

Report of the Director of Adult Social Services

Report to Executive Board

Date: 7 September 2011

Subject: Better Lives for Older People: Future Options for Long Term Residential and Day Care Services

Are specific electoral Wards affected? If relevant, name(s) of Ward(s): All	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 Summary of main issues

This report deals with some of the most difficult decisions local authorities have the responsibility to take and in that regard the process leading up to the submission of this report has attempted to reflect the serious nature of decisions that unavoidably need to be taken. In drawing up the initial proposals, conducting the consultation and in revising the proposals to make the formal recommendations described in this report, officers have been acutely conscious of the depth of feeling aroused among service users, families, local communities and staff. The summary of main issues that follows provides some context for this part of a process to promote better lives for older people now, and in the future.

The proposals to bring about changes in residential and day care provision should be seen in the context of national legislation and guidance, including *Independence, Wellbeing and Choice* (DH 2005); *Putting People First*, the vision and commitment to the transformation of adult social care (DH 2007); and *Shaping the Future of Care Together* (DH 2009).

The national picture is one of a growing older population and the present and future generations of older people increasingly requiring their support to be delivered in their own homes, tailored to individual needs, with the ability to increase or reduce as required. People have increasing expectations of support at home for longer and increasing expectations of choice, quality and control over the care they receive.

The future role of local authorities will be to financially support people with the highest and most complex needs and ensure people with low to moderate needs are able to gain access to services that will help them remain independent. To this end, local authorities have a role in developing an independent- and voluntary-, charitable- and faith-sector care and support

market that provides its customers with a wide variety of choices. Local authorities have a role to increase choice and promote quality across the whole social care sector in communities.

In October 2010, the Government published its Comprehensive Spending Review, which heralded a significant reduction in resources available to the city over the coming three years, with the result that the Adult Social Care budget anticipates having an available resource which is approximately 20% below its total budget in three years time. It follows that the Directorate can no longer afford to maintain and enhance directly-provided services directly at its current level.

The December 2010 meeting of the Council's Executive Board considered a further review of the Council's remaining stock of 19 residential care homes and 16 day centres plus two satellite bases for older people. The review, which was overseen by the Adult Social Care Scrutiny Board, was carried out to examine a number of changed and changing characteristics of the city's older population; the straitened economic environment that currently prevails; and the emerging economy of voluntary- and independent-sector residential and day care in the city.

The review concluded that to maintain and operate the Council's residential and day facilities as they are now is unrealistic in terms of changing future demand and expectations; and unaffordable in terms of the resources needed to provide the quality required to make them viable for the future.

The inquiry accepted that people's expectations around choice, quality and control over their residential accommodation have increased significantly and that a position of 'no change' in the provision of Council-run residential care was not an option. On this basis, a set of criteria was developed and agreed by the Adult Social Care Scrutiny Board as a sound framework for considering the most appropriate alternative option in relation to each establishment. These criteria and two options for future use were approved by Executive Board on 15 December 2010. Executive Board also gave approval to begin a three-month formal consultation process on 10 January 2011.

This report describes the outcome of that consultation, which has involved residents, people using the services affected, carers, families and friends, staff, community organisations, elected representatives, partners in the NHS, the voluntary and independent sectors, and members of the general public. In addition, the meeting of Full Council on 13 July 2011 was addressed by a deputation from Knowle Manor residential care home. The points made in the deputation are considered in this report.

The Council's own view, as was made plain during the consultation, is (as reflected in the title of this report) that the older people should be afforded a better quality of life than is currently possible in the buildings that are the subject of this report. The Council also believes that the range of housing, care and support opportunities available in some independent and voluntary sector facilities exceeds the material quality of those offered by the Council, and should be widened to be more universally available. In addition, the Council has a duty to future generations of older people to ensure their residential and day care services match increasing expectations in terms of standard of living and choice of service.

The overwhelming message from the older people and their families can be summarised as people in residential and day care wanting to remain in their current locality, close to families and friends and the neighbourhoods they are familiar with.

The recommendations in this report are listed below (section 2) and, if agreed, will result in the older people using the six residential care homes listed in para 2.5 moving, in the shorter or longer term, to new, better quality residential accommodation in their own localities.

It should be noted that the recommendations in this report vary from the original proposals which were the subject of the consultation. This reflects the Council's having listened and responded to concerns expressed as to the availability of alternative residential accommodation in some local areas, where it has been made abundantly clear that people wish to stay.

The recommendations for the eight day centres which are the subject of this report will result in a city-wide network of specialist day care and support for people needing higher levels of intermediate and dementia care, or culturally appropriate support in BME communities.

The spirit of this report is, throughout, to make proposals for Better Lives for the Older People who live in the residential care homes, use the day centres under consideration and, importantly, for the generations that will follow.

2 Recommendations

The Executive Board is recommended to:

- 2.1 Note the very extensive and wide ranging consultation undertaken and thank all contributors for their thoughtful and helpful comments which have informed the recommended outcomes.
- 2.2 Note the commitment and process which will be followed to ensure all people affected by the adoption of the recommendations are provided with comprehensive care planning and support in identifying appropriate alternative provision.
- 2.3 Agree the proposals in respect of day care services, namely:
 - To retain as specialist services Middlecross, Calverlands, Apna, Springfield, Laurel Bank, The Green, Frederick Hurdle and Wykebeck
 - To decommission Spring Gardens, Firthfields, Rose Farm and Lincolnfields.
- 2.4 Agree the proposals in respect of specialist residential care homes, namely
 - To recommission as specialist dementia units, Middlecross, Siegen Manor and The Green
 - To recommission Richmond House as a specialist residential intermediate care home (in partnership with the NHS)
 - To recommission Harry Booth House as a specialist nursing/residential intermediate care home commencing operation in April 2012 (in partnership with the NHS)
 - To set aside consideration of Amberton Court as a specialist care unit pending further work with the NHS and consideration of its long term future alongside residential care facilities not specifically covered in this report
- 2.5 Agree the implementation of proposals for the long term residential care homes, namely:
 - To decommission Westholme, Kirkland House and Grange Court
 - To agree the decommissioning of Spring Gardens and Knowle Manor at a future date and on completion of new build residential care facilities in Otley and Morley respectively

- To agree the decommissioning of Dolphin Manor at a future date through either the transfer of ownership to a community interest company (subject to satisfactory business evaluation and due diligence test) or on completion of new build residential care facilities in Rothwell
- 2.6 To commence immediate discussions with the company planning to build residential home facilities in Otley with a view to bringing forward the development at the earliest opportunity.
- 2.7 Approve proposals to identify sites in Morley and Rothwell and work with officers in City Development to advertise for residential/nursing care development at the earliest opportunity
- 2.8 Approve immediate commencement of dialogue with interested community groups and stakeholders with regard to future building use
- 2.9 Approve proposals to bring forward further options in relation to the remaining six day centres and eight residential homes.
- 2.10 Agree that the ongoing review of remaining facilities is conducted with City Development and Environments and Neighbourhood colleagues, to ensure that the choice of local housing, care and support options for older people is expanded.
- 2.11 As part of this process, agree that officers be authorised to take appropriate steps to secure appropriate partners to explore development opportunities for the remaining facilities.

