. [REDACTED] wouldn't want to go anywhere else and that would add to carer stress if I have to look after her when she's not well. She's been here 3 times in the last year.

Residents would have to go through the whole process again with goodness knows what affect it will have on residents/family/staff of the care home. All the social workers etc who will have extra work load to deal with the whole situation and the extra cost of this. I feel extremely anxious (of which I suffer with mental health issues) at the possibility of my mum moving if the preposterous situation goes ahead.

[REDACTED] was in hospital for a long time because of his mental health. We have been very stressed with having to deal with power of attorney. This will add to our stress. [REDACTED] joins in and plays dominoes and we are welcomed. They have encouraged him to have his music and DVD's.

The staff know [REDACTED] very well, they notice any slight change and encourage residents to be together. - Not just sit in his room as this would affect his mental health. If we couldn't get anywhere for him and the home had to shut we would be worried about what to do.

[REDACTED] - I have my own mental health support needs and I have arthritis so it would affect me too with the worry.

We moved to be near her. She's already confused and needs people she knows - she needs stability and continuity. The staff know what she's like and how to handle her. It's hard to know what the impact would be without knowing where she would need to go.

[REDACTED] has a couple of friends who come to visit her - will she find herself isolated? Will she have to stop going to the lunch club? There will be more stress and worry for the family. [REDACTED] would find it difficult to communicate with other people (her memory, her mood changes and how she speaks, as well as being hard of hearing). It will have an impact on her mental health, social wellbeing and welfare.

I don't want to move. I've had a lot - back and forth from hospital and lots of health issues but now I'm settled. I think the council closing the home would have an impact on my health.

We visit [REDACTED] every couple of days and other family visit as well. If it does close this may not be possible, depending on where he is moved to. He definitely required 24 hour care and is not safe to look after himself as he is partially blind, very unsure on his feet and lost the use of his left hand, so, therefore he relies on the staff to help him with everything such as washing, dressing, toileting, cutting things up at meal times and generally everything where he needs to move.

They are sending me to assisted living with care.

Because I'm going back to my house but it will have a big impact on the people who live here permanently. The staff know exactly what they need and look after them really well.

I would be worried - I'm by myself. Where do I go? How can I live? Because I'm blind I can't go anywhere on my own. I need help. I worry about the change and moving.

I feel looked after here. I am anxious and worry about change. I'm [REDACTED] and don't want to keep moving. I want to know I will be looked after by people in the same way.

([REDACTED]) [REDACTED] would have to go through the process of getting to know new staff and I'll feel like I want to go every single day to make sure she is ok. It will have a terrible effect on me and [REDACTED]. It will effect her routine. The staff, wherever she goes will have to get to know her. There would also be an impact on the other residents.

I would struggle to find another job suitable with my needs as I have learning difficulties. I have worked here 23 years; I enjoy it very much.

I have been working for the council for 15 and a half years employed in many different residential homes, working in the kitchen. Each one of these homes, three in total have been shut due to closure. I have met many and been friendly with the residents. So when the homes have closed it has been sad and I have felt quite upset, as I know I won't be seeing them again.

I now work in the kitchen in Knowle Manor, I have been here two and a half years now which I feel I am quite settled working here. I moved from Homelea House residential home in Rothwell as that was closed this position at Knowle Manor was the only vacancy in a care home that I could get a job at as there wasn't enough hours at Dolphin Manor for me which is only 5 minutes walk from my house. I am extremely worried about the closure of Knowle Manor, as there was only this position for myself. So I am really quite stressed and have bad anxiety about the home up for closure.

I know I probably will be deployed but it may be on a different contract. I may loose hours there or loose pay (we are in a cost of living crisis).

It would affect mine and my families financial income e.g. it could lead to redundancy or move to another post with potential loss of financial earnings or post I am not happy in or too far to travel.

All this will cause me stress and anxiety causing increased potential health problems as I have previously had time off with depression and still receiving medication for this.

At the age of [REDACTED], having 17 years service and will reach retirement age in November this year, the loss of my wage will have an impact on me. It will not be easy finding another job. Leeds City Council are supposed to have a no redundancy policy. I have asked for voluntary leavers initiative. I work for CEL Cleaning Services. At a previous meeting with them they offered employment in refuse collection or litter picking in Leeds. Both are unacceptable.

The team worked continuously throughout the pandemic even though this had an impact on their mental health. We now feel that we are not valued, due to more responsibility within our roles, multi-tasking, now administering meds on a daily basis and more clinical duties which has required more training. This would mean may be a different role for staff and starting over again regarding this.

It would have a significant impact on me. I have worked at Knowle Manor for 24 years and love my job. It's my second home and residents are my extended family. I am nearly [REDACTED] years old. I suffer with anxiety and stress so moving jobs is not an option for me. It would have a big impact on my mental health so I would like to be considered for redundancy. I also support and look after my husband who has a disability and a long term illness and my [REDACTED] year old [REDACTED] lives with us who I also

support. I work part time at Knowle Manor. I took flexible retirement 2 years ago which enables me to manage a better work and life balance.

At my age having to start all over again and meeting new staff. I am all trained up to do meds within my job role but due to closure may be could mean different training regarding my med role leading to extra stress on my wellbeing and mental health feeling overwhelmed due to continuously working during Covid.

I will have to work in a school as there is not much else left and I have anxiety with change.

What could the Council do to reduce the potential impact? (Themes)

- Assurance to staff to transfer elsewhere
- Prevent closure of home – Identify cost savings/ways to keep open
- Costs of rehoming residents
- Impact on health- Stress and mental health
- Keep people informed and involved in discussions
- Support with finance and finding same quality of care

What could the Council do to reduce the potential impact?

Assurance from the Council that Staff like me will have another place to work.

To keep the home open and fill the vacant rooms with permanent resident

Keep Knowle Manor going, it is a lovely Care Home. Do the amount of refurbishment absolutely necessary. After all I can imagine it would actually cost a lot more money to re-house the residents and pay their costings at a more expensive Home.

By not closing yet another perfectly good care home.

THE ONLY WAY TO REDUCE IMPACT IS NOT TO CLOSE KNOWLE MANOR...OR REDUCE THE CARE LEVEL

Place more finances into social care

Not go ahead with the closure and look at any repairs or modifications that may be needed. Another building will cost a fortune to build from start to finish.

Not close the home for one.

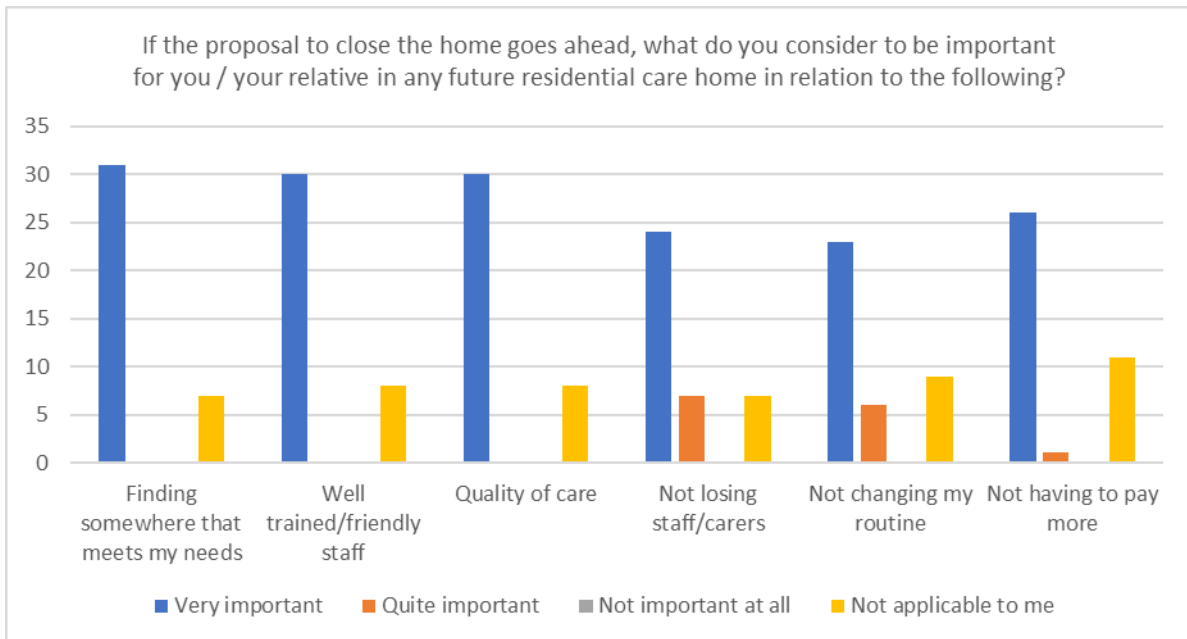
Have a massive re think - they know they have a jewel here - this is NOT the one to close . Work with KM to identity ways to keep the place full and working. The possible closure notice really affected my [REDACTED] mental health - I don't think she would have coped with the huge threatened change

Reconsider and look at something else they could save money on and put money into keeping the care homes. My [REDACTED] can't live independently any more – he can't stand for long or look after himself in his own home. He's had falls and they can act straight away in a care home. A care home is the safest place for him where he can be monitored 24 hours a day. The other care homes are not Council run – they are businesses and you don't get the same care and service nor the same staff.

<p>Ensure that all concerned are included in to any further discussions to avoid unnecessary anxiety. I only found out about this survey yesterday. Details had been sent out, but to my [REDACTED] unmonitored email address. Take on board points raised in question 6 above.</p>
<p>Not close us and find the money from else where also work to our council values by spending money wisely when using contractors and buying resources the contracts give them a licence to print money and it has gone on for far too long. I have brought this up at meetings in the past but it fell on deaf ears.</p>
<p>Take into consideration what I have said. Keep people in the loop. Give us enough time and information to find a suitable alternative if needed.</p>
<p>Keep it open. Give it a good refurb and bring it back to life to make sure it's always full. Listen to people's voices and understand what people want and need.</p>
<p>Don't close the home. I'll be [REDACTED] this year. A lady used to sit opposite me in the lounge and she was [REDACTED]. This is our home.</p>
<p>Keep it open. We think this sort of care is still needed - in other types of care. Nobody gets help all night and whenever you need it - if you have a cut or a bruise, a nurse looks at it almost straight away here.</p>
<p>Stop spending money on other things. People's lives are important.</p>
<p>Keep her access to the Sikh community. Make sure that she is supported and cared for by people who understand her well.</p>
<p>Keep it open – I can't think of anything else.</p>
<p>I think the Council should keep us open.</p>
<p>Keep it open. Make savings elsewhere in less essential services. Don't waste money. We need to keep Council residential homes as long as we can because there's a need for good, well-run affordable care homes. The Council has years of experience in providing care.</p>
<p>KEEP THE CARE HOME OPEN. Government given out monies, reduce costs elsewhere.</p>
<p>Keep it open. Find somewhere with all the same support and facilities near family.</p>
<p>Don't close. Make sure she is near by if she does have to move. Make sure she has the same care and is as comfortable as possible.</p>
<p>Don't close the home and let me stay here. Where am I going to get a better place than this?</p>
<p>Don't close Knowle Manor. This is their safe place and the residents at their age do not deserve or need the upheaval of having to move somewhere else. It could be detrimental to their health. the worry, anxiety and uncertainty could have major effects on their health. Funding should not be an issue.</p>
<p>Find money to keep the place open.</p>
<p>See if they can get more money. They need a bigger budget, Wherever people go who can't look after themselves, they will still need funding. Could they get more money from the government, charities? I don't know what budgets the council has,</p>
<p>Make sure I live somewhere I know well, where I can get around with help and the care I need.</p>
<p>Keep this place open.</p>
<p>There will be extra costs from closure (e.g. social work team). The council are putting council tax up, can they spend it on keeping the home open? Use the</p>

money from the Government for the council to keep the home open for the community.
Not close our home.
They could not close the home as there are many elderly people who need care that cannot be provided in their own homes. Private homes, in my opinion do not give the same level of care and tentative care that council homes do. As I have worked in a private BUPA home prior to coming to the council.
Don't close us, that's the best answer. I am happy there and the residents and I know from experience this causes anxiety.
Don't close Knowle Manor and use it as partly residential and respite.
Stop paying sick pay except in extreme circumstances.
To not close Knowle Manor and for it to remain open. To go forward regarding the refurbishment, to make sure that Knowle Manor would be fit for purpose for all the residents who want to remain living here and not have to move on to somewhere new.
Reconsider the proposal to close Knowle Manor.
To stop all the sick pay e.g. 6 months full pay, not to close Knowle Manor, let the residents live their lives there.

Care and support

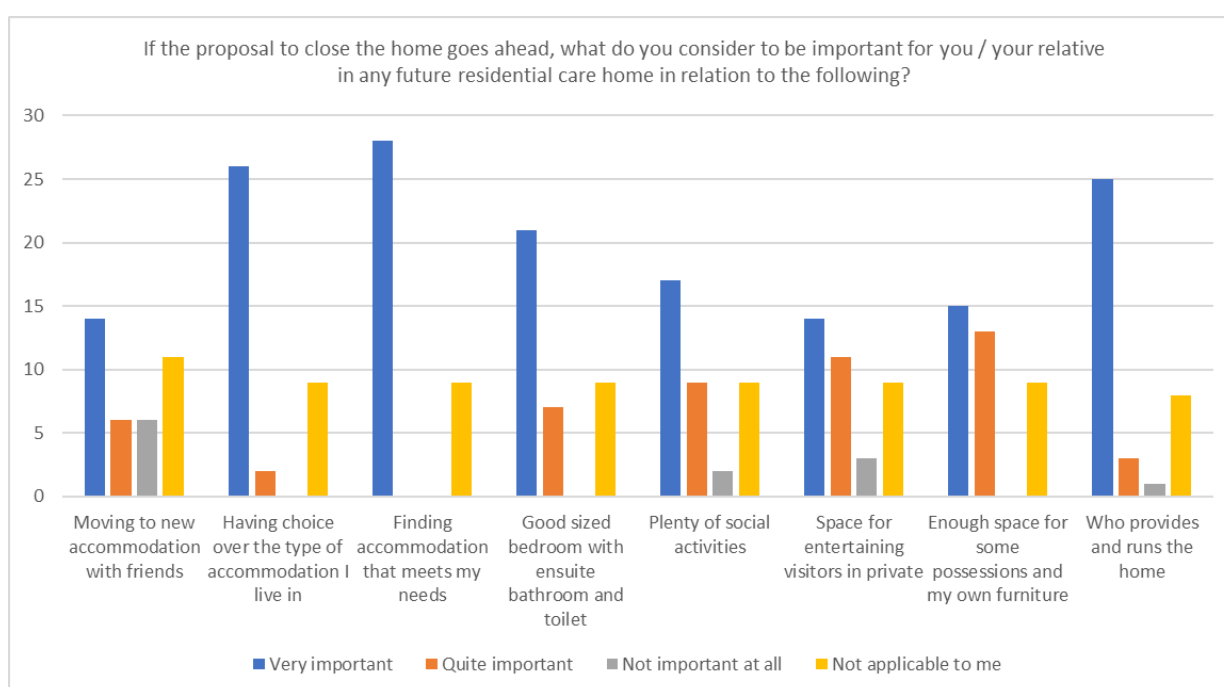


If the proposal to close the home goes ahead, what do you consider to be important for you / your relative in any future residential care home in relation to the following?

	Very important	Quite important	Not important at all	Not applicable to me

Finding somewhere that meets my needs	31	0	0	7
Well trained/friendly staff	30	0	0	8
Quality of care	30	0	0	8
Not losing staff/carers	24	7	0	7
Not changing my routine	23	6	0	9
Not having to pay more	26	1	0	11

Accommodation

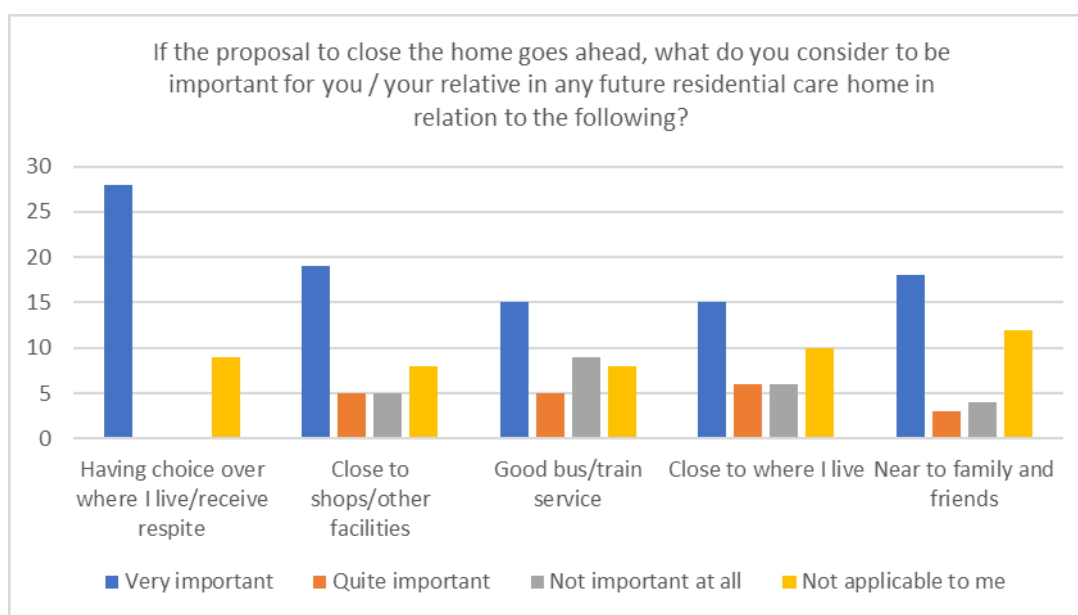


If the proposal to close the home goes ahead, what do you consider to be important for you / your relative in any future residential care home in relation to the following?

	Very important	Quite important	Not important at all	Not applicable to me
Moving to new accommodation with friends	14	6	6	11
Having choice over the type of accommodation I live in	26	2	0	9

Finding accommodation that meets my needs	28	0	0	9
Good sized bedroom with ensuite bathroom and toilet	21	7	0	9
Plenty of social activities	17	9	2	9
Space for entertaining visitors in private	14	11	3	9
Enough space for some possessions and my own furniture	15	13	0	9
Who provides and runs the home	25	3	1	8

Location



If the proposal to close the home goes ahead, what do you consider to be important for you / your relative in any future residential care home in relation to the following?

	Very important	Quite important	Not important at all	Not applicable to me
Having choice over where I live/receive respite	28	0	0	9
Close to shops/other facilities	19	5	5	8

Good bus/train service	15	5	9	8
Close to where I live	15	6	6	10
Near to family and friends	18	3	4	12

Other considerations (please state) – Themes

- **Keep home open/Repurpose the centre**
- **Accessibility/near friends and family**
- **Quality of care/support**
- **Cost of care/affordability**

Other considerations (please state):
None
Turn the home into a recovery hub or taking more residents for step down beds
If the worst happens My [REDACTED] would need to be placed around the Leeds area as I live in Surrey down south and visit by train and bus. Another Home would have to be easily accessible from Leeds City Centre and it's train service.
We are [REDACTED] family and we all live in and around Morley which is a significant factor in keeping her close by. [REDACTED] also visits a luncheon club that she has been attending for most of her retirement which is in Leeds 11 so not too far away ,depending on where she gets moved to this may not be possible to maintain going forward. This would impact my [REDACTED] greatly , can you imagine at [REDACTED] being told you can no longer go out as we cannot get you there.
We, as family members, will work round where the home is. It is 2 buses for me to get there, but that is what it is. Down the years my [REDACTED] went out of her way to visit older family members / family in hospital or in need. It is our turn now to visit her and care. Wherever she is, we'll work round.
If my [REDACTED] was alive I would have answered very important to all the above questions - you see , Knowle manor already provides the care that gives very important to all the questions
We were so pleased to have such good quality care so nearby that met all my [REDACTED] needs - if he had to move, we would need something very similar. You build a relationship with the people who do the caring and it's always the same people looking after him which is good. What I don't get is, if this goes ahead, the private care homes are so expensive – where is the top up money going to come from?
From tick list above. Who provides and runs the home - this depends what is on the table. I'm not that familiar with individual privately run home in Leeds. Close to where I live and Near to family and Friends - I live in York and I am [REDACTED] only relative.
N/A

What happens when the money runs out to pay for someone's care if the new provider fees are more expensive?

We don't know who runs the private houses. It's important to have a very good provider with a good reputation. Transport for family to visit is very important.

I don't want it to close and for her to move.

I've got used to all the staff and the manager. It's important because it's only a small home and they look after you. I very rarely see my family, they live down south. The staff here look after me and keep me clean and tidy.

Cost was all worked out according to what I can afford so I should get the same help for the same cost. The home needs to be well run. We often go out to the shops or the park, the staff come and ask.

If the Council wants to back a home, they can. If not it makes it unstable for the people who run the home.

My [REDACTED] is quite religious and would like to carry on meeting with members of the Sikh community. The location needs to allow her to still attend services and the staff team would need to support her to go. It's really important for my [REDACTED] to still be able to go shopping and get out with support from the Blind Society.

It would be a big mistake and a shame to close this down. It's handy for my family and friends – my [REDACTED] lives half a mile away and visits twice a week. My [REDACTED] visits on her lunch break. Family – we don't want to travel for miles, we couldn't believe there was a home so close.

I want to be in a home where I know the staff. I like to go out with staff and I prefer to shop for my own clothes. I want to be with people I know and who know me.

It's really hard to find good local care homes even when you really need them. [REDACTED] didn't join in with anything at the other home, she's more sociable here because of the care and support. Near family is vital.

Take note of everything I have said.

If you move people to private homes and they out the charges up, it would potentially affect him again as he might have to move again.

Any other home would have to have the same quality of care. - as good as this. We don't want her to be in a home where everyone is just sitting and not doing anything.

[REDACTED] has a fixed income- she can't pay more and we are retired - So she would have to have this level of care without paying more. She likes to have her hair done every week. She needs to be near family and friends.

([REDACTED]) - We have been to view 3 extra care homes locally and they agreed it would not be enough. - [REDACTED] needs 24 hour care - Where we have looked locally, there isn't anywhere that would be suitable. We are really worried that we wouldn't be able to visit if it was a longer way away. He hasn't got the money to pay more. "I don't want to be too far away from family".

Moving to Assisted Living this week.

I'm going back to my own home when it's ready.

I would choose to be in Leeds where I lived before (LEEDS 11). I went to Roundhay Road/Sheepscar Ramgaria (I go every Sunday from here - they come and get me). I want to be somewhere I am safe like here.

If you have to move, people have to run the home well. It is important for the staff to be consistent and friendly and caring.

Knowle Manor is good accommodation it is in the right area and near facilities.

I would be worried about getting anywhere else as this makes me anxious.

To have an open house policy regarding visitors calling, which within reason, as this is what occurs at Knowle Manor.

Please state if there is another viable approach which you believed should be considered? (Themes)

- **Keep home open/Repurpose as a resource in community**
- **Support with high fees of other homes/private homes**
- **Consider council budget/funding from elsewhere**
- **Take into account care needs**

Please state if there is another viable approach which you believed should be considered?

None

This is the only council home in Morley and it is surrounded by good community. I believe changing the home to recovery hub would be beneficial to residents, staff and community

None

Difficult to say. Could the home not be extended in some way and work round the patients.

More funding to keep the care home open.
Maybe a visit from local MPs to see how well the home is run.

To assist Knowle manor to get full capacity of residents and to watch how it operates as a training example to all lesser homes in Leeds

I just think that closing them down - there must be money somewhere in the council that could keep them open. There must be something less important than a care home with people's lives involved.

I think any savings made by closing Knowle Manor will be very short term. If, going forward, only privately run homes exist then you will be at the mercy of their charges, long term this could become very expensive. At least if the homes are council run any fees paid, once overheads are met, should be fed back to the council care service.

To provide end of life care or respite to ease carers strain. We could also continue to provide Stepdown beds as this has been very successful and provided a home from home environment to many people medically fit but bed blocking in hospitals.

It could be offset at council level. - is it a good long-term proposition with councils having to pay private care homes? This is a short term policy/choice, you will pay ore in the long run.

Can you work with other organisations to keep the home running?

Don't know.

Why has it come to this that the Council has no money? Can't the money from the government be increased? Is there anywhere else that savings could be made?

I don't know when I don't belong to the Council and I don't know the workers of the Council.

The budget is the budget – [REDACTED] needs to be looked after in 24 hour care.

I don't know anything at all about politics and how the Council works but I think the people who run the Council should see what it feels like to sit here and think that your home is going to close.
Don't close it. Get the money from somewhere else.
Which makes more money for the Council, could it become a rehabilitation centre? Could it be a dual facility? Could they take more residents who are self-funding?
I have stated KEEP IT OPEN.
Leave the care homes because it's peoples lives.
It shouldn't be purely financial. It for people who have paid in all their lives to now get back through care. The council should be looking at making sure there is full occupancy, Looking at why homes aren't financially viable. We don't know - could costs be sourced elsewhere?
Save some money elsewhere - Surely people shouldn't be swept away when they've paid all their lives. I think there would be a lot more things they could do before they close the home.
█ needs 24 hour care, and anyone that you speak to professionally agrees with this. Extra care living is not suitable, he does not have the capacity to deal with this and the people in these places agree that he is not a suitable candidate for this.
Keep it for people who just need temporary respite - that are waiting for a care plan.
I don't really know.
Not really - the council knows ore than us about the bigger picture.
It' not an unnecessary cost, it's a necessary cost. Older people have to be looked after by a responsible body which we look to the council for.
Keep it open.
Take money from somewhere less important.
I think Knowle Manor could be updated a little, as I think myself that the home is in quite good condition. But I suppose this is just my opinion.
Maybe repurpose to a hub or some sort of other care,
To keep Knowle Manor open. Part residential/part respite.
To may be go forward in a different or new approach regarding the use of Knowle Manor as at the moment we have residents who are using step down beds for 28 days from hospital.
Making it more cost effective by offering respite care and cutting costs elsewhere.
Think of the residents or change Knowle Manor to a hub as we have residents using step down beds and patients coming from hospital.

Finally, do you have any other comments? (Themes)

- **Disappointment/upset by potential closure**
- **Negative effect on residents and community**
- **Home has had a positive effect on residents – good quality of care**

Finally, do you have any other comments?
No, thanks.
I hope that reconsiderations to keep the home open will be taking into account as this is a lovely home
Only that we have been shocked and upset considerably about potential closure of this lovely, medium sized and very friendly Care Home, and hope everything can be done to prevent its closure which would have devastating affects on the ageing residents.
Yes we feel very let down by what's being proposed and the Councils decision to even consider closing another perfectly good care home just to cut costs. You are upsetting families and residents that are comfortable and being looked after to a high standard and in comfortable surroundings.
Think I have said all I have to say. The building doesn't appear to me to be dropping down or in bad state, so, surely something could be worked out.
How many more council run homes are going to close before action is taken. Mis management of council funds should be looked in to.
It's obvious I think this place should stay open - it's scandalous it's not being praised and supported and even being considered for closure - our Eulogy at my [REDACTED] funeral focussed on the incredible care of [REDACTED] and her team - the words my [REDACTED] learned how to smile again sums everything up
Do you really appreciate how it will affect residents and families when there is other money to fund less important things that don't directly affect people's lives?
What happens when a residents money runs out and they can no longer afford to pay for the service. This will happen fairly quickly in this part of the world as any house price sale could be lower than the average and not last that long, not everyone has a large private pension pot and the state pension will certainly not cover some of the charges I've heard banded around.
Please look at all the community support and look at the impact this would have on these amazing people that I am honoured to be able to look after in the later years of life they have given so much to others in their life and they deserve better than this.
The population is getting older, so there will be more and more older people who still need 24 hour residential care. People should come first - you've got to look at the future, This is a short-term solution - fire-fighting. You've got to think about people, the long-term and keeping expertise.
The manager here is great and you can speak to her about anything and know she will help you with it. I can't say anything wrong about the place - it's amazing. We're devastated that you're thinking of closing it down - it's such an outstanding home and seems such a waste when people are so comfortable and happy here.
They're all good staff here. You get to know them. They've been here a long time. You can't close the home, it's our home. I don't want to leave, I'm getting past it. Please don't close our home.

