



SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

Call In Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Friday, 9th July, 2021 at 11.00 am
(There is no pre-meeting)

Councillors

C Anderson	-	Adel and Wharfedale;
L Cunningham	-	Armley;
J Dowson	-	Chapel Allerton;
Gibson	-	Cross Gates and Whinmoor;
N Harrington	-	Wetherby;
C Hart-Brooke	-	Rothwell;
M Iqbal	-	Hunslet and Riverside;
W Kidger	-	Morley South;
G Latty	-	Guiseley and Rawdon;
A Marshall-Katung (Chair)	-	Little London and Woodhouse;
E Taylor	-	Chapel Allerton;

Co-opted Member (Non-voting)

Dr J Beal - Healthwatch Leeds

This meeting will be held at the Civic Hall, Leeds. Due to current restrictions arising from the pandemic, there will be very limited capacity in the public gallery for observers of the meeting. This meeting will be webcast live via the link below, however if you would like to attend to observe in person, please email (FacilitiesManagement@leeds.gov.uk) to request a place, clearly stating the name, date and start time of the committee and include your full name and contact details, no later than 24 hours before the meeting begins. Please note that the pre-booked places will be allocated on a 'first come, first served' basis and once pre-booked capacity has been reached there will be no further public admittance to the meeting. On receipt of your request, colleagues will provide a response to you.

Please Note - Coronavirus is still circulating in Leeds. Therefore, even if you have had the vaccine, if you have Coronavirus symptoms: a high temperature; a new, continuous cough; or a loss or change to your sense of smell or taste, you should NOT attend the meeting and stay at home, and [get a PCR test](#) . For those who are attending the meeting, please bring a face covering, unless you are exempt.

Note to observers of the meeting: 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=11640>

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

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CONFIDENTIAL AND EXEMPT ITEMS

The reason for confidentiality or exemption is stated on the agenda and on each of the reports in terms of Access to Information Procedure Rules 9.2 or 10.4(1) to (7). The number or numbers stated in the agenda and reports correspond to the reasons for exemption / confidentiality below:

9.0 Confidential information – requirement to exclude public access

9.1 The public must be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that confidential information would be disclosed. Likewise, public access to reports, background papers, and minutes will also be excluded.

9.2 Confidential information means

- (a) information given to the Council by a Government Department on terms which forbid its public disclosure or
- (b) information the disclosure of which to the public is prohibited by or under another Act or by Court Order. Generally personal information which identifies an individual, must not be disclosed under the data protection and human rights rules.

10.0 Exempt information – discretion to exclude public access

10.1 The public may be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that exempt information would be disclosed provided:

- (a) the meeting resolves so to exclude the public, and that resolution identifies the proceedings or part of the proceedings to which it applies, and
- (b) that resolution states by reference to the descriptions in Schedule 12A to the Local Government Act 1972 (paragraph 10.4 below) the description of the exempt information giving rise to the exclusion of the public.
- (c) that resolution states, by reference to reasons given in a relevant report or otherwise, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

10.2 In these circumstances, public access to reports, background papers and minutes will also be excluded.

10.3 Where the meeting will determine any person's civil rights or obligations, or adversely affect their possessions, Article 6 of the Human Rights Act 1998 establishes a presumption that the meeting will be held in public unless a private hearing is necessary for one of the reasons specified in Article 6.

10.4 Exempt information means information falling within the following categories (subject to any condition):

- 1 Information relating to any individual
- 2 Information which is likely to reveal the identity of an individual.
- 3 Information relating to the financial or business affairs of any particular person (including the authority holding that information).
- 4 Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or officer-holders under the authority.
- 5 Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
- 6 Information which reveals that the authority proposes –
 - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment
- 7 Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime

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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>	

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 DISCLOSABLE PECUNIARY INTERESTS

To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' 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 - 8

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

7

10.4(3)

ADULTS & HEALTH SERVICE REVIEW 6 - CARE DELIVERY: CARE HOMES, POST CONSULTATION RECOMMENDATIONS REPORT

9 - 344

To consider a report from the Head of Democratic Services presenting background papers to an Executive Board decision which has been called in in accordance with the Council's Constitution. This relates to the Adults & Health Service Review 6 – Care Delivery: Care Homes, Post Consultation Recommendations.

(Please note that Appendix 7 of the Executive Board report that has been attached as background information is designated as being exempt from publication under the provisions of Access to Information Procedure Rule 10.4 (3))

OUTCOME OF CALL IN

To consider the Board's formal conclusions and recommendations arising from the consideration of the called-in decision.

DATE AND TIME OF NEXT MEETING

The Adults, Health and Active Lifestyles Scrutiny Board is holding a remote consultative meeting on Tuesday 27th July 2021 at 1.30 pm (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.

Webcasting

Please note – the publicly accessible parts of this meeting will be filmed for live or subsequent broadcast via the City Council's website. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed.

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Call In Briefing Paper

Date: 9th July 2021

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

What is this report about?

Including how it contributes to the city's and council's ambitions

- In accordance with the Council's Constitution, an Executive Board decision has been Called In. The background papers to this particular 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 relevant report considered by the Executive Board 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

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

Why is the proposal being put forward?

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

What impact will this proposal have?

Wards affected: N/A

Have ward members been consulted?

Yes

No

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.
3. The Board is advised that the Call In is specific to the relevant report considered by the Executive Board 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. Because of the unique nature of Call In, particularly with regard to 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 Members who signed the Call-In request will outline their 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 they 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.
 - Members of the Scrutiny Board will ask any questions and points of clarification.
 - At this point, the Members who signed the Call-In request and any accompanying witnesses will leave the witness table.
 - The Executive Member(s) and/or officer(s) who are representing the decision maker will be invited to join the witness table.
 - The representatives of the decision maker will respond to the issues raised by the Call-In request.
 - Members of the Scrutiny Board will ask any questions and points of clarification.
 - If necessary, this stage may involve further questioning by Board members of the witnesses in support of the Call-In request. For the avoidance of doubt, there is no provision for the witnesses to cross-question one another.
 - Once Members of the Scrutiny Board have completed their questioning of witnesses, the representatives of the decision maker will leave the witness table.
 - A representative on behalf of each of the parties to the Call In will be invited to join the witness table 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 representative of the signatories to the Call-In request 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.

Options available to the Board

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 (i.e. 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 (i.e. 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 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 Unit, 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 (a separate item has been included on the agenda for this purpose).
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.

What consultation and engagement has taken place?

17. 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. The details of this discussion should be referenced on the Call-In Request Form.
18. The background papers to this particular 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?

19. The background papers to this particular decision will make reference to any significant resource and financial implications linked to the decision.

What are the legal implications?

20. This report does not contain any exempt or confidential information.
21. The background papers to this particular decision will make reference to any legal implications linked to the decision.

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

22. The background papers to this particular decision will make reference to any risk management issues linked to the decision.

Does this proposal support the council's three Key Pillars?

Inclusive Growth Health and Wellbeing Climate Emergency

23. The background papers to this particular decision will make any relevant references to the council's three Key Pillars.

Background papers

24. None.

Call In - Adults & Health Service Review 6 – Care Delivery: Care Homes, Post Consultation Recommendations Report

Date: 9th July 2021

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

What is this report about?

Including how it contributes to the city's and council's ambitions

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

Recommendations

The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to review this decision and to determine what further action it wishes to take.

Why is the proposal being put forward?

1. In accordance with the Council's Constitution, an Executive Board decision has been Called In. The decision was made by the Executive Board on 23rd June 2021 and relates to the Adults & Health Service Review 6 – Care Delivery: Care Homes, Post Consultation Recommendations.

What impact will this proposal have?

Wards affected: Calverley and Farsley, Rothwell

Have ward members been consulted? Yes No

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.
3. The Scrutiny Board is advised that the Call In is specific to the relevant report considered by the Executive Board 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.
4. The following background papers relating to this Call-In meeting are attached as follows:
 - Copy of the completed Call In request form
 - Report of the Director of Adults and Health presented to Executive Board at its meeting on 23rd June 2021.
 - Extract from the draft minutes of the Executive Board meeting held on 23rd June 2021.

What consultation and engagement has taken place?

5. 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. The detail of this discussion is referenced on the Call-In Request Form, which is appended to this report.
6. Appropriate Members and officers have been invited to attend the meeting in order to explain the decision and respond to questions.

What are the resource implications?

7. The appended report to the Executive Board references any significant resource and financial implications linked to the decision.

What are the legal implications?

8. The appended report to the Executive Board references any legal implications linked to the decision.
9. The appended report to the Executive Board highlights that the combined value of the two care home buildings has recently been estimated for residential use. The estimated amount in question has been identified as exempt in accordance with Access to Information Procedure Rule 10.4(3) because it is commercially sensitive, should an open

market disposal process be approved. Keeping the information confidential avoids potentially prejudicing the Council's commercial position and that of third parties, should the estimated valuation amounts be disclosed at this stage. The exempt information is provided in *Appendix 7* of the Executive Board's report. The information is exempt if and for so long as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

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

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

Does this proposal support the council's three Key Pillars?

Inclusive Growth Health and Wellbeing Climate Emergency

11. The appended report to the Executive Board references any relevant references to the council's three Key Pillars.

Appendices

12. Appendix A – Copy of the completed Call In request form.
13. Appendix B - Report of the Director of Adults and Health presented to Executive Board at its meeting on 23rd June 2021.
14. Appendix C - Extract from the draft minutes of the Executive Board meeting held on 23rd June 2021.

Background papers

15. None.

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CALL IN REQUEST

Date of decision publication: **25th June 2021**

Delegated decision ref: N/A

Executive Board Minute no: **Minute 25**

Decision description: **Adults & Health Service Review 6 - Care Delivery: Care Homes, Post Consultation Recommendations Report**

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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.

- Director/author of delegated decision report.
- Executive Board Member

Detail of discussion (to include financial implications)

Cllr Caroline Anderson had a conversation with Cllr Fiona Venner (Executive Board Member for Adult and Children’s Social Care and Health Partnerships) and Cath Roff (Director of Adults and Health) on 30th June 2021, during which she outlined her concerns regarding the decision, which included the impact on service users, the scale of opposition to the proposals and what this said about the weight attached to the consultation, whether the full range of options for alternative sources of savings were considered, and the loss of convenient access to the care homes for local people and their carers.

Cllr Anderson was informed that there would be no financial implications arising from a delay to the decision being implemented, on the timescales envisaged for holding a call-in meeting.

Leeds City Council Scrutiny Support

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 checked="" type="checkbox"/>	Proportionality (ie the action must be proportionate to the desired outcome)
<input checked="" 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

Whilst accepting the financial challenge faced by the Council, in the opinion of the signatories, the decision to close Richmond House and Home Lea House care homes has placed budgetary concerns above the personal impact on vulnerable older people using these facilities and will have a disproportionate impact on the local care offer.

We do not accept the premise in the report that if the care homes were not closed, “Adult Social Care 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.” (Paragraph 81). It is arguably a choice to decide that Adult Social Care should contribute a certain proportion of savings to the Council’s overall budget strategy, and the Council could have instead chosen to find additional savings from other departments’ budgets, such as the Leeds 2023 culture monies. Scrutiny may wish to consider whether the department fully considered this as an alternative viable option.

We also have questions regarding the meaningfulness of the “due consultation” carried out and the Council’s response to it. The results of the consultation are stark and demonstrate the strength of local feeling on the matter: 141 separate submissions were received, and three petitions, one opposing the closure of Richmond House (1,178 signatures), the other opposing the closure of Home Lea House (1,248 signatures) and a petition from Trade Union GMB Members (390 signatures). The report says that “the vast majority of respondents are strongly against the proposed closures of both care homes and would want the financial savings to be found elsewhere.” The Council appears not to have varied its proposals at all as a result of this feedback, which raises questions over how much weight is attached to the consultation process in practice.

The report repeats several times that the proposals to close Home Lea House and Richmond House “will not reduce or remove the care of our most vulnerable people now or in the future...” We would question the clarity of this statement. The report points to other facilities that residents could access, however this does not acknowledge the convenience of local access to quality care homes and the impact on partners and carers who may not be able to travel further distances for visits. In any event there will surely be some degree of impact on access to the city’s care offer if these homes are closed.

For the reasons noted above, we would ask that scrutiny look further into this matter and consider if the right balance has been struck between achieving financial savings and the inevitable disruptive impact on users of these care homes if they close.

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

Caroline Anderson.

Print name Councillor Caroline Anderson
Political Group Conservative Group

Signature

Amanda Carter.

Print name Councillor Amanda Carter
Political Group Conservative Group

Signature

S Seary

Print name Councillor Simon Seary
Political Group Conservative Group

Signature

T Smith

Print name Councillor Trish Smith
Political Group Conservative Group

Signature

Dawn Seary

Print name Councillor Dawn Seary
Political Group Conservative Group

Leeds City Council Scrutiny Support

Signature.....

Print name

Political Group.....

Leeds City Council Scrutiny Support

For office use only: (box A)

Received on behalf of the Head of Democratic Services by:
.....Angela Brogden.....(signature)

Date: 1st July 2021 Time: 10.45 am SSU ref: 2021/22-25/75

For office use only: (box B)

Exemption status checked:	<input checked="" type="checkbox"/>	Call In authorised: Yes
Date checked:	<input checked="" type="checkbox"/>	Signed: Angela Brogden
Signatures checked:	<input checked="" type="checkbox"/>	Date: 1 st July 2021
Receipts given:	<input checked="" type="checkbox"/>	
Validity re article 13	<input checked="" type="checkbox"/>	

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Adults & Health Service Review 6 – Care Delivery: Care Homes, Post Consultation Recommendations Report

Date: 23rd June 2021

Report of: Director Adults & Health

Report to: Leeds City Council Executive Board

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

What is this report about?

Including how it contributes to the city's and council's ambitions

In October 2020 the Council's Executive Board approved a consultation on the proposals to close Home Lea House Long Stay Residential Care Home in Rothwell, and Richmond House Short Stay Residential Care Home in Farsley, which would contribute annual savings of £1.531 million to the identified Council budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the ongoing financial impact of Covid-19. 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", provide "value for money" and to "target resources to meet our priorities".

This report summarises the findings of the consultation; the impacts of the proposals on affected residents, family / carers, staff, and the wider local communities; and the proposed mitigating options, which overall are that the vast majority of respondents are strongly against the proposed closures of both care homes and would want the financial savings to be found elsewhere.

The Council's own view is that 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. The proposals 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 deliver more of its citizens' needs.

If a decision is made to close the two care homes, the transfer of residents will be carefully planned and carried out professionally, sensitively, and safely, in accordance with the Council's Care Guarantee. Those who use the homes for planned respite will be supported to ensure this provision can be continued in a new location suitable to meet the individual's needs. The programme will 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.

Recommendations

- a) Note the outcome of the full consultation reports with stakeholders, (Appendix 3), and the information within confidential Appendix 7: Estimated Land Valuation.

- b) Approve the recommendation to decommission services at Home Lea House Residential Long Stay Care Home, in Rothwell.
- c) Approve the recommendation to decommission services at Richmond House Short Stay Residential Care Home, in Farsley.
- d) Agree the timescales for ceasing the services based on the timeline attached in Appendix 9.
- e) Note that there is a commitment in principle for the sites to be used for the development of supported housing; general needs housing at the Home Lea House site in Rothwell, and supported housing for older people at the Richmond House site in Farsley.
- f) Note that the lead responsible officer is the Director Adults and Health.

Why is the proposal being put forward?

- 1 The proposals to close Home Lea House Long Stay Residential Care Home in Rothwell and Richmond House Short Stay Residential Care Home in Farsley are being put forward to Executive Board due to the financial savings of £1.531 million that would be made annually by closing these two care homes. As the council is legally required to set a balanced budget all council services were required to put forward savings proposals that would contribute towards the highlighted budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the ongoing financial impact of Covid-19.
- 2 These proposals are not made lightly as all are aware of the personal impact on individuals. However, the only remaining alternative would be to reduce the Directorate's spend on discretionary preventative services which we know contribute to supporting people to live at home longer, in their own communities and with their families and friends. The investment in prevention both enables people to live a good life at home but also reduces demand on the social care service by reducing demand and/or delaying entry to formal care services which saves the Council money.
- 3 The proposals to close Home Lea House and Richmond House 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.
- 4 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 has been 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.
- 5 The reviews 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.
- 6 Alongside the challenging financial context, we recognise the need for the most efficient and effective model of services to make the Leeds pound go further. As such, it is also timely to review in-house service provision and consider future options as part of the Council's medium-term financial strategy.

Home Lea House

- 7 Home Lea House is a 29 bedded long-stay residential home situated in Rothwell. There are two in-house care homes in Rothwell and Home Lea House is the older of the two homes which is why it has been put forward for closure. Occupancy at Home Lea House is currently 18 (62%). The current gross budget is £789k and the net budget is £547k. In a full year it would be possible to save the gross budget of £789k as the client income will follow the client. Closing this facility from 1st February 2022 would save £789k by the end of 2022/23. The one-off costs of alternative independent provision (for those taking up on the care guarantee) would need to be offset against these savings.
- 8 As outlined in the report to Executive Board in October 2020, 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 council has two residential care homes situated in Rothwell, the other is Dolphin Manor, both of which are under occupied. The number of residential care homes across the city rated by the Care Quality Commission as good or outstanding is now 83%.

Richmond House

- 9 Richmond House is a 20 bedded residential service situated in Farsley. The current service offer is short term care and support to people who require a period of convalescence following a hospital admission. The service also offers support to people from the community to prevent hospital admission. Average occupancy since 2018/19 is 55%. The current gross and net budget is £742k. There is no associated income from short term residents. The part year saving from closure on 1st November 2021 would amount to £309k, with the full saving of £742k in 2022/23.
- 10 As outlined in the report to Executive Board in October 2020, the proposal to decommission the service is based on occupancy and the need for this type of service across the city.
- 11 Until 2017 Richmond House provided a Community Intermediate Care (CIC) bed service, commissioned by the Clinical Commissioning Group (CCG). The contract with Richmond House ceased because the CCG wanted to commission a new model of service. The council was successful in gaining a contract in partnership with Leeds Community Healthcare (LCH) for the provision of three new Community Care Bed services but Richmond House could not be used for this purpose as it had too few beds which made the unit cost prohibitive as the CCG has a duty to seek best value. The Directorate decided to continue to deliver a revised service and offering short term placements and three respite beds to people to support hospital discharge and hospital avoidance, supporting the wider system and enabling social workers to make placements to this type of service offer as this fitted with Better Lives transformation agenda.
- 12 However, 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 Community Care Beds contract is now established and provides a greater recovery residential and nursing offer. While Richmond House offers short term support, it does not provide any additional therapeutic input that is often required when people are discharged from hospital. Richmond House is continually under occupied and the current type of provision can easily be assimilated in wider system provision.

Wards Affected: Calverley and Farsley, Rothwell

Have ward members been consulted?

Yes

No

What impact will this proposal have?

Overall impact summary

- 1 As described above, the total saving of closing Home Lea House and Richmond House is estimated at £1.531m, in a full year. The part year saving in 21/22 is estimated to be £0.420m.
- 2 If a decision is made to close the care homes, residents would be supported to transition to alternative residential accommodation that meets their individual needs. This would be carefully planned and carried out professionally, sensitively, and safely, in accordance with the Council's Care Guarantee, provided at *Appendix 1*. Those who use the homes for planned respite would be supported to ensure this provision can be continued in a new location suitable to meet the individual's needs. 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, skills and experience is retained.
- 3 The consultation asked people what they would consider to be the impacts of the proposals. The submission responses showed key themes, with key issues and messages relating to each theme. These are detailed in full in the Consultation Findings Report at Appendix 3, along with a response from Adult Social Care. They are also summarised below.
- 4 The proposals are the subject of an Equality, Diversity, Cohesion, and Integration (EDCI) Assessment and an Organisational Change EDCI Assessment which specifically focuses on the impact of organisational change on the workforce. These have been completed as a parallel process to the consultation and have been used to inform this report. Identified impacts arising from these assessments are also summarised below.

People's Health and Wellbeing Impacts

- 5 Concerns were raised as to the impact on the mental and physical health and wellbeing of long stay residents having to leave their home, with additional worry created for residents, families / carers and staff around settling into a new environment or in finding alternative employment. It was felt that the uncertainty during this process and any decision to close placed additional burden on residents, frontline workers, and unpaid carers.
- 6 In drawing up the initial proposals, conducting the consultation and in making the formal recommendations described in this report, officers have been acutely conscious of the depth of feeling aroused among service users, families, carers, staff, and local communities.
- 7 If a decision is made to close Home Lea House and / or Richmond House the transfer of residents will be carefully planned and carried out professionally, sensitively, and safely. As per the Care Guarantee, which was an established process that has been used in previous transfers of care, a team of qualified social workers would carry out the assessment and transition of people, and they will follow the assessment and transfer protocol, which ensures they are fully conversant with the needs of residents, including people with dementia. The transfer process would follow government

guidelines to ensure any move during a time of increased transmission of Covid is safe. Family members would be involved in the transfer process including the choice of an alternative care home. The continued wellbeing of people who had moved into new services would be monitored by reviews after three, six- and 12-months following transfer.

- 8 Everyone who receives a service at Richmond House either returns to their own home, is supported to bid for rehousing or moves to longer term care. Average length of stay is three and a half weeks. The Adults & Health social work teams support and facilitate appropriate moves for people with the assessed level of care package.
- 9 The social work teams who currently support people to access respite at Richmond House and Home Lea House would undertake a review of anyone who has been affected so that planned respite can be continued in a new location suitable to meet the individual's needs.
- 10 The commitment and quality of care provided by staff at both homes is fully recognised and acknowledged. It is also fully acknowledged that hearing that your workplace is subject to a consultation on possible closure can create uncertainty and worry. However, it is important that staff are made aware of any recommendations affecting the future of their workplace directly and at the earliest opportunity. Keeping staff informed and involved is expected as a good employer. It is also integral in helping to provide a greater sense of security on the part of customers. 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, skills and experience are retained.

Quality Impacts

- 11 Concerns were raised about the impact on 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 Home Lea House and Richmond House is recognised and acknowledged. The context within Leeds is that there is a well-developed independent sector care home market. Following concerted work by the Council's Care Quality and Commissioning Teams from 2017 the number of residential care homes rated good or outstanding is now 83%.
- 12 The issue relating to alternative care homes being of comparable quality has been, and will continue to be, guided by the Council's Quality Standards in the Residential and Nursing Framework contract. Also, as detailed in the *Leeds Integrated Market Position Statement 2019-22*, the Adults and Health Care Quality Team delivers proactive, targeted support around providing care to regulated care providers in the city. In addition, the Leeds Clinical Commissioning Group (CCG) Quality team is an established team within Leeds CCG that supports the maintenance and improvement of quality in care homes with nursing, using targeted support (in collaboration with LCC or independently through contract processes). 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.
- 13 *Appendix 2: Profile of Services* provides information on alternative good quality provision within 5 miles of the care homes under consultation. There are 14 care homes within five miles of Home Lea House, including a Council-run home, that are CQC registered as Outstanding (1), Good (9), and Requires Improvement (4). Of the 10 homes that are rated as Good or Outstanding, six offer residential care, four offer both residential and nursing care. Seven of those homes are listed by the CQC as offering specialist Dementia provision.
- 14 The Profile of Services also provides information of good quality alternative provision within 5 miles of next of kin address for those people living at Home Lea House as long stay residents. Analysis

into residents' previous home addresses and the addresses of their next of kin during previous transfers of care found that those using services had not always come from the same ward area as the care home, though they had generally come from within 5 miles. Families may choose a care home closer to where they live for ease of visiting. This mapping allows an understanding of viable alternatives for each individual allowing them to maintain any community, friendship, or family links with the area.

- 15 Leeds 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 Community Care Beds contract is now established and provides a greater recovery residential and nursing offer. While Richmond House offers short term support, it is not commissioned to, nor does it provide, any additional therapeutic input that is often required when people are discharged from hospital. Richmond House is continually under occupied and the current type of provision can easily be assimilated in good quality wider system provision. The closest commissioned Community Care Bed service is Green Lane Intermediate Care Centre in Armley, with 49 beds, which is 5.5 miles away from Richmond House.
- 16 Respite beds are not commissioned as dedicated beds, instead a social worker will approach care homes at the time required, and if there is capacity, will spot commission a short break or extended short stay depending on need. There are 27 out of the 35 care homes within 5 miles of Richmond House that are rated 'Good' or 'Outstanding', totalling 1131 beds. 18 of those 27 care homes are registered with CQC for dementia provision. There are also 4 care homes yet to be inspected and 1 inspection not complete, totalling 230 beds, all of which are registered with CQC for dementia provision.

Financial Impacts

- 17 Concerns were raised about the cost of alternative provision and the impact of this on families and carers financially, alongside concern over the Council's need to balance financial savings against the impact of closing services for vulnerable people, that had also had recent investment made into the buildings. Staff raised concerns as to the impact on them financially if they were unable to find alternative suitable employment.
- 18 As outlined above, the key driver for the proposal to close the two homes in question is due to the Council facing financial challenges unlike anything in the past, and in addition, the financial impact of the Covid-19 pandemic which is unprecedented. The proposals will not reduce or remove the care of our most vulnerable people now or in the future; the proposals are principally based upon an under-occupancy of Council provision against demand for our residential beds and therefore providing the same service at a reduced overall cost which in turn helps the Council deliver more of its citizens' needs.
- 19 The Council is committed to ensuring that no individual is disadvantaged because of the recommendations contained in this report. 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). Respite beds are means tested so there is no cost difference between LCC and independent placements. Only respite stays that are commissioned and used are funded unlike Richmond House, which receives set funding whether or not the beds are occupied.

- 20 Since 2018, there has been in the region of £200k capital and revenue spend on each of the care homes in question, in order to carry out essential maintenance works to ensure the building remains “wind and watertight” and suitable for the people residing there. This has included some larger works such as a new lift and replacement windows at Richmond House and lift refurbishment, new Stannah Lift and roofing works at Home Lea House.
- 21 Both buildings are over 50 years old and fall within the Grade B category which indicates stock condition is satisfactory and performing as intended but exhibiting some deterioration. Further long-term capital investment in the region of £300k to £500k will be required to bring each building and facilities up to a good standard to comply with current legislation and support continued use. Additionally, the cost for full refurbishment is estimated to be £1.7m which far outweighs the expenditure in recent years.
- 22 There are currently a total of 47 Adult Social Care (ASC) and 11 Civic Enterprise Leeds (CEL) staff employed affected by the proposals. Ongoing engagement is taking place with staff and Trade Unions regarding potential opportunities for all staff if they are affected by any of the proposals. Some of the affected staff have previously made expressions of interest in the Council’s Early Leavers Initiative. There are staffing vacancies within the Care Delivery Service and more recent recruitments into vacant posts have been on a temporary basis to minimise the likelihood of staff being put at risk. 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 through the Managing Staff Reductions (MSR) Policy, 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.

Locality Impacts

- 23 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. The negative impact of buildings sitting empty on local communities was also noted.
- 24 There is a range of good quality alternative provision as detailed above, and all those affected would be supported to transfer to suitable alternative provision that meets their individual needs, and the needs of their family / carers. The Council’s Extra Care Supply & Demand Model calculates anticipated future demand for residential, nursing, and extra care provision, taking into account proposed population changes to 2028 at a ward level, and suggests there is sufficient capacity of alternative good quality provision. The Rothwell ward area has an oversupply of residential care provision by 119 beds.
- 25 The 10 care homes rated as Outstanding or Good within five miles of Home Lea House total 501 beds. Occupancy at care homes can vary from week to week. As of 10th May 2021, occupancy rates at those homes ranged from 42% to 95% with an average occupancy of 78%. The council has two residential care homes situated in Rothwell, Dolphin Manor has 35 beds and on average achieved 67% occupancy during 2020-21. Current occupancy at Dolphin Manor is 60%.
- 26 Over the last 3 years 196 individuals were admitted to Richmond House, on average 65 people per year, staying an average of 30 days. 11 of the individuals were from the Farsley area (with postcode LS28 5). For the wider LS28 postcode area over the same time period 37 individuals attended (including the 11 above). As described above, the CCG are satisfied that sufficient community care bed provision is available across the city. Over the last three years monthly occupancy rates in

community care beds across the city ranged from 47% % to 100%, with average monthly occupancy over that time ranging between 72% and 82%.

27. As detailed in the Better Lives Strategy (which is the Council's strategy for people with care and support needs) 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. 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.
- 28 Delivering new housing-with-care provision in line with the current and future demand is one of the key drivers 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. In January 2019 Leeds City Council appointed a delivery group made up of Ashley House Ltd, Morgan Ashley LLP and Home Group to deliver four Extra Care schemes on Council-owned sites in Leeds including Windlesford Green in Rothwell, which will deliver 64 units of Extra Care housing. Following planning being awarded on 3rd June 2021 work on site is due to commence this October with a view to the Windlesford scheme opening from April 2023.
- 29 Adults and Health work closely with Leeds Care Association and care home providers to understand any pressures affecting the market and have continued to do so throughout the pandemic to understand the impact of Covid on cost pressures for care homes. The 14 care homes within 5 miles of Home Lea House are owned by 11 different providers. The 35 care homes within 5 miles of Richmond House are owned by 30 different providers. These range from individual owners, small to medium enterprises through to large national providers.
- 30 Should the decision be taken to close the current provision at Richmond House and Home Lea House, the sites would be transferred into void management with responsibility for safety, security and maintenance being managed by LCC Facilities Management until brought forward for any re-development. Asset Management under the delegations in place to the Director of City Development are already in the process of considering alternative uses for the sites considering Council's priority programmes and requirements in particular from Adults and Health and the Council Housing Growth Programme; and there is a commitment in principle for the sites to be used for the development of supported housing; general needs housing at the Home Lea House site in Rothwell, and supported housing for older people at the Richmond House site in Farsley. This may involve direct delivery by the Council, delivery in partnership with external organisations or disposal to third parties. Early demolition of the buildings at to limit the costs of maintaining security will also be explored. Asset Management will lead discussions about the future use of the sites with elected members and key partners.

Strategic Impacts

- 31 The reputational impact on the council was voiced should the decision to close the two home be made when money is being spent on other services viewed by the respondents as of less value than keeping council-run care home provision, with examples such as road schemes and City of Culture 2023 referenced. Also, the impact on the quality and availability of long and short stay residential care and support in the future if a reliance is placed so heavily on the private sector, with a need for long term strategy. There was also concern that the closures could add additional pressure on NHS services ability to effectively discharge people from hospital.
- 32 As detailed above, the Council has many priorities to meet the needs of its citizens, but unfortunately has insufficient funding to meet all of these. The Council has a duty under the Care

Act 2014 to meet needs for care and support, subject to meeting the statutory eligibility criteria. However, needs can be met in a variety of different ways. As set out elsewhere in this report, there has been a move in recent years away from traditional residential care models toward more housing-with-care provision, for example Extra Care Housing. The Council also has a duty under the Care Act to promote diversity and quality in the provision of services. It is submitted that there is sufficient diversity and quality provision within the local Leeds market to continue to meet the needs of those currently accessing services from Home Lea House and Richmond House. The proposals will not reduce or remove the care of our most vulnerable people now or in the future; this proposal is 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 deliver more of its citizens' needs.

- 33 National guidance on hospital discharge changed in April 2020, refreshed in August of the same year, and now relies on a Discharge-to-Assess principle, which means that whenever possible, people should be supported to return to their home as the first option. Adult Social Care provide the SKILs Reablement Service which offers short term intensive care and support for people in their home, supporting hospital discharge and hospital avoidance. Leeds Community Healthcare Neighbourhood Teams provide at home therapy services, such as Occupational Therapy, Physiotherapy and District Nursing. In addition, Adults and Health are not experiencing long wait times for the commencement of independent home care packages.
- 34 Where residential provision is needed to meet an individual's needs, as evidenced above, based on supply and demand analysis of residential care provision currently and to 2028 in line with forecast population growth of older people, there is an oversupply of residential provision in the city. Other options are also available for those seeking respite services, such as community based short breaks, or a personal budget to arrange a short break that suits the carer and the cared-for person. This could be through various organisations such as private home care agencies, charities, or community interest companies. The council also provides a Shared Lives Service which provides a more homely approach to the provision of respite services.
- 35 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. Adults and Health 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.
- 36 The Leeds Clinical Commissioning Group (CCG) will be reviewing their short stay community care bed commissioned service in the next 18 months but at time of writing are content that they have sufficient resource available to them.
- 37 In addition, the NHS has provided temporary funding to the CCG to support hospital discharge during the pandemic. The CCG have used this funding to commission a number of community beds (nursing and residential) across the city as part of this Discharge-to-Assess process, although this is reviewed on a regular basis and it is intended to reduce reliance on these beds as the impact of the pandemic decreases. People are supported to stay there while their needs are assessed, and their care arranged at home or in another residential care or nursing home. Their needs are assessed very quickly and a sizeable proportion of the people who are discharged in this way return home within a week to ten days.
- 38 There is greater demand for, and an undersupply, of extra care accommodation and specialist provision for people with the most complex needs, including people living with dementia in Leeds. The Integrated Commissioning Executive has taken a number of reports which have attempted to

model the needs of people with complex dementia and as a result the following service developments have been put in place, as detailed in the *Leeds Integrated Market Position Statement 2019-22*: NHS development of intensive and responsive specialist support to care homes, an individualised approach to the funding of care, including transitional support to leave hospital as well as long-term funding; and the development of training in 'leadership in dementia care.'

- 39 The Department for Health and Social Care White Paper: *Integration and Innovation: Working together to improve health and social care for all, Feb 2021*, provides a basis for further consultation and discussion with interested or affected groups on improving integrated care; the Council's Adults and Health Directorate, the different political parties in Leeds, and other organisations, will contribute as appropriate to shape the Health and Care Bill that will be presented to Parliament.

Methodology Impacts

- 40 The impact of the timing of the proposals during Covid-19 were raised as adding an additional burden on residents, families and carers, and frontline workers, at a time when respite provision was already unavailable as a result of the pandemic, and when family / carers cannot visit residents to find out how they are and to ask them what they want.
- 41 As referenced above the timing of the proposals was in response to the requirement of the Council to respond to the financial challenges and financial impact of the Covid-19 pandemic, along with the legal requirement of the Council to set a balanced budget. Also as referenced above, while it is acknowledged that the uncertainty created by the proposals on the future of the two care homes creates worry for those affected, it is also important that people are made aware of any recommendations affecting the future of their home, services they use and their workplace directly and at the earliest opportunity.
- 42 The timeline for the process is based on best practise; for example, not running a consultation over the Christmas holiday period, allowing sufficient time for a consultation of this nature to take place, and appropriate time for the assessment and transition process, within a timescale which will 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.
- 43 The consultation provided different options for participating, including online, over the phone, via email, by posting a paper copy to us, or through a face to face discussion. The consultation survey was also open to the public via leeds.gov.uk. People only stay at Richmond House for a short period of time and so current residents will not be affected by the proposed closure, however throughout the consultation period all residents were informed about the consultation taking place and encouraged to participate if they wished to do so.
- 44 The services also proactively engage customers in the use of technology (such as iPads, tablets, mobile phones, Alexa's) where appropriate, to keep in touch with loved ones during their stay. In addition, window visits, garden visits and use of in-door pods have enabled choices to suit customers in being able to communicate with one another.

What consultation and engagement has taken place?

Previous Consultation – Home Lea House.

- 45 Home Lea House was subject to consultation during Phase 2 of Residential and Day Services project, specifically regarding the potential development in partnership with a community group / Third sector organisation and Executive Board approved these proposals in September 2013. The November 2014 Executive Board Report gave an update on the position relating to all four homes under review during that phase. Regarding the proposals for Home Lea House, the report recommended a progress report setting out a clear and conclusive business case for a local social enterprise to be submitted and considered by Executive Board in summer 2015. If that was not possible, an alternative proposal was to be brought back to the Executive Board within that same timescale. There has been no feasible business case relating to establishing a social enterprise and no alternative proposal has been submitted to date.
- 46 While legal advice suggests there is not a formal obligation to re-consult on the proposals for each of the homes, it was felt that a further consultation period should be carried out with residents, their families and carers, staff and other key stakeholders as significant time has passed since the previous Executive Board decision on the future of the four homes considered in Phase 2 of the Residential and Day Services project.

Establishing clear lines of communication

- 47 Letters were sent to all those directly affected before and after the October 2020 Executive Board meeting, advising of the recommendations to consult on the proposed closures, along with a fact sheet providing background information, details of the proposals, the consultation process and where to seek further help and information. Briefs were also sent to all MPs and Elected Members in the affected ward areas. A telephone helpline and email address, staffed by experienced officers in the Programme Team was made available to provide residents, their family, and carers with the appropriate level of information from the beginning of the process.
- 48 Following the Executive Board meeting on the 21st October 2020 and the subsequent five day period in which councillors can review the decision or seek further clarification, the Council approved the recommendations for a 12 week period of consultation to take place from 9am on Monday 4th January 2021 to 5pm on Friday 26th March 2021.
- 49 On 4th January 2021, 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 proposals, and what would happen after the consultation finishes. Throughout this period managers from Adult Social Care held regular meetings with staff members and with Trade Unions to explain plans in more detail and to respond to any questions.
- 50 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. Detailed consultation also took place within the locality, including Elected Members, and was open to the public. The purpose was to hear people's views about the possible closure of the two care homes, what the impact of the proposed change might be, and how those impacts could be reduced.

Consultation Methods

- 51 As described in *Appendix 3: Consultation Findings Report* the consultation included residents, service users, and their family / carers, affected staff and the wider local communities. People were encouraged to participate in the consultation via a variety of methods, including through completion of the online surveys (one for each care home), by phone, by email, in writing, by participating in a community committee meeting, and for those directly affected also through a

face to face meeting. Due to the Covid-19 pandemic the use of remote voice / video technology could be used where appropriate and in line with safe working practices.

- 52 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.
- 53 For affected staff, drop-in sessions (where safe to do so, remote voice / video technology could be considered) took place each month during the consultation period. In addition to the consultation survey (approved by the Trade Unions) separate briefings on employee matters also took place, with Trade Union meetings to ensure employee matters were given high priority.

Equality, Diversity, Cohesion and Integration (EDCI)

- 54 The EDCI Assessments are submitted at *Appendix 4 and 5* 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 6*. The implementation plan 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.

Consultation Findings Overall Summary

- 55 *Appendix 3: Consultation Finding Report* provides full details of all consultation submissions including a breakdown of submissions by stakeholder group and method. Overall, 141 separate submissions were received, mostly via the online survey. There were also three petitions, two petitions via change.org; one opposing the closure of Richmond House (1178 signatures), the other opposing the closure of Home Lea House (1248 signatures) and a petition from Trade Union GMB Members (390 signatures).
- 56 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 responses were gathered, as well as specific questions about the proposals.
- 57 Overall, the vast majority of respondents are strongly against the proposed closures of both care homes. A few people stated they understood or agreed with the proposals, also highlighting the importance of supporting the move of residents to alternative suitable, high quality, local provision and of ensuring staff could be redeployed into other roles and not lose their jobs.
- 58 Residential care is described by many as 'their home' and the staff are seen as 'their family'. There is clearly a feeling of anger, sadness, and distress by the proposals to decommission the homes. Many people have said the proposals are unfair and that the council does not have the interests of older people at heart, that the financial savings should be found elsewhere, and the homes should be retained as well respected high quality care provision in their local communities.
- The satisfaction with the current service appeared to be high. It was stated that the council provides a high-quality service and that the homes should not close.
 - It was felt that the private sector could not match the quality of service provided by the council and that the council had a duty to provide services for elderly people and people with dementia.
 - The staff were viewed as being highly trained, skilled, caring, and professional.

- Respite was seen as crucial to help carers continue in their caring role and keep people living at home rather than in permanent care.

59 Residents and their families / carers at Home Lea House were asked additional questions about what would be important to them in any future residential care home setting. Details of these responses are in Section 4 of the Consultation Findings Report. A place that could meet their needs, well trained and friendly staff, quality of care, not losing staff/carers, having choice over the type of accommodation lived in, and who provides and runs the home were all considered very important by most respondents. This was closely followed by not changing routine, not having to pay more, moving with friends, a good-sized room with en-suite, close to where they live and near to family and friends. Most of the respondents stated all the different factors listed were either very important or quite important.

60 Key themes have emerged, and key issues and messages relating to each theme are captured in the Consultation Findings Report along with a response from Adult Social Care. These are also summarised in the Impacts of this Proposal section of this report above.

What are the resource implications?

Finance

61 The current gross budget for Home Lea House is £789k and the net budget is £547k. In a full year it would be possible to save the gross budget of £789k as the client income will follow the client. Closing this facility from 1st February 2022 would save £789k by the end of 2022/23. The one-off costs of alternative independent provision (for those taking up on the care guarantee) would need to be offset against these savings.

62 The current gross and net budget for Richmond House is £742k. There is no associated income from short term residents. The part year saving from closure on 1st November 2021 would amount to £309k, with the full saving of £742k in 2022/23.

63 Financial savings of £1.531 million would be made annually by closing these two care homes.

64 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. The proposals 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 deliver more of its citizens' needs.

HR

65 There are currently a total of 47 Adult Social Care (ASC) and 11 Civic Enterprise Leeds (CEL) staff employed affected by the proposals. 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.

Land and Buildings

66 The Council has a number of competing demands for its strategic land assets. It continues to investigate opportunities to support the wider housing growth programme including through the

delivery of specialist housing and affordable housing both via its current portfolio of vacant sites, and those that are likely to become available as a result of service changes which enable asset rationalisation.

67 As detailed above, Asset Management under the delegations in place to the Director of City Development are already in the process of considering alternative uses for the sites considering Council's priority programmes and requirements in particular from Adults and Health and the Council Housing Growth Programme; and there is a commitment in principle for the sites to be used for the development of supported housing; general needs housing at the Home Lea House site in Rothwell, and supported housing for older people at the Richmond House site in Farsley. This may involve direct delivery by the Council, delivery in partnership with external organisations or disposal to third parties. Early demolition of the buildings at to limit the costs of maintaining security will also be explored. The combined value of these sites has recently been estimated for residential use. The estimated amount in question is potentially commercially sensitive information and therefore provided in confidential *Appendix 7*. Asset Management will lead discussions about the future use of the sites with elected members and key partners.

What are the legal implications?

- 68 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.
- 69 The review of services has taken into consideration the Council's statutory duties and Adult Social Care's specific duties, including duties contained in the Care Act (2014) to meet the needs of those members of the community who require care services. Public consultation on the proposals have been undertaken in accordance with guidance.
- 70 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.
- 71 To assist Executive Board to make an informed decision on these matters full EDCI Assessments have been carried out considered within this report, with the full documents available at *Appendix 4 and 5*.
- 72 The combined value of the two care home buildings has recently been estimated for residential use. The estimated amount in question has been identified as exempt in accordance with Access to Information Procedure Rule 10.4(3) because it is commercially sensitive, should an open market disposal process be approved. Keeping the information confidential avoids potentially prejudicing the Council's commercial position and that of third parties, should the estimated valuation amounts be disclosed at this stage. The exempt information is provided in *Appendix 7*. The information is exempt if and for so long as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Executive Board may wish to consider the estimated value of the buildings in this regard as potential further contribution to council financial savings, in relation to the public interest.

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

- 73 A risk log has been maintained throughout, in-keeping with the *Better Lives* Programme approach to managing projects. All risks are recorded, and a governance board oversees the process. The key risks relating to approving these proposals or not approving these proposals are outlined in *Appendix 8: Key Risks & Mitigations*.

Does this proposal support the council's 3 Key Pillars?

Inclusive Growth

Health and Wellbeing

Climate Emergency

- 74 The proposals to close Home Lea House Long Stay Residential Care Home in Rothwell and Richmond House Short Stay Residential Care Home in Farsley, which would contribute annual savings of £1.531 million to the identified Council budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the ongoing financial impact of Covid-19. 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”, provide “value for money” and to “target resources to meet our priorities”.
- 75 In addition, it supports the ambitions of the Better Lives Strategy, the Council’s strategy for people with care and support needs, which helps the Council deliver overarching Health and Well-being Strategy aim for Leeds to 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.
- 76 This strategy focuses, amongst other things, on the Council’s capacity to help support the growing number of older people with their care and support needs. It recognises the changing expectations and aspirations of people as they grow older and the need to match these with appropriate and affordable responses.
- 77 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 has been 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.
- 78 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”

Options, timescales and measuring success

- 79 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. They are summarised below.
- 80 The proposals being put forward to close Home Lea House and Richmond House are considered the recommended option for the reasons detailed in this report.

What other options were considered?

Don't close either care home and find the financial savings elsewhere.

- 81 As detailed above, if the proposals to close these two care homes were not brought forward Adult Social Care 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. The proposals to close Home Lea House and Richmond House 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 deliver more of its citizens' needs.

Don't close either care home and promote the service more to increase occupancy levels.

- 82 Health and social care professionals are aware of the services provided at both care homes and will refer / recommend people there based on the individual needs of the person requiring care and support. Even if the occupancy at both homes could be increased, the type of provision offered can easily be assimilated into wider system provision.

Use social care reserves to keep Home Lea House open for another year and work with the community to keep it open.

- 83 As previously stated, the Council is looking to have less of a reliance on residential provision, preferring a move to other services including Extra Care Housing which we believe is a preferred model of support by our citizens. As an authority we have, over recent years, seen a reduction in the numbers of people we place in residential care and Commissioners have, over that same period, recorded an excess of provision over demand, and this is noted whilst in a period of an ageing population. In this context it is difficult to see how a business case could be made by a community consortium to make this a going concern.

- 84 Reasonably recent experience of this type of proposal failed. It is also considered highly unlikely that this could be actioned within a twelve-month period, which could therefore necessitate the further use of scarce resources. As such, for the reasons above, this option is not one that would be recommended.

Negotiate with the NHS to have therapeutic input at Richmond House again.

- 85 Richmond House did operate very successfully as an intermediate care resource (known at the time as Community Intermediate Care, CIC). However, when the Clinical Commissioning Group (CCG) reviewed the Community Intermediate Care (CIC) service, they identified a different set of priorities for the Community Care Bed service. Leeds Adults & Health were successful in bidding to the new specification and secured, in partnership with Leeds Community Healthcare, two new nursing services and one residential service, in buildings owned by LCC across Leeds. Richmond House could not be used for this purpose as it had too few beds which made the unit cost prohibitive. The CCG has a duty to seek best value in its commissioning decisions. The CCG will be reviewing their commissioned service in the next 18 months but at time of writing have commissioned 232 beds across the city and are content that they have sufficient resource available to them.

Close Richmond House as a short stay residential service and instead use it for either residential dementia care, for solely respite provision, or for specialist mental health assessment provision for older people.

- 86 There is already a range of good quality residential care provision in the city. 25 of the 35 homes within 5 miles of Richmond House are CQC dementia registered. However, there is an undersupply of nursing provision for people with the most complex needs.

- 87 Mixed models of long stay and respite / short stay provision offer greater economic viability. There is no independent sector provision that offers only respite bed accommodation. People like to choose where they go on respite and still want to maintain links to family and local services, so Adult Social Care couldn't mandate that people used Richmond House for respite, and as a result it would likely be under occupied.
- 88 Moving someone from home to a residential setting for a specialist mental health assessment would increase the likelihood of confusion. People are assessed either at home, in outpatient or other settings, or while in hospital if they are really unwell. Any such 'specialist assessment centre' would be NHS funded and provided as it would be clinically led. Also as outlined above, it would be unlikely that it would be economical to re-model the building for such a type of alternative provision.
- 89 Given the age of the building it may be uneconomical to remodel for alternative provision. Consultant Norfolk Property Services has stressed that refurbishment alone will not meet current statutory requirements and nationally described space standards due to some corridor widths being too narrow and a number of bedroom sizes being too small. To meet this standard major structural and internal alteration would need to be carried out. High level refurbishment budget costings indicate that a capital spend of in the region of £1.7m would be required to bring the property up to current required standard including nationally described space standards and to meet the minimum requirements set out in the Leeds Model for housing with care.
- 90 Given the Gross Internal Area of Richmond House this would equate to approximately £1150 per sqm to refurbish against a cost in the region of £2000 per sqm for new build so on this basis the most cost effective approach would be new purpose built accommodation that will meet modern building standards and is more conducive to health and wellbeing of residents.

Close both care homes and provide new build alternative provision

92. Significant work has been undertaken by Adults & Health to help drive and reshape the current provision of supported living options across the city by advancing our strategic vision for Better Lives and promoting the delivery of accommodation-based support which provides greater choice and independence.
93. Leeds City Council is part of the local Transforming Care Partnership with Leeds Clinical Commissioning Group which is NHS England's specialist commissioner and we are working jointly to deliver the Transforming Care Programme which will allow service users with learning disabilities/autism/ mental health needs to transition from long stay inpatient settings to residential community based accommodation. As part of this work we continue to explore development opportunities utilising Council owned land assets to bring forward schemes which can meet the long-term accommodation needs of individuals within the Transforming Care cohort.
94. We are currently developing a residential facility for people with learning disabilities and autism and mapping the accommodation needs for Working Age Adults with a Learning Disability, Physical and Sensory Impairment or Mental Health as part of our wider strategic review. Adults & Health are also working closely with colleagues in LCC Asset Management to determine if operational needs can be identified to justify the retention of any sites that may become available through estate rationalisation.
95. Capacity and constraints studies have been undertaken by LCC design officers for several sites which explore potential options for future use. These confirm that both sites could support some form of new build re-provisioning for people with care and support needs, whether this is bungalows or apartments. The site at Richmond House could potentially support up to 30 x 1-bedroom apartments or 13 standard 2-bedroom bungalows, while the site at Home Lea House could potentially support up to 26 x 1-bedroom apartments or 10 'courtyard' style bungalows. The sites are too small to support

Extra Care housing as we work on a minimum capacity of 60 units for a viable extra care development.

96. Should the decision be taken to close to current provision at Richmond House and Home Lea House, detailed ground investigations and a PSA (preliminary site appraisal) would be required before proceeding with a full feasibility study and any ensuing development. The site would be managed by the LCC Corporate Property Management team until it is brought forward for any re-development. As detailed above, discussions around the future use of the building would take place with local elected members and key partners, and there is a commitment in principle that both sites will be used for supported housing in the future.

Close the two care homes and sell to private care home providers.

- 96 Purchase by another provider could be an option should the decision be taken to close the sites and should the sites ultimately be deemed surplus to requirements, following the agreed Council process for open market disposals. However, as outlined above there is a commitment in principle that should the decision to close be made, that both sites are used for supported housing.

How will success be measured?

- 97 Should the proposals to close be approved, the following will be the measures of success:

- The level of financial savings as outlined in this report.
- The assessment and transfer of all current residents at Home Lea House to alternative care home provision that meets their individual needs and the needs of their family / carers. This will be carried out in accordance with the Assessment and Closure Protocol, available at *Appendix 6*. The continued wellbeing of people who had moved into new services would be monitored by reviews after three, six- and 12-months following transfer.
- The assessment and transfer of all short stay residents at Richmond House to alternative provision that meets their individual needs and the needs of their family / carers. Average length of stay is three and a half weeks. The Adults & Health social work teams support and facilitate appropriate moves for people with the assessed level of care package.
- A review carried out by social work teams who currently support people to access respite, of anyone who has been affected so that planned respite can be continued in a new location suitable to meet the individual's needs.
- Affected staff supported effectively through the MSR Policy. The programme would continue 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.

- 98 All the above measures would be monitored with regular updates provided to the Director of Adults and Health.

What is the timetable for implementation?

- 99 If the proposal to close both care homes is approved by Executive Board, and any associated call in or Scrutiny process, letters will be issued to all affected stakeholders to advise them of the decision to decommission. The assessment and transition of customers to suitable alternative provision would commence, as would options meetings with staff and Trade Unions. The Timeline for Implementation provided in *Appendix 9* estimates closure of the service at Richmond House by 1st November 2021, and closure of the service at Home Lea House by 1st February 2022. The process will be carried out in line with the Assessment and Transitions Protocol and therefore it may be that all residents and service users are transferred, and the services are able to close sooner than this.

Appendices

100 Appendix 1: Care Guarantee

101 Appendix 2: Profile of Services

102 Appendix 3: Consultation Findings Report

3a) Consultation Survey Questionnaire Detailed Responses

3b) Consultation Submissions and Responses

3c) Consultation Petitions

103 Appendix 4: EDCI Assessment

104 Appendix 5: EDCI Organisational Change Assessment

105 Appendix 6: Assessment & Closure Protocol

106 Appendix 7: **Confidential:** Estimated Land Valuation in accordance with Access to Information Procedure Rule 10.4(3).

107 Appendix 8: Key Risks and Mitigations

108 Appendix 9: Timeline for Implementation

Background papers

109 None.

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Leeds City Council Care Guarantee

Our Care Guarantee

It is recognised that decisions to close or re-commission 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 by telephoning one telephone number for information about services and we will get back to you within 1 working day (during the working week). This number is 0113 3783821.
- 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. This will be done in a Covid-safe way and in line with any Covid restrictions. 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).

Appendix 1

- 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.
- 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 May 2021

Appendix 2: Profile of Services

Name of service: Home Lea House Long Stay Residential Care Home

Total number of residents affected by the proposal = 18

Residents' Previous Home Address by Ward	Number of people
Adel and Wharfedale	0
Alwoodley	1
Ardsley and Robin Hood	0
Armley	0
Beeston and Holbeck	1
Bramley and Stanningley	0
Burmantofts and Richmond Hill	1
Calverley and Farsley	0
Chapel Allerton	0
City and Hunslet	0
Cross Gates And Whinmoor	0
Farnley and Wortley	0
Garforth and Swillington	1
Gipton and Harehills	0
Guiseley and Rawdon	0
Harewood	1
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	0
Kippax and Methley	3
Kirkstall	0
Middleton Park	1
Moortown	0
Morley North	0
Morley South	0
Otley and Yeadon	0
Pudsey	0
Rothwell	7
Roundhay	0
Temple Newsam	2
Weetwood	0
Wetherby	0
Outside Leeds Ward Area	0
Total	18

Independent sector provision in Rothwell Ward	
Care beds without nursing (residential only)	77
Care beds with nursing	35
Extra Care Housing units*	0

Independent sector provision within 5 miles of Home Lea House	
Care beds without nursing (residential only)	391
Care beds with nursing	591
Extra Care Housing units	93

*In January 2019 Leeds City Council appointed a delivery group made up of Ashley House Ltd, Morgan Ashley LLP and Home Group to deliver four Extra Care schemes on Council owned sites in Leeds including Windlesford Green in Rothwell which will deliver 64 units of Extra Care housing.

Care Homes within 5 miles of Home Lea House Care Home

There are 10 out of the 14 care homes within 5 miles of Home Lea House that are rated 'Good' or 'Outstanding', totalling 501 beds. 7 of those 10 care homes are registered with CQC for dementia provision.

Care Home Provision within 5 miles of Home Lea House	Ward	No of Care Beds	Actual CQC Rating (as at 30/4/21)	Category of Care	Distance (miles) from Home Lea House
Pennington Court	Hunslet and Riverside	62	Outstanding	Residential and Nursing	4.0
Dolphin Manor	Rothwell	35	Good	Residential	1.0
Larchfield	Hunslet and Riverside	40	Good	Residential	3.0
Lofthouse Grange and Lodge	Ardsley and Robin Hood	88	Good	Residential	2.5
Cedars	Kippax and Methley	44	Good	Residential	4.0
Mulgrave House	Rothwell	35	Good	Residential and Nursing	1.3
Middleton Park Lodge	Middleton Park	50	Good	Residential and Nursing	4.0
Sunnyview House	Beeston and Holbeck	84	Good	Residential and Nursing	5.0
Victoria House	Middleton Park	41	Good	Residential	3.3
Ashby Lodge	Outside Leeds boundary	22	Good	Residential	4.0
Nesfield Lodge	Middleton Park	44	Requires Improvement	Residential	3.0
Oulton Manor	Rothwell	77	Requires Improvement	Residential	2.2
Aspen Hill Care Village	Hunslet and Riverside	180	Requires Improvement	Residential and Nursing	3.2
West Ridings	Outside Leeds boundary	180	Requires Improvement	Residential and Nursing	4.0
		982			

Number of care homes and number of beds rated 'Good' or 'Outstanding' within a 5-mile radius of next of kin address

NOK	Homes	Beds
1	9	417
2	22	955
3	11	597
4	12	511
5	9	417
6	9	417
7	11	503
8	11	491
9	3	134
10	9	420
11	2	98
12	11	424
13	33	1541
14	18	846
15	8	385

Current Home Lea House NOK live on average 3.7 miles from the home. Please note there are only 15 next of kin. This is due to three residents either not having a next of kin or having no contact.

Name of service: Richmond House Short Stay Residential Care Home

Everyone who receives a service at Richmond House either returns to their own home, is supported to bid for rehousing or moves to longer term care. Average length of stay is three and a half weeks. The Adults & Health social work teams support and facilitate appropriate moves for people with the assessed level of care package.

Leeds 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 Community Care Beds contract is now established and provides a greater recovery residential and nursing offer.

Respite beds are not commissioned as dedicated beds, instead a social worker will approach care homes at the time required, and if there is capacity, will spot commission a short break or extended short stay depending on need.

Independent sector provision in Calverley and Farsley Ward	
Care beds without nursing (residential only)	0
Care beds with nursing (nursing only)	63
Care beds – both residential and nursing	92
Extra Care Housing units	0

Independent sector provision within 5 miles of Richmond House	
Care beds without nursing (residential only)	921
Care beds with nursing	734
Extra Care Housing units	51

Care Homes within 5 miles of Richmond House care home

There are 24 out of the 35 care homes within 5 miles of Richmond House that are rated 'Good' or 'Outstanding', totalling 954 beds. 18 of those 24 care homes are registered with CQC for dementia provision.

There are also 6 care homes yet to be inspected and 1 Inspection not complete, totalling 230 beds, all of which are registered with CQC for dementia provision. Beech Hall and Mill View, both originally rated Outstanding, have now changed provider and are awaiting new inspection. Claremont, originally rated Good, is now rated Requires Improvement.

Care Home Provision within 5 miles of Richmond House	Ward	No of Care Beds	Actual CQC Rating (as at 02/06/21)	Category of Care	Distance (miles) from Richmond House
Acacia Court	Pudsey	41	Good	Residential	1.5
Aire View	Armley	84	Good	Residential	4.7
Airedale	Pudsey	40	Good	Residential	1.5
Amber Lodge	Farnley and Wortley	40	Good	Residential	4.8
Charlton Court	Calverley and Farsley	64	Good	Residential and Nursing	1.0
Headingley	Headingley and Hyde Park	38	Good	Residential and Nursing	4.9
Hillcrest	Armley	19	Good	Residential	4.3
Kirkstall Court	Kirkstall	38	Good	Residential	5.0
Manor House	Farnley and Wortley	30	Good	Residential	4.2
Paisley Lodge	Armley	45	Good	Residential	4.6
Red Court & The Grove	Pudsey	103	Good	Residential	2.2
Rievaulx House	Farnley and Wortley	50	Good	Residential	4.8
Summerfield Court	Bramley and Stanningley	17	Good	Residential	1.9
Sunningdale	Horsforth	35	Good	Nursing	4.4
The Gables	Pudsey	23	Good	Residential and Nursing	1.9
The Spinney	Armley	30	Good	Residential	4.1
Ashcroft	Outside Leeds boundary	42	Good	Residential and Nursing	3.0
Beckfield	Outside Leeds boundary	35	Good	Residential	4.1
Bierley Court	Outside Leeds boundary	40	Good	Residential	4.1
Langdale	Outside Leeds boundary	19	Good	Residential	4.0
Oak Lodge	Outside Leeds boundary	32	Good	Residential	4.6
Park View	Outside Leeds boundary	23	Good	Residential	4.9
Sunningdale	Outside Leeds boundary	41	Good	Residential	4.9
Westfield Manor	Outside Leeds boundary	25	Good	Residential and Nursing	4.8
Claremont	Calverley and Farsley	63	Requires Improvement	Nursing	0.7
Howgate House	Outside Leeds boundary	63	Requires Improvement	Residential and Nursing	4.4
Knowles Court	Outside Leeds boundary	146	Requires Improvement	Residential and Nursing	4.1
The Links	Outside Leeds boundary	85	Requires Improvement	Residential and Nursing	2.5
Beech Hall	Armley	64	To be inspected	Residential	4.7
Hutton Manor	Pudsey	40	To be inspected	Residential	2.0
Olive Lodge	Horsforth	40	To be inspected	Residential	4.2
Mill Lodge	Outside Leeds boundary	42	To be inspected	Residential and Nursing	2.4
Mill View	Outside Leeds boundary	50	To be inspected	Residential	4.1
Shakespeare Court	Outside Leeds boundary	80	To be inspected	Residential and Nursing	3.0
St Luke's	Calverley and Farsley	28	Inspection not complete	Residential and Nursing	2.7
		1655			

Appendix 3.

Service Review Report: Care Delivery Transformation: Care Homes

Consultation Findings Report on the Proposed Closure of Home Lea House Long Stay Residential Care Home in Rothwell and Richmond House Short Stay Residential Care Home in Farsley.

June 2021

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 each care home

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 two council run care homes: Home Lea House long stay residential care home in Rothwell, and Richmond House short stay residential care home in Farsley. It is also to give Executive Board sufficient information to enable it to make an informed decision about the proposed future options for these services.

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 to refine recommendations. The findings from the consultation, and the strength of feeling expressed by respondents, have enabled officers to consider the proposals whilst fully taking into account the key themes and issues regarding potential positive and negative impacts on those directly affected, and those in the wider local community, and mitigations against these.

Background

A report to the Council's Executive Board in October 2020 highlighted a budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the ongoing financial impact of Covid-19. The council is legally required to set a balanced budget, therefore a number of savings proposals have been put forward, including one for the proposed closure of Home Lea House Long Stay Residential Care Home in Rothwell, and the closure of Richmond House Short Stay Residential Care Home in Farsley, making savings annually of £1.531million as a contribution to the budget gap identified.

This report follows the decision of the Executive Board in October 2020 to begin a period of statutory consultation on these proposals.

Section Two – Methodology and Process

Consultation approval process

The Better Lives strategy 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. The main drivers for these specific proposals are:

- The aspiration of older people to have a wider choice of appropriate accommodation and support options with, as much as possible, support being delivered in their own homes or in care environments like extra care housing.
- The challenging financial context for local authorities which has been further impacted by COVID-19, and the need for the most efficient and effective model of services to make the Leeds pound go further
- The need for significant capital investment in these two buildings.
- The impact on occupancy levels of older people exercising choice on the two care homes and therefore the unit cost of services

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 has been 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.

The reviews 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 several in-house care homes closed.

As detailed above, the Council is facing financial challenges unlike anything in the past, and in addition, the financial impact of the Covid-19 pandemic is unprecedented. All parts of the Council have had to look carefully at the cost of all our services and put forward options to support the reduction of the financial gap and to help build financial resilience over the next five years. The challenging financial context for local authorities has been further impacted by COVID-19, and we recognise the need for the most efficient and effective model of services to make the Leeds pound go further. It is therefore timely to review in-house service provision and consider future options as part of the Council's medium-term financial strategy.

Home Lea House

Home Lea House is a 29 bedded long-stay residential home situated in Rothwell. There are two in-house care homes in Rothwell and Home Lea House is the older of the two homes which is why it has been put forward for closure. Occupancy at Home Lea House is currently 18(62%). The current gross budget is £789k and the net budget is £547k. In a full year it would be possible to save the gross budget of £789k as the client income will follow the client. Closing this facility from 1st February 2022 would save £789k by the end of 2022/23. The one-off costs of alternative independent provision (for those taking up on the care guarantee) would need to be offset against these savings.

The proposal to Executive Board in October 2020 was to commence consultation on the proposal to decommission the service, 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 residential care homes rated by the Care Quality Commission as good or outstanding is now 83%.

Richmond House

Richmond House is a 20 bedded residential service situated in Farsley. The current service offer is short term care and support to people who require a period of convalescence following a hospital admission. The service also offers support to people from the community to prevent hospital admission. Average occupancy since 2018/19 is 55%. The current gross and net budget is £742k. There is no associated income from short term residents. The part year saving from closure on 1st November 2021 would amount to £309k, with the full saving of £742k in 2022/23. The one-off costs of any potential alternative independent provision would need to be offset against these savings.

The proposal to Executive Board in October 2020 was to commence consultation on the proposal to decommission the service based on occupancy and the need for this type of service across the city. Leeds 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 Leeds CCG Community Care Beds contract is now established and provides an enhanced recovery residential and nursing offer. While Richmond House offers short term support, it does not provide any additional therapeutic input that is often required when people are discharged from hospital. As such Richmond House is continually under occupied and the current type of provision can easily be assimilated in wider system provision.

Everyone who receives a service at Richmond House either returns to their own home, is supported to bid for rehousing or moves to longer term care. Average length of stay is three and a half weeks. The Adults & Health social work teams

support and facilitate appropriate moves for people with the assessed level of care package.

Previous consultation: Home Lea House

Home Lea House was subject to consultation during Phase 2 of Residential and Day Services project, specifically about the potential development in partnership with a community group / Third sector organisation and Executive Board approved these proposals in September 2013. The November 2014 Executive Board Report gave an update on the position relating to all four homes under review during that phase. Regarding the proposals for Home Lea House, the report recommended a progress report setting out a clear and conclusive business case for a local social enterprise to be submitted and considered by Executive Board in summer 2015. If that was not possible, an alternative proposal was to be brought back to the Executive Board within that same timescale. There has been no feasible business case relating to establishing a social enterprise and no alternative proposal has been submitted to date.

While legal advice suggests there is not a formal obligation to re-consult on the proposals for each of the homes, it is felt that a further consultation period should be carried out with residents, their families and carers, staff and other key stakeholders as significant time has passed since the previous Executive Board decision on the future of the four homes considered in Phase 2 of the Residential and Day Services project.

Following the Executive Board meeting on the 21st October 2020 and the subsequent five day period in which councillors can review the decision or seek further clarification, the Council approved the recommendations for a period of consultation to take place, from 9am on Monday 4th January 2021 to 5pm on Friday 26th March 2021.

Consultation – Methodology and Process

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.

Detailed consultation also took place within the locality, including Elected Members, and was open to the public.

The purpose was to hear people's views about the possible closure of the two care homes, 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 13th October 2020 advising them of the recommendations in the forthcoming Executive Board report, 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. A brief was also sent to all MPs and Elected Members in the affected ward areas.

Letters were then sent to all those directly affected on 3rd November 2020 advising them of the Executive Board's decision to commence consultation on the future of Home Lea House long stay residential care home and Richmond House short stay residential care home. A brief was also sent to all MPs and Elected Members in the affected ward areas.

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

On 4th January 2021, 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 proposals, and what would happen after the consultation finishes.

Throughout this period managers from Adult Social Care held regular meetings with staff members and with Trade Unions 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, by phone, or by observing (via live stream YouTube video) or contributing (via written submission in advance of the virtual meeting) to a community committee meeting.

Two community committee meetings were held.

- Outer West Community Committee meeting (Richmond House focus) on Monday 18th January 2021 at 1 pm.
- Outer South Community Committee meeting (Home Lea House focus) on Monday 15th March 2021 at 4pm.

Links to the surveys were made available via the council website leeds.gov.uk and on council social media posts. Links were also provided in the letters and briefs that were issued as described above.

For people directly affected including residents, their family / carers, managers also offered one-to-one meetings to explain the proposal, answer any questions and gather views using the survey questions for consistency. Due to the Covid-19 pandemic the use of remote voice / video technology could be used, where appropriate and in line with safe working practices.

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.

For affected staff, drop-in sessions (where safe to do so, remote voice / video technology could be considered) took place each month during the consultation period. In addition to the consultation survey (approved by the Trade Unions) separate briefings on employee matters also took place, with Trade Union meetings to ensure employee matters were given high priority.

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, emails and online petitions were also received and have been considered as part of the consultation process.

There were two versions of the survey, one for the public and one for those people directly affected with additional questions specific to their circumstances. These are detailed in the findings below.

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 proposals are also subject to an Organisational Change EDCI Assessment which specifically focuses on the impact of organisational change on the workforce, also 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, 141 submissions were received. This included 103 survey responses, 3 emails, 5 letters (all of which were sent as emails with letter attached), 3 phone calls, 3 petitions and 24 meetings.

Table 1: Consultation Submissions / Engagements

Care Home	Method of Consultation Submission / Engagement											
	RH	HLH	RH	HLH	RH	HLH	RH	HLH	RH	HLH	RH	HLH
	Home Lea House (HRH)	Richmond House (RH)										
Stakeholder Group	Surveys		Emails		Letters		Phone Calls		Petitions		Meetings	
Resident	12	14										
Respite Resident	2	0										
Relative	3	9						1				
Representative	0	4										
Staff Member	3	15									2	2
Trade Union					2				1		15	
General Public	19	22	2	1			1	1	1	1		
Voluntary, Community & Faith Group						2						
NHS Leeds												
Leeds Clinical Commissioning Group (CCG)												
Elected Member			1	1							1	
MP					1							
Full Council												
Scrutiny Board												1
Cabinet											1	
Community Committee											1	1
Totals by Method of Engagement	103		3		5		3		3		24	

Please note:

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

- Unless specified below or shown by a merged field, each submission / engagement was specific to the particular home.
- The email from the public listed against HLH related to both care homes.

Consultation with Residents, Family / Carers, Representatives

All the residents at Home Lea House during the consultation period completed a survey response, supported by family or representative where appropriate. 9 relatives and 4 representatives also submitted a survey response. 1 relative also phoned the consultation line.

12 surveys were received for residents at Richmond House during the consultation period, out of 17 people who stayed at Richmond House during that time. Richmond house provides short stay provision, with average length of stay approx. 3 and a half weeks. During the consultation period all residents during that time were informed of the consultation taking place and how they could participate. 3 relatives also submitted a survey response.

2 respite residents at Richmond House completed the survey out of the 6 people who currently use Richmond House for respite provision. All six were contacted by the Head of Service and informed of the consultation taking place and how they could participate.

Consultation with Staff

15 staff members completed the survey who work at Home Lea House. Roles include: Registered Manager, Deputy Manager, Senior Support Workers, and Support workers. There are also staff from Civic Enterprise Leeds (CEL) who work at Home Lea House: Kitchen Assistants, Cleaning Supervisors and Cleaning Operatives.

3 staff members completed the survey who work at Richmond House. Roles include: Registered Manager, Deputy Manager, Senior Support workers and Support Workers. There are also staff from CEL who work at Richmond House: Catering Team Leader, Kitchen Assistants and Cleaning Operatives.

Meetings were held with all affected staff to advise them of the recommendation to start the period of consultation on the proposed closures, 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
- Staff feel that the decision will be made to close the services
- Concern about the health and wellbeing of residents
- Concern about their own future work opportunities (employment, pensions, personal finances)

- Perceived lack of alternative services in the area
- Felt that money should be saved elsewhere
- Perceived lower quality of care in the private sector care homes in comparison to the Council provided care.
- 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.

Consultation with Trade Unions

As above, regular meeting with Trade Unions have taken place throughout the process to date and will continue to do so.

Trade Union GMB submitted a letter on behalf of their members and a petition, with 390 signatures.

Leeds Unison Retired Members Group submitted a letter on behalf of their members.

Consultation with General Public

19 surveys were submitted by members of the public in relation to Richmond House, 22 surveys in relation to Home Lea House.

2 members of the public called the consultation phone line, one had read an article about the proposals in the Rothwell Record and wished to add her support to the petition against the proposed closure of the home. The other was a care home provider interested in potential purchase of Richmond House.

3 emails were received from the public.

- One on behalf of Liberal Democrats in Calverley and Farsley opposing the proposals in relation to Richmond House.
- One from a retired senior mental health social worker suggesting that Richmond House could become a specialist assessment centre for people over 65 years with mental health issues.
- One from a care home provider interested in the purchase of either site.

A petition was created on change.org called "prevent the closure of Home Lea House, Rothwell". It has 1248 signatures and 139 comments. Full details are in Section 4.

Although not formally submitted to the consultation, a petition was also created on change.org called "proposed closure of Richmond House in Farsley". It has 1178 signatures and 90 comments. Whilst this petition was not formally submitted to the consultation, it has been considered as part of this consultation findings report and full details are in Section 4.

There were two community committee meetings held during the consultation, Outer West Community Committee meeting (Richmond House focus) on Monday 18th January 2021 at 1 pm, and Outer South Community Committee meeting (Home Lea House focus) on Monday 15th March 2021 at 4pm. Whilst these had to be held virtually due to national lockdown during the pandemic, they were live streamed on YouTube.

The Outer West Community Committee held on 18 January 2021 has had 180 and 43 views as per the links below. This meeting has two separate links.

https://www.youtube.com/watch?v=clThxpa_xtw
https://www.youtube.com/watch?v=Q57_c0fcY-Q

The Outer South Community Committee held on 15 March 2021 has had 79 views as per the link below.

https://www.youtube.com/watch?v=iP04h_9gWIk

Members of the public could make submissions in advance to be discussed during the meetings. There were 2 submissions made to the Community Committee Meeting on 18th January 2021: one on behalf of campaign group Leeds Hospital Alert, and one on behalf of Trade Union UNISON. No submissions were made to the Community Committee Meeting on 15th March 2021.

Consultation with Voluntary, Community and Faith Groups

In addition to the submission to the community committee meeting from Leeds Hospital Alert referenced above, two letters were received via email opposing the proposals: one on behalf of Rothwell Neighbourhood Forum and one on behalf of Carlton Village Neighbourhood Forum, both relating to Home Lea House.

Consultation with NHS Leeds and NHS Leeds CCG

No formal engagement / consultation submissions received.

Consultation with Elected Members and MPs

As described above Elected Members in the affected ward areas received briefing notes ahead of October Executive Board advising of the proposals, after Executive Board to notify them of the decision to consult and next steps, and in January to provide full details of the consultation and how people could participate.

Two emails were received from Elected Members as follows.

- Queries raised about Richmond House ahead of the October Executive Board meeting from Councillor Andrew Carter, Councillor Amanda Carter, and Councillor Caroline Anderson.
- Queries raised about Home Lea House ahead of October Executive Board meeting from Councillor Stewart Golton.

A meeting was held with Councillor Neil Dawson to discuss queries raised in relation to Richmond House, including how many local residents use Richmond House, how many people access Richmond House for respite, and how people attending have a dementia diagnosis.

Elected Members also participated in various Council Forums that discussed the proposals as outlined below:

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

The proposals were discussed at the Council's Adults, Health and Active Lifestyles Scrutiny Board meeting on 20th October, at Executive Board on 23rd October at which the recommendation to start consultation was approved, and at the two Community Committee meetings described above.

In addition, a special meeting of Cabinet was held on 25th January 2021 to discuss Richmond House and potential future use of the building should a decision be made to decommission the service.

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.

Unless specified as specific to Richmond House or Home Lea House the narrative below relates to both care homes.

Overall findings relating to the proposals

Overall, the vast majority of respondents to the consultations are strongly against the proposed closures of both care homes. A few people stated they understood or agreed with the proposals, also highlighting the importance of supporting the move of residents to alternative suitable, high quality, local provision and of ensuring staff could be redeployed into other roles and not lose their jobs.

Residential care is described by many as 'their home' and the staff are 'their family'. There is clearly a feeling of anger, sadness, and distress by the proposals to decommission the homes. Many people have said the proposals are unfair and that

the council does not have the interests of older people at heart, that the financial savings should be found elsewhere, and the homes should be retained as well respected high quality care provision in their local communities.

- The satisfaction with the current service appeared to be high. It was stated that the council provides a high-quality service and that the homes should not close.
- It was felt that the private sector could not match the quality of service provided by the council and that the council had a duty to provide services for elderly people and people with dementia.
- The staff were viewed as being highly trained, skilled, caring, and professional.
- Respite was crucial to help carers continue in their caring role and keep people living at home rather than in permanent care.

Residents and their families / carers at Home Lea House were asked additional questions about what would be important to them in any future residential care home setting. Details of these responses are in Section 4.

A place that could meet their needs, well trained and friendly staff, quality of care, not losing staff/carers, having choice over the type of accommodation lived in, and who provides and runs the home, were all considered very important by most respondents. This was closely followed by not changing routine, not having to pay more, moving with friends, a good-sized room with en-suite, close to where they live and near to family and friends.

Most of the respondents stated all the different factors listed were either very important or quite important.