3 Purpose of this report

- 3.1 The purpose of this report is to describe the extensive consultation that has been undertaken in relation to proposals for the future of twelve residential care homes and eleven day centres for older people. The facilities are:

Homes	Day centres
Middlecross (Armley)	Middlecross (Armley)
Siegen Manor (Morley South)	Apna (Hyde Park & Woodhouse)
Richmond House (Calverley & Farsley)	Springfield (Beeston & Holbeck)
Harry Booth House (Beeston & Holbeck)	Laurel Bank (Middleton Park)
The Green (Killingbeck & Seacroft)	The Green (Killingbeck & Seacroft)
Amberton Court (Gipton & Harehills)	Frederick Hurdle (Chapel Allerton)
Westholme (Farnley & Wortley)	Wykebeck (Gipton & Harehills)
Kirkland House (Guiseley & Rawdon)	Spring Gardens (Otley)
Grange Court (Garforth & Swillington)	Firthfields (Garforth & Swillington)
Spring Gardens (Otley)	Rose farm (Rothwell)
Knowle Manor (Morley South)	Lincolnfields (Burmantofts & Richmond Hill)
Dolphin Manor (Rothwell)	Calverlands (Horsforth)

- 3.2 The report advises members of the outcome of the extensive consultation and detailed feedback from the various stakeholders: people using the services affected, carers and families, staff, unions, elected representatives, Scrutiny Board, area committees and parish and town councils.

- 3.3 Finally, the report makes recommendations for either closure or retention of each unit. In some cases, the original proposals have been amended and the reasons for this are explained.

4 Background information

- 4.1 There are 19 Council-run residential care homes in Leeds, representing 628 out of a total residential care bed-base of 2214 cross the city. Some of the Council's homes were built in the 1960s and all are in need of refurbishment to bring them up to modern standards, including capital investment at all units to ensure compliance with fire regulations. A cumulative cost of around £3.9 million over five years and £6 million over ten years can be expected.
- 4.2 In the last three years around 1000 new bed spaces of all types have been opened or commissioned by the city's independent care providers in newly-built facilities. Each of the new homes or extra care units has been built to a specification including spacious, en-suite rooms and enhanced care technology and a wide range of amenities not provided in the Council-run homes.
- 4.3 The rooms and additional facilities offered in the new, purpose-built establishments clearly influence the choice of home being exercised by potential residents and their families, generally at the expense of the Council's less well-specified homes and generally at no greater cost.
- 4.4 Leeds differs widely from its comparator authorities because of its large direct offer of 19 residential care homes. Comparator authorities are: Sheffield, which operates 1 home; Birmingham 10 (of which 2 are dementia); Bristol 13 (of which 6 are dementia); Liverpool 4; Manchester 1; Newcastle 4 (of which 3 are dementia); Nottingham 6 (of which 2 are dementia and 2 are intermediate care in partnership with the PCT). Bristol is in the process of developing three specialist dementia homes and four multi-function units (offering respite and re-ablement); all its remaining council-run long-stay units will be phased out. In 2007, Birmingham City Council agreed to close all 29 homes and 16 attached day centres in a phased process; 10 homes and 5 day centres still remain but all are due to close by 31 March 2015.
- 4.5 There are 16 Council-run day centres and two satellite centres in Leeds, providing daytime support for older people. Four of these provide services for people experiencing dementia; five are linked to a residential care home.
- 4.6 National policy guidance has led to local authorities developing strategies for high-quality services that promote people's dignity and maximise choice and control through the use of personal budgets and self-directed support. This means that people are increasingly sourcing their support outside of the traditional day care setting. At the same time, councils are encouraged to concentrate their effort on prevention, early intervention, reablement and providing intensive care and support for those with high-level, complex needs, with people with a lower level of need being helped to find support elsewhere.
- 4.7 As a result, the availability of daytime activities available for older people has expanded significantly. Traditional local authority day care services for older people in Leeds have become increasingly under-used, as public expectation, changing patterns and the take-up of personal budgets have an impact on day centre occupancy. Declining occupancy levels in the Council's day centres suggest that the services on offer there are no longer attractive to new customers and this trend is

likely to rise as the new generation of older people seek more modern, flexible and less buildings-based types of support.

- 4.8 At its meeting in June 2010, the Adult Social Care Scrutiny Board agreed to undertake an inquiry into the future provision of older people's residential care services in Leeds, including a consideration of comparator authorities' provision (see para 4.4 above). The inquiry offered the first opportunity since the Inspection of Adult Social Services conducted in 2008, to begin to articulate the ways in which housing, care and support services for older people could be better shaped to offer a significantly wider range of high quality future options.
- 4.9 In that regard, the inquiry accepted that people's expectations around the choice, quality and control over their residential accommodation have increased significantly and that a position of 'no change' in the provision of council-run residential care was not an option. On this basis, a set of criteria was developed and agreed by the Board as a sound framework for considering the most appropriate alternative option in relation to each of the 19 residential homes.
- 4.10 The inquiry into the future of residential care provision for older people conducted by the Adult Social Care (ASC) Scrutiny Board in October and November 2010 informed the development of a set of options for change in relation to residential care homes in Leeds.
- 4.11 Members of ASC Scrutiny Board agreed at its meeting on 12 January 2011 that it was appropriate to broaden the scope of its inquiry to include the future of day care provision in order to influence decision making and assist with policy development to ensure effective service development and value for money.
- 4.12 The report to Executive Board in December 2010 considered the future requirements of the Council's residential and day care services in light of:
- the changing demographic profile of older people in the city
 - people's wish to remain at home for as long as possible
 - new services that are being developed as alternatives to residential and day care
 - new services aimed at preventing premature entry into residential and day care
 - new services being developed in the independent sector
 - the 'Putting People First' and personalisation agenda
 - the increasing number of surplus places in the Council's residential homes and day centres
 - the current and future economic climate and the capital requirements of a high quality service
- 4.13 The Executive Board agreed a set of options, informed by the work undertaken by the Scrutiny Board inquiry.
- 4.14 The Executive Board also agreed to the proposed consultation process and methodology which had previously been debated and augmented through the Scrutiny Board inquiry.

5 Main issues

- 5.1 An options appraisal has been undertaken to bring forward a future option for each residential home and day care centre for older people. The appraisal has been

undertaken by officers in Adult Social Care according to the criteria and requirements agreed by Executive Board on 15 December 2010. The options arising out of this analysis are attached to this report at Appendix 1. In short, the options are based on an assessment of the interplay between the following three distinct features:

- People – the profile of the residents, service users, carers and staff. This included the care needs, health, age and circumstances relating to the individual service users.
- Strategic – specifically the strategic relevance of the facility taking into account its role (specialist or non-specialist), location and presence of alternative provision.
- Financial – the financial profile of the facility which included the running maintenance and upgrade costs.

5.2 The option appraisal has led to proposals for the future of residential and day care services and these proposals have been the basis for detailed consultation with those directly affected, details of which are outlined below with a more detailed analysis contained in a companion document provided with this report¹. Feedback and key issues arising from the consultation have been fully evaluated to take on board all relevant considerations prior to the final recommendations contained in this report.

5.3 Many respondents took a great deal of time and effort in providing their feedback to the consultation and this is gratefully acknowledged, as is the passion with which many people expressed their views. Concerns raised ranged from outright opposition to resistance to change, loss of friendship groups, a desire to stay in the locality and worries over personal finances and affordability, should a move become necessary. A small number of individuals sent detailed, researched submissions requiring specific responses, which have been provided.

5.4 At the forefront of this process has been a strong desire to secure the original objective of stimulating discussion and debate leading to the establishment of a programme of development and improvement of housing, care and support options for future generations of older people in the city. Bringing forward proposals for Council facilities has stimulated that debate and this has led to a range of exciting proposals for development.

5.5 Some of the proposals are articulated in this report with the prospect of implementation in the short term; other proposals have significant potential and will benefit from further refinement to be developed over time.

6 Consultation and Engagement

6.1 The whole consultation and engagement process, informed and endorsed by the Scrutiny inquiry, has been aimed at seeking the views of all key stakeholders and specifically of those people currently living in residential care homes, day service users, their carers and the staff who provide care and support.