Do they realise these are all our last few years and to be worried and upset at [REDACTED] years old, I don't want my last years to be upsetting. Please don't close Knowle Manor.
I know the effect that changes and losses have had on her over the years. Without the support of people who know her well and the Sikh community, she would become depressed and it would have a bad effect on her.
Sit in my place and you'd realise you can't close it. I don't want to leave here. I'd no idea that this could be so good and now I don't want to leave again.
I'm going to be [REDACTED] in October and I don't want to move – don't close the home.
Essential services should be kept running, it affects lives. You want a quality service – we all get old. It's our duty to stop tearing down what we've built up. We need to think about the next generation. Who's to stop the private sector charging what they want and the Council will still have to subsidise that.
Please consider all comments and again would you like it if any of your family had to go through this. It's a total disgrace. You may look at the residents/family/care home staff and think all is ok looking at them - well think again.
[REDACTED] is so different from what he used to be because of the care he has had here. They're so happy here. We think he wouldn't settle and it would kill him. Some of the elderly people don't have family to speak up for them - we want everyone to have the same good care as here.
It's the residents and staff it affects, they all live locally. There are hardly any other homes in Morley. What will the council do when they have nothing else to sell? There should be a care home in a town where they live that cares for people who can't care for themselves even with help. Care at home.
Because we saw on the TV that the home would close, it caused a lot of worry and now people are talking about it and getting upset and anxious. Have you got any parents in a home? How would you feel if their home had to close? At the end of the day the council will do what they've decided.
[REDACTED] - They should be ashamed of what they want to do - If the council thinks it's ok to kick out old people they should be ashamed.
We feel that the people in this time in their live should have security and it shouldn't depend on funding. After they have paid into the system all their lives and now when they need something back they are being dumped on by the council. It shouldn't depend on whether they can afford to pay for care and eve if they don't have the savings still deserve to be cared for. Money could be saved elsewhere I'm sure!
They are lovely places here. I think it's a wonderful place with excellent care - they keep your dignity - I never once felt embarrassed.
Before you make the decision - maybe someone who make the decisions could come and visit and see how well looked after the elderly people are.
Thank you for thinking about us. I came here [REDACTED] years ago.
When older people can't look after themselves it isn't always viable to look after them in their own home. The council should make sure they are looked after properly.
[REDACTED] will fill her own form in with commitments

I feel that the residents that are living here (Knowle Manor) really like the home and they are settled here.

I know that this is having an impact on their mental health, as they say that they are worried about Knowle Manor closing and where they will be moved to.

I think the way this has been reported recently has created lots of anxiety to residents and staff. I think more transparency and honesty wouldn't go a miss.

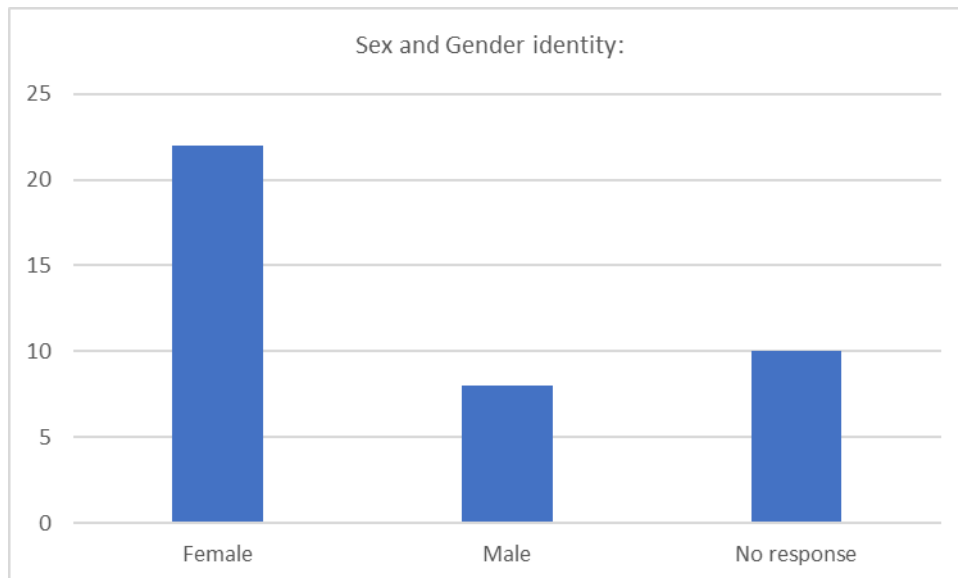
Knowle Manor was up for closure ten years ago but with the help from the general public it remained open. People are campaigning again to make sure it remains open for the people of Morley.

All staff and residents hope that all comments and relevant documents that have been completed are taken into consideration and taken on board and that the considered closure could be re-evaluated and re-thought.

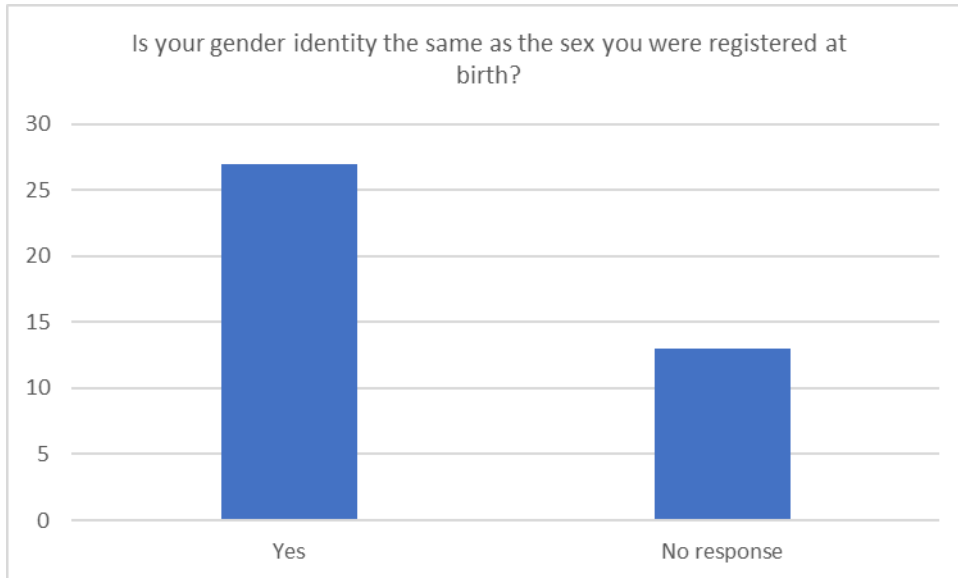
I will continue to support and reassure the residents throughout this daunting and frightening experience.

Most residents are not happy having to move.

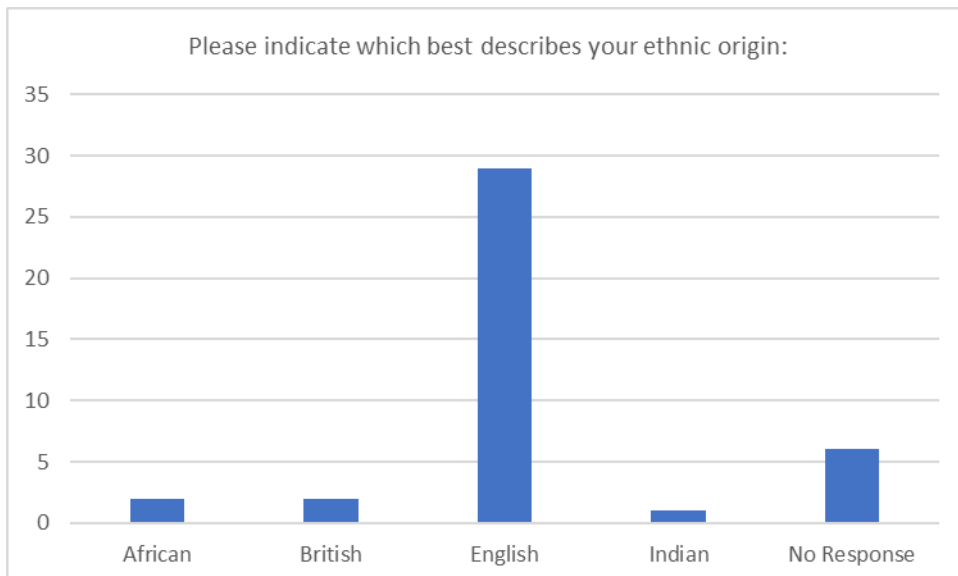
About You



Sex and Gender identity:	
Female	22
Male	8
No response	10
Grand Total	40

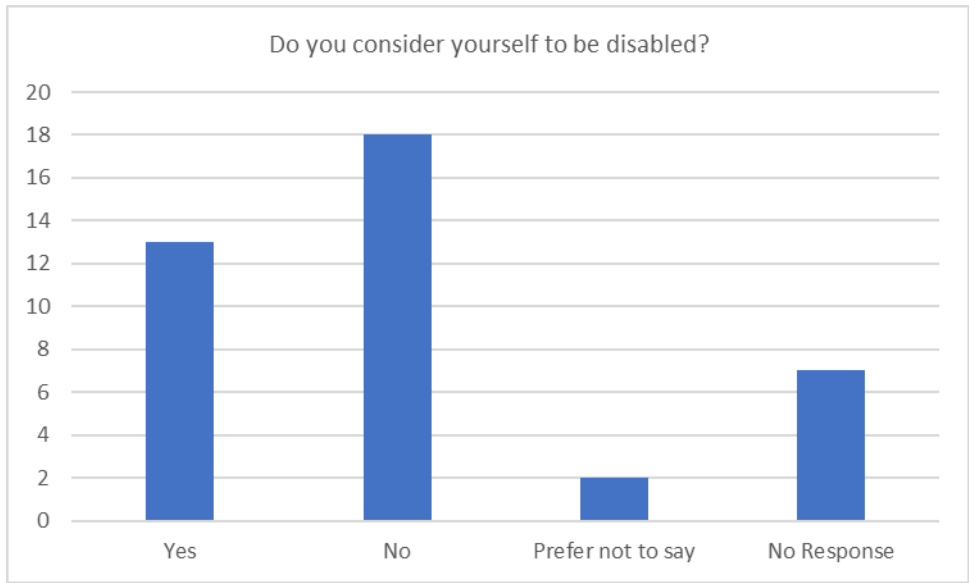


Is your gender identity the same as the sex you were registered at birth?	
Yes	27
No response	13
Grand Total	40

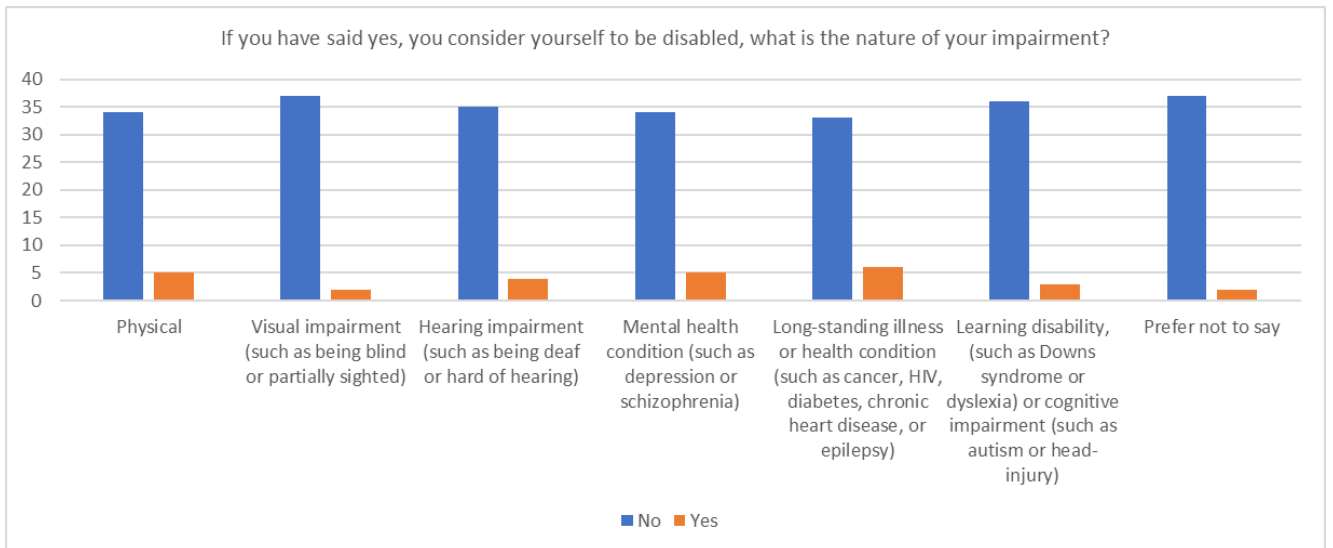


Please indicate which best describes your ethnic origin:	
African	2
British	2
English	29
Indian	1
No Response	6

Grand Total	40
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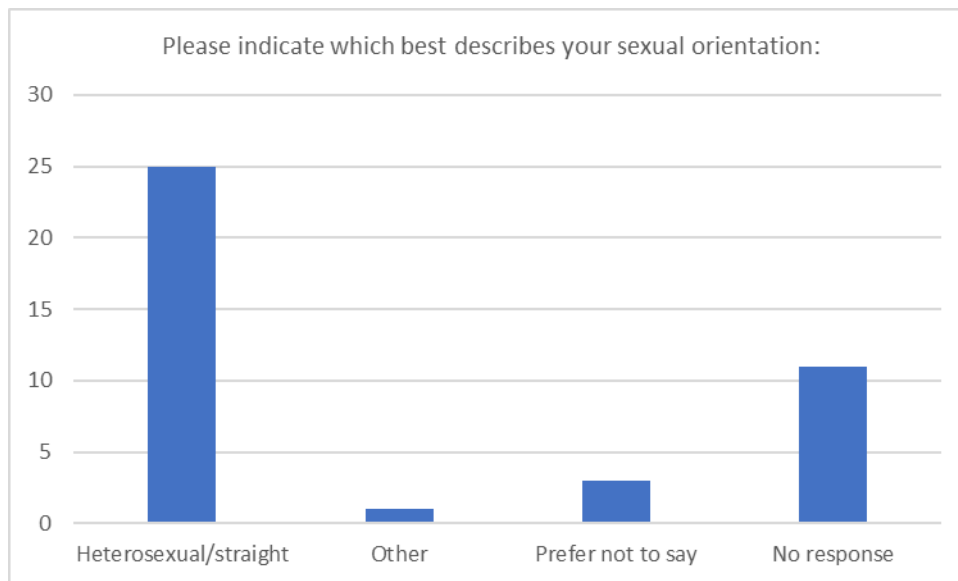


Do you consider yourself to be disabled?	
Yes	13
No	18
Prefer not to say	2
No Response	7
Grand Total	40

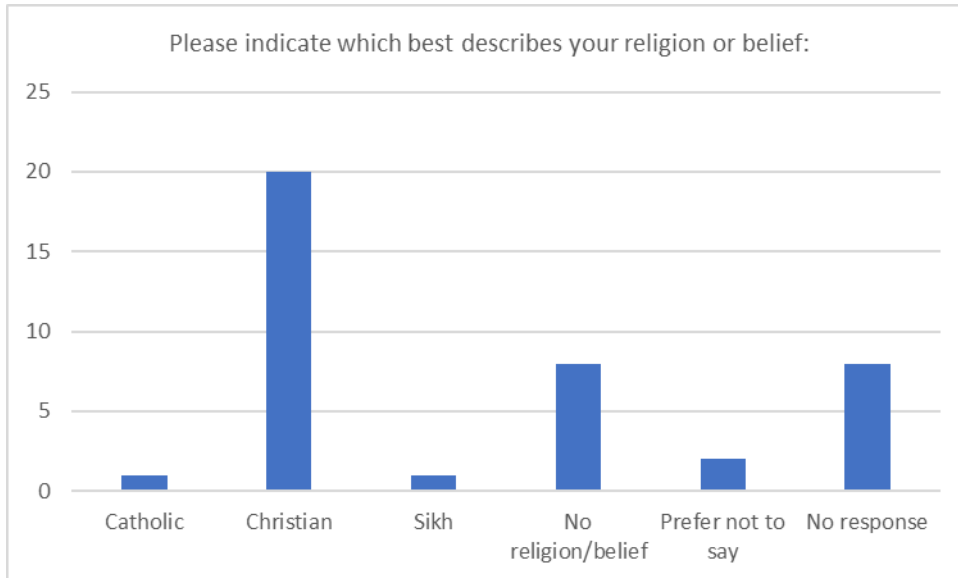


If you have said yes, you consider yourself to be disabled, what is the nature of your impairment?

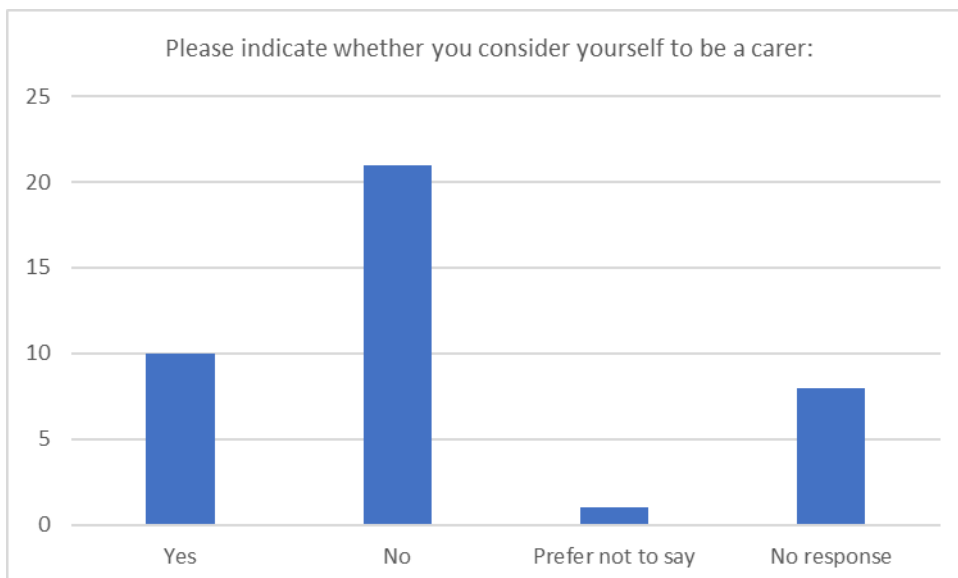
	No	Yes
Physical	34	5
Visual impairment (such as being blind or partially sighted)	37	2
Hearing impairment (such as being deaf or hard of hearing)	35	4
Mental health condition (such as depression or schizophrenia)	34	5
Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	33	6
Learning disability, (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	36	3
Prefer not to say	37	2



Please indicate which best describes your sexual orientation:	
Heterosexual/straight	25
Other	1
Prefer not to say	3
No response	11
Grand Total	40



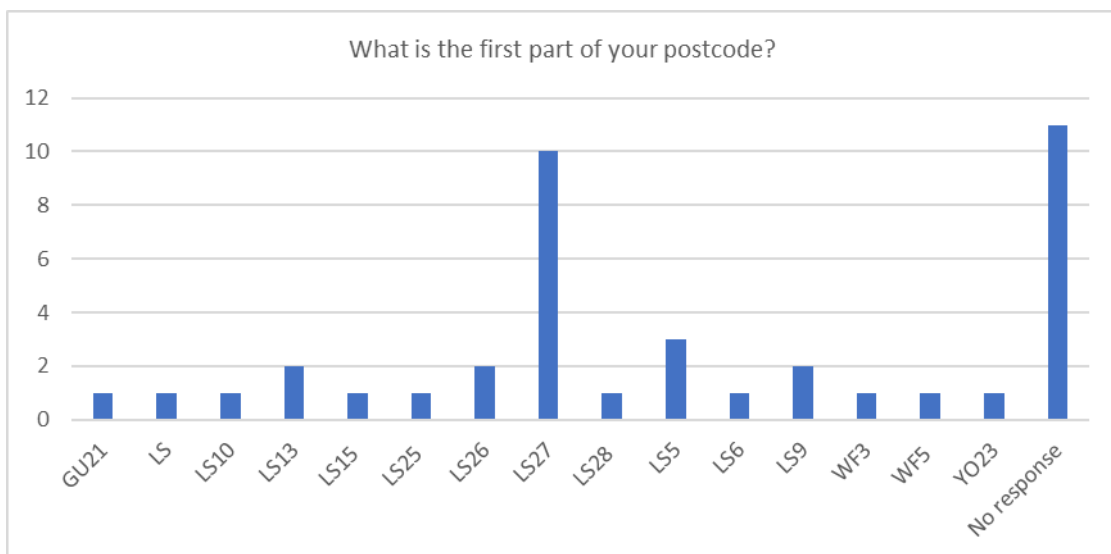
Please indicate which best describes your religion or belief:	
Catholic	1
Christian	20
Sikh	1
No religion/belief	8
Prefer not to say	2
No response	8
Grand Total	40



The council considers that a 'carer' is someone who provides care for a relative, neighbour or friend who is dependent on them because they cannot manage without their help because of physical or mental ill-health, disability, frailty, sensory impairment, old age or substance misuse. In the context of employment, a 'working carer' is someone who balances these unpaid caring responsibilities with full or part-time employment.

Please indicate whether you consider yourself to be a carer:

Yes	10
No	21
Prefer not to say	1
No response	8
Grand Total	40



What is the first part of your postcode?	
GU21	1
LS	1
LS10	1
LS13	2
LS15	1
LS25	1
LS26	2
LS27	10
LS28	1
LS5	3
LS6	1
LS9	2
WF3	1
WF5	1
YO23	1
No response	11
Grand Total	40

4b) Knowle Manor Repurposing proposals

Consultation Submissions and Responses Please note names have been redacted.

	Submission	Raised By	Response

Appendix 3b.

Service Review Report: LCC Care Home Review

Dolphin Manor Residential Care Home

Consultation Findings Report on the Proposed Repurposing of Dolphin Manor Long Stay Residential Care Home in Rothwell.

June 2024

Contents:

Section one: Purpose of the report and background

Section two: Methodology and process

Section three: Overall summary of the consultation

Section four: Detailed findings relating to the proposal for Dolphin Manor

Section One – Purpose of the report and background

Purpose

The purpose of this report is to inform Executive Board of the outcome of a process of consultation in relation to the proposed repurposing of Dolphin Manor long stay residential care home in Rothwell. It is also to give Executive Board sufficient information to enable it to make an informed decision about the proposed future options for this service.

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

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

Background

In December 2023, in response to proposals put forward to address the Council's current financial challenge and meet the Medium-Term Financial Strategy budget gaps, the Council's Executive Board approved the request to undertake stakeholder consultations on the proposed repurposing of Dolphin Manor long stay residential care home in Rothwell, into a short stay service.

Supporting the legal requirement for the Council to set a balanced budget and also the Best Council Plan Financial Strategy aim to become more "financially sustainable and resilient, safeguarding public funds whilst achieving value for money", the repurposing of Dolphin Manor care home is anticipated to offset the current reduced occupancy income by generation of regular funding income from the Integrated Care Board. In line with previous service changes, we will provide the care offer for current residents. There is a process to be followed to arrive at the new model of care. The intention is that the Council will not be financially disadvantaged by this change, aiming for full cost recovery. Therefore the repurposing of Dolphin Manor is not being seen as a service efficiency. The repurposing of the service and investment into prevention services in this way also reduces the demand upon, and delays entry into, formal care services which supports people to remain independent for longer and defers and reduces Council costs.

This report follows the decision of the Executive Board in December 2023 to begin a period of statutory consultation on these proposals.

Section Two – Methodology and Process

Consultation approval process

The Better Lives Programme is the Council's strategy for people with care and support needs. A key aspect of this strategy over recent years has been a strategic review to transform the Council's in-house service for older people. Previous reports to both Executive and Scrutiny Boards have documented how the aspirations of people with care and support needs have changed over time and that there is a strong and increasing desire for people to remain living in their own home for as long as possible or in housing-with-support such as extra care housing. Focus has been upon how services meet both current expectations and crucially how they can contribute to maximising people's independence, recovery, and rehabilitation in the future.

Dolphin Manor

Dolphin Manor is a 33 bedded residential home in Rothwell with 15 people living there on a permanent basis (45% occupancy).

Dolphin Manor has recently seen some capital funds investment improving the standard of the building and grounds. The refurbishment works includes creation of a specialist dementia care unit in preparation for pre-agreed plans to turn one area of the home into a short stay facility. This provision further supports meeting the needs of citizens and reduces the potential exclusion from rehabilitative services for people who live with dementia.

Consultation – Methodology and Process

The aim of the detailed consultation on the proposals was to consult with stakeholders and as a priority the residents, their families, and carers.

Staff are not affected by this consultation.

Consultation also took place within the locality, including Elected Members.

The purpose was to hear people's views about the possible repurposing of the care home, what the impact of the change might be, and how we might reduce that impact as we make our plans.

Establishing clear lines of communication

Letters were sent to all those directly affected on 4th December 2023 advising them of the recommendations in the forthcoming Budget Report being presented to the Executive Board in December 2023.

Letters were then sent to all those directly affected on 22nd December 2023 advising them of the Executive Board's decision to commence consultation on the future of Dolphin Manor long stay residential care home.

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

On 5th January 2024, printed copies of the survey were made available to all those directly affected by the proposal, along with a fact sheet providing background information to the proposed changes, details of the proposals, the consultation process and where to seek further help and information.

Throughout this period managers from Adult Social Care held regular meetings with residents, carers, staff and ward members to explain plans in more detail, and to respond to any questions.

Consultation Methods

A variety of methods of communication were made available for all people to use during the consultation period. These included in writing, by email, completing an online survey and by phone.

Links were also provided in the letters and briefs that were issued as described above.

Stakeholders were offered one-to-one meetings to explain the proposal, answer any questions and gather views using the survey questions for consistency.

A relative or friend could be present at the meeting to provide support and for people who are not able to express their views for themselves, or have no relatives or friends to be present, an independent advocate was present to ensure the individual could be appropriately consulted and their views recorded.

In instances where some people fed back that they hadn't received the letter, copies were re-sent via email and followed up to ensure it had been received, and that everyone who needed it, had access to the right information.

Detailed Survey

As described above, a detailed survey was made available and could be completed via different methods. The purpose of using a survey was to ensure consistency throughout this process.

However, submissions to the consultation could take any form and did not have to be via this method; responses via letter, phone call or email were also welcome and have been considered as part of the consultation process.

The survey uses a mix of a quantitative and qualitative approach and has ratings style questions along with open comment boxes to capture concerns, impact, comments and other ideas or options.

Methodology for data collection and analysis.

Approach to the evaluation

The evaluation draws upon the following data sources:

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

Qualitative data – To capture the views, thoughts and feelings of respondents, a qualitative methodology has been chosen. This data has been gathered from the open ‘comment’ boxes and from consultation submissions that did not choose to use the survey format. Comments have been analysed for recurring themes and general trends and categorised under the following headings, used in section 3 of this report:

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

Further detailed comments are summarised and documented in section 4.

Equality, Diversity, Cohesion, and Integration (EDCI)

The proposals are the subject of an EDCI Assessment which has been completed as a parallel process to the consultation.

The EDCI Assessments are submitted with this consultation report to be considered through the Council’s decision-making process. It is proposed that should agreement be given to progress with the proposed options, that an implementation plan is developed in line with the Assessment and Closure Protocol which is appended to the Executive Board report. This would show how any closures would be managed over the agreed timescales and how residents, relatives, carers, and staff will be supported to safeguard human rights and equal rights, minimise distress and maximise benefits to individuals.

Section Three – overall summary

This section of the report provides summary detail of the consultation submissions.

Further and more detailed information from the feedback and responses from consultation undertaken is contained in section 4.

Summary of consultation submissions and engagement activity by stakeholder group

Overall, there were 269 instances of engagement as part of the consultation process. This included 40 survey responses (**39, plus one anonymous submission), 85 phone calls, 66 emails, 22 letters, and 56 meetings.

Table 1: Consultation Submissions / Engagements

Care Home Dolphin Manor Stakeholder Group	Method of Consultation Submission / Engagement									
	Surveys		Emails		Letters		Phone Calls		Petitions	Meetings
	Sent	Completed	Sent	Received	Sent	Received	Outbound	Received		
Resident	22	17			22					22
Relative	18	18	49				85			19
Representative	4	4								1
Staff Member	N/A		N/A		N/A		N/A		N/A	5
Trade Union			1	3						2
Elected Member and MP			5	8						5
Full Council										2
Totals by Method of Engagement*	40**		66		22		85			56

Please note:

- Where a field is blank no method of submission / engagement was received or requested.

Consultation with Residents, Family / Carers, Representatives

All residents during the consultation, and their families were contacted and invited to take part in the consultation process. In some cases, the family members completed the surveys on behalf of relatives, and in other cases, both family members and residents each completed one. An online and paper version was provided for

completion. The survey consultation took place from Monday 8th January 2024, and the deadline for responding was Sunday 18th February 2024.

All residents and family members were offered support to complete the survey in the form of face-to-face meetings, online meetings, and phone calls. Of the 23 residents who were contacted, 17 completed a survey, either online or in person. In addition to that, 18 relatives, and 4 representatives also completed the consultation survey. Overall, 40 survey responses were received, with one of those being anonymous, so the stakeholder group for that one could not be identified.

Of the 23 permanent and temporary residents, 22 provided next of kin details, all of whom were first contacted by phone on 5th December 2023.

22 meetings took place with individual residents, and 19 meetings took place with relatives of 19 different residents.

Additional meetings included:

- 07/12/2023 – Residents and their family / carers were invited to meet with the Head of service and Service Delivery Manager
- 05/01/2024 – Residents and their family / carers were invited to meet with the Head of Service and the Service Delivery Manager.