People's health and wellbeing

Key issues and messages

- Residents are happy and feel the quality of care they receive is high.
- Residents mostly don't want to move, leave their home and their friends. One resident said they hoped to move to their own house if wheelchair friendly and with some help with their care.
- Residents and their family / carers raised concerns about how long it could take to settle in at another long stay residential care home,
- Residents and their family / carers raised concerns about the impact of moving residents on their mental and physical wellbeing, the distress it could cause, that it could lead to early deaths or that it could progress an individual's dementia.
- Residents and their family / carers would miss the staff and were worried about whether the quality of care would be as good somewhere else.

- Residents and their family / carers said this would create additional stress on top of the impact of the Covid-19 pandemic.
- There was a view that this decision was taking away resident's choice; that they had chosen Home Lea House as their home.
- Significant impact on unpaid carers by closing respite services.
- Some staff have applied for the Council Early Leavers Initiative as they do not want to be deployed elsewhere, travel further, or start a whole new role elsewhere.
- Worry about alternative work even when given assurances that alternative work will be sought.
- Upheaval placed upon front-line workers who have been at the forefront of a pandemic whilst worrying about contracting the virus and taking it home to their loved ones.
- Some staff feel they have been given up on or that the decision is a "done deal".

Our response

Full Equality, diversity, cohesion, and integration (EDCI) impact assessments have been carried out as part of the consultation process. One focuses on the potential impacts to people using the service and their families/carers and one will be specific to organisational change impacting on the workforce for the staff affected. These impact assessments are included along with the report to June's Executive Board.

If a decision is made to close Home Lea House or Richmond House, the transfer of residents will be carefully planned and carried out professionally, sensitively, and safely. This will be done within a timescale which will minimise the disruption and discomfort for those affected.

As per the Care Guarantee which was an established process that has been used in previous transfers of care a team of qualified social workers will carry out the assessment and transition of people, and they will follow the assessment and transfer protocol, which ensures they are fully conversant with the needs of residents, including people with dementia. General Practitioners from the local practices will provide advice and support to the assessment and transfer team and will ensure a person only moves when deemed fit by GP/consultant. The Team would be experienced, knowledgeable and sensitive in carrying out the assessment and transfer of residents in line with the resident's needs.

Family members would be involved in the transfer process including the choice of an alternative care home. 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. Service users will also be supplied with the Care Guarantee clearly stating the service user's and carer's rights.

The continued wellbeing of people who had moved into new services would be monitored by reviews after three, six- and 12-months following transfer.

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.

The transfer process would follow government guidelines to ensure any move is Covid safe. This would include timely testing of residents and ensuring a negative result prior to any move. In addition, the Council will ensure that the receiving home has all infection prevention control measures in place and are adhering to the relevant guidance including testing of staff and residents and the correct use of personal protective equipment.

The social work teams who currently support people to access respite at Richmond House would be informed of the decision and would undertake a review of anyone who has been affected so that planned respite can be continued in a new location suitable to meet the individual's needs.

Both Dolphin Manor in Rothwell, Knowle Manor in Morley, and Spring Gardens in Otley, all of which are Local Authority homes, have availability within their respite provision. This is in addition to the available capacity in the independent sector homes.

Staff at Home Lea House and Richmond House

The commitment and quality of care provided by staff at both homes is recognised and acknowledged. It is also fully acknowledged that hearing that your workplace is being consulted on for closure can create uncertainty and worry.

It is important that staff are made aware of any recommendations affecting the future of their workplace directly and at the earliest opportunity. Keeping staff informed and involved is expected as a good employer. It is also integral in helping to provide a greater sense of security on the part of customers.

Staff have used their experience and expertise in helping to coordinate the consultation process by assisting service users and their relatives to understand, consider and take-in the information. Managers have arranged one to one sessions with the residents and their relatives, and with staff, using the consultation survey to identify any impact the proposed future changes may have on individuals. This is much appreciated. It will help us to manage and reduce these impacts where possible.

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.

Moving care home residents cause of early deaths

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, 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.”

Consultation Outcomes and Recommendations

In previous years, consultation on proposals to close council-run care home provision has changed the original proposal and has seen services retained or developed under a different operating model. Consultation is a vital part of the process of shaping the future of services and allows the council to understand the issues people would like to raise.

Quality

Key issues and messages

- The homes are considered to deliver high quality care and are well respected in the community.
- The high quality of care provided by staff was highlighted, and concern at the loss of a good staff team.
- Concern as to the quality of alternative provision, with experiences referenced of other places that were not as good or didn't feel as safe.

Our response

Quality of Care

The high quality of care and support provided at Home Lea House and Richmond House 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.

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. Following concerted work by the Council's Care Quality and Commissioning Teams from 2017 the number of residential care homes rated good or outstanding is now 83%.

There are 14 care homes within five miles of Home Lea House, including a Council-run home, that are CQC registered as Outstanding (1), Good (9), and Requires Improvement (4). Of the 10 homes that are rated as Good or Outstanding, six offer residential care, four offer both residential and nursing care. Eight of the homes are listed by the CQC as offering specialist Dementia provision.

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

Quality of alternative short stay residential care home provision

The current service offer at Richmond House is short term care and support to people who require a period of convalescence following a hospital admission. The service also offers support to people from the community to prevent hospital admission.

Leeds 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 Community Care Beds contract is now established and provides an enhanced recovery residential and nursing offer. While Richmond House offers short term support, it is not commissioned to nor does it provide any additional therapeutic input that is often required when people are discharged from hospital. As such Richmond House is continually under occupied and the current type of provision can easily be assimilated in good quality wider system provision.

There are 35 care homes within 5 miles of Richmond House, 24 have a CQC rating of Good and two have a rating of Outstanding.

Quality of the care home market

As detailed in the *Leeds Integrated Market Position Statement 2019-22* the Adults and Health Care Quality Team delivers proactive, targeted support around providing care to regulated care providers in the city. The purpose of the team is to improve quality of care for those citizens of Leeds receiving care in the city as measured against success criteria, such as the percentage of CQC Good rated care homes, improved feedback from residents and families etc. Initially working with Care Home sector the team gives care home providers in Leeds access to a responsive support and specialist advice and guidance network committed to improving quality of life for older people receiving care through regulated services in the city and thence improved CQC ratings and feedback.

In addition, the Leeds CCG Quality team is an established team within Leeds CCG that supports the maintenance and improvement of quality in care homes with

nursing beds, using targeted support (in collaboration with LCC or independently through contract processes).

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.

Quality of the building at alternative council run care home Dolphin Manor

Dolphin Manor is a single-story building with small kitchenettes and lounges leading from each corridor giving a homely feel. People can live and dine in smaller groups as opposed having meals in a large dining area with 29 other people. By comparison, Home Lea House is a two-storey building with three large communal living spaces and a large dining room away from the bedrooms. It is more difficult for people to live in small friendship groups because of the layout of the building.

There are en-suite facilities (a toilet and sink) to most bedrooms at Home Lea House (Dolphin Manor does not have en-suite facilities), however, they are small and not fully accessible (not large enough to accommodate a wheelchair). The environment at Dolphin Manor lends itself to supporting people with dementia and additionally has an exit from the living area on the garden space. It is the larger of the two homes and is more suitable for dementia provision, which is why it attracted investment from Leeds Clinical Commissioning Group (CCG) for a “proof of concept” short term dementia care pilot. Home Lea House by contrast is not suitable for dementia provision.

Home Lea House (built 1964) is a substantially older building than Dolphin Manor (built 1987) with a shorter remaining asset life which will require significant capital investment in the near future in order to bring the building and facilities up to an acceptable standard that complies with current legislation. Dolphin Manor is currently performing as intended and requires only minor improvements. The property condition report for Home Lea House and projected component life expectancy and renewal costs indicate more substantial investment would be required which may be uneconomical given the remaining asset life.

Finance

Key issues and messages

- Other homes may cost more and impact on families / carers financially.
- The cost of respite services is increasingly expensive.
- In the wider financial context, the money to be saved was a “drop in the ocean”.
- If the Council must make savings and it has to be done, then so be it.
- Economic sense but that needs to be balanced with people’s needs and closing services for vulnerable people is not a good choice by the Council.

- Concern that money had been recently invested into the building at Richmond House which would be wasted.
- The impact on staff's jobs, and concern about finding alternative employment.
- Successful recovery for older people coming out of hospital is extremely cost-effective for both the NHS and Social Care so why close.

Our Response

Cost of alternative provision

The Council is committed to ensure that no individual is disadvantaged because of the recommendations contained in this report. 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).

Respite beds are means tested so there is no cost difference between LCC and independent placements. Only respite stays that are commissioned and used are funded unlike Richmond House.

Closure proposals

As outlined in the report to Leeds City Council's Executive Board in October 2020, the key driver for the proposal to close Home Lea House long stay residential care home and Richmond House short stay residential care home is due to the Council facing financial challenges unlike anything in the past, and in addition, the financial impact of the Covid-19 pandemic which is unprecedented.

The Executive Board report in October report highlighted a budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the ongoing financial impact of Covid-19. The council is legally required to set a balanced budget therefore, a number of savings proposals have been put forward, including one for the proposed closure of Home Lea House Long Stay Residential Care Home in Rothwell, and the closure of Richmond House Short Stay Residential Care Home in Farsley, making savings annually of £1.531million as a contribution to the budget gap identified.

Building Maintenance Work

Since 2018, there has been in the region of £200k capital and revenue spend on each of the care homes in question, in order to carry out essential maintenance works to ensure the building remains "wind and watertight" and suitable for the people residing there. This has included some larger works such as a new lift and

replacement windows at Richmond House and lift refurbishment, new Stannah Lift and roofing works at Home Lea House.

Both buildings are over 50 years old and fall within the Grade B category which indicates stock condition is satisfactory and performing as intended but exhibiting some deterioration. Further long-term capital investment in the region of £300k to £500k will be required to bring each building and facilities up to a good standard to comply with current legislation and support continued use. Additionally, the cost for full refurbishment is estimated to be £1.7m which far outweighs the expenditure in recent years.

Impact on staff jobs

As outlined above, the high quality of care and support provided at Home Lea House and Richmond House 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 47 Adult Social Care (ASC) and 11 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. There are staffing vacancies within the Care Delivery Service and more recent recruitments into vacant posts have been on a temporary basis minimise the likelihood of staff being put at risk. 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.

Cost effectiveness of recovery services

As outlined above, Leeds 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 Community Care Beds contract is now established and provides a greater recovery residential and nursing offer.

Locality

Key issues and messages

- Concern about where residents and staff will go instead and the importance of finding alternative suitable, quality, local provision.
- Concern that residents at Home Lea House won't be able to go to Dolphin Manor if they wish.
- The importance of resident's families and friends being able to visit easily and that this may be more difficult if must travel somewhere else that is further away, not a walkable distance, or not on a bus route.
- There is demand for this type of service in the local community.
- There is an ongoing need for respite outside of hospital to free up beds, especially in a pandemic.
- Concern that Richmond House is not being used effectively which is why the numbers of people attending are low.
- Reason for low occupancy at Richmond House due to the residents changing from older people to higher-dependency younger people.
- Limited accommodation opportunity for people to stay in their own homes in the area.
- Alternative care home/respite/recovery provision in independent sector is unstable and homes may not survive the pandemic.
- Concern about the buildings sitting empty if the services are closed.

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.

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.

Capacity of alternative provision for Home Lea House residents

The 10 care homes rated as Outstanding or Good within five miles of Home Lea House total 501 beds. Occupancy at care homes can vary from week to week. As of 10th May 2021, occupancy rates at those homes ranged from 42% to 95% with an average occupancy of 78%. The council has two residential care homes situated in Rothwell, Dolphin Manor has 35 beds and on average achieved 67% occupancy during 2020-21. Current occupancy at Dolphin Manor is 60%.

The Rothwell ward area has an oversupply of residential care provision by 119 beds. The Council's Extra Care Supply & Demand Model calculates anticipated future demand for residential, nursing, and extra care provision in the city, considering proposed population changes to 2028 at a ward level, and suggests there is sufficient capacity of alternative good quality provision.

Delivering new housing-with-care provision in line with the current and future demand is one of the key drivers of the Better Lives Strategy (which is the Council's strategy for people with care and support needs) and Adults & Health continue to work alongside the Housing Growth Team to identify suitable sites for extra care housing.

In January 2019 Leeds City Council appointed a delivery group made up of Ashley House Ltd, Morgan Ashley LLP and Home Group to deliver four Extra Care schemes on Council owned sites in Leeds including Windlesford Green in Rothwell, which will deliver 64 units of Extra Care housing.

Capacity of alternative provision for Richmond House residents

Richmond House provides short stay residential care and respite provision. It has not provided rehabilitation services since 2017 when the service was de-commissioned by Leeds Clinical Commissioning Group (CCG). The CCG commission citywide Community Care Beds for rehabilitation. Adults & Health previously reviewed whether Richmond House could offer CCB provision, however the size of the home made the unit cost per head prohibitive. The CCG has a duty to seek best value in its commissioning decisions.

The CCG commission community care beds providing short term care and support, in addition to the at home services and are satisfied that sufficient community care bed provision is available across the city. The closest commissioned Community Care Bed service is Green Lane Intermediate Care Centre in Armley, with 49 beds, which is 5.5 miles away.

Over the last three years monthly occupancy rates in community care beds across the city ranged from 47% % to 100%, with average monthly occupancy over that time ranging between 72% and 82%.

Care Home/Respite Alternative provision

There are currently 6 people who access the respite service at Richmond House (21 people over the last 3 years), to arrange a short break or an extended short day depending on the need of the individual and their family / carer.

Respite beds are not commissioned as dedicated beds, instead a social worker will approach care homes at the time required, and if there is capacity, will spot commission a short break or extended short stay depending on need.

There are 21 care homes with a total of 932 beds in the Leeds Boundary within 5 miles of Richmond House. 16 are rated as good, one as outstanding and 4 are awaiting an inspection outcome. 14 are CQC dementia registered. 15 are residential, 2 are nursing and 4 offer both.

There are a further 14 homes with a total of 723 beds within 5 miles of Richmond House but outside the Leeds boundary. 8 are rated as good, one as outstanding, 3 require improvement and 2 are awaiting inspection. 11 are CQC dementia registered. 7 are residential and 7 offer both residential and nursing care.

Occupancy Rates at Richmond House

Over the last 3 years 196 individuals were admitted to Richmond House, on average 65 people per year, staying an average of 30 days. The current market for older people's residential care has capacity to absorb this demand.

11 of the individuals were from the Farsley area (with postcode LS28 5). For the wider LS28 postcode area over the same time 37 individuals attended (including the 11 above). Average occupancy since 2018/19 is 55%.

Staff were fully informed that the service was being reconfigured following the withdrawal of funding from the CCG and have been supported, developed, and offered training in relation to the needs of people with mental health needs and other dependencies. The staffing levels at the service are based on customer need and where new admissions have been facilitated staffing levels have been reviewed.

Stability of the care home market

The 14 care homes within 5 miles of Home Lea House are owned by 11 different providers. The 35 care homes within 5 miles of Richmond House are owned by 30 different providers. These range from individual owners, small to medium enterprises through to large national providers. Adults and Health work closely with Leeds Care Association and care home providers to understand any pressures affecting the market and have continued to do so throughout the pandemic to understand impact of Covid on cost pressures for care homes.

Option to move to Dolphin Manor

As the closest alternative in-house provision, Dolphin Manor has 35 beds and on average achieved 67% occupancy during 2020-21. Home Lea House has 29 beds and at time of writing has 18 residents.

The service has received two enquires to date from relatives of residents at Home Lea House about availability at Dolphin Manor. Those relatives are happy to wait until the Executive Board decision in June, and should the decision to close go ahead, they understand the need for a social work re-assessment at that time.

The Leeds CCG commissioned 10 beds at Dolphin Manor to trial discharge to assess short term care for people with dementia as a proof of concept. This will have concluded by the time any Home Lea House residents may be looking to transition there.

In addition, we know from previous closures that some residents choose to move closer to their family, also that upon assessment some residents' needs have changed and they require a move to nursing care provision.

Should the recommendations to Executive Board in June post consultation be for the closure of Home Lea House, residents and their families / carers would be fully supported by the assessment and transition social work team, in accordance with the Care Guarantee, to ensure they choose an alternative home that meets their individual needs.

Management of Buildings

Should the decision be taken to close the current provision at Richmond House and Home Lea House, the sites would be transferred into void management with responsibility for safety, security and maintenance being managed by LCC Facilities Management until brought forward for any re-development. Asset Management under the delegations in place to the Director of City Development are already in the process of considering alternative uses for the sites considering Council's priority programmes and requirements in particular from Adults and Health and the Council Housing Growth Programme; and there is a commitment in principle for the sites to be used for the development of supported housing; general needs housing at the Home Lea House site in Rothwell, and supported housing for older people at the Richmond House site in Farsley. This may involve direct delivery by the Council, delivery in partnership with external organisations or disposal to third parties. Early demolition of the buildings at to limit the costs of maintaining security will also be explored. Asset Management will lead discussions about the future use of the sites with elected members and key partners.

Strategic

Key issues and messages

- The Council had its priorities wrong; if money could be found for things such as road schemes, cycle superhighways, City of Culture 2023, it should be found for the care of vulnerable people.

- LCC needs a long-term strategy to survive the continuing cuts to funding being made by the government, not knee-jerk reactions that will only save money in the short term.
- Rather than shrinking the public sector we would like to see the Council doing exactly the opposite, seeking to take private providers of social care and support into public ownership.
- The future is uncertain so people may need such provision in the future either for themselves or for their family members.
- Demand for respite is high and likely to increase.
- The council should not be relying on the for-profit private sector for the care of the elderly.
- Concern about the future of other council-run care home provision and if those will be closed in the future too.
- Closure of council-run provision creates additional pressure on the NHS, with people stuck in care homes awaiting re-assessment before they can go home.
- The closure of Richmond House is premature before a full study is done into the acknowledged gap in the need for places for people with complex needs, including dementia and nursing care.
- Richmond House is under-used over the last 12 months due to Covid.
- Belief that numbers within Richmond House have been kept low to justify any potential closure.
- Concern that NHS appear to be “calling the shots”.

Our Response

Leeds City Council's Financial Position

As outlined in the report to Leeds City Council's Executive Board in October 2020, the key driver for the proposals to close Home Lea House long stay residential care home and Richmond House short stay residential care home are due to the Council facing financial challenges unlike anything in the past, and in addition, the financial impact of the Covid-19 pandemic which is unprecedented.

The Executive Board report in October report highlighted a budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the ongoing financial impact of Covid-19. The council is legally required to set a balanced budget therefore, several savings proposals have been put forward including a number relating to services across the Adults and Health Directorate. The proposed closures of the two care

homes in question would make savings annually of £1.531million as a contribution to the budget gap identified.

The Council has a duty under the Care Act 2014 to meet needs for care and support, subject to meeting the statutory eligibility criteria. However, needs can be met in a variety of different ways. As set out elsewhere in this report, there has been a move in recent years away from traditional residential care models toward more housing-with-care provision, for example Extra Care Housing. The Council also has a duty under the Care Act to promote diversity and quality in the provision of services. It is submitted that there is sufficient diversity and quality provision within the local Leeds market to continue to meet the needs of those currently accessing services from Home Lea House and Richmond House.

The proposals will not reduce or remove the care of our most vulnerable people now or in the future; the proposals are principally based on under-occupancy of Council provision against demand for our residential beds and therefore providing the same service at a reduced overall cost which in turn helps the Council deliver more of its citizens' needs.

Future supply, demand, and market stability

As detailed in the *Better Lives* strategy, the Council's strategy for people with care and support needs, 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.

Wherever possible, people should be supported to return to their home as the first option. Adults & Health provide the SkiLs Reablement Service which offers short term intensive care and support for people in their home, supporting hospital discharge and hospital avoidance. Leeds Community Healthcare Neighbourhood Teams provide at home therapy services, such as Occupational Therapy, Physiotherapy and District Nursing. In addition, Adults and Health are not experiencing long wait times for independent home care packages.

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.

Adults and Health 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.

Residential Long Stay Care Services

Based on supply and demand analysis, Rothwell has an oversupply of 119 residential care home beds. As detailed above, there is sufficient alternative good quality local supply if Home Lea House were to close.

Residential Short Stay Care Services

Richmond House did operate very successfully as an intermediate care resource (known at the time as Community Intermediate Care, CIC). However, when the Clinical Commissioning Group (CCG) reviewed the Community Intermediate Care (CIC) service, they identified a different set of priorities for the Community Care Bed service. Leeds Adults & Health were successful in bidding to the new specification and secured, in partnership with Leeds Community Healthcare, two new nursing services and one residential service, in buildings owned by LCC across Leeds. The CCG will be reviewing their commissioned service in the next 18 months but at present are content that they have sufficient resource available to them.

In addition, the NHS have provided temporary funding to the CCG to support hospital discharge during the pandemic. The CCG have used this funding to commission a number of community beds (nursing and residential) across the city as part of this Discharge to Assess process, although this is reviewed on a regular basis and it is intended to reduce reliance on these beds as the impact of the pandemic decreases. People are supported to stay there while their needs are assessed, and their care arranged at home or in another residential care or nursing home. Their needs are assessed very quickly and a sizeable proportion of the people who are discharged in this way, return home within a week to ten days.

Respite / Short Breaks Services

There are currently 6 people who access the respite service at Richmond House, to arrange a short break or an extended short stay depending on the need of the individual and their family / carer. All local authority in-house homes offer respite bed places as well as Richmond House.

Respite beds are not commissioned as dedicated beds, instead a social worker will approach care homes at the time required, and if there is capacity, will spot commission a short break or extended short stay depending on need. As outlined above, there is sufficient alternative good quality care home provision.

Other options are also available such as community based short breaks, or a personal budget to arrange a short break that suits the carer and the cared-for person. This could be through various organisations such as private home care agencies, charities, or community interest companies. The council also provides a Shared Lives Service which provides a more homely approach to the provision of respite services.

Nursing Care / Specialist Provision for people living with dementia

There is greater demand for and an undersupply of extra care accommodation and specialist provision for people with the most complex needs, including people living with dementia in Leeds.

The pilot service at South Leeds Recovery Hub offers nursing provision for people with the most complex needs including people with dementia. Adults & Health previously reviewed different models of care and support that could be offered at Richmond House, however the size of the home made the unit cost per head prohibitive for investment by the CCG, which would be a requirement for the provision of this type of service.

The Integrated Commissioning Executive has taken a number of reports which have attempted to model the needs of people with complex dementia and as a result the following service developments have been put in place, as detailed in the *Leeds Integrated Market Position Statement 2019-22*; NHS development of intensive and responsive specialist support to care homes, an individualised approach to funding of care, including transitional support to leave hospital as well as long-term funding; and the development of training in 'leadership in dementia care.'

Market stability

As detailed above, Adult Social Care works closely with Leeds Care Association and care home providers to understand any pressures affecting the market and have continued to do so throughout the pandemic to understand impact of Covid on cost pressures for care homes.

Future of other Council-run care home provision

The professional recommendation of the Council's Director of Adults and Health is that should Home Lea House and Richmond House care homes be approved for closure, that no further council run care homes should be put forward for decommissioning. This would enable the council to retain flexibility in the face of any potential future challenges and retain expertise.

This would mean Dolphin Manor, along with Knowle Manor (Morley South) and Spring Gardens (Otley and Yeadon) would be retained in the city as council-run care home provision.

Occupancy rates at Richmond House.

Richmond House supports a citywide short-term care and support offer along with but distinct from Community Care Beds as there is no associated therapeutic input to Richmond House. People are referred to a suitable short-term provision based on their individual needs and preferences. As detailed above occupancy rates since 2018/19 have averaged 55%.

Health and Social Care

As noted above, the size of Richmond House made the cost per head prohibitive for investment by the CCG for CCB provision. It does have a responsibility to ensure value for money in what it commissions.

The Department for Health and Social Care White Paper: *Integration and Innovation: Working together to improve health and social care for all, Feb 2021*, provides a basis for further consultation and discussion with interested or affected groups; and Leeds Adults and Health, the different political parties in Leeds, and other organisations, will contribute as appropriate to shape the Health and Care Bill that will be presented to Parliament.

Methodology

Key issues and messages

- Staff need to know a decision as soon as possible in the process so they can plan ahead.
- Poor timing during the pandemic, at a time when can't visit residents to find out how they are and to ask them what they want.
- Poor timing as respite services have been closed during the pandemic and people need this support.
- No social worker has provided information about alternative respite provision.

Our Response

The key driver for the proposal to close Home Lea House long stay residential care home and Richmond House short stay residential care home is due to the Council facing financial challenges unlike anything in the past, and in addition, the financial impact of the Covid-19 pandemic which is unprecedented.

As detailed above, it is important that staff are made aware of any recommendations affecting the future of their workplace directly and at the earliest opportunity. Keeping staff informed and involved is expected as a good employer. It is also integral in helping to provide a greater sense of security on the part of customers.

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.

If a decision is made to close Home Lea House or Richmond House the transfer of residents will be carefully planned and carried out professionally, sensitively, and

safely. This will be done within a timescale which will minimise the disruption and discomfort for those affected.

Communicating with residents

We are keen to ensure that we hear the voices of people who use the services being consulted on, and the consultation provided different options for participating, including; online, over the phone, via email, by posting a paper copy to us, or through a face to face discussion. The consultation survey was also open to the public via leeds.gov.uk.

People only stay at Richmond House for only a short period of time and so current residents won't be affected by the proposed closure, however throughout the consultation period all residents were informed about the consultation taking place and encouraged to participate if they wished to do so.

The services also proactively engage customers in the use of technology (such as iPad, tablets, mobile phones, Alexa's) where appropriate, to keep in touch with loved ones during their stay. In addition, window visits, garden visits and use of in-door pods have enabled choices to suit customers in being able to communicate with one another.

Respite Services

Should the decision be made to close the homes in question a review would be carried out by social work teams who currently support people to access respite, of anyone who has been affected, so that planned respite can be continued in a new location suitable to meet the individual's needs.

Suggested Mitigations

- Most respondents don't want the homes to be closed and would want the council to find the financial savings elsewhere.
- Negotiate with the NHS to have therapeutic input at Richmond House again.
- Instead of people being stuck in hospital wards or paying private care homes while people are waiting there for re-assessment, use that money on having professionals at Richmond House.
- Turn Richmond House into a residential dementia care unit to address the lack of specialist provision for people with dementia.
- Turn Richmond House into a specialist assessment centre for people over 65 years with mental health issues as there is a need for this type of resource in the area.
- Turn Richmond House into respite provision.

- Sell the homes to private providers.
- Richmond House needs more promotion and then it would be used more.
- Reduce the number of high paid senior managers in services who cost a lot but don't provide a direct service.
- Elected Members used to be more involved, the research to put suggestions forward are made by unaccountable officers.
- Use social care reserves to keep Home Lea House open for another year and work with the community to keep it open.

Our Response

To contribute to the budget gap identified Adults and Health Directorate have reviewed all its services and financial spend and has put forward a number of savings proposals. The proposed closures of the two care homes in question would make savings annually of £1.531million as a contribution to the budget gap identified.

As outlined above the council has many priorities to meet the needs of its citizens, but unfortunately has insufficient funding to meet all of these. The proposals will not reduce or remove the care of our most vulnerable people now or in the future; this proposal is principally based upon under-occupancy of our residential beds and therefore providing the same service at a reduced overall cost which in turn helps the Council deliver more of its citizens' needs.

Therapeutic input at Richmond House

As described above, Richmond House did operate very successfully as an intermediate care resource (known at the time as Community Intermediate Care, CIC). However, when the Clinical Commissioning Group (CCG) reviewed the Community Intermediate Care (CIC) service, they identified a different set of priorities for the Community Care Bed service. Leeds Adults & Health were successful in bidding to the new specification and secured, in partnership with Leeds Community Healthcare, two new nursing services and one residential service, in buildings owned by LCC across Leeds. Richmond House could not be used for this purpose as it had too few beds which made the unit cost prohibitive. The CCG has a duty to seek best value and is satisfied that they have sufficient resource available to them.

The service provided in the wards at LTHT is nursing care, whereas Richmond House provides residential care. Also, some of the people are only resident in the wards at LTHT for a few days whilst home care services are arranged. It wouldn't be appropriate to discharge from the hospital, admit to Richmond House, and then go home, all within a few days. There are significantly more beds in SJUH and Wharfedale than we could provide in Richmond House.

Continuing Health Care (CHC) nurses were not able to undertake assessments from March to August last year, therefore a number of individuals who were thought to need Continuing Health Care funding in a nursing care setting were awaiting reassessment. However, once the service was able to recommence, social workers worked with the CHC team to review/reassess everyone who was in that position. These assessments were concluded by 31st December 2020.

Residential dementia care provision at Richmond House

There is already a range of good quality residential care provision in the city, 25 of the 35 homes within 5 miles of Richmond House are CQC dementia registered. However, there is an undersupply of nursing provision for people with the most complex needs.

Given the age of the building it may be uneconomical to remodel. Consultant Norfolk Property Services has stressed that refurbishment alone will not meet current statutory requirements and nationally described space standards due to some corridor widths being too narrow and a number of bedroom sizes being too small. To meet this standard major structural and internal alteration will need to be carried out.

High level refurbishment budget costings indicate that a capital spend of IRO £1.7m would be required to bring the property up to current required standard including nationally described space standards and to meet the minimum requirements set out in the Leeds Model for housing with care.

Given the Gross Internal Area of Richmond House this would equate to approximately £1150 per sqm to refurbish against a cost of IRO £2000 per sqm for new build so on this basis the most cost effective approach would be new purpose built accommodation that will meet modern building standards and is more conducive to health and wellbeing of residents.

Leeds City Council is part of the local Transforming Care Partnership with Leeds Clinical Commissioning Group which is NHS England's specialist commissioner and we are working jointly to deliver the Transforming Care Programme which will allow service users with learning disabilities/autism/mental health needs to transition from long stay inpatient settings to residential community based accommodation. As part of this work we continue to explore development opportunities utilising Council owned land assets to bring forward schemes which can meet the long-term accommodation needs of individuals within the Transforming Care cohort.

We are currently developing a residential facility for people with learning disabilities and autism and mapping the accommodation needs for adults with care and support needs as part of our wider strategic review. Adults & Health are also working closely with colleagues in LCC Asset Management to determine if operational needs can be identified to justify the retention of any sites that may become available through estate rationalisation.

Capacity and constraints studies have been undertaken by LCC design officers for several sites which explore potential options for future use. These confirm that both sites could support some form of new build re-provisioning for people with care and

support needs whether this is bungalows or apartments. The site at Richmond House could potentially support up to 30 x 1-bedroom apartments or 13 standard 2-bedroom bungalows, while the site at Home Lea House could potentially support up to 26 x 1-bedroom apartments or 10 'courtyard' style bungalows. The sites are too small to support Extra Care housing as we work on a minimum capacity of 60 units for a viable extra care development.

Should the decision be taken to close to current provision at Richmond House and Home Lea House, detailed ground investigations and a PSA (preliminary site appraisal) would be required before proceeding with a full feasibility study and any ensuing development. The site would be managed by the LCC Corporate Property Management team until it is brought forward for any re-development. As detailed above, discussions around the future use of the building would take place with local elected members and key partners, and there is a commitment in principle that both sites will be used for supported housing in the future.

Use Richmond House as a specialist assessment centre for people over 65 years with mental health issues

Moving someone from home to a residential setting for such an assessment would increase the likelihood of confusion. People are assessed either at home, in outpatient or other settings, or while in hospital if they are really unwell. Any such 'specialist assessment centre' would be NHS funded and provided as it would be clinically led. Also as outlined above, it would be unlikely that it would be economical to re-model the building for such a type of alternative provision.

Use Richmond House just for respite provision.

Mixed models of long stay and respite / short stay provision offer greater economic viability; there is no independent sector provision that offers only respite bed accommodation. People like to choose where they go on respite and still want to maintain links to family and local services, so Adult Social Care couldn't mandate that people used Richmond House for respite, and as a result it would likely be under occupied.

Purchase by private providers.

Purchase by another provider could be an option should the decision be taken to close the sites and should the sites ultimately be deemed surplus to requirements, following the agreed Council process for open market disposals. However, as outlined above there is a commitment in principle that should the decision to close be made, that both sites are used for supported housing.

Increase occupancy at Richmond House

Health and social care professionals are aware of the services provided at Richmond House and will refer people there from across the city based on the individual needs of the person requiring short terms care and support.

Leeds 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 Community Care Beds contract is now established and provides a greater recovery residential and nursing offer. As such Richmond House is continually under occupied and the current type of provision can easily be assimilated in wider system provision.

Use of social care reserves

As previously been stated, the Council is looking to have less of a reliance on residential provision, preferring a move to other services including Extra Care Housing which we believe has better outcomes for our citizens. As an authority we have, over recent years, seen a reduction in the numbers of people we place in residential care and Commissioners have, over that same period, recorded an excess of provision over demand, and this is noted whilst in a period of an ageing population. In this context it is difficult to see how a business case could be made by a community consortium to make this a going concern.

Reasonably recent experience of this type of proposal failed. It is also considered highly unlikely that this could be actioned within a twelve-month period, which could therefore necessitate the further use of scarce resources. As such, for the reasons above, this option is not one that would be recommended.

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 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.

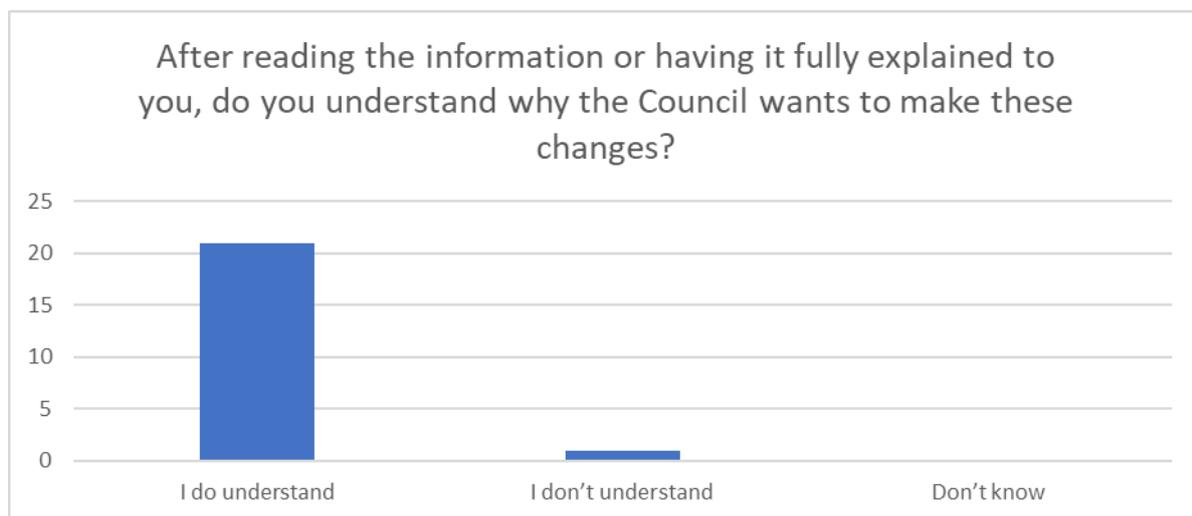
Where names, ages or relationships were used in the comments these have been redacted to comply with data protection requirements.

4a) Consultation Survey Questionnaire Detailed Responses

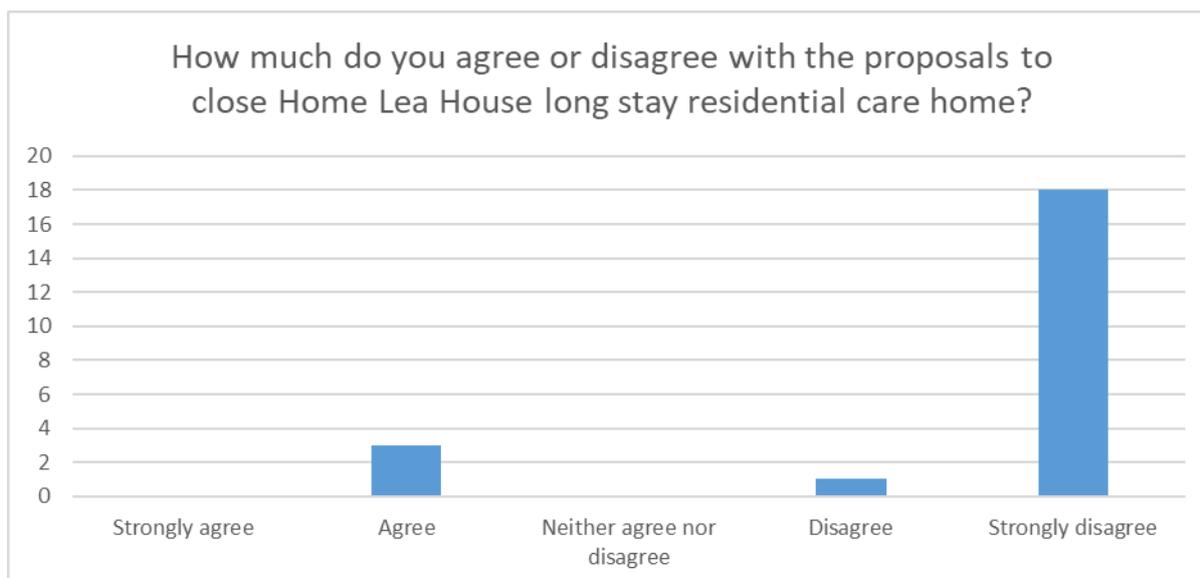
Please note any personally identifiable information such as names, relationships and ages have been redacted.

Home Lea House General Public Consultation, January to March 2021 - Survey Results (22 Responses)

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
21	1	0



How much do you agree or disagree with the proposals to close Home Lea House long stay residential care home? Please tick one box.				
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
0	3	0	1	18



Please tell us the reason for your answer

My [redacted] resides in the care home. As a family, we placed her in several care homes, in which she didn't feel comfortable, until settling on Home Lea. Closing the home would result in great distress and anxiety for her, which has been magnified after a year not understanding why her family have hardly been able to see her, and would potentially ruin the peace we expected for her in what are likely her final years with us. While I understand long stay is not for everyone and others will want to stay at home for as long as possible, this is simply not possible for her. Instead she has somewhere she feels at home and where she is superbly cared for.

Rothwell is a large community that requires local services for its people. It is not well served by public transport to enable friends and relatives to visit care homes in other areas especially elderly people. Where people have lived together at home and one is now in care easy access is required. Dolphin Manor is described as being Council run but it's not too long since you wanted to close that. It was saved through local action and now you are suggesting that is all that will be left! Please do not close Home Lea. It is a lovely friendly caring home that we need.

The residents living in Home Lea House have made a carefully considered decision to move in here after looking around to find the most suitable home for them. They have then moved in and settled into their new home and become comfortable in their new home. They are now facing the possibility of having the trauma and upheaval of having to be moved. A number of residents within the home, including [redacted] have dementia, along with other health conditions. The thought of [redacted] having to move [redacted] is just unthinkable. The fact that the proposed closure is solely based on saving money is absolutely disgusting and totally wrong. These people have lived in the local area all of their lives and should, therefore, be able to stay living within the area, surrounded by their families and friends, and not have the worry of having to find a new home. This could then potentially mean they will have to move out of the area to somewhere they have no family or friends around to visit them.

The Council should not put the onus on the private sector to look after our elderly.

I am Rothwell born and bred. Home Lea is an amazing home, the residents are settled and really happy there. It would be a real shame to see it close. Rothwell and surrounding

areas are forever growing in size, houses are been thrown up everywhere you look. People are living longer and leaving the area with only one care home will not be enough. Local people will not be able to stay in the area they love, it's just wrong. I am a tax payer and I'm sure the Council can cut back elsewhere to save this wonderful home.

It is a much needed well run residential home which gives an opportunity for local residential care.

Why are the Council still wasting our (tax payers) money on stupid Leeds 2023? No one wants this or any other of Judith Blake's money wasting schemes in Leeds. Why not invest in making these 2 homes more modern, viable and attract some private paying customers to help up keep. These facilities once gone will never be replaced and means Council social spending increases on private homes lining the pockets of greedy owners of elderly care facilities. Keep the homes and not a bean more to be spent on Leeds 2023.

Because better care can be provided to people in a non-profit setting. I strongly disagree with the state paying profit making organisations for care. There is still a shortage of care beds - there a huge amount of 'super stranded' patients awaiting care packages in NHS beds

The care residents receive at Home Lea is excellent. As a Council run home, residents family feel secure knowing their loved ones are being cared for at a high level. A lot of private care homes seem to think it is more important to have pianos and chandeliers rather than good quality care.

These care homes are essential for the elderly in our community. [REDACTED] has been here for 12 months. She is [REDACTED] This was a stressful time after living independently [REDACTED] The home made her feel at ease and she has adjusted well. Moving these residents further a field where family may not be able to visit will isolate families and cause unnecessary stress. [REDACTED] pays for her own care and sold her house to fund this.

Care homes are needed for old people to be cared for in the community. It's on a bus route for family members to be able to travel to see them.

I completely disagree with this decision as there are many residents in Home Lea including [REDACTED] that have dementia. [REDACTED] always been very unsettled, that was until she moved into Home Lea. [REDACTED] now sees Home Lea as her home and I believe it would be too upsetting and unsettling to move any of the residents that live there. The staff are very professional and always make visitors welcome. It would be such a shame if the home were to close as it makes so many people happy, both residents and the people that visit, as we can see how happy and settled our family members are.

[REDACTED] are living in Home Lea House and they are both happy and settled. [REDACTED] have dementia and they don't need the worry of getting kicked out of their homes on top of having that! All their family live in the Rothwell area and there's only one other care home in Rothwell and that has no room for any new residents, so if they got kicked out of Home Lea they would have to move out of the area and that would be very upsetting for them and also detrimental to their health and also their families.

Home Lea House is a much loved local facility. Rothwell is very much a family community and older people here value their local links. If I were ever to need care, I would be much happier in my own area where family and older friends can visit.

This provides a lovely home for local residents and surrounding areas. I understand that Dolphin is also in the area but in these times with care needs for the elderly in great

demand I feel it will be a great loss to the area, and in the grand scheme of things what the Council will save by closing Home Lea it's a drop in the ocean.

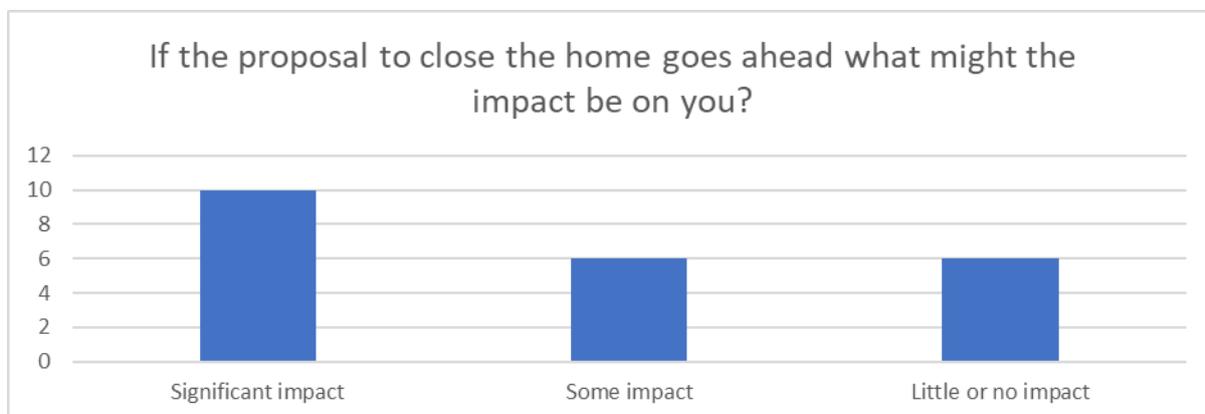
██████████ is a resident at this care home. For ██████████ a very proud lady, it was a huge decision to leave her home, her independence to move into a care home. She was frightened that she would be neglected and not looked after in the way she deserved. It was important to her to pick the right care that she was going to spend her remaining years at. The staff at Home Lea House have not only been kind, friendly and attentive to her every needs, they have also been a great source of comfort, when we as family have been unable to visit during the pandemic. Home Lea have become a surrogate family to the residents.

██████████ moved to Home Lea House in February 2020, just before lockdown. We had suffered a horrible year, where my mum's mobility deteriorated to a point where as a family we couldn't cope with her living by herself. We fell in love with Home Lea straight away and the staff have supported ██████████ and us throughout a traumatic year with the extra trauma of Covid. It is her home where she feels secure, well cared for and loved. Where her 'family' of friends and staff live and work to help our elderly relatives live happily and thrive. I don't think the proposal to close Home Lea takes this into consideration. Who wants to move house in your 80's? For people like ██████████ the Council home was, and is the best option to keep her safe and stable and for families to relax in the knowledge that the standard of care is high.

I think the private sector have got their act together and, as the report says, this is currently a declining market. The land is also prime development land and the income could boost the Council coffers. Dolphin Manor is the more modern of the two and should be retained.

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

Significant impact	Some impact	Little or no impact
10	6	6



Please tell us the reason for your answer

<p>It would cause stress and anxiety for all the family as we seek to find somewhere that will suit [REDACTED], but most of all, it will worsen her final years.</p>
<p>As above.</p>
<p>There would be a significant impact on me and my family. I have [REDACTED] currently living in Home Lea House and they are both very settled and happy. I visit [REDACTED] every couple of days (before Covid 19), with my [REDACTED] children. We all enjoy walking to Home Lea House and seeing just how happy they are living in there, and being able to spend time with them. If the proposed closure goes ahead, this would impact us significantly as we would not be able to visit them as often which would consequently affect [REDACTED] mental health. As [REDACTED] suffer with dementia, the visits they receive from family living in the local area is critical for their overall wellbeing. We have lots of family living in the local area that frequently visit Home Lea House, however if they are forced to move, these family members would not be able to get to other areas to visit them.</p>
<p>I don't have anyone in there but may need it in the future.</p>
<p>I don't have family at the home, however, I know its fabulous reputation within the area. When I grow old who will take care of me? Like the residents in the home who have paid Council Tax/National Insurance all their lives, why should the older people be affected. Why can't the Council cut back in other areas? This money saving exercise will be a massive loss to the community of Rothwell should the home close. I am strongly against this.</p>
<p>I have a mother who is in her nineties who receives care at home by a care firm but I think she would be better looked after in a local residential home as between care visits it is a very lonely existence. There is a great chance this would not be available for her locally without Home Lea House.</p>
<p>I might need these facilities one day.</p>
<p>I work in adult social care and there is already a shortage of good care homes.</p>
<p>We have no idea what will happen and how this change could affect [REDACTED] health.</p>
<p>If [REDACTED] needed to go into a home I would choose this one.</p>
<p>At the moment me and my [REDACTED] children are able to visit [REDACTED] as we live in Rothwell so can walk there. I have [REDACTED] who also visit with their children and my parents. None of us want to see any of the residents upset. Home Lea is their home and they shouldn't be in a way evicted from it.</p>
<p>If they closed Home Lea House it would have a big impact on me because I would be constantly worrying about [REDACTED] mental health and well-being. It would also impact me because before Covid hit I was able to walk up to the care home to visit [REDACTED] at least once a week. If they were moved out of area I'd hardly be able to see them due to my wife working and needing the car. I wouldn't be able to walk to see them if they weren't living in the area.</p>
<p>Sadly I have terminal cancer so the thought I have had about eventually going into Home Lea is no longer relevant, but I have many older friends who could be impacted if this place was lost.</p>
<p>I am [REDACTED] within Leeds City Council so I feel it could impact on my job. I also really feel sad for the residents as I feel this will unsettle them.</p>
<p>The impact on us as a family is significant as we now have the stress and the anxiety of</p>

trying to find another care home that will be able to care for [REDACTED] the way Home Lea has.
I am worried about the impact on [REDACTED] physical, mental and emotional well-being if she has to move home, especially during the times of Covid and the worry and uncertainty this brings. She is easily upset and anxious about everything and will not cope with any change.
I'm early 60s so hopefully a care home is a few years off but I would not be looking at Home Lea as my first choice for myself or my family.

What could the Council do to reduce the potential impact?
If the Council is to move residence, it should do so in a phased approach, where residents are slowly introduced to their new home to see if it suits them and to lessen the distress on them.
It should also consider a longer time line than the one proposed so that families can make arrangements and so that residents can be prepared.
As Rothwell is quite isolated I don't think there is anything that could lessen the impact.
Do not close the care home.
Keep it open.
Don't close the home, look at other areas that can cope with a cut in funding.
Nothing, once it's gone it will never be replaced and will be a great loss.
Keep them open and invest in them.
Keep the beds open.
Not close the home - investment in the building.
Not close the home.
Keep it open.
Keep Home Lea open.
Build another care home in Rothwell!
Sorry, no ideas.
Don't close the home.
Not close. I believe choosing to close ANY care home under the current circumstances is insensitive.
Obviously the best outcome would be to keep Home Lea open. To reduce impact we would be hopeful for [REDACTED] to move to another Council run home (e.g. Dolphin Manor) as we appreciate the standards of care she has received and [REDACTED] seems to feel happier about a possible move to Dolphin Manor. It would be good if some of her friends could move together, and even staff if this was possible.
N/A.

Please state if there is another viable approach which you believe should be considered?
I'm sure the Council has done as much as it can (and I sympathise with them over the financial position the government has put them in) but other services should be cut and infrastructure projects should be scaled back. Importantly, I believe this should be done in Leeds City Centre where it often seems the wealth of the city is pumped back into.

Keep it open, allow continued choice, look at budget cuts in other areas.
Look to save money in other areas, instead of the elderly and vulnerable. They do not deserve this at this time in their life.
No.
Keep it open and save money elsewhere.
Yes, try changing the law to stop greedy selfish people playing the social care system. Sick of hearing about wealthy families who get parents to sign over property to children so they don't have to pay a penny of elderly care bills - people who know how to play the system. No wonder council social care costs are out of control when not everyone is paying their way. Council run homes must be there for those who genuinely can't afford to pay for care, to create/keep jobs running homes and to ensure capacity for care is always available. Too many horror stories about privately run home care so that's not always the right approach either.
Council care homes provide a better level of care.
N/A.
Stop wasting money like on park and rides that don't get used.
Keep Home Lea open.
It is hard to believe that a community of 22,000 cannot fully use 2 homes. I think there are many in their own homes who put up with isolation and risk unnecessarily because funding demands the cheapest minimum provision.
I think that care homes for the elderly should be last on the list for closures because of the negative impact this has on the residents. It is after all their HOME. I think that although important, things like clubs and day centres should be looked at first. I feel that leisure and the arts should be looked at, e.g proposals to close Lotherton Hall for part of the week. I strongly believe that the Council run home is still needed in our community to provide for elderly people like my mum. Private care homes do not have the trust with older people and the high fees can be a problem.
None.

Finally, do you have any other comments?
Yes, Rothwell in my view has been targeted. We have lost our Council offices, nursery and day centre and the other support services for elderly people and families with children at home have been massively cut, leading to much more need for emergency response and loneliness. Keep Home Lea open, add some day care facilities or short term respite facilities, work with live at home scheme to identify who is vulnerable and needs help.
It's wrong how the Council are off loading everything. What exactly are they running?
Please re-think, saving such a small amount of money in the grand scheme of things isn't worth closing an amazing home. The area can't cope with only one home.
Saving money by closing a good quality well run well staffed residential home for old frail people cannot be the way forwards. Look to saving money in areas of less impact.
As above.
The biggest issue with residential care homes that are privately run is that they can charge what they like. It's time there was a charging cap on residential care.
Please do not close this brilliant care home.
It would be a huge mistake to close Home Lea House. So many people call it home and a

lot of staff have a stable job. Please reconsider the decision and stop the uncertainty to the poor residents and staff.

If Home Lea House were made to close, it would have a massive negative impact on a lot of people! All the people living in Home Lea and all the residents' family and friends. Most of the residents that live there have grown up and lived in Rothwell all their lives and are very old and have health issues, the last thing they need in their condition is to be kicked out of their homes. They have made strong relationships with each other in there and become good friends so they would be devastated if they got dragged apart from each other and stuck in another care home god knows where!

Just that it is a home with a great reputation.

I just feel sad that this may close and have a huge impact on the elderly residents.

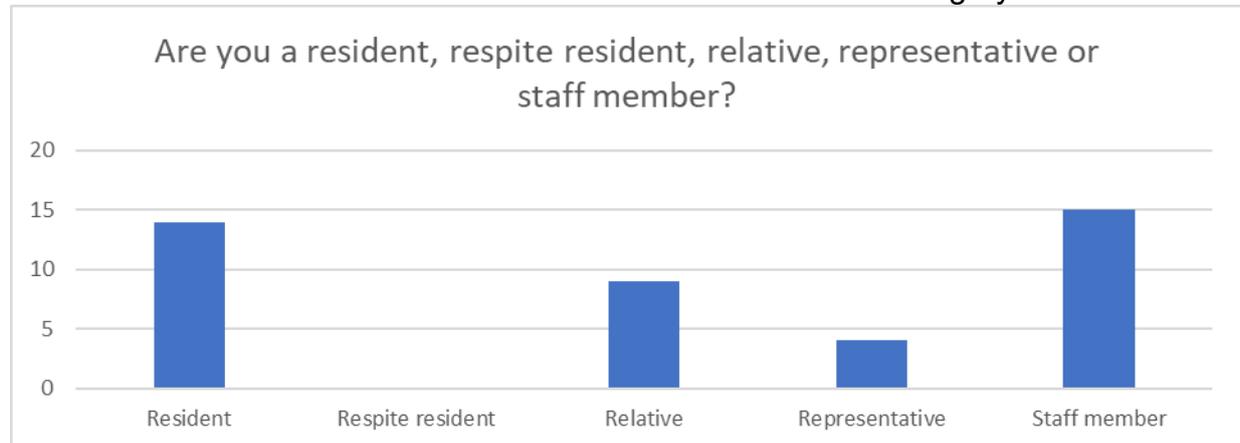
I would like to thank everyone working at Home Lea for their constant hard work during the last year. I couldn't have asked for a better home for [REDACTED] and wish and hope that the Council decide to keep such a crucial facility open.

No.

Home Lea House Consultation, January to March 2021 - Survey Results (39 Responses)

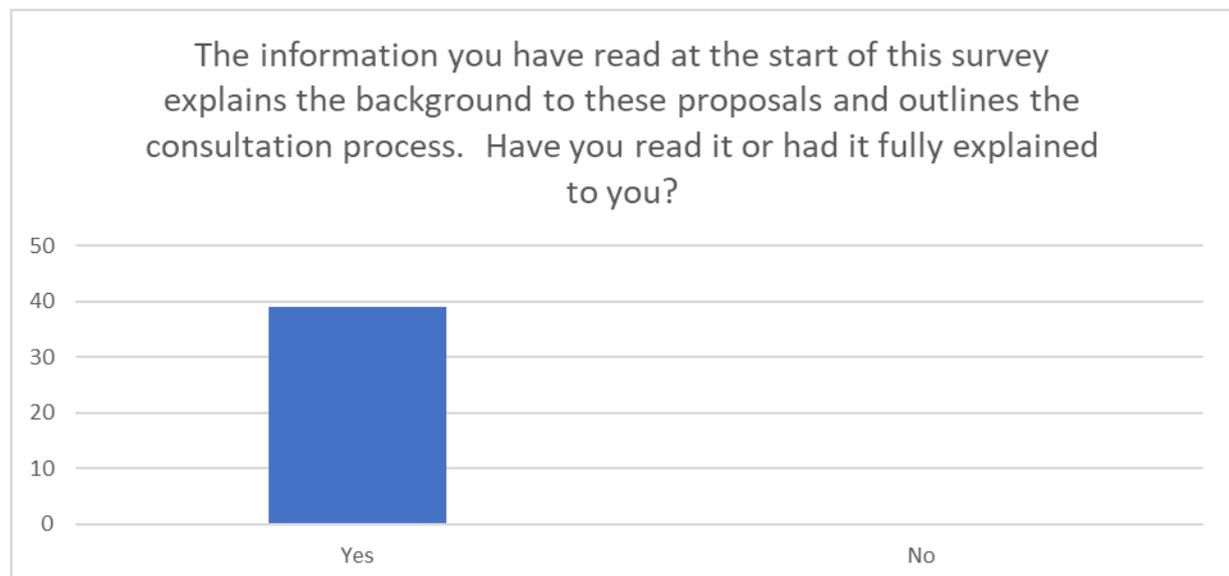
Are you a?				
Resident	Respite resident	Relative	Representative	Staff member
14	0	9	4	15

Please note the answer to the above could be more than one category.



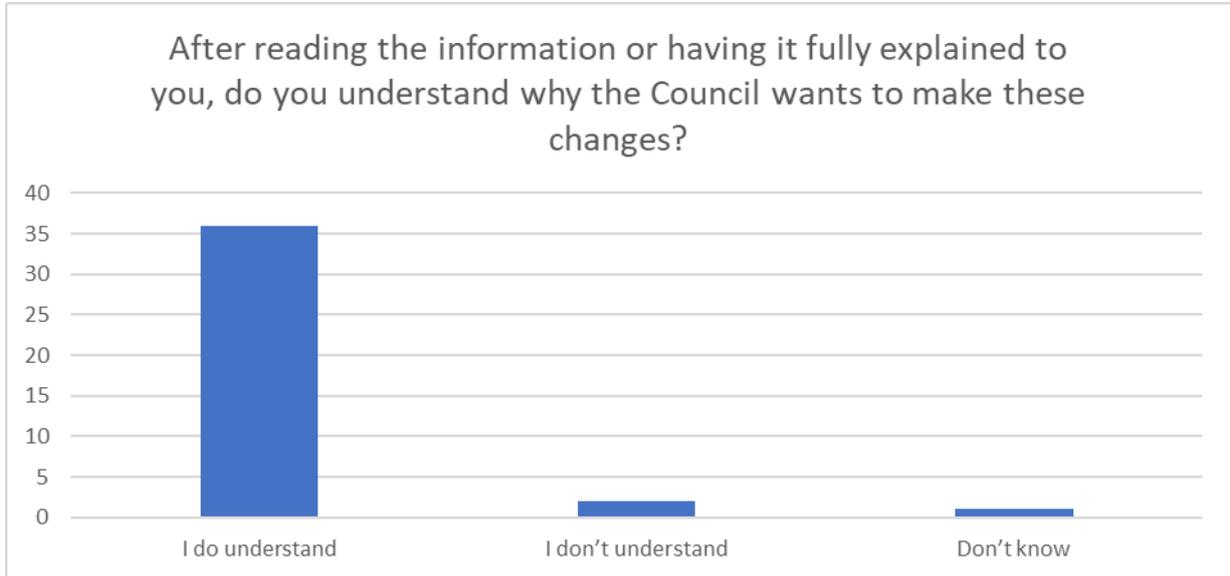
The information you have read at the start of this survey explains the background to these proposals and outlines the consultation process. Have you read it or had it fully explained to you?

Yes	No
39	0



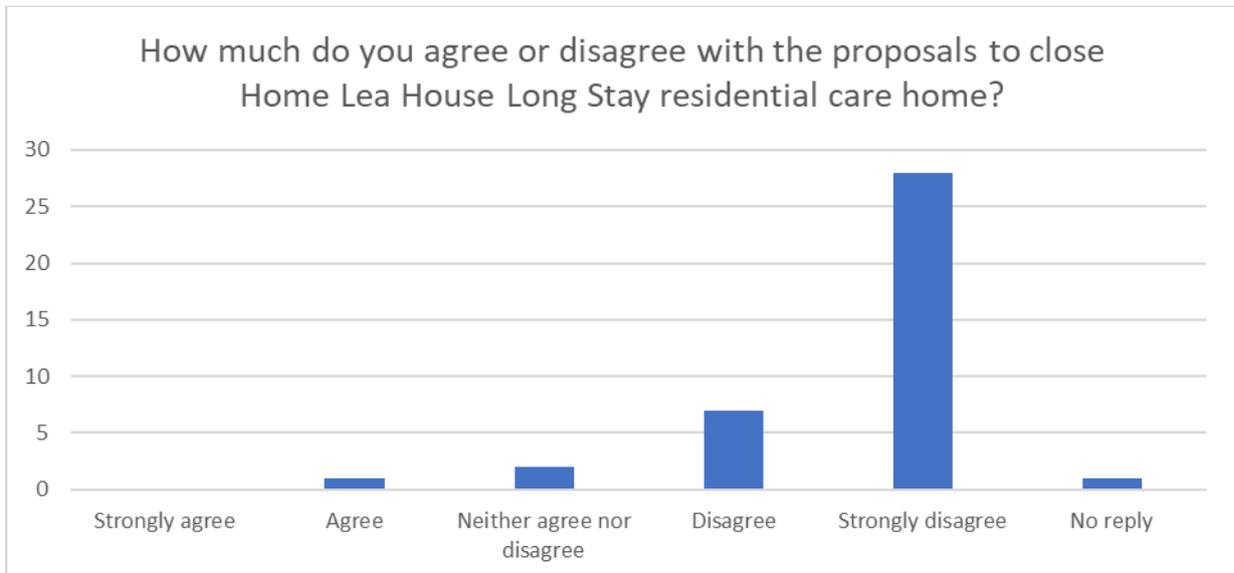
After reading the information or having it fully explained to you, do you understand why the Council wants to make these changes?

I do understand	I don't understand	Don't know
36	2	1



How much do you agree or disagree with the proposals to close Home Lea House Long Stay residential care home? Please tick one box.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No reply
0	1	2	7	28	1



Please tell us the reason for your answer

I am local, lived here [REDACTED] and Home Lea House has always been a part of the community. [REDACTED] has recently become a resident here. The staff have done fantastically well to help [REDACTED] settle into her new home and are definitely meeting her needs. [REDACTED] is happy here, however she has started worrying about where she will be moved to, if the closure of Home Lea House goes ahead! It is a really poor decision to suggest the closure of Home Lea House. Surely there has to be another way to recoup some of the deficit. There are less necessary projects than care homes I would imagine! Shame on the Council for even thinking we need less care Homes for the elderly!

I am Chair of Rothwell Tenants and Residents Association. I therefore consider the residents in Home Lea House are part of our wider community. After a recent annual report and receiving a glowing reference from CQC for "Excellent caring" and 4 other services as "Good," I strongly disagree with the proposed closure of Home Lea. Several years ago, LCC invested money to upgrade the building and install en-suite facilities etc. which was a real boost for morale for the residents and staff alike. On the other hand, Dolphin Manor was also earmarked for closure and did not have the benefit of en-suite facilities, but our community fought a successful campaign to keep it open. We have an ageing population in Rothwell with limited accommodation for the elderly to be able to remain in their own homes and also requiring 24 hour specialist care that can be provided in a care home setting. I strongly object to any closure of care homes in the city, and more so in my community. We, and LCC have a duty of care to provide a safe and secure environment for our elderly residents who need to be protected in their twilight years. [REDACTED] (Chair, Rothwell Tara).

Because this is someone's home. I [REDACTED] have worked at Home Lea for 30 years. I have looked after some of these residents who have been there years and it's the only home they know. It will be very distressing for them when the home closes.

The home is part of the community not only providing outstanding care but supporting people who still live in the community, giving them a place to go and socialise and have contact with others which they may not otherwise have. The people who work there don't see it as a job, they put a lot more into it. Those who live at Home Lea are going to have their lives turned upside down at such an age where they should feel secure and settled. If the Council had a better sense of business and how to best control finance this probably wouldn't be happening.

The need for residential care homes is expected to rise in the future, not decrease, therefore the argument put forward by LCC does not make sense. Moving the residents to another care home is likely to be catastrophic on their mental and physical well-being and could lead to early deaths. Moving them to Dolphin Manor has been suggested but it wasn't that long ago that LCC proposed closing that care home, how long will it be before that is on the table again? LCC needs a long term strategy to survive the continuing cuts to funding being made by the government, not knee jerk reactions that will only save money in the short term.

We need to keep care homes local so that residents in them can easily be visited by friends and family, and also so that they stay in a familiar place.

There appears to be no long-term planning. We have an ageing population so demand for this sort of facility will only increase. However, the Council seem to be looking only as far as 2021-22.

Not all elderly people requiring care have the funds available to pay for private care. It is vital that people requiring care should have the option of staying local, to enable continuing contact with friends and relatives. This is an important aspect of maintaining their wellbeing. Hospital beds are still being blocked by elderly people requiring care so, therefore, there is an actual need for more beds. Leeds City Council could surely look at other options of saving money,

why is it that elderly care is the first choice?

Under the question 'do you understand why the Council wants to make these changes', [REDACTED] also says 'Would understand if she had to move'. [REDACTED] wouldn't want to move, she has been here nearly 2 years. She lived in [REDACTED] for over 50 years and when she needed to move, all the family was in Rothwell. She needed to be encouraged and is happily settled and sees [REDACTED] who are all nearby. When [REDACTED] first came to Home Lea, she had been reluctant, but loved it so much, she stayed and didn't want to go home at all. She likes to be independent but needs the care from people who know her well.

I don't think it's a good idea. I don't want to move. I like living here. [REDACTED] says she is still where she's always lived - in the same area. She likes the care she gets. She is settled which is very important for her wellbeing.

It's a very good home with an excellent CQC report. Money has been spent on the home. We don't understand why they have selected. [REDACTED] has lived here over 2 years - with Covid we haven't been able to visit and it's her home and her second family. Very traumatic and detrimental to her health. It took her a long time to settle in and now she has. It's worrying the cuts made to essential services. People do need 24 hour care - if [REDACTED] could be at home, she would be.

[REDACTED] supported the resident [REDACTED] to represent her and her family's views: [REDACTED]: 'I would be sad and would like it to stay open. I like it there. I've always liked it'. [REDACTED]: 'We know that [REDACTED] has settled really well and is very well looked after. The reason she is there is because of her dementia and because she lived alone and was lonely. She has settled and got used to company. She has never had a sad day there'.

If it's got to be done, it's got to be done. There's money involved - they need to make savings.

It's a good home. It's my home - it's lovely. I've been here nearly 2 years. It's all about money. If we had the money, we'd buy the home to keep it. We've got a great staff team. You can have your say and they help with any problems.

Home Lea House is one of the better homes in Leeds and the staff are good. The care is good and it would be a shame to move vulnerable people at their stage in life. It's exploiting people at their age. People are in the area they want to be. 'My family knows what's best for me and they think the home shouldn't be closing'. They should close other places that have lower CQC ratings. We chose this home as the best of the homes offered. 'I can't fault Home Lea'.

I like it just as it is here. I've been here a year and it's my home. I couldn't cope at home before I came here. I kept falling. I could enjoy life again and I was happy again. My own home has gone. I get on with everybody and I've made friends with residents and staff. I feel safe here. None of us want to leave our homes. I was often in hospital. I needed somewhere to live where there was someone all the time to make sure I was safe.

I wouldn't want it to close. It's a lovely place - they take care of us. I never thought I'd end up like this. [REDACTED] couldn't look after me. I don't want to move to a different home because I'd worry too much. The place I was at before wasn't like here - it wasn't as good. I didn't feel safe.

This is my home and I want it to stay open. I like mixing with people and I like being with people I know. Family say that it helps to be very close (in walking distance). It's been here a long time because it's a good home.

1 - In November 2019 we were informed by social services at St James Hospital that the

Council homes are all full and we would have to find a private home for [REDACTED]. We checked all private care homes in Rothwell and they were all full. A neighbour told us about Home Lea House. We contacted them and they said that two rooms were vacant (after we had been told the Council homes were all full) that could be the reason for low occupancy.

- 2 - Some people cannot live in their home for a variety of reasons and need 24 hour care.
- 3 - [REDACTED] tried home care package and she was being left for 12 hours some days in a soiled incontinence pad, some days she only had tea and a slice of toast for breakfast at 8am then was left till 6pm one day. We had to go feed her. Her health was deteriorating until she went into Home Lea House. Now she is a different person, they have turned her life around.
- 4 - The need for Home Lea House is very important to the Rothwell community.
- 5 - If nobody needed a care home place, they would not be still building them around Rothwell.

Because it is people's home. They are happy and settled at Home Lea and don't want to move somewhere else. Moving to Home Lea due to needing 24 hour care was a big move for most of the residents and it just seems unfair that they may have to move again and build relationships with another staff team and with other residents.

I understand why financially but at the end of the day we are dealing with people who depend on staff and also people think it's their home. They feel safe knowing that there's someone 24/7 to support not just with personal care tasks, with support of people's mental health and due to Covid, people need support even more.

Because I'm settled and happy with the home and the surroundings for [REDACTED] to visit regularly. Due to his illness, he can't travel long distances. He has frequent hospital visits and needs to be able to visit whenever he can (for peace of mind about my wellbeing). He doesn't drive. We have lived in Rothwell ([REDACTED]) for twenty-odd years. [REDACTED] family is nearby. My friends are nearby and would like to visit when it's possible and maintain contacts. My parents came from [REDACTED] and I have [REDACTED] locally. I know all the local shops and facilities. I would like to stay in the area due to this reason.

I'd cry if they had to close it. I love it here. I love it all - my room, the lounge, the dining room. We get lovely meals to eat and we get looked after ever so well here. I like it here best. I was in a privately run care home at Roundhay Park and I didn't like it there. (When [REDACTED] was in private home it was all about money, not care). (We wouldn't want that experience again).

I don't want it to close because it's in a good place. The people who live here fit very well with each other. I was a bit hurt to hear they wanted to close the home. People get on here. There's a good atmosphere. I like to be with people. The staff help you mix. The staff are very helpful and always consider you before they consider themselves. I like everything about this home, they want us to be happy here. This place has got something about it that's there all the time. There's a lovely garden you can sit out in.

The home is well-run. There is a need for it. It is very unsettling for someone with dementia needs and won't understand the changes. For her to be plucked up and put in somewhere new, we don't know what that will do to her. She knows everyone and is comfortable. The staff understand [REDACTED] and she is confident at Home Lea. The staff have been fabulous with her. If she was somewhere else, I'm not sure that wouldn't "tip [REDACTED] over".

I disagree because I have concerns about the welfare of our residents. They get very anxious about where they are going to live. I also have concerns as regards my job.

Home Lea is a great place for our residents. It's like home from home for them. It feels part of my life. I feel it's like looking after my own family and to close Home Lea, I myself will be devastated and so will our residents as this is their home and should stay this way. You could

cut back in other areas.

I disagree with the proposal to close Home Lea. I believe the Council waste a load of money in other areas i.e. bonfire night fireworks displays, lighting up buildings for occasions which all costs money and manpower. Home Lea is a happy home, residents are very happy here and good care is given. I have worked for the Council [REDACTED] years and for all the homes that have been closed, no replacement has been built and land has been sold off. Where does this money go?

Home Lea House is a council run home with a good CQC report with caring 'outstanding'. The building has recently undergone extensive re-refurbishment including a new lift, flooring and furniture and most rooms are en-suite. Dolphin Manor which is due to be kept open does not have en-suite bedrooms, and a separate wing only has 2 television rooms and no lounge. The residents on this wing have to be taken down a long corridor to the main lounge. Although the staff and care are second to none in both homes, [REDACTED] has stayed in both buildings and Home Lea is definitely better and the bedrooms appear to be larger. Due to the Council wanting to save money, to me it would appear that the Home Lea site has more commercial value and a larger footprint than Dolphin Manor to be sold off for housing/profit.

I disagree to Home Lea House closing as [REDACTED] lives here and I believe this would have a detrimental impact on her emotional well-being. It is not just a temporary accommodation, it is her home and she has settled well there, making friends with residents and carers. [REDACTED] is already emotional and upset after a Covid outbreak at the home during which residents unexpectedly died and she had to stay isolated in her room for over a month. She needs stability and security, not the additional threat and worry of her home being taken away.

Home Lea is the best residential home in Rothwell. When we were first looking at homes in our area, so many people recommended Home Lea mainly because they had previously or currently had relatives in there. The staff are so lovely and the home in general feels warm and safe.

Because this is the resses home.

I understand why the proposal has been made due to the financial difficulties but at the same time feel that over the last 10 years the older people have had a lot of closures of services leaving them with only the private sector to choose from.

The closure of Home Lea House would have a significant impact on various people. Residents, staff and family members, Home Lea House is one big family. Closing Home Lea House is taking people's homes away from them when they are all happy and settled. I personally think it's disgusting. Leeds City Council can surely find other ways of saving money without it causing upset and disruption to the most vulnerable of people.

I strongly disagree as this is people's homes. There is a lot of money spent on things that are not needed within the Council and this home is not one of them. I think there are more things that could be done to save money within the Council instead of taking people's homes away from them (disgrace).

I understand that the Council needs to save money but I like my job very much and don't want to lose it. It's not easy for the residents - we are so close with them. When you move from your house, it's hard and sad at any age and now at their age it's even worse.

I feel divided. I recognise that there are gaps in funding to run a service like ours. However, it's not nice for our residents that love our home and feel safe and cared for by the team. We as a staff team work well with each other to ensure our residents are cared for in the best possible way and we don't want to be split up just like our residents don't want their home

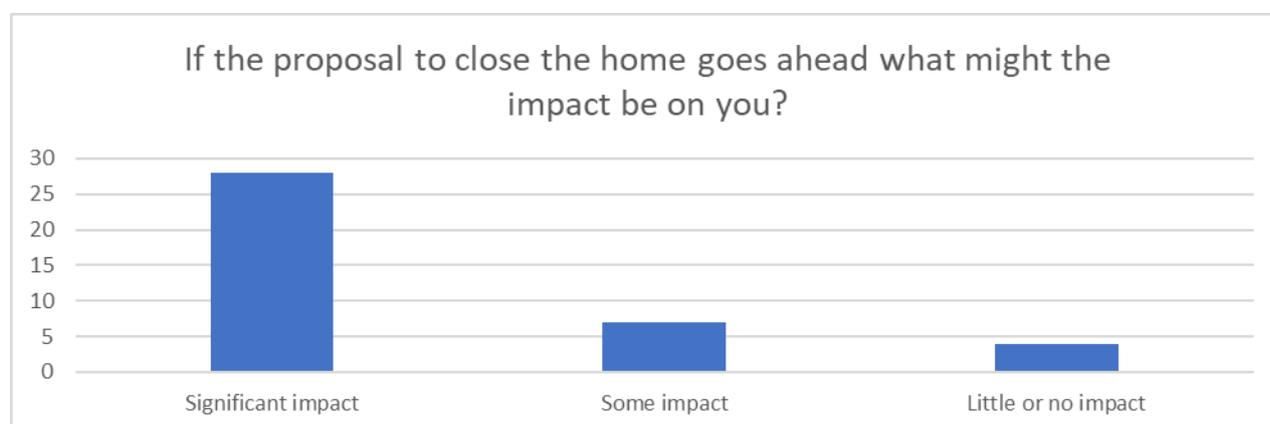
shut and have to relocate.

I feel insecure and don't know if I'm going to have a job. I feel like this is 'family'. The staff team has been the residents' family for the last year. We've been through Covid together and it feels unfair and terrible to close the home now. This is their home. I leave here and go home. I feel like I might be in the same position. If I don't have a job, I could lose my home. I'd be devastated if I had to leave my home. The residents are coming to the end of their lives and thought this would be their forever home, but might have to start again.

It is very distressing for all residents and staff, as everybody treats Home Lea as their second home. Residents are worried where they will end up living and staff are afraid there are going to be no jobs for them.

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

Significant impact	Some impact	Little or no impact
28	7	4



Please tell us the reason for your answer

Because the idea of closing any care home let alone one that has provided care and protection for generations has to be wrong.

Having being retired for 6 years myself, I too may need support in the near future!!

I have worked at Home Lea [redacted] years. It's like my second home. I will be [redacted] when or if it closes. I have been there half of my life. To start working somewhere else at my age is not good.

I work there, it's my main source of income. I live nearby, have a great relationship with the clients, their families and the staff team. I feel we should be told now what is the plan for employees so we can plan best for us when the closure comes.

I will not be impacted by the closure currently, however, my mother has Alzheimer's disease. When the time comes that my father no longer can care for her, the choice of care homes will be reduced if Home Lea is closed.

I am an elderly client solicitor and have seen the negative impact being moved far from home can have on vulnerable people needing care.

Living locally, I do expect that family or friends will in the future have a need for these services.

No particular impact as I have property which would fund care, but there are significant others who don't have funds. My relatives are no longer local so Rothwell would not be my choice, but again there are many many families who have been local residents throughout

generations.

We don't want her to have to move again and move from the area where her only family are. She is here with [REDACTED] so both are looked after and visited together. Family are worried that it would make her dementia progress more. She wouldn't understand where she is and the changes would affect her. She wouldn't understand the reason why she had to move and her routine and familiar surroundings would change. Family might not visit as often if she had to go further away.