6.2 Below is a summary of the process, key stakeholders involved, broad findings from the consultation and the recommended response to the issues raised. In much more detail and supporting this Executive Board report is the full Consultation Report which gives the full consultation process, methodology, analysis and findings. It has also

¹ The consultation response has been extensive and the summary itself is too long to be appended to this report. It is therefore presented as a separate document.

been produced to give Executive Board sufficient information to enable it to make an informed decision about the proposed future options for these services.

- 6.3 Table 1 below sets out a summary of the range and numbers, types and identity of the groups and individuals who have formally contributed to the whole consultation process. It can be seen that both elements of the process have generated considerable interest and an important and significant response.

Table 1

STAKEHOLDERS	CONSULTATION RESPONSE INCLUDED WITHIN THE ANALYSIS
Residential Home service users, relatives, next of kin	1900 approx enquiries by email, telephone and letter. There has been increased interest regarding Dolphin Manor Home (1500 letters), Grange Court Home, Knowle Manor Home, Spring Gardens Home and Westholme Home (comments book) 700 approx questionnaires returned as part of the detailed one to one consultation
Day Care service users, relatives and next of kin	
ASC service users	100 approx people attended wider consultation events
General public	63 questionnaires completed on Talking Point and in One Stop Centres 9 press releases 31 media enquiries
Public meetings	3 public meetings – Rothwell (Dolphin Manor and Rose Farm), Otley (Spring Gardens) and Beeston and Holbeck (Harry Booth House)
Petitions	9 petitions including Dolphin Manor and Rose Farm (2107 signatures), Knowle Manor (2640 signatures), Spring Gardens (2030 signatures), Westholme (920 signatures), Grange Court (207 signatures), Kirkland House (339 signatures) and Harry Booth House (62 signatures)
Residential Home staff	37 individual briefing sessions at each unit outlining proposals 183 staff survey responses
Day Care staff	
Forums/Sub Groups	5 forums and sub group meetings - Outer north west area committee health & well-being sub-group x 2, Beeston community forum x 2, and Westfield Tenants and Residents Group
Voluntary, Community and Faith Groups	80 approx groups/individuals attended wider consultation events 1 formal response from Carers Expert Advisory Group
NHS	1 formal submissions as part of the consultation process 1 formal submission as part of the consultation process
Leeds Community Healthcare Foundation Trust	
Independent Sector Providers	20 approx groups/individuals attended wider consultation events
Unions	2 formal submissions received as part of the consultation process Formal consultation on a quarterly basis through the ASC JCC
Elected Members	70 enquiries (letter/email/phone) 55 Individual briefings (face to face/email/telephone)
MPs	7 MP enquiries
Area Committees	3 Area Committee Chairs meetings 10 Area Committee meetings
Parish and Town Councils	1 enquiry from a Parish Council; 1 enquiry from a Town Council
Scrutiny Board	5 meetings of ASC Scrutiny Boards

- 6.4 The report has enabled officers to consider the proposals whilst fully taking into account the key themes and issues regarding potential positive and negative impacts and mitigations against these. The Consultation Report also takes the opportunity to formally recognise and acknowledge the great deal of time and effort that has been put into the responses by contributors to the consultation.
- 6.5 The communication and consultation activities for the programme were broken down into two distinct areas: (a) the wider consultation and (b) the detailed consultation, of which there are two stages.

6.6 **Process and methodology**

6.6.1 The Wider Consultation

The wider consultation involved discussions and engagement at a more general level with stakeholder and interest groups and the wider general public who may have expectations about the future of older people's care services. Through a series of planned events in February to June 2011, we were able to consult with a wide range of stakeholders including current users of adult social care services, carers, voluntary, community and faith organisations, independent sector providers of adult social services, members of staff and equality and diversity groups and organisations.

6.6.2 The Detailed Consultation (Stages one and two)

The aim of the detailed consultation on the proposals was to consult with those directly affected: existing residents of residential care homes, day care users and their families and carers. The two stages were aimed at seeking their views about the process and criteria for identifying the options (stage one); and also determining the impact of the proposals on individuals and how we might reduce this, to ensure that the needs of individuals are adequately assessed in making any plans (stage two).

6.6.3 Staff consultation

Staff engagement involved 38 individual unit briefings on the proposed options, which took place during week commencing 9 May. A questionnaire was developed in consultation with the trade unions to do three things. Firstly, it was designed to capture the views of staff on proposals for the service in which they worked; secondly it sought to identify any additional support needs which individuals or groups may have during the consultation process; and lastly it sought to support individuals to plan their future in the service if, following consultation, the specific option for their service was taken forward

In recognition of the key role that trade union representatives have in supporting employees through such organisational change, and the identification of trade union representatives as key stakeholders, a programme of monthly consultation meetings has taken place, to ensure that arising employee matters are addressed. The schedule of meetings will continue and pending the decision of Executive Board, the remit of the meetings will alter to focus on the implementation of the staffing implications arising.

The implications for staff arising from the proposed decommissioning of establishments will be managed in accordance with the Council's Managing Workforce Change Policy. Workforce planning is embedded within the Directorate and, through controlled vacancy management, suitable alternative employment opportunities will be made available for any potentially displaced staff, through the

reduction of agency workers. In addition the Council's Early Leavers Initiative (ELI) is being used as an additional opportunity to enable posts to become available for displaced staff, through the process of "switching" facilitated by the Council's Resourcing team.

As a result of the feedback provided by staff through the questionnaires, two workshops were facilitated by the 'My Home Life' programme which dealt with the issues of looking after yourself and others in a period of change. The 'My Home Life' programme is a national development programme in the provision of residential care for older people developed by University College London with monies provided by the Department of Health and the Joseph Rowntree Foundation.

6.6.4 Elected Members

To ensure that future services reflect local needs and opportunities and to allow their local knowledge and experience influence the consultation, officers in ASC made presentations to all 10 area committees in January and February 2011 and 3 Area Committee Chairs meetings in December, April and June.

Members of the area committees were asked to comment on the criteria for determining the most appropriate option for each facility particularly in terms of local factors and to suggest specific local issues that will help plan for the future needs of older people. All the recommendations and feedback generated from these meetings have been addressed. In addition, Members suggested specific local voluntary organisations working with older people to be invited to take part in the consultation.

In addition to the reports presented to all 10 Area Committees and Area Committee Chairs, steps were taken to ensure that all elected members were kept fully informed on the proposed options and a briefing note outlining the proposals was circulated to all 99 members in March and May 2011. Further to this, all 99 ward members were invited to attend individual briefings on the proposed options for facilities in their own and neighbouring wards. Fifty-five members accepted the invitation and a total of 67 enquiries were received from Elected Members.

6.6.5 Other key stakeholders

Invitations to submit a response to the consultation were made to our NHS and Health partners, Trade Unions and Town and Parish Councils.

6.7 **The Wider Consultation**

6.7.1 People generally accept the suggestion that change is necessary particularly in the context of financial constraints and for the reasons outlined earlier in this report.

6.7.2 People are supportive of the development of specialist services, such as services for people with dementia.

6.7.3 There is some concern about the services provided by the Independent Sector. Concerns related to the standard of care provided and the 'nature' of the arrangement, that is, making a profit from the provision of care services to vulnerable people. In terms of the provision of services, these should not be just based on how much (or little) they cost. Issues such as quality, local (community) provision and the requirements of people who need the services are just as important.

6.7.4 It was emphasised that Adult Social Care needs to commit to partnership working with the different sectors that provide adult social care services, including the voluntary, community and faith groups and the private sectors, adopting a more

collaborative rather than a competitive approach to commissioning. The voluntary, community and faith groups and the private sector believe that they can provide viable alternatives to local authority directly provided services.