As part of the support offered to family members to engage with the consultation, 49 emails were sent out to family members, and 85 phone calls were also made to family members.

Consultation with Staff

Although no formal consultation was necessary with staff, meetings took place to support staff and keep them informed of the process on the following dates:

06/12/2023 – Meeting held with Head of Service

28/12/2023 – Support meeting with Service Delivery Manager

03/01/2024 - Meeting with Head of Service

18/01/2024 – Team meeting

28/03/2024 – Support meeting with Principal Service Manager

10/04/2024 – Team meeting

Consultation with Trade Unions

Consultation with Trade Unions was unnecessary for this consultation; however, communication took place through Routine Business Meetings where Unions were informed of the plans regarding the care homes and the consultation.

Consultation with Elected Members and MPs

Elected Members in the affected ward areas received invitations to meet with Directorate Senior Managers to discuss the December 2023 Executive Board proposals, and then again following the Executive Board decision once the call-in period had lapsed.

Consultation at Council Forums including Full Council, Scrutiny Board, Cabinet and Community Committee

The care home proposal was discussed at a meeting of the Council following submission of a deputation for another care home on Wednesday 20th March 2024.

Themes arising from all consultation and engagement activity

The responses to the consultation via the methods and stakeholder groups described above were detailed and diverse.

The range of engagement methods allowed people to express their views on the proposals and as such responses were gathered, as well as specific questions about the proposals.

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

Overall findings relating to the proposals:

The majority of respondents to the consultation for Dolphin Manor did not support the proposed repurposing of the care home. A common theme among respondents was that they view Dolphin Manor, and the local area as a whole, as their home, and being asked to move to another care home would be uprooting them from that. Other replies referenced the concerns about the emotional impact of the potential moves making it harder for residents to see family / friends.

People's health and wellbeing

Key issues and messages

- Residents feel the quality of care they receive is high. Residents and carers feel the staff are well trained, provide high quality care and know the residents and their needs.
- Residents mostly don't want to move and leave their home and friends.
- There are concerns about the impact the potential plans could cause to residents' mental health due to the potential changes.
- There are concerns about the impact on residents' physical health due to disruption to routine, loss of independence, and moving from their home.
- Residents and families feel the location of Dolphin Manor supports those who have limited access to travel due to needs i.e. wheelchair. The location of Dolphin Manor supports carers and family being able to take residents to local parks, shops, church, etc, without the need for specialised transportation.

Our response

Full Equality, diversity, cohesion, and integration (EDCI) impact assessments have been carried out as part of the consultation process. This focuses on the potential impacts to people using the service and their families/carers. This impact assessment is included along with the report to July's Executive Board.

If a decision is made to repurpose Dolphin Manor, the transfer of residents will be carefully planned and carried out professionally, sensitively, and safely as per the Care Guarantee. This is an established process that has been used in previous transfers of care which involves qualified social workers conducting assessments to support the transition of people. The associated Assessment and Transfer Protocol, ensures full consultation with, and consideration of, the needs of residents. This will include taking into account people's views and wishes regards moving with friends / friendship groups and keeping in touch with communities important to people. Family members would also be involved in the transfer process including the choice of an alternative care home. This will be done within a timescale which will minimise the disruption and discomfort for those affected. The continued wellbeing of people who will have moved into new services would be monitored by reviews after three-, six-, and twelve-months following transfer. Previous evaluations of similar transfers following this approach have been positive with regards to people's experience. The Care Guarantee can be found at Appendix 1 and the Assessment and Transfer Protocol can be found at Appendix 2.

Where a resident cannot make an informed choice or has no family an independent advocate would be made available. No resident would transfer if, in the opinion of their doctor or specialist, they were considered too ill to be moved. Residents will also be supplied with the Care Guarantee clearly stating theirs and their carer's rights.

Should the proposals be agreed, current staff will support residents in the assessment and transfer process. Any move to a new service will be supported by the assessment and transfer team, who will continue this support before, during and after the move to ensure the resident settles into their new service and becomes familiar with their new surroundings and the staff team.

Quality

Key issues and messages

- Residents expressed satisfaction and gratitude for the staff and the high quality of services provided.
- Residents described staff as friendly, caring, attentive, and skilled. The environment was described as homely, comfortable, and safe.

- Residents noted how they appreciated the social activities, outings, and family visits facilitated by Dolphin Manor.
- There is a concern that alternative provision will not be sufficient, or will not meet the needs of the residents.
- Residents feel the staff understand and know the needs of the residents. If residents are moved, they will lose that understanding and relationship with the staff, which may have an impact on their health and wellbeing and the future care they are provided.

Our response

Quality of Care

The high quality of care and support provided at Dolphin Manor is recognised and acknowledged. Repurposing Dolphin Manor would retain the staff, so their good practice is retained.

Quality of alternative long stay residential care provision

The need for residential homes is decreasing within Leeds and where this resource is required to meet people's needs, there is a well-developed independent sector care home market.

Leeds currently has 51 older people's residential and nursing care homes rated good or outstanding by the Care Quality Commission, in the independent sector, with over 2500 beds in these homes.

If a recommendation for repurposing Dolphin Manor was made and approved, no-one will have their care taken away or their level of support reduced.

Quality of the care home market

Within Leeds the majority of older people's residential and nursing care is provided by a well-developed independent sector care home market which is regulated by the Care Quality Commission. A considerable number of these homes also have a service contract with the Council and are therefore subject to the Council's monitoring provisions in addition to CQC inspections.

Adults and Health also have a Care Quality Team which provides proactive and targeted support to regulated care providers in the city, whether or not they hold a contract with the Council, to assist in improving and maintaining quality services.

In addition to the contract monitoring teams in Adults and Health, the Integrated Care Board also have quality officers to assist the care homes in ensuring clinical aspects of care are being met.

Quality improvements are also further supported through Commissioning for Quality and improvement (CQUINs) built into contracts and monitored as part of that process, which helps to further incentivise defined improvements.

Finance

Key issues and messages

- There is a suggestion that funds could be generated in other ways, such as by improving the current billing system, meaning the care home could remain open.
- There are suggestions that savings should be made elsewhere. For example, in areas that do not directly impact people's lives such as parks.
- There are concerns about the cost implications of moving to a new home, both for the resident, and for the council.
- Another person raised a concern that if their relative was moved to a care home further away, it would cost them more in travel, and therefore reduce the number of times they would be able to visit.
- There is an understanding that money needs to be saved.
- There is a concern that cost is being prioritised over people's lives.

Our Response

The Council is committed to ensure that no individual is disadvantaged because of the proposals. The Care Guarantee would be used to give assurance that where the Council is currently contributing towards a resident's care home fee there will be no financial detriment to the resident or carer/family in choosing a new care home from the Council's quality framework list. Any proposed transfer to a care home not on the Council's quality framework list will be considered on an individual basis and may incur a top-up fee. The Council will not pay any non-care supplement relating to enhancements that a care home may offer (such as a larger room). Carers / family members will be involved in the assessment and transfer process including the choice of an alternative provision.

The repurposing of Dolphin Manor care home into a community care bed based Recovery Hub is anticipated to offset the reduced occupancy income by generation of regular funding income from the Integrated Care Board (ICB). The repurposing of the service and investment into prevention services in this way also reduces the demand upon, and delays entry into formal care services which supports people to remain independent for longer and saves the Council money.

Locality

Key issues and messages

- Currently, resident's families and friends are able to visit easily, and concerns are raised that this may be more difficult if they must travel further.

- People have spent most of their lives in the local area. There are concerns it could have a negative impact on both their mental and physical health if they move away.
- Many residents have strong links with the local area through friendships, clubs, organisations that would be lost if they had to move away.
- Dolphin Manor is an important part of the area, and important to the local community.
- Concerns that repurposing the care home, would leave the area with no long-term care home provision, forcing people to move away from the area.
- There is a suggestion that Rothwell has an increasingly elderly population, which increases the need for long term residential care.

Our Response

As detailed in the Better Lives Strategy we know from our discussions that many older people want a wider choice of accommodation and support options with, as much as possible, support being delivered in their own homes or in care environments like extra care housing. Leeds currently has 51 older people's residential and nursing care homes rated good or outstanding by the Care Quality Commission, in the independent sector, with over 2500 beds in these homes.

It is equally important that we make sure our services can still meet the city's changing requirements for care, with more people living independently for longer and a rising number of people needing specialist care, such as those who develop dementia.

Adult Social Care is therefore continuing to invest in the development of extra care accommodation and as outlined above, to work with NHS partners to model service developments to support people with dementia and complex needs.

Strategic

Key issues and messages

- Rethink this strategy and create new areas for respite care rather than repurposes existing homes.
- Due to the ageing population of the area, repurposing Dolphin Manor would leave the area without a quality care home.
- It would prove more expensive to move residents Dolphin Manor, away from Rothwell and into alternative care homes that are too far away or more expensive.

- Repurposing a long-term care home negatively impacts current residents, but also future residents. The short-term gain may have long-term implications.
- Keep the residential element open but add an intermediary care element so both services can be provided.
- Concerns were raised that the occupancy numbers are only low due to the refurbishment, as well as other reasons, and that the Care Home would be able to remain as it is, if occupancy was increased.

Our Response

Under the Care Act 2014, subject to eligibility criteria, the Council has a statutory responsibility to meet needs for care and support which can be met in a variety of different ways. The Council also has a duty under the Care Act to promote diversity and quality in the provision of services. The proposal to close the care home is principally based upon insufficient demand for residential beds and the associated financial unviability of the service. Therefore, there are no concerns around adequate alternative provision being available across the city.

The requirement of the Council to respond to the financial challenges, along with the legal requirement of the Council to set a balanced budget within its Medium-Term Financial Strategy stipulated the timing for this proposal. The December 2023 Budget Report stated the Council is required to identify an estimated additional £60.6m in year 2025/2026. It is therefore vital for both the reputation of the authority and to meet its ambition to be financially resilient and sustainable, that the Council delivers financially viable services offering value for money within its spending of the Leeds pound.

The proposed timeline for the process is based on best practise; for example, appropriate time will be allocated to the assessment and transition process to minimise disruption and discomfort for those affected. Nothing will happen suddenly or unexpectedly, either for staff or for residents and we will continue to work with Trade Unions to support affected staff through this process.

Methodology

Key issues and messages

- Residents and family members do not agree with some of the reasoning and rationale behind the council wanting to repurpose the care home.
- Residents were invited to have a say in the refurbishment plans for the care home, and feel it is now unfair that they might be rehomed elsewhere.
- Ensure people have a final choice of where they go and where they live.

Our Response

The consultation included people who live at Dolphin Manor and their family / carers. People were encouraged to participate in the consultation via a variety of methods, including through completion of the online surveys, by phone, by email and in writing. For those directly affected also through a face-to-face meeting where a relative or friend could be present at the meeting to provide support. For people who were not able to express their views for themselves, or have no relatives or friends to be present, an independent advocate was requested to ensure the individual could be appropriately consulted and their views recorded. Dolphin Manor has a number of people who are currently residing in the care homes on a temporary basis. These people were also included within the consultation.

We will ensure that the assessment and transition to alternative provision is carried out in accordance with the Council's Care Guarantee and Assessment and Protocol, which are developed in consideration of the needs of older people and people living with dementia. The assessment and transfer will be managed by a qualified team of social workers who are fully conversant with the needs of residents, including people with dementia. Family members will be involved in the transfer process including the choice of an alternative provision. The continued wellbeing of people who had moved into new services to be monitored by reviews after three, six- and twelve-months following transfer.

Suggested Mitigations

Key issues and messages

- Keep the residential element open but add an intermediary care element so both services can be provided.
- The council should rethink their strategy and keep the care home open.
- Implement a gradual and sensitive transition.
- Rehoming residents close to Rothwell and/or near relatives with an equal level of support.
- Saving money elsewhere or in other services.
- Ensure any new provision offers the same quality of care and support that is currently provided at Dolphin Manor.
- Rehome friends together so they can maintain those relationships.
- Rehome the residents and place them with the same staff that cared for them at Dolphin Manor.
- Allow the current residents to remain until the end of their lives, then repurpose.

Our Response

- The low number of residents in the care home is an ongoing issue, and demand remains low.
- Residents will be supported through individual assessments to remain close to the location, and rehomed with friends if that is their wish and would only be moved to Leeds City Council approved framework providers.

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

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

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

All questions were optional, so some people chose not to complete every question.

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

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

Where names, ages or relationships were used in the comments these have been redacted to comply with data protection requirements.

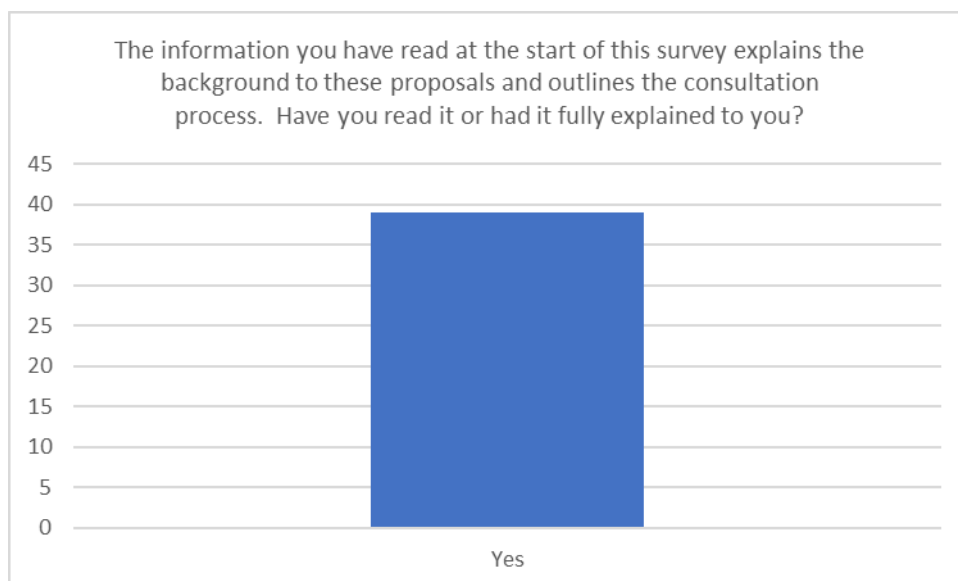
4a) Consultation Survey Questionnaire Detailed Responses

Please note any personally identifiable information such as names, relationships and ages have been redacted.

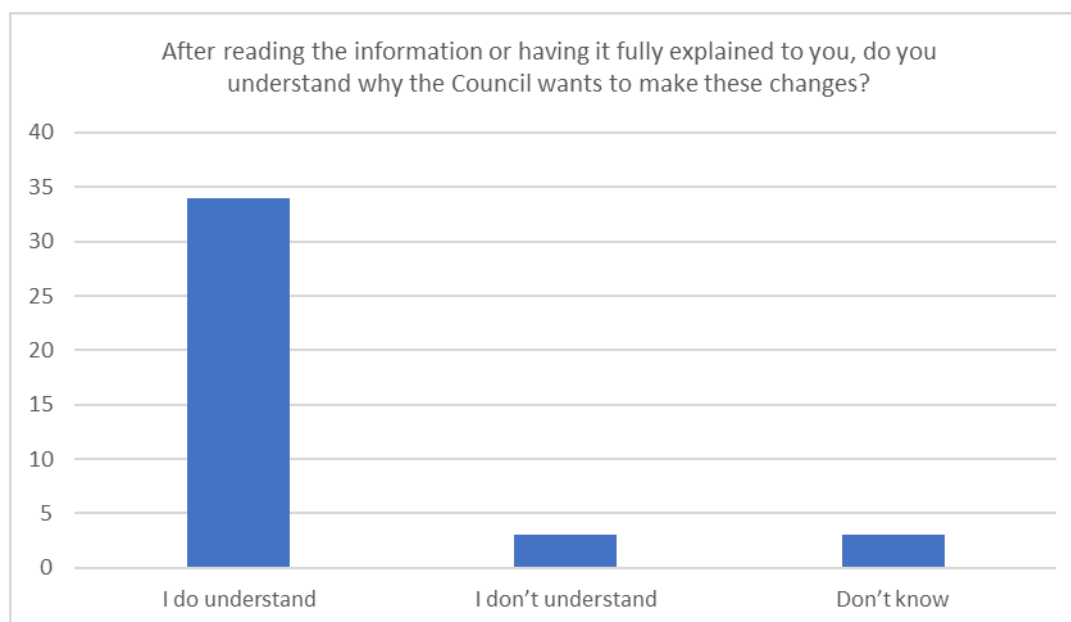
Dolphin Manor General Public Consultation, 8th January to 18th February 2024 - Survey Results (40 Responses)

Dolphin Manor Consultation – Analysis

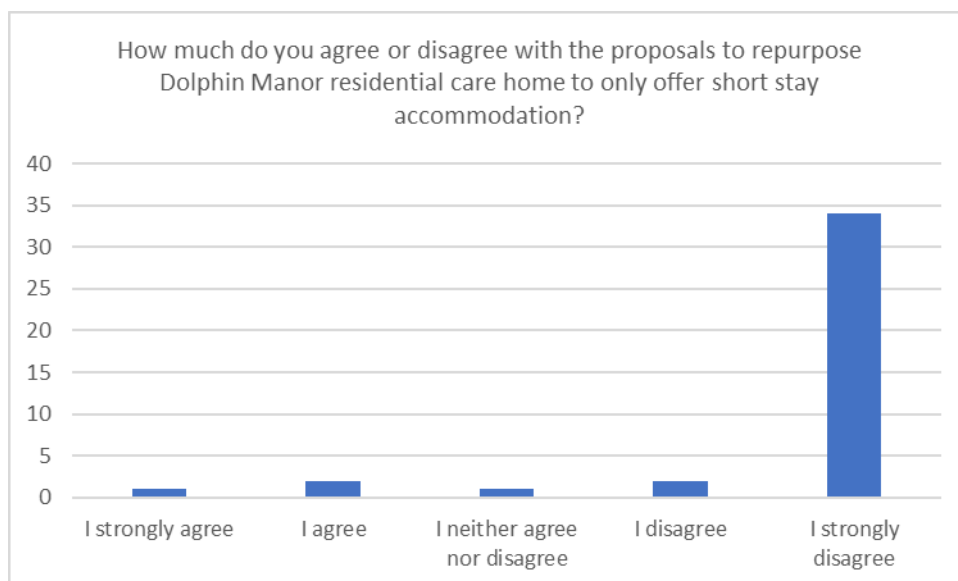
The information you have read at the start of this survey explains the background to these proposals and outlines the consultation process. Have you read it or had it fully explained to you?	
Yes	No
39	0



After reading the information or having it fully explained to you, do you understand why the Council wants to make these changes?		
I do understand	I don't understand	Don't know
34	3	3



How much do you agree or disagree with the proposals to repurpose Dolphin Manor residential care home to only offer short stay accommodation?				
I strongly agree	I agree	I neither agree nor disagree	I disagree	I strongly disagree
1	2	1	2	34



Please tell us the reason for your answer. (Themes)

- **Stress, loneliness/Isolation – being uprooted from home**
- **Loss of independence**
- **Care needs/need for a care home**
- **Health and safety**

Please tell us the reason for your answer.

My [REDACTED] has been a resident of Rothwell for over 90 years and this will end this at a time when she needs as much familiarity as possible. She is in very poor health and does not need the added stress of being moved to an unfamiliar place. In addition it will mean that she can no longer be brought to family gatherings and other important events that she loves.

Dolphin manor is at the heart of Rothwell and for the elderly that have lived in Rothwell all their live is an opportunity for them to live out their days in familiar surroundings. Residents that have limited access in travel due to being wheel chair bound etc and requiring specialised transportation can easily be wheeled or taken by family members into the centre to see the park, sit in a cafe, attend their church or events at their parish centre to see old friends and familiar faces, shop in morrison's, have pub lunch with family and feel some kind of independence and normality. These opportunities for residents as well as family if closed will be taken away. By relocating residents which have been involved with designing their new bedrooms that were told were for them (tormented if then re located) will take away their independence, their friendships they have formed with other residents and staff and time from their family of relocated out of the local area. Dolphin manor holds events that allow families to celebrate together it allows families to use their family rooms to host birthday get togethers etc. it makes me so sad to feel that if relocated the residents that already have had to move out of their rooms to decorate and some have not dealt with small change well let alone moving out and separated. When my [REDACTED] [REDACTED] had council care in her own home she was often left alone, lonely and scared. She fell a lot, carers ran late, forgot to give medication, missed breakfast for her as they ran into lunch due to being held up. Dolphin manner has saved my [REDACTED] - I feel without the facility things

would be very different. My [REDACTED] talks about her best friend she's made at dolphin manor how she can't fault the amazing staff and how she's so lucky to have her family close that visit so regularly. From loneliness she felt after [REDACTED] passed during Covid and living alone she now feels warmth and support from the people around her. Taking away another care home in Rothwell would be an absolute disgrace.

Dolphin Manor is fundamental to so many vulnerable elderly people who need permanent accommodation. The beauty of Dolphin Manor is that it feels like a home, not just temporary accommodation. Imagine you lose your [REDACTED] of over [REDACTED] and you have to move out of the home you have lived in, raised a family in, for [REDACTED], not because you don't know what's going on, but because your physical health fails you. This is a traumatic event anyone's life. The only solace is a comforting new home with new friends where your family can visit. I watched my [REDACTED] crying the day she admitted she needed to move out of her beloved detached house in Rothwell, saying it was time to "give up". But then I also saw her smiling again and happy as she settled into Dolphin Manor. The staff know her and all her special medical needs inside out, she has a routine, she has friends, she has activities, days out, lots to look forward to and a reason to not just "give in". The permanence of Dolphin Manor is exactly what she needs. It is what the staff do best. From the residents meetings (wonderful) to putting pipe lagging on the side of my [REDACTED] bed to stop her banging her legs, to the birthday fuss. Dolphin Manor is just what my [REDACTED] needs, and I am sure what every other resident there needs too. If you could witness the change in my [REDACTED] when she got her permanent room in Dolphin Manor, you would not be considering repurposing it.

My [REDACTED] came to Dolphin Manor in December 2021 due to the issues below and because Leeds City Councils Enablement team appeared to be unable to provide the 4 visits per day and the support promised was not good enough to keep [REDACTED] in her own home. Dolphin Manor could only offer her a Temporary Bed.

In October / November 2022 a permanent bed became available. (Which does conflict with the current statement of too much bed capacity as it took 8 months)

CURRENT ISSUES

* She can only walk with the aid of a walking aid and only a few feet, she depends on a wheel chair and is unable to get in and out of a car. She is a falls risk and has had several falls at home but not in Dolphin Manor.

*She is unable to manage own medication, meals, toileting, showering,

*She has recurrent cellulitis and swollen legs, she needs support to elevate her legs.

*She has a permanently dislocated shoulder causing pain and an inability to use the arm for many tasks

ISSUES TO HOME CARE - AT HOME WE FACED THESE ISSUES -

*Continence issues – if [REDACTED] had an accident just after 1 carer left, she may have had to wait until next carer arrived this could be a five hour wait. If she wet the bed in the night she had to wait for the breakfast carer to arrive.

*[REDACTED] cannot operate a gas fire. Being cold and not being able to turn it up. Visa versa. Issues around the safety of naked flame and dressing gown.

*She could not turn light switches on and off.

*She was not able to access upstairs via Stannah, so is unable to access shower.

*Levels of anxiety and agitation. Left alone [REDACTED] becomes distressed needing reassurance.

* Increased level so of confusion and memory loss

* [REDACTED] often slept in a chair causing swollen legs and hospitalization.

* [REDACTED] struggled to make decisions about food and did not eat well.

* She could not cope with a even 1 day without me and my [REDACTED], even with 4 carers.

This is the scenario we left behind when she moved into Dolphin Manor.

SOME PEOPLE NEED TO LIVE IN A CARE HOME.

Rehoming of the residents of Dolphin Manor.

We are told that in the event of Dolphin Manor closing as a Care Home, my [REDACTED] will be allocated a social worker to look at her care needs and preference. Her preference would be to stay in Rothwell, but there will be no care home places if Dolphin Manor is repurposed (In effect closing as a care home).

Knowle Care Home is proposed for closure, where are all these residents going to go? Rothwell has lost Holme Lea, the closing of Dolphin Manor will mean there is not an affordable Care Home to serve Rothwell and its surrounding communities. This locality has an increasingly elderly population, I feel it is a great mistake to think the elderly of Rothwell and surrounding areas can be cared for in their own homes even with a package of care. 4 Carers a day, for some people, cannot match the 24hr care some of these people need.

I would suggest that this is also an issue of safety. If the decision makers at Leeds Council saw on the ground, the issues and problems which arise when someone is struggling to live in their own home even with support, issues around mobility, burns, hygiene, being a falls risk, medication, nutrition and mental health, they would see that it becomes for some, unsafe to stay in their own home, that there is still a need for Residential Care in this area.

Example – This January, my friends [REDACTED] who after 4 falls in her own home, was admitted to hospital, and sent home with a package of care, 4 carers plus 2 daughters. She was found on the floor on day 3 of her return home and is now in hospital after surgery for a broken hip, on IV antibiotics, a chest infection and delirium. The family were persuaded she return home, due to shortage of Care Home beds. Had the daughters been listened to and she had been admitted to a care home, she would be safe and well.

Dolphin is the only council run care home in Rothwell and with the ageing population it would be folly to close it. It is fantastic facility which is appreciated by all parties concerned.

You are NOT correct when you state 57% occupancy. The reason being is the home is being refurbished. Once this work is completed it will be possible to reach 100% It's disappointing that the council should put out misleading information.

Surely we should value old people and make the last few months/years as nice as possible. The residents are happy at Dolphin Manor and they have made it their final home. To remove them and move them on to a another facility would be cruel and very upsetting.

Residential care in Rothwell is important to the town. The low numbers in DM is because LCC advise families to look elsewhere when searching for a residential care home for their loved ones.

Dolphin Manor serves the local population, giving elderly people a safe home to live out their lives in a safe happy environment. They do not want to be moved away from family and friends or the local environment.

It would mean my [REDACTED] getting rehoused & I feel that would cause major disruption to his health.

My understanding is that if Dolphin Manor was repurposed to short stay accommodation, then the existing residents would be evicted.

My [REDACTED] currently lives in Dolphin Manor, and Rothwell is the town in which she was born and has lived all her life. Continuing to live in Rothwell means she is close to existing friends and family, allowing for visits to Dolphin Manor to be made much more easily and therefore frequently, which means she remains part of her existing community. We (her family) are able to take her on trips into Rothwell centre, and she still has access to her church and can attend social events, all of which have a huge positive impact on her mental wellbeing and enjoyment of life. These activities would be impossible or very difficult (and therefore much less frequent) if she were elsewhere because of her low mobility. There was another care home in Rothwell (Home Lea) but this was closed a few years ago, so there is no other care home locally.

Moving to a care home has been a huge benefit to my [REDACTED], therefore moving back into a home of her own would have a significant negative impact on her. With her low mobility she was very isolated after [REDACTED] died and seemed sad or distressed most of the time. Moving into Dolphin Manor has given her a social and support life many times better than the one she had before, and her mood and general happiness is the highest it has been in years. Before she moved to Dolphin Manor she was a large burden on my [REDACTED], who visited at least once a day but could only do so much. She has had falls in the past, and having round-the-clock care not only decreases the chances of another fall but means she will have the care she needs should an accident happen. According to Age UK, more than a million older people say they go over a month without speaking to a friend, neighbour or family member (<https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/loneliness-in-older-people/>). I'm sure that encouraging older people to stay in their own homes will not help this statistic move in the right direction.

my [REDACTED] is a resident at Dolphin manor, she is in her [REDACTED] and has learning disabilities! she used to be resident in home lea house which was also closed by leeds city council to balance the books
. exactly the same process then as now! all this consulting nonsense is done so that it appears the council committee are doing all they can when in reality the decision has probably already been agreed to evict these elderly folk again ! its a disgrace that Leeds city council doesn't really care about our elderly citizens when they can close 2 local residential HOMES (i stress HOMES) in such a short period of time!

Elderly and vulnerable people should not be subjected to the disruption.

There is a need for this care home in Rothwell the claim that there is under occupancy and that there is overcapacity in care homes is also incorrect. The idea that more people can stay in there home longer is fine but this does not work for everyone. My [REDACTED] experience of care at home did not work. The support she had was appalling

I am very concerned about the negative and counter-therapeutic consequences for the current residents of Dolphin Manor should the current proposals to repurpose it take place. The current residents of Dolphin Manor require long term care. These plans propose that they be re-housed and be replaced by people whose needs are less significant, so that they can be rehabilitated.
Whilst I strongly agree with proposals to improve rehabilitation provision, this should not be done at the expense of the current residents of Dolphin Manor, whose needs are greater.