I would be unhappy. I like it here. I feel unsettled sometimes anyway (not liking change and getting easily confused). [REDACTED] says it would have a massive impact on her mental health. She has long-term mental health problems and has anxiety and depression which would potentially get worse. She can get very distressed and needs the support of the care team who knows her best and who she feels safe with.

At this age and in this state of health, it would be shocking for her to have to move. She has lived in Rothwell all her life. We are nearby and would find it difficult to travel to see her. Her closest friend is nearby. Home Lea House is her second family. It took a long time to find the right home and [REDACTED] is now settled. It would be awful at this stage to have to start again. This is [REDACTED] home now. We think this will be the end for her if she has to move.

'Where would I go? Because I feel safe where I go now. I like to have a laugh'. [REDACTED] said she feels the change and move are not good for someone with dementia. It's worrying for all the family. Some days she is a bit confused and because the team knows her well, we can all work together.

They'd have to find me somewhere. I'm hoping I could be moved into my own house. It would have to be somewhere where I could get about with my own wheelchair. I might need a bit of help with my care.

I have been feeling very low in mood and this will just make me feel worse. I don't want to leave here. I will miss all the staff who help me. I have a nice group of friends and I will miss them. It's been a hard year and I lost my closest friend. I feel I wouldn't want to live if I had to move.

Moving and disruption at a time when things are hard anyway with Covid 'I get very anxious and worried about things anyway'. [REDACTED] stated 'Staff at Home Lea know [REDACTED] well and help her with family - in another home, they might not understand her as well, not give her the right support and that could affect the care she receives. We feel [REDACTED] is safe, well cared for and takes pressure off. We feel guilty that we can't look after [REDACTED] all the time but we know she is well cared for'.

I can get very upset. I worry about lots of things - anything out of my normal routine affects me. Any changes upset me. At the moment, with Covid, it's a hard time to move and the logistics will be hard. Losing the level of care. It would affect my health and wellbeing. It's a big change at my age.

I'd be worried about the home closing. I've got family but I couldn't go to them. I'm a born worrier - I worry over everything. I don't want anything to change and I don't want to go to another home. When I came here I felt really poorly and now I'm getting right again. I used to have carers at home but I still kept falling. I've been depressed and worried before and made myself poorly.

It's my home and I'd be upset if it closed. [REDACTED] says it's taking the freedom and choice away. Family say it would be devastating for [REDACTED]. It would cause a lot of stress and affect [REDACTED] health. [REDACTED] gets very upset anyway. It has been hard for everyone and

residents have been affected by Covid so it's adding another stress.

1 - Because [REDACTED] is double incontinent she requires the same facilities and care she has now.

2 - [REDACTED] needs a W.C in her room and help to get to it also in the night time. We are concerned that staff may not be available in a different home.

3 - We care for [REDACTED] all week which includes school drop off and pick up. If [REDACTED] is moved out of Rothwell the family may not be able to visit the same.

4 - We need the same level of contact as we have now mobile and facetime.

5 - We would be concerned about her health as she hates change.

It will mean starting again in another setting, building new relationships with colleagues and customers. It also causes a certain level of anxiety wondering where I may end up working and how far I may have to travel. I currently travel from [REDACTED] to Home Lea but this is quite an easy commute as it is mainly all motorway, whereas previously I have travelled to Yeadon which is mainly A roads and took much longer. I have been very happy and settled while at Home Lea and believe I have very good relationships with both customers and colleagues.

Having to move somewhere else means I have to start again, with the thought of am I going to move again which the residents will probably think that too, so I may feel a bit unsettled.

Because I need to feel content with my surroundings and feel happy with the staff team and the staffing levels. I'd be worried about being somewhere where there were lower standards. I am happy with the support I receive at the moment. I have been at Home Lea before for respite on several occasions before deciding to stay here. It was my first choice. I have a range of health issues. I wanted to stay with my own GPs who are as kind and considerate as the staff who look after me here. My family are happy with me being here. I don't want to change my support network. The environment is exceptional and the food, cleaning and garden.

I hope they never close this place down. I love it here. I don't know how I'd go on if I had to move somewhere else. I'm worried about where I'd go. All the staff that work here would have to find other jobs. [REDACTED] states, they're wanting to make these savings but at a cost to the weakest, elderly, infirm and vulnerable members of society. It could kill some people early in the last years of their life.

I'd be most upset. I'd worry about where I was going to end up. I get on with everybody and that might not be the case somewhere else. It took a while to find out where things were here and fit in and get routines - it would be hard to go to a new place and not know where everything is.

It takes a while to get to know somebody. She has deteriorated mentally, but is doing well physically and is happy because of how she is supported with her care there. She would definitely need care in a home and she would find a move quite terrifying. She struggled to move initially and would feel even more isolated and lost with another move. Continuity is a massive thing for someone like [REDACTED] she won't know where she is.

Because I am concerned whether I will have a job.

Because as long as I have worked in Home Lea, I feel that I belong and I love all residents and staff. It is very homely and should stay this way.

Very few homes left, the impact will be my job, income.

The impact on [REDACTED] would be catastrophic. She has resided in Home Lea for two and a half years and it is her home. During the Covid 19 pandemic, the staff have become her family as we have been unable to visit for the majority of the time and to move her could make lost the will to live.

I think closing Home Lea House would have a big impact on [REDACTED] emotional well-being. She needs security of the people she knows and trusts at this time. Also I am currently in the process of selling [REDACTED] home. Losing her house where she has lived for almost sixty years, as well as most of her possessions, has been very upsetting for her to have to deal with. Losing two homes at the same time is awful for [REDACTED].
[REDACTED] is currently living in Home Lea due to her dementia and living alone was not working in her best interests mentally. Our biggest fear as a family is the huge impact moving would have on [REDACTED] mental health. She has suffered with her nerves all her life and to see her so relaxed and feeling safe and surrounded by familiar faces is a huge importance to us.
Just will.
I am currently doing a 12 month temporary post and will be returning to my substantive post after the 12 months has finished.
Change of job. It will affect me financially. It is a job I enjoy.
Home Lea is a lovely home to work in. We have 'outstanding' in care delivery and it's a kick in the teeth to shut our home when we are good at what we do. Covid has impacted everything, however, given when the world can return to normal we could recover and become a fully occupied home again if we were given a chance instead of closing us. I suffer with anxiety and it can be difficult being placed in a new team and environment. I love my job and my team at Home Lea.
Because I wouldn't have a job here anymore. I have worked for the Council for [REDACTED] years and I have been through this before. It wasn't nice wondering if I would have a job and what would happen. I can get quite down and feel this will make things worse. We are a good, supportive team and I rely on my colleagues who have helped me through some challenging times.
I am afraid for my job. I have mortgage to pay and I worry I could possibly lose my job.

What could the Council do to reduce the potential impact?
They could do the right thing for the residents of Home Lea House and their families and cancel the proposed closure!
The families of the residents are understandably very worried for their elderly relatives and can have a devastating effect on their health and well-being.
Ensure that whatever the plan is for residents and staff that we are informed immediately, not at the last minute so we can plan and the residents can get used to knowing they will be moving. It's going to close so the hope that just maybe it might not has to be completely dispelled.
Don't close the home, simple as that. Reconsider where long term savings could be made. I work in the public sector and am familiar with responding to funding cuts. Work more efficiently, do not fill staff vacancies and reviewing how much you are charging for services are longer term viable options for saving money.
Keep the home open.
Increase provision.
One option would be provision of local, modern assisted living accommodation, to facilitate independence for longer. Professional, well trained carers should be a priority available at a local level. Full time care should always be a last option.
Don't close the home. Leave the residents in a place where they are happy and settled and let them see the rest of their days out where they want to be.

Keep the home open. That's the only thing that's going to make any difference. Look to save money in other areas.
Keep it open or make sure mum is kept locally with all the same support as she has now.
Not close the home. The family understand the financial side but 'people like [REDACTED] and the other residents shouldn't suffer from financial issues'. We strongly need somewhere close to family. We have always seen her every day. We moved her to be near to us.
Make sure I still have the same level of care and support.
Keep the home open. Try and raise money to keep it open. How can the Council save the money somewhere else?
Not to close Home Lea.
Help to know the options. Need for similar care and support. The best result would be that they don't close this home but that, if they do, I go to Dolphin Manor. Make it more local for family to access.
Help me to stop worrying. I'd feel better if they told me the home isn't going to close. I've made myself poorly in the past with worry. I've been on anti-depressants and I don't want to go that way again.
Not close the home. [REDACTED] says they, the Council, have to look elsewhere - the small amount saved won't make a big difference - rather than affect the elderly residents). They should be getting better treatment.
1 - Do not close Home Lea House. 2 - Find a Council home in Rothwell with the same facilities. 3 - With the same dedicated staff.
Don't close the home!! Other than keeping the home open, I don't really know.
Cut back elsewhere where possible.
Not close it. Feel sympathetic towards residents. Give the same quality of care in the same area. I'd want to be able to move around in my wheelchair and still feel as independent and be able to do things with the right level of support.
Aside from not closing it down, I don't know, because I don't know what the options are.
If the home closed I'd have to be helped to go somewhere very similar.
If the home is closed, it would impact her anyway. Help with the changes.
Ensure staff have good redeployment.
Stay open please, update the building, look after our elders. Let's keep them safe and happy.
Keep Home Lea open and update the building.
The Council could look again at the closure and move funds from other less important areas to keep the home open. If closure occurs, current residents should be kept local so that they are near to their relatives, as good quality affordable care is rare in the area.
I think if the closure goes ahead [REDACTED] would benefit from moving to Dolphin Manor as it is similar to Home Lea House.
KEEP HOMELEA OPEN!!! I truly don't see how a closure wouldn't impact on [REDACTED]. Due to Covid 19, I also think the impact would be even more destructive to [REDACTED] mental health.
Keep the home open, as it's friendly and a homely place to live.
Possibly look at a partnership with NHS or LYPFT to use the space as it has in other services.
Leeds City Council could surely find other ways of saving money. The impact that it will have on all involved is unfair. This home provides a safe and happy environment. All the residents are happy, content and settled. To take all that away is disgusting.

For a start, just as an example, send one man and a van out to fix car part runners, it does not take 3 work men and 2 vans to do a simple task/job, just think what that costs to send all the workmen out to do a one man 5 minute job. The list could go on.

Help me to get another job. Help the residents to find somewhere suitable.

There's a lot of MPs/Councillors that get paid a high wage/salary. May be they should have a pay cut to help reduce Council spending. Also there are a lot of managers - their roles could be condensed to save money. Look at other services instead of our elderly.

Not close the home. Make savings elsewhere. Find suitable accommodation for the residents if the home does have to close. Find alternative employment for the staff (with the residents). Help with job interviews and training.

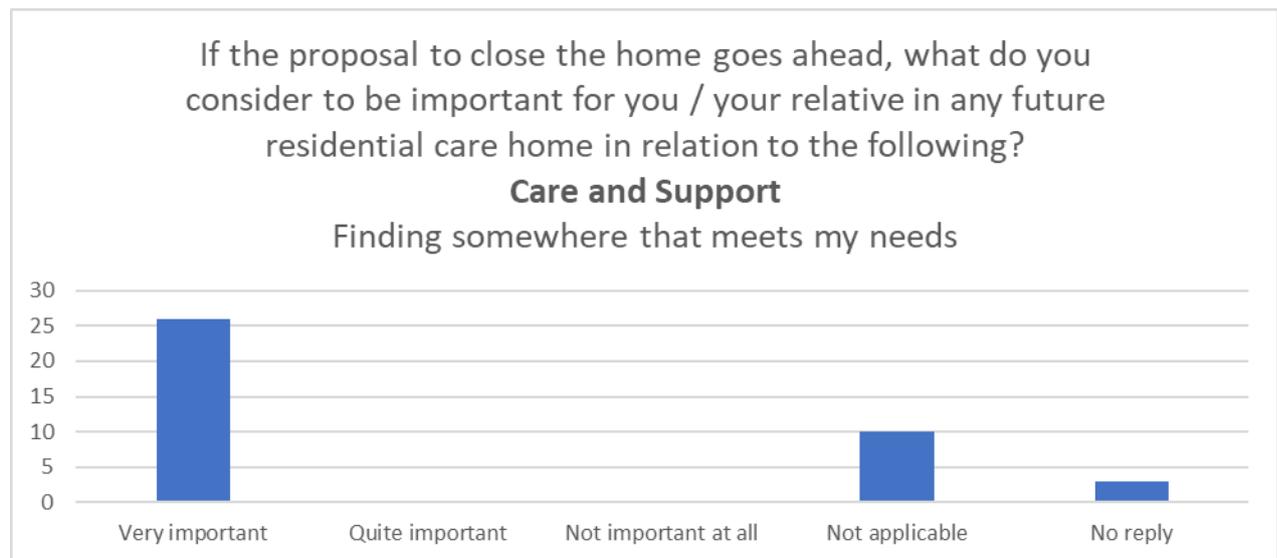
Not close the home. Make sure our jobs are safe.

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?

Care and Support

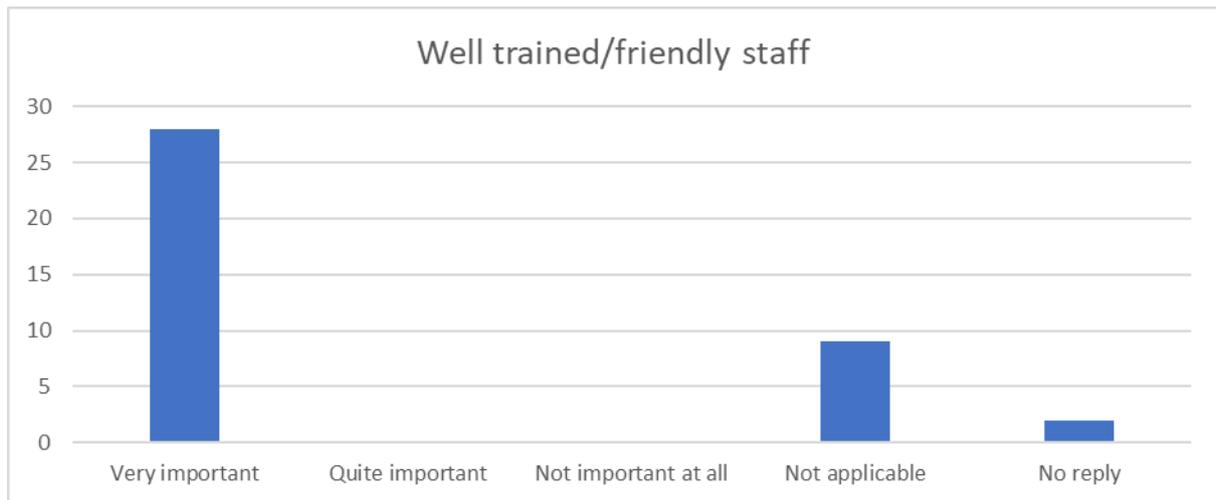
Q9.1 Finding somewhere that meets my needs

Very important	Quite important	Not important at all	Not applicable	No reply
26	0	0	10	3

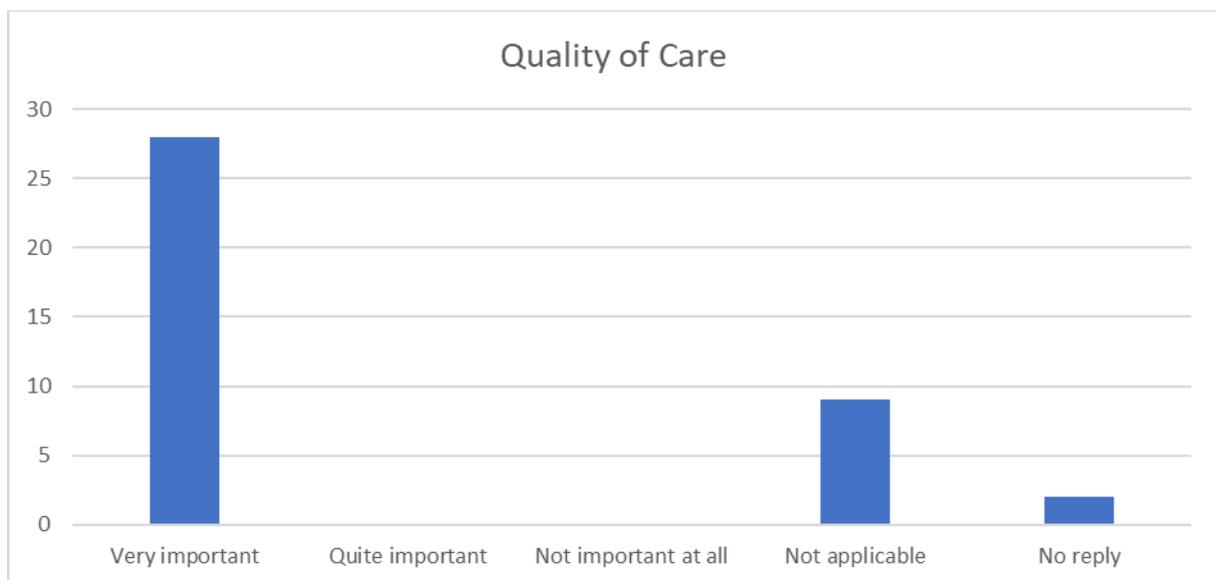


Well trained/friendly staff

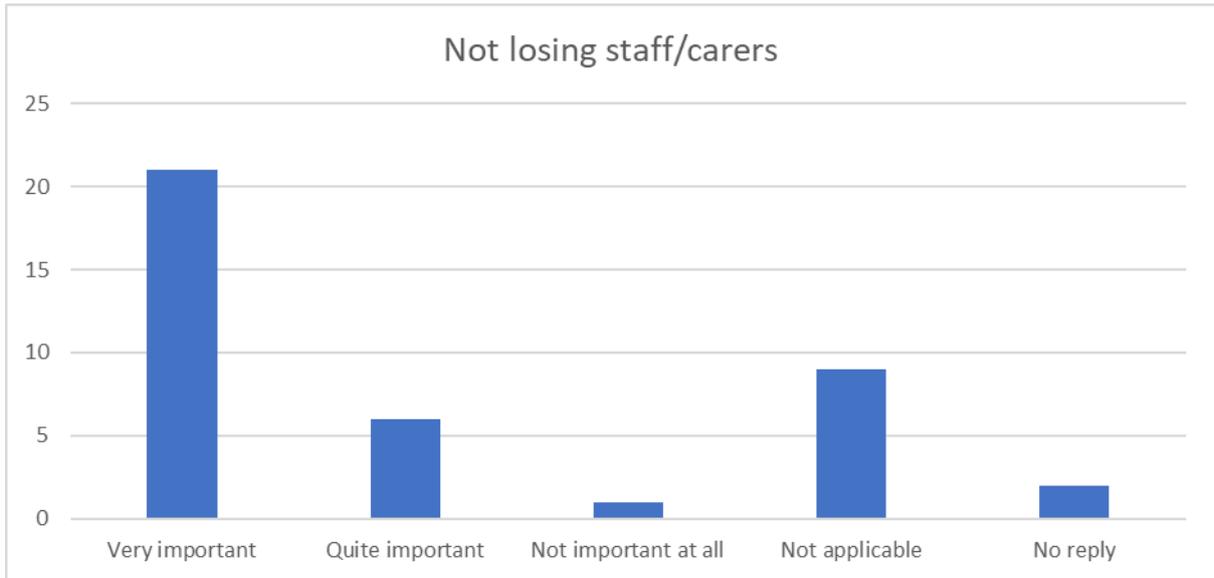
Very important	Quite important	Not important at all	Not applicable	No reply
28	0	0	9	2



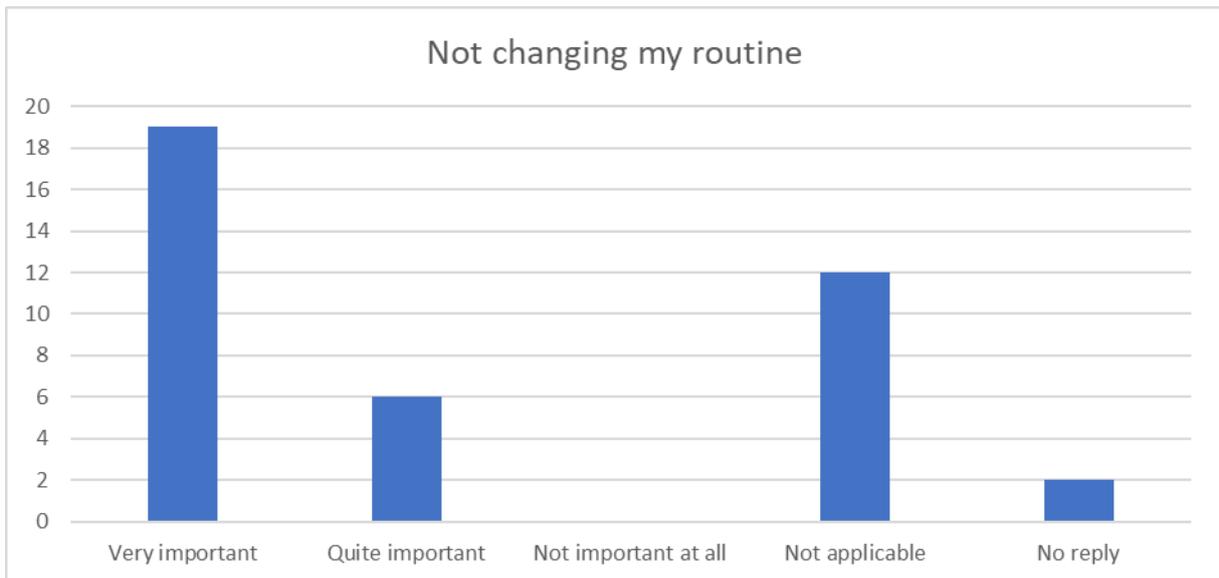
Quality of care				
Very important	Quite important	Not important at all	Not applicable	No reply
28	0	0	9	2



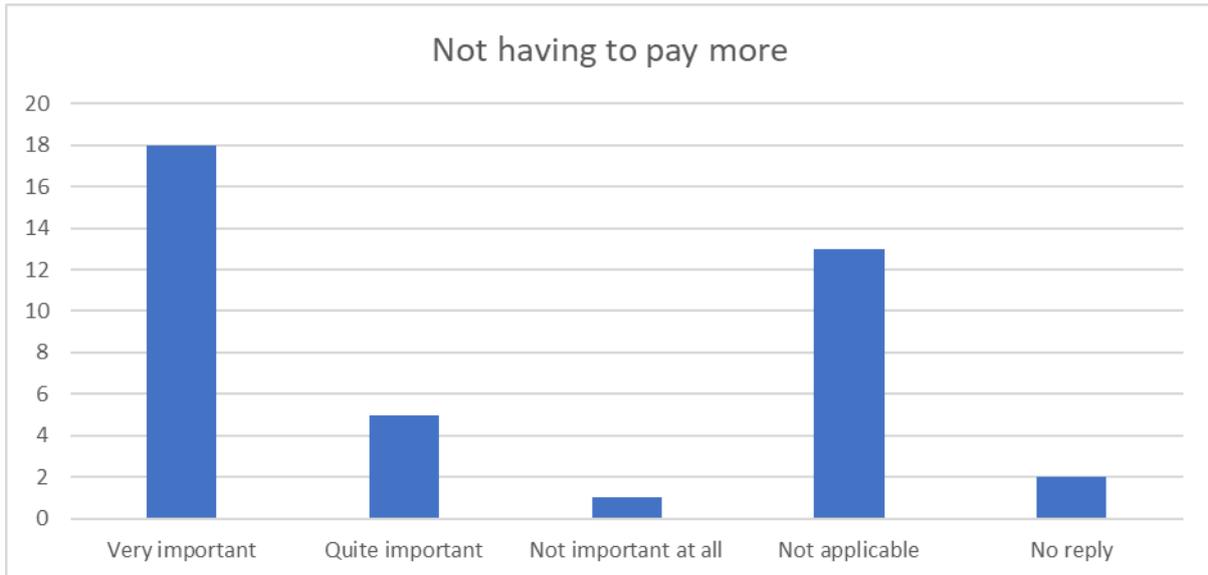
Not losing staff/carers				
Very important	Quite important	Not important at all	Not applicable	No reply
21	6	1	9	2



Not changing my routine				
Very important	Quite important	Not important at all	Not applicable	No reply
19	6	0	12	2

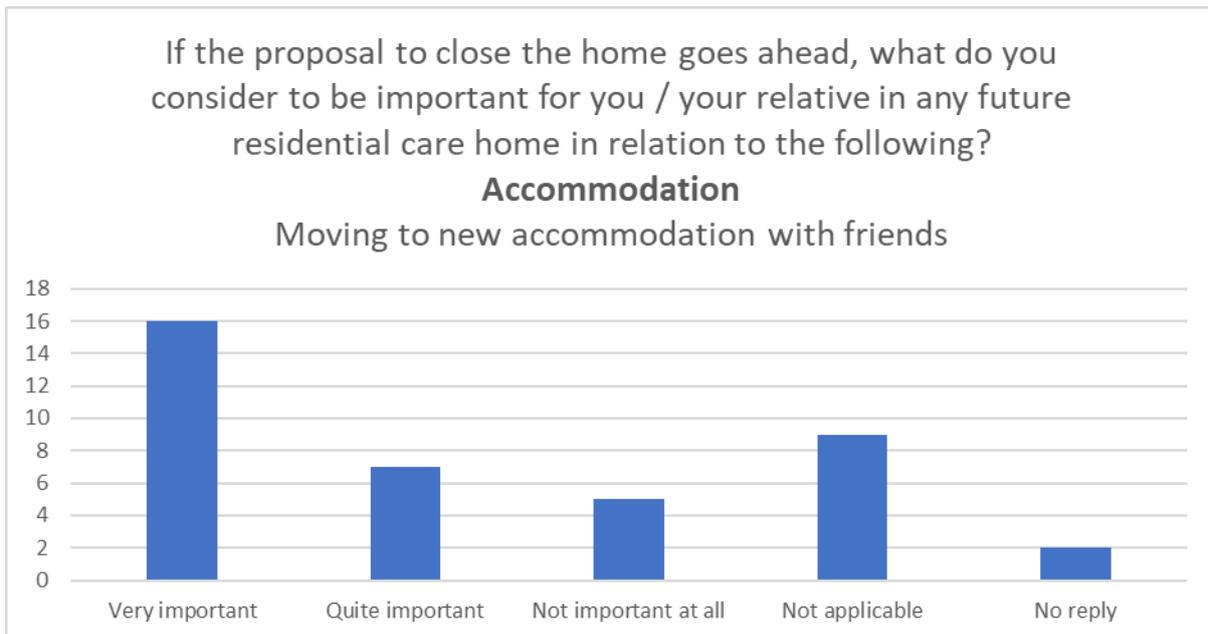


Not having to pay more				
Very important	Quite important	Not important at all	Not applicable	No reply
18	5	1	13	2

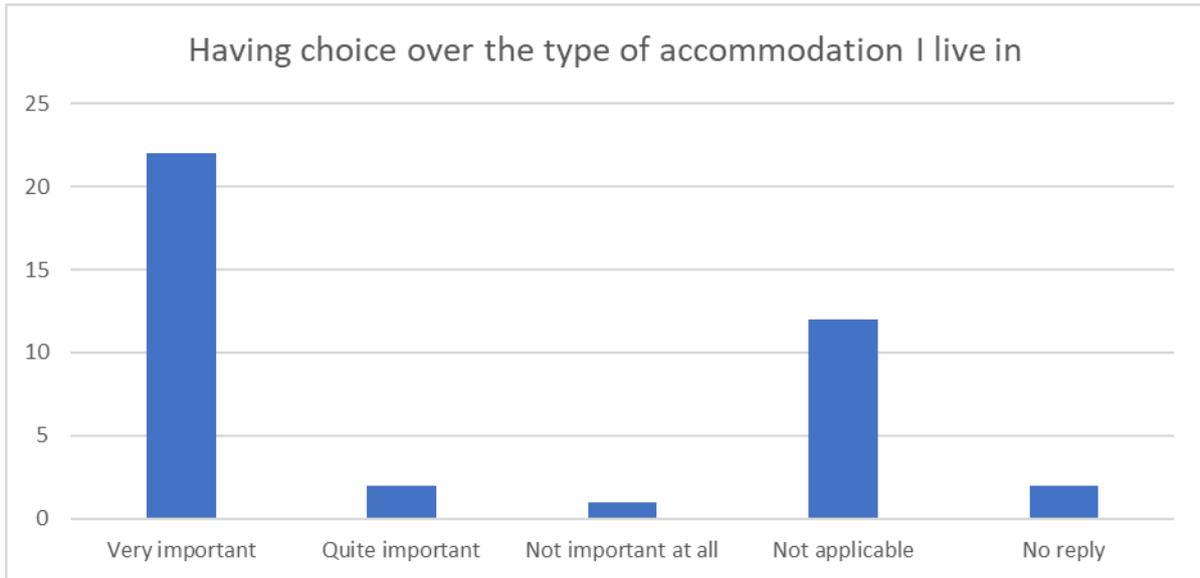


Accommodation

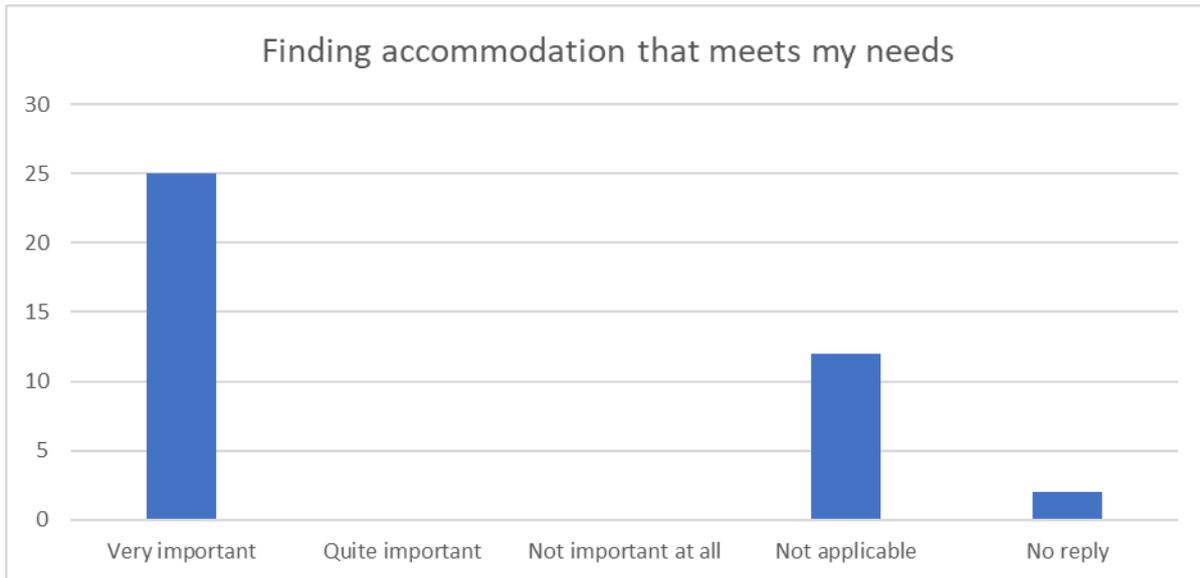
Moving to new accommodation with friends				
Very important	Quite important	Not important at all	Not applicable	No reply
16	7	5	9	2



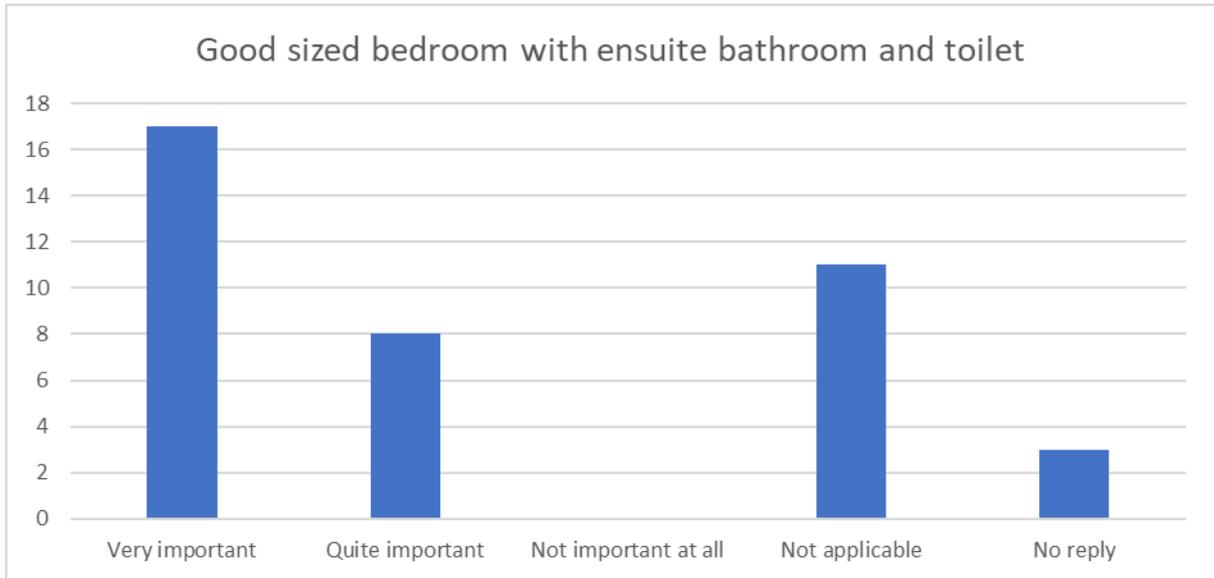
Having choice over the type of accommodation I live in				
Very important	Quite important	Not important at all	Not applicable	No reply
22	2	1	12	2



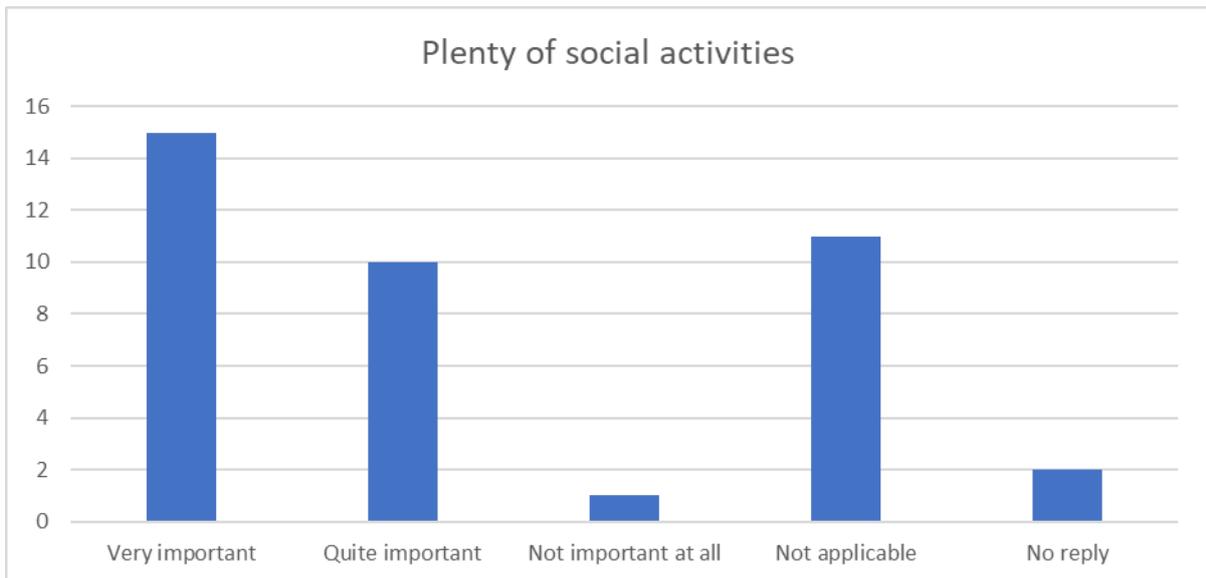
Finding accommodation that meets my needs				
Very important	Quite important	Not important at all	Not applicable	No reply
25	0	0	12	2



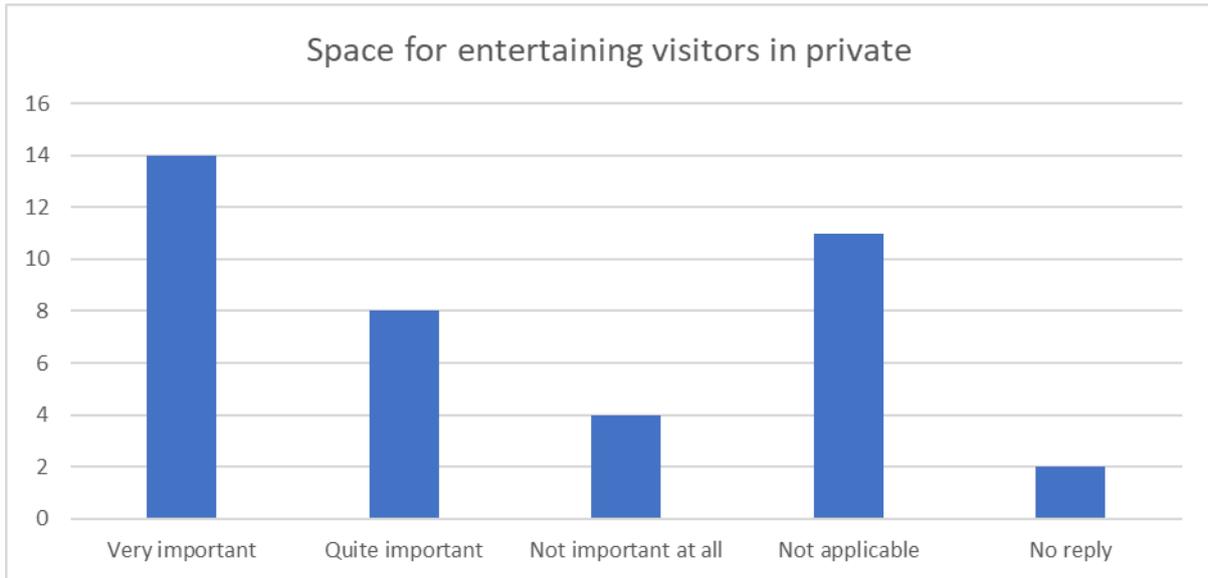
Good sized bedroom with ensuite bathroom and toilet				
Very important	Quite important	Not important at all	Not applicable	No reply
17	8	0	11	3



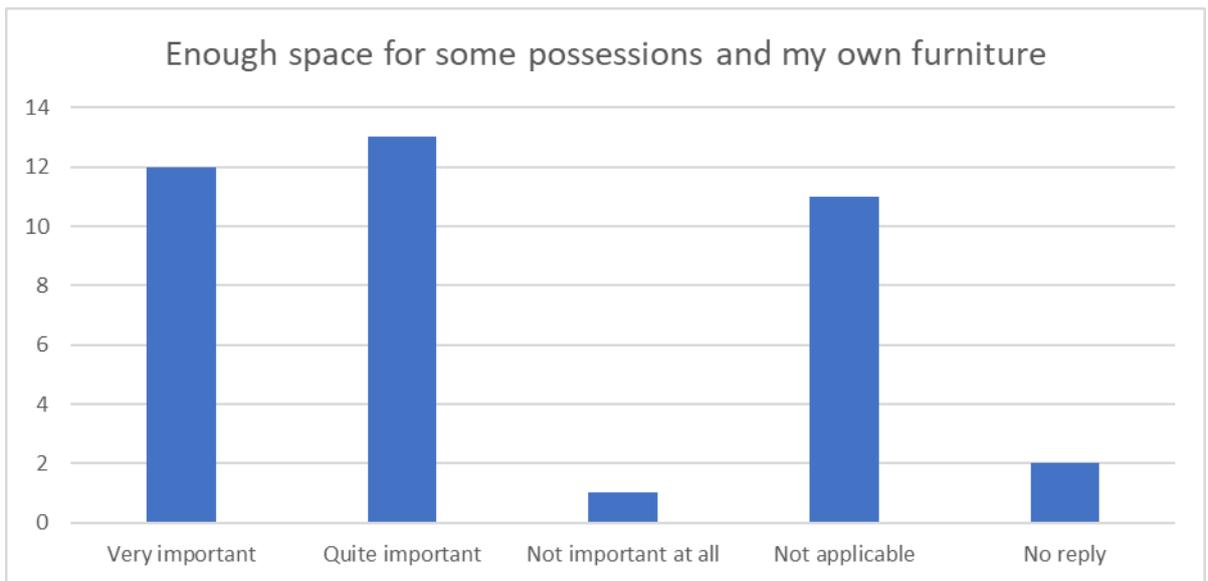
Plenty of social activities				
Very important	Quite important	Not important at all	Not applicable	No reply
15	10	1	11	2



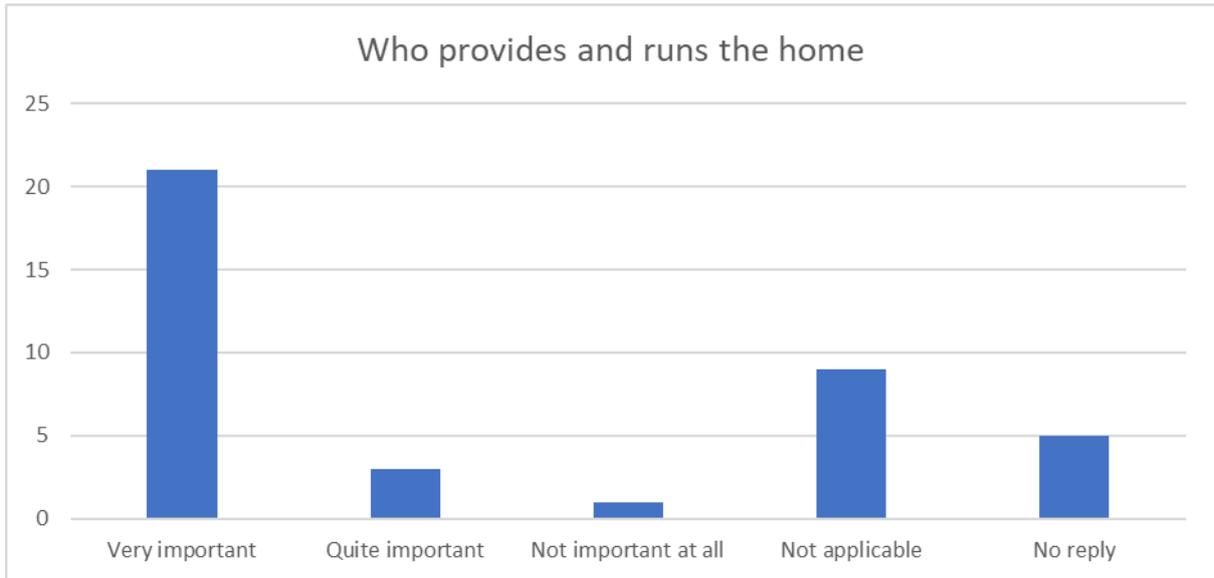
Space for entertaining visitors in private				
Very important	Quite important	Not important at all	Not applicable	No reply
14	8	4	11	2



Enough space for some possessions and my own furniture				
Very important	Quite important	Not important at all	Not applicable	No reply
12	13	1	11	2

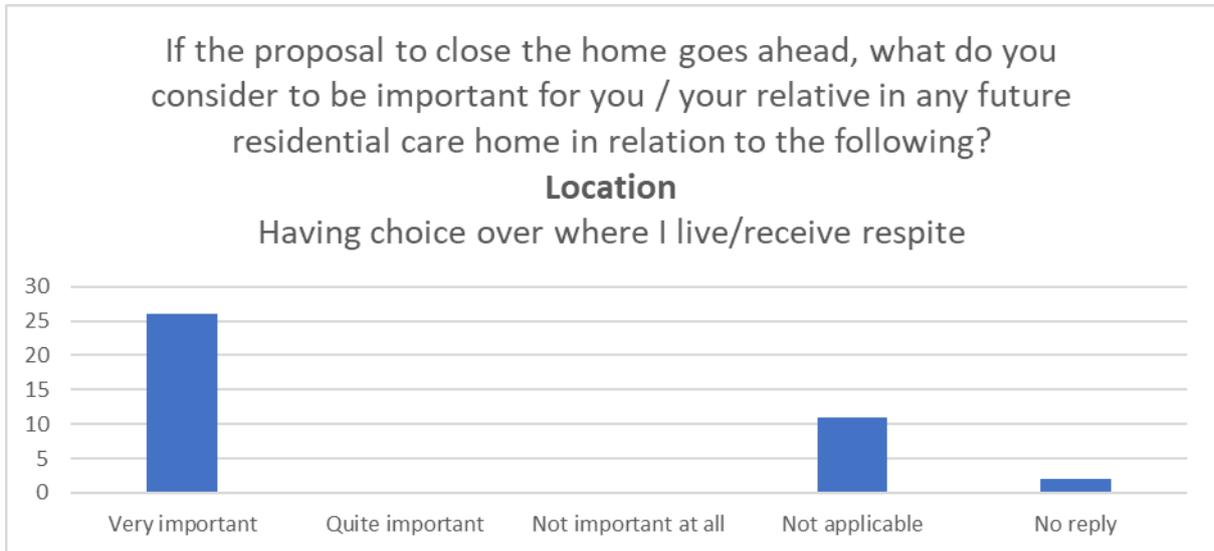


Who provides and runs the home				
Very important	Quite important	Not important at all	Not applicable	No reply
21	3	1	9	5



Location

Having choice over where I live/receive respite				
Very important	Quite important	Not important at all	Not applicable	No reply
26	0	0	11	2



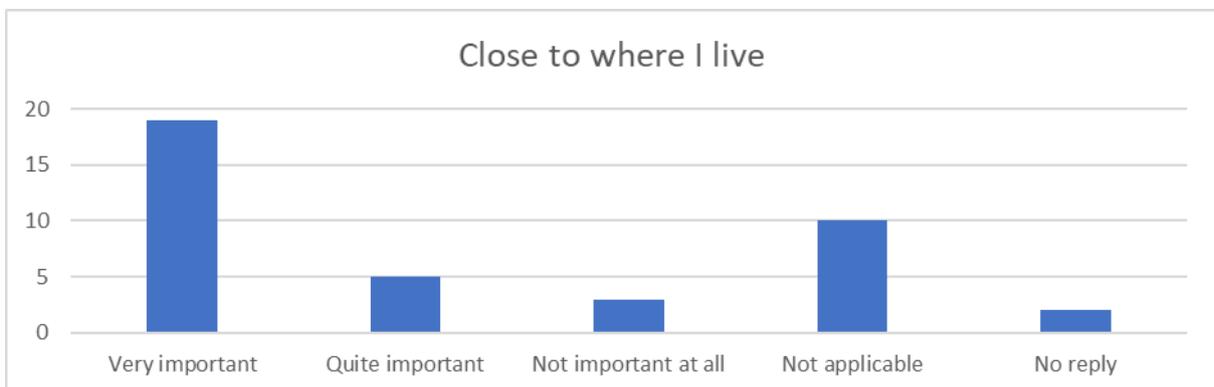
Close to shops/other facilities				
Very important	Quite important	Not important at all	Not applicable	No reply
7	8	11	11	2



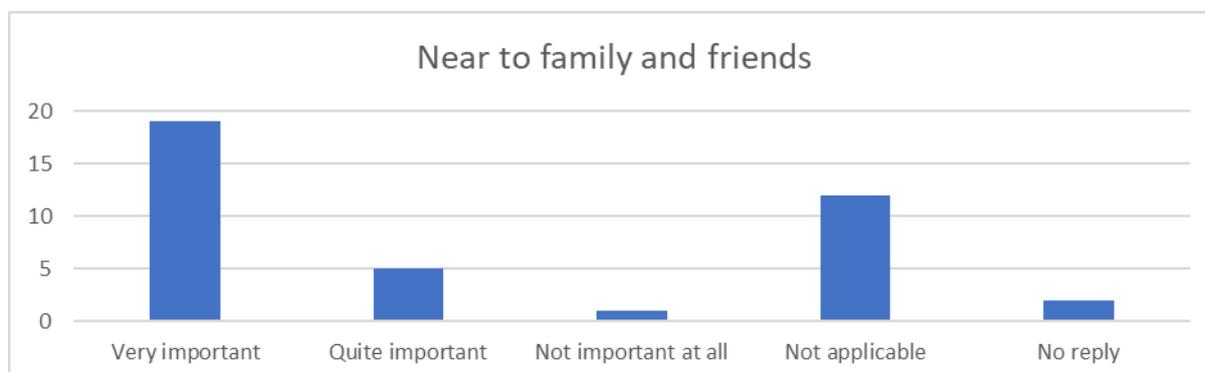
Good bus/train service				
Very important	Quite important	Not important at all	Not applicable	No reply
10	7	8	12	2



Close to where I live				
Very important	Quite important	Not important at all	Not applicable	No reply
19	5	3	10	2



Near to family and friends				
Very important	Quite important	Not important at all	Not applicable	No reply
19	5	1	12	2



Other (please state)
All family members live locally and visit regularly. She gets a lot of pleasure from this.
It's important for the home to be well-run and staff to be familiar and know █████ well. At the minute, the family are all within walking distance.
You know that council care homes stick to the rules - the quality of care is better, there's less staff turnover and the staff are better trained. Must be near family.
For stability and because of dementia, it needs a secure manager and regular team - familiar faces who know nan well.
I don't mind who runs the home as long as it's run well. I want to be in █████ if possible. I lived there all my life.
I'm not keen to move on. I suppose it would have to be Dolphin Manor.
The home has to be run well. It's been excellent. Needs to be very close to family.
Would like to be local because it makes it easier for family to visit (as they all use public transport).
I need help with everything because I've got health problems and I can't see.
The most important thing is to be near my family in Rothwell.
Live locally with the same level of support.
I'd prefer it to be Leeds City Council after my experience with the private sector.
It's important to me to be near and with friends.
It has to be a good home. Activity is important but has to be tailored to █████ needs and interests.
N/A
I would like to work in a similar job not too far from where I live.
I need to be able to get to work on public transport.
If the home closed, I would like to be reassured that I have job to go to.

Q12. Please state if there is another viable approach which you believe should be considered?
Reconsider the decision for closure, and invest in people, jobs and livelihoods.
Look at other areas within the Council where money is wasted and streamline the

business as a whole to be more efficient.
Office staff could work from home, save money on buildings. Try and save money in other areas rather than affect the elderly.
Save money in different areas e.g. cut down on staff offices, cut down on office overheads and do more home based working.
The older people at the moment are more important than the young ones - they're more vulnerable - they don't have time left and need to be cared for properly. They have been through enough not seeing family. Leisure services can be put on hold and come to later for example.
We don't want to talk about her going anywhere else because we think it would have to be a last resort.
Not really - if the home's losing money. Unless you can get the home full.
Don't close the home.
Better links with NHS to fill beds and reduce hospital bed blocking.
Any other options would be better than taking someone's home away (e.g. non-vital services - there are important places and groups e.g. youth groups and Lotherton Hall) that aren't someone's home.
I'd like the home to be kept open.
Family feel the Council should try and find the funds elsewhere - don't take things away from old folk. Especially for the small amount they will save through closure - it can surely be found elsewhere.
Leeds City Council should get together with other local councils to lobby Government for extra funding for Covid 19 safety measures in care homes and other services. Old people are already selling their homes to pay for care. They cannot pay more.
Look at other options to save money.
Keep it open with same staffing levels. Get rid of some of the top bosses. Don't know. Make some other cuts.
Look at other cost saving measures rather than closing my care home.
It is a problem. No matter what you do, you're going to cause upset. Get more people to fill the homes.
N/A.
I think the Council should close other things instead of old people's homes. This is not a luxury for [REDACTED], this is her home. It is not fair for the people who live there.
Covid has impacted so many elderly people with loneliness. Mainly that I feel we need all the homes we can for the future.
The amount of vans and workers that come to do the same job, too many bosses.
They could put more people in the home instead of closing it down.
Explore other services that can be condensed to save our home from closure. Explore new directions for our home to go to help save it e.g. end of life care.
Find cuts elsewhere - don't waste money on projects that aren't needed. Cut managers where they aren't needed.

Q13. Finally, do you have any other comments?
As above.
As a staff member I would like to see the residents have time to get used to the idea that

the home is definitely closing. It's not fair that the words "may close" are used as it is closing, we know that for sure. Giving them that bit of hope is cruel. Also the staff who work there need to know what will happen to them so we can all make plans necessary for our best interests too.

It is very disappointing that elderly care is undervalued still in 2021. Lack of investment, such as modernisation of existing premises, allowance of big private companies to run social care for profit is morally wrong. Every elderly person irrespective of their financial means should receive care appropriate to their needs, in a local suitable environment. These people have over the years contributed to society in a variety of ways, which unfortunately is often unacknowledged by society in general. Staff in care homes and care services should be well trained and monitored, they should also be paid a salary which reflects the importance of their job. This would help in long term retainment of staff and in time save some of the training costs which are incurred with high turnover of staff.

From [REDACTED]: It's wrong to close people's homes, they are vulnerable. Currently, the situation is affected by Covid. We're worried that there aren't as many people in because places have become vacant and potential residents and their families might be reluctant to move in because of the threat of closure.

[REDACTED] has lived in Rothwell since [REDACTED]. She has been a Leeds City Council resident. She should still have some say as to where she lives and that shouldn't be taken from her at her age. We considered other homes and Home Lea was our choice. The Council shouldn't be taking that choice away from her.

We desperately want the home to stay open and let [REDACTED] live in a nice secure place where she's well looked after. (We would like to know if existing residents would have priority over the home they want), aware of transitions social work team.

[REDACTED]: We need her to feel safe. We know now that she feels secure and happy. It's been a tough year and this has made it even tougher. We hope Home Lea House can stay open. We are so worried about the upheaval and disruption and how it would affect [REDACTED] mental health and wellbeing.

I like Home Lea House. I feel great for being here. I like to be independent and get the help I need.

I'm very happy here. We're very well looked after.

Family need more ongoing support from social work team for future care and support.

The ideal scenario would be to keep the home open. If the Council can't then the most support to me and my family. 'They should keep the home open because that's what we all want'.

I was so fed up and poorly before I came here. It's helped me feel better living here.

[REDACTED] seems to be a lot happier than she was before coming to the home. She is more talkative and outgoing. She's happy so the home is really good for her and us and we don't want that to change. That must be due to how the home is run and the staff.

I think it would be a shame for the home to close and feel it will cause a lot of anxieties for the customers and staff team.

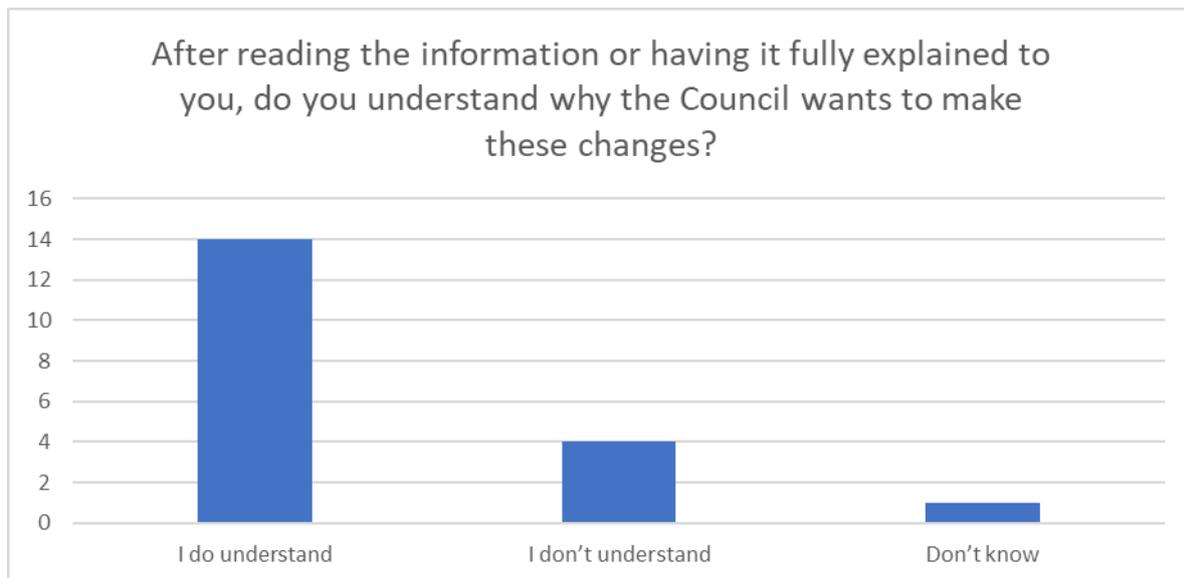
Why do they want to close a home when it's detrimental to people's lives?

It's devastating news for the people living here. At any age being told that you're losing your house is the worst thing that can happen to you. To lose your home, your friends, your routine when you're happy, to cost cut - there must be other ways of doing this. 'It's our home'.

If you close this home, there will be all the upheaval and upset. We're all elderly people.
I'm so impressed with the staff and home. It's one of the nicest homes I've been in. Everyone is so accommodating and welcoming. It's an incredible place. She thrives there. I sleep well knowing she's there. It's peace of mind for the family.
None.
Save Home Lea.
Leeds City Council have tried to close both care homes in Rothwell. Due to the lack of success in closing Dolphin Manor, they have changed their plans to close Home Lea instead. The statement saying that more people wish to have care in their own homes on the report is misleading. Many of the residents in Home Lea have slight dementia and have only been placed in a care home because they can no longer stay at home with carers. [REDACTED] has Parkinson's Disease and Parkinson's related dementia and needs 24 hour care. Having a warden in a flat would not fulfil her needs. She has experienced 3 local independent care homes where she has suffered falls, and in one of them neglect to the extent that she almost died of de-hydration due to the lack of care and constant use of agency staff who were not even aware of her situation.
I understand Council has budgets and cuts to make but through Covid 19 we have protected the elderly and vulnerable massively and now closure of ANY homes is devastating. I believe cuts for budgets could definitely be made in other ways. Let's not let our elderly and vulnerable down!
We want the residents to be alright because Home Lea House is such a lovely home. If the decision is made, we hope to be able to keep a job.
Home Lea is a happy home. Our residents love living here. They shouldn't have to face the stress and anxiety/worry that comes from this process. It will be so much upheaval if they have to move somewhere else, as they are vulnerable and should be living life stress and worry free.
I am very committed to my work and hard working. I am worried for the residents and for myself and my colleagues. I am worried about having to go for interviews at my age.
Home Lea House is a really good place to work. Staff are friendly and hard working. Residents are lovely and very supportive families. Also Rothwell community is amazing.

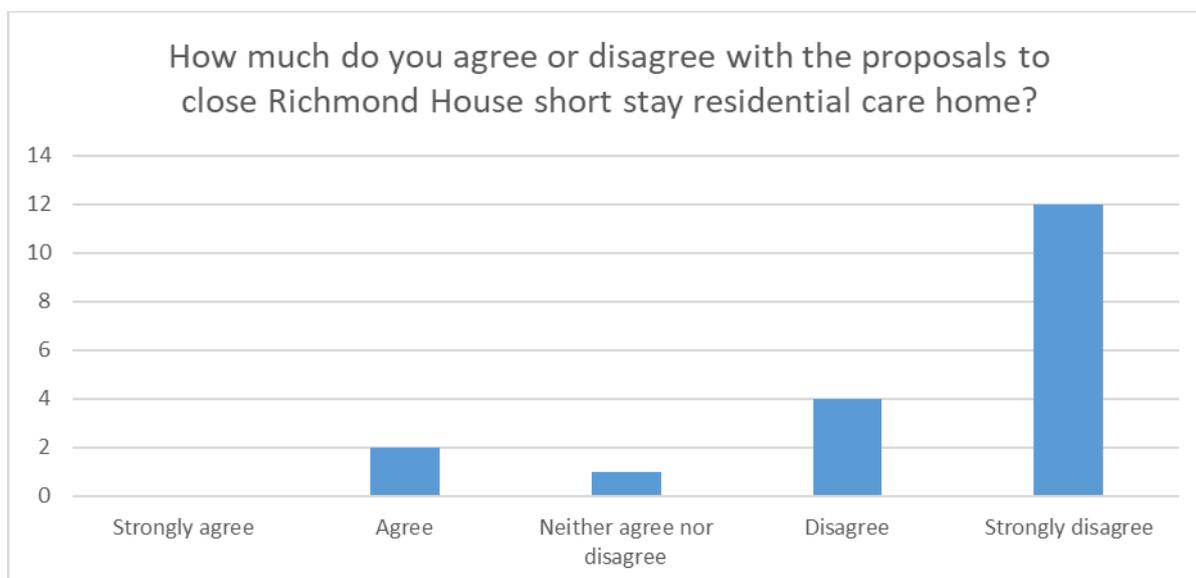
Richmond House General Public Consultation, January to March 2021 - Survey Results
(19 Responses)

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
14	4	1



How much do you agree or disagree with the proposals to close Richmond House short stay residential care home? Please tick one box.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
0	2	1	4	12



Please tell us the reason for your answer

<p>If the occupancy has been low for the past year, it's not being used and I agree could be closed to make savings, as long as existing occupants are moved or supported within home care. If it does close then I agree with what is being proposed.</p>
<p>The beds are needed. What would happen to those people who don't have the funds constantly required for care.</p>
<p>Whilst it initially sounds an extreme measure to save money, after reading the paper and levels of occupancy being below, 100% it does make economic sense. However, this must be balanced with the needs of the people requiring care.</p>
<p>I don't think closing a service to vulnerable people is a good move but I understand the reasons why the Council need to make budgetary cuts.</p>
<p>Short term care is essential to support carers.</p>
<p>There is no other facility like this in the west of the city. Family members of the residents may not be able to travel across the city to visit their loved ones meaning the resident may feel abandoned. This is not a good way to save cash! This will only put hardship on residents, future residents and all of their relatives.</p>
<p>Again LCC has priorities all wrong. Why should we care for the elderly when you want another silly cycle path? Why provide care for the elderly when you can raise Council Tax 3.99-4% year on year and blame the government for "cuts" when you get paid £100k annually salary wise? I strongly disagree with the closure of Richmond House. You have no idea what the people of the real world have to endure. No idea at all and you certainly have no idea about cost saving, given your silly road schemes/cycle super highway rubbish.</p>
<p>Where else in the area provides the same provision?</p>
<p>You don't explain how many people went through Richmond House during a year. If average occupancy is 62% presumably this is not unexpected for some term return to own home accommodation. If closed where do these people go? No doubt they will become more institutionalised in a home forever. This will increase council costs paying for long term care.</p>
<p>I put up a change.uk poll on the local Farsley Community What's On Facebook page and over 1200 signatures were obtained from members of the public objecting to the closure. It is a very much required facility in West Leeds and I am afraid to say that LCC have deliberately run the numbers down to try and show that it is not required. Richmond House is a far better facility than the one in Beeston and it is easier for relatives to access. LCC have tried this tactic before as they see this is valuable land for building on. From figures I have seen on savings it is very short sighted.</p>
<p>It has a wonderful track record of caring for people. Well respected in the community. We need to keep this home. Please rethink.</p>
<p>There are no similar facilities in this area but for some reason, it isn't being used in appropriate circumstances. [REDACTED] was sent to Middleton, from Pudsey, for 10 weeks, [REDACTED] drove there and back, 3 times each day, they have been married for over 60 years, they need each other, they have a big family but it isn't the same. Fortunately, he was physically and financially able to do this, I don't wish for others to be in this position. Look at why it isn't being used. Look at where our residents are currently being sent further afield, why and what this costs. Put energies into promotion and alignment to current, local needs. Work with ALL people, professional and public to find a way forward to keep Richmond House for its current demographic. The community respect this facility and will rally to support it.</p>

There is an ongoing need for respite facilities like Richmond House to allow people to recover outside of a hospital setting, to free those beds up especially in times of a pandemic.

A service that needs promoting and being allowed to be used to its full potential.

Short-term care helps recovering people to prepare for the next step without making them too reliant on others. It gives them a positive experience.

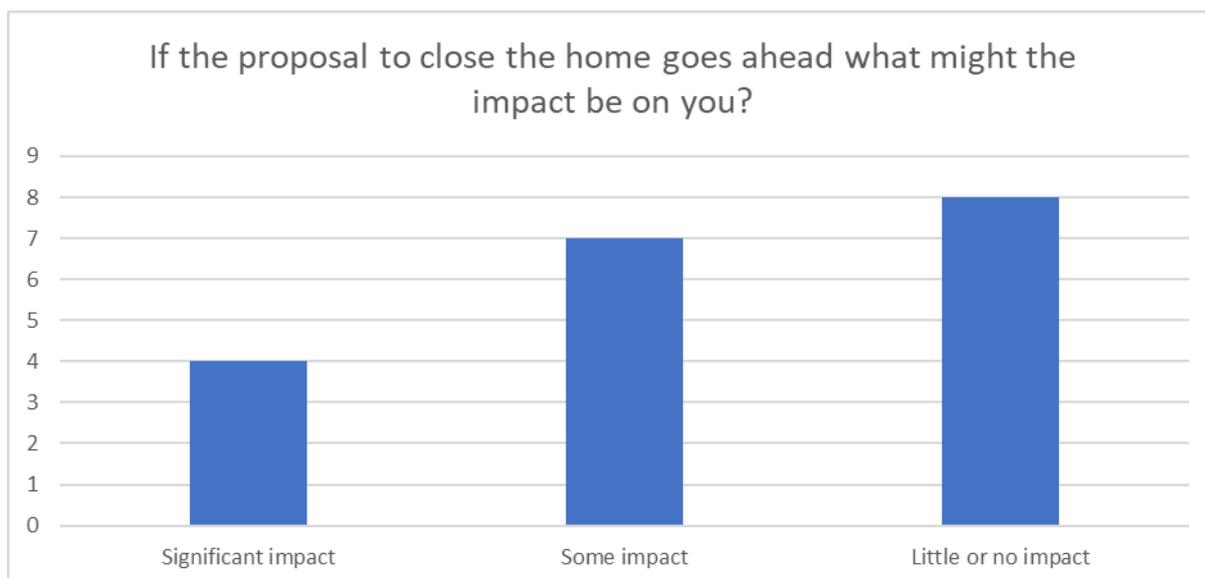
When our elected people make decisions re. savings, the research to put suggestions forward is made by unaccountable officers regardless of the impact on local services. Surely one cannot justify the employment of people higher up. Adult services who cost the tax payer yet provide no direct service, that's where I would begin. Councillors of any persuasion in times past were more involved and defended the vulnerable.

Over the years I have had several friends and relatives who have been grateful for the care and respite that Richmond House provides, both for patients and their relatives. Respite is the description of the facilities and that is what is provided. We are all getting older and these council care homes are getting fewer and fewer. The thought of a few weeks in there to get back on one's feet, is surely better than facing longer spells in hospital or a permanent care home. Try saving money in other ways. Stopping cycle lanes would be my choice for saving vast amounts of money. Care facilities are used significantly more than the cycle lanes and are much more in use than cycle lanes.

█ went to Richmond House about five years ago after I had broken my hip. I had two stays there and had physio and rehab before I returned to my own home. I was dealt with kindness, caring good humour from all there and because of their support I was able to return home. After that I have returned regularly for respite care so █ who looks after me can go on holiday. The care team have remained the same and treat me like an old friend. I feel comfortable there and enjoy going. It is a lovely place and from catering staff, cleaners and care staff, all are lovely. It is clean, a well-appointed home from home. Why would you want to close somewhere like that?

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

Significant impact	Some impact	Little or no impact
4	7	8



Please tell us the reason for your answer
I live in Farsley, however have never had to visit the centre in question.
I do not have relatives with a need as yet.
I live in the locality but have no direct involvement with the care home.
I am not a user of the service.
The older population is increasing and we need services to meet need, especially in times of family breakdown/crisis.
At this stage I have not used the facility nor would potentially have use for it in the short-term - however I feel it is a very necessary facility for the west of the city.
My father is 90 years old, he is currently in hospital and has been admitted on two other occasions since July. He is at the stage where this provision would help him adjust from being in hospital and getting on his feet for going home.
We are all getting older and will need this service in the future.
Many of the people who use this facility are from Pudsey, Farsley, Calverley, Rodley, Bramley and Stanningley and it has easy access for friends and relatives to visit.
I may need this facility at some point but as treasurer of an elderly person lunch club, I know how important this local facility is.
To me at this time, none, although it has in the past affected my immediate family (see first response). It's not about me, it's about my community, which includes old as well as young. I know many older people and many people who have older family members. Richmond House would be ideal for many who find themselves in need of services, but they are sent elsewhere much further away. Many can't travel far so absence is enforced. This impacts others' health and is totally avoidable and a hidden cost.
I currently don't have anyone in my family that are in need of their services.
I live in the area and I have friends who live local and work in Richmond House.
I live round the corner from Richmond House. It would be an ideal venue if I had to recover from hospitalisation.
No service locally for the area, pressure on NHS, more deaths, increased pressure on families. As an older person, just imagine the Council's hands when they cannot fulfil a need!

My husband and I are in reasonable health and may not need to have care. We have a family unit that is strong but there are lots of elderly people that have no other means of care. For people to have to come out of hospital to an empty house must be terrible. I know that there can be care packages put in place but that is not the same as having someone around all the time.

It is one of the very few places that is affordable. A lot of other places charge a lot more money, have fancy features but the care is not as good. We cannot afford to go to some of these places anyway so [REDACTED] will not be able to have a holiday which she needs.

What could the Council do to reduce the potential impact?

Plan in advance!!! Ensure residents have a place to go before closure. Tell local residents plans for the building when it's closed. People do not like to see run down derelict buildings in this village and a lot of people will want to know what's happening to the site once it closes.

A phased approach to closing the care home must be done, taking into account the needs of all the residents, the staff and families affected.

Keep Richmond house open and consider alternative cuts elsewhere in the Council's services.

Look at other areas where they waste budgets.

Leave the facility alone, it is needed and fulfils a need to residents in the west of the city.

Don't close the care home!!!

Sell some of their empty premises and unused equipment.

Charge for the cost of the accommodation on a means tested basis. Alternatively offer the property as a community asset and get someone else to run the property as a need for this type of accommodation exists.

Keep it open for future generations of old people.

Keep this facility open and save money elsewhere.

Keep it open by understanding why it is low occupancy when the local need is so great then fix that problem.

Maintain funding and recognise its value.

Leave it open.

Make savings in other sections of their remit or raise Council Tax.

Use money it has in other areas to support this local service. Keep the service.

Keep places like Richmond House open and cut back on things like the previously mentioned cycle lanes. You can drive miles down the road between Leeds and Bradford without seeing a single cyclist. They cause more disruption for other road users and pedestrians.

Not close the place or offer places of a standard the same as Richmond House for the same money.

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

Keep it open, develop it to have day services as well providing respite for carers.

As above.

Less spent on external services.

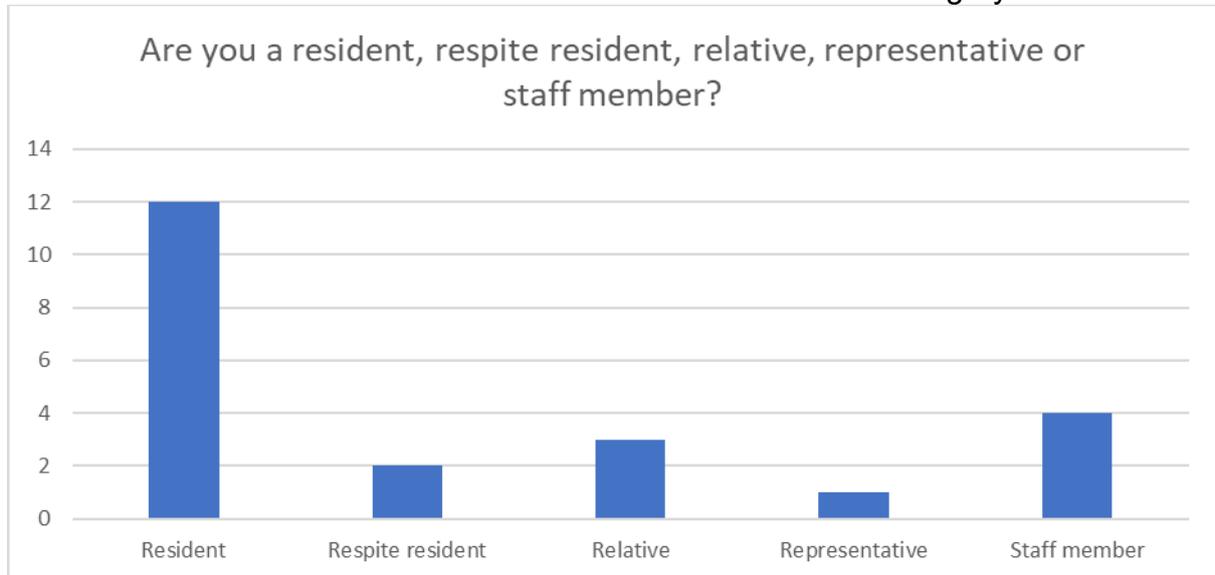
Stop wasteful spending on car parks, hotels and city of culture 2023 among other things! Look after your residents properly.....
You should look to scrap the pointless bus lane schemes, aimed at increasing car congestion for your precious bus contracts with First. Would save how many millions???
Transfer to another party to run it as a business.
From the amount of money they are saving, no. They could stop some of the other hair brain schemes they come up with, which quite frankly do not work but the Leader and other members think they look good.
Understanding what the issues are rather than killing the problem.
None.
As above.
As above.
How about not seeing it as a foregone conclusion in the first place. Look at a cost benefit analysis and determine how you can take a hard look at people's salaries in relation to a diminished service.
There is no other alternative. Neither [REDACTED] or [REDACTED] who is my carer can afford to pay more.

Finally, do you have any other comments?
Times have changed and people live at home longer. If the Council can close this home and offer people better care in home or a more equipped centre then I see no reason why it shouldn't be closed. Staff MUST be reassigned locally, however, I feel this is only fair if you decide to close the site. You must have alternative employment for those care staff.
No.
Look at wage costs for top posts - is it right that a fairly junior post in the administration pays a larger salary than those who run the country??
I think I've said all I need to.
Please think about our community and the care needed, especially for the older citizens.
If this property does close what is proposed for the site?
No.
Only to say a facility like this cannot and should not be replaced elsewhere.
How local needs will be met both to the patients and the needs of their families.
I hope the campaign to keep Richmond House and similar facilities open is a success.
If it closes, as you are planning, local people will draw attention to who it is across our city who are making these decisions and involve the press and MPs.
I think I have covered all my concerns.
Yes, I understand the Council has money problems but why close a well-run, well-staffed place. I am sure savings could be made in other ways. If the place isn't full all the time why not do something to ensure it is. Once people go there they want to go again. Where can people go to give carers a break that doesn't cost the earth? I suspect this is not a real consultation and that the decision has already been made, but I think you are wrong. You talk a lot about carers and looking after them but provide nothing for carers if they have no money, it's all talk. In addition, I got this form on 23rd March, closing date for consultation is 26th March. How on earth could I fill it in and post it back! I have had to get someone to type it for me, as I say you have already made the decision and are just pretending to go through the motions.

Richmond House Consultation, January to March 2021 - Survey Results (20 Responses)

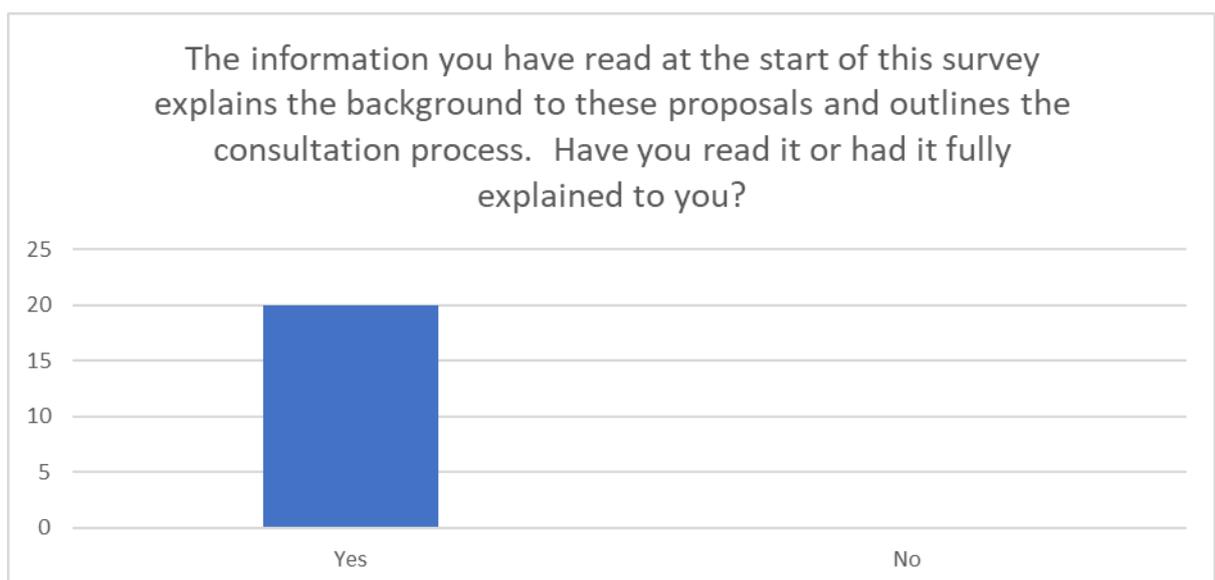
Are you a?				
Resident	Respite resident	Relative	Representative	Staff member
12	2	3	1	4

Please note the answer to the above could be more than one category.