- 6.7.5 People are supportive of partnership working with the NHS and the third sector although concern was expressed that this be managed effectively to achieve joined up working. There needs to be a strategic approach to change and priority-setting within the Council and across the partnerships. Priorities should not be set in isolation from other sectors and the communities instead there should be more synergy as priorities are not always the same.
- 6.7.6 It was generally agreed that maintaining people's independence is a priority; however, in the view of stakeholders, this requires the provision of preventive services.
- 6.7.7 A number of issues arose relating to the management of change for the people affected by the proposed changes, with consideration to the logistics of transferring people between services.
- 6.7.8 The wider consultation has been extremely helpful in highlighting areas of policy and practice, which will need to be developed as part of the overall strategy for meeting the housing, care and support needs of older people.

6.8 Detailed Consultation

6.8.1 Table 2 below shows the numbers of people directly affected by the proposals contained in this report who have been consulted with on a one to one basis. This indicates that all the people who might be affected by re-commissioning and de-commissioning proposals have had the individual opportunity to make their views known.

Table 2

Proposal	Unit	Service Users	Quests returned	Declined to complete quests / no return contact	People unable to participate due to illness	Not returned quests after taking away to complete	Lack of capacity and no NOK (Advocate involved)	
Re-commission	Middlecross HOP	32	23	8	0	0	1	
	Richmond House	n/a						
	Siegen Manor HOP	31	20	11	0	0	0	
	Harry Booth HOP	27	27	0	0	0	0	
	Amberton Court HOP	28	15	13	0	0	0	
	The Green HOP	40	24	16	0	0	0	
	Middlecross DC	37	25	12				
	Apna DC	49	0	All declined due to no change				
	Calverlands DC	61	34	27	0	0	0	
	Springfield DC	80	70	6	3	1		

	Laurel Bank DC	70	61	4	5	0	0
	Frederick Hurdle DC	88	0	All declined due to no change			
	Wykebeck Valley DC	61	50	11	0	0	0
	The Green DC	49	12	37	0	0	0
De-commission	Kirkland House HOP	29	28	0	1	0	0
	Westholme HOP	29	29	0	0	0	0
	Spring Gardens HOP	35	31	2	2	0	0
	Dolphin Manor HOP	33	29	0	0	4	0
	Knowle Manor HOP	26	38	0	0	0	1
	Grange Court HOP	32	29	2	0	0	1
	Spring Gardens DC	9	8	0	1	0	0
	Rose Farm DC	44	44	0	0	0	0
	Firthfields DC	51	50	0	1	0	0
	Lincolnfields DC	25	20	1	4	0	0

Deputation to Council

6.8.2 An example of the kinds of issues raised in the consultation was a Deputation presented to the meeting of Full Council on 13 July. Representatives for Knowle Manor, Morley, addressed the meeting and their full presentation can be found at Appendix 2. The main points and responses were:

- *Residents were concerned about their future and do not want to be re-homed*
The Council fully acknowledges the anxiety being experienced by the residents, and staff have done everything they can to reassure people that, whatever decision is taken by Executive Board, no-one is going to be without a home. If the home is ultimately closed, it will not be until there is suitable, good-quality alternative accommodation available in Morley.
- *Residents are happy with excellent service and staff at Knowle Manor*
The proposals represent no criticism of the staff, who do indeed provide excellent services for the people they care for.
- *Concerns over the situation at Southern Cross*
Southern Cross is a completely different issue. There are seven Southern Cross homes in Leeds and all are viable businesses in their own right. In the unlikely event one of those homes has to close, capacity in the city's independent sector means that the Council's proposals would be unaffected
- *Consideration of the Dilnot report*
The Dilnot report is not yet adopted as legislation and the Council must proceed on the basis of current government legislation and policy as outlined earlier in this report

- *The 'privatisation' of residential care is a short-term view and a call for an investigation*
The Council's proposals are very much looking to the long term, in that the authority has a duty to plan for future generations of older people at the same time as ensuring current residents are able to enjoy the standards and facilities which the Council can no longer afford to provide in the long term. The options appraisal described at para 5.1 in this report has already taken the form of a thorough investigation of the Council's residential and day care services.
- *The Care Quality Commission's 'Excellent' rating of Knowle Manor*
The quality of care provided is not at issue.
- *Site valuations 'putting profit before care' by the City Council*
If the Council had wanted to maximise profit by disposing of its most valuable assets, the list of recommendations for de-commissioning would have looked very different.
- *A resident had been told he had a 'bed and a house for life'.*
The Council cannot guarantee this. It may be that a well-meaning member of staff has tried to be reassuring at a time of anxiety, but this commitment should not have been given and we are sorry if a resident has been misled.
- *Request for closure not to go ahead*
It is made clear in the report (para 16.5) that, if the recommendation to close is approved by Executive Board, this would not be implemented until appropriate alternative accommodation is ready to receive residents, in Morley.

6.8.3 In addition to the points raised in the deputation (many of which were also raised through the course of the individual consultation), further points made and responses are set out below:

6.8.4 Consultation

- There were concerns that the consultation was disingenuous in that it was felt that decisions had already been made. Concerns were expressed that the questionnaire used in the consultation was not designed to capture opinions about closure.
- The consultation was an important part of the process and has resulted in the modification of some of the proposed options. The questionnaire was designed to elicit people's aspirations; people's views about proposed closure were made plain in many other ways.

6.8.5 People

- The majority of comments related to the risk to the health of residents brought about by any move and concerns that any changes would have an unsettling and damaging effect on the most vulnerable, especially those with dementia. Concerns were expressed over the potential loss of friendships, losing staff relationships and support networks for service users and their carers, and fears around social isolation.
- The Council has attempted to make it clear that the needs of residents will be at the heart of all implementation plans. This report sets out the steps that would be taken

to ensure individuals experienced as little disruption as possible and that social and friendship groups would be maintained.

- There are fears that service users will not receive the same levels of care in the independent sector and that the safety and security of service users will also be an issue. Also an issue was the lack of knowledge of alternative provision and the quality and capacity of the independent sector to provide alternative care services. Transport issues and travel arrangements to alternative care were also raised, both for service users and carers. The importance of recognising the needs of carers was emphasised, specifically in terms of respite care.
- The Council is determined to ensure that quality standards in the independent sector, which are currently good, are maintained or improved. The needs of carers in terms of the nearness of alternative provision to transport routes, and in terms of respite opportunities will form part of the assessment process detailed in the implementation section of this report.

6.8.6 Strategy

- There were several comments relating to the criteria, suggesting they were flawed, looked at just the money and not the quality of care, and did not address locality or the needs of the service users and carers. There were also concerns over continuing to receive local alternative provision where possible.
- The criteria used to generate options for units were themselves subject to significant consultation and an attempt has been made to balance the Council's financial circumstances with all the other considerations highlighted above, including the actual or potential availability and proximity of suitable alternative provision.
- Recent issues with Southern Cross have caused much concern over capacity in the independent sector and questions were asked as to why it is proposed to reduce the availability of residential and day care when more people are living longer. The monitoring of services is key to ensuring quality and safeguarding people. Many people expressed their view that they are not concerned about not having en suite bath and toilet arrangements and that the current room sizes are acceptable. They were keen to feed back that 'the environment doesn't matter, it's the quality of care that does'.
- Although people are living longer they are also accessing greater choice over how their care needs in later life are met. This means that there will be less need for residential care in the future. The availability of en-suite facilities and rooms large enough to accommodate different types of care equipment are becoming increasingly important and the Council needs to respond to these emerging requirements. Quality of care will continue to be an over-riding consideration.
- It was suggested that the Council should consider a more collaborative way of commissioning rather than just a competitive approach. Working in partnership with organisations will better enable Adult Social Care to achieve its objectives and achieve positive outcomes for people.
- The Council is committed to working in partnership with a range of organisations, individuals and groups and this report sets out several examples of how this is already happening with NHS colleagues and outlines significant future development opportunities.

