

## Appendix 3b) Home Lea House and Richmond House closure proposals

### Consultation Submissions and Responses

	Submission	Raised By	Response
1.	<p>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 &amp; 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 31<sup>st</sup> 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.	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?	Mrs Sylvia Landells 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.
3.	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?	Mrs Sylvia Landells 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	Mrs Sylvia Landells on behalf of Leeds Hospital Alert	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

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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>
<p>5.</p>	<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 18<sup>th</sup> 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 &amp; 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>

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			<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 1316"> <thead> <tr> <th data-bbox="1189 863 1491 1034"></th> <th colspan="2" data-bbox="1491 863 1736 1034">Richmond House (built 1971)</th> </tr> </thead> <tbody> <tr> <td data-bbox="1189 1034 1491 1098">monthly occupancy</td> <td data-bbox="1491 1034 1608 1098">12.58</td> <td data-bbox="1608 1034 1736 1098">63%</td> </tr> <tr> <td data-bbox="1189 1098 1491 1206">Average 2016/17 occupancy</td> <td data-bbox="1491 1098 1608 1206">14.83</td> <td data-bbox="1608 1098 1736 1206">74%</td> </tr> <tr> <td data-bbox="1189 1206 1491 1316">Average 2017/18 occupancy</td> <td data-bbox="1491 1206 1608 1316">14.58</td> <td data-bbox="1608 1206 1736 1316">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%
			<b>Occupancy levels at 4 January 2021</b>	<b>10</b>	<b>50%</b>
6.	<p>“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><b>Stella Smales, Leeds Unison</b></p> <p>At Outer West Community Committee meeting 18<sup>th</sup> 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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			<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><b>By Councillors in attendance</b></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.

	<b>Submission</b>	<b>Raised By</b>	<b>Response</b>
		meeting 18 <sup>th</sup> 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><b>By Councillors in attendance</b></p> <p>At Outer West Community Committee meeting 18<sup>th</sup> 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	<p><b>By Councillors in attendance</b></p>	<p>The service provided in the wards at LTHT is nursing care, whereas Richmond House provides residential care.</p>

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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 18<sup>th</sup> 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>
<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><b>Sylvia Landells via Rachel Reeves MP, 26 Jan 2021</b></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 21<sup>st</sup> 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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<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 4<sup>th</sup> January 2021 and will end on 26<sup>th</sup> 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 &amp; 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 &amp; 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 <a href="http://leeds.gov.uk">leeds.gov.uk</a>. 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>
	<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><b>Cllr Stewart Golton at Outer South Community Committee meeting</b></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><b>Cllr Stewart Golton at Outer South</b></p>	<p>Occupancy figures can be provided if requested, they do change on a regular basis.</p>

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		<b>Community Committee meeting</b>	
	Could social care reserves be used to keep Home Lea House open for another year and work with the community to keep it open?	<b>Cllr Stewart Golton at Outer South Community Committee meeting</b>	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.
	<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>	<b>Peter Ellis Acting Chair, Rothwell Neighbourhood Forum</b>	<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 15<sup>th</sup> 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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<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 11<sup>th</sup> 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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<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 &amp; 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 &amp; 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 15<sup>th</sup> 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>

Submission	Raised By	Response
<p><b><u>Re the proposed closure of local authority care homes but of Richmond House in particular</u></b></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. <b>The moves to shut community facilities</b> 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. <b>The closure of local authority residential provision means that more people will be directed to private homes</b> 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><b>1: The moves to shut community facilities</b></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 &amp; 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 &amp; 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>

Submission	Raised By	Response
<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. <b>We are also concerned that the NHS seems to be calling the shots</b> 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. <b>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</b> 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. <b>We appreciate that the Council is facing gross underfunding</b> 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><b>2: The closure of local authority residential provision means that more people will be directed to private homes</b></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>

Submission	Raised By	Response
<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><b>3: We are also concerned that the NHS seems to be calling the shots</b> 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>

	Submission	Raised By	Response
			<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"><b>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</b></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><b>5: We appreciate that the Council is facing gross underfunding</b></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>

Submission	Raised By	Response
<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 EDCI impact assessment. In the meantime I have responded on the points your raise in your letter below.</p> <p><b><u>Osmondthorpe Day Centre</u></b></p>

Submission	Raised By	Response
<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>

Submission	Raised By	Response
<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>

	<b>Submission</b>	<b>Raised By</b>	<b>Response</b>
			<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>

	Submission	Raised By	Response
			<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 &amp; 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>

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			<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><b><u>Building Maintenance Work</u></b>  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><b><u>Staff at Home Lea House and Richmond House</u></b>  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>

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			<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 15<sup>th</sup> 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>

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<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>

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<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>

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<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 11<sup>th</sup> 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 &amp; 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 &amp; 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>

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			<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 15<sup>th</sup> 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>