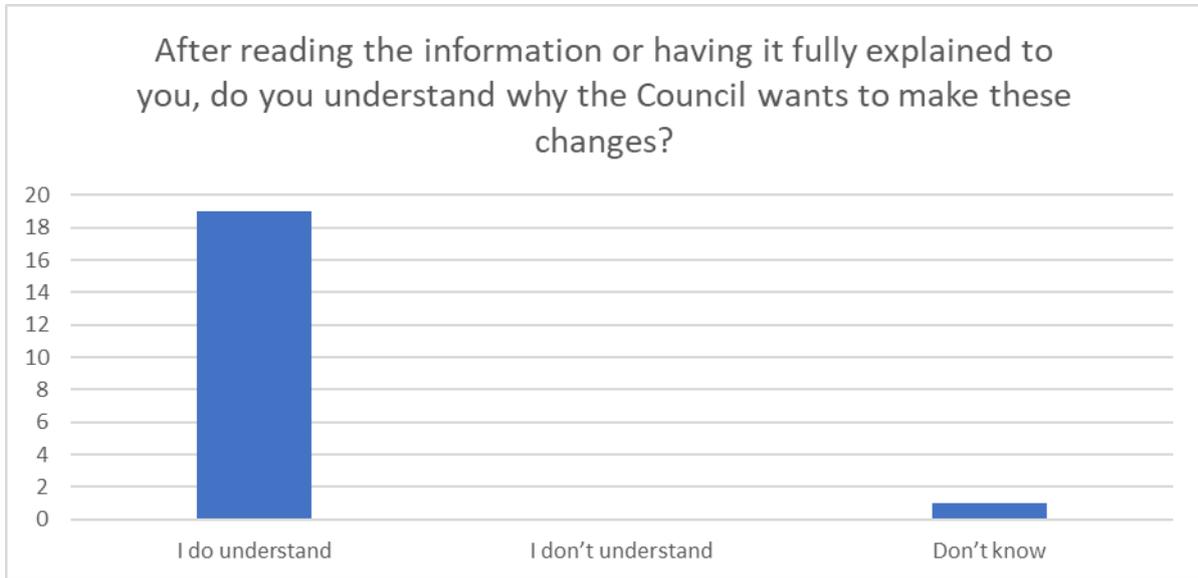
The information you have read at the start of this survey explains the background to these proposals and outlines the consultation process. Have you read it or had it fully explained to you?

Yes	No
20	0



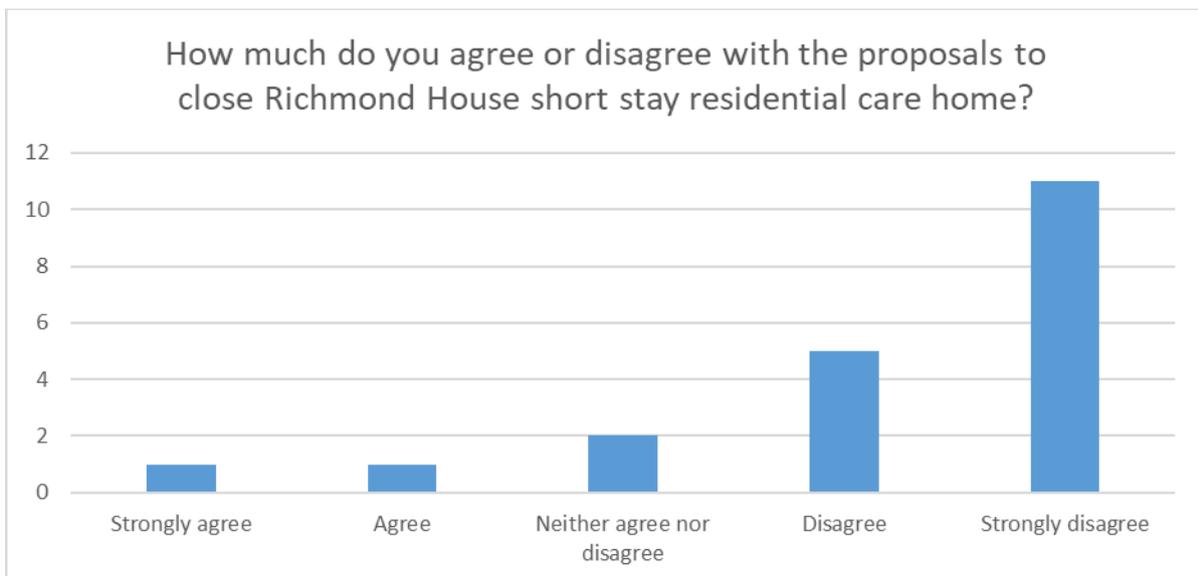
After reading the information or having it fully explained to you, do you understand why the Council wants to make these changes?

I do understand	I don't understand	Don't know
19	0	1



How much do you agree or disagree with the proposals to close Richmond House short stay residential care home? Please tick one box.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	1	2	5	11



Please tell us the reason for your answer

I do not feel like Richmond House has been supported, not just through the pandemic,

but beforehand. As stated, only 60% of the beds were full, but it hasn't been taken into consideration about the residents we are getting in and staff numbers on the floor. We can have 10 residents and it can feel full due to individual needs. Nobody explained to staff about the change in residents we were receiving and the issues they had, or even ages. (Not elderly men and ladies - young people with serious mental health/alcoholics/drug addicts). If staff were updated and provided training for this, it would have been managed better. Richmond House has so much potential to be a 'safe place' if support to the home was given. Admissions were being held back due to the lack of this, especially when only x2 members of staff were allowed on the floor due to low numbers but dealing with high dependency residents. We all feel we have been given up on.

The staff are good and you get looked after well. It's a nice place to be.

Because there are a lot of unwell people in this place.

If you're in hospital you need somewhere to recuperate. It's a local home. Family can come and see you. It's not far to come. You get well looked after. If you need help, they're there all the time. The staff are all friendly. The other place I went to was all very old people. I want to live somewhere like this where there's staff all the time.

We don't want it to close. The staff are like family. I love it here. I love everything about it. It's a bit like a hospital and a home.

I came here because I was stuck in hospital for a long time. The staff here help me with washing myself, cleaning my room, making my meals. They got me new clothes. I need more help otherwise things go back to the same way. They will help me with that here.

It's up to the Council because it's a business. If you are not meeting your targets, it's no use moving forwards.

You never know when you might need a service like this and they aren't close together. People need this help and the staff are kind. It's a nice home.

Because things change. The Covid pandemic means we don't know what things will be like in 6 months. The care staff do a great job. I've never been in a place like this before. They work hard, make you feel comfortable and do the best they can.

Over 10 years we have struggled to get respite, which allows us to continue to care. Richmond House has been the most consistent, high quality service in the whole of Leeds for respite. It's the one service where I have peace of mind. The best care elderly frail people can have is with their family but quality respite is essential to keep this going. It's an easy target but very short-sighted in the long term. The people who use the service deserve continuity.

██████████ is familiar with the routine of a two week stay at Richmond House. It's local for ██████████ and I to pop in. The staff are great, ██████████ looks forward to 2 weeks over the Christmas period and 2 weeks in August which allows me to have a holiday with my family. It's a local home - the rest of the family is too far away. There's just me and ██████████ so it is local to us to take her there and back because she doesn't like travelling with taxis or other transport. We have tried other places and it is a lot more money and not as good quality.

It just needs to fill its rooms up. It's a nice home with friendly staff. When you come out of hospital and you can hardly walk like I could - they can handle it.

A decision has to be made. If it's not financially viable to keep it going then the residents will have to be dispersed amongst other homes. I have found it a good place, people try and do their best for you here.

They need to look after people. These people who work there are very helpful and will lose their jobs. The people who live there might end up on the streets. The people who live there are very poorly. The residents and staff deserve much better.

I understand the budget position and the occupancy at Richmond House has been low since I have been in post and I do believe the service can be provided in other ways. If the customers were permanent residents then I would perhaps hold a different opinion on the proposal but the customers here are short stay and do not have any ties to the service. They will all be moving on at some point.

Part of the information is about people going into permanent care at the start of the form. Given that affordable options for carers are reducing, there are so few places for respite across the city without a massive top-up. It means that, as a carer, you have very little, if any choice of where to go. Sitting services are increasingly expensive. For some people, the cost is a massive issue. There needs to be some way of getting a break to allow us to keep caring for people at home. There is a consistent, well-trained, person-centred staff group and [redacted] loves them all. It's provided very good care - [redacted] can go on holiday because she has full confidence that they will look after [redacted] well.

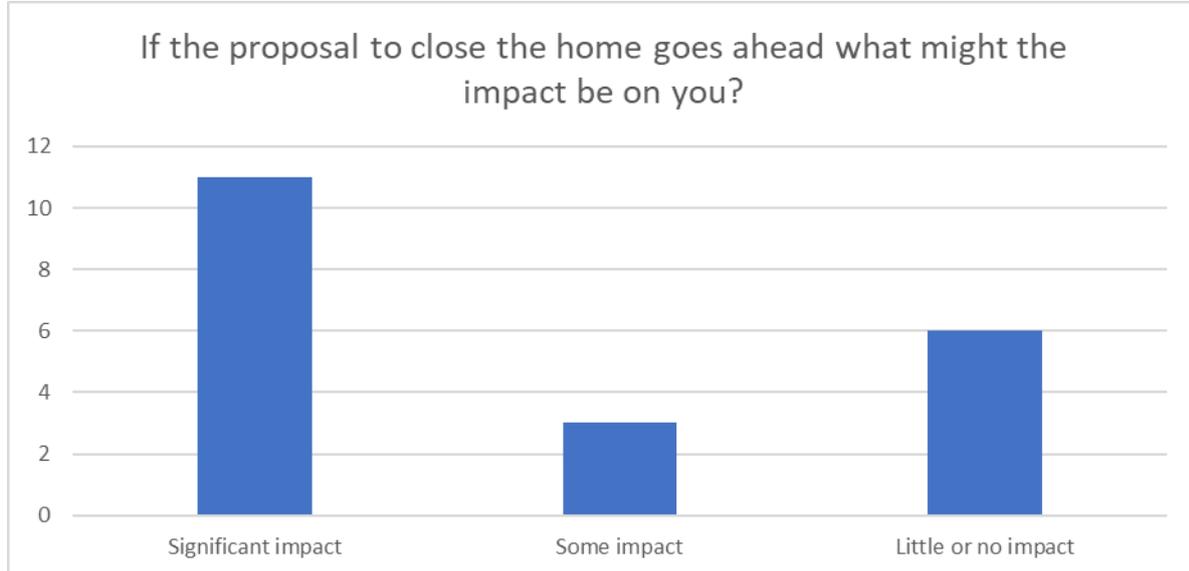
They want to save money. [redacted] will have nowhere to go. They shut all the centres down - even the new ones get shut down now. I've been in centres and a hostel and they flattened that down. People are alright here. The staff put you to bed and give you a bath or a shower. They help me.

Richmond House is well known for being a caring well-run establishment. It doesn't have a quick turnover of staff. Many have worked at Richmond House for many years. Outside agencies have regularly commented at how we look after our customers with pride and full respect. I think it would be a shame to close a well-run highly committed and dedicated team/home down.

I do not agree at all and believe the Council is being very short sighted and denying people like [redacted] the local authority respite facility. 10 years ago [redacted] was assessed and I was assessed regarding care needs. [redacted] has dementia; arthritis; glaucoma; coeliac to mention a few of her ailments. These have only worsened over the last 10 years, including falls with broken bones (one in rehab - [redacted] as recent as yesterday at [redacted] the social worker at the time, assessed her needs as needing respite 42 days a year. The last year this service denied due to Covid. At no time has any social worker consulted me about the closure and given any useful information about any alternative local authority respite provision. Unpaid carers like me save the local authority thousands of pounds looking after disabled people. It is disgraceful that the local authority propose to cut this service, which is the one thing that I as [redacted] full time carer value more than anything. Until Covid it was a service that I utilised 100% and the staff provided excellent respite care for [redacted] unlike any provision.

I understand to what has been said about the closure, that old people do not want to be in such a setting which doesn't motivate them to still be alive. The building was built for nursing people, they, the rooms are not en-suite most of them that residents have to use commode or walk out of there to bedrooms to use toilets which are communal.

If the proposal to close the home goes ahead what might the impact be on you?		
Significant impact	Some impact	Little or no impact



Please tell us the reason for your answer

I worked so hard for this role. For 5 years I was on the local care force agency and this was the only home I came to where I felt at home. Only last year I got the position and I've never felt so happy and complete in what I did. The managers and staff are all so wonderful and approachable. The hours suited my life as I have a two year old. It would be such a huge shame and such a sad day if Richmond closes. I feel so passionate about it. It would impact on my life hugely.

I won't be here because I am going home but I still don't think it should be shut.

I like it here, I feel safe, I've got used to it.

I'm going to move on. I know it will take time. It all depends whether there is somewhere I can go from here. I'm wondering about where I'll go next.

I hope I won't still be here and they will have helped me move on. I'm waiting for my home to be cleaned.

There will be an impact for people who don't/won't/can't live privately. People would be worried about where they will go.

I'll be going back home, but if something happened in future, you might need it again. There's an impact on the other people, especially people who are here longer.

Because I don't know what happens next.

People who are full-time carers will hit a brick wall and won't be able to continue caring if they don't have trusted respite to be able to alleviate some of the pressure and allow for some time off. Respite has been the most valuable support the local authority has been able to give us. When the Green shut, I had great trouble finding another place, then we tried Yeadon and that shut. When we got to Richmond House, we were able to book regular respite and plan ahead, which we couldn't anywhere else. We have great anxiety that the service is just being withdrawn. The need for respite will increase, not decrease.

<p>██████ has dementia (and has had it for 10 years), has benefitted from the continuity from the team at Richmond House and has remembered and mentioned Richmond House to the hospital staff recently.</p>
<p>I will have to cancel the summer holiday with my children and be available 24/7 365 days of the year, unless alternative arrangements could be put in/be in place for summer and Christmas. At some times over the past year, because of Covid restrictions, they couldn't take ██████ anymore and I am desperate for some respite.</p>
<p>I won't be here. Other people will be.</p>
<p>I live on my own and my family aren't close by so it doesn't make much difference where I'm staying. To somebody else, it may make a big difference. Everybody has a different situation.</p>
<p>It's very bad to move ██████. The people who work with these people know the residents well. ██████ needs 24 hour care from people who understand ██████. People are poorly and will get more poorly and stressed and it's not right, especially at this time.</p>
<p>I am hopeful that if Richmond House does close I will be granted ELI and be able to take early retirement.</p>
<p>██████ says ██████ goes happily to the home and enjoys the care and support. ██████ can go away with confidence and know ██████ is okay - needs a break emotionally, physically and psychologically from caring (with peace of mind). ██████ wouldn't be able to go on holiday if the home were to close because ██████ wouldn't want to go anywhere else and the strain of caring would hugely increase.</p>
<p>I won't be here, will I? But other people were here before I came. I don't know if they would still be here.</p>
<p>There is no other Council home in this area. I live in a very isolated place with no means of transport as my husband has not long passed away. It would mean walking to catch two buses late at night/early morning. I would also miss the support of my friends/colleagues who I have worked with for many years.</p>
<p>It will 100% affect my ability to permanently care for ██████ and give such stress and ill health to myself and my family not being able to plan any break in my 100% care of ██████. I have other care commitments to ██████ too and what kept me going was knowing every few weeks I could plan for ██████ care to be taken over by a group of people who really understand ██████ care needs and responded appropriately. I believe the Council are targeting unpaid carers as an easy target for cuts. It is the case that no alternative provision from the local authority has been discussed with myself.</p>
<p>It will be a significant impact to my system because I am getting old and starting something new will be a good challenge for me. Anyway, when I joined the Council in 2008 I managed to upgrade myself educationally and gained an Honours degree in Youth and Community Development in 2012. I can work with young people in residential which will be good for me. However, 3 years ago I managed to gain a Diploma in Adult and Social Care which can be useful, hence I have duty of care and I can work with parents and their children.</p>

What could the Council do to reduce the potential impact?

The Council need to speak up. SUPPORT US! Listen to staff concerns, have some answers as to why we have never had a meeting about the clientele in, and when requested one, everyone is always too busy. Keep us open, supply us with the training and keep us in the loop.

Don't know.
Keep it open to help everybody. If they close this down, where's other people going to go.
This is the first time I've been in a home so I don't know what somewhere else would be like.
Provide another house for them with all the care needed (or send people back to their family with help by sending carers to their family house).
Don't close it. Keep people close to home and family. When [REDACTED] was in a council home and it closed, he had to go to [REDACTED] and it was awkward for family to get there.
Obviously finding somewhere adequate to move to, may be another care home.
Ensure that there is an equivalent service. I'd like to know what and where and have a plan in place. I'd rather that a facility which is working perfectly well was not closed. The demand for respite will not decrease. It's only going to increase with the effects of long Covid and also as Covid restrictions allow respite again, there will be a much higher need. People are waiting to have a break and are in great need of it to be able to continue caring.
Please keep it open, or make similar alternative accommodation. We would like to not be forgotten about and have the same respite times, the same cost and the same level of care.
They need to get some more clients.
The Council needs to do their best to make sure your needs are cared for.
It's not right to close the home. There is such a high quality of care.
Keep somewhere like Richmond House open or provide an alternative at local authority rates so carers can get a break (of a similar standard of care). Why couldn't it be used better as a hub? It's not known about enough, which makes it under-utilised. They used to have physios and OTs - given that hubs are bursting at the seams, why couldn't it be used that way?
I don't know.
Provide an immediate named local authority short term/respite provision that is guaranteed I will be able to use in the near future.
First I need my redundancy pay or Early Leavers if not then secondly, I need to work with young people, if possible not in another home with elderly people no. I am [REDACTED] [REDACTED] which will make sense for me for the 3 choices I have put across. Most importantly I am a single woman and I have never been on benefit since I came to the UK [REDACTED].

Please state if there is another viable approach which you believe should be considered?
We haven't been full because of the reasons I've stated. Fill us up, let us have more staff on shift, provide us with training and see what difference it can make.
There must be other ways to save money. The government should give the Council more money.
They could charge people to stay permanently. If they kept it open, they could make it into a permanent home and people could stop here all the time. I like it here and would stay here.
I don't know.

The Council needs to look at why they are not meeting their targets. Do they need to reduce the workforce or add more patients?
I've heard they've spent a lot on making changes in the city centre (pavements and cycle lanes). The Council needs to think more about other areas where people live.
The Council doesn't appear to have an option, the way that it's put here because the figures show a massive gap. It makes sense in a business sense but not for the people that live in the homes.
If you contacted all the respite customers from prior to Covid (over the previous year) you would find a higher need. What time frame was used to compile the statistics? There has been a freeze on respite so this has affected the occupancy figures over the last year. They should put the prices up for respite. It's much cheaper than [REDACTED] going into a home 24 hours.
None.
Why not let all the rooms out?
I don't know.
Disabled and poorly people need special help, especially at this time when people can be very low. The Council should keep places and good staff because these are the people who need it most.
Not a money-saving approach, but it could be better used. It's been refurbished and has great facilities.
I don't know.
Respite home.
I do not believe the local authority should reduce/stop any respite provision. It is short sighted and not cost effective in the long term. Us unpaid permanent carers gave Leeds local authority 13 billion pound a year as it is.
As for Richmond House, the best thing is to demolish it and build new housing or flats for elderly people to live. As for me, my Early Leavers and redundancy pay, that will be nice.

Finally, do you have any other comments?
Please listen to staff. We know better than anyone, it's so unfair during a pandemic especially. I have worked through the whole thing and my mental health has been hit hard. I know Richmond House is better than this. Thank you.
It's not fair on the staff.
No, because all the staff are nice and make you welcome.
While there's a pandemic (and all the time) it's a safe place. I'm worried about the staff and the other residents and where they will all go.
The staff are alright. They help me and make sure I get a shower and my tablets.
I like the service here. They are very respectful and they make the house like a family house. They don't treat you like a patient. They listen to your problems and advise you if you need it.
Where would you go if you closed this home? Would you have to go further and how would people visit? A lot of people haven't got cars. It will also affect people's jobs.
Although it might be a quick cut, if you look at what the local authority saves through having carers caring, that saves much more. Demand for respite won't decrease but demand for 24 hour care, which is more costly will increase as a direct consequence of short breaks being in shorter supply.

We do our bit and although I get 2 weeks off here and there, I think we save the Council a lot of money. The time off we get is a godsend – we really need it.

Obviously, if you're closing somewhere, you're losing facilities, so it must be a difficult decision. I've found the care here has been very good. People are interested in you and your health. They're all doing their best.

Everybody should have rights and be well looked after.

The level of care is what is important. It's not about the building, it's about the care the team shows towards the residents (which is very individual and very personalised).

It's alright here. I like it.

I think it will be a very sad day when we close.

I am horrified at the poor level of care provided by the rehab centre that the local authority is using for people discharged from hospital (Green Lane). [REDACTED] was a previous regular respite user of Richmond House.

My Early Leavers and redundancy pay please.

4b) Home Lea House and Richmond House closure proposals

Consultation Submissions and Responses Please note names have been redacted.

	Submission	Raised By	Response
Page 130	<p>1. Why is it not possible to negotiate with the NHS to have therapeutic input at Richmond House again? This joint working of physiotherapists, occupational therapists, including one expert on splints, and a joint care manager, worked well with the care home staff? This is needed more than ever now for those people who are stuck in care homes waiting for (re-)assessment by social workers under the Care Act and/or Mental Capacity Act and new care packages to be put together to be able to go home. I know from personal experience that this is an even lengthier wait at the moment due to Covid restrictions.</p>	<p>On behalf of Leeds Hospital Alert</p> <p>At Outer West Community Committee meeting in February 2021</p>	<p>Richmond House did operate very successfully as an intermediate care resource (known at the time as Community Intermediate Care, CIC). However when the Clinical Commissioning Group (CCG) reviewed the Community Intermediate Care (CIC) service, they identified a different set of priorities for the Community Care Bed service. Leeds Adults & Health were successful in bidding to the new specification and secured, in partnership with Leeds Community Healthcare, two new nursing services and one residential service, in buildings owned by LCC across Leeds. The CCG will be reviewing their commissioned service in the next 18 months but at present have commissioned 227 beds across the city and are content that they have sufficient resource available to them.</p> <p>Continuing Health Care (CHC) nurses were not able to undertake assessments from March to August last year. As such, a number of individuals who were thought to be in need of Continuing Health Care funding in a nursing care setting were awaiting reassessment. Once the service was able to recommence, social workers worked with the CHC team to review/reassess everyone who was in that position, these assessments were concluded by 31st December 2020.</p> <p>Adults and Health are not seeing long wait times for independent home care packages, and there is a range of good quality residential care provision in the city, with 25 of the 35 homes within 5 miles of Richmond House CQC dementia registered.</p>

	Submission	Raised By	Response
Page 131	2. How many people, how long are they waiting, and how much is the Council paying for these people who are stuck in private homes waiting for re-assessment and packages of care? Couldn't this be spent on professionals for Richmond House instead?	On behalf of Leeds Hospital Alert At Outer West Community Committee meeting in February 2021	As described above, there was one group of people who were waiting for CHC assessment and during the period in which the CHC team were unable to assess, the CCG funded their care. In addition, the NHS have provided temporary funding to the CCG to support hospital discharge during the pandemic. The CCG have used this funding to commission a small number of community beds (nursing and residential) across the city, and as part of this Discharge to Assess process; people are supported to stay there while their needs are assessed and their care arranged at home or in another residential care or nursing home. Their needs are assessed very quickly and a sizeable proportion of the people who are discharged in this way, return home within a week to ten days.
	I was not reassured to learn of the large number of vacancies in private care homes in west Leeds as a measure of availability of places and stability of the market. Has Adults and Health done a survey to find out how many of these care home businesses will survive the pandemic?	On behalf of Leeds Hospital Alert At Outer West Community Committee meeting in February 2021	The 35 care homes within 5 miles of Richmond House are owned by 30 different providers; ranging from individual owners, small to medium enterprises through to large national providers. Adults and Health work closely with Leeds Care Association and care home providers to understand any pressures affecting the market, and have continued to do so throughout the pandemic to understand impact of Covid on cost pressures for care homes.
	4. Surely it is premature to plan the closure of Richmond House before a full study is done into the acknowledged gap in the need for places for people with complex needs, including dementia and nursing care, which Cath Roff said is being trialled in the 10 pioneering places at the South Leeds Recovery Hub?	On behalf of Leeds Hospital Alert At Outer West Community Committee	The pilot service at South Leeds Recovery Hub offers nursing provision for people with the most complex needs including people with dementia. Adults & Health previously reviewed different models of care and support that could be offered at Richmond House, however the size of the home made the cost per head prohibitive for investment by the CCG, which would be a requirement for the provision of this type of service.

	Submission	Raised By	Response
		meeting in February 2021	The Integrated Commissioning Executive has taken a number of reports which have attempted to model the needs of people with complex dementia and as a result the following service developments have been put in place, as detailed in the <i>Leeds Integrated Market Position Statement 2019-22</i> ; NHS development of intensive and responsive specialist support to care homes, an individualised approach to funding of care, including transitional support to leave hospital as well as long-term funding; and the development of training in 'leadership in dementia care.'
5. Page 132	<p>“ Richmond House has a reputation second to none for supportive, person-centred and effective rehab care for older people.</p> <p>Successful rehab for older people coming out of hospital is extremely cost-effective for both the NHS and Social Care.</p> <p>The "market" in Care Home/Respite/Rehab accommodation is extremely unstable (and likely to be more so after the pandemic). If Richmond House closes, private provision is unlikely to meet these needs in future.</p> <p>When you break up a good staff team in a care home they are gone forever. ”</p>	<p>On behalf of Leeds Hospital Alert</p> <p>At Outer West Community Committee meeting 18th January 2021</p>	<p>Richmond House provides short stay residential care and respite provision. It has not provided rehabilitation services since 2017 when the service was de-commissioned by Leeds CCG.</p> <p>The CCG commission citywide Community Care Beds for rehabilitation. Adults & Health previously reviewed whether Richmond House could offer CCB provision, however the size of the home made the cost per head prohibitive.</p> <p><u>Care Home/Respite Alternative provision</u></p> <p>There are currently 6 people who access the respite service at Richmond House, to arrange a short break or an extended short day depending on the need of the individual and their family / carer.</p> <p>Respite beds are not commissioned as dedicated beds, instead a social worker will approach care homes at the time required, and if there is capacity, will spot commission a short break or extended short stay</p>

Submission	Raised By	Response
		<p>depending on need.</p> <p>There are 21 care homes with a total of 932 beds in the Leeds Boundary within 5 miles of Richmond House. 16 are rated as good, one as outstanding and 4 are awaiting an inspection outcome. 14 are CQC dementia registered. 15 are residential, 2 are nursing and 4 offer both.</p> <p>There are a further 14 homes with a total of 723 beds within 5 miles of Richmond House but outside the Leeds boundary. 8 are rated as good, one as outstanding, 3 require improvement and 2 are awaiting inspection. 11 are CQC dementia registered. 7 are residential and 7 offer both residential and nursing care.</p> <p><u>Short Stay Residential Alternative provision</u></p> <p>There are 258 beds (not including Richmond House) across the city providing short term care and support, in addition to the at home services.</p> <p>There are 8 short term beds in services within 5 miles of Richmond House (all D2A beds). Hutton Manor (awaiting inspection), with 5 residential dementia D2A beds is 2.3 miles from Richmond House; St Luke's (to be inspected), with 3 nursing D2A beds is 2.5 miles from Richmond House.</p> <p>By comparison, there are 84 short term beds that are 6 miles or less from Richmond House, all at provisions rated as Good or To be Inspected,</p>

	Submission	Raised By	Response																					
			<p>Between April and August 2020 occupancy rates in community care beds across the city ranged from 53% to 78%.</p> <p><u>Occupancy Rates at Richmond House</u></p> <p>Over the last three years, 11 individuals from the Farsley area (with postcode LS28 5) attended Richmond House. For the wider LS28 postcode area over the same time period 37 individuals attended (including the 11 above). Total number of individuals attending over that time period is 196. Of the 11, most stayed for between 2 and 41 days (one was 138 days) with an overall average stay of 30 days.</p> <table border="1" data-bbox="1176 715 1720 1278"> <thead> <tr> <th></th> <th colspan="2">Richmond House (built 1971)</th> </tr> </thead> <tbody> <tr> <td>monthly occupancy</td> <td>12.58</td> <td>63%</td> </tr> <tr> <td>Average 2016/17 occupancy</td> <td>14.83</td> <td>74%</td> </tr> <tr> <td>Average 2017/18 occupancy</td> <td>14.58</td> <td>73%</td> </tr> <tr> <td>Average 2018/19 occupancy</td> <td>11.42</td> <td>57%</td> </tr> <tr> <td>Average 2019/20 occupancy</td> <td>10.67</td> <td>53%</td> </tr> <tr> <td>Occupancy levels at 4 January 2021</td> <td>10</td> <td>50%</td> </tr> </tbody> </table>		Richmond House (built 1971)		monthly occupancy	12.58	63%	Average 2016/17 occupancy	14.83	74%	Average 2017/18 occupancy	14.58	73%	Average 2018/19 occupancy	11.42	57%	Average 2019/20 occupancy	10.67	53%	Occupancy levels at 4 January 2021	10	50%
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6.	"Leeds UNISON believes it is because of Covid that the last 11 months Richmond House has been under used.	On behalf of Leeds Unison	<p><u>Occupancy rates at Richmond House.</u></p> <p>The home supports a citywide short term care and support offer</p>																					

	Submission	Raised By	Response
	<p>LCC upgraded Richmond House extensively in 2018 to ensure it was fit for purpose to accommodate residents comfortably. By closing Richmond house the money that was spent will be wasted.</p> <p>Richmond House was awarded a CQC rating of good.</p> <p>Leeds UNISON believes there may be an alternative to closing Richmond House. The alternative would be to turn it into a residential dementia care unit. The Green in Seacroft provided long term care for dementia patients, but this was closed by the Council. The closure of the Green was strongly opposed by Leeds UNISON at the time. LCC has only 10 specific beds for service users with Dementia care across the City. Caring for people who are suffering from dementia is a specialised job that requires skills, understanding, patience, and commitment. Leeds UNISON believe if Richmond House was opened as a Residential Care home specialising in dementia care this would give people who have family members suffering from dementia the reassurance that their loved ones were being cared for in a safe environment.</p> <p>If LCC go ahead with closing Richmond House this will be another important resource that will be gone from Farsley and the west of Leeds.”</p>	<p>At Outer West Community Committee meeting 18th January 2021</p>	<p>along with Community Care Beds. People are referred to a suitable short term provision based on their individual needs and preferences.</p> <p>Over the last three years, 11 individuals from the Farsley area (with postcode LS28 5) attended Richmond House. For the wider LS28 postcode area over the same time period 37 individuals attended (including the 11 above). Total number of individuals attending over that time period is 196. Of the 11, most stayed for between 2 and 41 days (one was 138 days) with an overall average stay of 30 days.</p> <p><u>Building Maintenance Work</u></p> <p>Since 2018, there has been £216,870 capital and revenue spend on Richmond House, in order to carry out essential maintenance works to ensure the building remains “wind and watertight” and suitable for the people residing there. This has included some larger works such as a new lift and replacement windows at Richmond.</p> <p>Richmond House is 50 years old (built 1971) and falls within the Grade B category which indicates stock condition is satisfactory and performing as intended but exhibiting some deterioration. Further long term capital investment in the region of £300 to £500k will be required to bring the building and facilities up to a good standard in order to comply with current legislation and support continued use as intermediary care facilities. Existing mechanical services are in need of attention to prevent major break down of the plants associated items along with upgrades to the electrical installation, wind and weathertight items and associated building works. Additionally the cost for full refurbishment is estimated to be £1.7m</p>

	Submission	Raised By	Response
			<p>which far outweighs the spend in recent years.</p> <p><u>Alternative use as residential dementia care</u></p> <p>There is already a range of good quality residential care provision in the city, 25 of the 35 homes within 5 miles of Richmond House are CQC dementia registered. However, there is an undersupply of nursing provision for people with the most complex needs. To respond to this need, the council with partners is piloting this type of provision in the South Recovery Hub, which is possible as Leeds Community Healthcare provides the nursing care.</p> <p>Given the age of the building it may be uneconomical to remodel. Consultant Norfolk Property Services has stressed that refurbishment alone will not meet current statutory requirements and nationally described space standards due to the some corridor widths being too narrow and a number of bedroom sizes being too small. To meet this standard major structural and internal alteration will need to be carried out.</p> <p>High level refurbishment budget costings indicate that a capital spend of IRO £1.7m would be required to bring the property up to current required standard including nationally described space standards and to meet the minimum requirements set out in the Leeds Model for housing with care.</p> <p>Given the Gross Internal Area of Richmond House this would equate to approximately £1150 per sqm to refurbish against a cost of IRO £2000 per sqm for new build so on this basis the most cost effective approach would be new purpose built accommodation that will meet modern building standards and is more conducive to</p>

	Submission	Raised By	Response
Page 137			<p>health and wellbeing of residents.</p> <p>Delivering new housing with care provision in line with the current and future demand is one of the keys strategic drivers of the Better Lives Programme.</p> <p>LCC Design team have been commissioned to undertake preliminary site analysis and desktop capacity and constraint studies in order to understand options for re-provisioning of specialist accommodation should sites become available through asset realisation. This will provide indicative site capacity and compatibility with proposed future land uses. It is anticipated that this will be completed by end of January.</p>
	Has a full impact assessment been done on the implications of the closure of Richmond House on current and possible future residents' physical and mental health and rehabilitation potential?	<p>By Councillors in attendance</p> <p>At Outer West Community Committee meeting 18th January 2021</p>	<p>Full Equality, diversity, cohesion and integration impact assessments will be carried out as part of the consultation process. One will focus on the potential impacts to people using the service and their families/carers and one will be specific to organisational change impacting on the workforce for the staff affected.</p>
8.	What evidence is there that the proposed future placements for people who would have gone to Richmond House will be any more effective and safe?	<p>By Councillors in attendance</p> <p>At Outer West Community Committee meeting 18th</p>	<p>Richmond House has taken short term/step down placements directly from social workers and in some cases from hospital (LTHT and LYPFT). If Richmond House was not there anymore as a resource then other placements would be sought. Generally these would be in residential care homes offering good quality care.</p> <p>There are 21 care homes with a total of 932 beds in the Leeds Boundary within 5 miles of Richmond House. 16 are rated as good, one as</p>

	Submission	Raised By	Response
Page 138		January 2021	<p>outstanding and 4 are awaiting an inspection outcome. 14 are CQC dementia registered. 15 are residential, 2 are nursing and 4 offer both.</p> <p>(There are a further 14 homes with a total of 723 beds within 5 miles of Richmond House but outside the Leeds boundary. 8 are rated as good, one as outstanding, 3 require improvement and 2 are awaiting inspection. 11 are CQC dementia registered. 7 are residential and 7 offer both residential and nursing care).</p> <p>Over the last 3 years 196 individuals were admitted to Richmond House, on average 65 people per year, staying an average of 30 days. The current market for older people's residential care has capacity to absorb this demand.</p>
Page 138	<p>The Council-employed hospital social workers are working with people in the 4 wards in Beckett Wing at St. James Hospital and Wharfedale General Hospital, outsourced to Villacare, which all "need improvement" according to the latest Care Quality Commission reports. Why not transfer directly to Richmond House, a "good" care home?</p>	<p>By Councillors in attendance</p> <p>At Outer West Community Committee meeting 18th January 2021</p>	<p>The service provided in the wards at LTHT is nursing care, whereas Richmond House provides residential care.</p> <p>Also, some of the people are only resident in the wards at LTHT for a few days whilst home care services are arranged; it wouldn't be appropriate to discharge from the hospital, admit to Richmond House, and then go home, all within a few days.</p> <p>There are significantly more beds in SJUH and Wharfedale than we could provide in RH and the CCG wouldn't fund non-nursing care provision.</p>
	<p>Dear Rachel Reeves MP,</p> <p>Have you heard about the campaign to keep open Richmond</p>	<p> via Rachel</p>	<p><u>Consultation on potential closure</u> Richmond House is a 20 bedded residential service situated in</p>

	Submission	Raised By	Response
	<p>House care home at Farsley, which is run by Leeds City Council Adults and Health as a short term residential rehabilitation place (recovery hub for west Leeds), especially for people coming out of hospital?</p> <p>I think it is underused at present because it doesn't take people with dementia. I know from personal experience that some people are being placed in private care homes, paid for by the local authority, until the social workers are able to re-assess their needs and mental capacity to make decisions about their care, review their social care services, and put together a package of care.</p> <p>There appear to be even more delays in this process at the moment due to the effects of the pandemic. People often wish to return to live at home and it is very difficult to get enough home care, which has already largely been privatised in Leeds. This is especially difficult if you need more help in the evening or at night and/or you have dementia.</p> <p>The local authority appears to be outsourcing some of their services to private, profit-making care home companies when they have in-house services which could be utilised, with some change, in order to be able to take people with dementia, as happened with the South Leeds Recovery Hub.</p> <p>I am concerned that people may feel stuck in the system where they don't want to be, and Council Tax payers are not</p>	<p>Reeves MP, 26 Jan 2021</p>	<p>Farsley. The current service offer is short term care and support to people who require a period of recovery following a hospital admission. The service also offers support to people from the community to prevent hospital admission.</p> <p>A report to the Council's Executive Board in October 2020 highlighted a budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the ongoing financial impact of Covid-19. The council is legally required to set a balanced budget therefore, a number of savings proposals have been put forward, including one for the proposed closure of Home Lea House Long Stay Residential Care Home in Rothwell, and the closure of Richmond House Short Stay Residential Care Home in Farsley, making savings annually of £1.531million as a contribution to the budget gap identified.</p> <p>On the 21st October 2020 Leeds City Council's Executive Board approved a period of consultation on a proposal for the closure of Home Lea House long stay residential care home and Richmond House short stay care and support service. The consultation period started on 4th January 2021 and will end on 26th March 2021. The findings of the consultation will be analysed and a report with recommendations will be presented to the Council's Executive Board in June 2021.</p> <p>For your information I have attached a copy of the brief sent to all Elected Members and MPs representing the affected ward areas, which includes all the information about the consultation; including timescales, options for participation, how to seek support to participate where needed and next steps following the consultation period.</p>

	Submission	Raised By	Response
	<p>getting value for money. It is very hard to visit or telephone friends and relatives in care homes at present to find out how they are and ask them what they want.</p> <p>I do hope that you can make some enquiries about this proposed closure and help with this campaign.</p>		<p><u>Short term services for people living with dementia</u></p> <p>Richmond House provides short stay residential care and respite provision. It has not provided rehabilitation services since 2017 when the service was de-commissioned by Leeds Clinical Commissioning Group (CCG). The CCG commission citywide Community Care Beds (CCBs) for rehabilitation. People are referred to a suitable short term provision based on their individual needs and preferences.</p> <p>There is already a range of good quality residential care provision in the city, and 25 of the 35 homes within 5 miles of Richmond House are CQC dementia registered. However, there is an undersupply of nursing provision for people with the most complex needs. To respond to this need, the council with partners is piloting this type of provision in the South Recovery Hub, which is possible as Leeds Community Healthcare provides the nursing care. Adults & Health previously reviewed different models of care and support that could be offered at Richmond House, including whether Richmond House could offer Community Care Bed provision, however the size of the home made the cost per head prohibitive for investment by the CCG.</p> <p><u>Supporting people to return home</u></p> <p>As detailed in the <i>Better Lives</i> strategy, the Council's strategy for people with care and support needs, 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.</p>

Submission	Raised By	Response
		<p>Wherever possible, people should be supported to return to their home as the first option. Adults & Health provide the SkiLs Reablement Service which offers short term intensive care and support for people in their home; supporting hospital discharge and hospital avoidance. Leeds Community Healthcare Neighbourhood Teams provide at home therapy services, such as Occupational Therapy, Physiotherapy and District Nursing. In addition, Adults and Health are not seeing long wait times for independent home care packages.</p> <p><u>Communicating with residents</u></p> <p>We are keen to ensure that we hear the voices of people who use the service and the consultation provides different options for participating, including; online, over the phone, via email, by posting a paper copy to us, or through a face to face discussion during their short stay. The consultation survey is also open to the general public via leeds.gov.uk.</p> <p>People only stay at Richmond House for only a short period of time and so current residents won't be affected by the proposed closure, however throughout the consultation period all residents are being informed about the consultation taking place and encouraged to participate if they wish to do so.</p> <p>The service also proactively engages customers in the use of technology (such as ipads, tablets, mobile phones, Alexa's) where appropriate, to keep in touch with loved ones during their stay. In addition window visits, garden visits and use of in-door pods have enabled choices to suit customers in being able to communicate with one another.</p>
Rothwell has two high quality performing council-run care	Cllr Stewart	Based on supply and demand analysis, Rothwell has an oversupply

	Submission	Raised By	Response
Page 142	homes. Dolphin Manor has been put forward as alternative to Home Lea house, however Dolphin Manor has previously been brought to Executive Board for closure. At that time we were told that Dolphin Manor had worse facilities than Home Lea House. Has the council decided to withdraw from in-house provision altogether?	Golton at Outer South Community Committee meeting	<p>of 119 residential care home beds. There is sufficient alternative local supply if Home Lea House were to close.</p> <p>Regular rolling stock condition surveys are carried out, Home Lea House is 20 years older than Dolphin Manor and is a smaller home.</p> <p>My professional recommendation as the Director of Adults and Health is that should Home Lea House and Richmond House care homes be approved for closure, that no further council run care homes should be put forward for decommissioning. This would enable the council to retain flexibility in the face of any potential future challenges and retain expertise.</p> <p>This would mean Dolphin Manor, along with Knowle Manor (Morley South) and Spring Gardens (Otley and Yeadon) would be retained in the city as council-run care home provision</p>
	The independent sector care provision is precarious. What is the occupancy in independent sector provision?	Cllr Stewart Golton at Outer South Community Committee meeting	Occupancy figures can be provided if requested, they do change on a regular basis.
	Could social care reserves be used to keep Home Lea House open for another year and work with the community to keep it open?	Cllr Stewart Golton at Outer South Community Committee meeting	Reserves could be used to keep the home open for a further year but this would not resolve the need for the council to make recurrent revenue savings as part of delivering a legally balanced budget.
	I am writing on behalf of Rothwell Neighbourhood Forum to register its opposition to proposals that could see the Home Lea House Long Stay Residential Care Home in Rothwell	On behalf of Rothwell Neighbourhood	<p><u>Closure proposals</u></p> <p>As outlined in the report to Leeds City Council's Executive Board in</p>

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<p>threatened with closure.</p> <p>This is a particularly unsatisfactory state of affairs when one recognizes the success of the existing provision, as illustrated by the most recent CQC report, and in particular the comments contained within the report allied to the “outstanding” designation of the Home in terms of caring for its residents.</p> <p>A rough analysis of all the care home facilities on the CQC web site that have been subject to inspection, and are within 10 miles of Rothwell, reveals that out of 243 facilities only 8 are better rated than Home Lea and another 6 are rated the same. In other words Home Lea is, from a rating perspective, in the top 6% of facilities in the immediate area.</p> <p>On the basis of this information and bearing in mind that this is a local authority home, it is extremely difficult to understand why it is being targeted for closure, other than what is perceived to be a financial imperative.</p> <p>It is important that within a local community there is a robust provision in respect of this type of care, especially recognizing local demographics which show that the number of people in the community above the age of 65 is considerably in excess of the figure for Leeds as a whole and above the average figure for England (Source Leeds Observatory).</p> <p>It therefore appears to be short sighted in the extreme to</p>	<p>Forum</p>	<p>October 2020 and at the Outer South Community Committee Meeting on the 15th March 2021, the key driver for the proposal to close Home Lea House long stay residential care home is due to the Council facing financial challenges unlike anything in the past, and in addition, the financial impact of the Covid-19 pandemic which is unprecedented.</p> <p>The Executive Board report in October report highlighted a budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the ongoing financial impact of Covid-19. The council is legally required to set a balanced budget therefore, a number of savings proposals have been put forward, including one for the proposed closure of Home Lea House Long Stay Residential Care Home in Rothwell, and the closure of Richmond House Short Stay Residential Care Home in Farsley, making savings annually of £1.531million as a contribution to the budget gap identified.</p> <p><u>Quality of Care</u></p> <p>The high quality of care and support provided at Home Lea House is absolutely acknowledged. However, 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.</p> <p>There are 14 care homes within five miles of Home Lea House, including a Council-run home, that are CQC registered as Outstanding (1), Good (9), and Requires Improvement (4). Of the 10 homes that are rated as Good or Outstanding, six offer residential</p>

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Page 144	<p>remove a facility of clear quality from an area with a population where demographics suggest an ever increasing requirement for its services. Reliance on underfunded private provision is not a comprehensively sustainable solution.</p> <p>The local nature of such facilities is also considered extremely important and a home where residents are still within the body of the community is a valuable consideration and makes it less likely that people, requiring the care the home provides, might have to be relocated to other areas. This must surely be something that residents appreciate notwithstanding access for family and relatives etc. If there is one thing that the last year has made clear it is that this category of provision is very much needed and services of this type must be retained notwithstanding the pressure on local authority budgets. A report by the Director Adults and Health prepared for a recent meeting of the Outer South Committee establishes one of the reasons cited for the proposed closure of Home Lea House ,notwithstanding purported changes to models of care and financial considerations, is the age of the building. Surely it is the quality of the care provision that is paramount.</p> <p>The model of care argument within the aforementioned report is understood, but not fully accepted and while a strategy that maximises independent living facilities is welcomed, the question of those with greater dependency and requiring the present model of care is not very clearly</p>		<p>care, four offer both residential and nursing care. Eight of the homes are listed by the CQC as offering specialist Dementia provision.</p> <p>If a recommendation for closing Home Lea House was made and approved, no-one will have their care taken away or their level of support reduced.</p> <p><u>Capacity of alternative provision</u></p> <p>The 10 care homes rated as Outstanding or Good within five miles of Home Lea House total 501 beds. Occupancy at care homes can vary from week to week; as of 11th March 2021 occupancy rates at those homes ranged from 44% to 95% with an average occupancy of 79%. The council has two residential care homes situated in Rothwell, Dolphin Manor has 35 beds and on average achieved 67% occupancy during 2020-21.</p> <p>The Rothwell ward area has an oversupply of residential care provision by 120 beds. The Council's Extra Care Supply & Demand Model calculates anticipated future demand for residential, nursing and extra care provision, taking into account proposed population changes to 2028 at a ward level, and suggests there is sufficient capacity of alternative good quality provision.</p> <p>Delivering new housing-with-care provision in line with the current and future demand is one of the key drivers of the Better Lives Strategy (which is the Council's strategy for people with care and support needs) and Adults & Health continue to work alongside the Housing Growth Team to identify suitable sites for extra care housing.</p>

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<p>addressed. There is also a suggestion in the report that Dolphin Manor in Rothwell is an alternative provision option. It is not long since that Dolphin Manor was identified for closure, but which due to local opposition was retained and it is therefore difficult to have long term confidence in such a strategy.</p>		<p>In January 2019 Leeds City Council appointed a delivery group made up of Ashley House Ltd, Morgan Ashley LLP and Home Group to deliver four Extra Care schemes on Council owned sites in Leeds including Windlesford Green in Rothwell. The Windlesford Green Scheme will deliver 64 units of Extra Care housing with anticipated start on site in June 2021.</p> <p>The 14 care homes within 5 miles of Home Lea House are owned by 11 different providers. These range from individual owners, small to medium enterprises through to large national providers. Adults and Health work closely with Leeds Care Association and care home providers to understand any pressures affecting the market, and have continued to do so throughout the pandemic to understand impact of Covid on cost pressures for care homes.</p> <p><u>Quality of the Building</u></p> <p>Home Lea House (built 1964) is a substantially older building than Dolphin Manor (built 1987) with a shorter remaining asset life which will require significant capital investment in the near future in order to bring the building and facilities up to an acceptable standard that complies with current legislation.</p> <p>Dolphin Manor is currently performing as intended and requires only minor improvements. The property condition report for Home Lea House and projected component life expectancy and renewal costs indicate more substantial investment would be required which may be uneconomical given the remaining asset life.</p> <p>In addition, Dolphin Manor is the larger home and the building is suitable for dementia provision which is why it attracted investment</p>

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Page 146			<p>from Leeds Clinical Commissioning Group (CCG) for a proof of concept short term dementia care pilot. Home Lea House by contrast is not suitable for dementia provision.</p> <p><u>Dolphin Manor</u></p> <p>As discussed at the recent Outer South Community Committee meeting on 15th March, my professional recommendation as the Director of Adults and Health is that should Home Lea House and Richmond House care homes be approved for closure, that no further council run care homes should be put forward for decommissioning. This would mean Dolphin Manor, along with Knowle Manor (Morley South) and Spring Gardens (Otley and Yeadon) would be retained in the city as council-run care home provision.</p>
	<p><u>Re the proposed closure of local authority care homes but of Richmond House in particular</u></p> <p>I'm writing on behalf of Leeds Unison retired members group to urge Leeds City Council to rethink plans to close two residential care homes, one of which provided invaluable short stays and respite care.</p> <p>1. The moves to shut community facilities runs counter to the current proclaimed intent in the local and regional integrated care partnerships to frontload support in the community and take pressure off secondary/hospital care. Some of us remember times when Leeds Social Services were</p>	<p>On behalf of Leeds Unison Retired Members Group</p>	<p>1: The moves to shut community facilities</p> <p>As detailed in the <i>Better Lives</i> strategy, the Council's strategy for people with care and support needs, 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.</p> <p>Wherever possible, people should be supported to return to their home as the first option. Adults & Health provide the SkiLs Reablement Service which offers short term intensive care and support for people in their home; supporting hospital discharge and hospital avoidance. Leeds Community Healthcare Neighbourhood Teams provide at home therapy services, such as Occupational Therapy, Physiotherapy and District Nursing. In addition, Adults and Health are not seeing long wait times for independent home care</p>

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	<p>able to provide older people and their families with much needed breaks and convalescence by the coast but these facilities are long gone. Richmond House is the only local authority home left which provides vital respite care for people and their families. As we come through what we hope is the worst of the pandemic, with many of an estimated eight million informal carers stretched to the limit, we should be seeking to provide many more short stays to help reinvigorate and sustain older people and family carers, not closing what little is on offer.</p> <p>2. The closure of local authority residential provision means that more people will be directed to private homes which have no accountability to local people, are obliged to prioritise profit over care, often pay below the minimum wage, offer little training and poor conditions of service for staff, as well as being inherently unstable. The larger providers who have been hoovering up smaller concerns, tend to build big to maximise economies of scale, even though most people would prefer to live in smaller cosier, neighbourhood facilities. There is also some evidence to suggest that large private chains of homes have been less safe in the pandemic. The</p>		<p>packages.</p> <p><u>Short Term Services</u></p> <p>Richmond House provides short stay residential care and respite provision. The CCG commission citywide Community Care Beds for rehabilitation. Adults & Health previously reviewed whether Richmond House could offer CCB provision, however the size of the home made the cost per head prohibitive. The CCG will be reviewing their commissioned service in the next 18 months but at present have commissioned 238 beds across the city and are content that they have sufficient resource available to them.</p> <p>In addition, the NHS have provided temporary funding to the CCG to support hospital discharge during the pandemic. The CCG have used this funding to commission a number of community beds (nursing and residential) across the city (currently 97 beds), as part of this Discharge to Assess process, although this is reviewed on a regular basis. People are supported to stay there while their needs are assessed and their care arranged at home or in another residential care or nursing home. Their needs are assessed very quickly and a sizeable proportion of the people who are discharged in this way, return home within a week to ten days.</p> <p><u>Short Break / Respite Services</u></p> <p>There are currently 6 people who access the respite service at Richmond House, to arrange a short break or an extended short stay depending on the need of the individual and their family / carer.</p>

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Page 148	<p>Office for National Statistics report on the impact of coronavirus on care homes in May to June this year found a lower incidence of infections in care homes which pay sick pay and a higher incidence amongst those employing agency workers and workers who work across multiple sites.</p> <p>Rather than shrinking the public sector we would like to see the Council doing exactly the opposite, seeking to take private providers of social care and support into public ownership.</p> <p>3. We are also concerned that the NHS seems to be calling the shots on what the City Council provides, as we understand that a proposal was put forward for Richmond House to continue to provide care, support and rehabilitation but Leeds Clinical Commissioning Group deemed the costs too high. Presumably what are regarded as high costs include complying with the minimum standards embodied in Unison's ethical care charter, unlike private providers. The imbalance of power between Local Authorities and the NHS is reflected in proposals in the recent Health White paper which seem to view social care's primary role as handmaiden to health, keeping the pressure off hospitals and facilitating speedy discharge. It is worrying that the White paper proposes to relegate the weight of local authority</p>		<p>All local authority in-house homes offer respite bed places as well as Richmond House.</p> <p>Respite beds are not commissioned as dedicated beds, instead a social worker will approach care homes at the time required, and if there is capacity, will spot commission a short break or extended short stay depending on need.</p> <p>There are 21 care homes with a total of 932 beds in the Leeds Boundary within 5 miles of Richmond House. 16 are rated as good, one as outstanding and 4 are awaiting an inspection outcome. 14 are CQC dementia registered. 15 are residential, 2 are nursing and 4 offer both.</p> <p>There are a further 14 homes with a total of 723 beds within 5 miles of Richmond House but outside the Leeds boundary. 8 are rated as good, one as outstanding, 3 require improvement and 2 are awaiting inspection. 11 are CQC dementia registered. 7 are residential and 7 offer both residential and nursing care.</p> <p>Other options are also available such as community based short breaks, or a personal budget to arrange a short break that suits the carer and the cared-for person. This could be through various organisations such as private home care agencies, charities or community interest companies.</p> <p>2: The closure of local authority residential provision means that more people will be directed to private homes</p> <p>As noted above, of the 35 care homes within 5 miles of Richmond House, 24 have a CQC rating of Good and two have a rating of Outstanding.</p> <p>The 35 care homes are owned by 30 different providers; ranging</p>

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<p>power into subsidiary ICS Boards and private providers are given significant opportunity to skew the agenda by being offered seats at the same table. It is also of concern that that despite the emphasis on joint working and seamless support between health and social care there seems to be a degree of "pass the parcel" going on regarding the responsibility for the growing group of people with dementia who need substantial support.</p> <p>4. We do want to see a radical transformation of social care and support in which residential care would play a much smaller part but now is not the time, in the middle of a pandemic to start rushing into restructuring which can't easily be undone. Developing flexible alternatives for independent living and building inclusive communities where everyone has a access to a full life needs to be done in full and transparent partnership with people who use support services, their families and neighbourhoods and takes time and care. It also needs to start from what people want and what works best not from what is the cheapest option.</p> <p>5. We appreciate that the Council is facing gross</p>		<p>from individual owners, small to medium enterprises through to large national providers. In terms of the size of the homes, 9 have 30 or less beds, 17 have between 31 and 60 beds, and 9 have over 60 beds.</p> <p>As detailed in the <i>Leeds Integrated Market Position Statement 2019-22</i> the Adults and Health Care Quality Team delivers proactive, targeted support around providing care to regulated care providers in the city. The purpose of the team is to improve quality of care for those citizens of Leeds receiving care in the city as measured against success criteria, such as the percentage of CQC Good rated care homes, improved feedback from residents and families etc. Initially working with Care Home sector the team gives care home providers in Leeds access to a responsive support and specialist advice and guidance network committed to improving quality of life for older people receiving care through regulated services in the city and thence improved CQC ratings and feedback. The overall quality of independent sector provision in Leeds has been steadily improving with 83% of all registered provision now rated good or outstanding.</p> <p>In addition, the Leeds CCG Quality team is an established team within Leeds CCG that supports the maintenance and improvement of quality in care homes with nursing beds, through the use of targeted support (in collaboration with LCC or independently through contract processes). Quality improvements are also further supported through Commissioning for Quality and improvement (CQUINs) built in to contracts and monitored as part of that process, which helps to further incentivise defined improvements.</p>

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<p>underfunding from a Government who have little commitment to public services and finds it hard to take a stand on its own. However Leeds is by no means on its own and if all councils bow down under government pressure, who speaks up for local people? Strong Labour Councils like ours could put their foot down and appeal to the public for support. Covid has made many people realise that the marginalisation of older and disabled people in our society and the undervaluing of care and support workers, which is the other side of the same coin is all wrong. This is a great opportunity to make a stand and insist that we all start building a better future.</p>		<p>3: We are also concerned that the NHS seems to be calling the shots</p> <p>As noted above, the size of Richmond House made the cost per head prohibitive for investment by the CCG for CCB provision. It does have a responsibility to ensure value for money in what it commissions.</p> <p>The Department for Health and Social Care White Paper: <i>Integration and Innovation: Working together to improve health and social care for all, Feb 2021</i>, provides a basis for further consultation and discussion with interested or affected groups; and Leeds Adults and Health, the different political parties in Leeds, and other organisations, will contribute as appropriate to shape the Health and Care Bill that will be presented to Parliament.</p> <p>The Integrated Commissioning Executive has taken a number of reports which have attempted to model the needs of people with complex dementia and as a result the following service developments have been put in place, as detailed in the <i>Leeds Integrated Market Position Statement 2019-22</i>; NHS development of intensive and responsive specialist support to care homes, an individualised approach to funding of care, including transitional support to leave hospital as well as long-term funding; and the development of training in 'leadership in dementia care.'</p> <p>4: We do want to see a radical transformation of social care and support in which residential care would play a much smaller part but now is not the time, in the middle of a pandemic</p> <p>Adults and Health work closely with Leeds Care Association and care home providers to understand any pressures affecting the</p>

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			<p>market, and have continued to do so throughout the pandemic to understand impact of Covid on care homes.</p> <p>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.</p> <p>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.</p> <p>Adults and Health 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.</p> <p>5: We appreciate that the Council is facing gross underfunding As outlined in the report to Leeds City Council's Executive Board in October 2020, the key driver for the proposals to close Home Lea House long stay residential care home and Richmond House short stay residential care home are due to the Council facing financial challenges unlike anything in the past, and in addition, the financial impact of the Covid-19 pandemic which is unprecedented.</p> <p>The Executive Board report in October report highlighted a budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the</p>

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Page 152			<p>ongoing financial impact of Covid-19. The council is legally required to set a balanced budget therefore, a number of savings proposals have been put forward. The proposed closures of the two care homes in question would make savings annually of £1.531million as a contribution to the budget gap identified.</p> <p>My professional recommendation as the Director of Adults and Health is that should Home Lea House and Richmond House care homes be approved for closure, that no further council run care homes should be put forward for decommissioning. This would mean Dolphin Manor, along with Knowle Manor (Morley South) and Spring Gardens (Otley and Yeadon) would be retained in the city as council-run care home provision.</p>
	<p>GMB Submission regarding the closure of Osmondthorpe Day Centre, Richmond House Farsley and Homelea House in Rothwell. <u>Osmondthorpe</u></p> <p>GMB have several concerns about the closure of Osmondthorpe Day Centre, whenever a community provision is lost you will almost certainly lose customers, out of the 125 customers who were accessing the day centre prior to the pandemic only 67 have registered an interest in alternative provision. The reasons that management have given us why only 67 have registered an interest is varied, from shielding to family issues and Health, we asked if the travelling had an impact, and the management response was that 50% of customers will be travelling more and 50% travelling less. We also have concerns about the alternative</p>	<p>On behalf of GMB</p>	<p>Thank you for contacting on behalf of GMB, with regards to the proposals relating to consultation on the future of Home Lea House long stay residential care home, and Richmond House short stay residential care home. I can also confirm receipt of the petition on behalf of GMB Members.</p> <p>Your submission on behalf of GMB will be considered along with all consultation submissions and the findings of the consultation will be analysed and a report with recommendations will be presented to the Council's Executive Board in June 2021. In the meantime I have responded on the points you raise in your letter below.</p> <p>To clarify, Osmondthorpe Day Centre is not part of this consultation. The report to Leeds City Council's Executive Board in October 2020 regarding the proposals in relation to Osmondthorpe Day Centre were classified as Business As Usual, therefore not subject to mandatory consultation, and this position was accepted by the Executive Board at that time. Under recommendation (b) of the</p>

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<p>provision in respect of disability access, Holt Park, Stocks Hill, Calverlands and Wykebeck Day Centres, are the alternative offer and two of the centres we do not believe are big enough to accommodate the PI (Physical Impairment) service, Stocks Hill and Calverlands we do not believe will have the space for many wheelchair users including personal care access which must be resolved prior to accepting customers in the alternative sites. Osmondthorpe was the only provision in an already deprived demographic in the Burmantofts and Richmond hill Ward, we think this is a huge loss and having visited the Day Centre regularly and seeing such a wonderful provision first-hand it is a sad day to think this facility is no longer part of this community, it should also be noted that there is an impact to those who provided services such as wood making and gardening, many relationships will have been formed over many years and that needs to be factored in as the consistency can impact on a service users mental health and wellbeing.</p> <p><u>Industrial Issues</u></p> <p>The staff from Osmondthorpe have all been redeployed across the Adults service; this has caused a lot of anxiety and uncertainty as the roles are not permanent and their future unknown at least 5 members of staff are just floating in other services. Some staff have added anxieties about driving across the city and these anxieties need to be taken into consideration when realigning those staff. We also have concerns that travel expenses are currently not being paid as the previous</p>			<p>report Executive Board was requested to “Note the ‘Business as Usual’ savings and that decisions to give effect to them shall be taken by the relevant Director or Chief Officer in accordance with the Officer delegation scheme (Executive functions)”.</p> <p>Whilst a formal consultation process is not required, conversations with existing service users at Osmondthorpe day centre in relation to their individual care and support plans have taken place. In addition, I and other Senior Officers have met with local Elected Members and the Executive Member for Children, Families and Adult Social Care and we are working with them to answer their questions on this matter. They in turn are seeking the views of local community groups. The points your raise with regards to Osmondthorpe Day Centre will be considered as part of the significant operational delegated decision and associated EDCI impact assessment. In the meantime I have responded on the points your raise in your letter below.</p> <p><u>Osmondthorpe Day Centre</u></p> <p>There are 103 people registered with the service at Osmondthorpe, of which 67 people have to date re-engaged with the service. Other people are receiving welfare calls and/or a digital offer. As restrictions lift and people feel more confident we will see more people return to a building base and/or community group.</p> <p>People registered with the service live across Leeds, therefore some people may travel further whilst others travel less as they choose which services and activities they wish to attend; this tends to be with friendship groups.</p> <p>Stocks Hill is used by the Pottery and Art Groups and the service</p>

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	<p>line manager is not at work and nobody had taken over that responsibility, GMB do not believe this is acceptable on top of an already stressful situation and we are ensuring that this is rectified and that when any service change occurs, we do not find it acceptable that they must wait for additional travel expenses to be paid. There is concern from both groups of staff; Complex Needs and the Physical Impairment service about aligning roles and how this will work going forward, there will be a mix of pay grades and an uncertainty about if their roles will change. We would like the management team to prioritise the future for the service to relieve some anxieties.</p> <p><u>Homelea House</u> The decision to propose closure of a residential care home that has a current good CQC rating overall and outstanding for care is a travesty, the alternative LCC provision in Rothwell is Dolphin Manor which scored good overall but required improvement on safety when previously inspected, Dolphin Manor only has 9 current vacancies and 16 customers current live in Homelea, we are informed by management that the families are already requesting a place at Dolphin Manor and we have concern that not all families will have a place for their relative. We know there is considerable opposition to this closure in the community and it is not surprising. We are wholly opposed to the closure of Care Homes especially in the middle of a pandemic, the crisis in care is widely publicised and the pandemic has shone another light of public vs private when it comes to</p>		<p>has an accessible toilet facility. Calverlands has a registered Changing Place facility and a sizable extension built at the back of the building. Health and Safety risk assessments are reviewed to ensure suitability of any building base to be used for services / activities proposed to operate from them, along with the EDCI Assessment to consider impacts and mitigations for all those affected by the change in service delivery.</p> <p>Wykebeck complex needs centre is council run and is 1 mile away from Osmondthorpe day centre. There are also local Neighbourhood Networks, along with other charitable and community group organisations. The Workers Education Association provided groups/activities and when guidance allows will be providing these groups at the other building bases including Holt Park Active.</p> <p>The services and activities that people attend are linked to the goals within their individual support plans, and we will continue to work with people to ensure these goals can be met. When guidance allows, the organisations that provide services and activities will be providing these at the other building bases.</p> <p><u>Staff at Osmondthorpe</u> The management team is currently working closely with the Day Opportunities staff to engage them in shaping how the service will look moving forward. All staff have been extremely flexible with some staff covering the critical services, these staff will begin to return to their substantive roles as the number of customers attending services increases. The aim is to ensure staff have a substantive base and minimum travel where possible. The difficulty with staff claiming expenses has now been resolved and briefings</p>

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<p>managing a crisis. 84% of all care homes are in the private sector now, the sector is now so heavily fragmented created by the 2012 Health and Social Care Act that it was always going to a logistical nightmare when having to respond to a pandemic, when run by the local authority you can regulate and provide a consistent approach. When you allow too much customer choice you remove the ability to monitor effectively. If only all the money handed out to Serco for a disastrous test and trace system had been distributed to the NHS and Local Authorities, and then there was the PPE scandal which ultimately caused unnecessary deaths. Whenever we are about to lose a public care provision, we sigh a deep sigh as we all know that once it has gone it is never coming back. We urge the authority to rethink this decision.</p> <p><u>Richmond House</u> This was the least surprising to see on the executive board paper as the GMB have been raising concerns over many months/years with management that numbers within the home have been kept low to justify any potential closure and although we cannot evidence this it is a belief all the same. There is no other provision within the locality and customers will have to travel a lot further to access future care in either the East or South of the city. The provision allows for high quality respite when leaving hospital prior to returning to their home. The home has had over 100k spent on renovation only a few years ago including new windows, decorating and a new heating system and has a very good reputation in</p>		<p>have been delivered to support staff with the self-service function. There is no intention to change job descriptions or pay grades but to support staff to work to these as effectively as possible. Priority and time is being given to the Day Opportunities service to ensure that staff feel supported and included in the future developments.</p> <p><u>Home Lea House</u> <u>Provision at Dolphin Manor</u> Dolphin Manor (35 beds) is the larger of the two homes and the building is suitable for dementia provision which is why it attracted CCG investment for the proof of concept short term dementia care. Home Lea House by contrast is not suitable for dementia provision.</p> <p>In addition, in terms of life expectancy and renewal costs, Home Lea House is a substantially older building than Dolphin Manor, with a shorter remaining asset life which will require significant capital investment in the near future in order to bring the building and facilities up to an acceptable standard that complies with current legislation and supports continued use as an intermediary care facility. Dolphin Manor is currently performing as intended and requires only minor improvements.</p> <p><u>Option to move to Dolphin Manor</u></p> <p>As the closest alternative in-house provision, Dolphin Manor has 35 beds and on average achieved 67% occupancy during 2020-21. Home Lea House has 29 beds and currently has 16 residents. The service have received two enquires to date from relatives of residents at Home Lea House about availability at Dolphin Manor. Those relatives are happy to wait until the Executive Board decision in June, and should the decision to close go ahead, they understand</p>

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	<p>the community. GMB as above would urge the authority to reconsider this decision.</p> <p><u>Industrial Issues at Homelea and Richmond House</u> Some staff have applied for ELI in the knowledge that the closures of these homes are looming, some have taken the opportunity to leave early as it is their wish to do so but some tell us that they have applied as they do not want to be deployed elsewhere and travel further and start a whole new role elsewhere. The worry about alternative work when your workplace is proposed to close is huge even when given assurances that alternative work will be sought as we live in an uncertain economic climate and this worry cannot and must not be underestimated. We will support our members through this process but want the authority to recognise the upheaval placed upon those front-line workers who have been at the forefront of a pandemic whilst worrying about contracting the virus and taking it home to their loved ones, it is so sad that instead of commending their work they are having to consider either leaving a role they have worked in for years or move across the city to keep their job.</p> <p>Please accept this submission on behalf of GMB members and representatives and the wider community we serve.</p>		<p>the need for a social work re-assessment at that time. The Leeds CCG commissioned 10 beds at Dolphin Manor to trial discharge to assess short term care for people with dementia as a proof of concept. This will have concluded by the time any Home Lea House residents may be looking to transition there.</p> <p>In addition, we know from previous closures that some residents choose to move closer to their family, also that upon assessment some residents needs have changed and they require a move to nursing care provision.</p> <p>Should the recommendations to Executive Board in June post consultation be for the closure of Home Lea House, residents and their families / carers would be fully supported by the assessment and transition social work team, in accordance with the Care Guarantee, to ensure they choose an alternative home that meets their individual needs.</p> <p><u>Care Home Market</u></p> <p>As outlined in the report to Leeds City Council's Executive Board in October 2020, the key driver for the proposals to close Home Lea House long stay residential care home and Richmond House short stay residential care home are due to the Council facing financial challenges unlike anything in the past, and in addition, the financial impact of the Covid-19 pandemic which is unprecedented.</p> <p>The Executive Board report in October report highlighted a budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the ongoing financial impact of Covid-19. The council is legally required to set a balanced budget therefore, a number of savings proposals have been put forward. The proposed closures of the two care homes in question would make savings annually of £1.531million as</p>

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		<p>a contribution to the budget gap identified.</p> <p>Adults and Health work closely with Leeds Care Association and care home providers to understand any pressures affecting the market, and have continued to do so throughout the pandemic to understand impact of Covid on care homes.</p> <p>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.</p> <p>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.</p> <p>Adults and Health 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.</p> <p><u>Independent Provision</u> 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. Following concerted work by the Council's Care Quality Team from 2017 the number of residential care homes rated good or outstanding is now 83%.</p>

Submission	Raised By	Response
		<p>There are 13 independent care homes within 5 miles of Home Lea House (not including Dolphin Manor). 7 offer residential care, 6 offer residential and nursing. 1 home is CQC rated Outstanding, 8 rated Good, 4 rated Requires Improvement. Those rated Outstanding or Good total 501 beds. 7 of those rated Outstanding or Good are listed by CQC as offering specialist Dementia provision.</p> <p>My professional recommendation as the Director of Adults and Health is that should Home Lea House and Richmond House care homes be approved for closure, that no further council run care homes should be put forward for decommissioning. This would mean Dolphin Manor, along with Knowle Manor (Morley South) and Spring Gardens (Otley and Yeadon) would be retained in the city as council-run care home provision.</p> <p><u>Richmond House</u> Leeds 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.</p> <p>Richmond House provides short stay residential care and respite provision. The CCG commission citywide Community Care Beds for rehabilitation. Adults & Health previously reviewed whether Richmond House could offer CCB provision, however the size of the home made the cost per head prohibitive. The CCG will be reviewing their commissioned service in the next 18 months but at present have commissioned 238 beds across the city and are content that they have sufficient resource available to them.</p>

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		<p>In addition, the NHS have provided temporary funding to the CCG to support hospital discharge during the pandemic. The CCG have used this funding to commission a number of community beds (nursing and residential) across the city, and as part of this Discharge to Assess process, currently 97 beds although this is reviewed on a regular basis. People are supported to stay there while their needs are assessed and their care arranged at home or in another residential care or nursing home. Their needs are assessed very quickly and a sizeable proportion of the people who are discharged in this way, return home within a week to ten days. All are citywide services, with beds offered to individuals and their families / carers based on those closest to home and also the particular needs of the individual. Over the last three years, 11 individuals from the Farsley area (with postcode LS28 5) attended Richmond House. For the wider LS28 postcode area over the same time period 37 individuals attended. This is out of a total of 196 individuals admitted citywide in that time period.</p> <p>The closest commissioned Community Care Bed service is Green Lane Intermediate Care Centre in Armley, with 49 beds, which is 5.5 miles away.</p> <p><u>Short Break / Respite Services</u></p> <p>There are currently 6 people who access the respite service at Richmond House, to arrange a short break or an extended short day depending on the need of the individual and their family / carer. All in-house care homes offer two or three respite beds.</p> <p>Respite beds are not commissioned as dedicated beds, instead a social</p>

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			<p>worker will approach care homes at the time required, and if there is capacity, will spot commission a short break or extended short stay depending on need.</p> <p>There are 21 care homes with a total of 932 beds in the Leeds Boundary within 5 miles of Richmond House. 16 are rated as good, one as outstanding and 4 are awaiting an inspection outcome. 14 are CQC dementia registered. 15 are residential, 2 are nursing and 4 offer both.</p> <p>There are a further 14 homes with a total of 723 beds within 5 miles of Richmond House but outside the Leeds boundary. 8 are rated as good, one as outstanding, 3 require improvement and 2 are awaiting inspection. 11 are CQC dementia registered. 7 are residential and 7 offer both residential and nursing care.</p> <p>Other options are also available such as community based short breaks, or a personal budget to arrange a short break that suits the carer and the cared-for person. This could be through various organisations such as private home care agencies, charities or community interest companies.</p> <p><u>Building Maintenance Work</u> Since 2018, there has been significant capital and revenue spend on Richmond House, in order to carry out essential maintenance works to ensure the building remains “wind and watertight” and suitable for the people residing there. This has included some larger works such as a new lift and replacement windows at Richmond.</p> <p>Richmond House is 50 years old (built 1971) and falls within the Grade B category which indicates stock condition is satisfactory and performing as intended but exhibiting some deterioration. Further</p>

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		<p>long term capital investment in the region of £300 to £500k will be required to bring the building and facilities up to a good standard in order to comply with current legislation and support continued use as intermediary care facilities. Existing mechanical services are in need of attention to prevent major break down of the plants associated items along with upgrades to the electrical installation, wind and weathertight items and associated building works. Additionally the cost for full refurbishment is estimated to be £1.7m which far outweighs the spend in recent years.</p> <p><u>Staff at Home Lea House and Richmond House</u></p> <p>The commitment and quality of care provided by staff at both homes is acknowledged. I also fully acknowledge that hearing that your workplace is being consulted on for closure can create uncertainty and worry.</p> <p>As outlined in my first letter to advise staff of the recommendations to consult on the closure of Home Lea House and Richmond House in October 2020 ahead of Executive Board, I also feel it is important that staff are made aware of the recommendations directly from me and at the earliest opportunity. Keeping staff informed and involved is expected as a good employer. It is also integral in helping to provide a greater sense of security on the part of customers.</p> <p>Staff have used their experience and expertise in helping to coordinate the consultation process by assisting service users and their relatives to understand, consider and take-in the information. Managers have arranged one to one sessions with the residents and their relatives, and with staff, using the consultation survey to identify any impact the proposed future changes may have on individuals. This is much appreciated, it will help us to manage and reduce these impacts where</p>

	Submission	Raised By	Response
			<p>possible, and I'm sure I can rely on staff's ongoing professionalism and commitment to our residents.</p> <p>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.</p>
Page 162	<p>I write on behalf of Carlton Village Neighbourhood Forum to register an objection to proposals that threaten the closure of this Residential Care Home in Rothwell.</p> <p>Scrutiny of the most recent CQC report for this home together with other local homes reveals that Home Lea House is in the very top tier of performers in our area and that in terms of caring for its residents it is rated as outstanding. With this status in mind, it is hard to accept why this particular home is being identified for closure other than purely on financial grounds. Logically one would hope that closures should be directed at less well performing facilities.</p> <p>A report authored by the LCC Director of Adults and Health points to the assessment that the building is less new than the other home in Rothwell. However Home lea has the benefit of ensuite facilities and is specifically configured for the type of resident that it accommodates. Dolphin Manor which it is understood has less bespoke facilities was subject to closure itself some time ago and local opposition was</p>	<p>On behalf of Carlton Village Neighbourhood Forum</p>	<p><u>Closure proposals</u></p> <p>As outlined in the report to Leeds City Council's Executive Board in October 2020 and at the Outer South Community Committee Meeting on the 15th March 2021, the key driver for the proposal to close Home Lea House long stay residential care home is due to the Council facing financial challenges unlike anything in the past, and in addition, the financial impact of the Covid-19 pandemic which is unprecedented.</p> <p>The Executive Board report in October 2020 highlighted a budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the ongoing financial impact of Covid-19. The council is legally required to set a balanced budget therefore, a number of savings proposals have been put forward, including one for the proposed closure of Home Lea House Long Stay Residential Care Home in Rothwell, and the closure of Richmond House Short Stay Residential Care Home in Farsley, making savings annually of £1.531million as a contribution to the budget gap identified.</p> <p><u>Quality of Care</u></p>

Submission	Raised By	Response
<p>instrumental in negating this action. This does not appear to be strategy that the local community can have confidence in.</p> <p>The report also highlights changes to models of care citing the requirement by residents for increased independence. This is a laudable aim and will certainly benefit residents who fall into a category where sustainable levels of independence are possible. However, more dependent patients surely require a more intensive and constant caring service such as that made available at Home Lea.</p> <p>The idea that a top quality bespoke well run home should be subject to the proposed action, with the potential to divert patients to a home not specifically designed for the types of dependent resident living at Home Lea is wrong and short sighted.</p> <p>The provision of homes for dependent people is very important and something that local demographics and medical trends suggest will need to be enhanced and not reduced.</p> <p>It is important that within a local community there is a robust provision in respect of this type of care, especially recognizing local demographics which show that the number of people in the community above the age of 65 is considerably in excess of the figure for Leeds as a whole and above the average figure for England (Source Leeds Observatory). It therefore appears to be short sighted in the</p>		<p>The high quality of care and support provided at Home Lea House is recognised and acknowledged. It is the staff group that has helped the home gain its good rating and we hope to retain the staff and redeploy them into other council services so their good practice is not lost.</p> <p>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.</p> <p>There are 14 care homes within five miles of Home Lea House, including a Council-run home, that are CQC registered as Outstanding (1), Good (9), and Requires Improvement (4). Of the 10 homes that are rated as Good or Outstanding, six offer residential care, four offer both residential and nursing care. Eight of the homes are listed by the CQC as offering specialist Dementia provision. If a recommendation for closing Home Lea House was made and approved, no-one will have their care taken away or their level of support reduced.</p> <p><u>Quality of the Building</u></p> <p>Dolphin Manor is a single story building with small kitchenettes and lounges leading from each corridor giving a homely feel. People are able to live and dine in smaller groups as opposed to having meals in a large dining area with 29 other people. By comparison, Home Lea House is a two storey building with three large communal living spaces and a large dining room away from the bedrooms. It is more difficult for people to live in small friendship groups because of the layout of the building.</p> <p>There are en-suite facilities to most bedrooms at Home Lea House (Dolphin Manor does not have en-suite facilities), however, they are</p>

	Submission	Raised By	Response
Page 164	<p>extreme to remove a facility of clear quality from an area with a population where demographics suggest an ever increasing requirement for its services.</p> <p>The local nature of such facilities is also considered extremely important and a home where residents are still within the body of the community is a valuable consideration and makes it less likely that people, requiring the care the home provides, might have to be relocated to other areas. This must surely be something that residents appreciate notwithstanding access for family and relatives etc. If there is one thing that the last year has made clear it is that this type of provision is very much needed and services of this type must be retained notwithstanding the pressure on local authority budgets.</p> <p>A report by the Director Adults and Health prepared for a forthcoming meeting of the Outer South Committee establishes the reasons for the proposed closure of Home Lea House and notwithstanding purported changes to models of care and financial considerations, the age of the building is cited as a reason for the action to be taken. Surely it is the quality of the care provision that is paramount.</p> <p>The model of care argument within the aforementioned report is understood, but not fully accepted and while a strategy that maximises independent living facilities is welcomed, the question of those with greater dependency and requiring the present model of care is not very clearly</p>		<p>small and not fully accessible (not large enough to accommodate a wheelchair).</p> <p>The environment at Dolphin Manor lends itself to supporting people with dementia and additionally has an exit from the living area on the garden space. It is the larger of the two homes and is suitable for dementia provision, which is why it attracted investment from Leeds Clinical Commissioning Group (CCG) for a “proof of concept” short term dementia care pilot. Home Lea House by contrast is not suitable for dementia provision.</p> <p>Home Lea House (built 1964) is a substantially older building than Dolphin Manor (built 1987) with a shorter remaining asset life which will require significant capital investment in the near future in order to bring the building and facilities up to an acceptable standard that complies with current legislation.</p> <p>Dolphin Manor is currently performing as intended and requires only minor improvements. The property condition report for Home Lea House and projected component life expectancy and renewal costs indicate more substantial investment would be required which may be uneconomical given the remaining asset life.</p> <p><u>Capacity of alternative provision</u></p> <p>The 10 care homes rated as Outstanding or Good within five miles of Home Lea House total 501 beds. Occupancy at care homes can vary from week to week: as of 11th March 2021 occupancy rates at those homes ranged from 44% to 95% with an average occupancy of 79%. The council has two residential care homes situated in Rothwell, Dolphin Manor has 35 beds and on average achieved 67% occupancy during 2020-21.</p> <p>The Rothwell ward area has an oversupply of residential care</p>

	Submission	Raised By	Response
	<p>addressed. The suggestion is that Dolphin Manor in Rothwell is an alternative option of provision. It is not long since that Dolphin Manor was identified for closure, but which due to local opposition was retained and it is therefore difficult to have long term confidence in such a strategy.</p>		<p>provision by 120 beds. The Council's Extra Care Supply & Demand Model calculates anticipated future demand for residential, nursing and extra care provision, taking into account proposed population changes to 2028 at a ward level, and suggests there is sufficient capacity of alternative good quality provision.</p> <p>Delivering new housing-with-care provision in line with the current and future demand is one of the key drivers of the Better Lives Strategy (which is the Council's strategy for people with care and support needs) and Adults & Health continue to work alongside the Housing Growth Team to identify suitable sites for extra care housing of which there is an undersupply, and also with Health partners and independent care sector providers for the development of more nursing care for people with the most complex needs where, again, there is an undersupply.</p> <p>In January 2019 Leeds City Council appointed a delivery group made up of Ashley House Ltd, Morgan Ashley LLP and Home Group to deliver four Extra Care schemes on Council owned sites in Leeds including Windlesford Green in Rothwell. The Windlesford Green Scheme will deliver 64 units of Extra Care housing with anticipated start on site in June 2021.</p> <p><u>Dolphin Manor</u> As discussed at the recent Outer South Community Committee meeting on 15th March, my professional recommendation as the Director of Adults and Health is that should Home Lea House and Richmond House care homes be approved for closure, that no further council run care homes should be put forward for decommissioning. This would mean Dolphin Manor, along with Knowle Manor (Morley South) and Spring Gardens (Otley and Yeadon) would be retained in the city as council-run care home</p>

	Submission	Raised By	Response
			provision.