6.8.7 Finance

- A wide range of people expressed concern that the alternative services will not be affordable and people will be financially disadvantaged. There were also some concerns that the Council has purposely run down services in terms of investment requirements.
- The Council is committed to ensure that no individual is disadvantaged as a consequence of the recommendations contained in this report. The Council has invested heavily in its buildings over the years. However, the scale of that investment would need to grow significantly against a background of less money being available to the Council overall. Other means therefore need to be found for stimulating the availability of high quality alternatives.
- Comments received suggested that the Local Authority should invest in the services (and buildings) that it currently provides and manage its finances accordingly. The money for services to older and vulnerable people could be ring fenced, it was suggested, ensuring a commitment to the provision of these services. The Council should make savings elsewhere and we should be more efficient in how we run our services.
- The Council has sought every means possible to ensure that the services received by people with statutory social care needs are impacted as little as possible by the current financial circumstances. This has meant significant efficiencies have already been made and will continue to be made; however, it is clear that in some areas alternatives to Council provision present far better value for money.
- People suggested the Council should consider additional use of the buildings by communities and organisations which would contribute towards the cost of the services. The Council continues to welcome proposals that would lead to better and more effective community use of its buildings and facilities.

6.9 Consultation with Trade Union representatives

- Consultation with the Trade Unions has been ongoing throughout the 12 week consultation process, culminating in two formal submissions that have been included in the consultation analysis.
- The key issues expressed were concerns that in the present climate of provision and sustainability in the independent and private sector, the Council is moving towards more reliance on these sectors. Their view is that the risk of failure in independent sector provision has not been fully assessed.
- There were issues raised regarding alternative provision in the independent sector and whether there is capacity to deal with the transfer from Local Authority services.
- There was a clear wish that the Local Authority should maintain in-house services as a priority, and that in-house services can be modernised.

6.10 Consultation with staff

- Of the 184 responses to the staff questionnaire, 72 people said they agreed that the Council needs to make changes, 26 disagreed and 37 strongly disagreed. A large proportion (75%) raised concerns over the wellbeing of residents and service users.
- Forty-five respondents said that they would like to be considered for VER / VS and when asked if respondents might need help to provide support to service users through the process, 52 people suggested they would require additional support, mainly in the form of management support and better communication. Staff also said that they would need additional training if asked to move to a specialist facility.
- Training and support is planned throughout the process of transition in order to ensure staff are able to work through the period of change and support residents and family members. Clearly staff are anxious about the proposed change but have said that they feel they are being kept informed and consulted throughout the process and know where to ask questions or raise any issues they may have.

6.11 Consultation with Elected Members

- A range of formal and informal representations were received from elected members of all parties. Comments ranged between understanding of, and support for the proposals, to outright opposition and strong representations on behalf of constituents. Some of these were supported by Members of Parliament.
- The recommendations in this report have taken account of councillors' comments and the decisions will be subject to the political processes of the Council as a result of the report.

6.12 Negotiations with the NHS: Intermediate Care

- Since the submission of the Executive Board report in December 2010, further and much more detailed negotiations have taken place with NHS colleagues and Leeds Community Healthcare (LCH), aimed at developing a new and innovative model of service which will integrate the work of health and social care teams in the same venue of care.
- The primary focus of the negotiations has been in relation to the development of intermediate care, which is a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission, prevent premature admission to long term residential care, support timely discharge from hospital and maximise independent living.
- The establishment of an integrated nursing and residential care facility managed and operated as part of a formal partnership between Leeds City Council and LCH represents a significant and important development in service integration between the two organisations. The service is designed to ensure that people experience seamless service delivery, improved experience of care and improved outcomes.
- Negotiations are concluding and will ensure that the financial underpinnings and anticipated benefits of the new integrated model of care are clear for service recipients, commissioners and the respective partners.

- Overall feedback received has been supportive of the plans outlined and welcomes the fact that the proposals identify a way to provide quality services to older people in Leeds whilst addressing extremely difficult financial challenges.
- There has been support for the proposals to provide an increasingly broader range of options for older people in improved facilities, using technology, re-ablement and home care services (working in an integrated way with community health services) to provide the support and care people need to remain in their own home wherever possible.

6.13 Market Engagement and Consultation

- Since the original Scrutiny Inquiry in 2010 and the publication of the Executive Board report in December 2010, approaches have been made to the Authority by parties expressing interest in some or all of the existing residential care estate and by groups interested in using or operating from current day care facilities.
- It is the case that none of the organisations listed in Appendix 3 has expressed concrete commercial interest in negotiating to take responsibility for the facilities under review. However, a number of the organisations have plans in place to develop facilities which offer the prospect of effectively re-providing the current Local Authority offer in particular localities.
- Other providers have expertise in operating facilities on behalf of, or in partnership with local authorities; others are established community interest companies who wish to expand and apply their business principles in a new market.
- Officers have engaged in extremely productive discussions with a diverse range of housing, care and support providers and have established that a wide range of innovative schemes are in development and are worthy of further exploration and promotion. Views have been expressed through the consultation, agreeing that the future strategy is the right step forward and both the VCF and the private sector believe that they can provide viable alternatives to Local Authority directly provided services.
- It is clear that scope exists for a formal approach to the market to develop the ideas and proposals that have been put forward during the consultation process by organisations eager to develop services using current Local Authority facilities.

7 Proposals Following Consultation

- 7.1 Clearly, many messages were received through the consultation in relation to both residential and day care services. Naturally, the clearest messages were received in relation to those facilities where the specific option generated was to decommission the facility. The views expressed by attendees, residents, carers, staff and other stakeholders are summarised in section 6 above and provided in detail in the accompanying document.

DAY CARE

Day centres to be retained or recommissioned as specialist units

- 7.2 In relation to day care units, tables 3 and 4 below set out the changes which would deliver the requirement to rationalise the current Local Authority offer, alongside the

requirement to ensure that sufficient specialist resources are retained to meet specific needs of older people and their carers, where that need is clear and demonstrable. This will be kept under ongoing review as demographic and financial circumstances and the social care market change over time

Table 3: Day care centres to be retained or re-commissioned as specialist units

Establishment	Specialist role
West-north-west area <ul style="list-style-type: none"> · Middlecross (Armley) · Apna (Hyde Park & Woodhouse) · Calverlands (Horsforth) 	<ul style="list-style-type: none"> • Dementia care • Specialist BME • Dementia care
South-east area <ul style="list-style-type: none"> · Springfield (Beeston & Holbeck) · Laurel Bank (Middleton Park) 	<ul style="list-style-type: none"> • High Dependency • Dementia care
East-north-east area <ul style="list-style-type: none"> · The Green (Killingbeck & Seacroft) · Frederick Hurdle (Chapel Allerton) · Wykebeck (Gipton & Harehills) 	<ul style="list-style-type: none"> • Dementia care • Specialist BME • High Dependency

7.3 In relation to the four day care facilities where de-commissioning is recommended, it is necessary to balance the views expressed in consultation with those people currently attending the centres, with the rationale behind the proposed alternatives, which are:

- Firstly, that there is sufficient availability of appropriate, local alternative services to meet people’s assessed needs;
- Secondly, that day services overall would be able to manage and reduce the impact of changes on service users, families and staff;
- Thirdly, the need to stimulate local services which are fit for the future and address the need to offer greater choice and control; and
- Fourthly, releasing the opportunity for people using personal budgets to purchase services which promote well-being and independence and improve value for money.

The recommendations therefore support the original proposals

Day centres to be decommissioned

7.4 In table 4 below, the range of possible alternative options for people currently attending these centres on a regular basis is summarised. It can be seen that, as well as promoting access to direct payments and personal budgets, significant other locality based provision exists within the communities served by the existing centres.

