

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.