4c) Consultation Petitions

Home Lea House petition – online comments

[Petition · Prevent the closure of Home Lea House, Rothwell. · Change.org](#)

Total signatures - 1248

Number of comments – 139

Comments:

<p>More elderly in society means more not less homes like this. Not everyone can live independently, a caring society and City (LEEDS) knows this and provides.</p>
<p>Why am I reading recent updates on numerous housing developments within Rothwell then reading that the council intend to close this amazing care home! This is the second one they have tried to close in recent years! The population of Rothwell is growing so where do they intend for us all to go when we reach an age where we depend on these services?! I know I would want to remain in this area where I was raised and where I've raised my children! Absolutely despicable of the Council!</p>
<p>This is a lovely place to live the staff are great and the cook is always baking buns, what is up with these people who want to close homes like these.</p>
<p>We know there is inadequate provision in the private sector and it is a total folly for the Labour Council to continue close public services when there is inadequate provision elsewhere. They did this at The Green in Seacroft decimating dementia provision. As an independent councillor I am very happy to sign this. It's a ridiculously short term view.</p>

I'm signing because !! Whoever took the decision to close is a C**T !!
They think Covid will be a smokescreen for them, absolutely disgusted
We do not want Home Lea to close down
How can closing Home Lea solve the care crisis in this country?! Ridiculous! Incomprehensible! My grandma was cared for here in her final years. More homes need to be provided by Leeds City Council, not fewer!
This place has been home to many local residents it is a disgrace that anyone would think of closing it
It's not fair that people homes where they are settled and looked after and you are going to unsettle them all just because u want to close it leave it open
The home is needed by many people. Closing will affect them, their families, the staff and the local area.
We need care homes more than ever
I know a lot of people want this to stay open
People deserved to be looked after in fabulous care homes such as Home Lea! Where is the council proposing they go?
This care home has provided excellent care for the elderly in this area for many years and it closure will mean another essential service closed for the most vulnerable in our community. Shame on those responsible who think this can be just sold off.
A lot of elderly people have lived in Rothwell and when the time would come where they need to be cared for I'm sure they would certainly wish to stay in their local village and be near family and friends.I know I would if it came to this.
Moves are detrimental to the health of elderly residents especially during a pandemic
We need care homes at all times x
Where are the elderly going to live and get together with the rest of the elderly residents. All the council want to do is cut back on everything
I'm signing this as this is a group of people's home, we are a community so sick together and remember morals
It needs to stay open
My friend's mum is here. It's a lovely home and well run. Feels like all the big

consortiums are taking over and losing that family friendly touch
We need more elderly care places, not fewer, and the short-sightedness of LCC is dangerous.
If it is closed what happens to the residents. Let's think about them and not budget cuts. They elderly deserve the best. They are what makes a family and country whole
I am signing because this home means so much to friends and family, good nursing homes are hard to find and we need to keep them open
The closure of this home is a backward step and needs rethinking!
Vulnerable people need to be protected
Not enough homes, stupid to close this one
I'm old myself and this sounds like somewhere I would like to go
To maintain local provision of 24 hour care for those who need it.
Protect the elderly and vulnerable
Because LCC think they can treat our elderly and vulnerable with contempt and get away with it.
We need good homes
My auntie is a resident here and has settled in so well
My dad stays there for respite care. It's so important for our family
My dad was cared for at home lea. The staff were lovely and gave me and my family reassurance he was safe.
Save our elderly care as it's needed so much.
My mum has advanced dementia and not long in the near future I will probably have to make the heart wrenching decision to put her in a home. Good nursing homes are hard to find and shutting them down is absolutely ridiculous. We need more good homes like these to stay open
We are an ageing population and need more homes like this rather than shutting them. Find other areas to save money
My grandma was looked after there and clearly there is a shortage in this country of residential care for the elderly. Should be expanding provision not closing homes!

Only heard good things about this home.
Care homes provide a vital service that is needed more than ever due to an ageing population. We need more not less.
There should always be care homes for vulnerable people
we need homes like this in our area please do not close Home Lea House
Don't take their home from them. The care of these vulnerable adults should come well before budget cuts.
My Mum is a resident at Home Lea and she is very settled there. It has an outstanding CQC report and fabulous staff. After being isolated for so long due to covid, it's the worst thing that could be happening to them at this time. We must fight this closure.
I had a dear friend whose mum was a resident here. Local homes for local people need to remain part of the community.
My father in law is here, happy and settled, he has lived in Rothwell all his life, this will be a huge upset if he has to move elsewhere.
My grandad is happy and settled here
I signed because not only is it the most stupid idea ever under present circumstances, I'm sure they could find other areas within their own organisation that wastes our hard-earned money to make cuts.
Would be a shame to close.
It is a fantastic home best in the area would be sinful to shut it.
It is a needed residence in the area.
As it's taxpayer funded, I as a taxpayer say no to its closure.
My grandma is a resident!
This is a well-run home leave it alone if the council stop putting asylum seekers in motels that will more than pay for the home
I don't think they should close any care homes as we need them to protect our elderly people and their families also more people will lose more jobs and we have lost enough places and jobs already
Too many care homes are closing down and they are needed more than ever. My dad only spent a few months in a home before he passed away but I remember him saying that he wished he had done it much sooner because he wasn't so

lonely there.
It's their home.
Home Lea House is a valuable community asset and should be kept open
We need more homes for our elderly
I think it would be very unfair to close it down.
Please keep it there
I know of 2 people who received excellent care here. It is a vital place in the community and to close it would be a disgrace. These are people not just numbers.
There needs to be council funded care homes for those not fortunate enough to have £££££ set aside or a house to sell to pay for a place in a private care home, where money comes before care
I care
This is part of the heritage of Rothwell.
Why is it always the elderly to suffer. They've paid all their lives, this is their home. Don't take it away from them
Because our elderly need more homes like this one. There is no need for it to close at all
There are other areas Leeds City Council could make savings but elderly care should not be one of them. With an increasing population of older people, this is exactly the area we need to be spending on long term future goals putting people before profits. Where do you expect those residents to go? Please consider the impact on the local community there in an already challenging time ahead and the residents in their last few years if life.
We need this care home.. Too many are closing in an ageing population. It's not good business sense at all.
We should be building more care homes not closing them. What are the residents supposed to do ?
Home Lea is a much needed home in this area, staff are great, would be awful to lose such a caring home
Leeds City Council have forgotten those that they serve. They should hang their collective heads in shame

We love Home Lea.
I have worked here whilst the home I worked at was getting renovated and the staff were so caring not only about their residents but about their staff also .. it's like one massive family vibe & they do loads of fund raising so they can take them on trips out ... please do not shut this home, just think of the residents being isolated because of covid19 & now they're losing home/family /friends if you close this home. You're making a massive mistake and we will see a lot of deaths but not to covid19 but to broken hearts...
I may need this lovely care home myself in the future
Closing a lovely care home where so many happy people live is ludicrous! These are people not piles of rubbish that can be just moved on with no care or thought for the trauma and upset it will cause.
Home Lea has been there for all my life the staff are amazing and this is a vital service for our elderly. Closing this place would be devastating for staff residents current and the future. Look after our elderly and the people who care for them
A vital local resource.
This home has been there for years, it's people's home, needs to stop open
We need care homes in the area. Why close an excellent facility that is giving outstanding service
Disgusting, Leeds City Council has the best care
They were amazing with both my grandma and grandad. They are wonderful and a much needed service for our community.
I have someone in this home and it's a lovely place, he's settled. This damn country, government, council NEVER learn. It's more homes we need with more investment and facilities. For gods sake stop ripping everything and everyone apart
I visited there as community nurse. The staff were a brilliant..
When i worked as a community staff nurse many years ago this was a fantastic place. The staff were outstanding. It will be tragic for the residents to loose there home and their families
Leeds city council has closed down too many homes already Home Lea is the only home left in Rothwell for the local community.

This is a beautiful and well looked after care home also is part of the Rothwell community.
It's short sighted to close council run care homes.
My father is in home lea and he loves it it would be a massive shame to close now
Some years ago Leeds City Council declared that they wanted to be "The" dementia friendly city in the UK. The way this announcement has been made, hidden away, under the news of today is shambolic. People are living longer, more are being diagnosed with dementia, and more will be requiring the specialist care needed. Familiarity and routine are important to those with dementia, especially as many have not seen family for many months, any move now will certainly have an impact on their well being.
My sister here and just settled in after losing her mum after living with her for 70+ years, please don't take her safety net away
This home has been part of Rothwell for as long as i can remember there are never enough places for the elderly were they can feel safe in there elderly years so why close down a good thing that they have and upset the residents in there later years
Good care homes & staff are very few & far between unlike private care homes that are more interested in making money than actually caring about their residents.
One of the best care homes in Leeds. Put care before money.
It's important.
This is their home.
That's the easy option. Think harder.
It's an essential part of Rothwell community
South of the Aire also needs residential care.
The residents have contributed all their life and now the Councils are effectively stealing all their input. The government just want to euthanise the elderly and keep reducing funding!
I lived in Rothwell for much of my life and my parents still live there. I remember going to Home Lea to do school concerts and seeing the care the residents received. To rip them from the place they are comfortable and where they feel safe

is disgraceful. Never forgetting the families, you will destroy as they watch their loved ones crumble or (staff) lose their jobs. This is not about one issue, it's about a myriad. Hang your heads in shame for treating people like this!!
Nooo! People who now live there depend on the security and support provided by Home Lea. An enforced removal of vulnerable elderly people who will be confused and even more devastated through the lack of contact with family and friends. It does not bear thinking about and would be the ultimate betrayal
We cannot afford to lose such a vital and well-loved service
It would be a real shame to see such a wonderful place closed. Many people rely on these to keep family local and well cared for. Its one of the better care facilities in Leeds.
It's just not the time to close care and support venues and homes
My Grandma lives here.
My grandma is in this home, it's the happiest she has been in years and she has met some lovely people. Why do this to these residents who are settled, cared for exceptionally by amazing carers?
Too many homes for the elderly are closed with little consideration of the consequences for the residents they care for! Please do not close this care home in Rothwell
Residents should not be part of any "Budget Plan" ...it is their Home ...Please do not let this happen ..
This home is lovely, the staff are amazing and it would be such a loss for the lovely residents that live there it's their home :(
Supporting friends who have family in this lovely local care home
People's lives should not be part of a "Budget Plan" ...
Supporting family
Home lea house provides a vital local service
My sister Laura Harwood is a resident there
It should not be closing, we need more not less nursing homes
Rothwell must continue to provide a safe environment for our elderly community. I don't understand the rationale for the proposed closure but I know that this is a much needed service.

Why would you close it, just don't
They elderly need to be taken care of and this home is a wonderful part of our community.
Please do not close
We need local care homes for the local elderly people
Care homes are needed in this community!
We need places like this in our area for our elder family members
My nan is is there and she is very settled and well looked after by all staff
This is a valuable part of the community and is much needed
Extremely needing this in the area. Why do they have to do this, or is it all about the money again for the council?
This is a vital local service
Home Lea provides exceptional care for our community
This wonderful home is a large part of the community and needs to stay
My Aunt spent her last happy years in Home Lea House. This is a vital service for the Rothwell community. We need Home Lea House, there is always a waiting list for places demonstrating a need for this service.
Care homes are needed more than ever this has always been a good place
This is a lovely care home and it's amazing for the community to help our vulnerable
Because it's needed
Home Lea is a wonderful home for elderly residents we shouldn't be losing such a vital service
This is vital to the older people in this area.
Care homes are needed now more than ever. The staff obviously care for their residents. Budgets can be easily cut elsewhere.
During the current problems we should be supporting those with dementia and their families, not trampling on them.

Richmond House petition – online comments

[Petition · Proposed closure of Richmond House in Farsley · Change.org](#)

Total signatures - 1178

Number of comments – 90

Comments:

We need Richmond House, especially in view of the Pandemic
We need to look after our elderly
We're signing because my mum stayed here. It's such a community building- with fabulous personal care
I'm signing because it is a wonderful local service. My grandma was looked after there, such high standard of service
My Mum was cared for wonderfully by the staff after having a hip operation. A vital service both for the residents and local community.
This is crazy it is a well-used home and a step up to people getting back to their own independent living after an illness or fall.
Moving frail, elderly people at any time, is traumatic and particularly in a pandemic - distressing for residents and their families.
A friend of mine had a short stay in this care home after being placed there from hospital after a fall at home. She made great progress with her rehabilitation while there and was able to return home successfully in a planned way with carers. Many more people need to get back home in this way instead of being put in private care homes subsidised by the Council.
A vital service both for the residents and local community.
Want to save Richmond House
It's the only Council run local one with a good reputation
Richmond house provides much needed care and respite to the elderly. Instead of closing all these facilities we need to be supporting them and keeping them open. Some of these people will have been there for years and having to move and get used to change will be so stressful for some of these poor people!

Cutting back facilities doesn't create job and doesn't help the local community. The government can do better then closing this place.
These homes are needed and those there I feel be very upset to move
This place is so needed for our elderly as LCC have closed most of the others, it's a good place for rehabilitation to get people back into the comfort of their own homes.
Because it needed in the community
I care
My grandad stayed here and they don't a fabulous job!
This is a vital resource for the local area which is needed for supporting the most vulnerable and should not be closed.
You can't just close it, where do the elderly go? To strange places they don't know, they will die from upset. Like a member of my family did
Much needed facility for local people.
Try to keep all good care homes open. Communities need them.
This is a fantastic facility run by people who really care about the vulnerable people in our community.
It's a valued part of Farsley
It's a much needed service, especially in these times
I want to see our community built on and our older people looked after. Not everything closed and demolished!
We really do need this, in fact we need more places like this!
No care home should be closed
its a disgrace that you are trying to close Richmond House once more.
We need more care homes for the elderly not less.
It's a lovely place of retired of the elderly
There aren't enough care facilities as it is. This needs to stay open for the community who need the services it offers.
Residential and care homes are needed more than ever with an ever-increasing ageing population
Elderly people need safe local places to live in comfort the life they deserve

So many Farsley and Pudsey residents rely on Richmond House, it is needed!
Residential homes are essential part of the community, especially for those unable to be cared for by relatives. 'Care from the cradle to the grave' was a slogan we're familiar with and wish to see it lived up to.
I'm from Farsley and can't bear the thought of this closing unnecessarily.
My grandma lives in a care home and if hers was made to close lots of people would have nowhere to live
This is short sighted in every aspect and everyone will agree we all get older discriminative to say the least
The people deserve the best care possible in our area.
This is a great care home and heart of Farsley community.
This facility is essential for the wellbeing of the local community.
Now more than ever these facilities are desperately needed to help the elderly and their families
My friend was in Richmond house for months after an operation, the staff provided excellent care. This is short sightedness on Leeds city council If it was not for places like Richmond House offering care for those that need it, people would end up staying in hospital for longer periods, bed blocking, which in the end would be more costly.
My friend was in Richmond house for months after an operation, the staff provided excellent care. This is short sightedness on Leeds city council If it was not for places like Richmond House offering care for those that need it, people would end up staying in hospital for longer periods, bed blocking, which in the end would be more costly.
It is much needed to care for our elderly population. Please LCC why are you aiming to close this and the one at Rothwell? We are living longer and we need a place for our increasing older population that will otherwise have to take up a place in hospital as they cannot afford private care.
Richmond House provides high quality respite and short term care and assessment for elderly people. It was purpose built and has a spacious and comfortable feel which gives residents dignity and care.
Richmond House is a valuable asset to the are fabulous staff and care

Just think Councillors, you might need it yourselves one Day. You can destroy the City Centre and spend over £20m doing it and at the same time say you have no money for such as this! Lies, all of it.
Richmond House has cared for many people over the years. It should be allowed to continue its work! We are losing too many of our much needed Care Homes
Especially at this particular time this closure makes no sense whatsoever. The wellbeing of residents must be first priority not money.
We need more places like this not less
This facility is needed in the area to cut down on travel for elderly family and friends. It is well located with good transport links and parking
This is upsetting people's lives, especially the elderly!
This is a much needed, and loved, care home, locally used and a local asset.
Our elderly are not disposable
We need our elderly to be safe in their home. There are far too few good ones and this deserves to stay open
It's paramount to have this facility for the local people
This is a very valuable asset within the community.
It needs to be saved for the older generation in the community
My dad was in there and it's a vital service that can't be lost
It's a ridiculous, short sighted idea.
We need to keep places like this open – wonderful place and one of the best in my opinion - looked after my dad amazingly
Richmond House provides an excellent service to those who need it.
Its been there many years and used by patients all over Yorkshire it will be very sad if this closes. I have many a memorable day there visiting from school n the harvest festival
And the staff provide such care. Don't let it close. .
This service is needed now more than ever
Was very convenient when my mother in law needed respite care
Does so much good for the community
It's much needed, for the residents it gives them hope and reassurance they will

be cared from
We need this resource in our area. My dad would have been lost in the system when he came out of hospital a few years back.
We need to keep this in our community it is a great help for people in their time of need.
It offers a vital service to the area and was a blessing when my father was ill with Parkinson's giving my mum the much needed respite
I think its disgusting they are wanting to close this place
We need this home to remain a home
Very important to the local community
Farsley needs Richmond house
There are too many closures of homes. More are needed.
Simply I think it's disgusting that you're taking this home away from the elderly who have most likely lived most of their lives in Farsley. You should be ashamed of yourselves, corrupt idiots
We have lost too many valuable adult social care services. Let's not reduce services provided by statutory services to zero, we are failing the vulnerable in our society.
This is a much needed resource for the area
Leeds city council have just scrapped a clean air zone vanity scheme at a cost of millions but when it comes to looking after the elderly "we've got to cut costs"
People of Farsley depend on this home so they can stay in the village they've been all their lives, which is everything, Farsley is more than a place to live, it's home and memories
This is a lifeline to patients recovering they need the transition from hospital to home especially if theres no one there when they get home
I object to this fantastic local provision being decommissioned - it is the only local respite care available and is desperately needed.
We need to retain local services for local people
Because we need this home it's a community resource that Leeds City council have failed to promote

This home was a life saver for us when we needed it for my mum who had Parkinson's. Lovely, homely and caring staff. Not just left to sit in a chair. We loved going to visit.
The elderly a soft target, time we stood up, enough is enough.
Our elderly needs one where safe to live.

GMB Petition – 390 signatures

Submitted as an exported PDF from website

Comments:

So disappointed that it has got to the point of cutting homes for older people. The system is broken.
Solidarity from Leeds TUC.
Care facilities are our lifeline.
We have seen how great the private sector is. Low pay, long hours and lack of necessary kit and little scrutiny or accountability.
Solidarity to one of my favourite cities.
The last thing to go is not the lights, it's the care homes. Stop it!
For the good of our communities, Leeds Trade Unionists should support the GMB.
We are in the middle of a pandemic and have a proposal to close care homes for the most vulnerable people in society, it is wrong and we need to stop accepting the funding cuts imposed on local authorities by fighting back.
Labour Councillors do not make cuts in my name as a Labour Party member and Trade Unionist. We need to publicly fight against cuts. I am a member of Leeds Labour Representation Committee and we will support any Trade Unions and campaign groups organising against cuts.
The private sector is not fit for purpose. The closure of the OAP homes in Leeds was the Council's worse decision ever.
Our elderly have given so much, when it's time to give a little back you can't just say no and forget what they have given. Disgraceful Leeds. I know the twits in London pull the strings, so push for a united Yorkshire to hold your own purse

strings and tell London to get lost.
I worked in older people's services for many years and have seen the impact of closing people's homes where they feel safe and supported by people they have come to see as family. It is devastating.
Care homes have been hit far too much, they should be supported and protected.
We must protect our local authority communities before they are stripped bare. Private sector is a business run purely for shareholders pockets.
Leeds needs these essential services, please avoid closures.
This is very sad to hear, it is always the vulnerable and elderly that suffer! The elderly that have worked hard all their lives to be treated like this and the staff that have cared for them throughout this pandemic now face losing their jobs, it's very disappointing.
I am disgusted, closing the homes.
We need to look after the customer and take care of them. If they move from one home to another they will possibly pass away.
Not the right time!! Never the right time!!
Whoever has decided the closures should hang their heads in shame. It's always the elderly and the most vulnerable that takes a hit.
Devastating news. What has happened to duty of care?
We need council care homes. Too many closing, for the residents and staff.
Keep them open.
I'm at one of the facilities - worked tirelessly through this pandemic on the front line putting myself and family members at risk, sacrificed so much of myself willingly and with loyalty by completing lots of extra Covid related duties and restricted myself from going anywhere and doing anything other than work and home in an effort to keep my customers safe only to be told that a proposal of closure has been submitted to the executive board. I then read in the tabloids that 600 jobs are to be axed - so how do I and my colleagues feel right now?? betrayed.....worthless..... used..... for many of us this is not the first time we have faced this awful situation.
Let's all sign and stop this from happening.
Very sad, great service and staff.

Keep the care homes open.
Decisions made by people wealthy enough to never feel its consequences.
We need care homes for our vulnerable people. They need to feel they have care and support and be around people to give them some life.
Keep open, the governments shut everything down.
Devastating.
Everyone needs to sign this to stop closures.
It's disgusting that they always pick on the most vulnerable people in society and they always get away with it. We need stick together to protect them.
Everyone needs to sign this to stop closures.
It's an absolute disgrace the closure of the homes.
It's ridiculous that these care homes are being threatened with closure, especially in these chaotic times, where care homes are invaluable.
It would be devastating if it was your mother or father who was having to undergo such a traumatic experience. Older people can't cope with changes like this. If it was the case that the Council had decided to renovate the properties, that could be done incrementally, with support from staff. If they wanted to close the care homes, the Council should phase them out, gradually over time.
There is nowhere for the elderly to go if government is closing homes down. It's always elderly that has to suffer.
I totally agree with GMB stance on this matter.
Appalling.
Don't close them.
Stop closure of the 3 care homes.
The passion the adults and young people show throughout this pandemic in the nursing homes has not shone as much as it should have. A massive shout out for the legends who were left behind. Keep fighting for justice, every one matters, love and happiness will defeat the bugs!!!!!!!!!!!!
My sister works in one of these care homes and all the hard work for the residents in protecting them from Covid whilst maintaining the standard of care they provide, whilst living with the increased risk themselves, they should be rewarded for their

efforts. This does not feel right.
Appalled to hear this news. C19 has been the excuse to dismantle so many services of care and NHS.
Disgraceful.... Do the vulnerable in our city not count as citizens of our city.
Those older people need to be kept in their home especially as we are in Covid.
It's upsetting to see this sort of thing in this day and age.
Hope all the front line service's staff who make a difference to the people of Leeds can get through this uncertain and difficult time and can in time have a bright future to look forward to.
We need our care homes. Please consider the consequences if we shut our homes down. Some elderly people use this as their comfort zone. Please be considerate.
Homes are important for people who don't have family to care for them.
We need these facilities to help take the pressure off the hospitals.
It's a disgrace.
Disgusting.
We need these care homes for vulnerable elderly people. It's imperative that they stay open.
Stop closure of care homes.
Absolutely stunned. Why is it always the vulnerable that are penalised at a time when residents, staff and families have enough worries?
LCC have to claw back this deficit. It is a worrying time when much needed care homes become a target for austerity measures. These are front line provisions and the workers are doing a much needed service. Please allow them to continue in their posts; LCC you must reconsider.
Keep these places open and stop privatising care places. It's not a business, it's about CARING.
LCC should be protecting the vulnerable.
We don't need more homes closing.
Care homes are important.
We need these homes, so why do you need to shut them. It's not right when you

are shutting down. Where are people going to go?
I work in one of these buildings and I feel as though the money is more important than the PEOPLE that work there and most importantly the poor unforgettable PEOPLE that live in them, the ones that think they won't have to move again when they are settled and have trust in the PEOPLE that support them and the PEOPLE that the only family they have are the ones that support them and that they live with. PEOPLE'S mental health is not even taken notice of as when these PEOPLE have to move they will become only a shell and probably will be thinking "when will I have to move again?" So they will not be able to settle and relax. Anyway rant over as no matter what is said or done no one listens or even cares.
What's the point of anything if our final years are unhappy. It's more important we safeguard our elderly and ensure they benefit from their own contributions.
Absolutely disgusting!!!
There are not enough decent care facilities and resource centres around these days to provide the care and support these people need anyway. Absolute disgrace!
It's easy to fall out of society, not easy to get back in and with that is a much higher cost to be paid, both personal and loss of economic activity.
Appalling.
Disgraceful. We are still working through this pandemic. Coming to work to care for the vulnerable putting our own health at risk and the health of our own families.
Just where do they think these people are going to go. Generally elderly and vulnerable people do not like change of any kind.
Must be saved.
Really bad.
Services for our elders and vulnerable citizens need to remain as for a lot it is their only human contact that day.
They are the only care homes I would trust with my relatives, the rest are just money grasping institutions.
A travesty! With this government it's always the vulnerable who suffer!
It's sad to hear this.
This is disgusting. The old and vulnerable need looking after. How can they justify

closing homes down.
It is disgraceful that yet again the elderly and the vulnerable are cast to one side to save money along with dedicated staff set to lose jobs. Everything should be done to stop this. You have my support.
These care homes should be the last places the Council should look to save money by closures, surely it's a civilised society's duty to provide decent adequate care to residents of Leeds.
It's a shame that the Tories are treating our elderly like this. Some have been through wars, paid their taxes and national insurances, to be now slapped in the face. The government really needs to hold their heads in shame.
We can't afford to lose any more care homes. Where are the elderly supposed to live out their lives. They will have worked all their lives and end up getting pushed all over the place.
My mum has been a devoted care worker for Leeds City Council for nearly 30 years.
I have worked in dementia for twenty years and with LCC they won't stop until they're all closed, after all elderly people can't fight back.
All LCC want to do is save money again. Not considered the residents who live there and once again they have the money to waste on Leeds city centre work. Just not fair.
Outrageous.
Been out there from day one of lockdowns from Covid-19. I don't think and feel like I've been appreciated. I am worried and concerned about my working future and income, my mental health has also suffered due to worrying, but I'm still here working hard for LCC.
My mother is in a nursing home. The waiting times for places are agonising, worrying about your loved one being safe.
We need to protect our vulnerable people.
We need these to look after our parents and grandparents to know they are safe and cared for.
Care homes will be required in the future after this pandemic is over and if we start losing them now, we will increase the care crisis in the longer term.

My late grandma worked at Richmond House, Pudsey for many many years. You can't shut it down, it's a much needed home that is usually to full capacity.
I agree wholeheartedly, far too many homes and facilities have been shut down over the past few years, leaving the elderly and the vulnerable sad and confused. You have my backing all the way.
Stop this barbaric treatment to our elderly.
It's disgusting, our elderly and vulnerable need support, shutting down care homes is appalling.
We need to support all staff and service users.
Keep council carers.
I think we are seeing the true face of Conservative, caring yet again!
This cannot be right! What are the cared for and carers supposed to do? My lovely late Grandma lived at Richmond House and couldn't have been treat better, keep these homes open!
I have elderly parents and if they were to need to go in to a care home, it would not be in the local area of Rothwell where they live, and have friends and family.
Been there myself, when they closed the home I work in. It's not a nice thing to go through, hopeful that won't come to that for them.
These care establishments are where I live, this effects lots of people in my community, this cannot be right, outrageous!!!
Years of Tory cuts to local authority funding has brought about this crisis in care facilities.
For staff this will be devastating financially and the mental health impact for staff and for service users.
The Tories clearly do not care about the elderly, vulnerable and hard working public sector workers.
We need these homes for our residents who get the best care that they deserve.
You have already lost the Labour seats in Rothwell and won't get them back making moves like this.
Don't be foolish.
Shut the Houses of Parliament. They don't do anything apart from sitting around and be given bonuses for doing jack.

I acknowledge the LA's financial pressures but also recognise the importance of homes such as these play in caring for the vulnerable in our society.
This should not be happening, typical of of Tory rule.
The elderly in these care homes are in the midst of a pandemic, they now should not be losing their homes.
LCC front line staff have risked their lives to keep these people safe, so we need to fight to keep their jobs.
Why would the Council sell their care homes when there is an intensive demand to house older people and those with disabilities? This in the long run will add additional pressures to local authorities' service in the future, also jobs will be lost in the process. What will happen to tenants and occupants who have had to use these types of facilities prior awaiting discharge for health reasons.
Need to keep all care in house not for private profit.
Sad times.
LCC must demand emergency funding from the Tory government. Our local authorities have been starved of funds for too long! End austerity now.
Why is Richmond House care home proposed for closure by Leeds City Council while they are still funding services for people leaving hospital and awaiting reassessment and review of their care plans in private care homes? This out-sourcing and privatisation should stop in order to save money and preserve the community facilities for rehabilitation and recovery of Leeds people.
I feel the decision to close at such an unprecedented moment in time is harsh. Keep the Council facilities open! It is so important to keep valuable public services operating.
We need these homes.
Where will vulnerable people who need these amenities go. How much has the government spent on Serco?
This is such a remarkable facility which is not available in many parts of the country. It would be a tragedy to lose it.
What a way to treat frontline staff after risking their lives to care for some of the most vulnerable people in society. I know the pandemic has had an effect on everyone, but to potentially lose your livelihood at any time is devastating. I hope

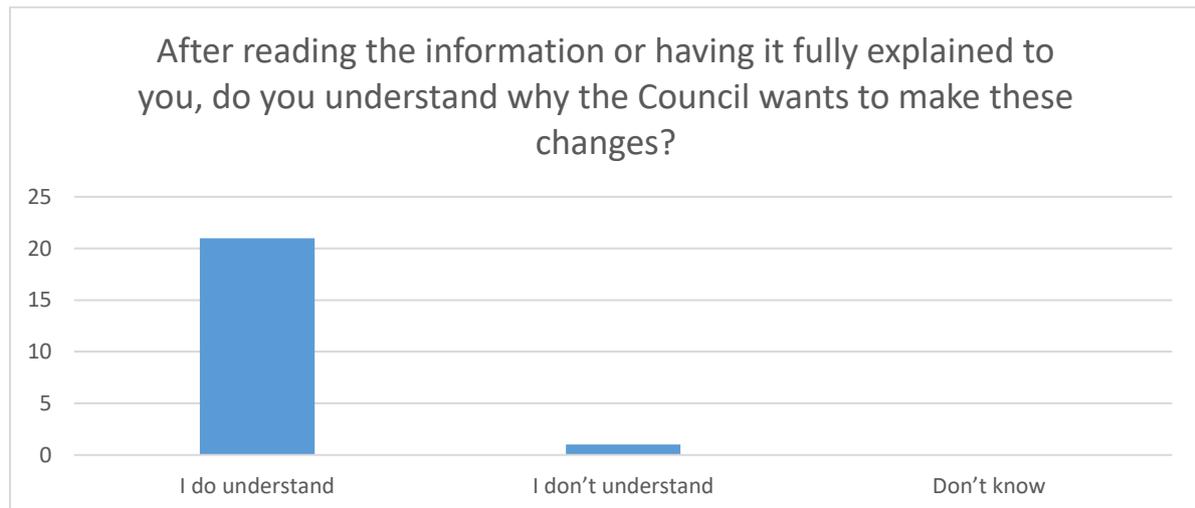
that GMB fight this all the way.
Devastating news for so many in the elderly and disabled community. Really hope these care homes and Osmondthorpe HUB can stay open. Very sad for residents, service users and staff!
I have been working in this care home for the past 2 months and cannot believe they are going to close it. The elderly need looking after and this place is fantastic for them, they are all happy and content here.

Appendix 3a) Consultation Survey Questionnaire Detailed Responses

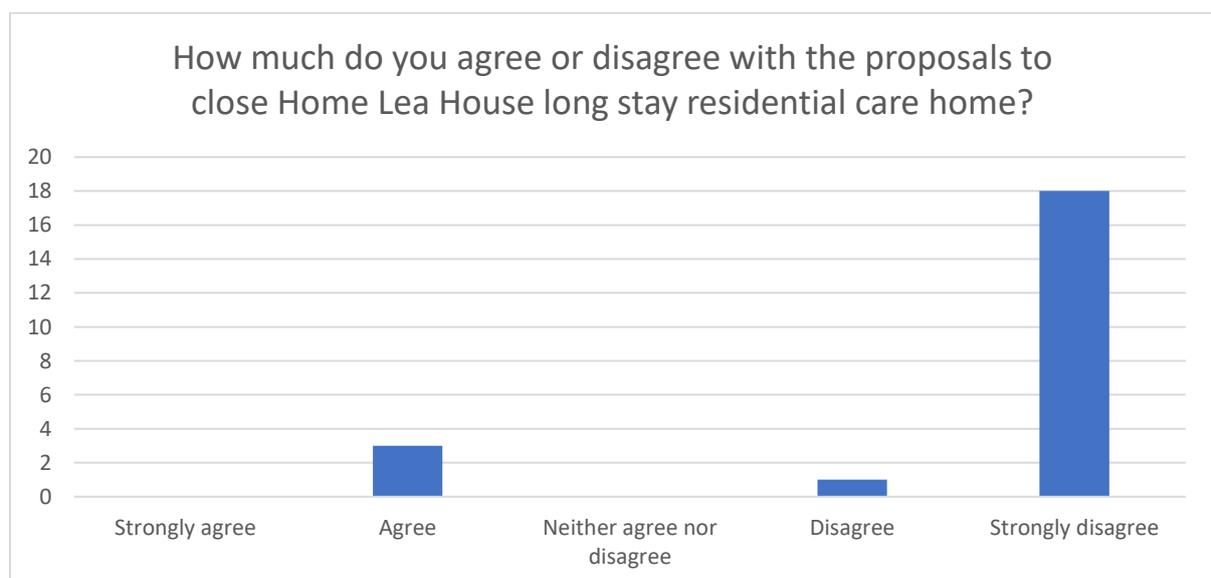
Home Lea House General Public Consultation, January to March 2021 - Survey Results

(22 Responses)

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
21	1	0



How much do you agree or disagree with the proposals to close Home Lea House long stay residential care home? Please tick one box.				
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
0	3	0	1	18



Please tell us the reason for your answer

My great grandmother resides in the care home. As a family, we placed her in several care homes, in which she didn't feel comfortable, until settling on Home Lea. Closing the home would result in great distress and anxiety for her, which has been magnified after a year not understanding why her family have hardly been able to see her, and would potentially ruin the peace we expected for her in what are likely her final years with us. While I understand long stay is not for everyone and others will want to stay at home for as long as possible, this is simply not possible for her. Instead she has somewhere she feels at home and where she is superbly cared for.

Rothwell is a large community that requires local services for its people. It is not well served by public transport to enable friends and relatives to visit care homes in other areas especially elderly people. Where people have lived together at home and one is now in care easy access is required. Dolphin Manor is described as being Council run but it's not too long since you wanted to close that. It was saved through local action and now you are suggesting that is all that will be left! Please do not close Home Lea. It is a lovely friendly caring home that we need.

The residents living in Home Lea House have made a carefully considered decision to move in here after looking around to find the most suitable home for them. They have then moved in and settled into their new home and become comfortable in their new home. They are now facing the possibility of having the trauma and upheaval of having to be moved. A number of residents within the home, including both of my grandmothers have dementia, along with other health conditions. The thought of them having to move at their ages, 93 and 89, is just unthinkable. The fact that the proposed closure is solely based on saving money is absolutely disgusting and totally wrong. These people have lived in the local area all of their lives and should, therefore, be able to stay living within the area, surrounded by their families and friends, and not have the worry of having to find a new home. This could then potentially mean they will have to move out of the area to somewhere they have no family or friends around to visit them.

The Council should not put the onus on the private sector to look after our elderly.

I am Rothwell born and bred. Home Lea is an amazing home, the residents are settled and really happy there. It would be a real shame to see it close. Rothwell and surrounding areas are forever growing in size, houses are been thrown up everywhere you look. People are living longer and leaving the area with only one care home will not be enough. Local people will not be able to stay in the area they love, it's just wrong. I am a tax payer and I'm sure the Council can cut back elsewhere to save this wonderful home.

It is a much needed well run residential home which gives an opportunity for local residential care.

Why are the Council still wasting our (tax payers) money on stupid Leeds 2023? No one wants this or any other of Judith Blake's money wasting schemes in Leeds. Why not invest in making these 2 homes more modern, viable and attract some private paying customers to help up keep. These facilities once gone will never be replaced and means Council social spending increases on private homes lining the pockets of greedy owners of elderly care facilities. Keep the homes and not a bean more to be spent on Leeds 2023.

Because better care can be provided to people in a non-profit setting. I strongly disagree with the state paying profit making organisations for care. There is still a shortage of care beds - there a huge amount of 'super stranded' patients awaiting care packages in NHS beds

The care residents receive at Home Lea is excellent. As a Council run home, residents family feel secure knowing their loved ones are being cared for at a high level. A lot of private care homes seem to think it is more important to have pianos and chandeliers rather than good quality care.

These care homes are essential for the elderly in our community. My grandma has been here for 12 months. She is coming up to 98. This was a stressful time after living independently for 97 years. The home made her feel at ease and she has adjusted well. Moving these residents further

a field where family may not be able to visit will isolate families and cause unnecessary stress. My grandma pays for her own care and sold her house to fund this.

Care homes are needed for old people to be cared for in the community. It's on a bus route for family members to be able to travel to see them.

I completely disagree with this decision as there are many residents in Home Lea including my two grandmas that have dementia. One of which has always been very unsettled, that was until she moved into Home Lea. My grandma now sees Home Lea as her home and I believe it would be too upsetting and unsettling to move any of the residents that live there. The staff are very professional and always make visitors welcome. It would be such a shame if the home were to close as it makes so many people happy, both residents and the people that visit, as we can see how happy and settled our family members are.

Both my grandmas are living in Home Lea House and they are both happy and settled. They both have dementia and they don't need the worry of getting kicked out of their homes on top of having that! All their family live in the Rothwell area and there's only one other care home in Rothwell and that has no room for any new residents, so if they got kicked out of Home Lea they would have to move out of the area and that would be very upsetting for them and also detrimental to their health and also their families.

Home Lea House is a much loved local facility. Rothwell is very much a family community and older people here value their local links. If I were ever to need care, I would be much happier in my own area where family and older friends can visit.

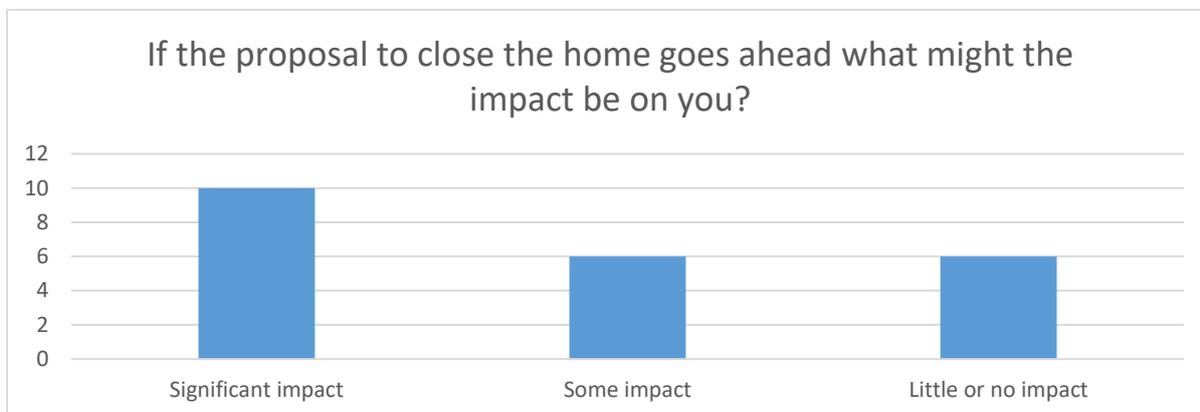
This provides a lovely home for local residents and surrounding areas. I understand that Dolphin is also in the area but in these times with care needs for the elderly in great demand I feel it will be a great loss to the area, and in the grand scheme of things what the Council will save by closing Home Lea it's a drop in the ocean.

My 97 year old grandma is a resident at this care home. For my grandma, a very proud lady, it was a huge decision to leave her home, her independence to move into a care home. She was frightened that she would be neglected and not looked after in the way she deserved. It was important to her to pick the right care that she was going to spend her remaining years at. The staff at Home Lea House have not only been kind, friendly and attentive to her every needs, they have also been a great source of comfort, when we as family have been unable to visit during the pandemic. Home Lea have become a surrogate family to the residents.

My mum moved to Home Lea House in February 2020, just before lockdown. We had suffered a horrible year, where my mum's mobility deteriorated to a point where as a family we couldn't cope with her living by herself. We fell in love with Home Lea straight away and the staff have supported both mum and us throughout a traumatic year with the extra trauma of Covid. It is her home where she feels secure, well cared for and loved. Where her 'family' of friends and staff live and work to help our elderly relatives live happily and thrive. I don't think the proposal to close Home Lea takes this into consideration. Who wants to move house in your 80's? For people like my mum, the Council home was, and is the best option to keep her safe and stable and for families to relax in the knowledge that the standard of care is high.

I think the private sector have got their act together and, as the report says, this is currently a declining market. The land is also prime development land and the income could boost the Council coffers. Dolphin Manor is the more modern of the two and should be retained.

If the proposal to close the home goes ahead what might the impact be on you?		
Significant impact	Some impact	Little or no impact
10	6	6



Please tell us the reason for your answer
It would cause stress and anxiety for all the family as we seek to find somewhere that will suit my great grandmother, but most of all, it will worsen her final years.
As above.
There would be a significant impact on me and my family. I have two family members currently living in Home Lea House and they are both very settled and happy. I visit my grandmothers every couple of days (before Covid 19), with my four children. We all enjoy walking to Home Lea House and seeing just how happy they are living in there, and being able to spend time with them. If the proposed closure goes ahead, this would impact us significantly as we would not be able to visit them as often which would consequently affect both of my grandmothers' mental health. As they both suffer with dementia, the visits they receive from family living in the local area is critical for their overall wellbeing. We have lots of family living in the local area that frequently visit Home Lea House, however if they are forced to move, these family members would not be able to get to other areas to visit them.
I don't have anyone in there but may need it in the future.
I don't have family at the home, however, I know its fabulous reputation within the area. When I grow old who will take care of me? Like the residents in the home who have paid Council Tax/National Insurance all their lives, why should the older people be affected. Why can't the Council cut back in other areas? This money saving exercise will be a massive loss to the community of Rothwell should the home close. I am strongly against this.
I have a mother who is in her nineties who receives care at home by a care firm but I think she would be better looked after in a local residential home as between care visits it is a very lonely existence. There is a great chance this would not be available for her locally without Home Lea House.
I might need these facilities one day.
I work in adult social care and there is already a shortage of good care homes.
We have no idea what will happen and how this change could affect my grandma's health.
If my mum mother-in-law needed to go into a home I would choose this one.
At the moment me and my two children are able to visit both my grandmas as we live in Rothwell so can walk there. I have two brothers and one sister who also visit with their children and my

parents. None of us want to see any of the residents upset. Home Lea is their home and they shouldn't be in a way evicted from it.
If they closed Home Lea House it would have a big impact on me because I would be constantly worrying about my grandma's mental health and well-being. It would also impact me because before Covid hit I was able to walk up to the care home to visit my grandmas at least once a week. If they were moved out of area I'd hardly be able to see them due to my wife working and needing the car. I wouldn't be able to walk to see them if they weren't living in the area.
Sadly I have terminal cancer so the thought I have had about eventually going into Home Lea is no longer relevant, but I have many older friends who could be impacted if this place was lost.
I am a chef within Leeds City Council so I feel it could impact on my job. I also really feel sad for the residents as I feel this will unsettle them.
The impact on us as a family is significant as we now have the stress and the anxiety of trying to find another care home that will be able to care for my grandma the way Home Lea has.
I am worried about the impact on my mum's physical, mental and emotional well-being if she has to move home, especially during the times of Covid and the worry and uncertainty this brings. She is easily upset and anxious about everything and will not cope with any change.
I'm early 60s so hopefully a care home is a few years off but I would not be looking at Home Lea as my first choice for myself or my family.

What could the Council do to reduce the potential impact?
If the Council is to move residence, it should do so in a phased approach, where residents are slowly introduced to their new home to see if it suits them and to lessen the distress on them. It should also consider a longer time line than the one proposed so that families can make arrangements and so that residents can be prepared.
As Rothwell is quite isolated I don't think there is anything that could lessen the impact.
Do not close the care home.
Keep it open.
Don't close the home, look at other areas that can cope with a cut in funding.
Nothing, once it's gone it will never be replaced and will be a great loss.
Keep them open and invest in them.
Keep the beds open.
Not close the home - investment in the building.
Not close the home.
Keep it open.
Keep Home Lea open.
Build another care home in Rothwell!
Sorry, no ideas.
Don't close the home.
Not close. I believe choosing to close ANY care home under the current circumstances is insensitive.
Obviously the best outcome would be to keep Home Lea open. To reduce impact we would be hopeful for her to move to another Council run home (e.g. Dolphin Manor) as we appreciate the standards of care she has received and mum seems to feel happier about a possible move to Dolphin Manor. It would be good if some of her friends could move together, and even staff if this was possible.
N/A.

Please state if there is another viable approach which you believe should be considered?
I'm sure the Council has done as much as it can (and I sympathise with them over the financial position the government has put them in) but other services should be cut and infrastructure projects should be scaled back. Importantly, I believe this should be done in Leeds City Centre where it often seems the wealth of the city is pumped back into.
Keep it open, allow continued choice, look at budget cuts in other areas.
Look to save money in other areas, instead of the elderly and vulnerable. They do not deserve this at this time in their life.
No.
Keep it open and save money elsewhere.
Yes, try changing the law to stop greedy selfish people playing the social care system. Sick of hearing about wealthy families who get parents to sign over property to children so they don't have to pay a penny of elderly care bills - people who know how to play the system. No wonder council social care costs are out of control when not everyone is paying their way. Council run homes must be there for those who genuinely can't afford to pay for care, to create/keep jobs running homes and to ensure capacity for care is always available. Too many horror stories about privately run home care so that's not always the right approach either.
Council care homes provide a better level of care.
N/A.
Stop wasting money like on park and rides that don't get used.
Keep Home Lea open.
It is hard to believe that a community of 22,000 cannot fully use 2 homes. I think there are many in their own homes who put up with isolation and risk unnecessarily because funding demands the cheapest minimum provision.
I think that care homes for the elderly should be last on the list for closures because of the negative impact this has on the residents. It is after all their HOME. I think that although important, things like clubs and day centres should be looked at first. I feel that leisure and the arts should be looked at, e.g proposals to close Lotherton Hall for part of the week. I strongly believe that the Council run home is still needed in our community to provide for elderly people like my mum. Private care homes do not have the trust with older people and the high fees can be a problem.
None.

Finally, do you have any other comments?
Yes, Rothwell in my view has been targeted. We have lost our Council offices, nursery and day centre and the other support services for elderly people and families with children at home have been massively cut, leading to much more need for emergency response and loneliness. Keep Home Lea open, add some day care facilities or short term respite facilities, work with live at home scheme to identify who is vulnerable and needs help.
It's wrong how the Council are off loading everything. What exactly are they running?
Please re-think, saving such a small amount of money in the grand scheme of things isn't worth closing an amazing home. The area can't cope with only one home.
Saving money by closing a good quality well run well staffed residential home for old frail people cannot be the way forwards. Look to saving money in areas of less impact.
As above.

The biggest issue with residential care homes that are privately run is that they can charge what they like. It's time there was a charging cap on residential care.

Please do not close this brilliant care home.

It would be a huge mistake to close Home Lea House. So many people call it home and a lot of staff have a stable job. Please reconsider the decision and stop the uncertainty to the poor residents and staff.

If Home Lea House were made to close, it would have a massive negative impact on a lot of people! All the people living in Home Lea and all the residents' family and friends. Most of the residents that live there have grown up and lived in Rothwell all their lives and are very old and have health issues, the last thing they need in their condition is to be kicked out of their homes. They have made strong relationships with each other in there and become good friends so they would be devastated if they got dragged apart from each other and stuck in another care home god knows where!

Just that it is a home with a great reputation.

I just feel sad that this may close and have a huge impact on the elderly residents.

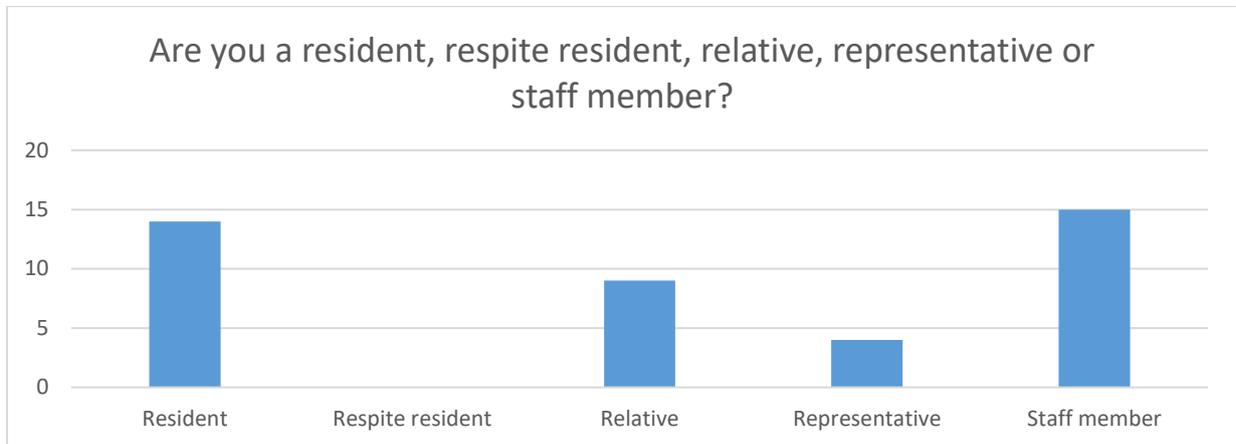
I would like to thank everyone working at Home Lea for their constant hard work during the last year. I couldn't have asked for a better home for my mum and wish and hope that the Council decide to keep such a crucial facility open.

No.

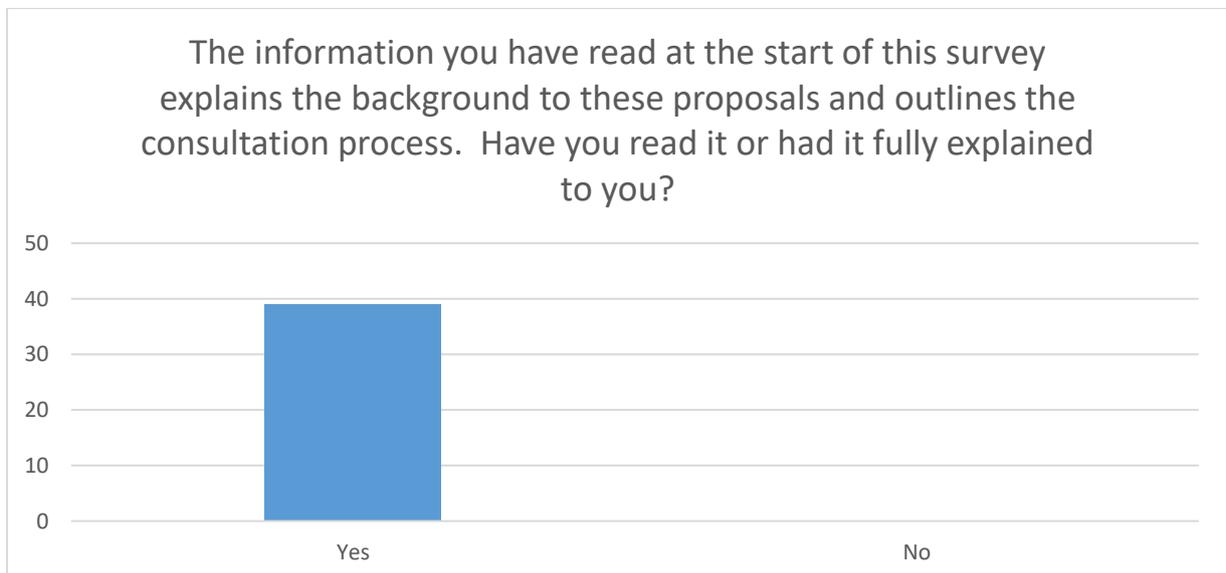
Home Lea House Consultation, January to March 2021 - Survey Results (39 Responses)

Are you a?				
Resident	Respite resident	Relative	Representative	Staff member
14	0	9	4	15

Please note the answer to the above could be more than one category.

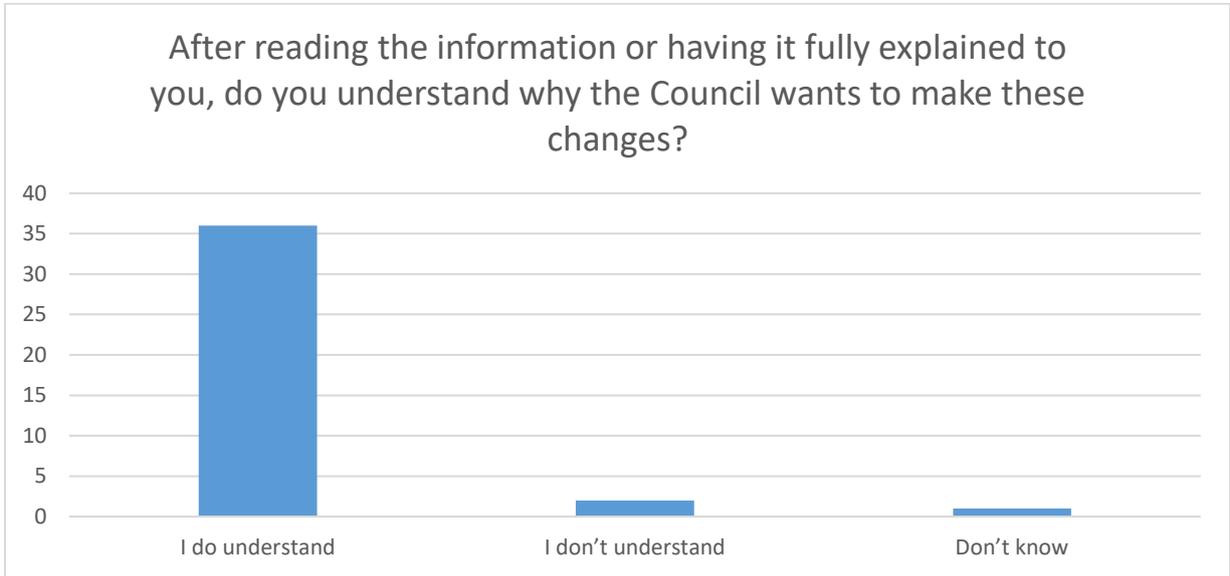


The information you have read at the start of this survey explains the background to these proposals and outlines the consultation process. Have you read it or had it fully explained to you?	
Yes	No
39	0



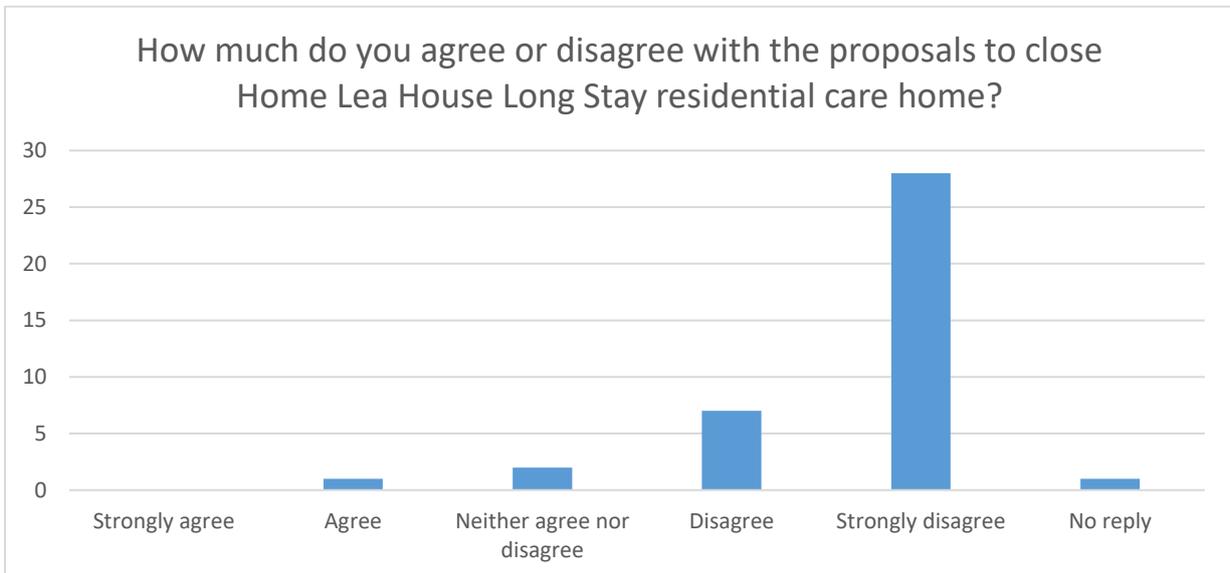
After reading the information or having it fully explained to you, do you understand why the Council wants to make these changes?

I do understand	I don't understand	Don't know
36	2	1



How much do you agree or disagree with the proposals to close Home Lea House Long Stay residential care home? Please tick one box.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No reply
0	1	2	7	28	1



Please tell us the reason for your answer

I am local, lived here all my 60 years and Home Lea House has always been a part of the community. My sister, (anonymised) has recently become a resident here. The staff have done fantastically well to help the resident (anonymised) settle into her new home and are definitely meeting her needs. My sister is happy here, however she has started worrying about where she will be moved to, if the closure of Home Lea House goes ahead! It is a really poor decision to suggest the closure of Home Lea House. Surely there has to be another way to recoup some of the deficit. There are less necessary projects than care homes I would imagine! Shame on the Council for even thinking we need less care Homes for the elderly!

I am Chair of Rothwell Tenants and Residents Association. I therefore consider the residents in Home Lea House are part of our wider community. After a recent annual report and receiving a glowing reference from CQC for "Excellent caring" and 4 other services as "Good," I strongly disagree with the proposed closure of Home Lea. Several years ago, LCC invested money to upgrade the building and install en-suite facilities etc. which was a real boost for morale for the residents and staff alike. On the other hand, Dolphin Manor was also earmarked for closure and did not have the benefit of en-suite facilities, but our community fought a successful campaign to keep it open. We have an ageing population in Rothwell with limited accommodation for the elderly to be able to remain in their own homes and also requiring 24 hour specialist care that can be provided in a care home setting. I strongly object to any closure of care homes in the city, and more so in my community. We, and LCC have a duty of care to provide a safe and secure environment for our elderly residents who need to be protected in their twilight years. Angela Kellett (Chair, Rothwell Tara).

Because this is someone's home. I personally have worked at Home Lea for 30 years. I have looked after some of these residents who have been there years and it's the only home they know. It will be very distressing for them when the home closes.

The home is part of the community not only providing outstanding care but supporting people who still live in the community, giving them a place to go and socialise and have contact with others which they may not otherwise have. The people who work there don't see it as a job, they put a lot more into it. Those who live at Home Lea are going to have their lives turned upside down at such an age where they should feel secure and settled. If the Council had a better sense of business and how to best control finance this probably wouldn't be happening.

The need for residential care homes is expected to rise in the future, not decrease, therefore the argument put forward by LCC does not make sense. Moving the residents to another care home is likely to be catastrophic on their mental and physical well-being and could lead to early deaths. Moving them to Dolphin Manor has been suggested but it wasn't that long ago that LCC proposed closing that care home, how long will it be before that is on the table again? LCC needs a long term strategy to survive the continuing cuts to funding being made by the government, not knee jerk reactions that will only save money in the short term.

We need to keep care homes local so that residents in them can easily be visited by friends and family, and also so that they stay in a familiar place.

There appears to be no long-term planning. We have an ageing population so demand for this sort of facility will only increase. However, the Council seem to be looking only as far as 2021-22.

Not all elderly people requiring care have the funds available to pay for private care. It is vital that people requiring care should have the option of staying local, to enable continuing contact with friends and relatives. This is an important aspect of maintaining their wellbeing. Hospital beds are still being blocked by elderly people requiring care so, therefore, there is an actual need for more beds. Leeds City Council could surely look at other options of saving money, why is it that elderly care is the first choice?

Under the question 'do you understand why the Council wants to make these changes', the relative also says 'Would understand if she had to move'. The resident wouldn't want to move, she has been

here nearly 2 years. She lived in Garforth for over 50 years and when she needed to move, all the family was in Rothwell. She needed to be encouraged and is happily settled and sees her son, her grandchildren and great grandchildren who are all nearby. When the resident (anonymised) first came to Home Lea, she had been reluctant, but loved it so much, she stayed and didn't want to go home at all. She likes to be independent but needs the care from people who know her well.

I don't think it's a good idea. I don't want to move. I like living here. The daughter, says she is still where she's always lived - in the same area. She likes the care she gets. She is settled which is very important for her wellbeing.

It's a very good home with an excellent CQC report. Money has been spent on the home. We don't understand why they have selected. Mum is 90, has lived here over 2 years - with Covid we haven't been able to visit and it's her home and her second family. Very traumatic and detrimental to her health. It took her a long time to settle in and now she has. It's worrying the cuts made to essential services. People do need 24 hour care - if mum could be at home, she would be.

Granddaughter supported the resident (anonymised) to represent her and her family's views: The resident (anonymised): 'I would be sad and would like it to stay open. I like it there. I've always liked it'. Granddaughter: 'We (family) know that nan has settled really well and is very well looked after. The reason she is there is because of her dementia and because she lived alone and was lonely. She has settled and got used to company. She has never had a sad day there'.

If it's got to be done, it's got to be done. There's money involved - they need to make savings.

It's a good home. It's my home - it's lovely. I've been here nearly 2 years. It's all about money. If we had the money, we'd buy the home to keep it. We've got a great staff team. You can have your say and they help with any problems.

Home Lea House is one of the better homes in Leeds and the staff are good. The care is good and it would be a shame to move vulnerable people at their stage in life. It's exploiting people at their age. People are in the area they want to be. 'My family knows what's best for me and they think the home shouldn't be closing'. They should close other places that have lower CQC ratings. We chose this home as the best of the homes offered. 'I can't fault Home Lea'.

I like it just as it is here. I've been here a year and it's my home. I couldn't cope at home before I came here. I kept falling. I could enjoy life again and I was happy again. My own home has gone. I get on with everybody and I've made friends with residents and staff. I feel safe here. None of us want to leave our homes. I was often in hospital. I needed somewhere to live where there was someone all the time to make sure I was safe.

I wouldn't want it to close. It's a lovely place - they take care of us. I never thought I'd end up like this. My daughter couldn't look after me. I don't want to move to a different home because I'd worry too much. The place I was at before wasn't like here - it wasn't as good. I didn't feel safe.

This is my home and I want it to stay open. I like mixing with people and I like being with people I know. Family say that it helps to be very close (in walking distance). It's been here a long time because it's a good home.

1 - In November 2019 we were informed by social services at St James Hospital that the Council homes are all full and we would have to find a private home for my Mother. We checked all private care homes in Rothwell and they were all full. A neighbour told us about Home Lea House. We contacted them and they said that two rooms were vacant (after we had been told the Council homes were all full) that could be the reason for low occupancy.

2 - Some people cannot live in their home for a variety of reasons and need 24 hour care.

3 - My Mother tried home care package and she was being left for 12 hours some days in a soiled incontinence pad, some days she only had tea and a slice of toast for breakfast at 8am then was left till 6pm one day. We had to go feed her. Her health was deteriorating until she went into Home Lea House. Now she is a different person, they have turned her life around.

4 - The need for Home Lea House is very important to the Rothwell community.

5 - If nobody needed a care home place, they would not be still building them around Rothwell.

Because it is people's home. They are happy and settled at Home Lea and don't want to move somewhere else. Moving to Home Lea due to needing 24 hour care was a big move for most of the residents and it just seems unfair that they may have to move again and build relationships with another staff team and with other residents.

I understand why financially but at the end of the day we are dealing with people who depend on staff and also people think it's their home. They feel safe knowing that there's someone 24/7 to support not just with personal care tasks, with support of people's mental health and due to Covid, people need support even more.

Because I'm settled and happy with the home and the surroundings for my husband to visit regularly. Due to his illness, he can't travel long distances. He has frequent hospital visits and needs to be able to visit whenever he can (for peace of mind about my wellbeing). He doesn't drive. We have lived in Rothwell (Wood Lane estate) for twenty-odd years. My husband's family is nearby. My friends are nearby and would like to visit when it's possible and maintain contacts. My parents came from Castleford and I have cousins locally. I know all the local shops and facilities. I would like to stay in the area due to this reason.

I'd cry if they had to close it. I love it here. I love it all - my room, the lounge, the dining room. We get lovely meals to eat and we get looked after ever so well here. I like it here best. I was in a privately run care home at Roundhay Park and I didn't like it there. (When mum was in private home it was all about money, not care). (We wouldn't want that experience again).

I don't want it to close because it's in a good place. The people who live here fit very well with each other. I was a bit hurt to hear they wanted to close the home. People get on here. There's a good atmosphere. I like to be with people. The staff help you mix. The staff are very helpful and always consider you before they consider themselves. I like everything about this home, they want us to be happy here. This place has got something about it that's there all the time. There's a lovely garden you can sit out in.

The home is well-run. There is a need for it. It is very unsettling for someone with dementia needs and won't understand the changes. For her to be plucked up and put in somewhere new, we don't know what that will do to her. She knows everyone and is comfortable. The staff understand the resident (anonymised) and she is confident at Home Lea. The staff have been fabulous with her. If she was somewhere else, I'm not sure that wouldn't "tip the resident (anonymised) over".

I disagree because I have concerns about the welfare of our residents. They get very anxious about where they are going to live. I also have concerns as regards my job.

Home Lea is a great place for our residents. It's like home from home for them. It feels part of my life. I feel it's like looking after my own family and to close Home Lea, I myself will be devastated and so will our residents as this is their home and should stay this way. You could cut back in other areas.

I disagree with the proposal to close Home Lea. I believe the Council waste a load of money in other areas i.e. bonfire night fireworks displays, lighting up buildings for occasions which all costs money and manpower. Home Lea is a happy home, residents are very happy here and good care is given. I have worked for the Council nearly 34 years and for all the homes that have been closed, no replacement has been built and land has been sold off. Where does this money go?

Home Lea House is a council run home with a good CQC report with caring 'outstanding'. The building has recently undergone extensive re-refurbishment including a new lift, flooring and, furniture and most rooms are en-suite. Dolphin Manor which is due to be kept open does not have en-suite bedrooms, and a separate wing only has 2 television rooms and no lounge. The residents on this wing have to be taken down a long corridor to the main lounge. Although the staff and care are second to none in both homes, my Mother has stayed in both buildings and Home Lea is definitely better and the bedrooms appear to be larger. Due to the Council wanting to save money, to me it would appear that the Home Lea site has more commercial value and a larger footprint than Dolphin Manor to be sold off for housing/profit.

I disagree to Home Lea House closing as my Mother lives here and I believe this would have a detrimental impact on her emotional well-being. It is not just a temporary accommodation, it is her home and she has settled well there, making friends with residents and carers. My Mother is already emotional and upset after a Covid outbreak at the home during which residents unexpectedly died and she had to stay isolated in her room for over a month. She needs stability and security, not the additional threat and worry of her home being taken away.

Home Lea is the best residential home in Rothwell. When we were first looking at homes in our area, so many people recommended Home Lea mainly because they had previously or currently had relatives in there. The staff are so lovely and the home in general feels warm and safe.

Because this is the resses home.

I understand why the proposal has been made due to the financial difficulties but at the same time feel that over the last 10 years the older people have had a lot of closures of services leaving them with only the private sector to choose from.

The closure of Home Lea House would have a significant impact on various people. Residents, staff and family members, Home Lea House is one big family. Closing Home Lea House is taking people's homes away from them when they are all happy and settled. I personally think it's disgusting. Leeds City Council can surely find other ways of saving money without it causing upset and disruption to the most vulnerable of people.

I strongly disagree as this is people's homes. There is a lot of money spent on things that are not needed within the Council and this home is not one of them. I think there are more things that could be done to save money within the Council instead of taking people's homes away from them (disgrace).

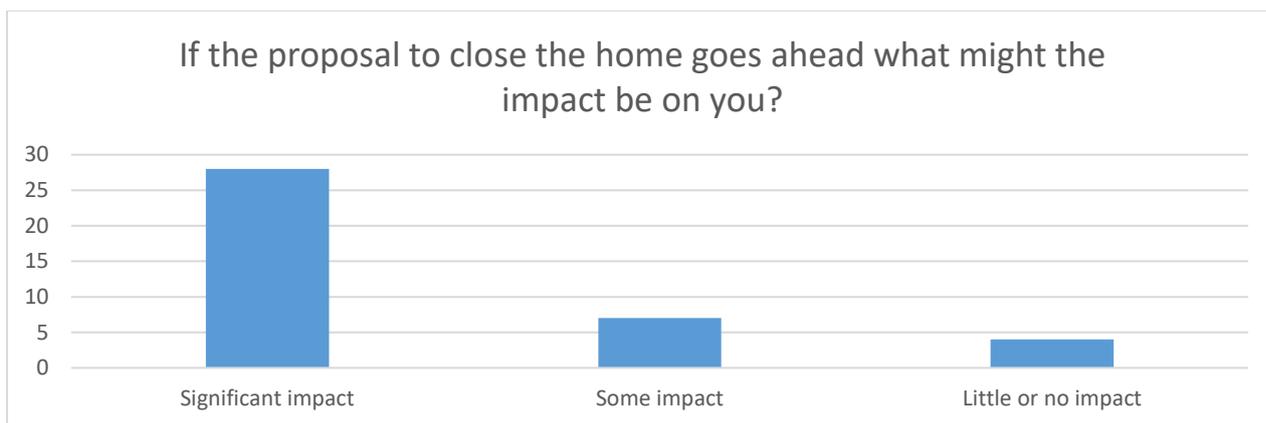
I understand that the Council needs to save money but I like my job very much and don't want to lose it. It's not easy for the residents - we are so close with them. When you move from your house, it's hard and sad at any age and now at their age it's even worse.