Table 4: Day care centres to be de-commissioned

Establishment	Alternatives
<ul style="list-style-type: none"> · Spring Gardens (Otley) · Firthfields (Garforth & Swillington) · Rose Farm (Rothwell) · Lincolnfields (Burmantofts & Richmond Hill) 	<p>Appendix 4 sets out the range of possible alternative options for people currently attending these centres. It can be seen that, as well as promoting access to direct payments and personal budgets, significant other locality based provision is available within the communities served by the existing centres. These locally based services address needs such as older people's social isolation, dementia support, practical and emotional support for carers, short breaks and the provision of a hot meal and companionship via a network of luncheon clubs.</p>

RESIDENTIAL CARE

Residential care homes to be retained or re-commissioned as specialist units

- 7.5 As with day care services, the option appraisal, consultation process and stakeholder engagement have been completed and analysed.
- 7.6 This has confirmed that there is general support for the retention or re-commissioning of specialist residential care services. There is particular support from NHS colleagues for the proposed joint development of an integrated intermediate nursing care facility co-located with a similar residential care facility at Harry Booth House, complemented by a similar facility at Richmond House. These new service models will be delivered in partnership with NHS colleagues and complement the Council's community based services to provide an integrated reablement / intermediate care service and a dementia care service in each of the three locality areas.
- 7.7 These developments present ground-breaking opportunities to impact on long-standing difficulties within the current system of care associated with the over use of long term care for people who could continue to be supported in or close to their own homes, with more appropriate and timely care inputs.
- 7.8 The home would also provide a base for reablement teams to work with people out of the centre and ensure they were given support back in their own homes as required.

Table 5: recommended options for specialist residential care facilities

Establishment	Specialist role
<p>West-north-west area</p> <ul style="list-style-type: none"> · Middlecross (Armley) · Richmond House (Calverley & Farsley) 	<p>Dementia care (including respite) Intermediate care / reablement</p>
<p>South-east area</p> <ul style="list-style-type: none"> · Siegen Manor (Morley South) · Harry Booth House (Beeston & Holbeck) 	<p>Dementia care (including respite) Intermediate care / reablement</p>
<p>East-north-east area</p> <ul style="list-style-type: none"> · The Green (Killingbeck & Seacroft) · Amberton Court (Gipton & Harehills) 	<p>Dementia care (including respite) To be considered as part of further review</p>

- 7.9 The further development of specialist dementia units would create minimal disruption as these units already provide specialist dementia care and most of the current residents have dementia. The continuing retention of specialist units of this nature was widely supported through the consultation. The premium care offered in these facilities and the opportunities that are created for future service development are believed to outweigh the continuing financial risks, both in terms of capital maintenance and revenue costs to the Authority at this time.
- 7.10 As part of this process of consultation and option appraisal, NHS colleagues have advised that Amberton Court cannot be made suitable to operate as an intermediate care facility. It is proposed therefore that this facility is subject to further review as part of the proposed next stage of this process.

Residential care homes to be de-commissioned

- 7.11 A difficult balance has had to be struck between acknowledging the views expressed by current residents and carers of the residential care facilities proposed for de-commission. Through that process people have raised with us their entirely understandable concerns about the prospect of older people who are familiar and comfortable with facilities and staff facing the possibility of moving. People have rightly sought, and have been given, assurance about wanting to be kept at the centre of planning and being able to maintain friendship groups.
- 7.12 This view could be summarised as “retain the home”. It is accepted that this would appear to best address the wishes and concerns expressed by older people, families and some staff. However, as stated in previous reports and endorsed by the Scrutiny Board determination, ‘doing nothing is not an option’. Adopting such a course would not address concerns about the current and prospective need for investment in the buildings and the high costs of provision. In most cases, people have made it clear that they want local, sustainable alternatives if local authority facilities are to be decommissioned.
- 7.13 No evidence has been presented through the course of the consultation process which has indicated how the facilities for which the option was ‘decommission’, could have their short- medium- or long-term funding needs met. Furthermore, no offers or commercial propositions were received from an alternative social care provider with regard to sale as a going concern (one of the specific options in the previous Executive Board report). It has therefore been impossible to see how retaining these facilities would sustain current quality of provision under current and future financial pressures, and offer value for money.
- 7.14 The consultation process also exposed a fuller range of views and ideas expressed by other stakeholders including the wider public, NHS colleagues and those representing providers of social care and community groups. They have stressed the opportunities that the de-commissioning proposals offer to better meet the needs of current residents in new, high-quality facilities, and also to expand the range of housing, care and support options to meet the expectations of future generations of older people.
- 7.15 Taking all this into account, it has been necessary to review the proposed options to determine if the views and preferences expressed by residents, carers, staff and advocates could be accommodated, whilst still addressing the issues set out above.
- 7.16 In relation to Westholme, Kirkland House and Grange Court, it is clear that there is a sufficient availability of appropriate alternative facilities (both locally and across the

city, if people wish to have a wider range of options) to meet people's assessed needs. Furthermore, the service would be able to manage and reduce the impact of changes on service users, families and staff in the short term. Table 6 below summarises the range of local alternatives for each of these facilities.

Table 6: Alternative provision

Establishment	Alternatives
Westholme (Farnley & Wortley) Kirkland House (Guiseley & Rawdon) Grange Court (Garforth & Swillington)	At the time of writing (22 August 2011), 247 residential care vacancies were available in independently provided facilities within the city. Many of the vacancies are in newly built, well equipped and specified homes. A number of these vacancies are in the vicinity of the three homes listed opposite. However, no approach or expression of interest has yet been made by the Local Authority to secure larger numbers of vacancies to be held for people who may potentially wish to move from their current establishment. Subject to the agreement of the Executive Board to the recommendations contained in this report, an engagement will commence with providers, designed to secure multiple vacancies in specific units according to resident and carer wishes.

- 7.17 With regard to the three remaining facilities, Knowle Manor, Dolphin Manor and Spring Gardens, it has become apparent that there is not yet a sufficient range of local, sustainable, appropriate alternative facilities and that the short term decommissioning of the Local Authority offer in these localities may not lead to people having access to the range of local choices available to residents in the three facilities listed in para 7.16 above.
- 7.18 With that in mind it is proposed that people living in these units are offered the opportunity to relocate to newly developed facilities in the area where they currently live, once new facilities come on stream. It is further proposed that the local authority should actively promote development of new, high-specification facilities. In the case of Dolphin Manor, officers will also continue to work with representatives of the local community to determine whether a different and financially sustainable management vehicle could be found to operate the home in the longer term.
- 7.19 The nature and extent of the consultation has yielded a wide range of exciting opportunities which are unlikely to have been brought forward in other circumstances. These afford the opportunity to extend the range and improve the quality of locally available facilities and services, both for current and future generations. Partners have come forward with a strong and vibrant vision for the future of the social care provider sector. In response to the views expressed by residents, relatives and their representatives, and alongside the plans of providers of housing, care and support services, proposals for implementing the options for these three facilities have been significantly amended. Those implementation plans are set out in section 14 of this report.
- 7.20 Within the Council, colleagues in City Development and Housing express their real wish to address the overall housing, care and support needs of older people within a local planning context. Finally, colleagues in voluntary, community and faith organisations have brought forward their proposals for new and enterprising ways of

delivering support at home, recognising the aspirations and expectations of future generations of older people.

- 7.21 Throughout this process, all who are in direct contact with the facilities which have been the subject of the consultation have been extremely positive about the quality of care afforded by Local Authority staff. None of the proposals contained in this report reflects in any way on the competence of staff or the quality of care they offer. Rather, they reflect an over-riding need to now seek out opportunities to invest for the future.
- 7.22 Opportunities can now be explored involving the eight remaining Council-owned residential homes where the option appraisal suggested they be kept under further review. Clearly, for the reasons set out earlier in this report, the timeframe for determining development opportunities would be synchronised with the Council's medium term financial plan.