Living here and don't know how long that will be for. [REDACTED] states - [REDACTED] is at end of life and gets all the support he needs here. It's so close to me. I can be here every day and any time he needs me if he falls. I don't think he'd cope well with the move - he gets very disorientated if he goes to hospital. He knows all the staff and feels safe here in the environment.

I feel we should be thought of properly. We are adults and this is where we live. We struggle to get thought about. It's as though we don't exist.

This is such a supportive environment and the staff are so good. (I've not had any problem in 3 and a half years. I've never had to say I'm not happy with anything). They've been supportive to us as a family. People with dementia don't cope very well with change - she's already moved from her own house. The staff know her very well. They pick up on the slightest change in her. It takes time to rebuild that again. Her emotional needs are met because they know all her background.

■■■■ answered what she likes about Dolphin Manor. The convenience and things being here - being near to places. It's nice here - the staff are really, really friendly. It's always pleasant. Everybody seems to be happy. I like to live where I get the help I need.

■■■■ used to help every day and carers came 4 x a day (■■■■ says ■■■■ was struggling with managing even with lots of help so would not manage in extra care). My ■■■■ is near me in Rothwell and there is no other family nearby. Important to be with other people and have support when needed and not be isolated.

The proposal would mean the Council having to find an alternative home which would cause ■■■■ undue stress at this time of life having lived in Dolphin Manor for over 3 years. Due to her issues, it is important she has stability & a good relationship with the staff & carers which she has currently. A change in environment would increase her anxiety. Please refer to her notes & medical issues to understand the background.

(■■■■ understands that the changes are because of financial pressures).

Because ■■■■ was a temporary resident and was in hospital too long, it would have benefitted him to get out of hospital quicker. So the need for temporary accommodation stops bed blocking in hospital.

She understands that the council are losing money.

It doesn't bother me, if the council have made up their mind about something then they've made it up. I moved here from Homelea House when it closed.

I like it here, I can talk to people who have been here since I've been here. I wasn't feeling too happy, but since I've been here I have made new friends. The staff are lovely, the food is very good. They have activities, visitors and entertainers. I lived in ■■■■ before coming here. (From ■■■■ to when I came here).

The council wants to minimise the spending and can't afford to continue to afford the building. Some people can go move out of the care environment. I welcome this because I want to move on.

There has always been a facility at Dolphin Manor for short and long term care. The reason for low occupancy at the moment is because of the ongoing major work, If the permanent residents have to move to other accommodation they will no longer be part of this community. I am part of the pastoral team which visits on a regular basis to keep residents in touch with this important community. I also feel it will be detrimental to their mental health to lose the support of the community.

■■■■ is settled and likes it at Dolphin Manor. If they are split up, it will impact on her happiness She likes all the staff and always talks about them. 4 years ago ■■■■ had to move out temporarily and her house was cleared. When she went home she couldn't manage, so she returned as a permanent resident because she liked it so much and needed 24 hour care and support.

This is my home. I'm comfortable here. Surrounded by familiar people. Local doctors, close to family. I don't want to move.

What's it going to do to me? Is it going to cost me more? I've been in and out of hospital a lot recently and I want to be settled. I was very upset when they knocked my last house down, Home Lea. Me and my friend were the last to leave and we came here because we'd been to posh homes and didn't want to go there.

Totally stressful for people to move home again. My [REDACTED] was told 2 years ago that Dolphin Manor was getting a full refurbishment and she would be as comfortable as she was at Home Lea House for the foreseeable future. The other residents were also told that.

Uprooting residents when they are settled - why can't other accommodation be found to facilitate the temporary service? It was a dilemma for my [REDACTED] to be brought here and took her a long time to settle. It will be distressing, confusing and cause a lot of trauma. When she went into hospital she was so confused and had delirium. She was further confused when she came home. People should be treated with some dignity and not treated like 'cattle'.

I've just got settled here - it took me 12 months to get settled after moving again. I don't want to move (I'd rather die), I'm used to it. I like the place, the people and the staff. It's making me feel terrible.

We like it here. It's my home and I live here. So why shouldn't we stay? No, I don't want the home to change. We just want to stay as we are. I don't want to change.

Because I worry where [REDACTED] is going to be. As a family we can't give the level of care and be there 24/7. He needs around the clock care. To be able to come and see [REDACTED] it's only a 10 minute drive. It's also easier for other family members to get to him where he is currently.

This is my [REDACTED] home. It saved his life coming here. We almost got him back. The exceptional care he has received here has allowed him to live well. He is content, routine and familiarity is important to him. He came to live here in [REDACTED]. He is so vulnerable - we want everything to be alright.

There should be places for people (and particularly like me, but may be 20 years older than me) who need care and won't have anywhere to go. There won't be enough places for them.

Because it should be a good thing to live here. ([REDACTED] says she has been moved three times. Any change has such a devastating effect on her health and wellbeing). [REDACTED] says she likes it here. Finding a good care home is very hard. The other homes are not as nice. This is an excellent care home and the residents are so happy here.

Things happened very quickly and I went through a very traumatic period in my life. I moved here, became a permanent resident and sold my house. My family did everything for me to stay in my home but I couldn't - it wasn't possible. I would like not to move. I was told when I came here that this was my home and I've got friends here. I was at a low ebb until I came here.

This is my home. I've been here for [REDACTED] years. Nowhere is perfect but nobody's lonely here. People who have lived in Rothwell don't want to have to move away. I'm used to it here and settled. It would be total upheaval. Is it fair for people whose needs are higher to be thrown out in favour of people whose needs are lower? It's not fair - why does Dolphin Manor have to change when people already moved from Home Lea. It's been doubly unfair for those people. We know there is unmet need from the closure of another care home (Mount St Joseph's).

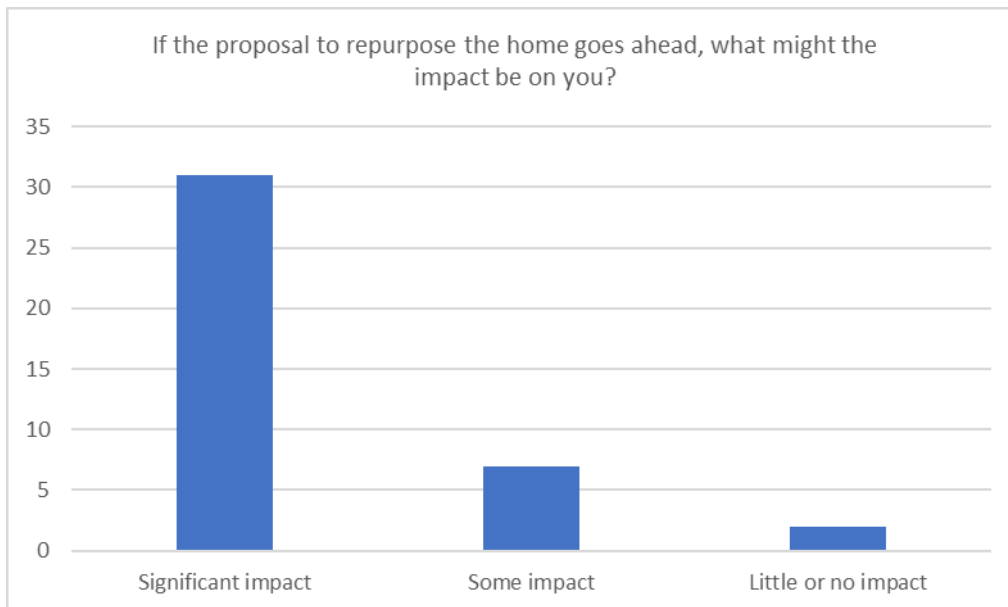
For me personally, I would rather it was a permanent stay. It takes a while to get into the rhythm of things. I'm from Rothwell and my family all live close. I'm happy being near to where I have always lived. The church warden visits and I can visit the church friendship cafe. [REDACTED] take me to Morrisons. We go out locally and to the cafe in the park - everything I need - all the facilities and my family are on the doorstep. I'm very lucky to be here. The church I go to is just across the road. I feel reassured and better in myself having staff who know you well and family nearby.

Many of the residents in Dolphin Manor have spent their lives in Rothwell and the surrounding area and so are long-time members of the Church. As the home is so central to Rothwell, visits can be made to the shops, the Parish Centre and they keep a close connection to their earlier lives. As part of the Pastoral Team from Rothwell Church, we visit regularly and talk to church members but also talk to many other residents.

I have been settled here. I really like the carers and staff. Clean and tidy, I am looked after well and the food is good. I am happy here, I have made friends here, other residents. I enjoy the activities.

If the proposal to repurpose the home goes ahead, what might the impact be on you?

Significant impact	Some impact	Little or no impact
31	7	2



Please tell us the reason for your answer (Themes)

- Emotional/health impact
- Unable to see family/friends
- Disruption to routine
- Would like choice of home/care provision

Please tell us the reason for your answer.

As explained above the emotional toll it will take on my [REDACTED] and her family is completely unnecessary.

I am able to visit my [REDACTED] with my [REDACTED] this would not be as easy if she left the local area. Opportunities to spend quality time with my [REDACTED] and family gatherings when we wheel her out of the home to our local family homes for garden parties and birthdays would not be possible- stealing away our precious time and opportunities to continue to create memories with her.

I think my initial answer explains this. My [REDACTED] who I love very much would have to be rehomed, where ever we find for her to go she would be starting again with new nurses, new staff, new routines, she would lose her friends, she would be stressed and the whole thing would impact her health and happiness. Not something you want to see a [REDACTED] have to go through with such delicate health.

Many residents, including my [REDACTED], are from Rothwell and the nearby locality. Staying in the place she has lived for [REDACTED], where she was married and brought up her children has had an enormous part to play in her settling into this new environment. Leaving the independence of your own home is a massive life event but the effect of staying in your own community with places and faces familiar to you cannot be underestimated to the well-being of an individual.

The staff at Dolphin Manor have skilfully managed this transition to ensure the residents have settled and are happy in their new home forming a social group similar to a family. For some residents this group is the only 'family' they have.

[REDACTED] is a wheelchair user and cannot access a car, however being in Rothwell means we can take her to the Park, take her shopping, and while doing so, she meets people she has known and sights she has seen [REDACTED].

Speaking to other family members, we have seen that the effects of this proposal has already had negative effects on the mental health of the residents of Dolphin Manor. We have seen low mood, anxiety, agitation and confusion among some residents.

My [REDACTED] enjoys at least 2 trips out per week in good weather in her wheelchair these include

- Rothwell Park
- Lunch at Hare and Hounds
- Shopping at Morrison's and other establishments.
- Greys café
- Visits to my house for Birthdays and BBQ and special events held in [REDACTED] (several visits a year) Celebration

for Birthdays and BBQ and special events held in [REDACTED] (several visits a year) Celebration of Family events meaning family and friend see her in a family style gathering. ([REDACTED] [REDACTED]) and to a degree normalises [REDACTED].

- Dental Appointments
- Visiting Rothwell Church Events
- [REDACTED] is visited by Rothwell Church give her Holy Communion, this is very important to her, she has been a life long member of [REDACTED] Rothwell. I feel she has a right to this for her spiritual needs to be fulfilled. This would not be possible if she were to move out of Rothwell.
- When visiting Rothwell town [REDACTED] sees someone she knows old friends and Neighbour's and is able to stop and talk

Our [REDACTED] has lived in Rothwell 100% of her life and she would be devastated if she was moved on. She would not experience a peaceful/happy end to her life.

I have friends who live in DM. They attend our local church events, wherever possible.

It would mean not visiting people I know there easily. There would be no facility locally if and when any of my family or myself needs it.

Having to travel further to see my [REDACTED].
Not knowing the staff that take care of my [REDACTED]

I do not live locally, but as Dolphin Manor is so close to my [REDACTED] house it makes it easy to visit my [REDACTED] when I stay with them.
If [REDACTED] was no longer local to them, I would have to make special trips to visit her and they would take more of my time, meaning I would not be able to visit her as often. These trips would also be of increased cost to me and increased environmental impact.

stress for my [REDACTED] who is a resident at Dolphin manor!
her stress impacts the rest of the family!

It will cause upset to a relative who will be very concerned about their immediate future care.

I visit my [REDACTED] times a week. Dolphin Manor is within walking distance from my home. My [REDACTED] [REDACTED] has always lived in Rothwell. Visits include trips out into Rothwell in her wheel chair. To Rothwell Park. Local cafe. Hare and Hounds for lunch. Also trips to Church events. Church will visit [REDACTED] with holy communion. Also family events such as birthdays she is able to attend. Access is always family taking [REDACTED] out in wheel chair. Moving her out of the local area would mean she could not be included in any of these activities as she is unable to get in and out of a car. These activities which make so much of her well being and quality of life would be taken away from her

Refurbishment work is taking place at present at Dolphin Manor. Residents have received a letter apologising for the upheaval that this refurbishment will cause them, acknowledging the emotional distress and disruption to routine that being temporarily moved to a different bedroom within Dolphin Manor will cause.
If Leeds City Council recognises the distress such a small disruption will cause, it has been mute on the much greater distress, psychological and emotional harm that a forced permanent eviction from their home will cause current Dolphin Manor residents.
An unplanned move, i.e. not for therapeutic reasons, to a new residential environment for elderly and frail residents such as my mum will increase the risk of physical and psychological decline, possibly terminal.
I am genuinely concerned that the risk of premature death for my [REDACTED] and her peers will be increased by a forced move out of Dolphin Manor. I have witnessed this happening many times in my career as a health and social care professional and do not want this outcome for my [REDACTED]!
The only beneficiaries of these proposals will be profit making independent sector care providers. That a Labour run council can consider boosting the profits of such organisations whilst running down its own care provision for this cohort of Leeds residents is shocking.
I do not accept the council's statement that it will continue to meet older people's care needs with a range of services. My [REDACTED] care needs remain the same, yet this plan will evict her from her home and the carers she has formed a therapeutic relationship with, whilst Leeds City Council declines to meet her assessed needs vis in house provision and leaves her to the whims of the free market care sector.

Not just for [REDACTED] but all the permanent residents. With [REDACTED] people cope better with a routine and with the environment they know. The staff here are fantastic - you don't get that everywhere. I know that from experience. It think it will affect his health massively. We chose this home because it's near to me - [REDACTED], [REDACTED] and can leave [REDACTED] for short periods because she is close by if anything happens with [REDACTED] and I come over. The move will impact [REDACTED] mentally - he's anxious and it will affect his mental health - he would be very depressed somewhere else.

We need something permanent and stable where we are looked after. We'd miss each other.

<p>The worry of it all - having new carers to look after her. The impact on her. She doesn't cope well with change. If she goes out, she is relieved when she comes back. The familiarity is what she needs. We have found somewhere so nice for her.</p>
<p>Important to have choice and get looked after with the right number of staff. Staff need to know you well. You need plenty of opportunities to do lots of things. You don't want to be sat around all day. You get help with medical care, there's always someone around to help you.</p>
<p>A big upheaval. [REDACTED] (Needs to still be reassured that medical support will continue weekly and all the care is provided the same). People need to know me well and understand what's important to me.</p>
<p>The impact on family members would be massive as the current arrangement gives us peace of mind knowing she is in a safe environment with familiar staff members. I cannot overstate how important this is! Living independently is not an option for [REDACTED] as she is not mentally or physically capable, even with the provision of carers. These proposals would lead to increased depression which she has suffered from but this is managed excellently by the current staff at Dolphin Manor. Being dependent on strangers (new carers) would also be worrying for family members.</p>
<p>Because [REDACTED] is a short term resident awaiting long term accommodation elsewhere; it will have little or no impact.</p>
<p>I haven't got a house to go to. I had to sign my flat block to the council. I couldn't look after myself. I would have to move to another care home.</p>
<p>I'd be worrying about everything. It would have a big impact.</p>
<p>I have lived here [REDACTED], because of my health.</p>
<p>Our pastoral team from Holy Trinity Church visit several residents on a regular basis. If the residents are moved out of the area this close contact will be lost. It will be much more difficult than now to bring residents to events. that happen in the parish centre at [REDACTED]</p> <p>We have many events organised witch keep life long residents of Rothwell and churchgoers in touch with the wider community. Public transport in our area is poor and if residents have to leave the area this will cause significant difficulty for family and visitors.</p>
<p>I think she would go down hill. She is not mobile and needs hoisting. She wouldn't be fit to go into extra care as she needs more help through the day and night. She likes the company of others in the care home and wouldn't be able to access that if she was in her own flat. [REDACTED] would be upset if she had to move.</p>
<p>It makes me upset just to think about it (and my family is upset - last years of life should be comfortable). [REDACTED] - It will have a massive detrimental impact on [REDACTED] mental and physical health and wellbeing. She knows the layout. Care needs are met - the team knows mum and all her communication needs. It would be extremely frustrating for her and have a massive knock-on effect to start again in a new place with unfamiliar people.</p>
<p>Because I'd have to move, wouldn't I? It depends where they move you and what the other residents and staff are like.</p>
<p>I don't drive any more - my [REDACTED] would want to be near - I came between 2-3 times a week and I don't want to count the times I came to see my [REDACTED]. I can get here easily by public transport at the moment.</p>
<p>No impact on me as I travel from [REDACTED] to visit her. Impact is regarding [REDACTED] - her mental health if she has to move, which would have an impact on me.</p>
<p>It would be bad for me, same as last question. I was very upset when the last one closed. I didn't want to leave.</p>

We like to live here. We don't want to live how they want us to live. It's difficult to move house when you're younger - it's even harder when you're older. It's something you don't expect. (Family consent - [REDACTED] has invested money from her house sale in order to live here).

[REDACTED] is starting to have some problems with his memory and he can get disorientated and forget where he is. A new environment would affect him, he might not remember where he has moved and would not recognise staff. It will cause him some distress initially.

Being surrounded by the familiar people and places at Dolphin Manor is very important. When he has been in hospital, he had been confused and upset. Dolphin Manor is his home - it's his happy place. How long would it take to adjust to somewhere new and would the disruption affect him? He has always been a very anxious person and needs routine. As his dementia is now worse, we are worried/afraid that it would have a greater impact on his ability to adjust.

I'm hoping to be moving to extra care.

It's her home. She has breakfast, dinner, tea with people she knows well. It will be another set of friends and staff that she will lose. It's a massive upheaval to my [REDACTED] and all the other residents and will have a detrimental effect. Imagine being told people you see as your family you will never see again. We have experience of privately run care homes where they just care about the money.

It would be difficult for me. I'm used to everybody. I've got a friend here who is similar to me. I can't imagine having to move again. It was against all the odds. The location is very good because I can go out with my family. It's quite a thing to be in this situation - that we don't know what's happening. It's an impossible situation. I don't deal very well with change now due to age. I am also worried about the funding.

The home has sent a letter regarding the upheaval due to the refurbishment (if that is acknowledged, how much more upheaval would there be when you get thrown out from your home). If you had to move out of your house, even without essential healthcare, how would you feel? Everybody knows it will be a blow and stressful to residents. Everyone knows moving is stressful. It was very very stressful when I moved. I had experience of having to move from previous homes. I had to insist on moving from a place that was totally unfit. Dolphin Manor is the place that meets my needs and the place where residents and staff know each other. As well as being thrown out, we won't have our staff with us.

The house I was born in is just across the road. I could see everywhere I've lived - everywhere I've lived all my life [REDACTED] is nearby. This is my [REDACTED] home in Rothwell. This is where my friends and family are. For this to close would be an absolute disaster. There are residents I live with who don't have family nearby and are well looked after. I can't say I could have anything better than here. I haven't got a single grumble. There's always someone there who can give you an answer. I think Dolphin Manor is just perfect - I've been in other homes before this and you didn't have the same personal or 1-1 support. Here they always deal with any problems or get in touch with your family.

Public transport is very difficult in the area so if they have to reside outside the area, communication is going to be much more difficult and give a feeling of isolation which is so bad for mental health. In the past Dolphin Manor has already kept part of the home for short term residents, while the main part has been kept for long term residents. The reason there are fewer residents is because of the redecoration which is taking place. Numbers could increase when this is finished.

Because it would unsettle me, I would have to start making new friends. I would have to build trust with new staff and manager.

What could the Council do to reduce the potential impact? (Themes)

- **Rethink strategy/keep home open**
- **Gradual/sensitive transition**
- **Rehome residents close to Dolphin Manor**
- **Rehome near relatives/with equal level of support**

What could the Council do to reduce the potential impact?
Rethink this strategy and create new areas for respite care rather than repurposes existing homes
Keep the home open for the residents and let them live their days out where they are familiar with and family can visit and they can if applicable see local friends when out.
Not repurpose Dolphin Manor.
These residents are at the end of their lives. As a compromise, if this proposal goes ahead, can the transition to an assessment centre be gradual as beds become available to save this group of elderly people the trauma of being split up as a group and moving again when they have already been through the trauma of losing their homes?
Keep the facility open or at the very least let the current residents remain there until the end of their lives.
Keep DM open and keep it open for residential care, but use some of the declared spare beds for use by others.
Keep this home open as a residential home for Rothwell and the wider community. We need facilities like this one to keep our elderly loved ones safe.
Not repurpose the home! Rehouse my [REDACTED] somewhere as close by as dolphin manor is & with similar staff
Ensure that the residents from Dolphin Manor are able to be housed at the next two nursing homes: either Lofthouse or Methley.
start caring truly for the elderly! DON'T consider repurposing Dolphin manor!
Ensure that if people are moved they are provided accommodation in the same area.
Allow my [REDACTED] to stay at Dolphin Manor or worst case would be to locate her at the other care home in Rothwell Mulgrave House. Moving her away from Rothwell would mean all local actives would stop
Leeds City Council could and should use alternative facilities to home its rehabilitation provision. I note with irony that Holme Lea care home in Rothwell would have been an ideal setting for such a project, has the council not sold it last year. Leeds City Council should not accept the narrative from the Conservative government that further cutbacks and austerity measures are required. This is an ideological choice and a policy designed by those who serve the needs of the richest 1% of the population; not the needs of the most vulnerable and needy.
Not move him. He hasn't got long and I want him to have a happy time and be in a safe environment that he knows. My [REDACTED] has never coped well with change and unfamiliar things.
I don't know.

Not go ahead with the proposal. We understand the financial implications and pressures on the Council, but this has a major impact on people's lives, especially elderly people who have already gone through a lot of trauma. More empathy towards people. It would be nice to think that the decision makers could consider the stresses and impact on their lives if they were told to pack up and move and didn't have a choice.

Not understood.

See other (Save some money by turning lights and heating off and reduce laundry). As long as [REDACTED] has what she owns with her. Reassurance that [REDACTED] will not be left and will receive the same level. Stay near family in Rothwell.

The family would have to agree that any move would not have a detrimental effect on [REDACTED] wellbeing or current anxieties & depression. It is critical that any proposed move to another care home is local as restricting visits from family members would be very upsetting & depressing. [REDACTED]. The 3rd currently lives local & visits several times weekly but would not be able to do this if she was moved out of the area due to work commitments.

Not applicable in [REDACTED] case.

Make sure I have a home that is as good as here and that I don't have to pay more for, I don't know because they are always short of money.

I need to move back to Holbeck (this is my first choice). I have also lived in Beeston. I have spend a lot of time in hospital.

The council has already closed Home Lea House thus reducing our provision by 50%. This proposal will have a very detrimental effect so please keep dolphin manor run as it is now. When the renovations are complete there will be an opportunity to use part of the building for short term care as it has been before, leaving the permanent residents as they are now. The number of residents could increase when the renovations are complete.

Ensure that [REDACTED] gets exactly the same level of care that she needs if she has to move. Not be told where to go - offer options. Preferably near family (East Leeds), or keep it as it is.

Keep 3 areas of support. Long term residents in one wing, short-term residents in another wing, residents with dementia. Keep it multi-purpose to meet as many needs as possible in the local community.

I don't know. No matter what we say, they'll do what they like to save a bob.

Why couldn't they keep a mix? e.g. 33% people with dementia, 33% rehabilitation, 33% full occupancy - permanent. It will stop the overall stress and upset to the current residents and family members. No family member likes to see their parents being upset and stressed out.

Leave things as they are.

I don't want short term. I want to stay here.

Not do it.

Make sure any move is managed with all his needs in mind. Make sure he is supported consistently by regular care staff who get to know him well. Make sure he still lives near us/family.

Keep him here. If that's not possible, place him somewhere close to family where he can get the same care and familiar surroundings with familiar people who know/get to know him well.

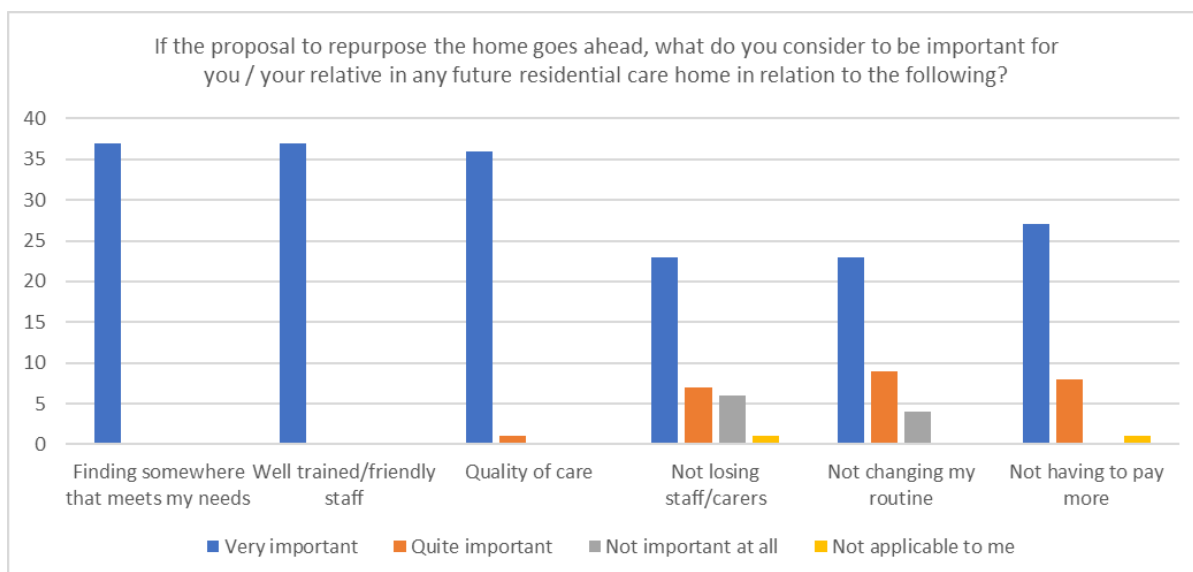
Keep it open. Ask the government for some more money.

Not change it.
If I have to find somewhere I need to live, I want to have the same level of care with my friends and I want to not have to pay a top-up fee which my son would have to fund (he is also a pensioner). Will the Council guarantee this?
Decide not to close Dolphin Manor! This is for the Council to sort out the finance and not put the whole lot on Dolphin Manor.
I wouldn't want to move away from Rothwell. This is my home - it's like taking your house away from you. Can the Council think of different ways of saving money? Is there a different way that wouldn't involve me having to move?
Rothwell has already suffered because of the closure of Home Lea, reducing our provision in the area by 50%. There is a strong rapport between the residents and the staff and a great feeling of loyalty. Keep the current dual arrangements, catering for both short and long term care. Please keep the status quo.
Not make the changes.

Care and support

If the proposal to repurpose the home goes ahead, what do you consider to be important for you / your relative in any future residential care home in relation to the following?

	Very important	Quite important	Not important at all	Not applicable to me
Finding somewhere that meets my needs	37	0	0	0
Well trained/friendly staff	37	0	0	0
Quality of care	36	1	0	0
Not losing staff/carers	23	7	6	1
Not changing my routine	23	9	4	0
Not having to pay more	27	8	0	1

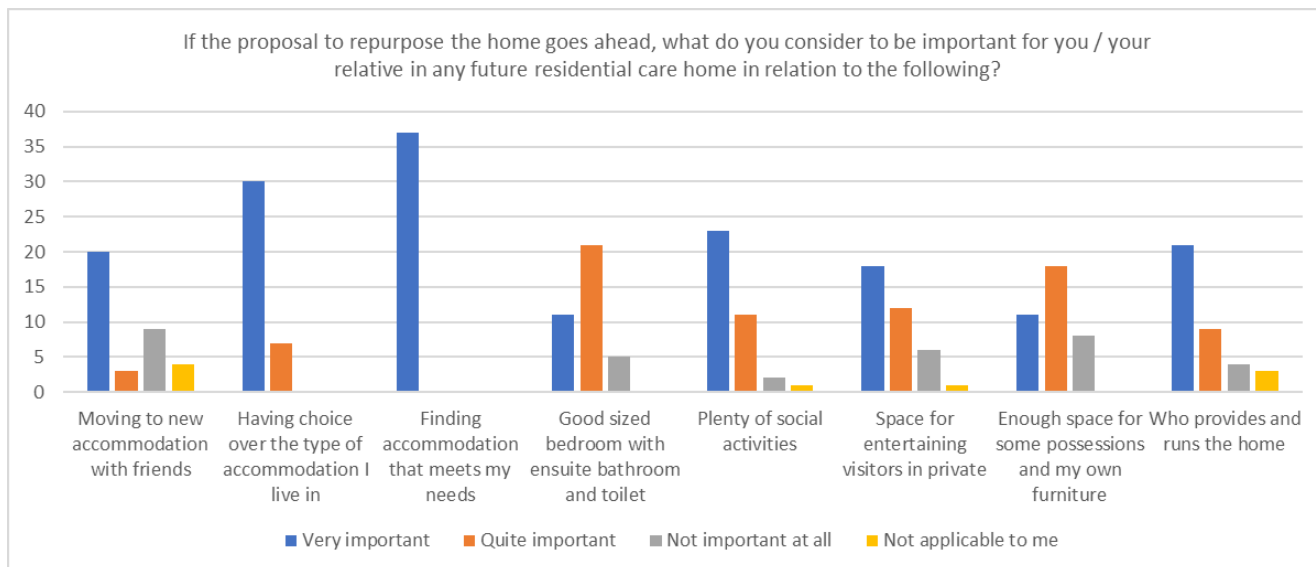


Accommodation

If the proposal to repurpose the home goes ahead, what do you consider to be important for you / your relative in any future residential care home in relation to the following?