I feel divided. I recognise that there are gaps in funding to run a service like ours. However, it's not nice for our residents that love our home and feel safe and cared for by the team. We as a staff team work well with each other to ensure our residents are cared for in the best possible way and we don't want to be split up just like our residents don't want their home shut and have to relocate.

I feel insecure and don't know if I'm going to have a job. I feel like this is 'family'. The staff team has been the residents' family for the last year. We've been through Covid together and it feels unfair and terrible to close the home now. This is their home. I leave here and go home. I feel like I might be in the same position. If I don't have a job, I could lose my home. I'd be devastated if I had to leave my home. The residents are coming to the end of their lives and thought this would be their forever home, but might have to start again.

It is very distressing for all residents and staff, as everybody treats Home Lea as their second home. Residents are worried where they will end up living and staff are afraid there are going to be no jobs for them.

If the proposal to close the home goes ahead what might the impact be on you?		
Significant impact	Some impact	Little or no impact
28	7	4



Please tell us the reason for your answer
Because the idea of closing any care home let alone one that has provided care and protection for generations has to be wrong.
Having being retired for 6 years myself, I too may need support in the near future!!
I have worked at Home Lea for 30 years. It's like my second home. I will be 64 when or if it closes. I have been there half of my life. To start working somewhere else at my age is not good.
I work there, it's my main source of income. I live nearby, have a great relationship with the clients, their families and the staff team. I feel we should be told now what is the plan for employees so we can plan best for us when the closure comes.
I will not be impacted by the closure currently, however, my mother has Alzheimer's disease. When the time comes that my father no longer can care for her, the choice of care homes will be reduced if Home Lea is closed.
I am an elderly client solicitor and have seen the negative impact being moved far from home can have on vulnerable people needing care.
Living locally, I do expect that family or friends will in the future have a need for these services.
No particular impact as I have property which would fund care, but there are significant others who don't have funds. My relatives are no longer local so Rothwell would not be my choice, but again there are many many families who have been local residents throughout generations.
We don't want her to have to move again and move from the area where her only family are. She is here with another family member so both are looked after and visited together. Family are worried that it would make her dementia progress more. She wouldn't understand where she is and the changes would affect her. She wouldn't understand the reason why she had to move and her routine and familiar surroundings would change. Family might not visit as often if she had to go further away.
I would be unhappy. I like it here. I feel unsettled sometimes anyway (not liking change and getting easily confused). The resident (anonymised) says it would have a massive impact on her mental health. She has long-term mental health problems and has anxiety and depression which would potentially get worse. She can get very distressed and needs the support of the care team who knows her best and who she feels safe with.
At this age and in this state of health, it would be shocking for her to have to move. She has lived in Rothwell all her life. We are nearby and would find it difficult to travel to see her. Her closest friend is nearby. Home Lea House is her second family. It took a long time to find the right home and mum is now settled. It would be awful at this stage to have to start again. This is mum's home now. We think this will be the end for her if she has to move.
'Where would I go? Because I feel safe where I go now. I like to have a laugh'. Granddaughter said she feels the change and move are not good for someone with dementia. It's worrying for all the family. Some days she is a bit confused and because the team knows her well, we can all work together.

<p>They'd have to find me somewhere. I'm hoping I could be moved into my own house. It would have to be somewhere where I could get about with my own wheelchair. I might need a bit of help with my care.</p>
<p>I have been feeling very low in mood and this will just make me feel worse. I don't want to leave here. I will miss all the staff who help me. I have a nice group of friends and I will miss them. It's been a hard year and I lost my closest friend. I feel I wouldn't want to live if I had to move.</p>
<p>Moving and disruption at a time when things are hard anyway with Covid 'I get very anxious and worried about things anyway'. Daughter stated 'Staff at Home Lea know mum well and help her with family - in another home, they might not understand her as well, not give her the right support and that could affect the care she receives. We feel mum is safe, well cared for and takes pressure off. We feel guilty that we can't look after mum all the time but we know she is well cared for'.</p>
<p>I can get very upset. I worry about lots of things - anything out of my normal routine affects me. Any changes upset me. At the moment, with Covid, it's a hard time to move and the logistics will be hard. Losing the level of care. It would affect my health and wellbeing. It's a big change at my age.</p>
<p>I'd be worried about the home closing. I've got family but I couldn't go to them. I'm a born worrier - I worry over everything. I don't want anything to change and I don't want to go to another home. When I came here I felt really poorly and now I'm getting right again. I used to have carers at home but I still kept falling. I've been depressed and worried before and made myself poorly.</p>
<p>It's my home and I'd be upset if it closed. My brother says it's taking the freedom and choice away. Family say it would be devastating for the resident (anonymised). It would cause a lot of stress and affect the resident's (anonymised) health. The resident (anonymised) gets very upset anyway. It has been hard for everyone and residents have been affected by Covid so it's adding another stress.</p>
<ol style="list-style-type: none"> 1 - Because My Mother is double incontinent she requires the same facilities and care she has now. 2 - My Mother needs a W.C in her room and help to get to it also in the night time. We are concerned that staff may not be available in a different home. 3 - We care for Grandchildren all week which includes school drop off and pick up. If my Mother is moved out of Rothwell the family may not be able to visit the same. 4 - We need the same level of contact as we have now mobile and facetime. 5 - We would be concerned about her health as she hates change.
<p>It will mean starting again in another setting, building new relationships with colleagues and customers. It also causes a certain level of anxiety wondering where I may end up working and how far I may have to travel. I currently travel from Huddersfield to Home Lea but this is quite an easy commute as it is mainly all motorway, whereas previously I have travelled to Yeadon which is mainly A roads and took much longer. I have been very happy and settled while at Home Lea and believe I have very good relationships with both customers and colleagues.</p>
<p>Having to move somewhere else means I have to start again, with the thought of am I going to move again which the residents will probably think that too, so I may feel a bit unsettled.</p>
<p>Because I need to feel content with my surroundings and feel happy with the staff team and the staffing levels. I'd be worried about being somewhere where there were lower standards. I am happy with the support I receive at the moment. I have been at Home Lea before for respite on several occasions before deciding to stay here. It was my first choice. I have a range of health issues. I wanted to stay with my own GPs who are as kind and considerate as the staff who look after me here. My family are happy with me being here. I don't want to change my support network. The environment is exceptional and the food, cleaning and garden.</p>
<p>I hope they never close this place down. I love it here. I don't know how I'd go on if I had to move somewhere else. I'm worried about where I'd go. All the staff that work here would have to find other jobs. Daughter states, they're wanting to make these savings but at a cost to the weakest, elderly, infirm and vulnerable members of society. It could kill some people early in the last years of their life.</p>
<p>I'd be most upset. I'd worry about where I was going to end up. I get on with everybody and that might not be the case somewhere else. It took a while to find out where things were here and fit in and get routines - it would be hard to go to a new place and not know where everything is.</p>

It takes a while to get to know somebody. She has deteriorated mentally, but is doing well physically and is happy because of how she is supported with her care there. She would definitely need care in a home and she would find a move quite terrifying. She struggled to move initially and would feel even more isolated and lost with another move. Continuity is a massive thing for someone like the resident (anonymised) - she won't know where she is.
Because I am concerned whether I will have a job.
Because as long as I have worked in Home Lea, I feel that I belong and I love all residents and staff. It is very homely and should stay this way.
Very few homes left, the impact will be my job, income.
The impact on my 90 years old Mother would be catastrophic. She has resided in Home Lea for two and a half years and it is her home. During the Covid 19 pandemic, the staff have become her family as we have been unable to visit for the majority of the time and to move her could make lost the will to live.
I think closing Home Lea House would have a big impact on my mum's emotional well-being. She needs security of the people she knows and trusts at this time. Also I am currently in the process of selling my mum's home. Losing her house where she has lived for almost sixty years, as well as most of her possessions, has been very upsetting for her to have to deal with. Losing two homes at the same time is awful for my Mother.
My nan is currently living in Home Lea due to her dementia and living alone was not working in her best interests mentally. Our biggest fear as a family is the huge impact moving would have on my nan's mental health. She has suffered with her nerves all her life and to see her so relaxed and feeling safe and surrounded by familiar faces is a huge importance to us.
Just will.
I am currently doing a 12 month temporary post and will be returning to my substantive post after the 12 months has finished.
Change of job. It will affect me financially. It is a job I enjoy.
Home Lea is a lovely home to work in. We have 'outstanding' in care delivery and it's a kick in the teeth to shut our home when we are good at what we do. Covid has impacted everything, however, given when the world can return to normal we could recover and become a fully occupied home again if we were given a chance instead of closing us. I suffer with anxiety and it can be difficult being placed in a new team and environment. I love my job and my team at Home Lea.
Because I wouldn't have a job here anymore. I have worked for the Council for more than 20 years and I have been through this before. It wasn't nice wondering if I would have a job and what would happen. I can get quite down and feel this will make things worse. We are a good, supportive team and I rely on my colleagues who have helped me through some challenging times.
I am afraid for my job. I have mortgage to pay and I worry I could possibly lose my job.

What could the Council do to reduce the potential impact?
They could do the right thing for the residents of Home Lea House and their families and cancel the proposed closure!
The families of the residents are understandably very worried for their elderly relatives and can have a devastating effect on their health and well-being.
Ensure that whatever the plan is for residents and staff that we are informed immediately, not at the last minute so we can plan and the residents can get used to knowing they will be moving. It's going to close so the hope that just maybe it might not has to be completely dispelled.
Don't close the home, simple as that. Reconsider where long term savings could be made. I work in the public sector and am familiar with responding to funding cuts. Work more efficiently, do not fill staff vacancies and reviewing how much you are charging for services are longer term viable options for saving money.
Keep the home open.

Increase provision.
One option would be provision of local, modern assisted living accommodation, to facilitate independence for longer. Professional, well trained carers should be a priority available at a local level. Full time care should always be a last option.
Don't close the home. Leave the residents in a place where they are happy and settled and let them see the rest of their days out where they want to be.
Keep the home open. That's the only thing that's going to make any difference. Look to save money in other areas.
Keep it open or make sure mum is kept locally with all the same support as she has now.
Not close the home. The family understand the financial side but 'people like nan and the other residents shouldn't suffer from financial issues'. We strongly need somewhere close to family. We have always seen her every day. We moved her to be near to us.
Make sure I still have the same level of care and support.
Keep the home open. Try and raise money to keep it open. How can the Council save the money somewhere else?
Not to close Home Lea.
Help to know the options. Need for similar care and support. The best result would be that they don't close this home but that, if they do, I go to Dolphin Manor. Make it more local for family to access.
Help me to stop worrying. I'd feel better if they told me the home isn't going to close. I've made myself poorly in the past with worry. I've been on anti-depressants and I don't want to go that way again.
Not close the home. The resident's (anonymised) brother says they, the Council, have to look elsewhere - the small amount saved won't make a big difference - rather than affect the elderly residents). They should be getting better treatment.
1 - Do not close Home Lea House. 2 - Find a Council home in Rothwell with the same facilities. 3 - With the same dedicated staff.
Don't close the home!! Other than keeping the home open, I don't really know.
Cut back elsewhere where possible.
Not close it. Feel sympathetic towards residents. Give the same quality of care in the same area. I'd want to be able to move around in my wheelchair and still feel as independent and be able to do things with the right level of support.
Aside from not closing it down, I don't know, because I don't know what the options are.
If the home closed I'd have to be helped to go somewhere very similar.
If the home is closed, it would impact her anyway. Help with the changes.
Ensure staff have good redeployment.
Stay open please, update the building, look after our elders. Let's keep them safe and happy.
Keep Home Lea open and update the building.
The Council could look again at the closure and move funds from other less important areas to keep the home open. If closure occurs, current residents should be kept local so that they are near to their relatives, as good quality affordable care is rare in the area.
I think if the closure goes ahead my Mother would benefit from moving to Dolphin Manor as it is similar to Home Lea House.
KEEP HOMELEA OPEN!!! I truly don't see how a closure wouldn't impact on my nan. Due to Covid 19, I also think the impact would be even more destructive to my nan's mental health.
Keep the home open, as it's friendly and a homely place to live.
Possibly look at a partnership with NHS or LYPFT to use the space as it has in other services.

Leeds City Council could surely find other ways of saving money. The impact that it will have on all involved is unfair. This home provides a safe and happy environment. All the residents are happy, content and settled. To take all that away is disgusting.

For a start, just as an example, send one man and a van out to fix car part runners, it does not take 3 work men and 2 vans to do a simple task/job, just think what that costs to send all the workmen out to do a one man 5 minute job. The list could go on.

Help me to get another job. Help the residents to find somewhere suitable.

There's a lot of MPs/Councillors that get paid a high wage/salary. May be they should have a pay cut to help reduce Council spending. Also there are a lot of managers - their roles could be condensed to save money. Look at other services instead of our elderly.

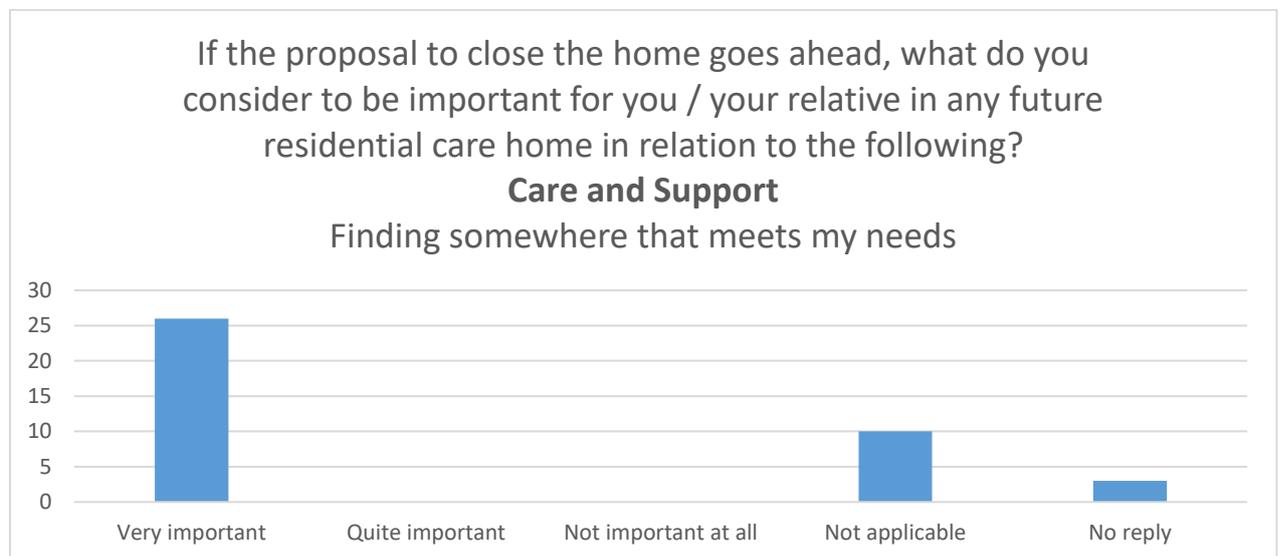
Not close the home. Make savings elsewhere. Find suitable accommodation for the residents if the home does have to close. Find alternative employment for the staff (with the residents). Help with job interviews and training.

Not close the home. Make sure our jobs are safe.

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?

Care and Support

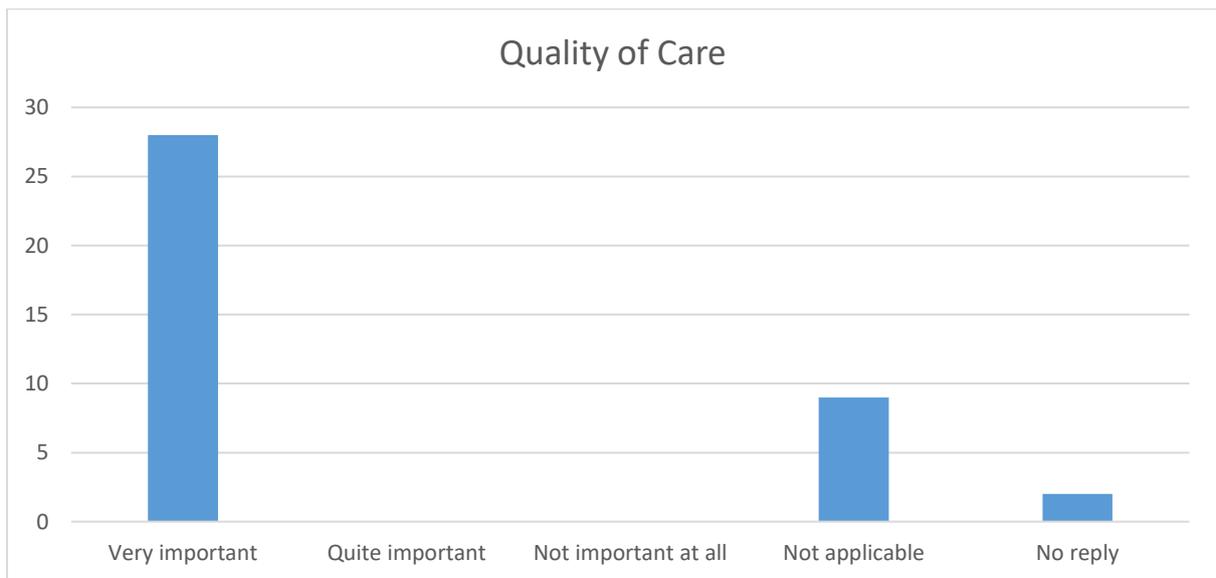
Q9.1 Finding somewhere that meets my needs				
Very important	Quite important	Not important at all	Not applicable	No reply
26	0	0	10	3



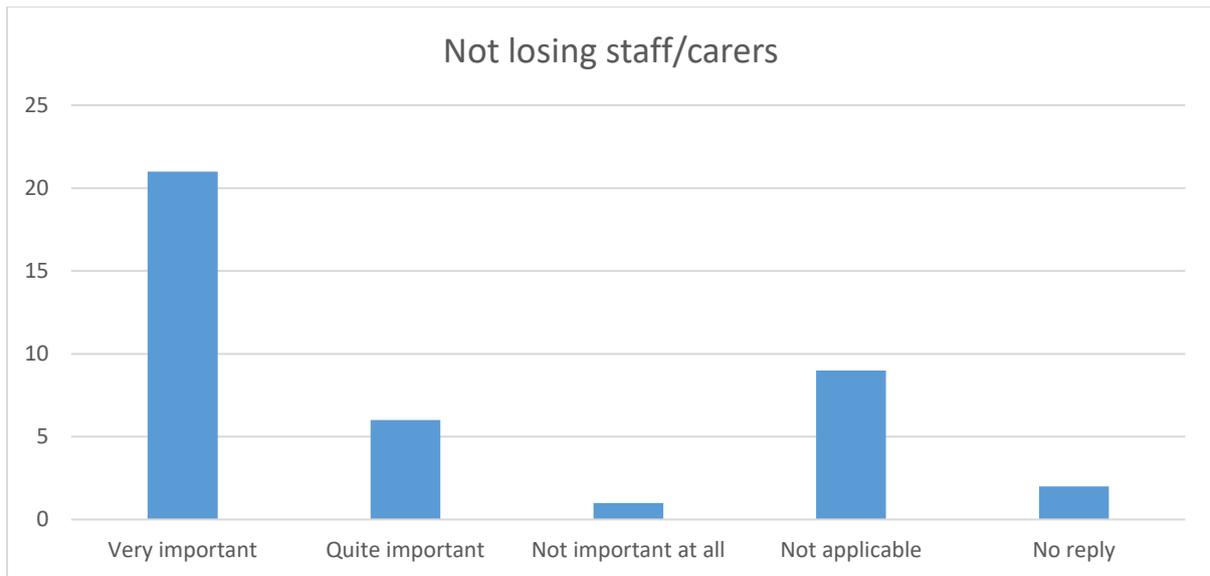
Well trained/friendly staff				
Very important	Quite important	Not important at all	Not applicable	No reply
28	0	0	9	2



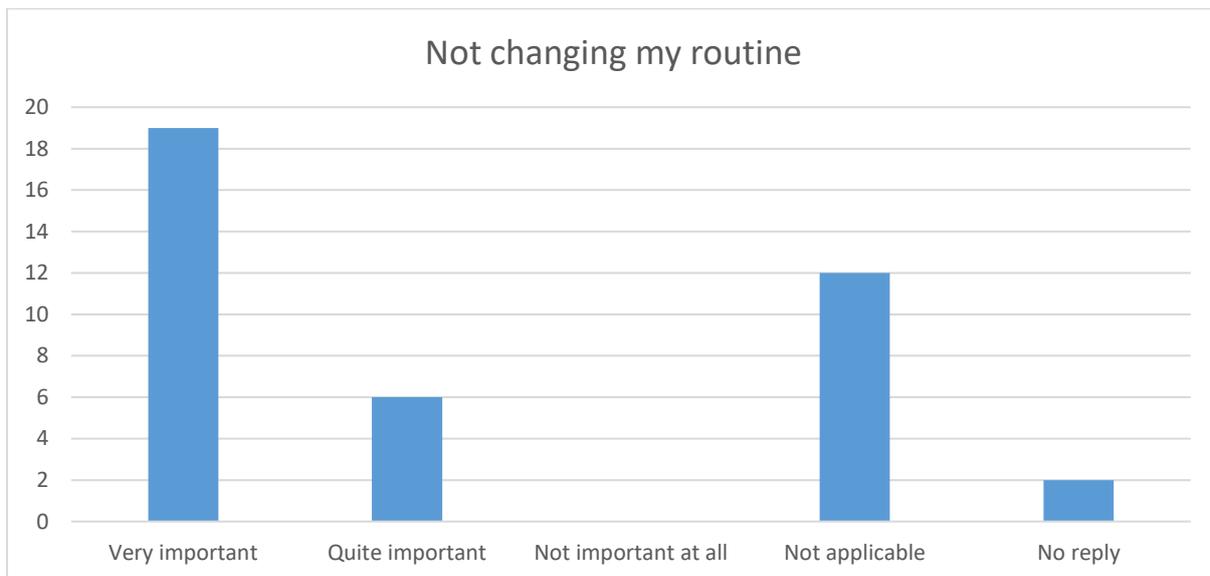
Quality of care				
Very important	Quite important	Not important at all	Not applicable	No reply
28	0	0	9	2



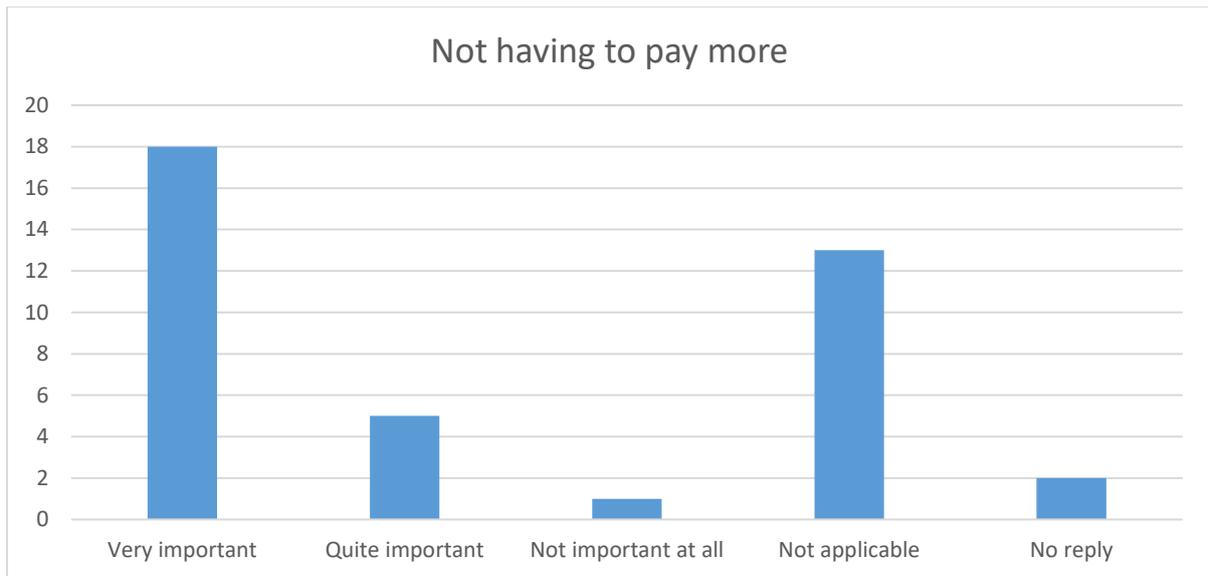
Not losing staff/carers				
Very important	Quite important	Not important at all	Not applicable	No reply
21	6	1	9	2



Not changing my routine				
Very important	Quite important	Not important at all	Not applicable	No reply
19	6	0	12	2

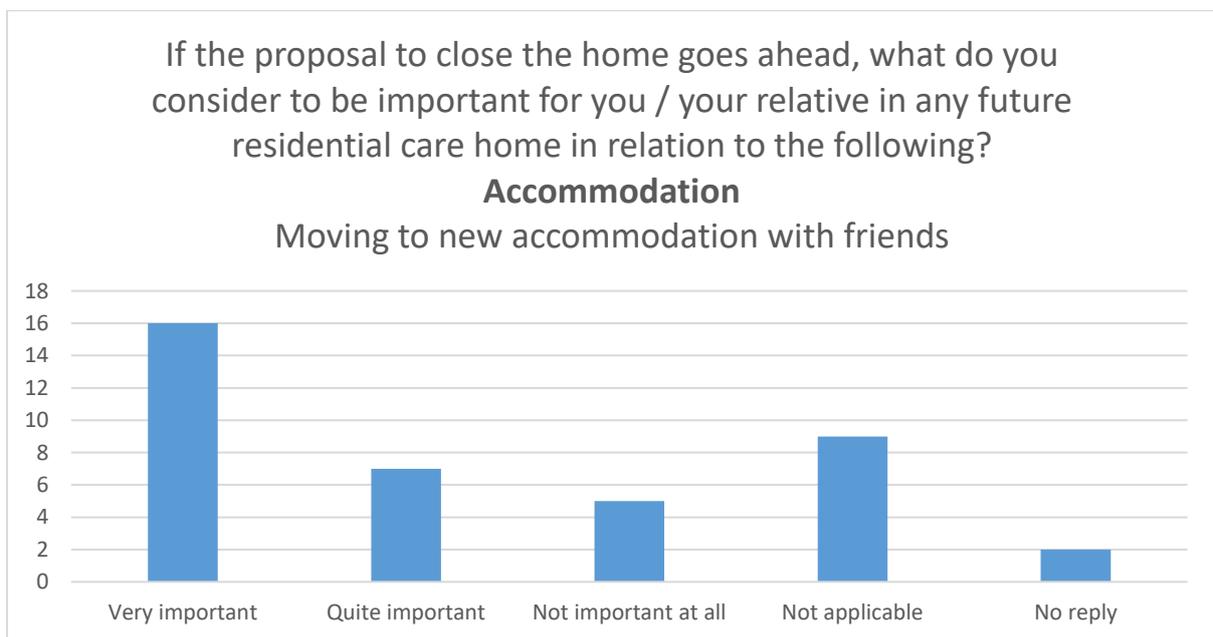


Not having to pay more				
Very important	Quite important	Not important at all	Not applicable	No reply
18	5	1	13	2

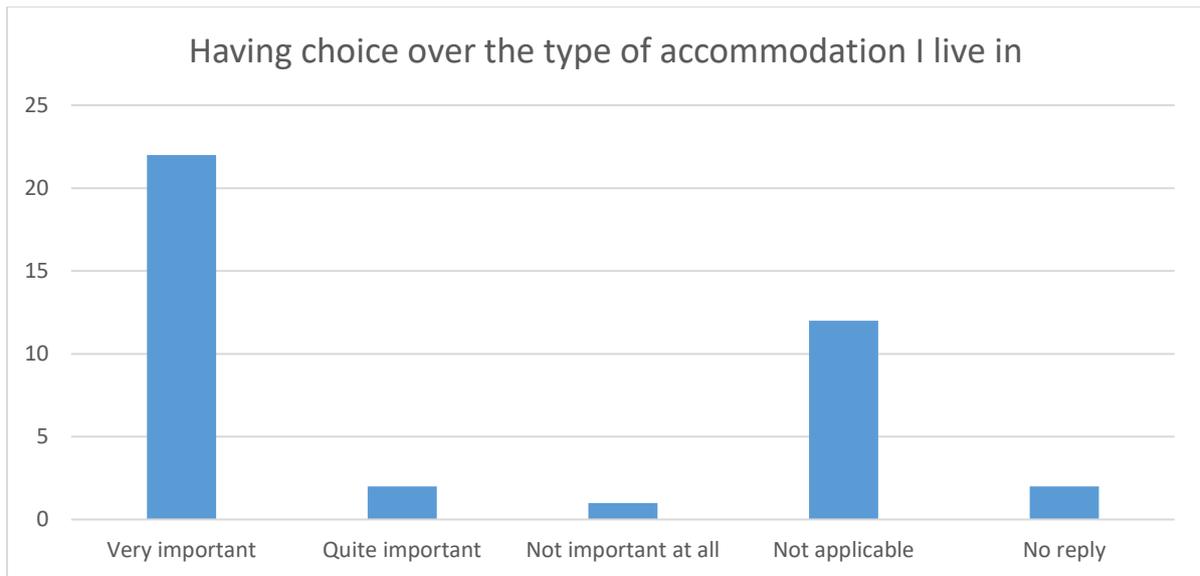


Accommodation

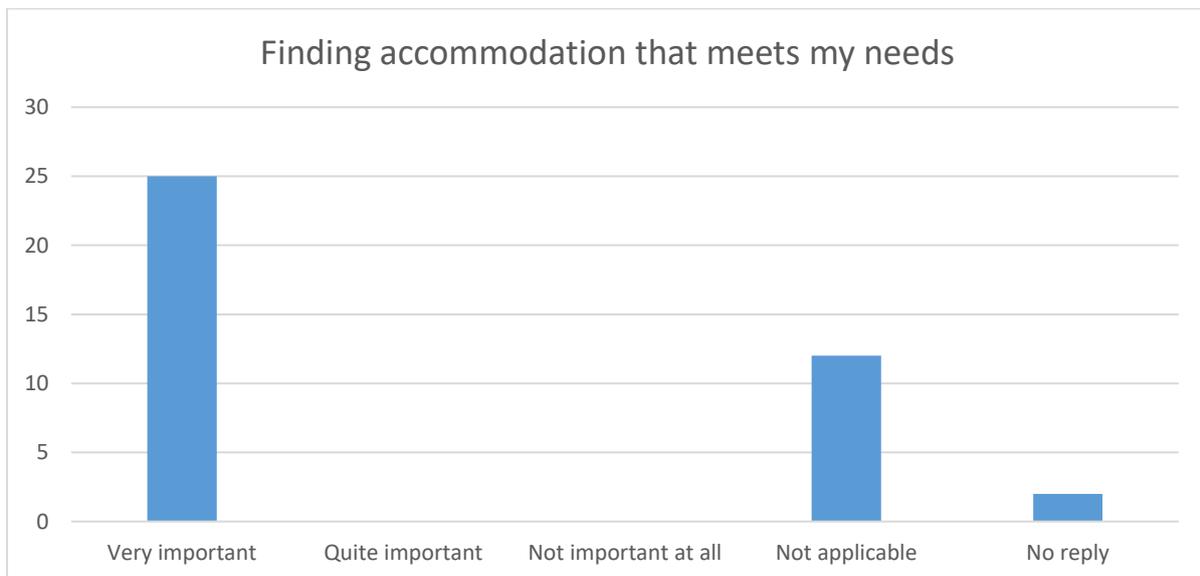
Moving to new accommodation with friends				
Very important	Quite important	Not important at all	Not applicable	No reply
16	7	5	9	2



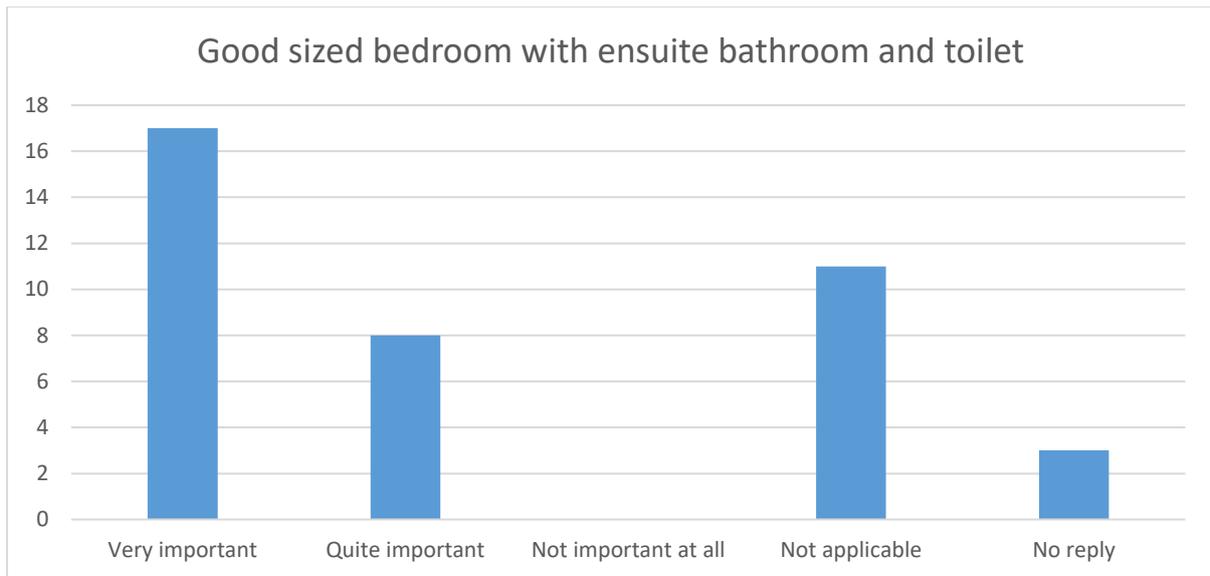
Having choice over the type of accommodation I live in				
Very important	Quite important	Not important at all	Not applicable	No reply
22	2	1	12	2



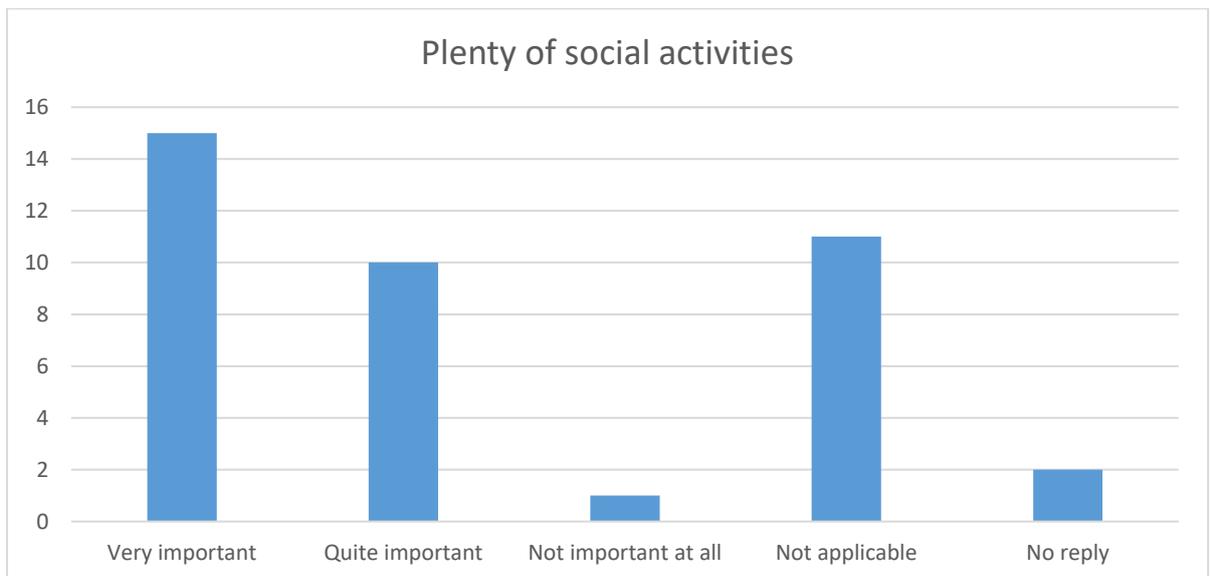
Finding accommodation that meets my needs				
Very important	Quite important	Not important at all	Not applicable	No reply
25	0	0	12	2



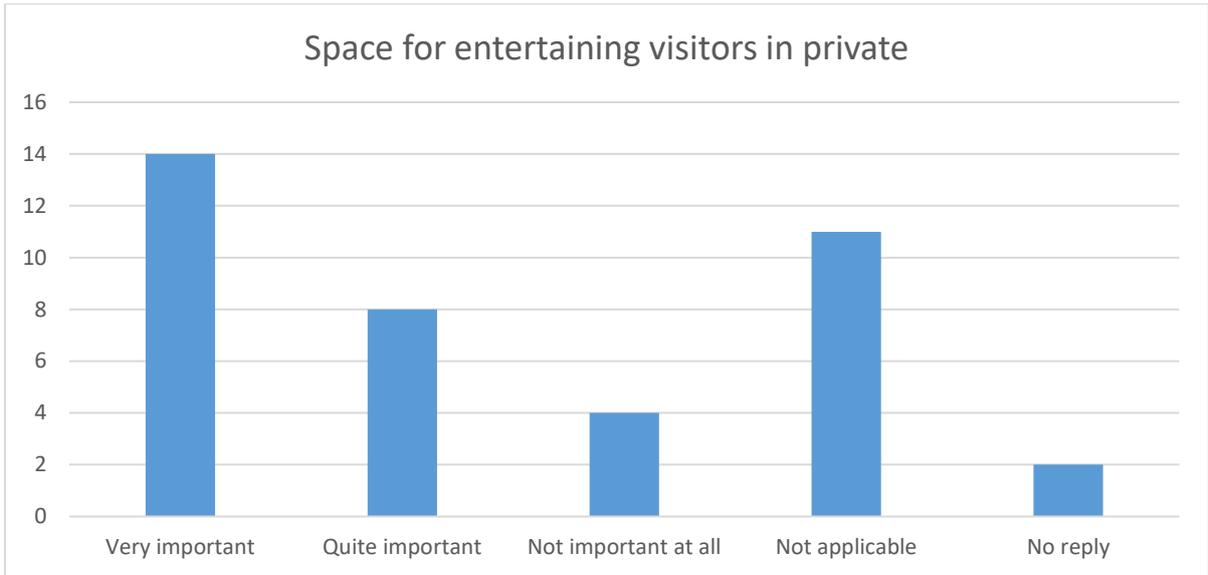
Good sized bedroom with ensuite bathroom and toilet				
Very important	Quite important	Not important at all	Not applicable	No reply
17	8	0	11	3



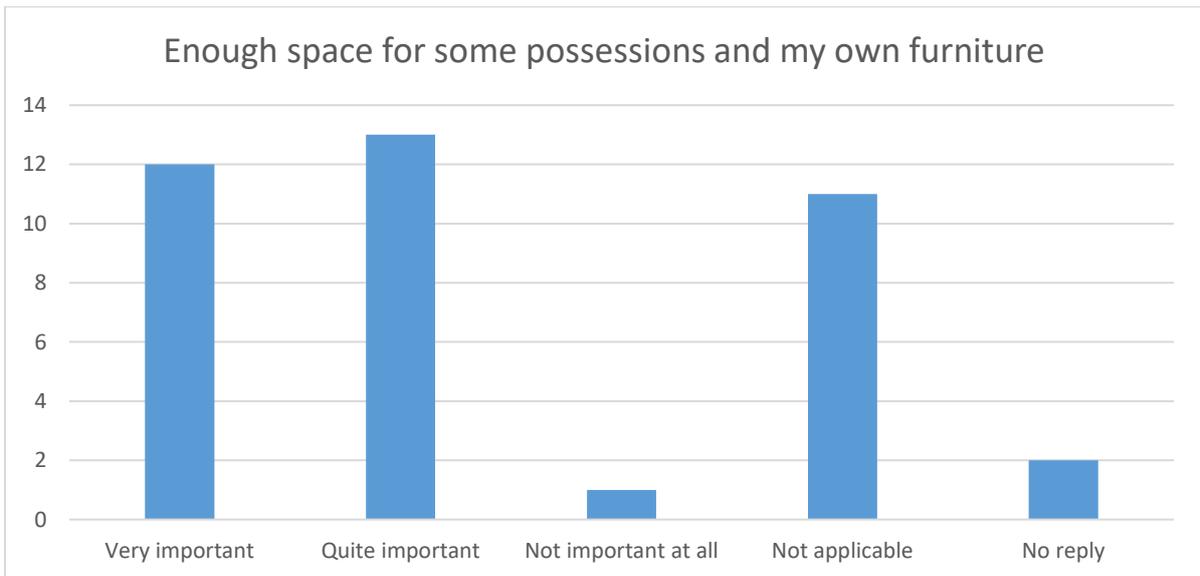
Plenty of social activities				
Very important	Quite important	Not important at all	Not applicable	No reply
15	10	1	11	2



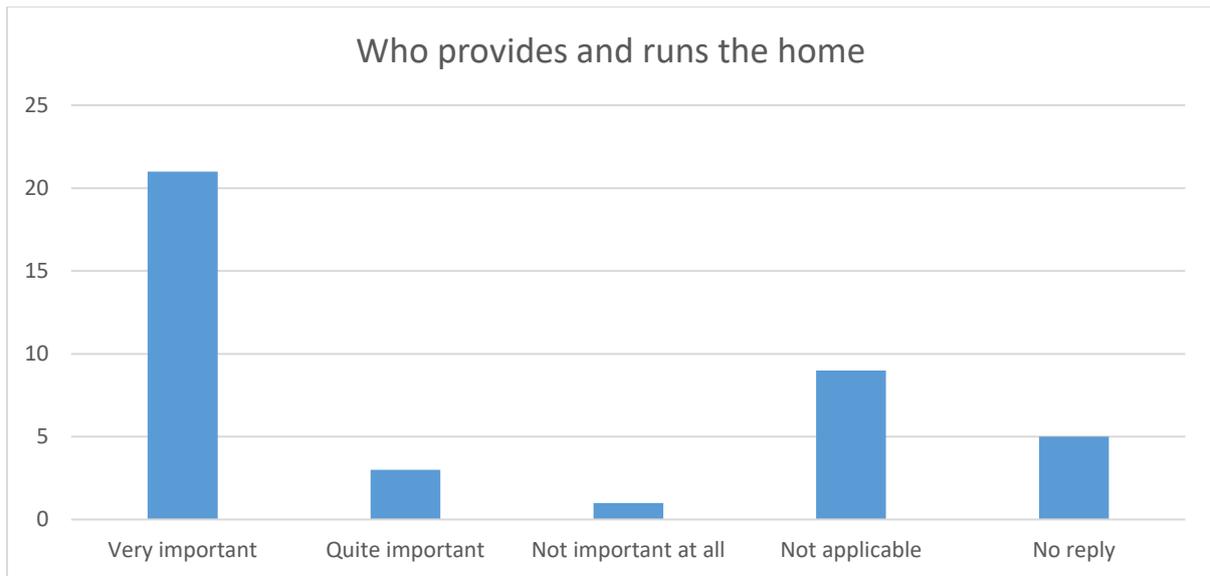
Space for entertaining visitors in private				
Very important	Quite important	Not important at all	Not applicable	No reply
14	8	4	11	2



Enough space for some possessions and my own furniture				
Very important	Quite important	Not important at all	Not applicable	No reply
12	13	1	11	2

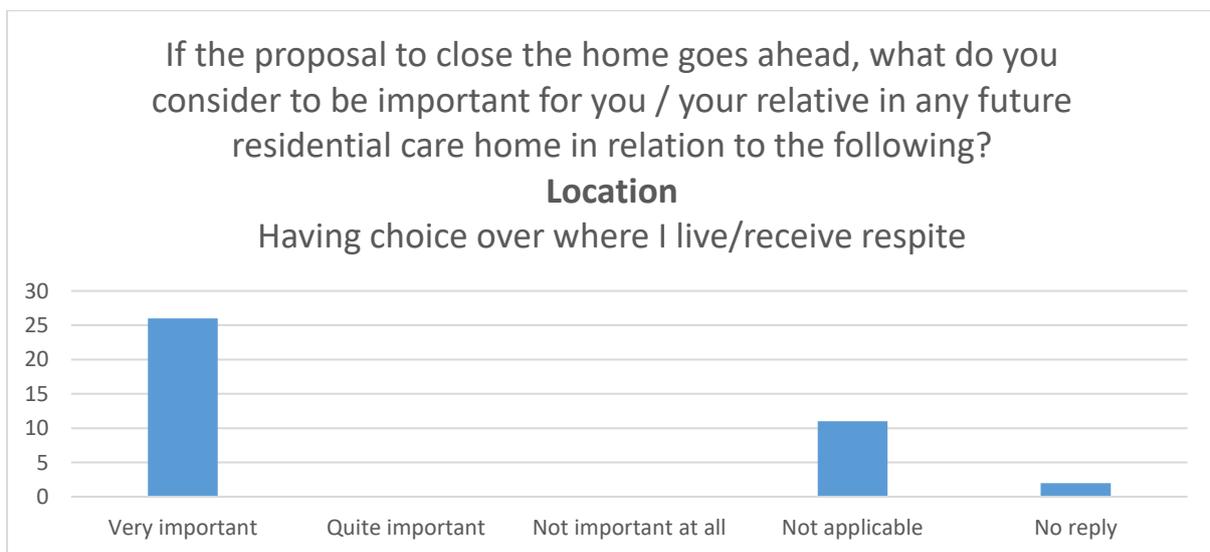


Who provides and runs the home				
Very important	Quite important	Not important at all	Not applicable	No reply
21	3	1	9	5



Location

Having choice over where I live/receive respite				
Very important	Quite important	Not important at all	Not applicable	No reply
26	0	0	11	2



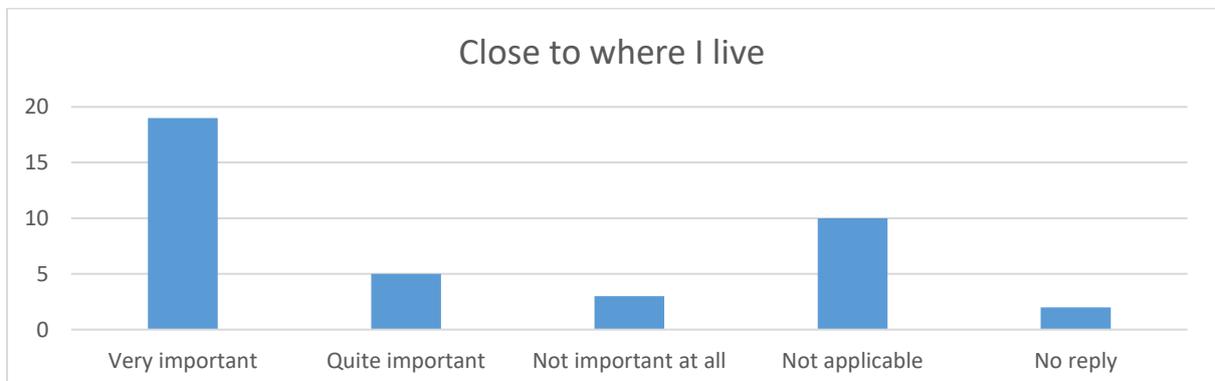
Close to shops/other facilities				
Very important	Quite important	Not important at all	Not applicable	No reply
7	8	11	11	2



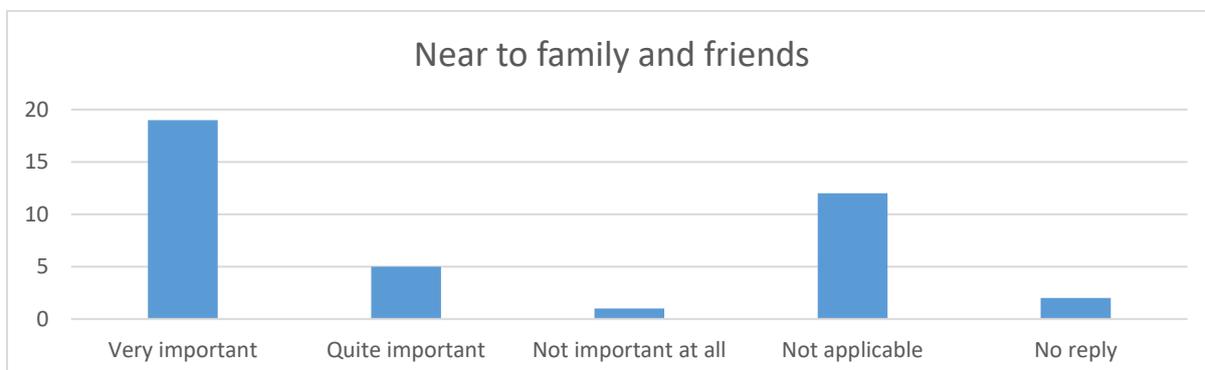
Good bus/train service				
Very important	Quite important	Not important at all	Not applicable	No reply
10	7	8	12	2



Close to where I live				
Very important	Quite important	Not important at all	Not applicable	No reply
19	5	3	10	2



Near to family and friends				
Very important	Quite important	Not important at all	Not applicable	No reply
19	5	1	12	2



Other (please state)
All family members live locally and visit regularly. She gets a lot of pleasure from this.
It's important for the home to be well-run and staff to be familiar and know Vera well. At the minute, the family are all within walking distance.
You know that council care homes stick to the rules - the quality of care is better, there's less staff turnover and the staff are better trained. Must be near family.
For stability and because of dementia, it needs a secure manager and regular team - familiar faces who know nan well.
I don't mind who runs the home as long as it's run well. I want to be in Kippax if possible. I lived there all my life.
I'm not keen to move on. I suppose it would have to be Dolphin Manor.
The home has to be run well. It's been excellent. Needs to be very close to family.
Would like to be local because it makes it easier for family to visit (as they all use public transport).
I need help with everything because I've got health problems and I can't see.
The most important thing is to be near my family in Rothwell.
Live locally with the same level of support.
I'd prefer it to be Leeds City Council after my experience with the private sector.
It's important to me to be near and with friends.
It has to be a good home. Activity is important but has to be tailored to the resident's (anonymised) needs and interests.
N/A
I would like to work in a similar job not too far from where I live.
I need to be able to get to work on public transport.
If the home closed, I would like to be reassured that I have job to go to.

Q12. Please state if there is another viable approach which you believe should be considered?
Reconsider the decision for closure, and invest in people, jobs and livelihoods.
Look at other areas within the Council where money is wasted and streamline the business as a whole to be more efficient.
Office staff could work from home, save money on buildings. Try and save money in other areas rather than affect the elderly.

Save money in different areas e.g. cut down on staff offices, cut down on office overheads and do more home based working.
The older people at the moment are more important than the young ones - they're more vulnerable - they don't have time left and need to be cared for properly. They have been through enough not seeing family. Leisure services can be put on hold and come to later for example.
We don't want to talk about her going anywhere else because we think it would have to be a last resort.
Not really - if the home's losing money. Unless you can get the home full.
Don't close the home.
Better links with NHS to fill beds and reduce hospital bed blocking.
Any other options would be better than taking someone's home away (e.g. non-vital services - there are important places and groups e.g. youth groups and Lotherton Hall) that aren't someone's home.
I'd like the home to be kept open.
Family feel the Council should try and find the funds elsewhere - don't take things away from old folk. Especially for the small amount they will save through closure - it can surely be found elsewhere.
Leeds City Council should get together with other local councils to lobby Government for extra funding for Covid 19 safety measures in care homes and other services. Old people are already selling their homes to pay for care. They cannot pay more.
Look at other options to save money.
Keep it open with same staffing levels. Get rid of some of the top bosses. Don't know. Make some other cuts.
Look at other cost saving measures rather than closing my care home.
It is a problem. No matter what you do, you're going to cause upset. Get more people to fill the homes.
N/A.
I think the Council should close other things instead of old people's homes. This is not a luxury for my mum, this is her home. It is not fair for the people who live there.
Covid has impacted so many elderly people with loneliness. Mainly that I feel we need all the homes we can for the future.
The amount of vans and workers that come to do the same job, too many bosses.
They could put more people in the home instead of closing it down.
Explore other services that can be condensed to save our home from closure. Explore new directions for our home to go to help save it e.g. end of life care.
Find cuts elsewhere - don't waste money on projects that aren't needed. Cut managers where they aren't needed.

Q13. Finally, do you have any other comments?

As above.

As a staff member I would like to see the residents have time to get used to the idea that the home is definitely closing. It's not fair that the words "may close" are used as it is closing, we know that for sure. Giving them that bit of hope is cruel. Also the staff who work there need to know what will happen to them so we can all make plans necessary for our best interests too.

It is very disappointing that elderly care is undervalued still in 2021. Lack of investment, such as modernisation of existing premises, allowance of big private companies to run social care for profit is morally wrong. Every elderly person irrespective of their financial means should receive care appropriate to their needs, in a local suitable environment. These people have over the years contributed to society in a variety of ways, which unfortunately is often unacknowledged by

society in general. Staff in care homes and care services should be well trained and monitored, they should also be paid a salary which reflects the importance of their job. This would help in long term retainment of staff and in time save some of the training costs which are incurred with high turnover of staff.
From Daughter-in-Law: It's wrong to close people's homes, they are vulnerable. Currently, the situation is affected by Covid. We're worried that there aren't as many people in because places have become vacant and potential residents and their families might be reluctant to move in because of the threat of closure.
My mum has lived in Rothwell since 1952. She has been a Leeds City Council resident. She should still have some say as to where she lives and that shouldn't be taken from her at her age. We considered other homes and Home Lea was our choice. The Council shouldn't be taking that choice away from her.
We desperately want the home to stay open and let my mum live in a nice secure place where she's well looked after. (We would like to know if existing residents would have priority over the home they want), aware of transitions social work team.
Granddaughter: We need her to feel safe. We know now that she feels secure and happy. It's been a tough year and this has made it even tougher. We hope Home Lea House can stay open. We are so worried about the upheaval and disruption and how it would affect nan's mental health and wellbeing.
I like Home Lea House. I feel great for being here. I like to be independent and get the help I need.
I'm very happy here. We're very well looked after.
Family need more ongoing support from social work team for future care and support.
The ideal scenario would be to keep the home open. If the Council can't then the most support to me and my family. 'They should keep the home open because that's what we all want'.
I was so fed up and poorly before I came here. It's helped me feel better living here.
The resident (anonymised) seems to be a lot happier than she was before coming to the home. She is more talkative and outgoing. She's happy so the home is really good for her and us and we don't want that to change. That must be due to how the home is run and the staff.
I think it would be a shame for the home to close and feel it will cause a lot of anxieties for the customers and staff team.
Why do they want to close a home when it's detrimental to people's lives?
It's devastating news for the people living here. At any age being told that you're losing your house is the worst thing that can happen to you. To lose your home, your friends, your routine when you're happy, to cost cut - there must be other ways of doing this. 'It's our home'.
If you close this home, there will be all the upheaval and upset. We're all elderly people.
I'm so impressed with the staff and home. It's one of the nicest homes I've been in. Everyone is so accommodating and welcoming. It's an incredible place. She thrives there. I sleep well knowing she's there. It's peace of mind for the family.
None.
Save Home Lea.
Leeds City Council have tried to close both care homes in Rothwell. Due to the lack of success in closing Dolphin Manor, they have changed their plans to close Home Lea instead. The statement saying that more people wish to have care in their own homes on the report is misleading. Many of the residents in Home Lea have slight dementia and have only been placed in a care home because they can no longer stay at home with carers. My Mum has Parkinson's Disease and Parkinson's related dementia and needs 24 hour care. Having a warden in a flat would not fulfil her needs. She has experienced 3 local independent care homes where she has suffered falls, and in one of them neglect to the extent that she almost died of de-hydration due to the lack of care and constant use of agency staff who were not even aware of her situation.

I understand Council has budgets and cuts to make but through Covid 19 we have protected the elderly and vulnerable massively and now closure of ANY homes is devastating. I believe cuts for budgets could definitely be made in other ways. Let's not let our elderly and vulnerable down!

We want the residents to be alright because Home Lea House is such a lovely home. If the decision is made, we hope to be able to keep a job.

Home Lea is a happy home. Our residents love living here. They shouldn't have to face the stress and anxiety/worry that comes from this process. It will be so much upheaval if they have to move somewhere else, as they are vulnerable and should be living life stress and worry free.

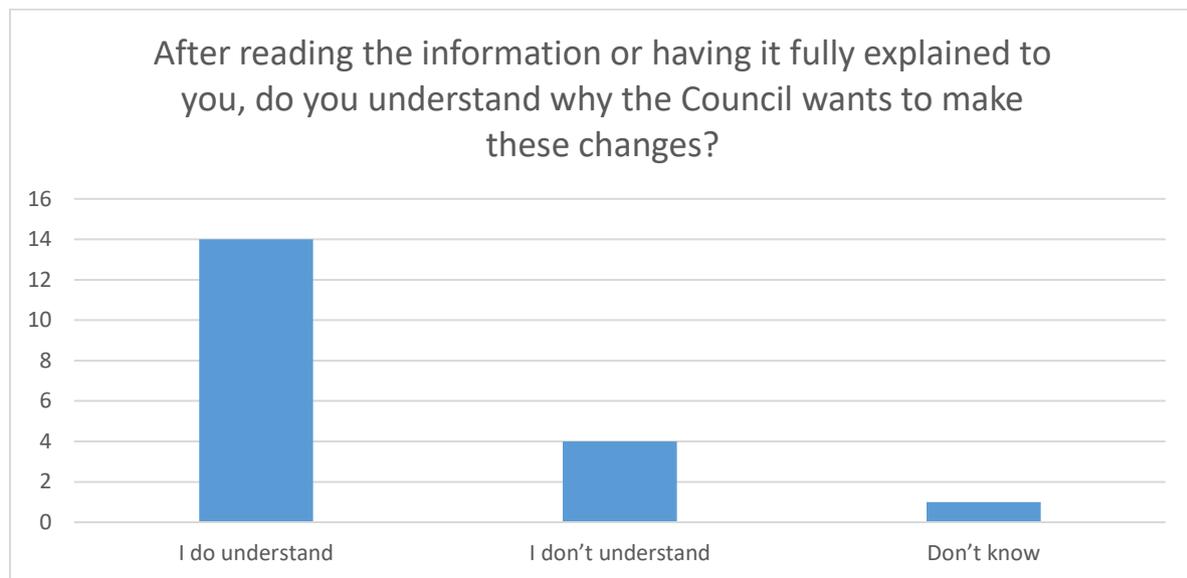
I am very committed to my work and hard working. I am worried for the residents and for myself and my colleagues. I am worried about having to go for interviews at my age.

Home Lea House is a really good place to work. Staff are friendly and hard working. Residents are lovely and very supportive families. Also Rothwell community is amazing.

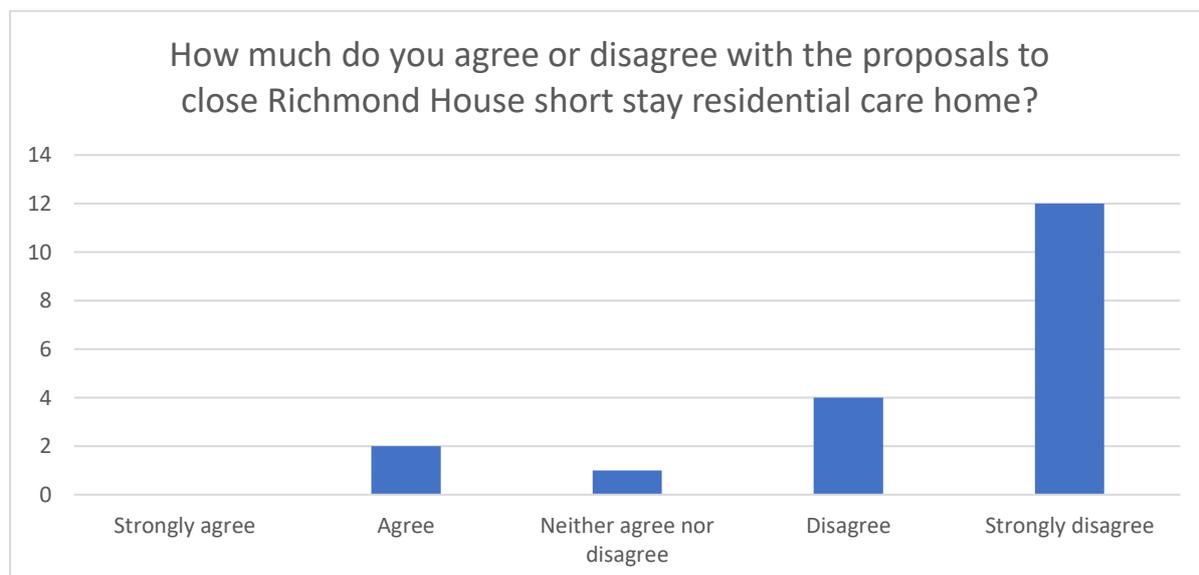
Richmond House General Public Consultation, January to March 2021 - Survey Results

(19 Responses)

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
14	4	1



How much do you agree or disagree with the proposals to close Richmond House short stay residential care home? Please tick one box.				
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
0	2	1	4	12



Please tell us the reason for your answer
If the occupancy has been low for the past year, it's not being used and I agree could be closed to make savings, as long as existing occupants are moved or supported within home care. If it does close then I agree with what is being proposed.
The beds are needed. What would happen to those people who don't have the funds constantly required for care.
Whilst it initially sounds an extreme measure to save money, after reading the paper and levels of occupancy being below, 100% it does make economic sense. However, this must be balanced with the needs of the people requiring care.
I don't think closing a service to vulnerable people is a good move but I understand the reasons why the Council need to make budgetary cuts.
Short term care is essential to support carers.
There is no other facility like this in the west of the city. Family members of the residents may not be able to travel across the city to visit their loved ones meaning the resident may feel abandoned. This is not a good way to save cash! This will only put hardship on residents, future residents and all of their relatives.
Again LCC has priorities all wrong. Why should we care for the elderly when you want another silly cycle path? Why provide care for the elderly when you can raise Council Tax 3.99-4% year on year and blame the government for "cuts" when you get paid £100k annually salary wise? I strongly disagree with the closure of Richmond House. You have no idea what the people of the real world have to endure. No idea at all and you certainly have no idea about cost saving, given your silly road schemes/cycle super highway rubbish.
Where else in the area provides the same provision?
You don't explain how many people went through Richmond House during a year. If average occupancy is 62% presumably this is not unexpected for some term return to own home accommodation. If closed where do these people go? No doubt they will become more institutionalised in a home forever. This will increase council costs paying for long term care.
I put up a change.uk poll on the local Farsley Community What's On Facebook page and over 1200 signatures were obtained from members of the public objecting to the closure. It is a very much required facility in West Leeds and I am afraid to say that LCC have deliberately run the numbers down to try and show that it is not required. Richmond House is a far better facility than the one in Beeston and it is easier for relatives to access. LCC have tried this tactic before as they see this is valuable land for building on. From figures I have seen on savings it is very short sighted.
It has a wonderful track record of caring for people. Well respected in the community. We need to keep this home. Please rethink.
There are no similar facilities in this area but for some reason, it isn't being used in appropriate circumstances. My Mum was sent to Middleton, from Pudsey, for 10 weeks, my 82 year old Dad drove there and back, 3 times each day, they have been married for over 60 years, they need each other, they have a big family but it isn't the same. Fortunately, he was physically and financially able to do this, I don't wish for others to be in this position. Look at why it isn't being used. Look at where our residents are currently being sent further afield, why and what this costs. Put energies into promotion and alignment to current, local needs. Work with ALL people, professional and public to find a way forward to keep Richmond House for its current demographic. The community respect this facility and will rally to support it.
There is an ongoing need for respite facilities like Richmond House to allow people to recover outside of a hospital setting, to free those beds up especially in times of a pandemic.
A service that needs promoting and being allowed to be used to its full potential.
Short-term care helps recovering people to prepare for the next step without making them too reliant on others. It gives them a positive experience.

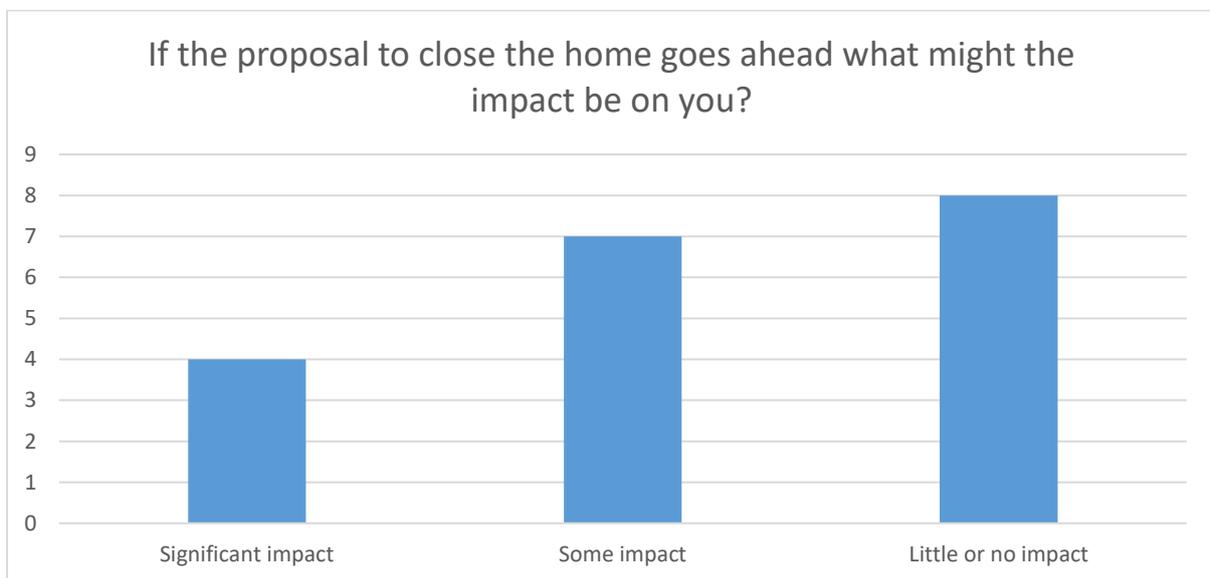
When our elected people make decisions re. savings, the research to put suggestions forward is made by unaccountable officers regardless of the impact on local services. Surely one cannot justify the employment of people higher up. Adult services who cost the tax payer yet provide no direct service, that's where I would begin. Councillors of any persuasion in times past were more involved and defended the vulnerable.

Over the years I have had several friends and relatives who have been grateful for the care and respite that Richmond House provides, both for patients and their relatives. Respite is the description of the facilities and that is what is provided. We are all getting older and these council care homes are getting fewer and fewer. The thought of a few weeks in there to get back on one's feet, is surely better than facing longer spells in hospital or a permanent care home. Try saving money in other ways. Stopping cycle lanes would be my choice for saving vast amounts of money. Care facilities are used significantly more than the cycle lanes and are much more in use than cycle lanes.

I first went to Richmond House about five years ago after I had broken my hip. I had two stays there and had physio and rehab before I returned to my own home. I was dealt with kindness, caring good humour from all there and because of their support I was able to return home. After that I have returned regularly for respite care so my daughter who looks after me can go on holiday. The care team have remained the same and treat me like an old friend. I feel comfortable there and enjoy going. It is a lovely place and from catering staff, cleaners and care staff, all are lovely. It is clean, a well-appointed home from home. Why would you want to close somewhere like that?

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

Significant impact	Some impact	Little or no impact
4	7	8



Please tell us the reason for your answer

I live in Farsley, however have never had to visit the centre in question.

I do not have relatives with a need as yet.

I live in the locality but have no direct involvement with the care home.

I am not a user of the service.

The older population is increasing and we need services to meet need, especially in times of family breakdown/crisis.
At this stage I have not used the facility nor would potentially have use for it in the short-term - however I feel it is a very necessary facility for the west of the city.
My father is 90 years old, he is currently in hospital and has been admitted on two other occasions since July. He is at the stage where this provision would help him adjust from being in hospital and getting on his feet for going home.
We are all getting older and will need this service in the future.
Many of the people who use this facility are from Pudsey, Farsley, Calverley, Rodley, Bramley and Stanningley and it has easy access for friends and relatives to visit.
I may need this facility at some point but as treasurer of an elderly person lunch club, I know how important this local facility is.
To me at this time, none, although it has in the past affected my immediate family (see first response). It's not about me, it's about my community, which includes old as well as young. I know many older people and many people who have older family members. Richmond House would be ideal for many who find themselves in need of services, but they are sent elsewhere much further away. Many can't travel far so absence is enforced. This impacts others' health and is totally avoidable and a hidden cost.
I currently don't have anyone in my family that are in need of their services.
I live in the area and I have friends who live local and work in Richmond House.
I live round the corner from Richmond House. It would be an ideal venue if I had to recover from hospitalisation.
No service locally for the area, pressure on NHS, more deaths, increased pressure on families. As an older person, just imagine the Council's hands when they cannot fulfil a need!
My husband and I are in reasonable health and may not need to have care. We have a family unit that is strong but there are lots of elderly people that have no other means of care. For people to have to come out of hospital to an empty house must be terrible. I know that there can be care packages put in place but that is not the same as having someone around all the time.
It is one of the very few places that is affordable. A lot of other places charge a lot more money, have fancy features but the care is not as good. We cannot afford to go to some of these places anyway so my daughter will not be able to have a holiday which she needs.

What could the Council do to reduce the potential impact?
Plan in advance!!! Ensure residents have a place to go before closure. Tell local residents plans for the building when it's closed. People do not like to see run down derelict buildings in this village and a lot of people will want to know what's happening to the site once it closes.
A phased approach to closing the care home must be done, taking into account the needs of all the residents, the staff and families affected.
Keep Richmond house open and consider alternative cuts elsewhere in the Council's services.
Look at other areas where they waste budgets.
Leave the facility alone, it is needed and fulfils a need to residents in the west of the city.
Don't close the care home!!!
Sell some of their empty premises and unused equipment.
Charge for the cost of the accommodation on a means tested basis. Alternatively offer the property as a community asset and get someone else to run the property as a need for this type of accommodation exists.
Keep it open for future generations of old people.
Keep this facility open and save money elsewhere.

Keep it open by understanding why it is low occupancy when the local need is so great then fix that problem.
Maintain funding and recognise its value.
Leave it open.
Make savings in other sections of their remit or raise Council Tax.
Use money it has in other areas to support this local service. Keep the service.
Keep places like Richmond House open and cut back on things like the previously mentioned cycle lanes. You can drive miles down the road between Leeds and Bradford without seeing a single cyclist. They cause more disruption for other road users and pedestrians.
Not close the place or offer places of a standard the same as Richmond House for the same money.

Please state if there is another viable approach which you believe should be considered?
Keep it open, develop it to have day services as well providing respite for carers.
As above.
Less spent on external services.
Stop wasteful spending on car parks, hotels and city of culture 2023 among other things! Look after your residents properly.....
You should look to scrap the pointless bus lane schemes, aimed at increasing car congestion for your precious bus contracts with First. Would save how many millions???
Transfer to another party to run it as a business.
From the amount of money they are saving, no. They could stop some of the other hair brain schemes they come up with, which quite frankly do not work but the Leader and other members think they look good.
Understanding what the issues are rather than killing the problem.
None.
As above.
As above.
How about not seeing it as a foregone conclusion in the first place. Look at a cost benefit analysis and determine how you can take a hard look at people's salaries in relation to a diminished service.
There is no other alternative. Neither myself or my daughter who is my carer can afford to pay more.

Finally, do you have any other comments?
Times have changed and people live at home longer. If the Council can close this home and offer people better care in home or a more equipped centre then I see no reason why it shouldn't be closed. Staff MUST be reassigned locally, however, I feel this is only fair if you decide to close the site. You must have alternative employment for those care staff.
No.
Look at wage costs for top posts - is it right that a fairly junior post in the administration pays a larger salary than those who run the country??
I think I've said all I need to.
Please think about our community and the care needed, especially for the older citizens.
If this property does close what is proposed for the site?
No.
Only to say a facility like this cannot and should not be replaced elsewhere.

How local needs will be met both to the patients and the needs of their families.

I hope the campaign to keep Richmond House and similar facilities open is a success.

If it closes, as you are planning, local people will draw attention to who it is across our city who are making these decisions and involve the press and MPs.

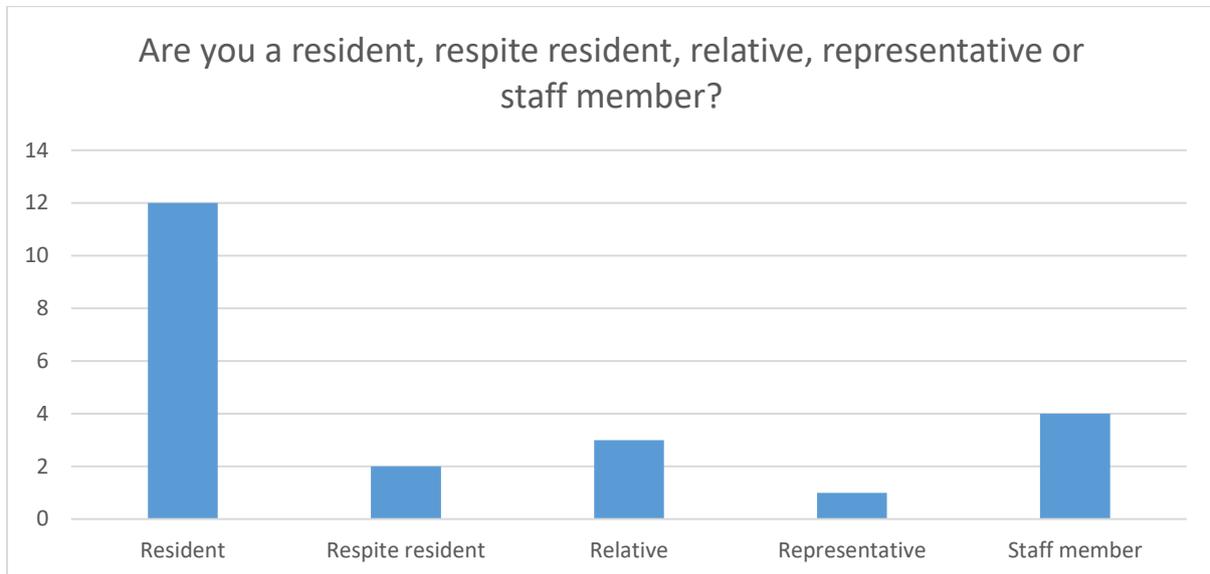
I think I have covered all my concerns.

Yes, I understand the Council has money problems but why close a well-run, well-staffed place. I am sure savings could be made in other ways. If the place isn't full all the time why not do something to ensure it is. Once people go there they want to go again. Where can people go to give carers a break that doesn't cost the earth? I suspect this is not a real consultation and that the decision has already been made, but I think you are wrong. You talk a lot about carers and looking after them but provide nothing for carers if they have no money, it's all talk. In addition, I got this form on 23rd March, closing date for consultation is 26th March. How on earth could I fill it in and post it back! I have had to get someone to type it for me, as I say you have already made the decision and are just pretending to go through the motions.