8 Corporate Considerations

- 8.1 The work undertaken by the Adult Social Care programme team has been done in conjunction with other Council departments and Health Service colleagues to ensure that a co-ordinated and integrated approach to service change and improvement is achieved.
- 8.2 One of the extremely strong messages arising from the consultation process was that people wanted the Council and its partners to ensure that in encouraging a wider range of improved housing care and support options, they undertook this at a local level, understanding the specific needs and requirements of the different localities and communities that make up the city.
- 8.3 This approach has fully incorporated the Council's values, in particular 'treating people fairly' and 'spending money wisely'. The consultation has been both comprehensive and inclusive and a genuine effort to ensure anyone with an interest in the provision of older people's care has had a chance to contribute. In addition, the intentions behind the proposals are to ensure that all older people in the city, now and in the future, are able to benefit from the best possible quality and choice of care and support. In the current financial climate, it is essential that the Council's limited resources are used to best effect and that costly refurbishments with limited material benefit are avoided.

9 Equality and Diversity / Cohesion and Integration

- 9.1 An Equality Impact Assessment (EIA) has been undertaken and its content and outcome can be found in the separate consultation outcome document attached to this report. This equality impact assessment has been fully supported by the Council's Equalities Team and a senior member of this team has been actively involved in its development.
- 9.2 The Council has a duty as defined in the Equality Act 2010. The main requirements under the Act are as follows:
A public authority must, in the exercise of its functions, have due regard to the need to:
(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and people who do not share it.

- 9.3 Giving due regard to equality, the proposed options were subject to an Equality Screening and this concluded that they will potentially give rise to equality impacts particularly on those older and disabled people, their families and carers, whose home or day care is currently provided by the in-house residential and day care service. Staff will also be affected, particularly women, who make up 90% of the workforce. If the proposals are agreed, a full EIA on organisational change will consider impacts on staff and therefore staff are not included in the scope of the EIA.
- 9.4 The interests of current service users, most of whom have a range of disabilities, especially people who live permanently in any affected care homes, must be weighed in the balance with the interests of potential future users intended to benefit from improved provision.
- 9.5 The differences identified in relation to the various equalities strands can be mitigated and the general adverse impacts of the change lessened and potentially removed through putting into place a range of mitigating actions.
- 9.6 Detailed actions to ensure mitigation is in place are outlined in the Equality Diversity and Integration Action Plan. Those detailed actions are essentially covered by the implementation strategy, which is set out below at section 14
- 9.7 The Equality Impact Assessments highlight the importance of:
- All equality considerations being fully considered in the planning and commissioning of services
 - Monitoring the use of services by people from BME communities to ensure that the take-up of services by older people from different ethnic backgrounds is relative to the make-up of the population of Leeds
 - Involving and communicating well with residents, service users and their relatives and carers and managing the proposed changes very carefully following the individual assessment of existing residents and day care users.
 - Ensuring that the council's communications with service users are clear and accessible to all communities in a range of accessible formats and main community languages
 - Ensuring that people are not financially worse off as a result of any proposed changes to their residential care.
 - Ensuring continued contact between people and friendship groups in line with the Assessment and Closure Protocol
 - Focus on local alternative provision
 - Providing assurances to carers about alternative provision in terms of respite
 - Providing appropriate support to staff who will play a lead role in understanding the concerns of residents and service users, helping them understand the proposed changes and helping them make the right decisions for themselves.
 - Promoting the awareness and increasing the take-up of preventive services such as reablement and assistive technology which will ensure that in the future more older people can remain living independently and safely in their own home

10 Council Policies and City Priorities

- 10.1 Over the last decade the Council has invested heavily in a range of services for older people that offer them choice in the support they need to remain in their own homes and communities. These services include personal budgets, assistive technology,

reablement / intermediate care, neighbourhood networks, home care, sheltered and extra-care housing and accessible community facilities.

- 10.2 The changes in the demographic make-up, needs and expectations of older people in Leeds demand that new models of service continue to be developed within the resources available. It is therefore proposed that day and residential services directly provided by Adult Social Care would be realigned to focus on specialist areas of care, representing best use of the Council's resources and its partnerships with the NHS and independent sector.
- 10.3 The Council also has a duty of care to the existing residents and service users of its residential and day care units. This will be maintained throughout the change programme by ensuring that residents and service users are kept fully informed of the planned changes and timescales, their needs are fully assessed, they are offered a choice in alternative provision, their quality of care is maintained and they have no additional costs to pay.

11 Resources and Value for Money

- 11.1 The Council-owned residential and day care units have significant running, maintenance and upgrade costs. There is a strong independent sector in Leeds that continues to develop new homes with better specifications and at a competitive cost. Most of the longer term residential care, funded by Adult Social Care, is already provided by the independent sector. Re-aligning Council services to meet specialist needs, both on a day and residential basis, with an integrated community focus will offer value for money by providing better outcomes to more people.
- 11.2 A further paper presented to this meeting of Executive Board deals with proposals to engage with the market to negotiate a long-term fee settlement with providers of residential care within a quality framework. The proposals contained in this report and the companion report anticipate a gradually increasing demand for placements in units operated by independent and voluntary sector providers which needs to be matched by an equitable and sustainable, publicly funded fee structure.
- 11.3 The proposals to decommission four day centres are projected to deliver direct cost savings of £0.5m in a full year. No savings are currently projected in respect of transport costs as the future transport requirements for people currently attending these centres have yet to be determined.
- 11.4 The proposals to decommission three long term residential care homes are projected to deliver net direct cost savings of £0.4m in a full year. This reflects gross savings of £2.5m offset by £2.1m to commission placements for current residents in the independent sector. The proposals to decommission three further residential homes at a future date are projected to deliver net direct cost savings of £0.5m in a full year. Whilst these savings will be achieved in due course they represent savings anticipated within the original proposals that have now been forgone in the short-term. The proposals to recommission some residential homes as specialist facilities will be developed on a cost neutral basis.
- 11.5 The 2011/12 budget included projected part-year effect savings of £0.7m based on the original proposals and anticipated timescales at the start of 2011. As the plans have been revised following more detailed work, it is now anticipated that the savings that will be achieved in 2011/12 will be small. Within the overall budget for Adult Social Care, alternative savings have been identified in the current year to offset the impact of this slippage. Whilst this will add further pressure to the achievement of the

Adult Social Care budget in 2011/12, officers are continuing to work on further contingency savings to maintain expenditure within the budget available in overall terms.

12 Legal Implications, Access to Information and Call In

- 12.1 Legal services have been involved in the programme to provide advice on legal requirements, contracts and challenges. To date there have been three Freedom of Information requests, all of which have been responded to in full. Any decision regarding the proposed re-commissioning and de-commissioning of residential and day service units would be subject to Call In.

13 Risk Management

- 13.1 The programme has been subject to a full risk assessment. However the consultation feedback has indicated that for many people, 'risk' is seen as the risk to a resident's health and wellbeing as a result of any change to their care environment. To this effect Adult Social Care has developed an "Assessment and Closure Protocol" based on research and best practice. This has been reviewed and additional material added by Leeds Public Health (Appendix 5).