	Very important	Quite important	Not important at all	Not applicable to me
Moving to new accommodation with friends	20	3	9	4
Having choice over the type of accommodation I live in	30	7	0	0
Finding accommodation that meets my needs	37	0	0	0
Good sized bedroom with ensuite bathroom and toilet	11	21	5	0
Plenty of social activities	23	11	2	1
Space for entertaining visitors in private	18	12	6	1

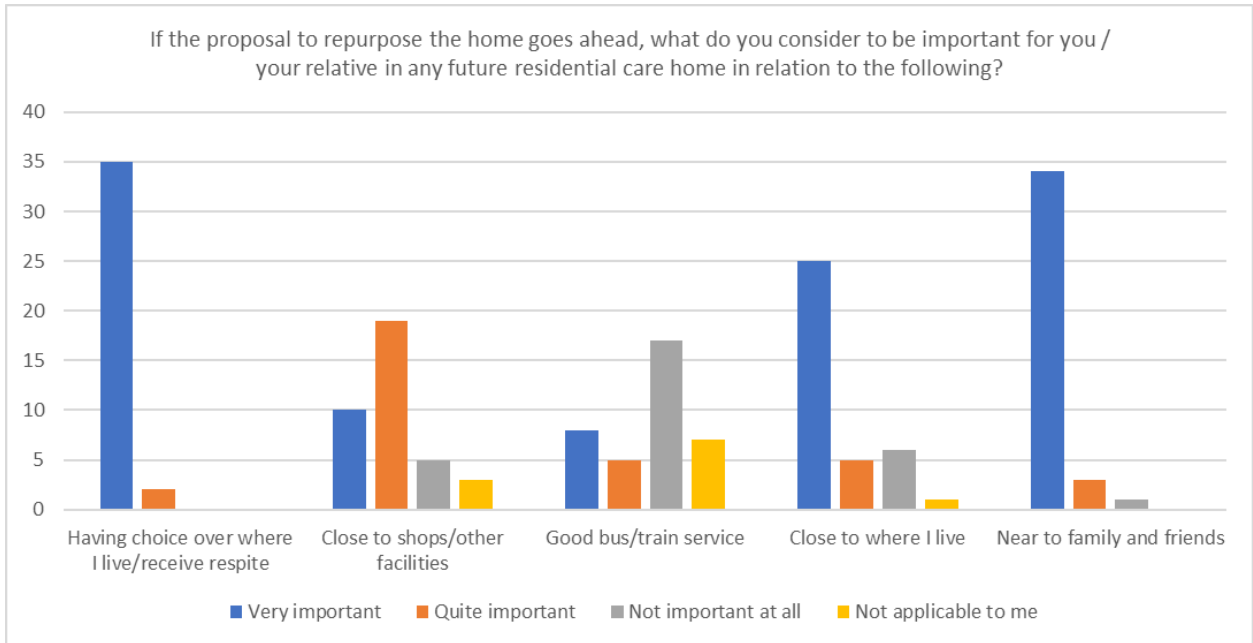
Enough space for some possessions and my own furniture	11	18	8	0
Who provides and runs the home	21	9	4	3



Location

If the proposal to repurpose the home goes ahead, what do you consider to be important for you / your relative in any future residential care home in relation to the following?

	Very important	Quite important	Not important at all	Not applicable to me
Having choice over where I live/receive respite	35	2	0	0
Close to shops/other facilities	10	19	5	3
Good bus/train service	8	5	17	7
Close to where I live	25	5	6	1
Near to family and friends	34	3	1	0



Other considerations (please state) – Themes

- **Community/local connections**
- **Deterioration/deaths**
- **Quality of care/environment and facilities important**

One person mentioned the following:

- **Financial Issues**
- **Surplus places/Dementia Unit**
- **Bed Blocking**

Other considerations (please state):
England
I'd say much of those things I've just marked as "very important" are in fact essential.

• Financial Issues

1. People relocated to private homes such as Oulton Manor could cost the Council more in larger top up fees.
2. It has been said by the council that it is cheaper to care for the elderly in their homes with a package of care. This will work for some but not for many. We cannot escape the fact that some individuals cannot care for themselves even with the support of 4 carers a day AND family support.

• Surplus places/Dementia Unit

Dolphin Manor is split into two areas. They are known to all as The Big Side and The Small Side. We are told by Leeds Council that Dolphin Manor has surplus places. My information is that Dolphin Manor is full at the moment on the big side and empty on the small side. This is due to the Small Side being renovated awaiting new residents into the soon to be opened Dementia Unit. We are told this means there are surplus places. I believe this information to be misleading. As soon as the Dementia Unit opens, these places will be taken up with new residents suffering Dementia and needing specific kind of care, meaning Dolphin Manor does not have/will not have surplus places.

We are also told that there is not enough demand for the places on the Big Side and the Small Side will be oversubscribed, why not them place the residents of Dolphin Manor in the Small Side and the Dementia Patients on the Big Side eliminating the surplus place argument.

Bed Blocking

I am told by the Council that bed blocking is no longer an issue in Leeds. However, I am told by an ex-colleague, who is an NHS nurse in the care of the elderly, that they look at an 8 week turn around for patients to be discharged into either a care home or back to their own homes with a package of care due to shortage of care home places and shortage of care staff for care in the community. Both cannot be true.

Rothwell people have a history of being cared for in Rothwell by staff with local connections. It is what makes DM special and loved.

I think if the home has some facility for intermediate care it would be acceptable to run alongside the residential home, but to close the home would be totally unacceptable for the local community.

my [REDACTED] is near her family here in Rothwell

My [REDACTED] would probably deteriorate if a move was to take place. She would become confused and distressed it's taken her some time to settle at Dolphin Manor and a move away from Rothwell where outings play a big part of her routine would be disastrous. And at [REDACTED] would be cruel. Also remembering that her room and Dolphin Manor has been upgraded and the residents have been included in that process and then have it taken away would be particularly cruel

My [REDACTED] does not trust the private sector to provide a consistent level of care and retain qualified and skilled staff. She expressly chose council provision to meet her needs and feels that her faith in the public sector has not been repaid by Leeds City Council and these current proposals. It would be against the principles of natural justice for my [REDACTED] to be moved against her will and then have to pay more for care at a service she does not want to live in than she does at present.

Not to move for all the reasons stated.

When you pay good money for something, you want it to be what you want.

That she gets the same level of care as she receives at Dolphin Manor - both practically and emotionally.

Staff need to be nice - you need people you can talk to that don't look down at you and support you. Just knowing you can talk to someone and they won't belittle you.
(Good sized bedroom with ensuite bathroom and toilet) - Would need to accommodate equipment.
(Who provides and runs the home) - As long as it's a good standard.
(Moving to new accommodation with friends) - I like to know who I'm with. (Good sized bedroom with ensuite bathroom and toilet). - it would be nice. (Enough space for some possessions and my own furniture). - No furniture I like people to know how to look after me.
I want to live near friends in the country. I have been to Howard Centre for events and parties in the past. (Well trained/friendly staff) - In the first instance (Temp) (Quality of care) - Not much needed. (Plenty of social activities) - In the country
She needs good quality, friendly care in accessible accommodation. Good quality food.
Quality of care at Dolphin Manor meets all aspects of my life.
Friendship and camaraderie between staff and residents - making people feel at home, happy and content.
Homely and friendly atmosphere amongst residents and staff is very important. Clean and tidy environment.
As long as his needs are met and he is happy and comfortable where he is and is near us, it doesn't matter who runs the home.
A similar size homely environment is important.
Internet connection is important.
It's important they have experience to run the home.
To have good staff and maintain friendship.

Please state if there is another viable approach which you believed should be considered? (Themes)

- **Repurpose Dolphin Manor**
- **Keep open/Keep current residents in DM**
- **Save money elsewhere/in other services**

Please state if there is another viable approach which you believed should be considered?

Fewer corporate events. Choose wisely regarding street re surfacing, a large street, taking relatively little traffic in Rothwell has just been totally resurfaced, taking many weeks to complete.
Make DM multi purpose. It is divided so one half for residential and the other half for respite and rehabilitation etc.
To keep the current residents where they are but not accept any more permanent residents.
Don't close Dolphin Manor
Consider having Dolphin Manor as a mix of long term and rehab residents. Gradually increase the proportion of rehab residents as the needs of the long term population increase and cannot be met by the current provision and need to transfer elsewhere - for therapeutic reasons.
Better billing systems - see below. The Council is not collecting money where it is due.
I don't know.
Could the number of permanent residents be reduced but some still be able to stay (if it keeps them near family)?
The report states that Dolphin Manor is only 57% full so to maximise capacity & make it viable why can't the free spaces be used for short term recovery patients?
I don't know - don't have enough knowledge.
I don't know.
Could they half the home? Make it 50/50 split (short stay/long stay)?
Keep it as it is. Refurbish as planned.
As question 7.
Leave people here and create alternative accommodation in a different place (short term).
Keep it as a long-term home.
Cut back in other areas that don't affect other people's lives directly so much.
Explore every other option available before this change. The elderly don't have as much time left and we want it to be the best time for them as possible. Identify individual needs before changing. A mix of permanent/temporary residents.
Don't take on new permanent residents but let people who already live here continue to live here. Can savings be made elsewhere?
██████ - They could cut costs elsewhere e.g. parks and repairs. There is money wasted all the time (e.g. 3 men to unblock a drain). Have they looked at all the other cost-saving options? They could save money in schools.
Just leave me where I am.
Don't close it. Leave it as it is.
If Dolphin Manor could remain as a residential care home.

Finally, do you have any other comments? (Themes)

- **Inclusion/being part of community**
- **Impact on health/mental health**
- **Communication/lack of clear information**
- **Don't want to move/receiving care they need**

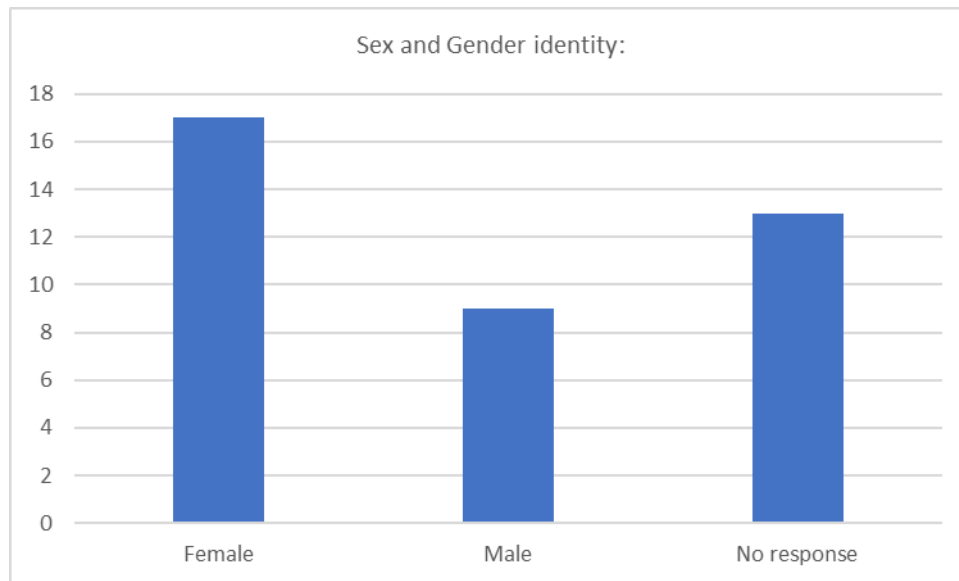
Finally, do you have any other comments?

Being able to be pushed in a wheel chair to local shops and venues are very important. Residents need to feel they are still part of their community.
We need to ensure that our elderly population are given the love and care they deserve. That they can live out their final years knowing they are safe. We would all like to stay in our own homes but this is not always possible, having somewhere like Dolphin Manor is important to our local community.
If my [REDACTED] had to move from dolphin manor I believe it would have a very negative impact on his health. When he has been in hospital away from the familiar faces of the care staff his health has deteriorated. He thrives on routine & familiarity. Dolphin Manor is my [REDACTED] home & the staff that care for him are like extended family. We know that he is well cared for & is happy where he is. When we have visited him, we leave knowing that we have left him in good hands & where he is comfortable & settled. It would be devastating to us for him to have to go somewhere new.
There was a lack of transparency of information provided through the consultation, including some misinformation.
The consultation survey states that it proposes "the possible repurpose of Dolphin Manor residential care home to only offer short stay accommodation", however it does nothing to explain what this would mean for the current residents of the home. Through further investigation we have found this to mean the re-location of all residents to other homes.
The consultation survey states that Dolphin Manor has a capacity of 35 beds, 20 current residents, and therefore an occupancy of 57%. However, due to renovation works taking place there are 12 beds which are unable to be used. The capacity is therefore 23 beds, and the occupancy is 87%. After the works are completed the 12 beds will be used for dementia patients and therefore bear no relevance to the capacity of Dolphin Manor for its current purpose.
The consultation survey states the following: "The impact of fewer older people choosing to enter some of the Council operated (in-house) care homes has resulted in lower occupancy.". This statement has been made without reference to any reports or information to support it. The 'Local Account for Adult Social Care 2022-2023 Report' from Leeds City Council (https://democracy.leeds.gov.uk/documents/s250374/ASC%20Local%20Account%20Report%20Appendix%201%20061023.pdf) suggests this is not the case, as it reports an increase of both admittances and existing residents (those been in care a year or more) to nursing and residential care homes from 2021/22 to 2022/23.
We are told it's a cost saving exercise. But at the end of the day a bed will need to be found and funded The agreement that there is spare beds capacity in other homes is simply not true
What is the difference in income for the service with the proposed change? (as opposed to income from current long-term residents). If the money is collected through billing, would that make a difference. Since [REDACTED] has been here, he has not been billed which is a deficit in income.
I would want to stay here. When you think about what we have and how we get on here, that's what we want. We've made it a friendly place for us - our home.
Please leave it as it is - it's a superb home with caring and brilliant staff. There's no words to thank them enough for my [REDACTED].
I don't want to go somewhere that's not good. I would want to be near family in Roundhay if there was no other option.
"There needs to be more care for the older person".
1. Have you considered other homes for closure? How many have you closed in the last three years and where? Has there been an increase in the capacity of sheltered schemes to compensate? 2. Are you planning to retain some residents in Dolphin Manor? e.g mental health issues. If so how will you manage this so that Dolphin Manor is a permanent home for [REDACTED] when there will be a

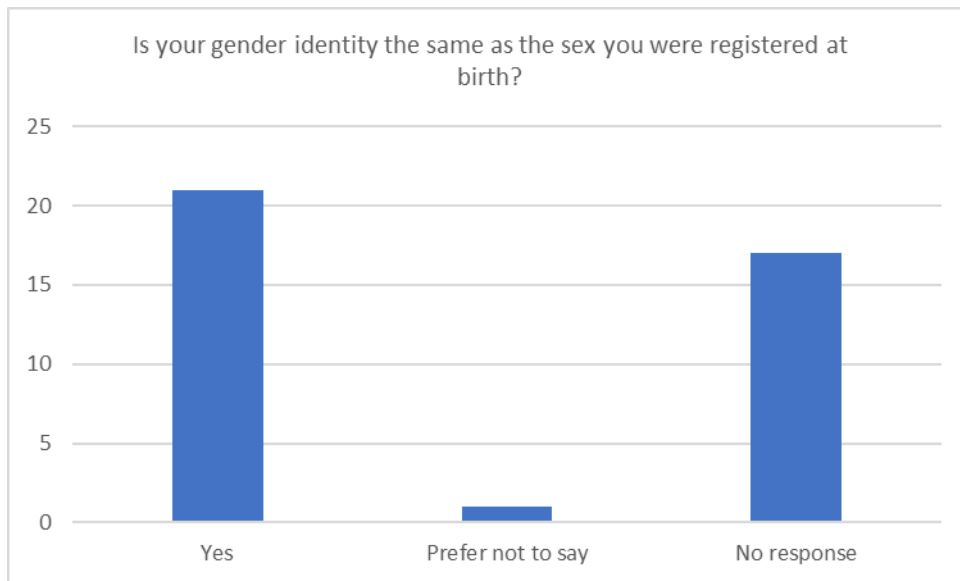
<p>high turnover of people accessing respite? How will they prevent it being disruptive to the permanent residents?</p> <p>3. Are you planning on mixing client groups? People with learning disability need a different skill set from the staff to older people.</p> <p>As living independently is not an option, a move to another care home would be traumatic & very unsettling. We are worried this would affect her mental health.</p>
<p>██████ is very impressed with quality and speed of rehabilitation.</p>
<p>If you have made your mind up it doesn't matter what I say or anyone else does.</p>
<p>Come and have a look and see how well it's run and see how the residents feel.</p>
<p>Why make such changes when it's unnecessary?</p>
<p>It is very important for elderly people to live here.</p>
<p>Family think I am in the right place and it would be so bad for me and I would deteriorate. Family think it's not a recent decision - it's not fair to offer to do the home up then send on the permanent residents to another facility - especially someone like my ██████ who has been here ██████ and built rapport with the staff - as the family has and trust the staff team.</p>
<p>Please - consider the residents - their happiness, health and being taken care of in the best possible way.</p>
<p>Whatever opinions or suggestions I might have, they are irrelevant because decisions have been made. I can appreciate you have spent time asking for our opinions. I think it would be very unsettling, disruptive and upsetting for my ██████. It is upsetting to have to ask my ██████ about decisions which haven't yet been made.</p>
<p>I don't feel right. I feel upset about this. I like the home, the people and staff. I was upset last time. It took me 12 months to get used to it. I've just got used to it nicely and you're moving us again.</p>
<p>Family stated how much harder it would be to move from Dolphin Manor. When their ██████ moved last time, it was with familiar staff who had worked with ██████ a long time.</p>
<p>My ██████ has been a permanent resident at Dolphin Manor since March 2017. He has Alzheimer's and several other conditions which means he cannot live independently. Dolphin Manor is his home, the staff and residents are his and our extended family. The care and attention he receives is second to none. I cannot speak highly enough of the genuine affection, care and love that he and we as a family receive from the staff. Having worked in a private care home several years ago, I can say that Dolphin Manor is a very special, rare place which is a shining example of what a care home should be in every way possible. The prospect of it being re-purposed or closed meaning that my ██████ and his friends would have to be moved out fills me with dread.</p>
<p>Save money elsewhere instead of taking it out on the most vulnerable at the end of their lives. Nothing we say in this meeting will change anything. It's just a procedure and they will change the home. Can you show how this is going to benefit my ██████?</p>
<p>I'd just like to be as comfortable and well looked after. All my life I've made decisions about what we were doing, but that's suddenly been taken away from me.</p>
<p>I don't trust the Council will make the right decision. The City Council doesn't understand what it means for me.</p>
<p>For me, the home is just right. I know that even if I'm upset, I've got staff that are good and my family are on the doorstep.</p>
<p>I am so happy here. If I was to move it would effect my life so much. I have good carers, they know me and good friends here.</p>

About You

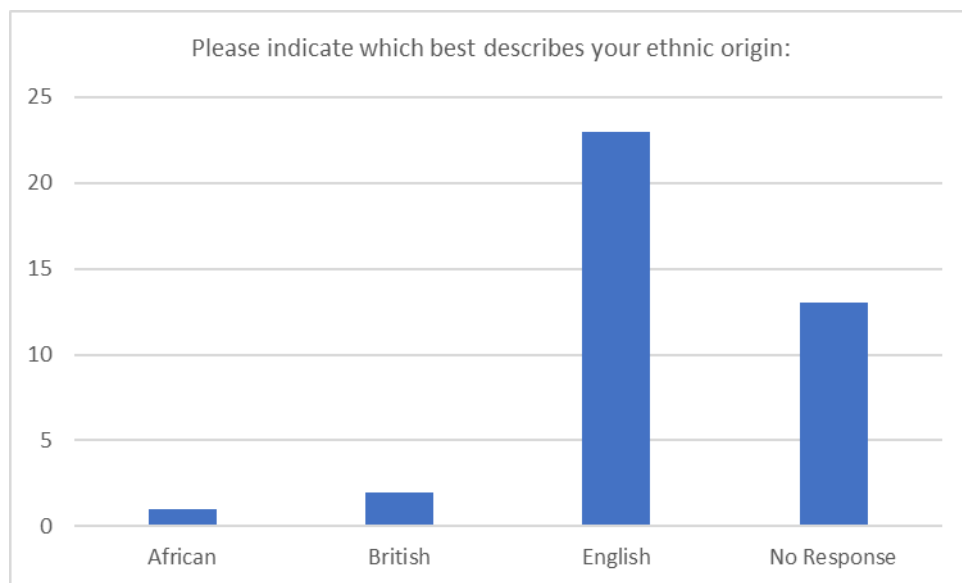
Sex and Gender identity:	
Female	17
Male	9
No response	13
Grand Total	39



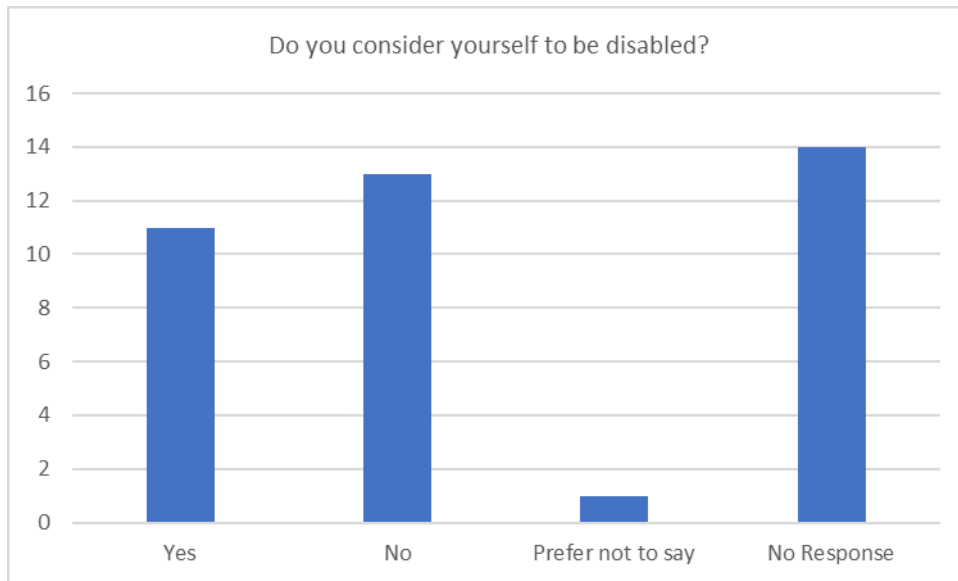
Is your gender identity the same as the sex you were registered at birth?	
Yes	21
Prefer not to say	1
No response	17
Grand Total	39



Please indicate which best describes your ethnic origin:	
African	1
British	2
English	23
No Response	13
Grand Total	39

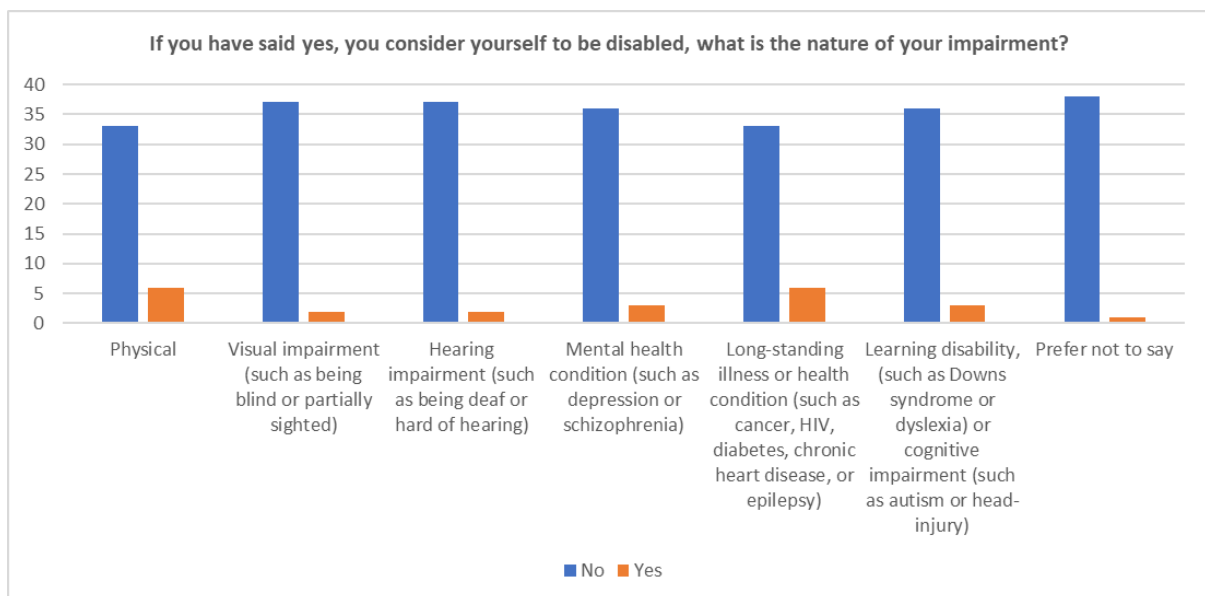


Do you consider yourself to be disabled?	
Yes	11
No	13
Prefer not to say	1
No Response	14
Grand Total	39

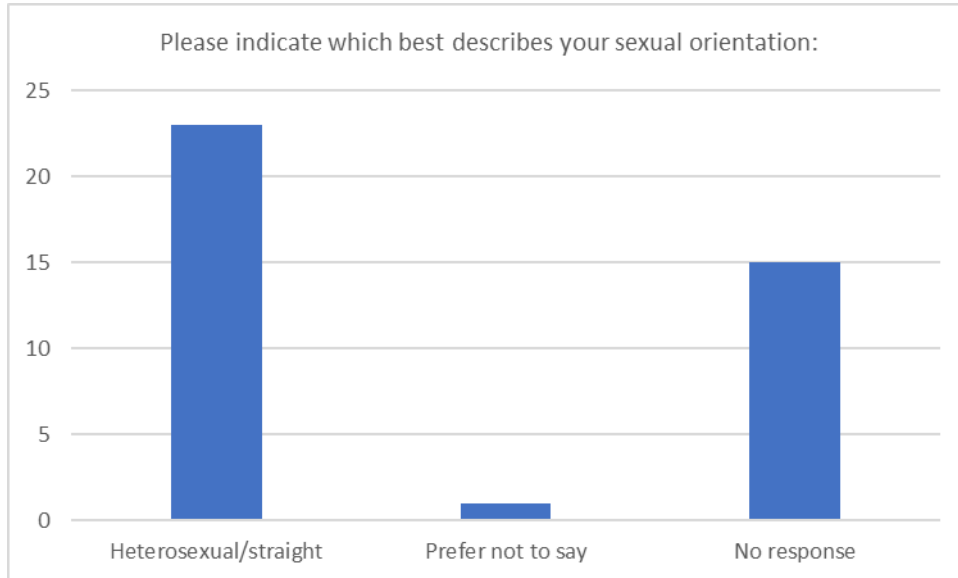


If you have said yes, you consider yourself to be disabled, what is the nature of your impairment?