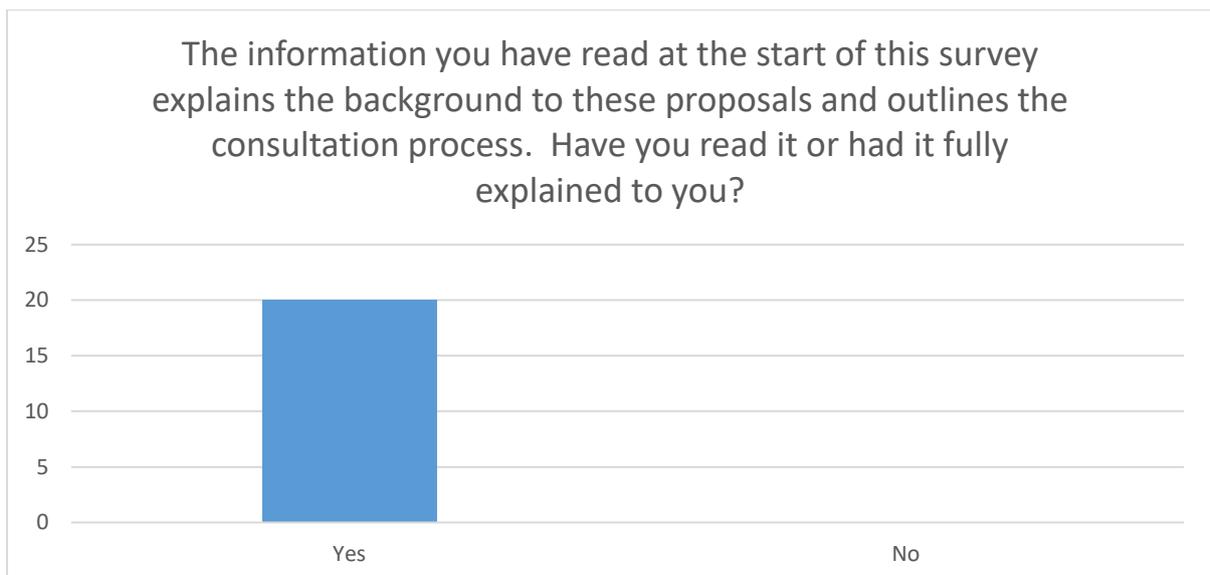
Richmond House Consultation, January to March 2021 - Survey Results (20 Responses)

Are you a?				
Resident	Respite resident	Relative	Representative	Staff member
12	2	3	1	4

Please note the answer to the above could be more than one category.

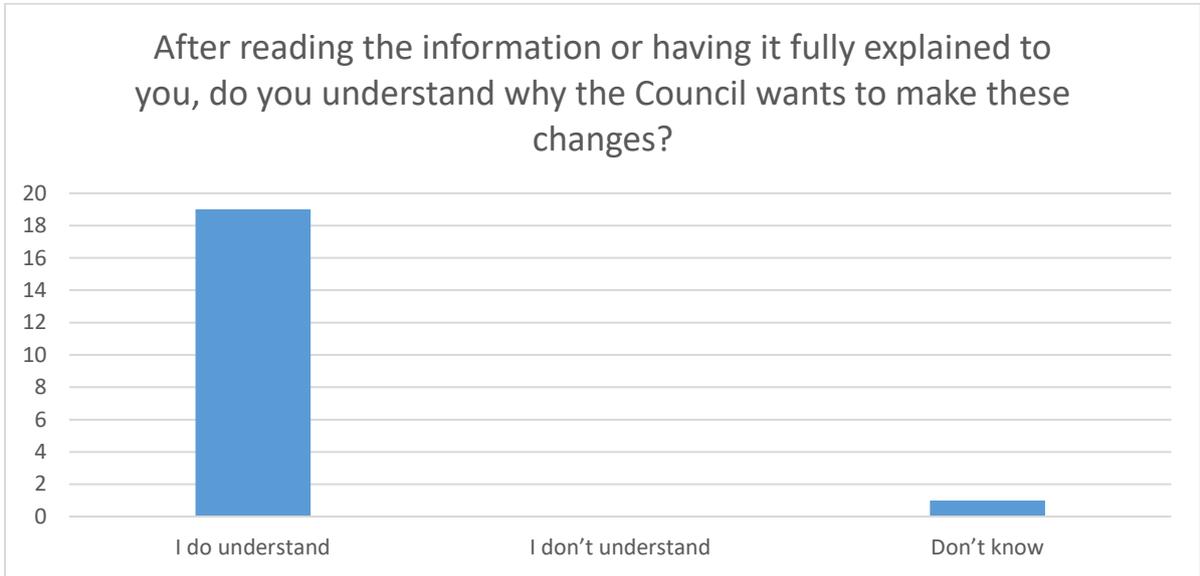


The information you have read at the start of this survey explains the background to these proposals and outlines the consultation process. Have you read it or had it fully explained to you?	
Yes	No
20	0



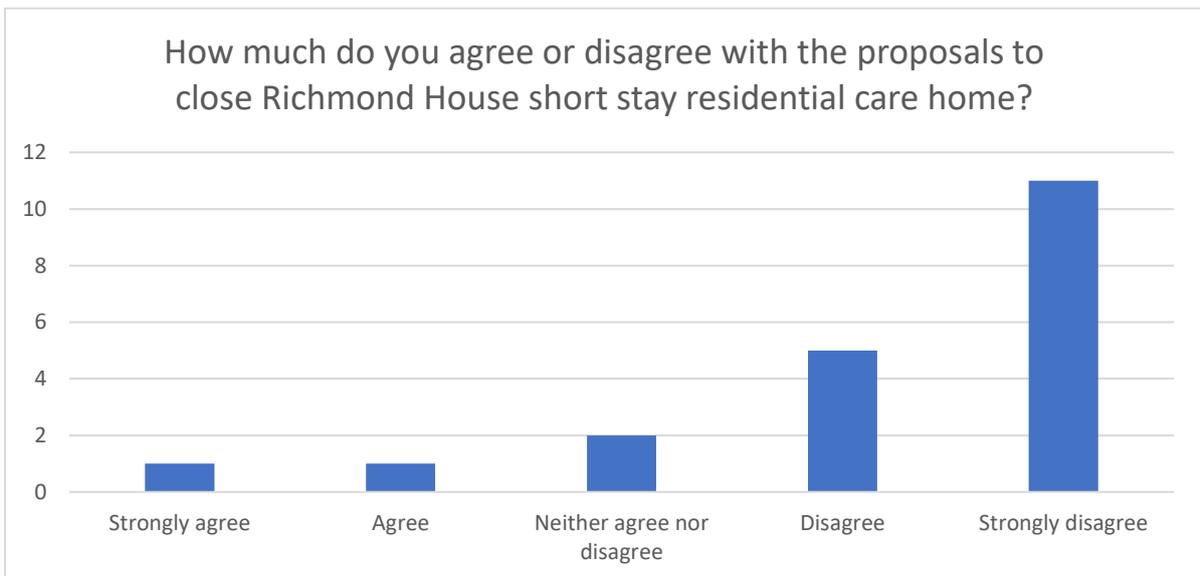
After reading the information or having it fully explained to you, do you understand why the Council wants to make these changes?

I do understand	I don't understand	Don't know
19	0	1



How much do you agree or disagree with the proposals to close Richmond House short stay residential care home? Please tick one box.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	1	2	5	11



Please tell us the reason for your answer

I do not feel like Richmond House has been supported, not just through the pandemic, but beforehand. As stated, only 60% of the beds were full, but it hasn't been taken into consideration about the residents we are getting in and staff numbers on the floor. We can have 10 residents and it can feel full due to individual needs. Nobody explained to staff about the change in residents we were receiving and the issues they had, or even ages. (Not elderly men and ladies - young people with serious mental health/alcoholics/drug addicts). If staff were updated and provided training for this, it would have been managed better. Richmond House has so much potential to be a 'safe place' if support to the home was given. Admissions were being held back due to the lack of this, especially when only x2 members of staff were allowed on the floor due to low numbers but dealing with high dependency residents. We all feel we have been given up on.

The staff are good and you get looked after well. It's a nice place to be.

Because there are a lot of unwell people in this place.

If you're in hospital you need somewhere to recuperate. It's a local home. Family can come and see you. It's not far to come. You get well looked after. If you need help, they're there all the time. The staff are all friendly. The other place I went to was all very old people. I want to live somewhere like this where there's staff all the time.

We don't want it to close. The staff are like family. I love it here. I love everything about it. It's a bit like a hospital and a home.

I came here because I was stuck in hospital for a long time. The staff here help me with washing myself, cleaning my room, making my meals. They got me new clothes. I need more help otherwise things go back to the same way. They will help me with that here.

It's up to the Council because it's a business. If you are not meeting your targets, it's no use moving forwards.

You never know when you might need a service like this and they aren't close together. People need this help and the staff are kind. It's a nice home.

Because things change. The Covid pandemic means we don't know what things will be like in 6 months. The care staff do a great job. I've never been in a place like this before. They work hard, make you feel comfortable and do the best they can.

Over 10 years we have struggled to get respite, which allows us to continue to care. Richmond House has been the most consistent, high quality service in the whole of Leeds for respite. It's the one service where I have peace of mind. The best care elderly frail people can have is with their family but quality respite is essential to keep this going. It's an easy target but very short-sighted in the long term. The people who use the service deserve continuity.

My 87 year old mother is familiar with the routine of a two week stay at Richmond House. It's local for my nieces and I to pop in. The staff are great, my mum looks forward to 2 weeks over the Christmas period and 2 weeks in August which allows me to have a holiday with my family. It's a local home - the rest of the family is too far away. There's just me and her niece in Pudsey so it is local to us to take her there and back because she doesn't like travelling with taxis or other transport. We have tried other places and it is a lot more money and not as good quality.

It just needs to fill its rooms up. It's a nice home with friendly staff. When you come out of hospital and you can hardly walk like I could - they can handle it.

A decision has to be made. If it's not financially viable to keep it going then the residents will have to be dispersed amongst other homes. I have found it a good place, people try and do their best for you here.

They need to look after people. These people who work there are very helpful and will lose their jobs. The people who live there might end up on the streets. The people who live there are very poorly. The residents and staff deserve much better.

I understand the budget position and the occupancy at Richmond House has been low since I have been in post and I do believe the service can be provided in other ways. If the customers were permanent residents then I would perhaps hold a different opinion on the proposal but the customers here are short stay and do not have any ties to the service. They will all be moving on at some point.

Part of the information is about people going into permanent care at the start of the form. Given that affordable options for carers are reducing, there are so few places for respite across the city without a massive top-up. It means that, as a carer, you have very little, if any choice of where to go. Sitting services are increasingly expensive. For some people, the cost is a massive issue. There needs to be some way of getting a break to allow us to keep caring for people at home. There is a consistent, well-trained, person-centred staff group and dad loves them all. It's provided very good care - daughter can go on holiday because she has full confidence that they will look after dad well.

They want to save money. They (the residents) will have nowhere to go. They shut all the centres down - even the new ones get shut down now. I've been in centres and a hostel and they flattened that down. People are alright here. The staff put you to bed and give you a bath or a shower. They help me.

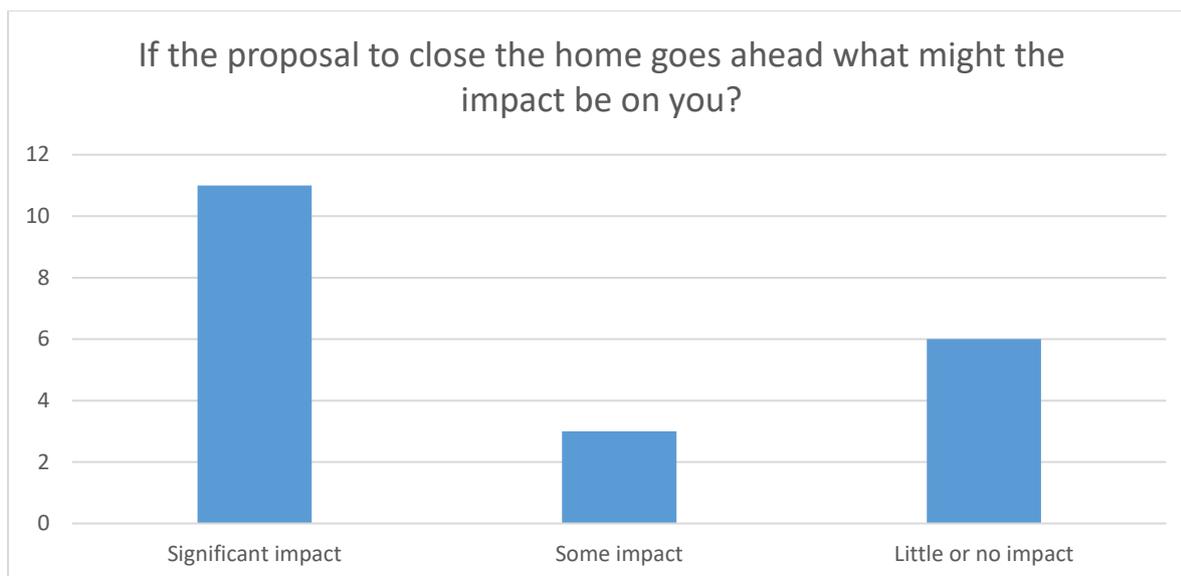
Richmond House is well known for being a caring well-run establishment. It doesn't have a quick turnover of staff. Many have worked at Richmond House for many years. Outside agencies have regularly commented at how we look after our customers with pride and full respect. I think it would be a shame to close a well-run highly committed and dedicated team/home down.

I do not agree at all and believe the Council is being very short sighted and denying people like my mother and myself the local authority respite facility. 10 years ago my mother was assessed and I was assessed regarding care needs. My mother has dementia; arthritis; glaucoma; coeliac to mention a few of her ailments. These have only worsened over the last 10 years, including falls with broken bones (one in rehab - Green Lane as recent as yesterday at 21.3.01). Jane Atkinson, the social worker at the time, assessed her needs as needing respite 42 days a year. The last year this service denied due to Covid. At no time has any social worker consulted me about the closure and given any useful information about any alternative local authority respite provision. Unpaid carers like me save the local authority thousands of pounds looking after disabled people. It is disgraceful that the local authority propose to cut this service, which is the one thing that I as my mum's full time carer value more than anything. Until Covid it was a service that I utilised 100% and the staff provided excellent respite care for the resident (anonymised), unlike any provision.

I understand to what has been said about the closure, that old people do not want to be in such a setting which doesn't motivate them to still be alive. The building was built for nursing people, they, the rooms are not en-suite most of them that residents have to use commode or walk out of there to bedrooms to use toilets which are communal.

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

Significant impact	Some impact	Little or no impact
11	3	6



Please tell us the reason for your answer
I worked so hard for this role. For 5 years I was on the local care force agency and this was the only home I came to where I felt at home. Only last year I got the position and I've never felt so happy and complete in what I did. The managers and staff are all so wonderful and approachable. The hours suited my life as I have a two year old. It would be such a huge shame and such a sad day if Richmond closes. I feel so passionate about it. It would impact on my life hugely.
I won't be here because I am going home but I still don't think it should be shut.
I like it here, I feel safe, I've got used to it.
I'm going to move on. I know it will take time. It all depends whether there is somewhere I can go from here. I'm wondering about where I'll go next.
I hope I won't still be here and they will have helped me move on. I'm waiting for my home to be cleaned.
There will be an impact for people who don't/won't/can't live privately. People would be worried about where they will go.
I'll be going back home, but if something happened in future, you might need it again. There's an impact on the other people, especially people who are here longer.
Because I don't know what happens next.
People who are full-time carers will hit a brick wall and won't be able to continue caring if they don't have trusted respite to be able to alleviate some of the pressure and allow for some time off. Respite has been the most valuable support the local authority has been able to give us. When the Green shut, I had great trouble finding another place, then we tried Yeadon and that shut. When we got to Richmond House, we were able to book regular respite and plan ahead, which we couldn't anywhere else. We have great anxiety that the service is just being withdrawn. The need for respite will increase, not decrease. My mum has dementia (and has had it for 10 years), has benefitted from the continuity from the team at Richmond House and has remembered and mentioned Richmond House to the hospital staff recently.
I will have to cancel the summer holiday with my children and be available 24/7 365 days of the year, unless alternative arrangements could be put in/be in place for summer and Christmas. At some times over the past year, because of Covid restrictions, they couldn't take her anymore and I am desperate for some respite.
I won't be here. Other people will be.

I live on my own and my family aren't close by so it doesn't make much difference where I'm staying. To somebody else, it may make a big difference. Everybody has a different situation.
It's very bad to move him. The people who work with these people know the residents well. He (my brother) needs 24 hour care from people who understand him. People are poorly and will get more poorly and stressed and it's not right, especially at this time.
I am hopeful that if Richmond House does close I will be granted ELI and be able to take early retirement.
Daughter says dad goes happily to the home and enjoys the care and support. Daughter, Fiona can go away with confidence and know dad is okay - needs a break emotionally, physically and psychologically from caring (with peace of mind). Daughter wouldn't be able to go on holiday if the home were to close because dad wouldn't want to go anywhere else and the strain of caring would hugely increase.
I won't be here, will I? But other people were here before I came. I don't know if they would still be here.
There is no other Council home in this area. I live in a very isolated place with no means of transport as my husband has not long passed away. It would mean walking to catch two buses late at night/early morning. I would also miss the support of my friends/colleagues who I have worked with for many years.
It will 100% affect my ability to permanently care for my mother and give such stress and ill health to myself and my family not being able to plan any break in my 100% care of my mother. I have other care commitments to my grandchildren too and what kept me going was knowing every few weeks I could plan for mum's care to be taken over by a group of people who really understand my mother's care needs and responded appropriately. I believe the Council are targeting unpaid carers as an easy target for cuts. It is the case that no alternative provision from the local authority has been discussed with myself.
It will be a significant impact to my system because I am getting old and starting something new will be a good challenge for me. Anyway, when I joined the Council in 2008 I managed to upgrade myself educationally and gained an Honours degree in Youth and Community Development in 2012. I can work with young people in residential which will be good for me. However, 3 years ago I managed to gain a Diploma in Adult and Social Care which can be useful, hence I have duty of care and I can work with parents and their children.

What could the Council do to reduce the potential impact?
The Council need to speak up. SUPPORT US! Listen to staff concerns, have some answers as to why we have never had a meeting about the clientele in, and when requested one, everyone is always too busy. Keep us open, supply us with the training and keep us in the loop.
Don't know.
Keep it open to help everybody. If they close this down, where's other people going to go.
This is the first time I've been in a home so I don't know what somewhere else would be like.
Provide another house for them with all the care needed (or send people back to their family with help by sending carers to their family house).
Don't close it. Keep people close to home and family. When my dad was in a council home and it closed, he had to go to Bingley and it was awkward for family to get there.
Obviously finding somewhere adequate to move to, may be another care home.
Ensure that there is an equivalent service. I'd like to know what and where and have a plan in place. I'd rather that a facility which is working perfectly well was not closed. The demand for respite will not decrease. It's only going to increase with the effects of long Covid and also as Covid restrictions allow respite again, there will be a much higher need. People are waiting to have a break and are in great need of it to be able to continue caring.

Please keep it open, or make similar alternative accommodation. We would like to not be forgotten about and have the same respite times, the same cost and the same level of care.
They need to get some more clients.
The Council needs to do their best to make sure your needs are cared for.
It's not right to close the home. There is such a high quality of care.
Keep somewhere like Richmond House open or provide an alternative at local authority rates so carers can get a break (of a similar standard of care). Why couldn't it be used better as a hub? It's not known about enough, which makes it under-utilised. They used to have physios and OTs - given that hubs are bursting at the seams, why couldn't it be used that way?
I don't know.
Provide an immediate named local authority short term/respite provision that is guaranteed I will be able to use in the near future.
First I need my redundancy pay or Early Leavers if not then secondly, I need to work with young people, if possible not in another home with elderly people no. I am a mature woman which will make sense for me for the 3 choices I have put across. Most importantly I am a single woman and I have never been on benefit since I came to the UK 21 years ago.

Please state if there is another viable approach which you believe should be considered?
We haven't been full because of the reasons I've stated. Fill us up, let us have more staff on shift, provide us with training and see what difference it can make.
There must be other ways to save money. The government should give the Council more money.
They could charge people to stay permanently. If they kept it open, they could make it into a permanent home and people could stop here all the time. I like it here and would stay here.
I don't know.
The Council needs to look at why they are not meeting their targets. Do they need to reduce the workforce or add more patients?
I've heard they've spent a lot on making changes in the city centre (pavements and cycle lanes). The Council needs to think more about other areas where people live.
The Council doesn't appear to have an option, the way that it's put here because the figures show a massive gap. It makes sense in a business sense but not for the people that live in the homes.
If you contacted all the respite customers from prior to Covid (over the previous year) you would find a higher need. What time frame was used to compile the statistics? There has been a freeze on respite so this has affected the occupancy figures over the last year. They should put the prices up for respite. It's much cheaper than my mother going into a home 24 hours.
None.
Why not let all the rooms out?
I don't know.
Disabled and poorly people need special help, especially at this time when people can be very low. The Council should keep places and good staff because these are the people who need it most.
Not a money-saving approach, but it could be better used. It's been refurbished and has great facilities.
I don't know.
Respite home.
I do not believe the local authority should reduce/stop any respite provision. It is short sighted and not cost effective in the long term. Us unpaid permanent carers gave Leeds local authority 13 billion pound a year as it is.

As for Richmond House, the best thing is to demolish it and build new housing or flats for elderly people to live. As for me, my Early Leavers and redundancy pay, that will be nice.

Finally, do you have any other comments?

Please listen to staff. We know better than anyone, it's so unfair during a pandemic especially. I have worked through the whole thing and my mental health has been hit hard. I know Richmond House is better than this. Thank you.

It's not fair on the staff.

No, because all the staff are nice and make you welcome.

While there's a pandemic (and all the time) it's a safe place. I'm worried about the staff and the other residents and where they will all go.

The staff are alright. They help me and make sure I get a shower and my tablets.

I like the service here. They are very respectful and they make the house like a family house. They don't treat you like a patient. They listen to your problems and advise you if you need it.

Where would you go if you closed this home? Would you have to go further and how would people visit? A lot of people haven't got cars. It will also affect people's jobs.

Although it might be a quick cut, if you look at what the local authority saves through having carers caring, that saves much more. Demand for respite won't decrease but demand for 24 hour care, which is more costly will increase as a direct consequence of short breaks being in shorter supply.

We do our bit and although I get 2 weeks off here and there, I think we save the Council a lot of money. The time off we get is a godsend – we really need it.

Obviously, if you're closing somewhere, you're losing facilities, so it must be a difficult decision. I've found the care here has been very good. People are interested in you and your health. They're all doing their best.

Everybody should have rights and be well looked after.

The level of care is what is important. It's not about the building, it's about the care the team shows towards the residents (which is very individual and very personalised).

It's alright here. I like it.

I think it will be a very sad day when we close.

I am horrified at the poor level of care provided by the rehab centre that the local authority is using for people discharged from hospital (Green Lane). My mother, Joan Scott was a previous regular respite user of Richmond House.

My Early Leavers and redundancy pay please.

Appendix 3b) Home Lea House and Richmond House closure proposals

Consultation Submissions and Responses

	Submission	Raised By	Response
Page 233	<p>1. Why is it not possible to negotiate with the NHS to have therapeutic input at Richmond House again? This joint working of physiotherapists, occupational therapists, including one expert on splints, and a joint care manager, worked well with the care home staff? This is needed more than ever now for those people who are stuck in care homes waiting for (re-)assessment by social workers under the Care Act and/or Mental Capacity Act and new care packages to be put together to be able to go home. I know from personal experience that this is an even lengthier wait at the moment due to Covid restrictions.</p>	<p>Mrs Sylvia Landells on behalf of Leeds Hospital Alert</p> <p>At Outer West Community Committee meeting in February 2021</p>	<p>Richmond House did operate very successfully as an intermediate care resource (known at the time as Community Intermediate Care, CIC). However when the Clinical Commissioning Group (CCG) reviewed the Community Intermediate Care (CIC) service, they identified a different set of priorities for the Community Care Bed service. Leeds Adults & Health were successful in bidding to the new specification and secured, in partnership with Leeds Community Healthcare, two new nursing services and one residential service, in buildings owned by LCC across Leeds. The CCG will be reviewing their commissioned service in the next 18 months but at present have commissioned 227 beds across the city and are content that they have sufficient resource available to them.</p> <p>Continuing Health Care (CHC) nurses were not able to undertake assessments from March to August last year. As such, as number of individuals who were thought to be in need of Continuing Health Care funding in a nursing care setting were awaiting reassessment. Once the service was able to recommence, social workers worked with the CHC team to review/reassess everyone who was in that position, these assessments were concluded by 31st December 2020.</p> <p>Adults and Health are not seeing long wait times for independent home care packages, and there is a range of good quality residential care provision in the city, with 25 of the 35 homes within 5 miles of Richmond House CQC dementia registered.</p>

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2.	<p>How many people, how long are they waiting, and how much is the Council paying for these people who are stuck in private homes waiting for re-assessment and packages of care? Couldn't this be spent on professionals for Richmond House instead?</p>	<p>Mrs Sylvia Landells on behalf of Leeds Hospital Alert</p> <p>At Outer West Community Committee meeting in February 2021</p>	<p>As described above, there was one group of people who were waiting for CHC assessment and during the period in which the CHC team were unable to assess, the CCG funded their care.</p> <p>In addition, the NHS have provided temporary funding to the CCG to support hospital discharge during the pandemic. The CCG have used this funding to commission a small number of community beds (nursing and residential) across the city, and as part of this Discharge to Assess process; people are supported to stay there while their needs are assessed and their care arranged at home or in another residential care or nursing home. Their needs are assessed very quickly and a sizeable proportion of the people who are discharged in this way, return home within a week to ten days.</p>
3.	<p>I was not reassured to learn of the large number of vacancies in private care homes in west Leeds as a measure of availability of places and stability of the market. Has Adults and Health done a survey to find out how many of these care home businesses will survive the pandemic?</p>	<p>Mrs Sylvia Landells on behalf of Leeds Hospital Alert</p> <p>At Outer West Community Committee meeting in February 2021</p>	<p>The 35 care homes within 5 miles of Richmond House are owned by 30 different providers; ranging from individual owners, small to medium enterprises through to large national providers. Adults and Health work closely with Leeds Care Association and care home providers to understand any pressures affecting the market, and have continued to do so throughout the pandemic to understand impact of Covid on cost pressures for care homes.</p>
4.	<p>Surely it is premature to plan the closure of Richmond House before a full study is done into the acknowledged gap in the need for places for people with complex needs, including dementia and nursing care, which Cath Roff said is being</p>	<p>Mrs Sylvia Landells on behalf of Leeds Hospital Alert</p>	<p>The pilot service at South Leeds Recovery Hub offers nursing provision for people with the most complex needs including people with dementia. Adults & Health previously reviewed different models of care and support that could be offered at Richmond House, however the size of the home</p>

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	<p>trialled in the 10 pioneering places at the South Leeds Recovery Hub?</p>	<p>At Outer West Community Committee meeting in February 2021</p>	<p>made the cost per head prohibitive for investment by the CCG, which would be a requirement for the provision of this type of service.</p> <p>The Integrated Commissioning Executive has taken a number of reports which have attempted to model the needs of people with complex dementia and as a result the following service developments have been put in place, as detailed in the <i>Leeds Integrated Market Position Statement 2019-22</i>; NHS development of intensive and responsive specialist support to care homes, an individualised approach to funding of care, including transitional support to leave hospital as well as long-term funding; and the development of training in 'leadership in dementia care.'</p>
15 Page 235	<p>“ Richmond House has a reputation second to none for supportive, person-centred and effective rehab care for older people.</p> <p>Successful rehab for older people coming out of hospital is extremely cost-effective for both the NHS and Social Care.</p> <p>The "market" in Care Home/Respite/Rehab accommodation is extremely unstable (and likely to be more so after the pandemic). If Richmond House closes, private provision is unlikely to meet these needs in future.</p> <p>When you break up a good staff team in a care home they are gone forever. ”</p>	<p>Mrs Sylvia Landells on behalf of Leeds Hospital Alert</p> <p>At Outer West Community Committee meeting 18th January 2021</p>	<p>Richmond House provides short stay residential care and respite provision. It has not provided rehabilitation services since 2017 when the service was de-commissioned by Leeds CCG.</p> <p>The CCG commission citywide Community Care Beds for rehabilitation. Adults & Health previously reviewed whether Richmond House could offer CCB provision, however the size of the home made the cost per head prohibitive.</p> <p><u>Care Home/Respite Alternative provision</u></p> <p>There are currently 6 people who access the respite service at Richmond House, to arrange a short break or an extended short day depending on the need of the individual and their family / carer.</p>

	Submission	Raised By	Response
			<p>Respite beds are not commissioned as dedicated beds, instead a social worker will approach care homes at the time required, and if there is capacity, will spot commission a short break or extended short stay depending on need.</p> <p>There are 21 care homes with a total of 932 beds in the Leeds Boundary within 5 miles of Richmond House. 16 are rated as good, one as outstanding and 4 are awaiting an inspection outcome. 14 are CQC dementia registered. 15 are residential, 2 are nursing and 4 offer both.</p> <p>There are a further 14 homes with a total of 723 beds within 5 miles of Richmond House but outside the Leeds boundary. 8 are rated as good, one as outstanding, 3 require improvement and 2 are awaiting inspection. 11 are CQC dementia registered. 7 are residential and 7 offer both residential and nursing care.</p> <p><u>Short Stay Residential Alternative provision</u></p> <p>There are 258 beds (not including Richmond House) across the city providing short term care and support, in addition to the at home services.</p> <p>There are 8 short term beds in services within 5 miles of Richmond House (all D2A beds). Hutton Manor (awaiting inspection), with 5 residential dementia D2A beds is 2.3 miles from Richmond House; St Luke's (to be inspected), with 3 nursing D2A beds is 2.5 miles from Richmond House.</p>

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			<p>By comparison, there are 84 short term beds that are 6 miles or less from Richmond House, all at provisions rated as Good or To be Inspected,</p> <p>Between April and August 2020 occupancy rates in community care beds across the city ranged from 53% to 78%.</p> <p><u>Occupancy Rates at Richmond House</u></p> <p>Over the last three years, 11 individuals from the Farsley area (with postcode LS28 5) attended Richmond House. For the wider LS28 postcode area over the same time period 37 individuals attended (including the 11 above). Total number of individuals attending over that time period is 196. Of the 11, most stayed for between 2 and 41 days (one was 138 days) with an overall average stay of 30 days.</p> <table border="1" data-bbox="1189 863 1736 1315"> <thead> <tr> <th></th> <th colspan="2">Richmond House (built 1971)</th> </tr> </thead> <tbody> <tr> <td>monthly occupancy</td> <td>12.58</td> <td>63%</td> </tr> <tr> <td>Average 2016/17 occupancy</td> <td>14.83</td> <td>74%</td> </tr> <tr> <td>Average 2017/18 occupancy</td> <td>14.58</td> <td>73%</td> </tr> </tbody> </table>		Richmond House (built 1971)		monthly occupancy	12.58	63%	Average 2016/17 occupancy	14.83	74%	Average 2017/18 occupancy	14.58	73%
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			Average 2018/19 occupancy	11.42	57%
			Average 2019/20 occupancy	10.67	53%
			Occupancy levels at 4 January 2021	10	50%
Page 238	<p>6. “Leeds UNISON believes it is because of Covid that the last 11 months Richmond House has been under used.</p> <p>LCC upgraded Richmond House extensively in 2018 to ensure it was fit for purpose to accommodate residents comfortably. By closing Richmond house the money that was spent will be wasted.</p> <p>Richmond House was awarded a CQC rating of good.</p> <p>Leeds UNISON believes there may be an alternative to closing Richmond House. The alternative would be to turn it into a residential dementia care unit. The Green in Seacroft provided long term care for dementia patients, but this was closed by the Council. The closure of the Green was strongly opposed by Leeds UNISON at the time. LCC has only 10 specific beds for service users with Dementia care across the City. Caring for people who are suffering from dementia is a specialised job that requires skills, understanding, patience, and commitment. Leeds UNISON believe if Richmond House was opened as a Residential Care home</p>	<p>Stella Smales, Leeds Unison</p> <p>At Outer West Community Committee meeting 18th January 2021</p>	<p><u>Occupancy rates at Richmond House.</u></p> <p>The home supports a citywide short term care and support offer along with Community Care Beds. People are referred to a suitable short term provision based on their individual needs and preferences.</p> <p>Over the last three years, 11 individuals from the Farsley area (with postcode LS28 5) attended Richmond House. For the wider LS28 postcode area over the same time period 37 individuals attended (including the 11 above). Total number of individuals attending over that time period is 196. Of the 11, most stayed for between 2 and 41 days (one was 138 days) with an overall average stay of 30 days.</p> <p><u>Building Maintenance Work</u></p> <p>Since 2018, there has been £216,870 capital and revenue spend on Richmond House, in order to carry out essential maintenance works to ensure the building remains “wind and watertight” and suitable for the people residing there. This has included some larger works such as a new lift and replacement windows at Richmond.</p>		

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<p>specialising in dementia care this would give people who have family members suffering from dementia the reassurance that their loved ones were being cared for in a safe environment.</p> <p>If LCC go ahead with closing Richmond House this will be another important resource that will be gone from Farsley and the west of Leeds.”</p>		<p>Richmond House is 50 years old (built 1971) and falls within the Grade B category which indicates stock condition is satisfactory and performing as intended but exhibiting some deterioration. Further long term capital investment in the region of £300 to £500k will be required to bring the building and facilities up to a good standard in order to comply with current legislation and support continued use as intermediary care facilities. Existing mechanical services are in need of attention to prevent major break down of the plants associated items along with upgrades to the electrical installation, wind and weathertight items and associated building works. Additionally the cost for full refurbishment is estimated to be £1.7m which far outweighs the spend in recent years.</p> <p><u>Alternative use as residential dementia care</u></p> <p>There is already a range of good quality residential care provision in the city, 25 of the 35 homes within 5 miles of Richmond House are CQC dementia registered. However, there is an undersupply of nursing provision for people with the most complex needs. To respond to this need, the council with partners is piloting this type of provision in the South Recovery Hub, which is possible as Leeds Community Healthcare provides the nursing care.</p> <p>Given the age of the building it may be uneconomical to remodel. Consultant Norfolk Property Services has stressed that refurbishment alone will not meet current statutory requirements and nationally described space standards due to the some corridor widths being too narrow and a number of bedroom sizes being too small. To meet this standard major structural and internal alteration will need to be carried out.</p>

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Page 240			<p>High level refurbishment budget costings indicate that a capital spend of IRO £1.7m would be required to bring the property up to current required standard including nationally described space standards and to meet the minimum requirements set out in the Leeds Model for housing with care.</p> <p>Given the Gross Internal Area of Richmond House this would equate to approximately £1150 per sqm to refurbish against a cost of IRO £2000 per sqm for new build so on this basis the most cost effective approach would be new purpose built accommodation that will meet modern building standards and is more conducive to health and wellbeing of residents.</p> <p>Delivering new housing with care provision in line with the current and future demand is one of the keys strategic drivers of the Better Lives Programme.</p> <p>LCC Design team have been commissioned to undertake preliminary site analysis and desktop capacity and constraint studies in order to understand options for re-provisioning of specialist accommodation should sites become available through asset realisation. This will provide indicative site capacity and compatibility with proposed future land uses. It is anticipated that this will be completed by end of January.</p>
7.	Has a full impact assessment been done on the implications of the closure of Richmond House on current and possible future residents' physical and mental health and rehabilitation potential?	<p>By Councillors in attendance</p> <p>At Outer West Community Committee</p>	Full Equality, diversity, cohesion and integration impact assessments will be carried out as part of the consultation process. One will focus on the potential impacts to people using the service and their families/carers and one will be specific to organisational change impacting on the workforce for the staff affected.

	Submission	Raised By	Response
		meeting 18 th January 2021	
8.	What evidence is there that the proposed future placements for people who would have gone to Richmond House will be any more effective and safe?	<p>By Councillors in attendance</p> <p>At Outer West Community Committee meeting 18th January 2021</p>	<p>Richmond House has taken short term/step down placements directly from social workers and in some cases from hospital (LTHT and LYPFT). If Richmond House was not there anymore as a resource then other placements would be sought. Generally these would be in residential care homes offering good quality care.</p> <p>There are 21 care homes with a total of 932 beds in the Leeds Boundary within 5 miles of Richmond House. 16 are rated as good, one as outstanding and 4 are awaiting an inspection outcome. 14 are CQC dementia registered. 15 are residential, 2 are nursing and 4 offer both.</p> <p>(There are a further 14 homes with a total of 723 beds within 5 miles of Richmond House but outside the Leeds boundary. 8 are rated as good, one as outstanding, 3 require improvement and 2 are awaiting inspection. 11 are CQC dementia registered. 7 are residential and 7 offer both residential and nursing care).</p> <p>Over the last 3 years 196 individuals were admitted to Richmond House, on average 65 people per year, staying an average of 30 days. The current market for older people's residential care has capacity to absorb this demand.</p>
9.	The Council-employed hospital social workers are working with people in the 4 wards in Beckett Wing at St. James Hospital and Wharfedale General Hospital, outsourced to Villacare, which all "need improvement" according to the	By Councillors in attendance	The service provided in the wards at LTHT is nursing care, whereas Richmond House provides residential care.

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	<p>latest Care Quality Commission reports. Why not transfer directly to Richmond House, a "good" care home?</p>	<p>At Outer West Community Committee meeting 18th January 2021</p>	<p>Also, some of the people are only resident in the wards at LTHT for a few days whilst home care services are arranged; it wouldn't be appropriate to discharge from the hospital, admit to Richmond House, and then go home, all within a few days.</p> <p>There are significantly more beds in SJUH and Wharfedale than we could provide in RH and the CCG wouldn't fund non-nursing care provision.</p>
Page 242	<p>Dear Rachel Reeves MP,</p> <p>Have you heard about the campaign to keep open Richmond House care home at Farsley, which is run by Leeds City Council Adults and Health as a short term residential rehabilitation place (recovery hub for west Leeds), especially for people coming out of hospital?</p> <p>I think it is underused at present because it doesn't take people with dementia. I know from personal experience that some people are being placed in private care homes, paid for by the local authority, until the social workers are able to re-assess their needs and mental capacity to make decisions about their care, review their social care services, and put together a package of care.</p> <p>There appear to be even more delays in this process at the moment due to the effects of the pandemic. People often wish to return to live at home and it is very difficult to get enough home care, which has already largely been</p>	<p>Sylvia Landells via Rachel Reeves MP, 26 Jan 2021</p>	<p><u>Consultation on potential closure</u></p> <p>Richmond House is a 20 bedded residential service situated in Farsley. The current service offer is short term care and support to people who require a period of recovery following a hospital admission. The service also offers support to people from the community to prevent hospital admission.</p> <p>A report to the Council's Executive Board in October 2020 highlighted a budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the ongoing financial impact of Covid-19. The council is legally required to set a balanced budget therefore, a number of savings proposals have been put forward, including one for the proposed closure of Home Lea House Long Stay Residential Care Home in Rothwell, and the closure of Richmond House Short Stay Residential Care Home in Farsley, making savings annually of £1.531million as a contribution to the budget gap identified.</p> <p>On the 21st October 2020 Leeds City Council's Executive Board approved a period of consultation on a proposal for the closure of Home Lea House long stay residential care home and Richmond House short stay care and</p>

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Page 243	<p>privatised in Leeds. This is especially difficult if you need more help in the evening or at night and/or you have dementia.</p> <p>The local authority appears to be outsourcing some of their services to private, profit-making care home companies when they have in-house services which could be utilised, with some change, in order to be able to take people with dementia, as happened with the South Leeds Recovery Hub.</p> <p>I am concerned that people may feel stuck in the system where they don't want to be, and Council Tax payers are not getting value for money. It is very hard to visit or telephone friends and relatives in care homes at present to find out how they are and ask them what they want.</p> <p>I do hope that you can make some enquiries about this proposed closure and help with this campaign.</p>		<p>support service. The consultation period started on 4th January 2021 and will end on 26th March 2021. The findings of the consultation will be analysed and a report with recommendations will be presented to the Council's Executive Board in June 2021.</p> <p>For your information I have attached a copy of the brief sent to all Elected Members and MPs representing the affected ward areas, which includes all the information about the consultation; including timescales, options for participation, how to seek support to participate where needed and next steps following the consultation period.</p> <p><u>Short term services for people living with dementia</u></p> <p>Richmond House provides short stay residential care and respite provision. It has not provided rehabilitation services since 2017 when the service was de-commissioned by Leeds Clinical Commissioning Group (CCG). The CCG commission citywide Community Care Beds (CCBs) for rehabilitation. People are referred to a suitable short term provision based on their individual needs and preferences.</p> <p>There is already a range of good quality residential care provision in the city, and 25 of the 35 homes within 5 miles of Richmond House are CQC dementia registered. However, there is an undersupply of nursing provision for people with the most complex needs. To respond to this need, the council with partners is piloting this type of provision in the South Recovery Hub, which is possible as Leeds Community Healthcare provides the nursing care.</p> <p>Adults & Health previously reviewed different models of care and support that could be offered at Richmond House, including whether Richmond</p>

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			<p>House could offer Community Care Bed provision, however the size of the home made the cost per head prohibitive for investment by the CCG.</p> <p><u>Supporting people to return home</u></p> <p>As detailed in the <i>Better Lives</i> strategy, the Council's strategy for people with care and support needs, 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.</p> <p>Wherever possible, people should be supported to return to their home as the first option. Adults & Health provide the SkILs Reablement Service which offers short term intensive care and support for people in their home; supporting hospital discharge and hospital avoidance. Leeds Community Healthcare Neighbourhood Teams provide at home therapy services, such as Occupational Therapy, Physiotherapy and District Nursing. In addition, Adults and Health are not seeing long wait times for independent home care packages.</p> <p><u>Communicating with residents</u></p> <p>We are keen to ensure that we hear the voices of people who use the service and the consultation provides different options for participating, including; online, over the phone, via email, by posting a paper copy to us, or through a face to face discussion during their short stay. The consultation survey is also open to the general public via leeds.gov.uk. People only stay at Richmond House for only a short period of time and so current residents won't be affected by the proposed closure, however</p>

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			<p>throughout the consultation period all residents are being informed about the consultation taking place and encouraged to participate if they wish to do so.</p> <p>The service also proactively engages customers in the use of technology (such as ipads, tablets, mobile phones, Alexa's) where appropriate, to keep in touch with loved ones during their stay. In addition window visits, garden visits and use of in-door pods have enabled choices to suit customers in being able to communicate with one another.</p>
Page 245	<p>Rothwell has two high quality performing council-run care homes. Dolphin Manor has been put forward as alternative to Home Lea house, however Dolphin Manor has previously been brought to Executive Board for closure. At that time we were told that Dolphin Manor had worse facilities than Home Lea House. Has the council decided to withdraw from in-house provision altogether?</p>	<p>Cllr Stewart Golton at Outer South Community Committee meeting</p>	<p>Based on supply and demand analysis, Rothwell has an oversupply of 119 residential care home beds. There is sufficient alternative local supply if Home Lea House were to close.</p> <p>Regular rolling stock condition surveys are carried out, Home Lea House is 20 years older than Dolphin Manor and is a smaller home.</p> <p>My professional recommendation as the Director of Adults and Health is that should Home Lea House and Richmond House care homes be approved for closure, that no further council run care homes should be put forward for decommissioning. This would enable the council to retain flexibility in the face of any potential future challenges and retain expertise.</p> <p>This would mean Dolphin Manor, along with Knowle Manor (Morley South) and Spring Gardens (Otley and Yeadon) would be retained in the city as council-run care home provision</p>
	<p>The independent sector care provision is precarious.</p> <p>What is the occupancy in independent sector provision?</p>	<p>Cllr Stewart Golton at Outer South</p>	<p>Occupancy figures can be provided if requested, they do change on a regular basis.</p>

	Submission	Raised By	Response
		Community Committee meeting	
	Could social care reserves be used to keep Home Lea House open for another year and work with the community to keep it open?	Cllr Stewart Golton at Outer South Community Committee meeting	Reserves could be used to keep the home open for a further year but this would not resolve the need for the council to make recurrent revenue savings as part of delivering a legally balanced budget.
Page 246	<p>I am writing on behalf of Rothwell Neighbourhood Forum to register its opposition to proposals that could see the Home Lea House Long Stay Residential Care Home in Rothwell threatened with closure.</p> <p>This is a particularly unsatisfactory state of affairs when one recognizes the success of the existing provision, as illustrated by the most recent CQC report, and in particular the comments contained within the report allied to the “outstanding” designation of the Home in terms of caring for its residents.</p> <p>A rough analysis of all the care home facilities on the CQC web site that have been subject to inspection, and are within 10 miles of Rothwell, reveals that out of 243 facilities only 8 are better rated than Home Lea and another 6 are rated the same. In other words Home Lea is, from a rating perspective, in the top 6% of facilities in the immediate area.</p>	Peter Ellis Acting Chair, Rothwell Neighbourhood Forum	<p><u>Closure proposals</u></p> <p>As outlined in the report to Leeds City Council’s Executive Board in October 2020 and at the Outer South Community Committee Meeting on the 15th March 2021, the key driver for the proposal to close Home Lea House long stay residential care home is due to the Council facing financial challenges unlike anything in the past, and in addition, the financial impact of the Covid-19 pandemic which is unprecedented.</p> <p>The Executive Board report in October report highlighted a budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the ongoing financial impact of Covid-19. The council is legally required to set a balanced budget therefore, a number of savings proposals have been put forward, including one for the proposed closure of Home Lea House Long Stay Residential Care Home in Rothwell, and the closure of Richmond House Short Stay Residential Care Home in Farsley, making savings annually of £1.531million as a contribution to the budget gap identified.</p>

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Page 247	<p>On the basis of this information and bearing in mind that this is a local authority home, it is extremely difficult to understand why it is being targeted for closure, other than what is perceived to be a financial imperative.</p> <p>It is important that within a local community there is a robust provision in respect of this type of care, especially recognizing local demographics which show that the number of people in the community above the age of 65 is considerably in excess of the figure for Leeds as a whole and above the average figure for England (Source Leeds Observatory).</p> <p>It therefore appears to be short sighted in the extreme to remove a facility of clear quality from an area with a population where demographics suggest an ever increasing requirement for its services. Reliance on underfunded private provision is not a comprehensively sustainable solution.</p> <p>The local nature of such facilities is also considered extremely important and a home where residents are still within the body of the community is a valuable consideration and makes it less likely that people, requiring the care the home provides, might have to be relocated to other areas. This must surely be something that residents appreciate notwithstanding access for family and relatives etc. If there is one thing that the last year has made clear it is that this category of provision is very much needed and services of this type must be retained notwithstanding the pressure on</p>		<p><u>Quality of Care</u></p> <p>The high quality of care and support provided at Home Lea House is absolutely acknowledged. However, 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.</p> <p>There are 14 care homes within five miles of Home Lea House, including a Council-run home, that are CQC registered as Outstanding (1), Good (9), and Requires Improvement (4). Of the 10 homes that are rated as Good or Outstanding, six offer residential care, four offer both residential and nursing care. Eight of the homes are listed by the CQC as offering specialist Dementia provision.</p> <p>If a recommendation for closing Home Lea House was made and approved, no-one will have their care taken away or their level of support reduced.</p> <p><u>Capacity of alternative provision</u></p> <p>The 10 care homes rated as Outstanding or Good within five miles of Home Lea House total 501 beds. Occupancy at care homes can vary from week to week; as of 11th March 2021 occupancy rates at those homes ranged from 44% to 95% with an average occupancy of 79%. The council has two residential care homes situated in Rothwell, Dolphin Manor has 35 beds and on average achieved 67% occupancy during 2020-21.</p>

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Page 248	<p>local authority budgets. A report by the Director Adults and Health prepared for a recent meeting of the Outer South Committee establishes one of the reasons cited for the proposed closure of Home Lea House ,notwithstanding purported changes to models of care and financial considerations, is the age of the building. Surely it is the quality of the care provision that is paramount.</p> <p>The model of care argument within the aforementioned report is understood, but not fully accepted and while a strategy that maximises independent living facilities is welcomed, the question of those with greater dependency and requiring the present model of care is not very clearly addressed. There is also a suggestion in the report that Dolphin Manor in Rothwell is an alternative provision option. It is not long since that Dolphin Manor was identified for closure, but which due to local opposition was retained and it is therefore difficult to have long term confidence in such a strategy.</p>		<p>The Rothwell ward area has an oversupply of residential care provision by 120 beds. The Council’s Extra Care Supply & Demand Model calculates anticipated future demand for residential, nursing and extra care provision, taking into account proposed population changes to 2028 at a ward level, and suggests there is sufficient capacity of alternative good quality provision.</p> <p>Delivering new housing-with-care provision in line with the current and future demand is one of the key drivers of the Better Lives Strategy (which is the Council’s strategy for people with care and support needs) and Adults & Health continue to work alongside the Housing Growth Team to identify suitable sites for extra care housing.</p> <p>In January 2019 Leeds City Council appointed a delivery group made up of Ashley House Ltd, Morgan Ashley LLP and Home Group to deliver four Extra Care schemes on Council owned sites in Leeds including Windlesford Green in Rothwell. The Windlesford Green Scheme will deliver 64 units of Extra Care housing with anticipated start on site in June 2021.</p> <p>The 14 care homes within 5 miles of Home Lea House are owned by 11 different providers. These range from individual owners, small to medium enterprises through to large national providers. Adults and Health work closely with Leeds Care Association and care home providers to understand any pressures affecting the market, and have continued to do so throughout the pandemic to understand impact of Covid on cost pressures for care homes.</p> <p><u>Quality of the Building</u></p>

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			<p>Home Lea House (built 1964) is a substantially older building than Dolphin Manor (built 1987) with a shorter remaining asset life which will require significant capital investment in the near future in order to bring the building and facilities up to an acceptable standard that complies with current legislation.</p> <p>Dolphin Manor is currently performing as intended and requires only minor improvements. The property condition report for Home Lea House and projected component life expectancy and renewal costs indicate more substantial investment would be required which may be uneconomical given the remaining asset life.</p> <p>In addition, Dolphin Manor is the larger home and the building is suitable for dementia provision which is why it attracted investment from Leeds Clinical Commissioning Group (CCG) for a proof of concept short term dementia care pilot. Home Lea House by contrast is not suitable for dementia provision.</p> <p><u>Dolphin Manor</u></p> <p>As discussed at the recent Outer South Community Committee meeting on 15th March, my professional recommendation as the Director of Adults and Health is that should Home Lea House and Richmond House care homes be approved for closure, that no further council run care homes should be put forward for decommissioning. This would mean Dolphin Manor, along with Knowle Manor (Morley South) and Spring Gardens (Otley and Yeadon) would be retained in the city as council-run care home provision.</p>

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<p><u>Re the proposed closure of local authority care homes but of Richmond House in particular</u></p> <p>I'm writing on behalf of Leeds Unison retired members group to urge Leeds City Council to rethink plans to close two residential care homes, one of which provided invaluable short stays and respite care.</p> <p>1. The moves to shut community facilities runs counter to the current proclaimed intent in the local and regional integrated care partnerships to frontload support in the community and take pressure off secondary/hospital care. Some of us remember times when Leeds Social Services were able to provide older people and their families with much needed breaks and convalescence by the coast but these facilities are long gone. Richmond House is the only local authority home left which provides vital respite care for people and their families. As we come through what we hope is the worst of the pandemic, with many of an estimated eight million informal carers stretched to the limit, we should be seeking to provide many more short stays to help reinvigorate and sustain older people and family carers, not closing what little is on offer.</p> <p>2. The closure of local authority residential provision means that more people will be directed to private homes which have no accountability to local people, are obliged to prioritise profit over care, often pay below the minimum wage, offer little training and poor conditions of service for</p>	<p>Gilda Peterson and Sylvia Landells (retired LCC social care workers) on behalf of Leeds Unison Retired Members Group</p>	<p>1: The moves to shut community facilities</p> <p>As detailed in the <i>Better Lives</i> strategy, the Council's strategy for people with care and support needs, 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.</p> <p>Wherever possible, people should be supported to return to their home as the first option. Adults & Health provide the SkiLs Reablement Service which offers short term intensive care and support for people in their home; supporting hospital discharge and hospital avoidance. Leeds Community Healthcare Neighbourhood Teams provide at home therapy services, such as Occupational Therapy, Physiotherapy and District Nursing. In addition, Adults and Health are not seeing long wait times for independent home care packages.</p> <p><u>Short Term Services</u></p> <p>Richmond House provides short stay residential care and respite provision. The CCG commission citywide Community Care Beds for rehabilitation. Adults & Health previously reviewed whether Richmond House could offer CCB provision, however the size of the home made the cost per head prohibitive. The CCG will be reviewing their commissioned service in the next 18 months but at present have commissioned 238 beds across the city and are content that they have sufficient resource available to them.</p> <p>In addition, the NHS have provided temporary funding to the CCG to support hospital discharge during the pandemic. The CCG have used this</p>

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<p>staff, as well as being inherently unstable. The larger providers who have been hoovering up smaller concerns, tend to build big to maximise economies of scale, even though most people would prefer to live in smaller cosier, neighbourhood facilities. There is also some evidence to suggest that large private chains of homes have been less safe in the pandemic. The Office for National Statistics report on the impact or coronavirus on care homes in May to June this year found a lower incidence of infections in care homes which pay sick pay and a higher incidence amongst those employing agency workers and workers who work across multiple sites.</p> <p>Rather than shrinking the public sector we would like to see the Council doing exactly the opposite, seeking to take private providers of social care and support into public ownership.</p> <p>3. We are also concerned that the NHS seems to be calling the shots on what the City Council provides, as we understand that a proposal was put forward for Richmond House to continue to provide care, support and rehabilitation but Leeds Clinical Commissioning Group deemed the costs too high. Presumably what are regarded as high costs include complying with the minimum standards embodied in Unison's ethical care charter, unlike private providers. The imbalance of power between Local Authorities and the NHS is reflected in proposals in the recent Health White paper which seem to view social care's primary role as handmaiden to health, keeping the pressure off hospitals and facilitating speedy</p>		<p>funding to commission a number of community beds (nursing and residential) across the city (currently 97 beds), as part of this Discharge to Assess process, although this is reviewed on a regular basis. People are supported to stay there while their needs are assessed and their care arranged at home or in another residential care or nursing home. Their needs are assessed very quickly and a sizeable proportion of the people who are discharged in this way, return home within a week to ten days.</p> <p><u>Short Break / Respite Services</u></p> <p>There are currently 6 people who access the respite service at Richmond House, to arrange a short break or an extended short stay depending on the need of the individual and their family / carer.</p> <p>All local authority in-house homes offer respite bed places as well as Richmond House.</p> <p>Respite beds are not commissioned as dedicated beds, instead a social worker will approach care homes at the time required, and if there is capacity, will spot commission a short break or extended short stay depending on need.</p> <p>There are 21 care homes with a total of 932 beds in the Leeds Boundary within 5 miles of Richmond House. 16 are rated as good, one as outstanding and 4 are awaiting an inspection outcome. 14 are CQC dementia registered. 15 are residential, 2 are nursing and 4 offer both. There are a further 14 homes with a total of 723 beds within 5 miles of Richmond House but outside the Leeds boundary. 8 are rated as good, one as outstanding, 3 require improvement and 2 are awaiting inspection.</p>

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<p>discharge. It is worrying that the White paper proposes to relegate the weight of local authority power into subsidiary ICS Boards and private providers are given significant opportunity to skew the agenda by being offered seats at the same table. It is also of concern that that despite the emphasis on joint working and seamless support between health and social care there seems to be a degree of "pass the parcel" going on regarding the responsibility for the growing group of people with dementia who need substantial support.</p> <p>4. We do want to see a radical transformation of social care and support in which residential care would play a much smaller part but now is not the time, in the middle of a pandemic to start rushing into restructuring which can't easily be undone. Developing flexible alternatives for independent living and building inclusive communities where everyone has a access to a full life needs to be done in full and transparent partnership with people who use support services, their families and neighbourhoods and takes time and care. It also needs to start from what people want and what works best not from what is the cheapest option.</p> <p>5. We appreciate that the Council is facing gross underfunding from a Government who have little commitment to public services and finds it hard to take a stand on its own. However Leeds is by no means on its own and if all councils bow down under government pressure, who speaks up for local people?</p>		<p>11 are CQC dementia registered. 7 are residential and 7 offer both residential and nursing care.</p> <p>Other options are also available such as community based short breaks, or a personal budget to arrange a short break that suits the carer and the cared-for person. This could be through various organisations such as private home care agencies, charities or community interest companies.</p> <p>2: The closure of local authority residential provision means that more people will be directed to private homes</p> <p>As noted above, of the 35 care homes within 5 miles of Richmond House, 24 have a CQC rating of Good and two have a rating of Outstanding. The 35 care homes are owned by 30 different providers; ranging from individual owners, small to medium enterprises through to large national providers. In terms of the size of the homes, 9 have 30 or less beds, 17 have between 31 and 60 beds, and 9 have over 60 beds.</p> <p>As detailed in the <i>Leeds Integrated Market Position Statement 2019-22</i> the Adults and Health Care Quality Team delivers proactive, targeted support around providing care to regulated care providers in the city. The purpose of the team is to improve quality of care for those citizens of Leeds receiving care in the city as measured against success criteria, such as the percentage of CQC Good rated care homes, improved feedback from residents and families etc. Initially working with Care Home sector the team gives care home providers in Leeds access to a responsive support and specialist advice and guidance network committed to improving quality of life for older people receiving care through regulated services in the city and thence improved CQC ratings and feedback. The</p>

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	<p>Strong Labour Councils like ours could put their foot down and appeal to the public for support. Covid has made many people realise that the marginalisation of older and disabled people in our society and the undervaluing of care and support workers, which is the other side of the same coin is all wrong. This is a great opportunity to make a stand and insist that we all start building a better future.</p>		<p>overall quality of independent sector provision in Leeds has been steadily improving with 83% of all registered provision now rated good or outstanding.</p> <p>In addition, the Leeds CCG Quality team is an established team within Leeds CCG that supports the maintenance and improvement of quality in care homes with nursing beds, through the use of targeted support (in collaboration with LCC or independently through contract processes). Quality improvements are also further supported through Commissioning for Quality and improvement (CQUINs) built in to contracts and monitored as part of that process, which helps to further incentivise defined improvements.</p> <p>3: We are also concerned that the NHS seems to be calling the shots As noted above, the size of Richmond House made the cost per head prohibitive for investment by the CCG for CCB provision. It does have a responsibility to ensure value for money in what it commissions. The Department for Health and Social Care White Paper: <i>Integration and Innovation: Working together to improve health and social care for all, Feb 2021</i>, provides a basis for further consultation and discussion with interested or affected groups; and Leeds Adults and Health, the different political parties in Leeds, and other organisations, will contribute as appropriate to shape the Health and Care Bill that will be presented to Parliament.</p> <p>The Integrated Commissioning Executive has taken a number of reports which have attempted to model the needs of people with complex dementia and as a result the following service developments have been put in place, as detailed in the <i>Leeds Integrated Market Position</i></p>

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Page 254			<p data-bbox="1189 240 2159 392"><i>Statement 2019-22</i>; NHS development of intensive and responsive specialist support to care homes, an individualised approach to funding of care, including transitional support to leave hospital as well as long-term funding; and the development of training in ‘leadership in dementia care.’</p> <p data-bbox="1189 437 2159 547">4: We do want to see a radical transformation of social care and support in which residential care would play a much smaller part but now is not the time, in the middle of a pandemic</p> <p data-bbox="1189 592 2159 743">Adults and Health work closely with Leeds Care Association and care home providers to understand any pressures affecting the market, and have continued to do so throughout the pandemic to understand impact of Covid on care homes.</p> <p data-bbox="1189 788 2159 940">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.</p> <p data-bbox="1189 984 2159 1136">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.</p> <p data-bbox="1189 1181 2159 1332">Adults and Health 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.</p>

	Submission	Raised By	Response
			<p>5: We appreciate that the Council is facing gross underfunding</p> <p>As outlined in the report to Leeds City Council's Executive Board in October 2020, the key driver for the proposals to close Home Lea House long stay residential care home and Richmond House short stay residential care home are due to the Council facing financial challenges unlike anything in the past, and in addition, the financial impact of the Covid-19 pandemic which is unprecedented.</p> <p>The Executive Board report in October report highlighted a budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the ongoing financial impact of Covid-19. The council is legally required to set a balanced budget therefore, a number of savings proposals have been put forward. The proposed closures of the two care homes in question would make savings annually of £1.531million as a contribution to the budget gap identified.</p> <p>My professional recommendation as the Director of Adults and Health is that should Home Lea House and Richmond House care homes be approved for closure, that no further council run care homes should be put forward for decommissioning. This would mean Dolphin Manor, along with Knowle Manor (Morley South) and Spring Gardens (Otley and Yeadon) would be retained in the city as council-run care home provision.</p>
	<p>GMB Submission regarding the closure of Osmondthorpe Day Centre, Richmond House Farsley and Homelea House in Rothwell. <u>Osmondthorpe</u></p> <p>GMB have several concerns about the closure of Osmondthorpe Day Centre, whenever a community provision is lost you will almost certainly lose customers, out of the 125 customers who were</p>	<p>Stacey Booth GMB Regional Organiser on behalf of GMB</p>	<p>Thank you for contacting on behalf of GMB, with regards to the proposals relating to consultation on the future of Home Lea House long stay residential care home, and Richmond House short stay residential care home. I can also confirm receipt of the petition on behalf of GMB Members.</p>

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<p>accessing the day centre prior to the pandemic only 67 have registered an interest in alternative provision. The reasons that management have given us why only 67 have registered an interest is varied, from shielding to family issues and Health, we asked if the travelling had an impact, and the management response was that 50% of customers will be travelling more and 50% travelling less. We also have concerns about the alternative provision in respect of disability access, Holt Park, Stocks Hill, Calverlands and Wykebeck Day Centres, are the alternative offer and two of the centres we do not believe are big enough to accommodate the PI (Physical Impairment) service, Stocks Hill and Calverlands we do not believe will have the space for many wheelchair users including personal care access which must be resolved prior to accepting customers in the alternative sites. Osmondthorpe was the only provision in an already deprived demographic in the Burmantofts and Richmond hill Ward, we think this is a huge loss and having visited the Day Centre regularly and seeing such a wonderful provision first-hand it is a sad day to think this facility is no longer part of this community, it should also be noted that there is an impact to those who provided services such as wood making and gardening, many relationships will have been formed over many years and that needs to be factored in as the consistency can impact on a service users mental health and wellbeing.</p> <p><u>Industrial Issues</u> The staff from Osmondthorpe have all been redeployed across the Adults service; this has caused a lot of anxiety and uncertainty as the roles are not permanent and their future unknown at least 5 members of staff are just floating in other services. Some staff have added anxieties about driving across the city and these anxieties need to be taken into consideration when realigning those staff. We also have concerns that travel expenses are currently not being paid</p>		<p>Your submission on behalf of GMB will be considered along with all consultation submissions and the findings of the consultation will be analysed and a report with recommendations will be presented to the Council's Executive Board in June 2021. In the meantime I have responded on the points your raise in your letter below.</p> <p>To clarify, Osmondthorpe Day Centre is not part of this consultation. The report to Leeds City Council's Executive Board in October 2020 regarding the proposals in relation to Osmondthorpe Day Centre were classified as Business As Usual, therefore not subject to mandatory consultation, and this position was accepted by the Executive Board at that time. Under recommendation (b) of the report Executive Board was requested to "Note the 'Business as Usual' savings and that decisions to give effect to them shall be taken by the relevant Director or Chief Officer in accordance with the Officer delegation scheme (Executive functions)".</p> <p>Whilst a formal consultation process is not required, conversations with existing service users at Osmondthorpe day centre in relation to their individual care and support plans have taken place. In addition, I and other Senior Officers have met with local Elected Members and the Executive Member for Children, Families and Adult Social Care and we are working with them to answer their questions on this matter. They in turn are seeking the views of local community groups. The points your raise with regards to Osmondthorpe Day Centre will be considered as part of the significant operational delegated decision and associated EDCl impact assessment. In the meantime I have responded on the points your raise in your letter below.</p> <p><u>Osmondthorpe Day Centre</u></p>

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Page 257	<p>as the previous line manager is not at work and nobody had taken over that responsibility, GMB do not believe this is acceptable on top of an already stressful situation and we are ensuring that this is rectified and that when any service change occurs, we do not find it acceptable that they must wait for additional travel expenses to be paid. There is concern from both groups of staff; Complex Needs and the Physical Impairment service about aligning roles and how this will work going forward, there will be a mix of pay grades and an uncertainty about if their roles will change. We would like the management team to prioritise the future for the service to relieve some anxieties.</p> <p><u>Homelea House</u> The decision to propose closure of a residential care home that has a current good CQC rating overall and outstanding for care is a travesty, the alternative LCC provision in Rothwell is Dolphin Manor which scored good overall but required improvement on safety when previously inspected, Dolphin Manor only has 9 current vacancies and 16 customers current live in Homelea, we are informed by management that the families are already requesting a place at Dolphin Manor and we have concern that not all families will have a place for their relative. We know there is considerable opposition to this closure in the community and it is not surprising. We are wholly opposed to the closure of Care Homes especially in the middle of a pandemic, the crisis in care is widely publicised and the pandemic has shone another light of public vs private when it comes to managing a crisis. 84% of all care homes are in the private sector now, the sector is now so heavily fragmented created by the 2012 Health and Social Care Act that it was always going to a logistical nightmare when having to respond to a pandemic, when run by the local authority you can regulate and provide a consistent approach. When you allow too much customer choice you remove</p>		<p>There are 103 people registered with the service at Osmondthorpe, of which 67 people have to date re-engaged with the service. Other people are receiving welfare calls and/or a digital offer. As restrictions lift and people feel more confident we will see more people return to a building base and/or community group.</p> <p>People registered with the service live across Leeds, therefore some people may travel further whilst others travel less as they choose which services and activities they wish to attend; this tends to be with friendship groups.</p> <p>Stocks Hill is used by the Pottery and Art Groups and the service has an accessible toilet facility. Calverlands has a registered Changing Place facility and a sizable extension built at the back of the building. Health and Safety risk assessments are reviewed to ensure suitability of any building base to be used for services / activities proposed to operate from them, along with the EDCI Assessment to consider impacts and mitigations for all those affected by the change in service delivery.</p> <p>Wykebeck complex needs centre is council run and is 1 mile away from Osmondthorpe day centre. There are also local Neighbourhood Networks, along with other charitable and community group organisations. The Workers Education Association provided groups/activities and when guidance allows will be providing these groups at the other building bases including Holt Park Active.</p> <p>The services and activities that people attend are linked to the goals within their individual support plans, and we will continue to work with people to ensure these goals can be met. When guidance allows, the</p>

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<p>the ability to monitor effectively. If only all the money handed out to Serco for a disastrous test and trace system had been distributed to the NHS and Local Authorities, and then there was the PPE scandal which ultimately caused unnecessary deaths. Whenever we are about to lose a public care provision, we sigh a deep sigh as we all know that once it has gone it is never coming back. We urge the authority to rethink this decision.</p> <p><u>Richmond House</u> This was the least surprising to see on the executive board paper as the GMB have been raising concerns over many months/years with management that numbers within the home have been kept low to justify any potential closure and although we cannot evidence this it is a belief all the same. There is no other provision within the locality and customers will have to travel a lot further to access future care in either the East or South of the city. The provision allows for high quality respite when leaving hospital prior to returning to their home. The home has had over 100k spent on renovation only a few years ago including new windows, decorating and a new heating system and has a very good reputation in the community. GMB as above would urge the authority to reconsider this decision.</p> <p><u>Industrial Issues at Homelea and Richmond House</u> Some staff have applied for ELI in the knowledge that the closures of these homes are looming, some have taken the opportunity to leave early as it is their wish to do so but some tell us that they have applied as they do not want to be deployed elsewhere and travel further and start a whole new role elsewhere. The worry about alternative work when your workplace is proposed to close is huge even when given assurances that alternative work will be sought as we live in an uncertain economic climate and this worry cannot and</p>		<p>organisations that provide services and activities will be providing these at the other building bases.</p> <p><u>Staff at Osmondthorpe</u> The management team is currently working closely with the Day Opportunities staff to engage them in shaping how the service will look moving forward. All staff have been extremely flexible with some staff covering the critical services, these staff will begin to return to their substantive roles as the number of customers attending services increases. The aim is to ensure staff have a substantive base and minimum travel where possible. The difficulty with staff claiming expenses has now been resolved and briefings have been delivered to support staff with the self-service function. There is no intention to change job descriptions or pay grades but to support staff to work to these as effectively as possible. Priority and time is being given to the Day Opportunities service to ensure that staff feel supported and included in the future developments.</p> <p><u>Home Lea House</u> <u>Provision at Dolphin Manor</u> Dolphin Manor (35 beds) is the larger of the two homes and the building is suitable for dementia provision which is why it attracted CCG investment for the proof of concept short term dementia care. Home Lea House by contrast is not suitable for dementia provision.</p> <p>In addition, in terms of life expectancy and renewal costs, Home Lea House is a substantially older building than Dolphin Manor, with a shorter remaining asset life which will require significant capital investment in the near future in order to bring the building and facilities up to an acceptable</p>

Submission	Raised By	Response
<p>must not be underestimated. We will support our members through this process but want the authority to recognise the upheaval placed upon those front-line workers who have been at the forefront of a pandemic whilst worrying about contracting the virus and taking it home to their loved ones, it is so sad that instead of commending their work they are having to consider either leaving a role they have worked in for years or move across the city to keep their job.</p> <p>Please accept this submission on behalf of GMB members and representatives and the wider community we serve.</p>		<p>standard that complies with current legislation and supports continued use as an intermediary care facility. Dolphin Manor is currently performing as intended and requires only minor improvements.</p> <p><u>Option to move to Dolphin Manor</u></p> <p>As the closest alternative in-house provision, Dolphin Manor has 35 beds and on average achieved 67% occupancy during 2020-21. Home Lea House has 29 beds and currently has 16 residents.</p> <p>The service have received two enquires to date from relatives of residents at Home Lea House about availability at Dolphin Manor. Those relatives are happy to wait until the Executive Board decision in June, and should the decision to close go ahead, they understand the need for a social work re-assessment at that time.</p> <p>The Leeds CCG commissioned 10 beds at Dolphin Manor to trial discharge to assess short term care for people with dementia as a proof of concept. This will have concluded by the time any Home Lea House residents may be looking to transition there.</p> <p>In addition, we know from previous closures that some residents choose to move closer to their family, also that upon assessment some residents needs have changed and they require a move to nursing care provision.</p> <p>Should the recommendations to Executive Board in June post consultation be for the closure of Home Lea House, residents and their families / carers would be fully supported by the assessment and transition social work team, in accordance with the Care Guarantee, to ensure they choose an alternative home that meets their individual needs.</p> <p><u>Care Home Market</u></p>

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			<p>As outlined in the report to Leeds City Council's Executive Board in October 2020, the key driver for the proposals to close Home Lea House long stay residential care home and Richmond House short stay residential care home are due to the Council facing financial challenges unlike anything in the past, and in addition, the financial impact of the Covid-19 pandemic which is unprecedented.</p> <p>The Executive Board report in October report highlighted a budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the ongoing financial impact of Covid-19. The council is legally required to set a balanced budget therefore, a number of savings proposals have been put forward. The proposed closures of the two care homes in question would make savings annually of £1.531million as a contribution to the budget gap identified.</p> <p>Adults and Health work closely with Leeds Care Association and care home providers to understand any pressures affecting the market, and have continued to do so throughout the pandemic to understand impact of Covid on care homes.</p> <p>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.</p> <p>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.</p>

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Page 261			<p>Adults and Health 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.</p> <p><u>Independent Provision</u> 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. Following concerted work by the Council’s Care Quality Team from 2017 the number of residential care homes rated good or outstanding is now 83%.</p> <p>There are 13 independent care homes within 5 miles of Home Lea House (not including Dolphin Manor). 7 offer residential care, 6 offer residential and nursing. 1 home is CQC rated Outstanding, 8 rated Good, 4 rated Requires Improvement. Those rated Outstanding or Good total 501 beds. 7 of those rated Outstanding or Good are listed by CQC as offering specialist Dementia provision.</p> <p>My professional recommendation as the Director of Adults and Health is that should Home Lea House and Richmond House care homes be approved for closure, that no further council run care homes should be put forward for decommissioning. This would mean Dolphin Manor, along with Knowle Manor (Morley South) and Spring Gardens (Otley and Yeadon) would be retained in the city as council-run care home provision.</p> <p><u>Richmond House</u> Leeds 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</p>

	Submission	Raised By	Response
			<p>with therapeutic and recovery focused support to return home or to undertake an assessment to support their longer term needs.</p> <p>Richmond House provides short stay residential care and respite provision. The CCG commission citywide Community Care Beds for rehabilitation. Adults & Health previously reviewed whether Richmond House could offer CCB provision, however the size of the home made the cost per head prohibitive. The CCG will be reviewing their commissioned service in the next 18 months but at present have commissioned 238 beds across the city and are content that they have sufficient resource available to them.</p> <p>In addition, the NHS have provided temporary funding to the CCG to support hospital discharge during the pandemic. The CCG have used this funding to commission a number of community beds (nursing and residential) across the city, and as part of this Discharge to Assess process, currently 97 beds although this is reviewed on a regular basis. People are supported to stay there while their needs are assessed and their care arranged at home or in another residential care or nursing home. Their needs are assessed very quickly and a sizeable proportion of the people who are discharged in this way, return home within a week to ten days. All are citywide services, with beds offered to individuals and their families / carers based on those closest to home and also the particular needs of the individual. Over the last three years, 11 individuals from the Farsley area (with postcode LS28 5) attended Richmond House. For the wider LS28 postcode area over the same time period 37 individuals attended. This is out of a total of 196 individuals admitted citywide in that time period.</p>

	Submission	Raised By	Response
			<p>The closest commissioned Community Care Bed service is Green Lane Intermediate Care Centre in Armley, with 49 beds, which is 5.5 miles away.</p> <p><u>Short Break / Respite Services</u></p> <p>There are currently 6 people who access the respite service at Richmond House, to arrange a short break or an extended short day depending on the need of the individual and their family / carer. All in-house care homes offer two or three respite beds.</p> <p>Respite beds are not commissioned as dedicated beds, instead a social worker will approach care homes at the time required, and if there is capacity, will spot commission a short break or extended short stay depending on need.</p> <p>There are 21 care homes with a total of 932 beds in the Leeds Boundary within 5 miles of Richmond House. 16 are rated as good, one as outstanding and 4 are awaiting an inspection outcome. 14 are CQC dementia registered. 15 are residential, 2 are nursing and 4 offer both. There are a further 14 homes with a total of 723 beds within 5 miles of Richmond House but outside the Leeds boundary. 8 are rated as good, one as outstanding, 3 require improvement and 2 are awaiting inspection. 11 are CQC dementia registered. 7 are residential and 7 offer both residential and nursing care.</p> <p>Other options are also available such as community based short breaks, or a personal budget to arrange a short break that suits the carer and the</p>

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			<p>cared-for person. This could be through various organisations such as private home care agencies, charities or community interest companies.</p> <p><u>Building Maintenance Work</u> Since 2018, there has been significant capital and revenue spend on Richmond House, in order to carry out essential maintenance works to ensure the building remains “wind and watertight” and suitable for the people residing there. This has included some larger works such as a new lift and replacement windows at Richmond.</p> <p>Richmond House is 50 years old (built 1971) and falls within the Grade B category which indicates stock condition is satisfactory and performing as intended but exhibiting some deterioration. Further long term capital investment in the region of £300 to £500k will be required to bring the building and facilities up to a good standard in order to comply with current legislation and support continued use as intermediary care facilities. Existing mechanical services are in need of attention to prevent major break down of the plants associated items along with upgrades to the electrical installation, wind and weathertight items and associated building works. Additionally the cost for full refurbishment is estimated to be £1.7m which far outweighs the spend in recent years.</p> <p><u>Staff at Home Lea House and Richmond House</u> The commitment and quality of care provided by staff at both homes is acknowledged. I also fully acknowledge that hearing that your workplace is being consulted on for closure can create uncertainty and worry. As outlined in my first letter to advise staff of the recommendations to consult on the closure of Home Lea House and Richmond House in October 2020 ahead of Executive Board, I also feel it is important that</p>

	Submission	Raised By	Response
Page 265			<p>staff are made aware of the recommendations directly from me and at the earliest opportunity. Keeping staff informed and involved is expected as a good employer. It is also integral in helping to provide a greater sense of security on the part of customers.</p> <p>Staff have used their experience and expertise in helping to coordinate the consultation process by assisting service users and their relatives to understand, consider and take-in the information. Managers have arranged one to one sessions with the residents and their relatives, and with staff, using the consultation survey to identify any impact the proposed future changes may have on individuals. This is much appreciated, it will help us to manage and reduce these impacts where possible, and I'm sure I can rely on staff's ongoing professionalism and commitment to our residents.</p> <p>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.</p>
	<p>I write on behalf of Carlton Village Neighbourhood Forum to register an objection to proposals that threaten the closure of this Residential Care Home in Rothwell.</p> <p>Scrutiny of the most recent CQC report for this home together with other local homes reveals that Home Lea House is in the very top tier of performers in our area and</p>	<p>Jacqueline Rooney on behalf of Carlton Village Neighbourhood Forum</p>	<p><u>Closure proposals</u></p> <p>As outlined in the report to Leeds City Council's Executive Board in October 2020 and at the Outer South Community Committee Meeting on the 15th March 2021, the key driver for the proposal to close Home Lea House long stay residential care home is due to the Council facing</p>