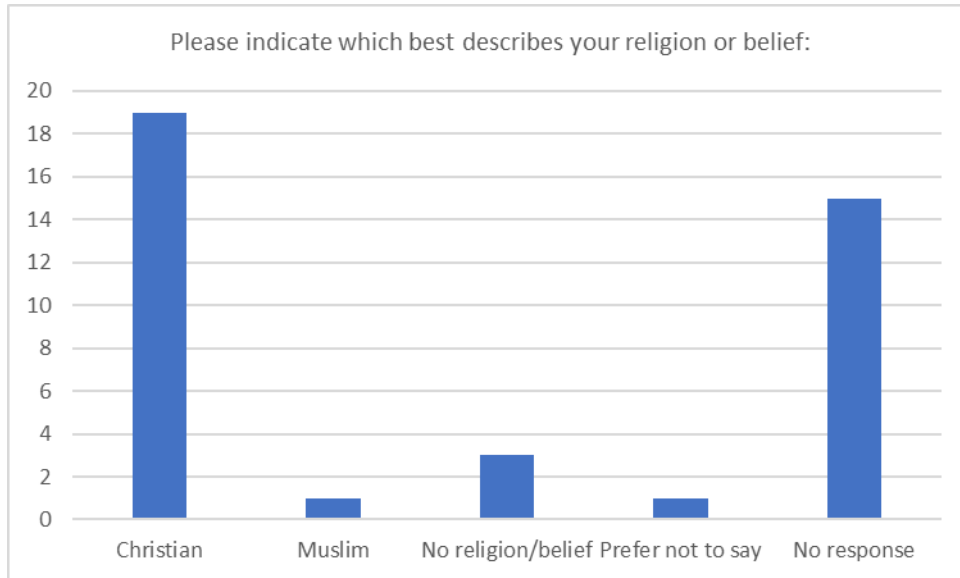
	No	Yes
Physical	33	6
Visual impairment (such as being blind or partially sighted)	37	2
Hearing impairment (such as being deaf or hard of hearing)	37	2
Mental health condition (such as depression or schizophrenia)	36	3
Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	33	6
Learning disability, (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	36	3
Prefer not to say	38	1



Please indicate which best describes your sexual orientation:	
Heterosexual/straight	23
Prefer not to say	1
No response	15
Grand Total	39



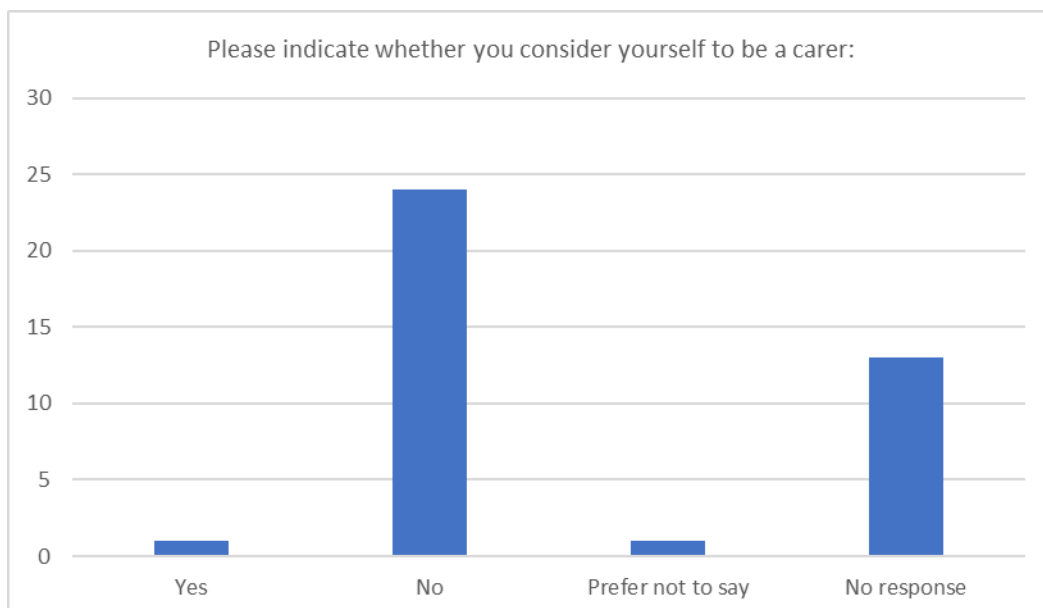
Please indicate which best describes your religion or belief:	
Christian	19
Muslim	1
No religion/belief	3
Prefer not to say	1
No response	15
Grand Total	39



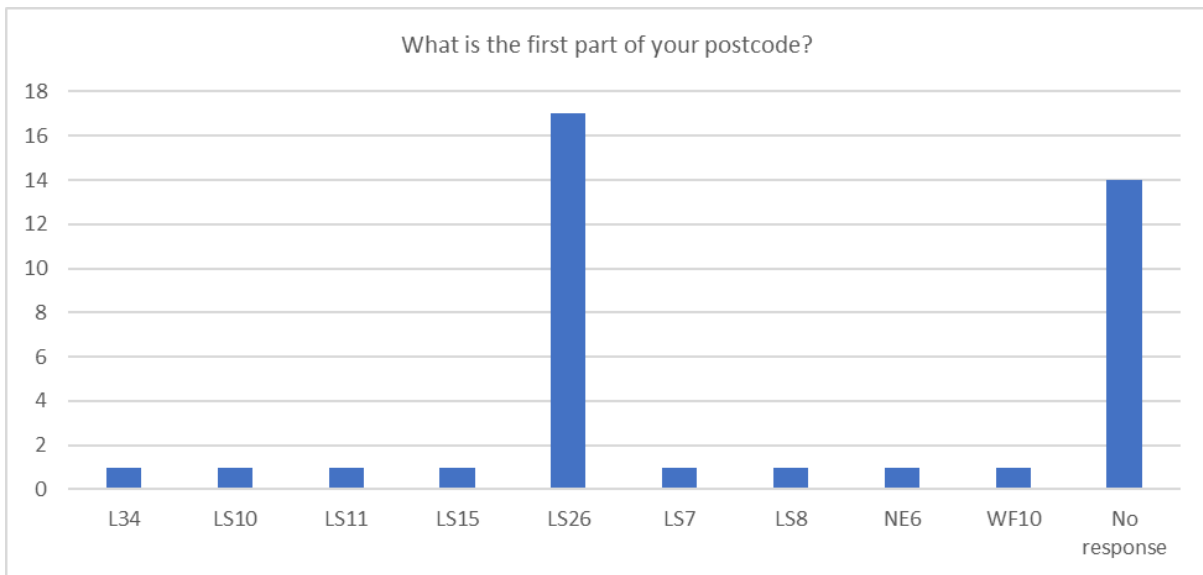
The council considers that a 'carer' is someone who provides care for a relative, neighbour or friend who is dependent on them because they cannot manage without their help because of physical or mental ill-health, disability, frailty, sensory impairment, old age or substance misuse. In the context of employment, a 'working carer' is someone who balances these unpaid caring responsibilities with full or part-time employment.

Please indicate whether you consider yourself to be a carer:

Yes	1
No	24
Prefer not to say	1
No response	13
Grand Total	39



What is the first part of your postcode?	
L34	1
LS10	1
LS11	1
LS15	1
LS26	17
LS7	1
LS8	1
NE6	1
WF10	1
No response	14
Grand Total	39



4b) Dolphin Manor Repurposing proposals

Consultation Submissions and Responses Please note names have been redacted.

	Submission	Raised By	Response

My Local Authority Area

File created on: 4/26/2024 2:01:59 PM

Local area summary

Please use the menu or map below to select a local area

Glossary

Once you have chosen an area, select one of the buttons at the bottom to learn more about your area

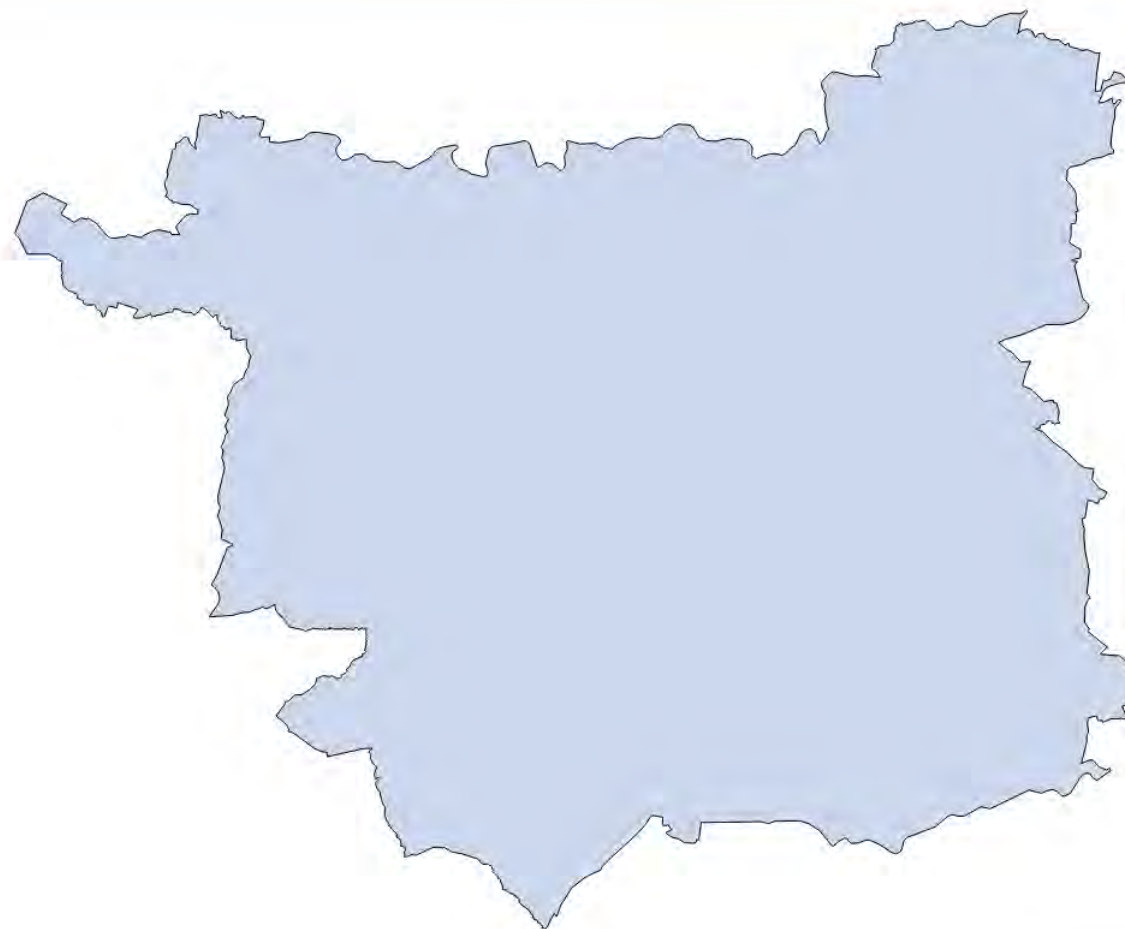
Select a region:

Yorkshire and the Humber

Select a local area:

Leeds

Now go to the data



Hover over the i
to find out more
information

In this dashboard you can look at local area data individually. You can use the local area comparison dashboard to compare data for multiple local areas.

Press here to go to the local
area comparison dashboard

Key findings, 2022/23

[Download PowerPoint](#)

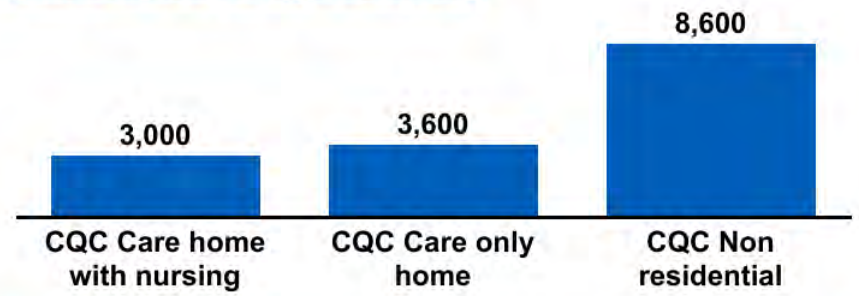
You are looking at **Leeds**

This summary of the adult social care workforce in **Leeds** includes data from the whole adult social care sector: local authorities, the independent sector, posts working for direct payment recipients and those working in the NHS.



Please note that the data below and other pages refer to filled posts in the **local authority** and **independent** sectors only

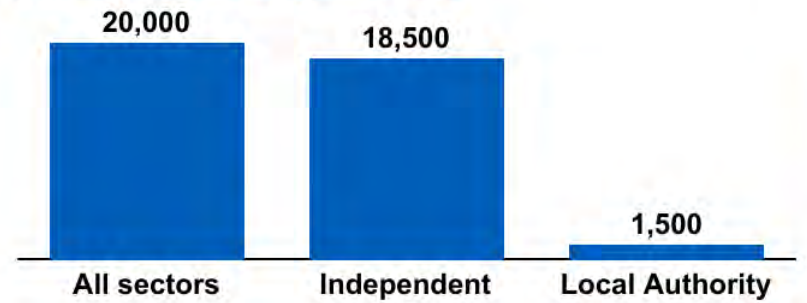
Filled posts by service



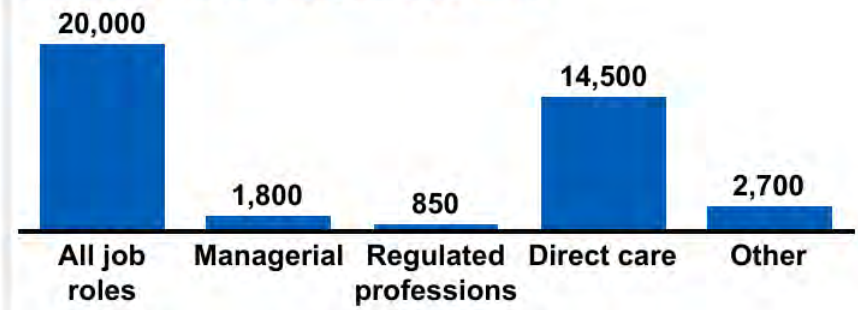
CQC-regulated establishments



Filled posts by sector



Filled posts by job group



Employment overview, 2022/23

[Download PowerPoint](#)

You are looking at **Leeds**

Use the drop down menus to filter the information shown on this dashboard

Select a sector:
All sectors

Select a service:
All services

Select a job role:
All job roles

Number of filled posts
20,000

This page contains information about filled posts in the **local authority and independent** sectors only

18,500
employees



defined as workers employed on permanent and temporary contracts

20%

of workers were employed on a **zero-hours contracts**

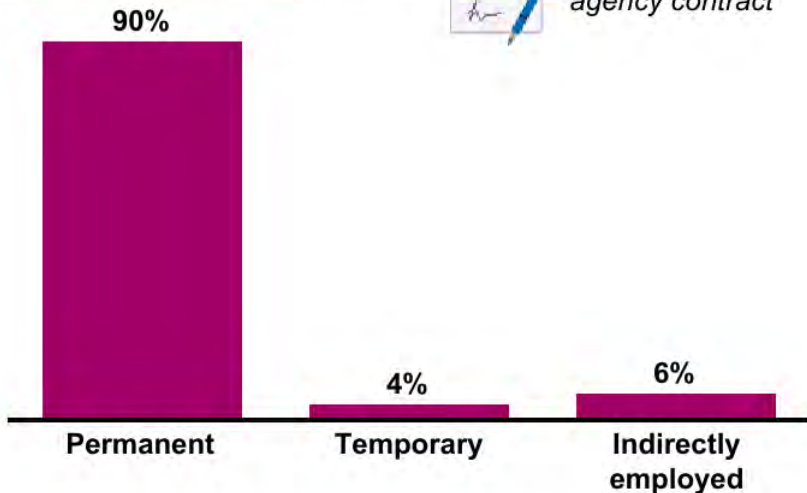
(or 3,900 filled posts)



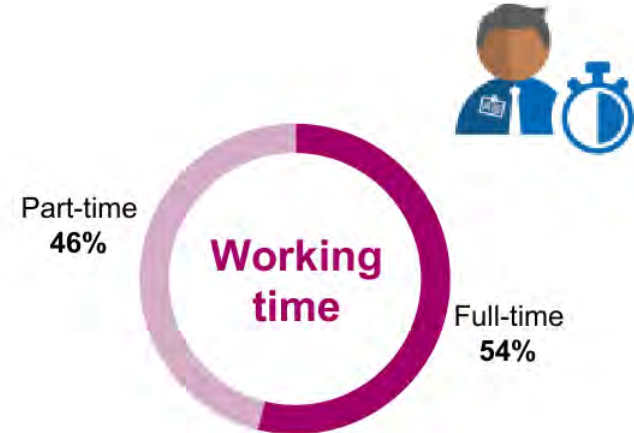
15,500
Full-time equivalent (FTE) filled posts

This is a ratio of
0.78

Employment status



Indirectly employed includes workers on a bank, pool or agency contract



Working time

Recruitment and retention, 2022/23 i

[Download PowerPoint](#)

You are looking at **Leeds**

Use the drop down menus to filter the information shown on this dashboard

Select a sector:
All sectors

Select a service:
All services

Select a job role:
All job roles

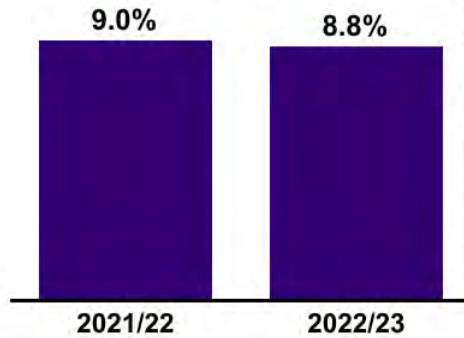
Number of filled posts
20,000

This page contains information about filled posts in the **local authority and independent** sectors only

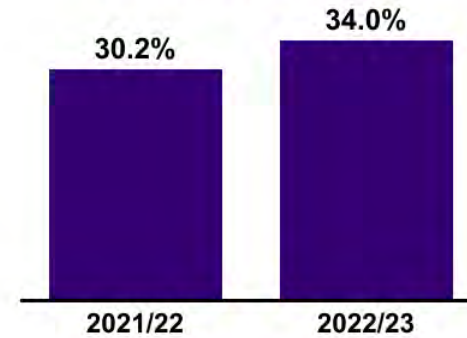
The turnover rate was
34.0%
(or 6,300 leavers)



Vacancy trend



Turnover trend



9.5%
vacancy rate
(1,900 vacant posts)

7.6

The average number of sickness days



Select a view:

- Experience in role
- Experience in sector



5.6

average years of experience in the role



58%
of recruitment is from within adult social care

- Less than 3 years
- 3 to 9 years
- 10 years or more

To view up to date monthly information on how the adult social care workforce has changed since March 2023, press the button to go to our monthly tracking dashboards

[Press here to go to Monthly Tracking](#)

Demographics, 2022/23 i

[Download PowerPoint](#)

You are looking at **Leeds**

Use the drop down menus to filter the information shown on this dashboard

Select a sector:
All sectors

Select a service:
All services

Select a job role:
All job roles

Number of filled posts
20,000

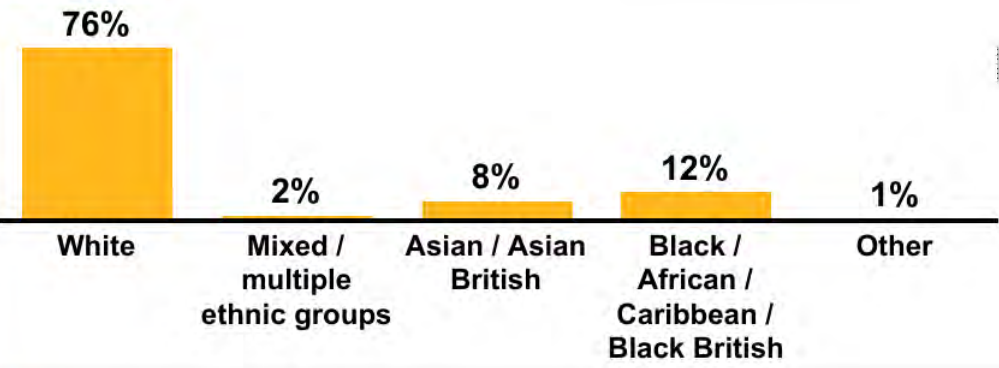
This page contains information about filled posts in the **local authority and independent** sectors only

Gender

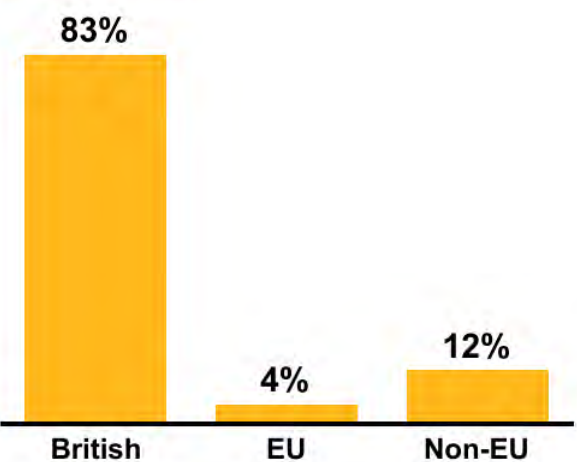


'Other' gender is collected but not yet included in analysis. [Click here for more information:](#)

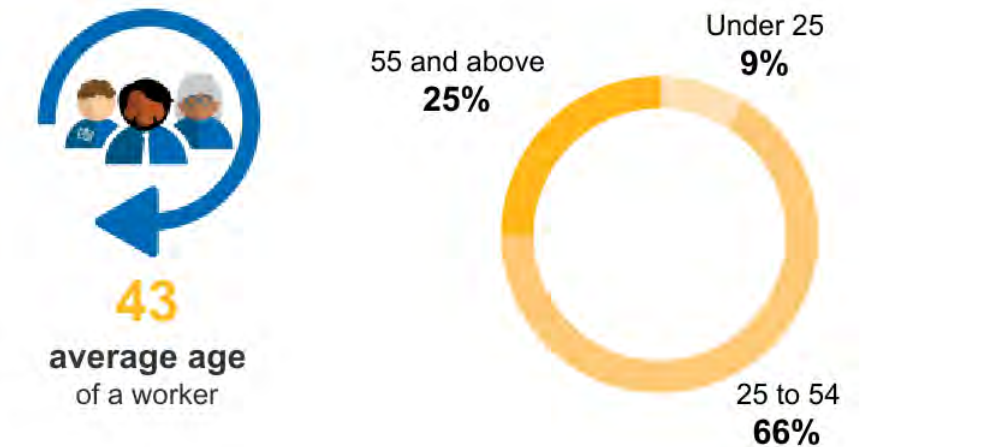
Ethnicity



Nationality



Age



Pay, 2022/23 i

[Download PowerPoint](#)

You are looking at **Leeds**

Use the drop down menus to filter the information shown on this dashboard

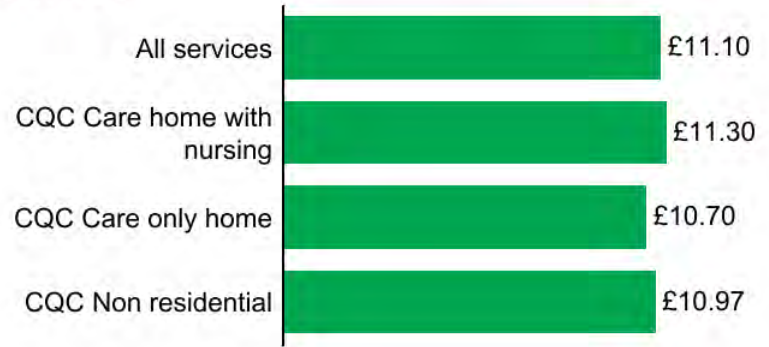
Select a sector:
 Independent

Select a view:
 Average hourly pay

Number of filled posts
 Independent: **18,500**
 Local Authority: **1,500**

Independent sector - Average hourly pay

Service



Job role



Independent sector - Average hourly pay (nominal and real term)

Care workers only i



Qualifications and training, 2022/23

Download PowerPoint

You are looking at **Leeds**

Use the drop down menus to filter the information shown on this dashboard

Select a sector: All sectors **Select a service:** None

This page contains information about filled posts in the **local authority and independent** sectors only

Social care qualifications held

Select a job role:
None



Select a job role:
All job roles

**Care
Certificate**

Level of social care qualification

Top 3 training categories



Glossary

[Download PowerPoint](#)

Select a glossary definition:

- Care need
- Directly employed
- Employees
- Filled posts
- FTE filled posts
- Indirectly employed
- Job role
- People
- Sector
- Service
- Total posts
- Vacant posts

Care need

ASC-WDS users can select from a list of 23 types of care need that are provided at their establishment. An establishment may select one or more of these categories.

Specialist services - establishments that provide care and support only for people with learning disabilities and/or autism or mental health.

Amongst other services - establishments that provide care and support for people with learning disabilities and/or autism or mental health, alongside other client groups.



Equality, Diversity, Cohesion and Integration (EDCI) impact assessment

As a public authority we need to ensure that all our strategies, policies, service, and functions, both current and proposed have given proper consideration to equality, diversity, cohesion, and integration. In all appropriate instances we will need to carry out an equality, diversity, cohesion, and integration impact assessment.

This form:

- can be used to prompt discussion when carrying out your impact assessment
- should be completed either during the assessment process or following completion of the assessment
- should include a brief explanation where a section is not applicable

Directorate: Adults and Health	Service area: Care Delivery: Care Homes
Lead person: Vic Clarke	Contact number:
Date of the equality, diversity, cohesion, and integration impact assessment: 10 April 2024	

1. Title: Adults & Health – In House Care Homes Service Review: Knowle Manor and Dolphin Manor, post consultation recommendations report.
Is this a:
<input type="checkbox"/> Strategy / Policy <input checked="" type="checkbox"/> Service / Function <input type="checkbox"/> Other
If other, please specify:

2. Members of the assessment team:


Name	Organisation	Role on assessment team For example, service user, manager of service, specialist
Shona MacFarlane	LCC	Deputy Director Adult Social Care
Karla Gallon	LCC	Head of Service, Care Delivery
Vic Clarke	LCC	Project Manager

3. Summary of strategy, policy, service, or function that was assessed:
<p>Proposals that Knowle Manor residential care home in Morley is closed and Dolphin Manor residential care home in Rothwell is repurposed.</p> <p>If a decision is made to close and repurpose the care homes, the long stay residents will be supported to find alternative suitable, quality accommodation that meets their individual needs. This will be carefully planned and carried out professionally, sensitively, and safely, in accordance with the Council's Care Guarantee.</p> <p>The programme would continue to work closely with all affected staff and Trade Unions with a view to retaining and redeploying staff into other council services, so their good practice is retained.</p> <p>This paper outlines the Equality Impact Assessments that have been carried out in the context of these proposals to ensure that they do not unfairly impact on people from the different equality groups. It has been completed as a parallel process to the consultation on the proposed changes.</p>

4. Scope of the equality, diversity, cohesion, and integration impact assessment (complete - 4a. if you are assessing a strategy, policy, or plan and 4b. if you are assessing a service, function, or event)

4a. Strategy, policy, or plan (please tick the appropriate box below)	
The vision and themes, objectives or outcomes	<input type="checkbox"/>
The vision and themes, objectives or outcomes and the supporting guidance	<input type="checkbox"/>
A specific section within the strategy, policy, or plan	<input type="checkbox"/>
Please provide detail:	

4b. Service, function, event please tick the appropriate box below	
The whole service (including service provision and employment)	<input checked="" type="checkbox"/>
A specific part of the service (including service provision or employment or a specific section of the service)	<input type="checkbox"/>

Procuring of a service (by contract or grant)	
<p>Please provide detail:</p> <p>This EDCI Impact Assessment will consider and assess the impact of the options for:</p> <ul style="list-style-type: none"> • Current long stay residents at Knowle Manor and Dolphin Manor • Family / Carers of the service users outlined above • Future service users in relation to both care homes • Local Communities in the affected areas <p>A separate EDCI Impact Assessment is completed that focuses on organisation change and potential impacts on equality characteristics of the affected staffing workforce.</p> <p>This EDCI Impact Assessment is intended to support the decision-making process by:</p> <ul style="list-style-type: none"> • Identifying the potential positive and negative impact of any changes/ decisions on each protected characteristic. • Setting out actions to minimise/ mitigate any adverse impacts. <p>Proposals have been subject to Equality Screening, and this concluded that the proposed options will potentially give rise to equality impacts particularly for those older and disabled people, their families and carers, whose home is currently provided by the in-house service. Staff will also be affected, particularly women who make up a high proportion of the affected workforce.</p> <p>Should agreement be given to progress with the proposals, an implementation plan will be developed in line with the Assessment and Closure Protocol. This would show how any closures would be managed over the timescales and how residents, relatives, and carers, and staff are to be supported to safeguard human rights and minimise distress and maximise the benefits to individuals. This will relate particularly to the monitoring arrangements in relation to the proposed changes.</p>	

<p>5. Fact finding – what do we already know</p> <p>Make a note here of all information you will be using to carry out this assessment. This could include previous consultation, involvement, research, results from perception surveys, equality monitoring and customer/ staff feedback.</p> <p>(priority should be given to equality, diversity, cohesion, and integration related information)</p> <p>Leeds Demographics</p> <p>In 2021, Leeds ranked second for total population out of 309 local authority areas in England, maintaining the same position it held a decade ago. The population size has increased by 8.1%, from around 751,500 in 2011 to 812,000 in 2021. This is higher than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800. At 8.1%, Leeds' population increase is higher than the increase for Yorkshire and The Humber (3.7%).</p> <p>Overall, in England, there has been an increase of 20.1% in people aged 65 years and over, in Leeds there has been an increase of 15.7% in people aged 65 years and over.¹</p>
--

¹ [Leeds population change, Census 2021 – ONS](#)

Higher numbers of older people live in the city's outer areas, although this will change over the coming years because of having a far more ethnically diverse older population, a greater number of who live in inner-city areas.

Demand for universal and preventative services for older people is expected to continue to grow, in line with the ageing profile of the city's population (in particularly people age 80+) and as such our investment will be maintained in the medium to long term in this area. In respect of dementia, given likely increases in prevalence, continuing success at diagnosis and connecting people to support, this is likely to be either a steady market, or for there to be growth, particularly after 2020².

The 2021 Census 5.6% of Leeds residents identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category, up from 3.4% in 2011. The 2.1 percentage-point change was the largest increase among high-level ethnic groups in this area. In 2021, 79.0% of people in Leeds identified their ethnic group within the "White" category (compared with 85.1% in 2011), while 9.7% identified their ethnic group within the "Asian, Asian British or Asian Welsh" category (compared with 7.8% the previous decade).

The percentage of people who identified their ethnic group within the "Mixed or Multiple" category increased from 2.6% in 2011 to 3.4% in 2021.

Leeds population broken down by religion or belief is 42.3% Christians, 7.8% Muslims, 1.2% Sikh, 0.9% Jewish, 0.8% Hindu, 1.1% Buddhist 0.4% and 40.2% no religion or 5.8% not stated.

In 2021, 4.3% of Leeds residents (aged five years and over) reported providing up to 19 hours of unpaid care each week. This figure decreased from 7.0% in 2011.

In 2021, just under 1 in 50 people (1.7%) reported providing between 20 and 49 hours of unpaid care each week, compared with 1.5% in 2011. The proportion of Leeds residents (aged five years and over) that provided at least 50 hours of weekly unpaid care decreased from 2.7% to 2.6%.

The decrease in the proportion of people (aged five years and over) providing up to 19 hours of weekly unpaid care in Leeds (2.7 percentage points) was similar to the decrease across Yorkshire and The Humber (2.7 percentage points, from 7.1% to 4.4%). Across England, the proportion fell by 2.8 percentage points, from 7.2% to 4.4%.

Census 2021 was undertaken during the coronavirus (COVID-19) pandemic. This may have influenced how people perceived and managed their provision of unpaid care, and therefore may have affected how people chose to respond. Caution should be taken when making comparisons between 2011 and 2021 because of changes in question wording and response options.³

The census 2021 found that of people with a long-term health problem or disability, including conditions or illnesses relating to old-age, 7.6% of Leeds residents are disabled under the equality act and had day to day activities limited a lot, and 10.4% of Leeds residents are disabled under the equality act and had day to day activities limited a little. 82% were not disabled.⁴

For the first time, the 2021 Census gathered local level information about sexuality. The proportion of the population that identifies as lesbian or gay is 1.56% bisexual is 1.92%, other sexual orientations is 0.47% 88.42% are heterosexual and 7.33% did not answer.⁵

The number of people in Leeds age 65+ with a dementia diagnosis recorded on GP registers (March 2024) is 6,534, but estimates say this could be higher at 9172.⁶

² [Microsoft Word - Appendix A - IMPS v5 FINAL 9July2019 - formatted.docx \(leeds.gov.uk\)](#)

³ [How life has changed in Leeds: Census 2021 \(ons.gov.uk\)](#)

⁴ [Disability age standardised - Census Maps, ONS](#)

⁵ [Sexual orientation - Census Maps, ONS](#)

⁶ [Primary Care Dementia Data, February 2024 - NHS England Digital](#)

The number of people living with dementia has been almost level for the past two decades. Contrary to the expectation that increasing life expectancy means increased dementia prevalence, the evidence from the Cognitive Function in Ageing Study is that the increase in older people has been offset by improved population health. Despite this, dementia is the biggest single cause of female death in the city and demand for dementia diagnosis and early/preventive support has still increased since 2012. This is because of increased public awareness, improvements to the diagnosis pathway and the imperative to reduce waiting times.⁷

There are relatively small numbers of people with more complex needs in dementia; in recent years, service providers have noted an increase in these numbers, and concerns have emerged for people unable to leave hospitals because of difficulties finding long-term care. 'Complex needs' is a broad definition which includes, unmet emotional and psychological needs which can cause distressed behaviours such as agitation and aggression; and/or the combination of dementia and physical frailty as people live longer with several long-term conditions. The local care economy has struggled to keep pace, given funding and recruitment challenges. This, more than absolute numbers of people with dementia, is proving the important issue to address.

The 2016 Health Survey for England found that in the least deprived areas, 22% of people aged over 65 years needed help with activities of daily living. But in the most deprived areas, 43% of people did⁸.

Of the people estimated to be living in the 10% most deprived areas of Leeds, 26% (nearly 48,500 people) are aged 50+, 11% (20,500 people) are aged 65+, and 1.5% (2,800 people) are aged 85+.

Many citizens in the over 65 age group continue to contribute to the economic prosperity of Leeds and the social fabric of its diverse communities. This is reflected in the number of people who continue to work beyond 65 either in paid employment or as volunteers. 15.5% of people employed in Leeds are aged 65 years or older. As noted above, the over 65-year-olds who act as informal or family carers also play an important part in our society.

Over the last five years, the Lloyds Bank UK Consumer Digital Index has used the behavioural data of 1 million people and interviewed almost 7,000 consumers, to create the UK's largest measure of digital capability. This year finds that an estimated 7% of the UK population are still offline and 9 million struggles to get online by themselves⁹.

Healthwatch Leeds report Digital Inclusion in Leeds: How does it feel for me, Autumn Check In, Oct 2020¹⁰ provides valuable insights into the need for consideration of digital inclusion in ensuring access to health and social care services.

Research

The Better Lives strategy is the Council's strategy for people with care and support needs. Previous reports to both Executive and Scrutiny Boards as part of the Better Lives Programme have documented how the aspirations of people with care and support needs have changed over time and that there is a strong and increasing desire to remain living in one's own home for as long as possible. As such a key aspect of the *Better Lives* strategy includes a continuous review of the Council's in-house services for older people with the focus being on how they meet both current expectations and crucially how they can contribute to maximising people's independence, recovery, and rehabilitation in the future.

⁷ [Living with Dementia in Leeds Report Appendix 8.1 250920.pdf](#)

⁸ [Health Survey for England, 2016 - NHS Digital](#)

⁹ [Understanding digital exclusion – 100% Digital Leeds \(wordpress.com\)](#)

¹⁰ [Digital-inclusion-report-October-2020.pdf \(healthwatchleeds.co.uk\)](#)

Previous reviews as part of the Better Lives Programme phases 1, 2 and 3, have evidenced that demand for traditional forms of residential care for older people have continued to reduce with a switch to greater demand for models of care that provide housing-with-support such as extra care housing. This has meant that between 2011 and 2016 and again in 2021 a number of in-house care homes closed.

In addition to the above, the EDCI considers data from the following:

- Key strategies and policies relating to the proposals, including the Better Lives Strategy, Health and Wellbeing Strategy, and the Best Council Plan 2020 – 2025.
- Quantitative information relating to the profile of current residents and carers.
- Quantitative information relating to the profile of alternative provision.

Consultation

As above, previous phases of the Better Lives Programme which have seen the closure of care homes have included detailed consultation and equality impact assessments, which have been considered as part of this assessment.

For these proposals, detailed consultation has also been carried out, and the Consultation Findings Report has been considered as part of this assessment, available as Appendix 3 of the Executive Board report.

Are there any gaps in equality and diversity information.

Please provide detail:

Adult Social Care, where possible, will obtain equality information around the profile of each resident and determine the likely impacts given that profile. Due regard will be taken of this information during the implementation phase, should these proposals be agreed. A review of the impact will also be undertaken post implementation, considering any impact on equality groups.

Action required:

As above subject to a decision to close the two care homes:

- Obtain full equality information around the profile of each affected resident and determine the likely impacts given that profile.
- Review any identified impacts post implementation.

6. Wider involvement – have you involved groups of people who are most likely to be affected or interested

Yes

No

Please provide detail:

Detailed consultation on the proposals took place: Monday 8th January 2024 - Friday 29th March 2024. The aim of the consultation was to consult with those directly affected, the existing residents of care homes and their families and carers.

As part of the consultation a questionnaire has been used to capture responses to the proposals. The aim was to:

- Capture people's responses to the proposed changes

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

The findings from the consultation are outlined in full in the Consultation Findings Report appended to the Executive Board Report.

Action required:

Ongoing engagement with all affected stakeholders will continue to take place throughout the process. This will include:

- Inform all affected stakeholders of the recommendations in the report to Executive Board following consultation.
- Inform all affected stakeholders of the outcome of the Executive Board decision.

Should the decision be taken to approve the recommended closure of Knowle Manor and the repurposing of Dolphin Manor, this will also include:

- On-going engagement with service users / families and carers as part of Assessment and Transitions including reviews post transition to alternative provision.
- Consult with Trade Unions, Hold Preference Meetings, make Deployment Decisions, Staff notified of matches and meeting held to discuss options (if no match) as part of the Managing Staff Reductions (MSR) Policy.
- Other Employment Opportunities within LCC – Continual refreshing of information, signposting of other employment opportunities / roles to staff at risk
- Ongoing updates to wider stakeholders and elected members as appropriate.

7. Who may be affected by this activity?

please tick all relevant and significant equality characteristics, stakeholders and barriers that apply to your strategy, policy, service, or function

Equality characteristics

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Age | <input checked="" type="checkbox"/> Carers | <input checked="" type="checkbox"/> Disability |
| <input checked="" type="checkbox"/> Gender reassignment | <input checked="" type="checkbox"/> Race | <input checked="" type="checkbox"/> Religion or Belief |
| <input checked="" type="checkbox"/> Sex (male or female) | <input checked="" type="checkbox"/> Sexual orientation | |
| <input checked="" type="checkbox"/> Other | | |

(**Other** can include – marriage and civil partnership, pregnancy and maternity, and those areas that impact on or relate to equality: tackling poverty and improving health and well-being)

Please specify:

The following provides an overview of the relevance of the proposals to the equality characteristics and where identified, action to mitigate any impact should the proposals be approved.

Age: The long stay provision at the care homes is predominantly for older people of the 65+ age group.

Action to Mitigate:

- Ensure that the assessment and transition to alternative provision is carried out in accordance with the Council's Care Guarantee and Assessment and Protocol, which are developed in consideration of the needs of older people and people living with dementia.
- Ensure that the assessment and transfer is managed by a qualified team of social workers who are fully conversant with the needs of residents, including people with dementia.
- Family members to be involved in the transfer process including the choice of an alternative provision.
- The continued wellbeing of people who had moved into new services to be monitored by reviews after three, six- and twelve months following transfer.

Carers:

Carers and families were involved in the consultation process and supported to identify their needs to allow them to continue supporting their cared for. This engagement will continue throughout any implementation of proposals, and the Council will seek to identify changes which promote independence and choice and facilitate support for carers

Action to Mitigate:

- Carers / family members to be involved in the assessment and transfer process including the choice of an alternative provision.

Disability: By the nature of the residential long stay care home provision, residents at Knowle Manor and Dolphin Manor are older people and have impairments associated with ageing.

Actions to Mitigate:

- Ensure that all residents and affected service users are supported to find suitable, quality alternative provision that meets their individual needs.
- The council will continue to consider how it can play a role in ensuring the need for specialist provision in key areas is met. This includes ensuring the increasing need for dementia services and intermediate care is met.

Sex: Statistical data of current residents at Knowle Manor and Dolphin Manor suggest that the service has a high proportion of female residents.

Action to mitigate:

- Suitable alternative provision will be provided to people irrespective of, but with respect for gender specific needs and this will be taken into consideration in any needs assessment.

Race: No specific issues have been identified in relation to race.

Action to mitigate:

- Suitable alternative provision will be provided to people irrespective of, but with respect for race specific needs and this will be taken into consideration in any needs assessment.

Religion or belief: No specific issues have been identified in relation to religion or belief.

Action to mitigate:

- Suitable alternative provision will be provided to people irrespective of, but with respect for religion and belief, and this will be taken into consideration in any needs assessment.

Sexual orientation: No specific issues have been identified in relation to sexual orientation.

Action to mitigate:

- Suitable alternative provision will be provided to people irrespective of, but with respect of their sexual orientation, as this will be taken into consideration in any needs assessment.

Gender reassignment: No specific issues have been identified in relation to gender reassignment.

Action to mitigate:

- Suitable alternative provision will be provided to people irrespective of, but with respect of their gender reassignment, as this will be taken into consideration in any needs assessment.

Socio-economic Status: The socioeconomic status of those affected is not known (see Any Gaps section above).

Action to mitigate:

- Suitable alternative provision will be provided to people irrespective of, but with respect of their socio-economic status, as this will be taken into consideration in any needs assessment.

Financial Exclusion (poverty): The financial exclusion status of those affected is not known (see Any Gaps section above). However, during consultation some respondents raised concern about the financial impact of the proposals.

Action to mitigate:

- The Council is committed to ensure that no individual is disadvantaged because of the proposals. The Care Guarantee would be used to give assurance that where the Council is currently contributing towards a resident's care home fee there will be no financial detriment to the resident or carer/family in choosing a new care home from the Council's quality framework list. Any proposed transfer to a care home not on the Council's quality framework list will be considered on an individual basis and may incur a top-up fee. The Council will not pay any non-care supplement relating to enhancements that a care home may offer (such as a larger room).
- Carers / family members to be involved in the assessment and transfer process including the choice of an alternative provision.

Unemployment: The unemployment status of those affected is not known (see Any Gaps section above).

Action to mitigate:

- As per above.

Residential Location: Concerns were raised about the impact on the ability of family / carers to visit relatives easily within their local community should the homes be closed, and that closing the homes would limit people's choices of quality provision in their local area and could lead to insufficient provision compared to demand in the future.

Mitigation action:

- Based on supply and demand analysis of residential care provision in the city currently and to 2028 in line with forecast population growth of older people, there is an oversupply of residential provision.
- Support all those affected to transfer to suitable alternative provision that meets their individual needs, and the needs of their family / carers.

Family Background: The family background status of those affected is not known (see Any Gaps section above).

Action to mitigate:

- Suitable alternative provision will be provided to people irrespective of, but with respect of their family background status, as this will be taken into consideration in any needs assessment.

Skills or Education: The skills or education status of those affected is not known (see Any Gaps section above).

Action to mitigate:

- Ensure ongoing engagement is offered through a variety of methods and not just online channels.

Stakeholders

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Services users | <input checked="" type="checkbox"/> Employees | <input checked="" type="checkbox"/> Trade Unions |
| <input checked="" type="checkbox"/> Partners | <input checked="" type="checkbox"/> Members | <input checked="" type="checkbox"/> Suppliers |
| <input type="checkbox"/> Other please specify | | |

Potential barriers

- | | |
|--|--|
| <input checked="" type="checkbox"/> Built environment services | <input checked="" type="checkbox"/> Location of premises and |
| <input checked="" type="checkbox"/> Information and communication | <input checked="" type="checkbox"/> Customer care |
| <input checked="" type="checkbox"/> Timing | <input checked="" type="checkbox"/> Stereotypes and assumptions |
| <input checked="" type="checkbox"/> Cost | <input checked="" type="checkbox"/> Consultation and involvement |
| <input checked="" type="checkbox"/> Financial exclusion | <input checked="" type="checkbox"/> Employment and training |
| <input checked="" type="checkbox"/> specific barriers to the strategy, policy, services, or function | |
| • Capacity of Independent Sector | |

Please specify

Built environment: Older people, people with physical disability or people living with mental health issues are likely to find changes more difficult to cope with both physically and mentally in terms of changes in routine and to their care needs. The built environment may dictate some of these changes.

Mitigating Action:

- An assessment of every service user will be undertaken in accordance with the Assessment and Closure Protocol and the recommended ways to minimise stress factors will be put in place.

Location of premises: The alternative services people move to may have an impact on those who have lived at the care home or used a particular short stay or respite service for a considerable length of time, and who have long established links to the local area. Residents may have strong friendships and be fearful of the impact of the proposed changes on their lives, and whether they are able to maintain the relationships they have established. It may also impact on carers and relatives and whether they can maintain regular visits due to any potential greater distances to travel and associated costs.

Mitigating Action:

- Focus on local alternative provision and consider methods of ensuring continued contact between people, in line with the Assessment and Closure Protocol.

Information and Communication: Some residents may not be able to make their own decisions or may need one-one help in understanding the proposed changes. Some people may not be able to access online methods of communication.

Mitigating Action:

- Clear and timely communication to all residents and family / carers, particularly regarding information about alternative provision.
- Independent advocates will be available for those who need one.

Customer Care and staff training: Staff will play a lead role in understanding the concerns of residents and service users, helping them understand the proposed changes and helping them make the right decisions for themselves.

Mitigating Action:

- Provide appropriate support to staff through awareness raising events.

Timing: Many residents and their family / carers said during the consultation that they did not want to move to a new care home at this point in their lives. The move to alternative provision is a process that some may feel takes too long or too short a time accordingly to their particular needs.

Mitigating Action:

- An assessment of every service user will be undertaken in accordance with the Assessment and Closure Protocol and the recommended ways to minimise stress factors will be put in place.
- Ensure that nothing happens suddenly or unexpectedly and that moves to alternative services take place in a timescale that those affected are comfortable with in accordance with the Assessment and Closure Protocol.

Cost: There is a risk that the changes to care provision could increase social inequality among

older people as some users may be financially worse off because of a move.

Mitigating action:

- Ensure alternative provision is available and bookable in advance to meet carer and service user needs including consideration of at home services.
- Ensure that a full benefit and financial review is undertaken as part of the service user assessment to ensure any financial detriment with respect to the care costs is negated in keeping with the Care Guarantee.

Consultation and Involvement: Some residents may not be able to make their own decisions or may need one-one help in understanding the proposed changes. Some people may not be able to access online methods of communication.

Mitigating Action:

- Clear and timely communication to all residents and family / carers, particularly regarding information about alternative provision.
- Independent advocates will be available for those who need one.

Stereotypes and assumptions: Assumptions may be made in connection with residents and service user's needs.

Mitigating Action:

- A full reassessment of all service users and carers will be undertaken by qualified social workers to ensure that current, individual needs are properly understood.
- Individuals and their relatives/carers will be supported by their managers or a dedicated resource to seek appropriate alternative services following a reassessment of their needs and will be given comprehensive information on cost, quality, and all alternatives in order to make an informed decision.

Financial exclusion: See Cost above.

Employment and training: Some service users, family / carers may feel that travelling to alternative provision may impact on their working hours or training opportunities.

Mitigating Action:

- Individuals and their relatives/carers will be supported by their managers or a dedicated resource to seek appropriate alternative services following a reassessment of their needs and will be given comprehensive information on cost, quality, and all alternatives in order to make an informed decision.

Capacity of Independent Sector: Some residents, family / carers responded that they felt the proposals would result in a lack of capacity in alternative provision.

Mitigating Action:

- Individuals and their relatives/carers will be supported by their managers or a dedicated resource to seek appropriate alternative services following a reassessment of their needs and will be given comprehensive information on cost, quality, and all alternatives in order to make an informed decision.

8. Positive and negative impact

Think about what you are assessing (scope), the fact-finding information, the potential positive and negative impact on equality characteristics, stakeholders, and the effect of the barriers

8a. Positive impact:

Should the proposals to close Knowle Manor and repurpose Dolphin Manor be approved this may result in the following positive impacts:

- The assessment of those affected may identify alternative provision that better meets the needs of the individual and their family / carer. E.g. moving closer to family
- The sites may prove to be suitable for re-provisioning, providing alternative care and support provision that is undersupplied in the local area.
- Repurposing would mean a joint service across ASC and health providing the individual with a short-term rehabilitation with a view to returning home.
- Closing the sites and achieving the financial saving will mean that other care/support or prevention services do not have to be stopped or reduced, which would reduce capacity in those areas.
- Closing Knowle Manor and repurposing Dolphin Manor and deploying staff into other services or offering new job roles could reduce overall staffing vacancies and provide career opportunities.
- If staff move to care home employment in the independent sector, they will take their high-quality knowledge, skills, and experience with them which would be disseminated.

Action required:

- Monitor assessment and transitions and review outcomes.
- Progress with future use of the sites (subject to a decision to close).
- Ongoing work to consult with staff and Trade Unions through the MSR Policy, with a particular focus on potential options for employment within LCC in suitable roles. (Full detail in the separate EDCI Organisational Change).

8b. Negative impact:

The consultation findings report along with this assessment details several potential negative impacts which could affect protected characteristics, along with proposed mitigations.

The themes of these impacts relate to people's health and wellbeing, quality, finance, locality, strategic and methodology and timing impacts.

Action required:

See EDCI Action Plan below.

9. Will this activity promote strong and positive relationships between the groups/communities identified?

Yes

No

Please provide detail:

The proposals won't proactively promote relationships between groups and communities however, equally it should not have a detrimental impact to those relationships as residents, services and family / carers will be supported to find suitable alternative local provision that meets their needs. This includes moving with friendship groups where this is identified as important wherever possible in line with the Assessment Closure Protocol and Care Guarantee.

Action required:

- Support those affected to find suitable alternative local provision that meets their needs, including moving with friendship groups where this is identified as important wherever possible, in line with the Assessment Closure Protocol and Care Guarantee.

10. Does this activity bring groups/communities into increased contact with each other? (for example, in schools, neighbourhood, workplace)

Yes

No

Please provide detail:

The proposed closure of one care home and repurposing of the other would not bring groups / communities into increased contact with one another.

Action required:

None.

11. Could this activity be perceived as benefiting one group at the expense of another? (for example, where your activity or decision is aimed at adults could it have an impact on children and young people)

Yes

No

Please provide detail:

The proposals could be perceived as benefitting those who would benefit from preventative services over those requiring care home provision, because if the homes were not to close, a reduction in prevention services would be the alternative to finding the required financial savings.

Action required:

- Raise awareness to the Executive Board report that the proposals to close Knowle Manor and repurpose Dolphin Manor will not reduce or remove the care of our most vulnerable people now or in the future; the proposals are principally based upon

insufficient demand for our residential beds and therefore providing the same service at a reduced overall cost which in turn helps the Council support more of its citizens.

- The investment in prevention both enables people to live a good life at home but also reduces demand on the social care service through the provision of alternative services and/or delaying entry to formal care services which saves the council money

12. Equality, diversity, cohesion, and integration action plan

(insert all your actions from your assessment here, set timescales, measures and identify a lead person for each action)

Action	Timescale	Measure	Lead person
<p>Obtain full equality information around the profile of each affected resident and determine the likely impacts given that profile.</p> <p>Review any identified impacts post implementation.</p>	In line with Implementation Timeline.	<p>Affected residents moved to alternative provision that meet their individual needs.</p> <p>Review of each affected resident post transition considers any identified impacts.</p>	Programme Team
<p>Ongoing clear and timely engagement with all affected stakeholders will continue to take place throughout the process.</p>	In line with Implementation Timeline.	<p>Letters and brief to those affected at key stages of the process.</p> <p>Enquiries to consultation via various methods of engagement.</p> <p>Numbers of residents using advocacy services where appropriate.</p>	Programme Team
<p>Ensure that the assessment and transition to alternative provision is carried out in accordance with the Council's Care Guarantee and Assessment and Protocol, which are developed in consideration of the needs of older people and people living with dementia.</p> <p>Ensure that the assessment and transfer is managed by a qualified team of social workers who are fully conversant with the needs of residents, including people with dementia.</p> <p>Ensure robust procedures are in place to identify and manage safeguarding concerns as they arise.</p>	In line with Implementation Timeline.	<p>A supportive, managed and coordinated transition of residents to alternative accommodation / service provision.</p> <p>Minimised risk to health and well-being of residents and carers brought on by move.</p> <p>The number of residents accessing alternative accommodation of their choice.</p> <p>The number of people satisfied with their alternative accommodation.</p> <p>The provision of:</p>	Programme Team

Action	Timescale	Measure	Lead person
All staff and volunteers to be trained in recognising and responding to safeguarding concerns		<ul style="list-style-type: none"> • Services that prioritise both safeguarding and independence. • A well-trained workforce operating in a culture of zero tolerance of abuse. • A sound framework for confidentiality and information sharing across agencies good universal services, such as community safety services. • Needs and risk assessments to inform people's choices. <p>A range of options for support to keep safe from abuse tailored to people's individual needs.</p>	
Family members to be involved in the transfer process including the choice of an alternative provision.	In line with Implementation Timeline.	<p>Friendship groups maintained where requested.</p> <p>Risk of social isolation removed.</p> <p>The number of residents able to transfer and remain within their local area where they have long established links.</p> <p>The number of relatives and carers able to maintain regular visits.</p> <p>The number of carers accessing support networks.</p>	Programme Team
The continued wellbeing of people who had moved into new services to be monitored by reviews after three, six- and 12-months following transfer.	In line with Implementation Timeline.	The number of people satisfied with their alternative accommodation at reviews post transition.	Programme Team
The council to continue to consider how it can play a role in ensuring the need for specialist provision in key areas is met. This includes ensuring the	In line with Implementation Timeline.	Commissioning to take full account of equality issues and to ensure that the quality of services is consistent and of good quality	Programme Team

Action	Timescale	Measure	Lead person
increasing need for dementia services and intermediate care is met.		<p>Services commissioned by the council will focus on quality of service to all diverse users.</p> <p>Provision of accessible services that meet the needs of all diverse users.</p> <p>A decrease in the number of older people needing long-term residential care.</p> <p>A decrease in hospital admissions and delayed discharge from hospital.</p> <p>An increase in the number of older people accessing preventative services that maintains independent living.</p>	
The Council is committed to ensure that no individual is disadvantaged because of the proposals. Ensure that a full benefit and financial review is undertaken as part of service user assessment to ensure no financial detriment with respect to the cost of care received.	In line with Implementation Timeline.	No resident financially disadvantaged with respect to the cost of the care they receive because of change.	Programme Team
Ensure that the assessment team and care home staff are aware of the full range of alternative services available, and that information is available in a range of formats.	In line with Implementation Timeline.	<p>Service users and their carers able to exercise choice and make informed decisions on the range of services available.</p> <p>Improved personalised services for older people and their carers, with improved outcomes.</p> <p>The number of residents who understand the changes and can make informed decisions.</p>	Programme Team

Action	Timescale	Measure	Lead person
Progress with future of the sites (subject to a decision to close).	In line with Implementation Timeline.	The number of decommissioned buildings in community use.	Programme Team

13. Governance, ownership, and approval

State here who has approved the actions and outcomes from the equality, diversity, cohesion, and integration impact assessment

Name	Job title	Date
Shona MacFarlane	Deputy Director Social Work and SC Service	
Date impact assessment completed		30.04.24

14. Monitoring progress for equality, diversity, cohesion, and integration actions (please tick)

- As part of Service Planning performance monitoring
- As part of Project monitoring
- Update report will be agreed and provided to the appropriate board
Please specify which board
- Other (please specify)

15. Publishing

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board, Full Council, Key Delegated Decisions**, or a **Significant Operational Decision**.

A copy of this equality impact assessment should be attached as an appendix to the decision-making report:

- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
- A copy of all other equality impact assessments that are not to be published should be sent to equalityteam@leeds.gov.uk for record.

Complete the appropriate section below with the date the report and attached assessment was sent:

For Executive Board or Full Council – sent to Governance Services	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate Directorate	Date sent:
All other decisions – sent to equalityteam@leeds.gov.uk	Date sent:

Equality, diversity, cohesion and integration impact assessment - organisational change impacting on the workforce

As a public authority we need to ensure that all organisational change arrangements impacting on the workforce have given proper consideration to equality, diversity, cohesion and integration. In all appropriate instances we will need to carry out an equality, diversity, cohesion and integration impact assessment.