Submission	Raised By	Response
<p>that in terms of caring for its residents it is rated as outstanding. With this status in mind, it is hard to accept why this particular home is being identified for closure other than purely on financial grounds. Logically one would hope that closures should be directed at less well performing facilities.</p> <p>A report authored by the LCC Director of Adults and Health points to the assessment that the building is less new than the other home in Rothwell. However Home lea has the benefit of ensuite facilities and is specifically configured for the type of resident that it accommodates. Dolphin Manor which it is understood has less bespoke facilities was subject to closure itself some time ago and local opposition was instrumental in negating this action. This does not appear to be strategy that the local community can have confidence in.</p> <p>The report also highlights changes to models of care citing the requirement by residents for increased independence. This is a laudable aim and will certainly benefit residents who fall into a category where sustainable levels of independence are possible. However, more dependent patients surely require a more intensive and constant caring service such as that made available at Home Lea.</p> <p>The idea that a top quality bespoke well run home should be subject to the proposed action, with the potential to divert patients to a home not specifically designed for the types of</p>		<p>financial challenges unlike anything in the past, and in addition, the financial impact of the Covid-19 pandemic which is unprecedented. The Executive Board report in October 2020 highlighted a budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the ongoing financial impact of Covid-19. The council is legally required to set a balanced budget therefore, a number of savings proposals have been put forward, including one for the proposed closure of Home Lea House Long Stay Residential Care Home in Rothwell, and the closure of Richmond House Short Stay Residential Care Home in Farsley, making savings annually of £1.531million as a contribution to the budget gap identified.</p> <p><u>Quality of Care</u></p> <p>The high quality of care and support provided at Home Lea House is recognised and acknowledged. It is the staff group that has helped the home gain its good rating and we hope to retain the staff and redeploy them into other council services so their good practice is not lost. 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.</p> <p>There are 14 care homes within five miles of Home Lea House, including a Council-run home, that are CQC registered as Outstanding (1), Good (9), and Requires Improvement (4). Of the 10 homes that are rated as Good or Outstanding, six offer residential care, four offer both residential and nursing care. Eight of the homes are listed by the CQC as offering specialist Dementia provision.</p>

	Submission	Raised By	Response
Page 267	<p>dependent resident living at Home Lea is wrong and short sighted.</p> <p>The provision of homes for dependent people is very important and something that local demographics and medical trends suggest will need to be enhanced and not reduced.</p> <p>It is important that within a local community there is a robust provision in respect of this type of care, especially recognizing local demographics which show that the number of people in the community above the age of 65 is considerably in excess of the figure for Leeds as a whole and above the average figure for England (Source Leeds Observatory). It therefore appears to be short sighted in the extreme to remove a facility of clear quality from an area with a population where demographics suggest an ever increasing requirement for its services.</p> <p>The local nature of such facilities is also considered extremely important and a home where residents are still within the body of the community is a valuable consideration and makes it less likely that people, requiring the care the home provides, might have to be relocated to other areas. This must surely be something that residents appreciate notwithstanding access for family and relatives etc. If there is one thing that the last year has made clear it is that this type of provision is very much needed and services of this type</p>		<p>If a recommendation for closing Home Lea House was made and approved, no-one will have their care taken away or their level of support reduced.</p> <p><u>Quality of the Building</u> Dolphin Manor is a single story building with small kitchenettes and lounges leading from each corridor giving a homely feel. People are able to live and dine in smaller groups as opposed to having meals in a large dining area with 29 other people. By comparison, Home Lea House is a two storey building with three large communal living spaces and a large dining room away from the bedrooms. It is more difficult for people to live in small friendship groups because of the layout of the building.</p> <p>There are en-suite facilities to most bedrooms at Home Lea House (Dolphin Manor does not have en-suite facilities), however, they are small and not fully accessible (not large enough to accommodate a wheelchair). The environment at Dolphin Manor lends itself to supporting people with dementia and additionally has an exit from the living area on the garden space. It is the larger of the two homes and is suitable for dementia provision, which is why it attracted investment from Leeds Clinical Commissioning Group (CCG) for a “proof of concept” short term dementia care pilot. Home Lea House by contrast is not suitable for dementia provision.</p> <p>Home Lea House (built 1964) is a substantially older building than Dolphin Manor (built 1987) with a shorter remaining asset life which will require significant capital investment in the near future in order to bring the building and facilities up to an acceptable standard that complies with current legislation.</p>

	Submission	Raised By	Response
Page 268	<p>must be retained notwithstanding the pressure on local authority budgets.</p> <p>A report by the Director Adults and Health prepared for a forthcoming meeting of the Outer South Committee establishes the reasons for the proposed closure of Home Lea House and notwithstanding purported changes to models of care and financial considerations, the age of the building is cited as a reason for the action to be taken. Surely it is the quality of the care provision that is paramount.</p> <p>The model of care argument within the aforementioned report is understood, but not fully accepted and while a strategy that maximises independent living facilities is welcomed, the question of those with greater dependency and requiring the present model of care is not very clearly addressed. The suggestion is that Dolphin Manor in Rothwell is an alternative option of provision. It is not long since that Dolphin Manor was identified for closure, but which due to local opposition was retained and it is therefore difficult to have long term confidence in such a strategy.</p>		<p>Dolphin Manor is currently performing as intended and requires only minor improvements. The property condition report for Home Lea House and projected component life expectancy and renewal costs indicate more substantial investment would be required which may be uneconomical given the remaining asset life.</p> <p><u>Capacity of alternative provision</u></p> <p>The 10 care homes rated as Outstanding or Good within five miles of Home Lea House total 501 beds. Occupancy at care homes can vary from week to week: as of 11th March 2021 occupancy rates at those homes ranged from 44% to 95% with an average occupancy of 79%. The council has two residential care homes situated in Rothwell, Dolphin Manor has 35 beds and on average achieved 67% occupancy during 2020-21.</p> <p>The Rothwell ward area has an oversupply of residential care provision by 120 beds. The Council's Extra Care Supply & Demand Model calculates anticipated future demand for residential, nursing and extra care provision, taking into account proposed population changes to 2028 at a ward level, and suggests there is sufficient capacity of alternative good quality provision.</p> <p>Delivering new housing-with-care provision in line with the current and future demand is one of the key drivers of the Better Lives Strategy (which is the Council's strategy for people with care and support needs) and Adults & Health continue to work alongside the Housing Growth Team to identify suitable sites for extra care housing of which there is an undersupply, and also with Health partners and independent care sector providers for the development of more nursing care for people with the most complex needs where, again, there is an undersupply.</p>

	Submission	Raised By	Response
Page 269			<p>In January 2019 Leeds City Council appointed a delivery group made up of Ashley House Ltd, Morgan Ashley LLP and Home Group to deliver four Extra Care schemes on Council owned sites in Leeds including Windlesford Green in Rothwell. The Windlesford Green Scheme will deliver 64 units of Extra Care housing with anticipated start on site in June 2021.</p> <p><u>Dolphin Manor</u> As discussed at the recent Outer South Community Committee meeting on 15th March, my professional recommendation as the Director of Adults and Health is that should Home Lea House and Richmond House care homes be approved for closure, that no further council run care homes should be put forward for decommissioning. This would mean Dolphin Manor, along with Knowle Manor (Morley South) and Spring Gardens (Otley and Yeadon) would be retained in the city as council-run care home provision.</p>

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Appendix 3c: Consultation Petitions

Home Lea House petition – online comments

[Petition · Prevent the closure of Home Lea House, Rothwell. · Change.org](#)

Total signatures - 1248

Number of comments – 139

Comments:

More elderly in society means more not less homes like this. Not everyone can live independently, a caring society and City (LEEDS) knows this and provides.
Why am I reading recent updates on numerous housing developments within Rothwell then reading that the council intend to close this amazing care home! This is the second one they have tried to close in recent years! The population of Rothwell is growing so where do they intend for us all to go when we reach an age where we depend on these services?! I know I would want to remain in this area where I was raised and where I've raised my children! Absolutely despicable of the Council!
This is a lovely place to live the staff are great and the cook is always baking buns, what is up with these people who want to close homes like these.
We know there is inadequate provision in the private sector and it is a total folly for the Labour Council to continue close public services when there is inadequate provision elsewhere. They did this at The Green in Seacroft decimating dementia provision. As an independent councillor I am very happy to sign this. It's a ridiculously short term view.
I'm signing because !! Whoever took the decision to close is a C**T !!
They think Covid will be a smokescreen for them, absolutely disgusted
We do not want Home Lea to close down
How can closing Home Lea solve the care crisis in this country?! Ridiculous! Incomprehensible! My grandma was cared for here in her final years. More homes need to be provided by Leeds City Council, not fewer!
This place has been home to many local residents it is a disgrace that anyone would think of closing it
It's not fair that people homes where they are settled and looked after and you are going to unsettle them all just because u want to close it leave it open
The home is needed by many people. Closing will affect them, their families, the staff and the local area.
We need care homes more than ever
I know a lot of people want this to stay open
People deserved to be looked after in fabulous care homes such as Home Lea! Where is the council proposing they go?
This care home has provided excellent care for the elderly in this area for many years and it closure will mean another essential service closed for the most vulnerable in our community. Shame on those responsible who think this can be just sold off.
A lot of elderly people have lived in Rothwell and when the time would come where they need to be cared for I'm sure they would certainly wish to stay in their local village and be near family and friends. I know I would if it came to this.
Moves are detrimental to the health of elderly residents especially during a pandemic
We need care homes at all times x
Where are the elderly going to live and get together with the rest of the elderly residents. All the council want to do is cut back on everything

I'm signing this as this is a group of people's home, we are a community so stick together and remember morals
It needs to stay open
My friend's mum is here. It's a lovely home and well run. Feels like all the big consortiums are taking over and losing that family friendly touch
We need more elderly care places, not fewer, and the short-sightedness of LCC is dangerous.
If it is closed what happens to the residents. Let's think about them and not budget cuts. They elderly deserve the best. They are what makes a family and country whole
I am signing because this home means so much to friends and family, good nursing homes are hard to find and we need to keep them open
The closure of this home is a backward step and needs rethinking!
Vulnerable people need to be protected
Not enough homes, stupid to close this one
I'm old myself and this sounds like somewhere I would like to go
To maintain local provision of 24 hour care for those who need it.
Protect the elderly and vulnerable
Because LCC think they can treat our elderly and vulnerable with contempt and get away with it.
We need good homes
My auntie is a resident here and has settled in so well
My dad stays there for respite care. It's so important for our family
My dad was cared for at home lea. The staff were lovely and gave me and my family reassurance he was safe.
Save our elderly care as it's needed so much.
My mum has advanced dementia and not long in the near future I will probably have to make the heart wrenching decision to put her in a home. Good nursing homes are hard to find and shutting them down is absolutely ridiculous. We need more good homes like these to stay open
We are an ageing population and need more homes like this rather than shutting them. Find other areas to save money
My grandma was looked after there and clearly there is a shortage in this country of residential care for the elderly. Should be expanding provision not closing homes!
Only heard good things about this home.
Care homes provide a vital service that is needed more than ever due to an ageing population. We need more not less.
There should always be care homes for vulnerable people
we need homes like this in our area please do not close Home Lea House
Don't take their home from them. The care of these vulnerable adults should come well before budget cuts.
My Mum is a resident at Home Lea and she is very settled there. It has an outstanding CQC report and fabulous staff. After being isolated for so long due to covid, it's the worst thing that could be happening to them at this time. We must fight this closure.
I had a dear friend whose mum was a resident here. Local homes for local people need to remain part of the community.
My father in law is here, happy and settled, he has lived in Rothwell all his life, this will be a huge upset if he has to move elsewhere.
My grandad is happy and settled here
I signed because not only is it the most stupid idea ever under present circumstances, I'm sure they could find other areas within their own organisation that wastes our hard-earned money to make cuts.
Would be a shame to close.
It is a fantastic home best in the area would be sinful to shut it.

It is a needed residence in the area.
As it's taxpayer funded, I as a taxpayer say no to its closure.
My grandma is a resident!
This is a well-run home leave it alone if the council stop putting asylum seekers in motels that will more than pay for the home
I don't think they should close any care homes as we need them to protect our elderly people and their families also more people will lose more jobs and we have lost enough places and jobs already
Too many care homes are closing down and they are needed more than ever. My dad only spent a few months in a home before he passed away but I remember him saying that he wished he had done it much sooner because he wasn't so lonely there.
It's their home.
Home Lea House is a valuable community asset and should be kept open
We need more homes for our elderly
I think it would be very unfair to close it down.
Please keep it there
I know of 2 people who received excellent care here. It is a vital place in the community and to close it would be a disgrace. These are people not just numbers.
There needs to be council funded care homes for those not fortunate enough to have £££££ set aside or a house to sell to pay for a place in a private care home, where money comes before care
I care
This is part of the heritage of Rothwell.
Why is it always the elderly to suffer. They've paid all their lives, this is their home. Don't take it away from them
Because our elderly need more homes like this one. There is no need for it to close at all
There are other areas Leeds City Council could make savings but elderly care should not be one of them. With an increasing population of older people, this is exactly the area we need to be spending on long term future goals putting people before profits. Where do you expect those residents to go? Please consider the impact on the local community there in an already challenging time ahead and the residents in their last few years if life.
We need this care home.. Too many are closing in an ageing population. It's not good business sense at all.
We should be building more care homes not closing them. What are the residents supposed to do ?
Home Lea is a much needed home in this area, staff are great, would be awful to lose such a caring home
Leeds City Council have forgotten those that they serve. They should hang their collective heads in shame
We love Home Lea.
I have worked here whilst the home I worked at was getting renovated and the staff were so caring not only about their residents but about their staff also .. it's like one massive family vibe & they do loads of fund raising so they can take them on trips out ... please do not shut this home, just think of the residents being isolated because of covid19 & now they're losing home/family /friends if you close this home. You're making a massive mistake and we will see a lot of deaths but not to covid19 but to broken hearts...
I may need this lovely care home myself in the future
Closing a lovely care home where so many happy people live is ludicrous! These are people not piles of rubbish that can be just moved on with no care or thought for the trauma and upset it will cause.

Home Lea has been there for all my life the staff are amazing and this is a vital service for our elderly. Closing this place would be devastating for staff residents current and the future. Look after our elderly and the people who care for them
A vital local resource.
This home has been there for years, it's people's home, needs to stop open
We need care homes in the area. Why close an excellent facility that is giving outstanding service
Disgusting, Leeds City Council has the best care
They were amazing with both my grandma and grandad. They are wonderful and a much needed service for our community.
I have someone in this home and it's a lovely place, he's settled. This damn country, government, council NEVER learn. It's more homes we need with more investment and facilities. For gods sake stop ripping everything and everyone apart
I visited there as community nurse. The staff were a brilliant..
When i worked as a community staff nurse many years ago this was a fantastic place. The staff were outstanding. It will be tragic for the residents to loose there home and their families
Leeds city council has closed down too many homes already Home Lea is the only home left in Rothwell for the local community.
This is a beautiful and well looked after care home also is part of the Rothwell community.
It's short sighted to close council run care homes.
My father is in home lea and he loves it it would be a massive shame to close now
Some years ago Leeds City Council declared that they wanted to be "The" dementia friendly city in the UK. The way this announcement has been made, hidden away, under the news of today is shambolic. People are living longer, more are being diagnosed with dementia, and more will be requiring the specialist care needed. Familiarity and routine are important to those with dementia, especially as many have not seen family for many months, any move now will certainly have an impact on their well being.
My sister here and just settled in after losing her mum after living with her for 70+ years, please don't take her safety net away
This home has been part of Rothwell for as long as i can remember there are never enough places for the elderly were they can feel safe in there elderly years so why close down a good thing that they have and upset the residents in there later years
Good care homes & staff are very few & far between unlike private care homes that are more interested in making money than actually caring about their residents.
One if the best care homes in Leeds. Put care before money.
It's important.
This is their home.
That's the easy option. Think harder.
It's an essential part of Rothwell community
South of the Aire also needs residential care.
The residents have contributed all their life and now the Councils are effectively stealing all their input. The government just want to euthanise the elderly and keep reducing funding!
I lived in Rothwell for much of my life and my parents still live there. I remember going to Home Lea to do school concerts and seeing the care the residents received. To rip them from the place they are comfortable and where they feel safe is disgraceful. Never forgetting the families, you will destroy as they watch their loved ones crumble or (staff) lose their jobs. This is not about one issue, it's about a myriad. Hang your heads in shame for treating people like this!!
Nooo! People who now live there depend on the security and support provided by Home Lea. An enforced removal of vulnerable elderly people who will be confused and even more devastated through the lack of contact with family and friends. It does not bear thinking about and would be the ultimate betrayal

We cannot afford to lose such a vital and well-loved service
It would be a real shame to see such a wonderful place closed. Many people rely on these to keep family local and well cared for. Its one of the better care facilities in Leeds.
It's just not the time to close care and support venues and homes
My Grandma lives here.
My grandma is in this home, it's the happiest she has been in years and she has met some lovely people. Why do this to these residents who are settled, cared for exceptionally by amazing carers?
Too many homes for the elderly are closed with little consideration of the consequences for the residents they care for! Please do not close this care home in Rothwell
Residents should not be part of any "Budget Plan" ...it is their Home ...Please do not let this happen ..
This home is lovely, the staff are amazing and it would be such a loss for the lovely residents that live there it's their home :(
Supporting friends who have family in this lovely local care home
People's lives should not be part of a "Budget Plan" ...
Supporting family
Home Lea house provides a vital local service
My sister Laura Harwood is a resident there
It should not be closing, we need more not less nursing homes
Rothwell must continue to provide a safe environment for our elderly community. I don't understand the rationale for the proposed closure but I know that this is a much needed service.
Why would you close it, just don't
They elderly need to be taken care of and this home is a wonderful part of our community.
Please do not close
We need local care homes for the local elderly people
Care homes are needed in this community!
We need places like this in our area for our elder family members
My nan is there and she is very settled and well looked after by all staff
This is a valuable part of the community and is much needed
Extremely needing this in the area. Why do they have to do this, or is it all about the money again for the council?
This is a vital local service
Home Lea provides exceptional care for our community
This wonderful home is a large part of the community and needs to stay
My Aunt spent her last happy years in Home Lea House. This is a vital service for the Rothwell community. We need Home Lea House, there is always a waiting list for places demonstrating a need for this service.
Care homes are needed more than ever this has always been a good place
This is a lovely care home and it's amazing for the community to help our vulnerable
Because it's needed
Home Lea is a wonderful home for elderly residents we shouldn't be losing such a vital service
This is vital to the older people in this area.
Care homes are needed now more than ever. The staff obviously care for their residents. Budgets can be easily cut elsewhere.
During the current problems we should be supporting those with dementia and their families, not trampling on them.

Richmond House petition – online comments

[Petition · Proposed closure of Richmond House in Farsley · Change.org](#)

Total signatures - 1178

Number of comments – 90

Comments:

We need Richmond House, especially in view of the Pandemic
We need to look after our elderly
We're signing because my mum stayed here. It's such a community building- with fabulous personal care
I'm signing because it is a wonderful local service. My grandma was looked after there, such high standard of service
My Mum was cared for wonderfully by the staff after having a hip operation. A vital service both for the residents and local community.
This is crazy it is a well-used home and a step up to people getting back to their own independent living after an illness or fall.
Moving frail, elderly people at any time, is traumatic and particularly in a pandemic - distressing for residents and their families.
A friend of mine had a short stay in this care home after being placed there from hospital after a fall at home. She made great progress with her rehabilitation while there and was able to return home successfully in a planned way with carers. Many more people need to get back home in this way instead of being put in private care homes subsidised by the Council.
A vital service both for the residents and local community.
Want to save Richmond House
It's the only Council run local one with a good reputation
Richmond house provides much needed care and respite to the elderly. Instead of closing all these facilities we need to be supporting them and keeping them open. Some of these people will have been there for years and having to move and get used to change will be so stressful for some of these poor people!
Cutting back facilities doesn't create job and doesn't help the local community. The government can do better than closing this place.
These homes are needed and those there I feel be very upset to move
This place is so needed for our elderly as LCC have closed most of the others, it's a good place for rehabilitation to get people back into the comfort of their own homes.
Because it needed in the community
I care
My grandad stayed here and they don't a fabulous job!
This is a vital resource for the local area which is needed for supporting the most vulnerable and should not be closed.
You can't just close it, where do the elderly go? To strange places they don't know, they will die from upset. Like a member of my family did
Much needed facility for local people.
Try to keep all good care homes open. Communities need them.
This is a fantastic facility run by people who really care about the vulnerable people in our community.
It's a valued part of Farsley
It's a much needed service, especially in these times

I want to see our community built on and our older people looked after. Not everything closed and demolished!
We really do need this, in fact we need more places like this!
No care home should be closed
its a disgrace that you are trying to close Richmond House once more.
We need more care homes for the elderly not less.
It's a lovely place of retired of the elderly
There aren't enough care facilities as it is. This needs to stay open for the community who need the services it offers.
Residential and care homes are needed more than ever with an ever-increasing ageing population
Elderly people need safe local places to live in comfort the life they deserve
So many Farsley and Pudsey residents rely on Richmond House, it is needed!
Residential homes are essential part of the community, especially for those unable to be cared for by relatives. 'Care from the cradle to the grave' was a slogan we're familiar with and wish to see it lived up to.
I'm from Farsley and can't bear the thought of this closing unnecessarily.
My grandma lives in a care home and if hers was made to close lots of people would have nowhere to live
This is short sighted in every aspect and everyone will agree we all get older discriminative to say the least
The people deserve the best care possible in our area.
This is a great care home and heart of Farsley community.
This facility is essential for the wellbeing of the local community.
Now more than ever these facilities are desperately needed to help the elderly and their families
My friend was in Richmond house for months after an operation, the staff provided excellent care. This is short sightedness on Leeds city council If it was not for places like Richmond House offering care for those that need it, people would end up staying in hospital for longer periods, bed blocking, which in the end would be more costly.
My friend was in Richmond house for months after an operation, the staff provided excellent care. This is short sightedness on Leeds city council If it was not for places like Richmond House offering care for those that need it, people would end up staying in hospital for longer periods, bed blocking, which in the end would be more costly.
It is much needed to care for our elderly population. Please LCC why are you aiming to close this and the one at Rothwell? We are living longer and we need a place for our increasing older population that will otherwise have to take up a place in hospital as they cannot afford private care.
Richmond House provides high quality respite and short term care and assessment for elderly people. It was purpose built and has a spacious and comfortable feel which gives residents dignity and care.
Richmond House is a valuable asset to the are fabulous staff and care
Just think Councillors, you might need it yourselves one Day. You can destroy the City Centre and spend over £20m doing it and at the same time say you have no money for such as this! Lies, all of it.
Richmond House has cared for many people over the years. It should be allowed to continue its work! We are losing too many of our much needed Care Homes
Especially at this particular time this closure makes no sense whatsoever. The wellbeing of residents must be first priority not money.
We need more places like this not less
This facility is needed in the area to cut down on travel for elderly family and friends. It is well located with good transport links and parking

This is upsetting people's lives, especially the elderly!
This is a much needed, and loved, care home, locally used and a local asset.
Our elderly are not disposable
We need our elderly to be safe in their home. There are far too few good ones and this deserves to stay open
It's paramount to have this facility for the local people
This is a very valuable asset within the community.
It needs to be saved for the older generation in the community
My dad was in there and it's a vital service that can't be lost
It's a ridiculous, short sighted idea.
We need to keep places like this open – wonderful place and one of the best in my opinion - looked after my dad amazingly
Richmond House provides an excellent service to those who need it.
Its been there many years and used by patients all over Yorkshire it will be very sad if this closes. I have many a memorable day there visiting from school n the harvest festival And the staff provide such care. Don't let it close. .
This service is needed now more than ever
Was very convenient when my mother in law needed respite care
Does so much good for the community
It's much needed, for the residents it gives them hope and reassurance they will be cared from
We need this resource in our area. My dad would have been lost in the system when he came out of hospital a few years back.
We need to keep this in our community it is a great help for people in their time of need.
It offers a vital service to the area and was a blessing when my father was ill with Parkinson's giving my mum the much needed respite
I think its disgusting they are wanting to close this place
We need this home to remain a home
Very important to the local community
Farsley needs Richmond house
There are too many closures of homes. More are needed.
Simply I think it's disgusting that you're taking this home away from the elderly who have most likely lived most of their lives in Farsley. You should be ashamed of yourselves, corrupt idiots
We have lost too many valuable adult social care services. Let's not reduce services provided by statutory services to zero, we are failing the vulnerable in our society.
This is a much needed resource for the area
Leeds city council have just scrapped a clean air zone vanity scheme at a cost of millions but when it comes to looking after the elderly "we've got to cut costs"
People of Farsley depend on this home so they can stay in the village they've been all their lives, which is everything, Farsley is more than a place to live, it's home and memories
This is a lifeline to patients recovering they need the transition from hospital to home especially if theres no one there when they get home
I object to this fantastic local provision being decommissioned - it is the only local respite care available and is desperately needed.
We need to retain local services for local people
Because we need this home it's a community resource that Leeds City council have failed to promote
This home was a life saver for us when we needed it for my mum who had Parkinson's. Lovely, homely and caring staff. Not just left to sit in a chair. We loved going to visit.
The elderly a soft target, time we stood up, enough is enough.
Our elderly needs one where safe to live.

GMB Petition – 390 signatures

Submitted as an exported PDF

Comments

So disappointed that it has got to the point of cutting homes for older people. The system is broken.
Solidarity from Leeds TUC.
Care facilities are our lifeline.
We have seen how great the private sector is. Low pay, long hours and lack of necessary kit and little scrutiny or accountability.
Solidarity to one of my favourite cities.
The last thing to go is not the lights, it's the care homes. Stop it!
For the good of our communities, Leeds Trade Unionists should support the GMB.
We are in the middle of a pandemic and have a proposal to close care homes for the most vulnerable people in society, it is wrong and we need to stop accepting the funding cuts imposed on local authorities by fighting back.
Labour Councillors do not make cuts in my name as a Labour Party member and Trade Unionist. We need to publicly fight against cuts. I am a member of Leeds Labour Representation Committee and we will support any Trade Unions and campaign groups organising against cuts.
The private sector is not fit for purpose. The closure of the OAP homes in Leeds was the Council's worse decision ever.
Our elderly have given so much, when it's time to give a little back you can't just say no and forget what they have given. Disgraceful Leeds. I know the twits in London pull the strings, so push for a united Yorkshire to hold your own purse strings and tell London to get lost.
I worked in older people's services for many years and have seen the impact of closing people's homes where they feel safe and supported by people they have come to see as family. It is devastating.
Care homes have been hit far too much, they should be supported and protected.
We must protect our local authority communities before they are stripped bare. Private sector is a business run purely for shareholders pockets.
Leeds needs these essential services, please avoid closures.
This is very sad to hear, it is always the vulnerable and elderly that suffer! The elderly that have worked hard all their lives to be treated like this and the staff that have cared for them throughout this pandemic now face losing their jobs, it's very disappointing.
I am disgusted, closing the homes.
We need to look after the customer and take care of them. If they move from one home to another they will possibly pass away.
Not the right time!! Never the right time!!
Whoever has decided the closures should hang their heads in shame. It's always the elderly and the most vulnerable that takes a hit.
Devastating news. What has happened to duty of care?
We need council care homes. Too many closing, for the residents and staff.
Keep them open.
I'm at one of the facilities - worked tirelessly through this pandemic on the front line putting myself and family members at risk, sacrificed so much of myself willingly and with loyalty by completing lots of extra Covid related duties and restricted myself from going anywhere and doing anything other than work and home in an effort to keep my customers safe only to be told that a proposal of closure has been submitted to the executive board. I then read in the tabloids that 600 jobs are to be axed - so how do I and my colleagues feel right now??

betrayed.....worthless..... used..... for many of us this is not the first time we have faced this awful situation.
Let's all sign and stop this from happening.
Very sad, great service and staff.
Keep the care homes open.
Decisions made by people wealthy enough to never feel its consequences.
We need care homes for our vulnerable people. They need to feel they have care and support and be around people to give them some life.
Keep open, the governments shut everything down.
Devastating.
Everyone needs to sign this to stop closures.
It's disgusting that they always pick on the most vulnerable people in society and they always get away with it. We need stick together to protect them.
Everyone needs to sign this to stop closures.
It's an absolute disgrace the closure of the homes.
It's ridiculous that these care homes are being threatened with closure, especially in these chaotic times, where care homes are invaluable.
It would be devastating if it was your mother or father who was having to undergo such a traumatic experience. Older people can't cope with changes like this. If it was the case that the Council had decided to renovate the properties, that could be done incrementally, with support from staff. If they wanted to close the care homes, the Council should phase them out, gradually over time.
There is nowhere for the elderly to go if government is closing homes down. It's always elderly that has to suffer.
I totally agree with GMB stance on this matter.
Appalling.
Don't close them.
Stop closure of the 3 care homes.
The passion the adults and young people show throughout this pandemic in the nursing homes has not shone as much as it should have. A massive shout out for the legends who were left behind. Keep fighting for justice, every one matters, love and happiness will defeat the bugs!!!!!!!!!!!!
My sister works in one of these care homes and all the hard work for the residents in protecting them from Covid whilst maintaining the standard of care they provide, whilst living with the increased risk themselves, they should be rewarded for their efforts. This does not feel right.
Appalled to hear this news. C19 has been the excuse to dismantle so many services of care and NHS.
Disgraceful.... Do the vulnerable in our city not count as citizens of our city.
Those older people need to be kept in their home especially as we are in Covid.
It's upsetting to see this sort of thing in this day and age.
Hope all the front line service's staff who make a difference to the people of Leeds can get through this uncertain and difficult time and can in time have a bright future to look forward to.
We need our care homes. Please consider the consequences if we shut our homes down. Some elderly people use this as their comfort zone. Please be considerate.
Homes are important for people who don't have family to care for them.
We need these facilities to help take the pressure off the hospitals.
It's a disgrace.
Disgusting.
We need these care homes for vulnerable elderly people. It's imperative that they stay open.
Stop closure of care homes.

Absolutely stunned. Why is it always the vulnerable that are penalised at a time when residents, staff and families have enough worries?
LCC have to claw back this deficit. It is a worrying time when much needed care homes become a target for austerity measures. These are front line provisions and the workers are doing a much needed service. Please allow them to continue in their posts; LCC you must reconsider.
Keep these places open and stop privatising care places. It's not a business, it's about CARING.
LCC should be protecting the vulnerable.
We don't need more homes closing.
Care homes are important.
We need these homes, so why do you need to shut them. It's not right when you are shutting down. Where are people going to go?
I work in one of these buildings and I feel as though the money is more important than the PEOPLE that work there and most importantly the poor unforgettable PEOPLE that live in them, the ones that think they won't have to move again when they are settled and have trust in the PEOPLE that support them and the PEOPLE that the only family they have are the ones that support them and that they live with. PEOPLE'S mental health is not even taken notice of as when these PEOPLE have to move they will become only a shell and probably will be thinking "when will I have to move again?" So they will not be able to settle and relax. Anyway rant over as no matter what is said or done no one listens or even cares.
What's the point of anything if our final years are unhappy. It's more important we safeguard our elderly and ensure they benefit from their own contributions.
Absolutely disgusting!!!
There are not enough decent care facilities and resource centres around these days to provide the care and support these people need anyway. Absolute disgrace!
It's easy to fall out of society, not easy to get back in and with that is a much higher cost to be paid, both personal and loss of economic activity.
Appalling.
Disgraceful. We are still working through this pandemic. Coming to work to care for the vulnerable putting our own health at risk and the health of our own families.
Just where do they think these people are going to go. Generally elderly and vulnerable people do not like change of any kind.
Must be saved.
Really bad.
Services for our elders and vulnerable citizens need to remain as for a lot it is their only human contact that day.
They are the only care homes I would trust with my relatives, the rest are just money grasping institutions.
A travesty! With this government it's always the vulnerable who suffer!
It's sad to hear this.
This is disgusting. The old and vulnerable need looking after. How can they justify closing homes down.
It is disgraceful that yet again the elderly and the vulnerable are cast to one side to save money along with dedicated staff set to lose jobs. Everything should be done to stop this. You have my support.
These care homes should be the last places the Council should look to save money by closures, surely it's a civilised society's duty to provide decent adequate care to residents of Leeds.
It's a shame that the Tories are treating our elderly like this. Some have been through wars, paid their taxes and national insurances, to be now slapped in the face. The government really needs to hold their heads in shame.

We can't afford to lose any more care homes. Where are the elderly supposed to live out their lives. They will have worked all their lives and end up getting pushed all over the place.
My mum has been a devoted care worker for Leeds City Council for nearly 30 years.
I have worked in dementia for twenty years and with LCC they won't stop until they're all closed, after all elderly people can't fight back.
All LCC want to do is save money again. Not considered the residents who live there and once again they have the money to waste on Leeds city centre work. Just not fair.
Outrageous.
Been out there from day one of lockdowns from Covid-19. I don't think and feel like I've been appreciated. I am worried and concerned about my working future and income, my mental health has also suffered due to worrying, but I'm still here working hard for LCC.
My mother is in a nursing home. The waiting times for places are agonising, worrying about your loved one being safe.
We need to protect our vulnerable people.
We need these to look after our parents and grandparents to know they are safe and cared for.
Care homes will be required in the future after this pandemic is over and if we start losing them now, we will increase the care crisis in the longer term.
My late grandma worked at Richmond House, Pudsey for many many years. You can't shut it down, it's a much needed home that is usually to full capacity.
I agree wholeheartedly, far too many homes and facilities have been shut down over the past few years, leaving the elderly and the vulnerable sad and confused. You have my backing all the way.
Stop this barbaric treatment to our elderly.
It's disgusting, our elderly and vulnerable need support, shutting down care homes is appalling.
We need to support all staff and service users.
Keep council carers.
I think we are seeing the true face of Conservative, caring yet again!
This cannot be right! What are the cared for and carers supposed to do? My lovely late Grandma lived at Richmond House and couldn't have been treat better, keep these homes open!
I have elderly parents and if they were to need to go in to a care home, it would not be in the local area of Rothwell where they live, and have friends and family.
Been there myself, when they closed the home I work in. It's not a nice thing to go through, hopeful that won't come to that for them.
These care establishments are where I live, this effects lots of people in my community, this cannot be right, outrageous!!!
Years of Tory cuts to local authority funding has brought about this crisis in care facilities.
For staff this will be devastating financially and the mental health impact for staff and for service users.
The Tories clearly do not care about the elderly, vulnerable and hard working public sector workers.
We need these homes for our residents who get the best care that they deserve.
You have already lost the Labour seats in Rothwell and won't get them back making moves like this.
Don't be foolish.
Shut the Houses of Parliament. They don't do anything apart from sitting around and be given bonuses for doing jack.
I acknowledge the LA's financial pressures but also recognise the importance of homes such as these play in caring for the vulnerable in our society.
This should not be happening, typical of of Tory rule.
The elderly in these care homes are in the midst of a pandemic, they now should not be losing their homes.

LCC front line staff have risked their lives to keep these people safe, so we need to fight to keep their jobs.
Why would the Council sell their care homes when there is an intensive demand to house older people and those with disabilities? This in the long run will add additional pressures to local authorities' service in the future, also jobs will be lost in the process. What will happen to tenants and occupants who have had to use these types of facilities prior awaiting discharge for health reasons.
Need to keep all care in house not for private profit.
Sad times.
LCC must demand emergency funding from the Tory government. Our local authorities have been starved of funds for too long! End austerity now.
Why is Richmond House care home proposed for closure by Leeds City Council while they are still funding services for people leaving hospital and awaiting reassessment and review of their care plans in private care homes? This out-sourcing and privatisation should stop in order to save money and preserve the community facilities for rehabilitation and recovery of Leeds people.
I feel the decision to close at such an unprecedented moment in time is harsh. Keep the Council facilities open! It is so important to keep valuable public services operating.
We need these homes.
Where will vulnerable people who need these amenities go. How much has the government spent on Serco?
This is such a remarkable facility which is not available in many parts of the country. It would be a tragedy to lose it.
What a way to treat frontline staff after risking their lives to care for some of the most vulnerable people in society. I know the pandemic has had an effect on everyone, but to potentially lose your livelihood at any time is devastating. I hope that GMB fight this all the way.
Devastating news for so many in the elderly and disabled community. Really hope these care homes and Osmondthorpe HUB can stay open. Very sad for residents, service users and staff!
I have been working in this care home for the past 2 months and cannot believe they are going to close it. The elderly need looking after and this place is fantastic for them, they are all happy and content here.

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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: Sarah Buncall	Contact number: 0113 3764269
Date of the equality, diversity, cohesion and integration impact assessment: 10th May 2021	

1. Title: Adults & Health Service Review 6 – Care Delivery: Care Homes, Post Consultation Recommendations Report

Is this a:

Strategy / Policy

 Service / Function

 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
Debbie Ramskill	LCC	Head of Service, Care Delivery
Sarah Buncall	LCC	Project Manager

3. Summary of strategy, policy, service or function that was assessed:

Proposals are that Home Lea House long stay residential care home in Rothwell, and Richmond House short stay residential care home in Farsley are closed.

If a decision is made to close the two care homes, the long stay residents at Home Lea House 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.

Everyone who receives a service at Richmond House either returns to their own home, is supported to bid for rehousing or moves to longer term care. Average length of stay is three and a half weeks. The Adults & Health social work teams would support and facilitate appropriate moves for people with the assessed level of care package.

Those who use the homes for planned respite would be supported to ensure this provision can be continued in a new location suitable to meet the individual's needs.

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.

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.

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)	<input type="checkbox"/>
<p>Please provide detail:</p> <p>This EIA will consider and assess the impact of the options for:</p> <ul style="list-style-type: none"> • Current long stay residents at Home Lea House • Current users of respite provision at the two care homes • 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 Assessment is completed that focuses on organisation change and potential impacts on equality characteristics of the affected staffing workforce.</p> <p>This EIA 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 by 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>Leeds is the second largest Metropolitan District in England with a population of 793,000. The city is growing, between 2009 and 2019 the population of Leeds grew by 6.6% with those aged 65+ increasing by 13.6%, and the city is predicted to grow by 50% over the next 20 years.</p>

Since 2011 there has been a disparity between the Office of National Statistics (ONS) population estimates for the city (785,000 people) and GP registrations (846,000). The greatest variance in the population numbers is found in the most deprived communities (particularly for the male population of these areas) which requires further investigation¹.

The population continues to age, with the over 65+ age group projected to grow by another 15,000 (+13%) between 2016 and 2026, with the biggest growth in older men which presents new challenges. The number of people aged 80+ in the same timeframe is also set to grow by almost 5,000 (+15%). Latest estimates show an increase of the over 65+ age group to 154,052 (18%) by 2043.²

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 2020³.

Leeds is now home to over 130 different nationalities. 99,000 (12.5%) of the Leeds population were born outside of the UK. The 2011 Census estimated that 18.9 per cent of the total resident population comprised people from black and minority ethnic communities (including Irish and other white populations), a rise of 8 per cent from the 2001 Census.

Stonewall, the lesbian, gay and bisexual charity, estimates that large cities such as Leeds with an established gay scene, businesses and support network may be made up of at least 10 per cent lesbian, gay and bisexual people.

For the first time, the 2021 Census gathered local level information about the proportion of the population that identifies as lesbian, gay, bisexual, or transgender which when published (estimated summer 2022) will help organisations to combat any inequalities these groups may face and show where services are needed.

Leeds population broken down by religion or belief is 55.9% Christians, 5.4% Muslims, 1.2% Sikh, 0.9% Jewish, 0.9% Hindu, 0.4% Buddhist other religion 0.3% and 28.2% no religion or 6.7% not stated.

The number of people requiring help with at least one activity of daily living (ADL) increases for those aged 65 years and over. In 2016, at ages 65 to 69 years 19% of people needed help, whereas at ages 80 years and over 43% of people needed help⁴.

As of 2020, Carers UK estimates there are around 13.6 million people caring through the pandemic.

The most recent census (2011) indicated that there were 71,598 carers living in Leeds. This means that around 1 in 10 of the population of Leeds are providing unpaid care, which is broadly in line with both regional and national averages. The latest projections provided by Carers UK suggest there are now around 74,000 unpaid carers in Leeds. Based on national projections we expect that

¹ [Microsoft Word - Appendix A - IMPS v5 FINAL 9July2019 - formatted.docx \(leeds.gov.uk\)](#)

² [Subnational Population Projections for England, 2018-Based](#)

³ [Microsoft Word - Appendix A - IMPS v5 FINAL 9July2019 - formatted.docx \(leeds.gov.uk\)](#)

⁴ [Principal projection - England summary - Office for National Statistics \(ons.gov.uk\)](#)

around 24,000 people a year (65 people per day) in Leeds will take on a caring role, with a similar number ceasing their caring role⁵.

Whilst the peak of the population of carers is between 50 and 64 years of age, almost 1.3 million people in England and Wales aged 65 or older are carers⁶.

The number of people in Leeds with a dementia diagnosis recorded on GP registers (end March 2019) is 6,423. NHS England publishes estimates of dementia prevalence for each NHS Clinical Commissioning group – this is derived from research into age-related risk, plus population data. It is designed to show approximately how many people are living with dementia, whether diagnosed or not. The estimate for Leeds (end March 2019) is 8,327 people aged 65+; numbers aged under 65 are harder to estimate but may be 300-400 people.

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.

It is likely that the number of people with dementia, and demand on services, will start to increase from the early 2020s as the wider trend of the city's ageing population continues. As the baby-boomer generation grows older there will be a range of implications for service provision, not least because of a far more ethnically diverse older population.

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.

For c. 90% of people with dementia, it is found with other long-term conditions. However, it is traditionally a clinical specialism within mental health services, and there are important connections between dementia strategy and mental health strategy, in particular: the 'co-morbidity' of dementia with mental health conditions, especially depression and anxiety, and meeting NHS standards for treatment and response for crisis services and acute hospital liaison services.

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 did⁷.

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.

⁵ [Microsoft Word - Appendix A - IMPS v5 FINAL 9July2019 - formatted.docx \(leeds.gov.uk\)](#)

⁶ [facts-about-carers-2015.pdf](#)

⁷ [Health Survey for England, 2016 - NHS Digital](#)

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 themselves⁸.

Healthwatch Leeds report Digital Inclusion in Leeds: How does it feel for me, Autumn Check In, Oct 2020⁹ 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 has been 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.

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.

⁸ [Understanding digital exclusion – 100% Digital Leeds \(wordpress.com\)](https://www.wordpress.com)

⁹ [Digital-inclusion-report-October-2020.pdf \(healthwatchleeds.co.uk\)](https://healthwatchleeds.co.uk)

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 between 4th January and 26th March 2021. 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 the two care homes 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 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

Age

Carers

Disability

Gender reassignment

Race

Religion
or Belief

Sex (male or female)

Sexual orientation

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 and short stay provision at the care homes predominantly are 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.
- Ensure the transfer process follows government guidelines to ensure any move during a time of increased transmission of Covid is safe.
- 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 12-months following transfer.

Carers: The proposals will impact upon those carers who access the respite service provision at each of the two care homes.

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:

- Social work teams who currently support people to access respite provision at the affected

care homes to undertake a review of anyone who has been affected so that planned respite can be continued in a new location suitable to meet the individual's needs.

- 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 Home Lea House are older people and have impairments associated with ageing.

The current service offer at Richmond House is short term care and support to people who require a period of recovery following a hospital admission. The service also offers support to people from the community to prevent hospital admission. As such, people with temporary impairments will also use the service during a period of recovery as well as those with long term impairments.

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 Home Lea House suggest that the service has a high proportion of female residents. Richmond House service users over the last three years are an even mix of male and female.

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).
- Respite beds are means tested so there is no cost difference between LCC and independent placements. Only respite stays that are commissioned and used are funded unlike Richmond House.
- 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:

- As detailed in the Executive Board report research analysis evidences that there is a range of good quality alternative provision within the local communities affected, within 5 miles of the current care home address, and within 5 miles of the next of kind addresses of residents at Home Lea House. 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.
- In respect of the short stay provision at Richmond House, as detailed in the Executive Board report there is sufficient citywide community care bed provision along with various at home services to meet the needs
- Other options are also available for those seeking respite services, such as community based short breaks, or a personal budget to arrange a short break that suits the carer and the cared-for person. This could be through various organisations such as private home care agencies, charities, or community interest companies. The council also provides a Shared Lives Service which provides a more homely approach to the provision of respite services.
- 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	<input checked="" type="checkbox"/>	Location of premises and services
<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. Some respondents to the consultation felt that the proposals were poorly timed during the Covid-19 pandemic.

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.
- Ensure moves to alternative services are in line with any national and specific guidance relating to safe transfers during Covid.

Cost: Family carers may be reliant on the home for respite from their caring role, and so may need to make other arrangements, which could involve additional costs. 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 the two care homes 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. As an example, someone who had been using care home respite may decide to try an at home respite service and find that more suitable to their current needs.
- The sites may prove to be suitable for re-provisioning, providing alternative care and support provision that is undersupplied in the local area. There is a commitment in principle that both sites be used for supported housing.
- 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 the two care homes and deploying the staff into other services could reduce overall staffing vacancies.
- If staff move to care home employment in the independent sector, they would 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 strength of feeling about the proposals to close the two care homes from those directly affected and from the local communities shows the motivation of those groups to maintain what they consider to be a valuable community asset.

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 the two care homes 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 as per the Executive Board report that the proposals to close Home Lea

House and Richmond House 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 the transfer process follows government guidelines to ensure any move during a time of increased transmission of Covid is safe.</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> <ul style="list-style-type: none"> • Services that prioritise both safeguarding and 	Programme Team

Action	Timescale	Measure	Lead person
Ensure robust procedures are in place to identify and manage safeguarding concerns as they arise. All staff and volunteers to be trained in recognising and responding to safeguarding concerns		<p>independence.</p> <ul style="list-style-type: none"> • 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 increasing need for dementia services and	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
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
Progress with future of the sites (subject to a	In line with	The number of decommissioned buildings in	Programme

Action	Timescale	Measure	Lead person
decision to close).	Implementation Timeline.	community use.	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	18 th May 2021
Date impact assessment completed		18th May 2021

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: 18th May 2021
For Delegated Decisions or Significant Operational Decisions – sent to appropriate Directorate	Date sent:
All other decisions – sent to equalityteam@leeds.gov.uk	Date sent:

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Appendix 5

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: Sarah Buncall	Contact number: 0113 3764269
Title Adults & Health Service Review 6 – Care Delivery: Care Homes, Post Consultation Recommendations Report	
Date of the equality, diversity, cohesion and integration impact assessment: 10th May 2021	

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
Debbie Ramskill	LCC	Head of Service, Care Delivery
Sarah Buncall	LCC	Project Manager
Susan Podmore	LCC	HR Service Manager

3. Summary of the organisational change arrangements to be assessed:
<p>Proposals are that Home Lea House long stay residential care home in Rothwell, and Richmond House short stay residential care home in Farsley are closed.</p> <p>If a decision is made to close the two care homes, 47 Adult Social Care (ASC) and 11 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 and more recent recruitments into vacant posts have been on a temporary basis in order to minimise the likelihood of staff being at risk. The Directorate will also work with all affected staff to identify development and training</p>

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.

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 type="checkbox"/>
Downsizing of a service	<input checked="" type="checkbox"/>
Switching	<input type="checkbox"/>
Recruitment	<input type="checkbox"/>
Equal pay considerations	<input type="checkbox"/>
Job evaluation	<input type="checkbox"/>

Any other organisational change arrangements	<input type="checkbox"/>
--	--------------------------

Please provide detail:

Home Lea House

Home Lea House is a 29 bedded long-stay residential home situated in Rothwell. There are two in-house care homes in Rothwell and Home Lea House is the older of the two homes which is why it has been put forward for closure. Occupancy at Home Lea House is currently 17 (59%). The current gross budget is £789k and the net budget is £547k. In a full year it would be possible to save the gross budget of £789k as the client income will follow the client. Closing this facility from 1st February 2022 would save £789k by the end of 2022/23. The one-off costs of the assessment and transitions social work team and of alternative independent provision (for those taking up on the care guarantee) would need to be offset against these savings.

As outlined in the report to Executive Board in October 2020 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 council has two residential care homes situated in Rothwell, the other is Dolphin Manor, both of which are under occupied. The number of residential care homes across the city rated good or outstanding is now 83%.

Richmond House

Richmond House is a 20 bedded residential service situated in Farsley. The current service offer is short term care and support to people who require a period of recovery following a hospital admission. The service also offers support to people from the community to prevent hospital admission. Average occupancy since 2018/19 is 55%. The current gross and net budget is £742k. There is no associated income from short term residents. The part year saving from closure on 1st November 2021 would amount to £309k, with the full saving of £742k in 2022/23.

As outlined in the report to Executive Board in October 2020 the proposal to decommission the service is based on occupancy and the need for this type of service across the city.

Until 2017 Richmond House provided a Community Intermediate Care (CIC) bed service, commissioned by the Clinical Commissioning Group (CCG). The contract with Richmond House ceased because the CCG wanted to commission a new model of service. The council was successful in gaining a contract in partnership with Leeds Community Healthcare (LCH) for the provision of three new Community Care Bed services but Richmond House could not be used for this purpose as it had too few beds which made the cost prohibitive, as the CCG has a duty to seek best value. The Directorate decided to continue to deliver the service and offered short term placements and three respite beds to people to support hospital discharge and hospital avoidance, supporting the wider system and enabling social workers to make placements to this type of service offer, as this fitted with Better Lives transformation agenda.

However, 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 Community Care Beds contract is now established and provides a greater recovery residential and nursing offer. While Richmond House offers short term support, it does not provide any additional therapeutic input that is often required when people are discharged from hospital. As such Richmond House is continually under occupied and the current type of provision can easily

be assimilated in wider system provision.

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: The proposals relate to Home Lea House long stay residential care in Rothwell and Richmond House short stay residential care in Farsley. There is other local authority run long stay care homes in the city: Dolphin Manor in Rothwell, Knowle Manor in Morley and Spring Gardens in Otley. All offer respite provision. This is in addition to the available capacity in the independent sector homes. There are a range of citywide services offering short stay care and support. This includes the CCG Community Care Bed offer, including the three local authority run Recovery Hubs.	

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 Assessment available at Appendix 4 of the Executive Board Report details the identified impacts on wider service delivery and the mitigating actions associated with those impacts. This EIA will consider and assess the impact of the options for: <ul style="list-style-type: none">• Staff working at Home Lea House and Richmond House. This EIA is intended to support the decision-making process by: <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.

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 – 65% are 50 years or older
- Sex - 88% are women
- Race – 31% identify as from a Black, Asian or Minority Ethnic (BAME) group.

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)

National Picture

Skills for Care, *The state of the adult social care sector and workforce in England* (Oct 2020), summarises the demographics of the social care workforce nationally:

- 82% of the adult social care workforce are female, the average age of the workforce is 44 years and 27% of workers are aged 55 and above.
- The majority (84%) of the adult social care workforce were British, 7% (113,000 jobs) had an EU nationality and 9% (134,000 jobs) a non-EU nationality.
- Since the introduction of the mandatory National Living Wage (NLW) care worker pay in the independent sector has increased at a higher rate than previous years. Care worker real term median pay has increased by 12% since September 2012 to £8.50 in Oct 2020 (independent sector only).
- The estimated turnover rate of directly employed staff working in the adult social care sector was 30.4%, equivalent to approximately 430,000 leavers over the year. However, most of these leavers don't leave the sector. Around 66% of jobs were recruited from other roles within the sector.
- It is estimated that 7.3% of the roles in adult social care were vacant in 2019/20, equal to approximately 112,000 vacancies at any one time.
- Around a quarter of the workforce (24%) were on a zero-hours contract (375,000 jobs). Almost half (42%) of the domiciliary care workforce were on zero-hours contracts. This proportion was even higher for care workers in domiciliary care services (56%).
- The average number of sickness days was 4.7 in 2019/20, this equates to approximately 6.72 million days lost to sickness over the 12-month period.

The peak of the population of carers is between 50 and 64 years of age, so whilst numbers of those employed in social care roles who are also carers is not known it is likely that a significant proportion

may have caring responsibilities.

The Skills for Care adult social care workforce estimate (2019/20) shows a low prevalence of disability among workers, at 2%. These disability records are likely to be under-reported because the information was provided by the employer, rather than the individuals themselves¹.

In the Yorkshire and Humber region, 11% of the social care workforce is from BAME groups and at a national scale a lower proportion of BAME staff are represented in higher paid roles².

Workers that travel further are more likely to leave their role, with care workers travelling more than 20km had a higher turnover rate (32.3%), compared to those travelling less than 1km (25.0%)³.

Leeds Picture

It is estimated that the health, care, and support workforce in Leeds employs over 57,000 people. This workforce refers to people working across a range of organisations in the city, including local authority staff, schools staff, private/independent sector, third sector staff, NHS staff, personal assistants (and the people that employ them), carers and volunteers.

The paid social care workforce in the city is estimated to be around 19,100 and is mostly made up of women (75%) aged over 45 (51%). Staff turnover in the sector is high at 31%⁴. This reflects the national trends.

The quality of registered care and support provision in Leeds is high with 83% rated as Good by the Care Quality Commission.

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 has been 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.
- Quantitative information relating to the profile of affected staff.

In previous phases of the programme all affected staff have been supported into alternative

¹ [The state of the adult social care sector and workforce 2020 \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

² [The state of the adult social care sector and workforce 2020 \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

³ [The state of the adult social care sector and workforce 2020 \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

⁴ [Microsoft Word - Appendix A - IMPS v5 FINAL 9July2019 - formatted.docx \(leeds.gov.uk\)](https://www.leeds.gov.uk)

employment within the council's Care Delivery Services, within the NHS or have taken the Council's Early Leavers Initiative (ELI).

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.

18 of the affected staff members completed surveys, 15 staff members who work at Home Lea house and 3 staff members who work at Richmond House.

Meetings were held with all affected staff to advise them of the recommendation to start the period of consultation on the proposed closures, 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
- Staff feel that the decision will be made to close the services
- Concern about the health and wellbeing of residents
- Concern about their own future work opportunities (employment, pensions, personal finances)
- Perceived lack of alternative services in the area
- Felt that money should be saved elsewhere
- Perceived lower quality of care in the private sector care homes in comparison to the Council provided care.
- 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.

In addition, Trade Union GMB submitted a letter on behalf of their members and also a petition, with 390 signatures, and Leeds Unison Retired Members Group submitted a letter on behalf of their members. Details of each submission and the council's response is in the Consultation Findings 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 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 4th January and 26th March 2021. 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 the two care homes 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

Age

Carers

Disability

Gender reassignment

Race

Religion or Belief

Sex (male or female)

Sexual orientation

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: 65% 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. Staff data shows 8 staff who identify as carers, for many this data is not specified. However, 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: No specific issues have been identified in relation to disability. The staff data shows that all affected staff either do not have a disability or this information is not specified. This is an identified gap in equality information.

Action to Mitigate:

- Any impacts relating to the Disability equality characteristic will be considered as part of individual staff consultation meetings.

Sex: Statistical data of the affected staff shows that 88% are women.

Action to mitigate:

- Any impacts relating to the Sex equality characteristic will be considered as part of individual staff consultation meetings.

Race: 31% of affected staff are from Black, Asian, or Minority Ethnic groups.

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 and more recent recruitments into vacant posts have been on a temporary basis to minimise the likelihood that staff are put at risk. 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
<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 type="checkbox"/>	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. Some respondents to the consultation felt that the proposals were poorly timed during the Covid-19 pandemic.

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.
- Ensure any national and specific guidance relating to staff transfers during Covid are followed.

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.

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 the two care homes 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 two care homes 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:
<ul style="list-style-type: none"> • 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:
<p>The consultation findings report along with this assessment details several potential negative impacts which could affect protected characteristics, along with proposed mitigations.</p> <p>The themes of these impacts relate to people’s health and wellbeing, quality, finance, locality, strategic and methodology and timing impacts.</p> <p>The risk of redundancy would potentially impact across these themes.</p>
Action required:
See EDCI Organisational Change Action Plan below.

9. Will this activity promote strong and positive relationships between the groups or communities identified?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Please provide detail:
<p>The strength of feeling about the proposals to close the two care homes from those directly affected and from the local communities shows the motivation of those groups to maintain what they consider to be a valuable community asset.</p> <p>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.</p>
Action required:
<ul style="list-style-type: none"> • 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
<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 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
<p>A reasonable distance to travel to work will be considered as part any assessment of staff's needs.</p>	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>	
Ensure any national and specific guidance relating to staff transfers during Covid are followed.	In line with Implementation Timeline.	Staff satisfaction with transfer process in relation to Covid measures upon review post transfer.	Programme Team
<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>	In line with Implementation Timeline.	Number of staff attending training opportunities.	Programme Team
<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>	In line with Implementation Timeline.	Number of staff receiving excess travel payments.	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 McFarlane	Deputy Director Social Work and SC Service	18 th May 2021

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	18th May 2021
If relates to a key decision – date sent to corporate governance	18th May 2021
Any other decision – date sent to equality team	

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Carrying out Assessment & Transfer of Residents and Day Service Users in Leeds

Assessment & Closure Protocol

October 2016

Reviewed: May 2021

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 May 2021 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 recommissioning as a specialist 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, day centre users, relatives and staff before any press/public announcement.

Information will be provided that enables residents, day centre users 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, 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/ day centre users 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>

<http://www.scie.org.uk/publications/briefings/briefing03/index.asp>

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 recommissioning as a specialist unit.

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 potentially 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 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/day centre user 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" - (Grogger, 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: <http://www.advonet.org.uk/about-us>

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 or friends 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 of 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 the 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 or day centre users 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 / day centre users 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).

Day Centre Service Users

Most of the above will apply equally to people living with dementia who are moving to a new day service. In addition, consideration should be given to ensuring that transport arrangements to the new service consider people's preferences i.e. length of journey, type of transport provision (taxi, fleet vehicle, family transport etc.), and escort support during the journey.

The social work team will also need to ensure good liaison with any Community Support provision to ensure a seamless service is delivered. The needs of carers should also be considered in relation to the day(s) support is provided to enable carers to have a break or maintain work commitments.

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.

References

1. Verna Wilson and others v Coventry City Council -and- Victor Thomas and others v London Borough of Havering-
<http://www.bailii.org/ew/cases/EWHC/Admin/2008/2300.html>
2. Coventry City Council (2008) '*Does Home Closure and Involuntary Relocation Affect Mortality Rates for Older People?*'
3. Leeds City Council *Department of Social Services- Practice Guidelines for Home Closures*
4. Groger, L. (1995) '*A nursing home can be a home*' *Journal of ageing studies* Vol.9 No.2
5. Reed J., Cook G., Sullivan A., and Burrige C. (2003) '*Making a move: care home residents' experiences of relocation*'. *Ageing and Society* 23 pp225 – 241
6. Williams J and Netten A, '*Guidelines for the closure of care homes for older people: prevalence and content of local government protocols*' PSSRU Discussion Paper 1861/2
7. Glasby, J., Robinson, S., and Allen, K (2011) '*Achieving Closure- Good practice in supporting older people during residential care closures*' University of Birmingham/adass.
8. Warchol, K. (2013) *Transfer Trauma- A real issue for many individuals with Dementia*
<http://www.crisisprevention.com/Resources/Article-Library/Dementia-Care->
9. Struble, L and de Laski-Smith, D (1997) *Dementia Care Series*. Michigan Department Of Community Health.

<http://www.dementiacoalition.org/resources/pdfs/Caring5.pdf>
10. American Alzheimer's Association:

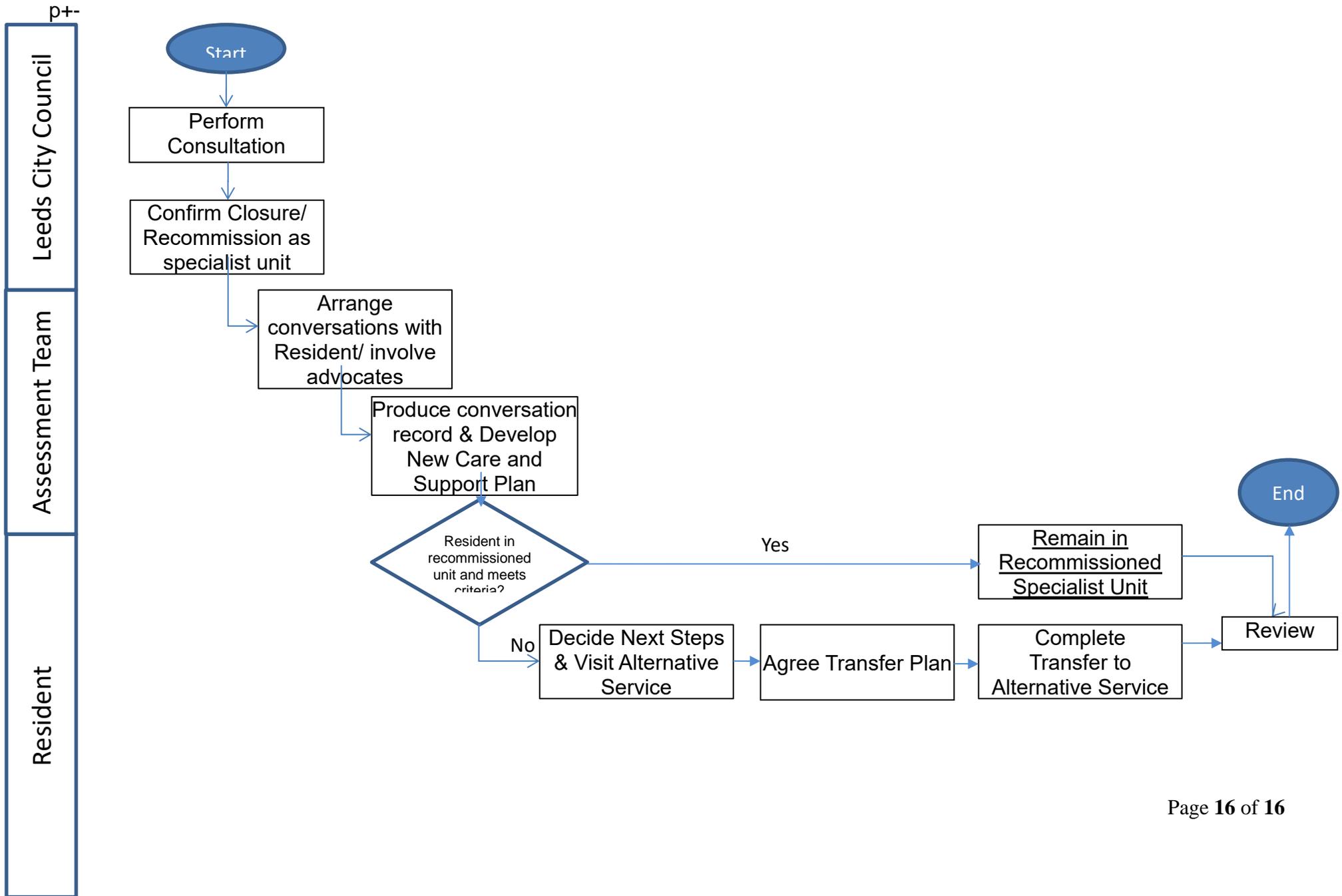
http://www.alz.org/nyc/in_my_community_17491.asp
11. Duncan Cooper, (2011, reviewed 2013) *The impact of relocation on the health and well-being of care home residents: a review of evidence for Leeds City Council*, SpR Public Health, NHS Leeds.

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 / day centre user and provide relevant information (e.g. information about Extra Care, 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 May 2021

Appendix 2- The Resident/Day centre user care and support needs identification Pathway



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Appendix 8: Key Risks and Mitigations

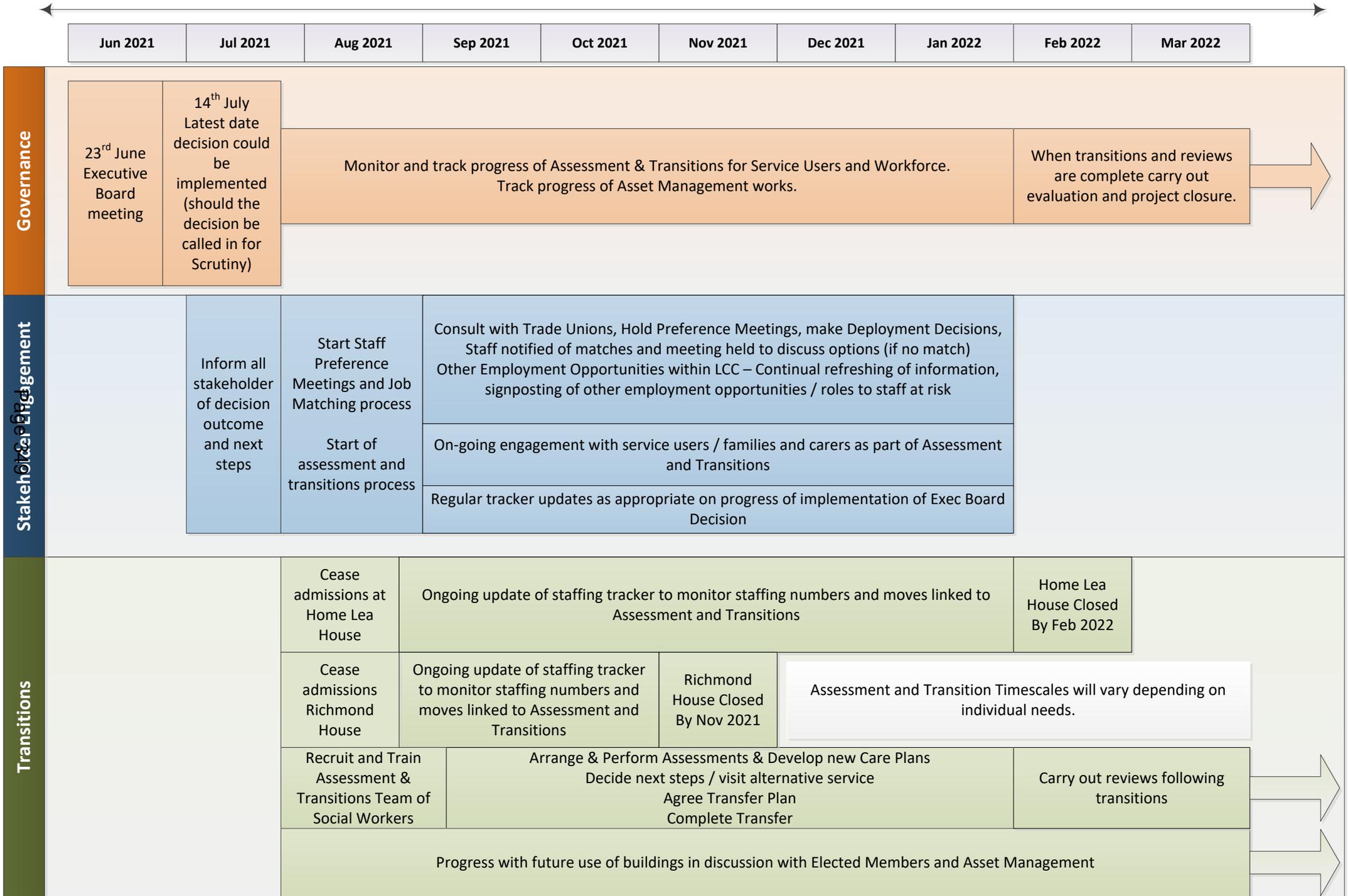
Ref	Description of Key Risk	Risk Rating	Mitigating Actions
1	There is a risk that if the proposals to close Home Lea House and Richmond House are not approved, that Adult Social Care will not be able to realise its targeted financial contribution to the council budget gap, and in turn put the council at risk of not meeting its legal financial requirement to set a balanced budget.	High	<p>Consider in detail through the Executive Board report and associated Appendices the potential impacts of the decision and reasoning for the recommendations to aid decision making.</p> <p>The proposals to close Home Lea House Long Stay Residential Care Home in Rothwell, and Richmond House Short Stay Residential Care Home in Farsley, which would contribute annual savings of £1.531 million to the identified Council budget gap in 2021/22 of £118.8 million, of which £59.1 million is due to the ongoing financial impact of Covid-19. 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”, provide “value for money” and to “target resources to meet our priorities”.</p>
2	There is a risk that if the proposals to close Home Lea House and Richmond House are not approved, that Adult Social Care will have to make the required financial savings elsewhere, which in turn could result in considerable further reduction of funding to other directly provided or commissioned service provision.	Very High	<p>Identify other options for financial savings to aid with decision making.</p> <p>The only remaining alternative would be to reduce the Directorate’s spend on preventative services.</p> <p>This would have a significant impact as we know preventative services contribute to supporting people to live at home longer, in their own communities and with their families and friends.</p> <p>The investment in prevention both enables people to live a good life at home but also reduces demand on the social care service by reducing demand and/or delaying entry to formal care services which saves the council money.</p>
3	There is a risk that if the proposals to close Home Lea House and Richmond House are approved, this will have a detrimental impact on the physical and mental health and wellbeing of residents.	High	Various mitigations to reduce the impact on people’s health and wellbeing are described in the Executive Board report and associated appendices including Consultation Findings Report, EDCI Assessments, Care Guarantee and Assessment & Closure Protocol.

			<p>If a decision is made to close the two care homes, the transfer of residents will be carefully planned and carried out professionally, sensitively and safely, in accordance with the Council's Care Guarantee. Those who use the homes for planned respite will be supported to ensure this provision can be continued in a new location suitable to meet the individual's needs. The programme will 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>
4	<p>There is a risk that if the proposals to close Home Lea House and Richmond House are approved, not all affected staff will be found suitable alternative employment.</p>	Medium	<p>Various mitigations to reduce the impact on affected staff are described in the Executive Board report and associated appendices including Consultation Findings Report and EDCI Assessment (Organisational Change).</p> <p>Ongoing engagement is taking place with staff and HR regarding potential opportunities for all staff, if they are affected by any of the proposals. There are staffing vacancies within the Care Delivery Service and more recent recruitments into vacant posts have been on a temporary basis to ensure that no permanent staff are put at risk.</p> <p>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> <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, through the Managing Staff Reductions (MSR) Policy 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.</p>
5	<p>There is a risk that if the proposals to close Home Lea House and Richmond House are approved, this could result in insufficient alternative high quality, available, affordable, local provision.</p>	Low	<p>As detailed in the Executive Board report national data 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.</p>

			<p>The Council’s Extra Care Supply & Demand Model calculates anticipated future demand for residential, nursing and extra care provision, considering proposed population changes to 2028 at a ward level, and suggests there is sufficient capacity of alternative good quality provision.</p> <p>Appendix 2 Profile of Services details the range of good quality alternative provision within 5 miles of Home Lea House and within 5 miles of Next of Kin Addresses.</p> <p>The Executive Board report also details that 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 Community Care Beds contract is now established and provides a greater recovery residential and nursing offer, and the CCG are satisfied that sufficient community care bed provision is available across the city.</p>
6	<p>There is a risk that if the proposals to close Home Lea House and Richmond House are approved, this will result in reputational damage to the council, given the strength of feeling in opposition to the proposed closures, from residents, service users, family / carers, staff and the local communities.</p>	High	<p>Consideration has been given to the impacts and potential mitigations arising from the consultation on the proposals, and a response provided by Adult Social Care to provide further information and evidence to support the recommendations.</p> <p>In drawing up the initial proposals, conducting the consultation and in making the formal recommendations described in this report, officers have been acutely conscious of the depth of feeling aroused among service users, families, carers, staff, and local communities.</p> <p>These proposals are not made lightly as all are aware of the personal impact on the individuals affected.</p> <p>The proposals to close Home Lea House and Richmond House 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</p>

			which in turn helps the Council support more of its citizens.
7	There is a risk that if the proposals to close Home Lea House and Richmond House are approved, that the buildings could be left empty whilst a decision is taken around any future use of the buildings.	High	<p>Should the decision be taken to close the current provision at Richmond House and Home Lea House, the sites would be transferred into void management with responsibility for safety, security and maintenance being managed by LCC Facilities Management until brought forward for any re-development.</p> <p>Asset Management under the delegations in place to the Director of City Development are already in the process of considering alternative uses for the sites considering Council's priority programmes and requirements in particular from Adults and Health and the Council Housing Growth Programme; and there is a commitment in principle for the sites to be used for the development of supported housing; general needs housing at the Home Lea House site in Rothwell, and supported housing for older people at the Richmond House site in Farsley.</p> <p>This may involve direct delivery by the Council, delivery in partnership with external organisations or disposal to third parties. Early demolition of the buildings at to limit the costs of maintaining security will also be explored. Asset Management will lead discussions about the future use of the sites with elected members and key partners.</p>

Appendix 9 Timeline for Implementation: Closure of Home Lea House and Richmond House



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EXECUTIVE BOARD**WEDNESDAY, 23RD JUNE, 2021****PRESENT:** Councillor J Lewis in the ChairCouncillors S Arif, A Carter, D Coupar,
S Golton, M Harland, H Hayden, J Pryor,
M Rafique and F Venner**25 Adults & Health Service Review 6 - Care Delivery: Care Homes, Post Consultation Recommendations Report**

The Director of Adults and Health submitted a report that presented the findings of the consultation exercise undertaken regarding the proposals to close Home Lea House Long Stay Residential Care Home in Rothwell, and Richmond House Short Stay Residential Care Home in Farsley. In considering the information within the submitted report, the Board were requested to determine the future of both care homes, with the recommended option being to decommission those care homes for the reasons as set out.

In presenting the submitted report, the Executive Member for Adult and Children's Social Care and Health Partnerships acknowledged the anxiety caused by the proposals and highlighted that such a recommendation to close the two homes had not been made lightly. However, the Executive Member went on to undertake that, should the recommendations be approved, then every effort would be made to support residents and their families, together with affected staff throughout the proposed process.

In addition, details of the range of factors which had been taken into consideration when coming to the conclusions within the report were highlighted. These included: the decline in demand for care home provision; the alternative provision which was available; the financial context and the increased budgetary challenges faced across social care; the increased demand levels in other areas of social care provision; the investment which was being made in other areas of social care, including the future use of the two sites in question.

In discussing the report, concerns regarding the following were raised and responded to:

- The two homes' occupancy levels referenced within the report and in discussion;
- The levels of demand for care home provision generally, and the level of the two homes' use by those in the local community;
- The consultation process undertaken and the recommendations arising from it;
- The discussions which had taken place with the NHS regarding the proposal to close Richmond House;
- The timing of the proposals;

- The budgetary challenges which continued to be faced by the Council and specifically with regard to social care provision, together with the proportion of resource provided in terms of both adult and children's social care provision;
- The proposals for the 2 sites moving forward, with it being undertaken that further detail would be provided to the Members in question regarding the advice which had been received that the respective footprints of the two sites were not large enough to provide extra care housing.

Following consideration of Appendix 7 to the submitted report designated as being exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3), which was considered in private at the conclusion of the public part of the meeting, it was

RESOLVED –

- (a) That the outcome of the full consultation reports with stakeholders, (Appendix 3 to the submitted report), and the information contained within exempt Appendix 7 to the submitted report (Estimated Land Valuation), be noted;
- (b) That the recommendation to decommission services at Home Lea House Residential Long Stay Care Home, in Rothwell, be approved;
- (c) That the recommendation to decommission services at Richmond House Short Stay Residential Care Home, in Farsley, be approved;
- (d) That the timescales for ceasing the services based on the timeline attached in Appendix 9 to the submitted report, be agreed;
- (e) That it be noted that there is a commitment in principle for the sites to be used for the development of supported housing; general needs housing at the Home Lea House site in Rothwell, and supported housing for older people at the Richmond House site in Farsley;
- (f) That it be noted that the lead officer responsible for such matters is the Director Adults and Health.

(Under the provisions of Council Procedure Rule 16.5, Councillors A Carter and S Golton both required it to be recorded that they respectively voted against the decisions referred to within this minute)

DATE OF PUBLICATION: FRIDAY, 25TH JUNE 2021

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00 P.M., FRIDAY, 2ND JULY 2021