This form:

- can be used to prompt discussion when carrying out your impact assessment
- should be completed either during the assessment process or following completion of the assessment
- should include a brief explanation where a section is not applicable

Directorate: Adults and Health	Service area: Care Delivery: Care Homes
Lead person: Vic Clarke	Contact number:
Date of the equality, diversity, cohesion and integration impact assessment: 10 April 2024	

2. Members of the assessment team:		
Name	Organisation	Role on assessment team For example, service user, manager of service, specialist
Shona MacFarlane	LCC	Deputy Director Adult Social Care
Karla Gallon	LCC	Head of Service, Care Delivery
Vic Clarke	LCC	Project Manager
Mark Grimes	LCC	HR Business Partner

3. Summary of the organisational change arrangements to be assessed:
<p>Proposals that Knowle Manor residential care home in Morley is closed and Dolphin Manor residential care home in Rothwell is repurposed.</p> <p>This EDCI Impact Assessment focusses on staff at Knowle Manor only, as the repurposing of Dolphin manor will not affect staff at that location.</p> <p>If a decision is made to close Knowle Manor, 23 Adult Social Care (ASC) and 7 Civic Enterprise Leeds (CEL) staff will be affected by the proposals and will need to be supported through the Council's Managing Staff Reduction (MSR) Policy.</p> <p>There are staffing vacancies within the Care Delivery Service. The Directorate will also work with all affected staff to identify development and training opportunities which could assist staff to move into new or alternative roles within the Authority.</p>

Continued formal consultation will take place under Employment Legislation with Trade Unions and staff and support would be provided for staff throughout the decommissioning process including identifying any opportunities for employment within the Council. It is hoped that this work will significantly minimise the risks to staff in terms of compulsory redundancy. Staff affected by these proposals would play an integral part in supporting residents, their family / carers with the transition to alternative provision.

This paper outlines the Equality Impact Assessment that has been carried out in the context of these proposals to ensure that they do not unfairly impact on people from the different equality groups. It has been completed as a parallel process to the consultation on the proposed changes.

4. Scope of the equality, diversity, cohesion and integration impact assessment

Organisational change
(please tick all appropriate boxes that apply below)

Restructuring and assimilation	<input type="checkbox"/>
Reorganisation and job redesign	<input type="checkbox"/>
Flexible deployment	<input type="checkbox"/>
Early leavers initiative	<input type="checkbox"/>
Cessation of a service	<input checked="" type="checkbox"/>
Downsizing of a service	<input type="checkbox"/>
Switching	<input type="checkbox"/>
Recruitment	<input type="checkbox"/>
Equal pay considerations	<input type="checkbox"/>
Job evaluation	<input type="checkbox"/>
	<input type="checkbox"/>

Any other organisational change arrangements	
Please provide detail:	
Knowle Manor	
<p>Knowle Manor is a 29 bedded long-stay residential home situated in Morley. Occupancy at Knowle Manor is currently 11 (38%). The full annual net budget for Knowle Manor is over £885k (net as the client income will follow the client). Closing this facility from 31st December 2024 would save an estimated £100k by the end of 2024/25 as other one-off costs would be offset against these savings. Examples include alternative independent provision (for those taking up on the care guarantee), additional social work resource required to support the transfer of care; and any MSR considerations.</p> <p>As outlined in the report to Executive Board in December 2023 the proposal to decommission the service, is based on national data which supports the view that people are being supported to live independently and safely in their own homes and communities for longer. The need for residential homes is decreasing within Leeds and where this resource is required to meet people's needs, there is a well-developed independent sector care home market. The number of older people's residential care and nursing homes across the city rated good or outstanding is 51.</p> <p>Leeds now has a range of services to meet the needs of people who require some type of intervention to either support them to reach their optimum with therapeutic and recovery focused support to return home or to undertake an assessment to support their longer-term needs. The CCG is now seeking to retender the Community Care Beds contract and Leeds City Council with Leeds Community Healthcare wants to be in a position to repurpose Dolphin Manor to provide this contract, along with its existing Community Care bed provision.</p>	

4a. Do your proposals relate to: please tick the appropriate box below	
The whole service	<input type="checkbox"/>
A specific part of the service	<input checked="" type="checkbox"/>
More than one service	<input type="checkbox"/>
Please provide detail:	
<p>The proposals relate to Knowle Manor long stay residential care in Morley and Dolphin Manor long stay residential care in Rothwell.</p> <p>There is one other local authority run long stay care homes in the city: Spring Gardens in Otley. This is in addition to the available capacity in the independent sector homes.</p>	

4b. Do your proposals relate to: please tick the appropriate box below	
Employment considerations only	<input checked="" type="checkbox"/>
Employment considerations and impact on service delivery	<input type="checkbox"/>

Please provide detail:

As outlined above the affected staff would need to be supported through the MSR policy. The EDCI Impact Assessment available at Appendix 5a of the Executive Board Report details the identified impacts on wider service delivery and the mitigating actions associated with those impacts.

This EDCI Impact Assessment will consider and assess the impact of the options for:

- Staff working at Knowle Manor.

This EDCI Impact Assessment is intended to support the decision-making process by:

- Identifying the potential positive and negative impact of any changes/ decisions on each protected characteristic.
- Setting out actions to minimise/ mitigate any adverse impacts.

Proposals have been subject to Equality Screening, and this concluded that the proposed options will potentially give rise to equality impacts of those affected, in particular:

- Age – 19 (63%) are 50 years or older
- Sex – 24 (80%) are women
- Race – 4 (13%) identify as Ethnically Diverse
- Disability – 4 (13%) have a disability

Should agreement be given to progress with the proposals, an implementation plan will be developed. This would show how any closures would be managed over the timescales and how staff are to be supported to safeguard human rights and minimise distress and maximise the benefits to individuals. This will relate particularly to the monitoring arrangements in relation to the proposed changes.

5. Fact finding – what do we already know
Make a note here of all information you'll be using to carry out this assessment. This could include previous consultation, involvement, research, results from perception surveys, equality monitoring and customer or staff feedback.

(priority should be given to equality, diversity, cohesion and integration related information)

Demographics (workforce focus)
The information is taken from the Skills for Care workforce intelligence data 2022-2023 (see Appendix 4).
Leeds has a total care workforce of 22,500 with 24,500 overall jobs, giving a vacancy number of 1900. Of those overall posts the Local Authority has 1500 posts. Leeds has 700 direct payment recipients who employ their own staff.

Just over half the workforce (54%) work full time, the rest at 46% work part time. This is different to the employment status of those in Leeds City Council where 62% work full time and 38% work part time.

82% of the workforce are female and 18% are male, this is reflective of the city overall.

Of those working for the Local Authority 34% were 55 or older, with an average age of 47. This is slightly higher than the overall Leeds position where 25% were older than 55, and the average age was 43.

95% of people working for the Local authority were British, 2% as EU and 3% as non-EU. This is different to the overall Leeds demographic where 83% were British, 4% EU and 12% non-EU.

In terms of ethnicity, 82% of people identified as white, 6% as Asian/Asian British, 9% as Black/African/Caribbean/Black British and 2% as mixed/multiple ethnic groups. This is different to the overall Leeds picture where 76% of people identified as white, 8% as Asian/Asian British, 12% as Black/African/Caribbean/Black British, 2% as mixed/multiple ethnic groups and 1% as other.¹

Research

The Better Lives strategy is the Council's strategy for people with care and support needs. Previous reports to both Executive and Scrutiny Boards as part of the Better Lives Programme have documented how the aspirations of people with care and support needs have changed over time and that there is a strong and increasing desire to remain living in one's own home for as long as possible. As such a key aspect of the *Better Lives* strategy includes a continuous review of the Council's in-house services for older people with the focus being on how they meet both current expectations and crucially how they can contribute to maximising people's independence, recovery and rehabilitation in the future.

Previous reviews as part of the Better Lives Programme phases 1, 2 and 3, have evidenced that demand for traditional forms of residential care for older people have continued to reduce with a switch to greater demand for models of care that provide housing-with-support such as extra care housing. This has meant that between 2011 and 2016 a number of in-house care homes closed.

In addition to the above, the EDCI considers data from the following:

- Key strategies and policies relating to the proposals, including the Better Lives Strategy, Health and Wellbeing Strategy, and the Best Council Plan 2020 – 2025.
- Quantitative information relating to the profile of current residents and carers.
- Quantitative information relating to the profile of alternative provision.

Consultation

As above, previous phases of the Better Lives Programme which have seen the closure of care homes have included detailed consultation and equality impact assessments, which have been considered as part of this assessment.

For these proposals, detailed consultation has also been carried out, and the Consultation Findings Report has been considered as part of this assessment, available as Appendix 3 of the Executive Board report.

12 of the affected staff members completed surveys, this is 40% of the total workforce

Meetings were held with all affected staff to advise them of the recommendation to start the period of consultation on the proposed closure, and to advise them of the decision. Regular staff meetings along with Trade Union meetings have taken place throughout this process and will continue to do so.

Staff raised issues related to the following key themes:

- Do not want the home to close
- Staff feel they deliver a good high-quality service

¹ [My local area \(skillsforcare.org.uk\)](http://mylocalarea.skillsforcare.org.uk)

- Staff feel that the decision will be made to close the services
- Concern about the health and wellbeing of residents and the good relationships they have with them
- Concern about their own future work opportunities (employment, pensions, personal finances)
- Felt that money should be saved elsewhere
- Don't want to break up their staff team.

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

Are there any gaps in equality and diversity information

Please provide detail:

Adult Social Care, where possible, will obtain equality information around the profile of each affected staff member and determine the likely impacts given that profile. Due regard will be taken of this information during the implementation phase, should these proposals be agreed. A review of the impact will also be undertaken post implementation, considering any impact on equality groups.

Action required:

As above subject to a decision to close the two care homes:

- Obtain equality information around the profile of each affected staff member and determine the likely impacts given that profile.
- Review any identified impacts post implementation.

6. Wider involvement – have you involved groups of people who are most likely to be affected or interested

Yes **No**

Please provide detail:

Detailed consultation on the proposals took place between Monday 8th January 2024 - Friday 29th March 2024. The aim of the consultation was to consult with those directly affected and as a priority the existing residents of care homes and their families and carers. Detailed consultation also took place with affected staff and Trade Unions, and with related stakeholders within the locality, including elected members and partner organisations and with the wider local community of the affected areas.

As part of the consultation a questionnaire has been used to capture responses to the proposals. The aim was to:

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

The findings from the consultation are outlined in full in the Consultation Findings Report appended to the Executive Board Report.

Action required:

Ongoing engagement with all affected stakeholders will continue to take place throughout the process. This will include:

- Inform all affected stakeholders of the recommendations in the report to Executive Board following consultation.
- Inform all affected stakeholders of the outcome of the Executive Board decision.

Should the decision be taken to approve the recommended closure of Knowle Manor and the repurposing of Dolphin Manor, this will also include:

- On-going engagement with service users / families and carers as part of Assessment and Transitions including reviews post transition to alternative provision.
- Consult with Trade Unions, Hold Preference Meetings, make Deployment Decisions, Staff notified of matches and meeting held to discuss options through the Council's MSR Policy.
- Other Employment Opportunities within LCC – Continual refreshing of information, signposting of other employment opportunities / roles to staff at risk
- Ongoing tracker updates to wider stakeholders and elected members as appropriate.

7. Who may be affected by this activity?

please tick all relevant and significant equality characteristics, stakeholders and barriers that apply to your strategy, policy, service or function

Equality characteristics

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Age | <input checked="" type="checkbox"/> Carers | <input checked="" type="checkbox"/> Disability |
| <input checked="" type="checkbox"/> Gender reassignment | <input checked="" type="checkbox"/> Race | <input checked="" type="checkbox"/> Religion or Belief |
| <input checked="" type="checkbox"/> Sex (male or female) | <input checked="" type="checkbox"/> Sexual orientation | |
| <input checked="" type="checkbox"/> Other | | |

(Other can include – marriage and civil partnership, pregnancy and maternity, and those areas that impact on or relate to equality: tackling poverty and improving health and well-being)

Please specify:

The following provides an overview of the relevance of the proposals to the equality characteristics and where identified, action to mitigate any impact should the proposals be approved.

Age: 63% of the affected staff are 50 years or older.

Action to Mitigate:

- Any impacts relating to the Age equality characteristic will be considered as part of individual staff consultation meetings.

Carers: No specific issues have been identified in relation to staff who are carers. This is an identified gap in equality information in relation to staff, and national demographics show that given the age profile of the staff affected, a proportion are likely to be carers.

Action to Mitigate:

- Obtain equality information around the profile of each affected staff member and determine the likely impacts given that profile.
- Review any identified impacts post implementation.

Disability: 4% of the affected staff have a disability.

Action to Mitigate:

- Any impacts relating to the Age equality characteristic will be considered as part of individual staff consultation meetings.

Sex: Statistical data of the affected staff shows that 80% are women.

Action to mitigate:

- Any impacts relating to the Sex equality characteristic will be considered as part of individual staff consultation meetings.

Race: 4% of affected staff are Ethnically Diverse.

Action to mitigate:

- Any impacts relating to the Race equality characteristic will be considered as part of individual staff consultation meetings.

Religion or belief: No specific issues have been identified in relation to religion or belief.

Action to mitigate:

- Any impacts relating to the Religion or Belief equality characteristic will be considered as part of individual staff consultation meetings.

Sexual orientation: No specific issues have been identified in relation to sexual orientation. The staff data shows that for a number of staff this information is not specified. This is an identified gap in equality information.

Action to mitigate:

- Any impacts relating to the Sexual Orientation equality characteristic will be considered as part of individual staff consultation meetings.

Gender reassignment: No specific issues have been identified in relation to gender reassignment. There is not data on this characteristic, which is an identified gap in equality information.

Action to mitigate:

- Any impacts relating to the Gender Reassignment equality characteristic will be considered as part of individual staff consultation meetings.

Socio-economic Status: The socioeconomic status of those affected is not known. There is not data on this characteristic, which is an identified gap in equality information.

Action to mitigate:

- Any impacts relating to the Socio-economic Status equality characteristic will be considered as part of individual staff consultation meetings.

Financial Exclusion (poverty): The financial exclusion status of those affected is not known. There is not data on this characteristic, which is an identified gap in equality information.

Action to mitigate:

- Any impacts relating to the Financial Exclusion (poverty) equality characteristic will be considered as part of individual staff consultation meetings.

Unemployment: All staff are employed in the services affected by the proposals. There is a risk of staff redundancy and staff not being able to secure alternative employment.

Action to mitigate:

- Staff affected by the proposals and will need to be supported through the MSR Policy.

There are staffing vacancies within the Care Delivery Service. The Directorate will also work with all affected staff to identify development and training opportunities which could assist staff to move into new or alternative roles within the Authority.

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

Residential Location: No specific issues have been identified in relation to residential location.

Action to mitigate:

- Distance to be travelled to work will be considered as part of individual staff consultation meetings.

Family Background: The family background status of those affected is not known. There is not data on this characteristic, which is an identified gap in equality information.

Action to mitigate:

- Any impacts relating to the Family Background equality characteristic will be considered as part of individual staff consultation meetings.

Skills or Education: The skills or education status of those affected is known by their line manager. It is recognised that many job opportunities now require a level of digital skill to be able to identify and apply for jobs online.

Action to mitigate:

- Skills and Education status will be considered as part of everyone's preference meetings, deployment decisions, job matching and signposting of other employment opportunities / roles to staff through the MSR Policy.
- Ensure staff are supported with the skills needed for identifying and applying for alternative employment through online channels, taking into consideration levels of digital inclusion.

Stakeholders

<input type="checkbox"/>	Services users	<input checked="" type="checkbox"/>	Employees	<input checked="" type="checkbox"/>	Trade Unions
<input type="checkbox"/>	Partners	<input type="checkbox"/>	Members	<input type="checkbox"/>	Suppliers
<input type="checkbox"/>	Other please specify				

Potential barriers

<input checked="" type="checkbox"/>	Built environment	<input checked="" type="checkbox"/>	Location of premises and services
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Information and communication

Customer care

Timing

Stereotypes and assumptions

Cost

Consultation and involvement

Specific barriers to the organisational change proposals

Please specify

Built environment: Some staff may find a new built environment more difficult to cope with both physically and mentally in terms of changes to their usual work routine or workplace needs. As an example, a new building may have more stairs or less natural light.

Mitigating Action:

- An assessment of every member of staff affected will be undertaken in accordance with the council's MSR Policy.
- Ensure staff receive full induction at new workplace.
- Ensure staff receive a DSE Assessment Review prior to any move to identify any reasonable adjustments or actions that need consideration in finding alternative employment.
- Ensure that a DSE Review takes place at the new workplace to consider any reasonable adjustments or actions in their new work environment.

Location of premises: The alternative workplaces staff move to may have an impact on those who have worked at the care homes for a considerable length of time, and who have long established links to the local area. Staff may have strong professional friendships and be fearful of the impact of the proposed changes on their lives, and whether they are able to maintain the relationships they have established. It may also impact on staff's work / life balance due to any potential greater time commuting to / from work.

Mitigating Action:

- Focus on local alternative employment options where this is identified as a preference and consider work / life balance.
- If additional travel expenses are incurred the council will consider excess travel payments.

Information and Communication: Some staff may not be able to easily access online methods of communication. Many jobs are now only advertised via online channels.

Mitigating Action:

- Clear and timely communication to all staff affected, particularly regarding information about alternative employment opportunities.
- Support staff with digital skills training opportunities to maximise their ability to access online job opportunities.
- Clear HR and Organisational Development support to staff who want to develop skills in another field.

Customer Care and staff training: Staff will play a lead role in understanding the concerns of

residents and service users, helping them understand the proposed changes and helping them make the right decisions for themselves. Staff will continue to play a crucial role in supporting residents, service users and their family / carers through the transition process at a time when they themselves are experiencing uncertainty and change. Some staff may find this difficult to cope with.

Mitigating Action:

- Provide appropriate support to staff through awareness raising events, meetings, and management support.

Timing: Many residents and their family / carers said during the consultation that they did not want to move to a new care home at this point in their lives. The move to alternative provision is a process that some staff may feel takes too long or too short a time according to their needs.

Mitigating Action:

- An assessment of every affected staff member will be undertaken and actions to minimise stress factors will be put in place.
- Ensure that nothing happens suddenly or unexpectedly and that moves to alternative employment take place in a timescale that those affected are comfortable with in accordance with the HR processes and procedures.

Cost: Some staff are carers and a change in where they work may affect their caring responsibilities which could incur additional costs. If staff need to travel further to get to / from work this could also cost them more.

Mitigating action:

- Focus on local, flexible, alternative employment options where this is identified as a preference and consider methods of ensuring continued work / life balance.
- If additional travel expenses are incurred the council will consider excess travel payments.

Consultation and Involvement: Some staff may not be able to easily access online methods of communication.

Mitigating Action:

- Clear and timely communication to all staff affected, particularly regarding information about alternative employment opportunities, including face to face meetings and direct support from HR and Organisational Development colleagues.

Stereotypes and assumptions: Assumptions may be made in connection with staff's needs and job preferences.

Mitigating Action:

- An assessment is carried out with each affected staff member to ensure that current, individual needs are properly understood.

Financial exclusion: See Cost above.

Employment and training: Some staff may feel that travelling to an alternative workplace may impact on their working hours or training opportunities.

Mitigating Action:

- An assessment is carried out with each affected staff member to ensure that current, individual needs are properly understood.
- Support staff to identify their skills, knowledge and experience strengths and development areas, and where additional training may be helpful in them seeking alternative employment.
- Support staff to access those training opportunities.

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8. Positive and negative impact

Think about what you are assessing (scope), the fact finding information, the potential positive and negative impact on equality characteristics, stakeholders and the effect of the barriers

8a. Positive impact:

Should the proposals to close Knowle Manor and repurpose Dolphin Manor be approved this may result in the following positive impacts:

- Staff affected may identify alternative employment opportunities that better meets their needs. As an example, someone who had been working in a care home may move to providing at home care and support services with a reduced commute time and find that more suitable to their needs.
- Staff may find alternative employment that provides greater job satisfaction; some may be looking for a change in job roles.
- Closing the care home and deploying the staff into other services could reduce overall staffing vacancies.
- If staff move to care home employment in the independent sector, they will take their high-quality knowledge, skills, and experience with them which would be disseminated.

Action required:

- Monitor the transfer of staff and employment outcomes.
- Ongoing consultation with staff and Trade Unions through the MSR Policy with a particular focus on employment within LCC in suitable roles.

8b. Negative impact:

The consultation findings report along with this assessment details several potential negative impacts which could affect protected characteristics, along with proposed mitigations.

The themes of these impacts relate to people’s health and wellbeing, quality, finance, locality, strategic and methodology and timing impacts.

The risk of redundancy would potentially impact across these themes.

Action required:

See EDCI Organisational Change Action Plan below.

9. Will this activity promote strong and positive relationships between the groups or communities identified?

Yes

No

Please provide detail:

The proposals won't proactively promote relationships between groups and communities however, equally it should not have a detrimental impact to those relationships as staff will be supported to find options that meet their needs through the MSR Policy.

Action required:

- Support those affected to find suitable options to meet their work / life balance needs in line with the MSR policy.

10. Does this activity bring groups or communities into increased contact with each other (for example in schools, neighbourhood or the workplace)?

Yes

No

Please provide detail:

The proposed closure of the two care homes would not bring groups / communities into increased contact with one another.

Action required:

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None.

11. Could this activity be perceived as benefiting one group at the expense of another?

Yes

No

Please provide detail:

The proposals could be perceived as benefitting those who work in preventative services over those working in care home services, because if the homes were not to close, a reduction in prevention services would be the alternative to finding the required financial savings.

Action required:

- Consider the knowledge, skills and experience of affected staff and support staff through the MSR Policy.

12. Equality, diversity, cohesion and integration action plan

(insert all your actions from your assessment here, set timescales, measures and identify a lead person for each action)

Action	Timescale	Measure	Lead person
<p>Obtain equality information around the profile of each affected staff member and determine the likely impacts given that profile.</p> <p>Review any identified impacts post transfer to alternative employment.</p>	In line with Implementation Timeline.	<p>Affected staff supported through the MSR Policy.</p> <p>Review of each affected staff member post transition considers any identified impacts.</p>	Programme Team
Ongoing clear and timely engagement with all affected stakeholders will continue to take place throughout the process.	In line with Implementation Timeline.	<p>Letters and briefings to those affected at key stages of the process.</p> <p>Enquiries to consultation via various methods of engagement.</p>	Programme Team
<p>Consult with Trade Unions, Hold Preference Meetings, make Deployment Decisions, Staff notified of matches and meeting held to discuss options through the MSR Policy.</p> <p>Other Employment Opportunities within LCC – Continual refreshing of information, signposting of other employment opportunities / roles to staff.</p>	In line with Implementation Timeline.	<p>Number of successful jobs matches.</p> <p>Number of staff who secure alternative employment.</p> <p>Number of staff supported through the MSR Policy.</p>	Programme Team
A reasonable distance to travel to work will be considered as part any assessment of staff's needs.	In line with Implementation Timeline.	<p>Number of staff travelling further to get to/from work.</p> <p>Staff satisfaction regarding their commute in their new job.</p>	Programme Team

Action	Timescale	Measure	Lead person
Ensure staff are supported with the skills needed for identifying and applying for alternative employment through online channels, taking into consideration levels of digital inclusion.	In line with Implementation Timeline.	Number of people supported in identifying and applying for alternative employment through online channels, taking into consideration levels of digital inclusion.	Programme Team
An assessment of every member of staff affected will be undertaken in accordance with the council's MSR Policy.	In line with Implementation Timeline.	Number of assessments carried out.	Programme Team
Ensure staff receive full induction at new workplace.	In line with Implementation Timeline	Number of staff induction plans (where stay within Council employment).	Programme Team
Ensure staff receive a DSE Assessment Review prior to and post any move (where stay within Council employment) to identify any reasonable adjustments or actions that need consideration in finding alternative employment.	In line with Implementation Timeline.	Number of DSE Assessments completed and reviewed (where stay within Council employment).	Programme Team
Focus on local alternative employment options where this is identified as a preference and consider work / life balance options to meet needs identified.	In line with Implementation Timeline.	Staff satisfaction with outcome.	Programme Team
Provide appropriate support to staff through awareness raising events, meetings, and management support to minimise stress related factors.	In line with Implementation Timeline.	A supportive, well managed and coordinated transition of staff to alternative employment. Minimised risk to health and well-being of staff brought on by move.	Programme Team

Action	Timescale	Measure	Lead person
		<p>The number of staff securing alternative employment that meets their needs.</p> <p>The number of people satisfied with their new job.</p>	
<p>Support staff to identify their skills, knowledge and experience strengths and development areas, and where additional training may be helpful in them seeking alternative employment.</p> <p>Support staff to access those training opportunities.</p>	<p>In line with Implementation Timeline.</p>	<p>Number of staff attending training opportunities.</p>	<p>Programme Team</p>
<p>Focus on local, flexible, alternative employment options where this is identified as a preference and consider methods of ensuring continued work / life balance.</p> <p>If additional travel expenses are incurred the council will consider excess travel payments.</p>	<p>In line with Implementation Timeline.</p>	<p>Number of staff receiving excess travel payments.</p>	<p>Programme Team</p>

13. Governance, ownership and approval

State here who has approved the actions and outcomes from the equality, diversity, cohesion and integration impact assessment

Name	Job title	Date
Shona McFarlane	Deputy Director Social Work and SC Service	

14. Monitoring progress for equality, diversity, cohesion and integration actions
(please tick)

- As part of service planning performance monitoring
- As part of project monitoring
- Update report will be agreed and provided to the appropriate board
Please specify which board
- Other (please specify)

15. Publishing

If this equality, diversity, cohesion and integration impact assessment relates to a **key delegated decision, executive board, full council** or a **significant operational decision** a copy should be emailed to corporate governance and will be published along with the relevant report.

A copy of **all other** equality and diversity, cohesion and integration impact assessment's should be sent to equalityteam@leeds.gov.uk. For record keeping purposes it will be kept on file (but not published).

Date impact assessment completed

If relates to a key decision – **date sent to corporate governance**

Any other decision – **date sent to equality team**

Appendix C - Extract from Executive Board Minutes – 24th July 2024

EXECUTIVE BOARD

WEDNESDAY, 24TH JULY, 2024

PRESENT: Councillor J Lewis in the Chair
Councillors S Arif, D Coupar, M Harland,
A Lamb, J Lennox, J Pryor, M Rafique and
F Venner

APOLOGIES: Councillor H Hayden

21 Adults and Health - In House Care Homes Service Review: Knowle Manor and Dolphin Manor: Post Consultation Recommendations Report

The Director of Adults and Health submitted a report which presented the findings of the consultation exercise, as previously agreed to be undertaken at Executive Board in December 2023, on proposals to close Knowle Manor residential care home in Morley, and to repurpose Dolphin Manor residential care home in Rothwell into a community care bed base (Recovery Hub). In considering those outcomes, the report made recommendations regarding the future of both residential care homes for the Board's consideration.

In presenting the report, the Executive Member provided an overview of the proposals and of the consultation undertaken. Information on current occupancy levels for both care homes was provided, with it being highlighted that the context of the proposals was that the use of Council residential care homes had declined over recent years. It was noted that there were other care home providers in the locality with vacancies and as such it was felt that there were suitable alternatives available for residents. It was also noted that there were jobs available for affected Knowle Manor staff at the Council's other in-house care delivery services, and that proposals would see Dolphin Manor staff retaining their jobs. Acknowledging the potential impact of these proposals, details were provided on the support that would be given to those affected, should the recommendations be approved.

Responding to a Member's enquiries regarding the future of Knowle Manor, Members received an update on the condition of the building. Whilst it was acknowledged that investment had been made via the installation of solar panels, it was noted that the building was in a poor condition and that the level of funding required to refurbish and maintain it was not available.

It was also noted that whilst not covered within the submitted report, the Leader highlighted that he and the Executive Member for Adult Social Care, Active Lifestyles and Culture had met with local Ward Councillors and the local MP about the longer-term future of Knowle Manor. It was undertaken that the Council would work with those local Ward Members and the MP in terms of looking for wider funding opportunities, with the aspiration that Knowle Manor be used for the future

provision of care and health services in Morley, if at all possible, and that at the appropriate time, such matters would be submitted to the Board.

A Member raised an enquiry regarding consultation undertaken in relation to Dolphin Manor. In response, the Board received further information on the consultation exercise conducted in respect of the proposals within the submitted report affecting both Dolphin Manor and Knowle Manor.

In response to a Member's comments regarding the provision of the Council's residential care services more generally and the impact that these proposals would have, the Board received further details on this matter. It was noted that the Council's provision of long-term residential care services was very small and underutilised. It was highlighted that the external market currently does not have sufficient supply of intermediate care provision, hence the proposal within the report that Dolphin Manor could be repurposed as an intermediate care facility.

Members received further details and context on the current occupancy levels at both Knowle Manor and Dolphin Manor and also on the processes and timeframes by which the Council had stopped the admission of long-term residents.

RESOLVED –

- (a) That the closure of Knowle Manor care home be approved, and that once closed, the building be declared surplus to service requirements;
- (b) That the repurposing of Dolphin Manor into a community care bed base (Recovery Hub), be approved;
- (c) That following resolutions (a) and (b) above, the timeline for closure as set out at point 66 of the submitted report, be approved;
- (d) That it be noted that the Director of Adults and Health is responsible for the implementation of the resolutions above.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Lamb required it to be recorded that he abstained from voting on the decisions referred to within this minute)

DATE OF PUBLICATION: FRIDAY, 26TH JULY 2024

**LAST DATE FOR CALL IN
OF ELIGIBLE DECISIONS:** 5.00PM, FRIDAY, 2ND AUGUST 2024