14 Implementation

- 14.1 Although there is understandable concern regarding the de-commissioning of units, particularly the residential homes, to fail to do so would miss an opportunity for the future development of alternative care services for older people. The residents affected by the decommissioning process would be informed, assessed and supported by a dedicated team of professionals working in accordance with the "Assessment and Closure Protocol" which is presented as Appendix 5 to this report. This process will be overseen by the an 'Assurance group' comprising colleagues in public health, a psycho-geriatrician, nursing, therapy and social work managers.
- 14.2 The implementation of any plan to de-commission a residential home or day centre clearly needs to be handled sensitively and with a great deal of planning around the individual needs of the clients concerned. Whereas this is important with any changes to day centres, it is vitally important when we consider permanent residents in care homes. To this end, we have developed a 'Care Guarantee' (Appendix 6), which outlines the principles that our residents can expect from us. We have looked at guidance from other areas such as Birmingham City Council who have undertaken similar transition programmes and used their learning to inform our proposals around a process that is mindful of the anxiety and stress that such a move can cause for older people.

Permanent residents in residential care

- 14.3 The 'Assurance group' will oversee the process and ensure that the Care Guarantee is adhered to throughout the process and the Assessment and Closure Protocol details the steps we will undertake to ensure any move is sensitive to the needs of residents and their family carers. They will also be a resource for the Social Work team for advice and guidance around any issues that may arise, which need discussion and support from a multi-disciplinary group.

- 14.4 Every resident will be allocated a dedicated Social Worker who will work with them from assessment to transfer and will take into account factors such as the person's friends in their home and whether they can transfer with a friend, any medical condition, specialist aids and dietary needs. The Social Worker will spend time with the resident and their family carer (or advocate) to get a good picture of what needs to be considered. This is especially important for those people who are frail, have dementia or any medical condition.
- 14.5 We will ensure that any resident with medical needs has a medical assessment and we will liaise with their GP throughout the process. If required, we will ensure that there is nursing input to any transfer arrangements and that the person is fit to move prior to any transition.
- 14.6 Communication and discussion with family or friends is equally important and the named Social Worker will ensure that they are kept up to date and involved in any proposals throughout the process.
- 14.7 When an alternative placement is considered, there will be an opportunity for visits (including family carers) and discussion with the unit manager and staff there. If required, we will arrange for the resident to meet the residents on the unit and stay for a meal to ensure they feel comfortable with the proposal.
- 14.8 Once agreement is reached on the placement, it will be possible for residents or carers to provide any furniture or decoration they wish, to make it more 'homely'. The staff who have been involved in their care will spend time with them in the new placement to ensure that communication around care plans and individual needs is communicated to the new staffing team. They will take time with the person to ensure they know the layout of a home and become familiar with the facilities. Clearly, the new staff team needs to be well briefed on any special likes and dislikes and this will be essential in ensuring that the transition goes as smoothly as possible. A key worker from the new unit will be nominated prior to the move to enable the individual to have a named person with whom they are familiar and who will have contact with them prior to the move to ensure continuity of care.
- 14.9 The team in the current unit will also ensure that any special equipment is in place prior to the move and that the team in the new unit has experience and training in the use of it. Medication also needs to be provided prior to any move and arrangements put in place for a new GP (if required) and the local pharmacy to be made aware of medication requirements.
- 14.10 When residents do start to move, we will aim to move no more than two people per day to minimise the disruption to a home and only during the working week when we will have access to all professionals involved in their care. If a person were to be ill on the day of the move, we would postpone until they were well enough to move safely.

People receiving respite care

- 14.11 A number of beds within the homes are used for respite purposes and, as with permanent residents, the Social Worker will meet with the person receiving respite and family carers. They will undertake an assessment in order to determine the appropriate alternative and discuss the options available. If people have bookings made for 2012, we will endeavour to accommodate people on those dates, particularly if family carers have made commitments during that time. As with

permanent residents, we will offer an introduction to the new service, which would include meeting staff groups and visiting the home.

People attending day centres

- 14.12 As with residential care, all attendees will have an assessment overseen by a Social Worker to ensure their needs and aspirations are met. Staff in the day centres will work closely with individuals to advise on alternative provision and we will ensure that managers of the service are familiar with the range of options available. They will ensure communication is in place with family carers and again, offer the opportunity to visit alternative sites to discuss their care plan and what they aim to receive from any service or provision.
- 14.13 With the above principles in mind, it is therefore proposed that the following transition programme be implemented, subject to approval by Executive Board and the Council's governance processes.
- 14.14 The team working with the individuals during transition will consist of three social workers overseen by a team manager. The transition process would begin on 1 October and we would begin to assess residents in the following homes and day centres in the first phase.

Residential homes	Day centres
Kirkland House	Rose Farm
Grange Court	Lincolnfields
Westholme	Spring Gardens
Harry Booth House	Firthfields

- 14.15 We would begin assessments on the 1 October and aim to complete them by 30 November. During the assessment process we would also assist residents to look at possible placements elsewhere and facilitate visits. We anticipate that the transition process would take place beyond this period for residents in the homes and would work at a pace that meets the individual needs. We anticipate that the day centre closures would be completed by December 2011.
- 14.16 The second phase of the process would take place during January and February 2012 and would focus on the homes to be re-commissioned as specialist dementia care. We have given a commitment that residents could remain in these homes and we would gradually change the use of them; however there may be residents who wish to move, given the change in the nature of the service and we would offer assessments and assistance at this stage. These homes/centres would be as follows:

Residential homes	Day centres
Middlecross	Calverlands
Siegen Manor	Laurel Bank
The Green	The Green

- 14.16 The third phase of the process would involve the homes where we would work with residents as and when other options have been developed:

Spring Gardens	Knowle Manor
Dolphin Manor	

15 Summary and Conclusions

- 15.1 This report deals with some of the most difficult decisions Local Authorities have the responsibility to take and in that regard the process leading up to the submission of this report has attempted to reflect the extremely serious nature of the decisions that inevitably need to be taken.
- 15.2 The December 2010 meeting of the Council's Executive Board considered a review of the Council's stock of 19 residential care homes and 16 day centres for older people. The review, which was overseen by the Adult Social Care Scrutiny Board, was carried out to examine a number of changed and changing characteristics of the city's older population; the straitened economic environment that currently prevails; and the emerging economy of voluntary- and independent-sector residential and day care in the city.
- 15.3 The review concluded that to maintain and operate the Council's residential and day facilities as they are now is unrealistic in terms of changing future demand and expectations; and unaffordable in terms of the resources needed to provide the quality required to make them viable for the future.
- 15.4 The inquiry accepted that people's expectations around choice, quality and control over their residential accommodation have increased significantly and a position of 'no change' in the provision of Council-run residential care is not an option. On this basis, a set of criteria was developed and agreed by the Adult Social Care Scrutiny Board as a sound framework for considering the most appropriate alternative option in relation to each establishment. These criteria and two options for future use were approved by Executive Board on 15 December 2010. Executive Board also gave approval to begin a three-month formal consultation process on 10 January 2011.
- 15.5 This report describes the outcome of that consultation, which has involved residents, service users, carers, families and friends, staff, community organisations, elected representatives, partners in the NHS, the voluntary and independent sectors, and members of the general public.
- 15.6 The Council's own view, as was made plain during the consultation, is (as reflected in the title of this report) that the older people currently using the homes and day centres being consulted upon, should be afforded a better quality of life than is currently possible in the buildings that are the subject of this report. The Council also believes that the range of housing, care and support opportunities available in the independent and voluntary sectors exceed the material quality of those offered by the Council, and should be widened. In addition, the Council has a duty to future generations of older people to ensure their residential and day care services match increasing expectations in terms of standard of living and choice of service.
- 15.7 The overwhelming message from the older people and their families can be summarised as people in residential care wanting to remain in their current locality, close to families and friends and the neighbourhoods they are familiar with.
- 15.8 The recommendations in this report are listed below (para 16.5) and, if agreed, will result in the older people using the six residential care homes moving, in the shorter

or longer term, to new, better quality residential accommodation in their own localities.

- 15.9 The recommendations for the eight day centres which are the subject of this report will result in a city-wide network of specialist day services for people needing higher levels of intermediate and dementia care.
- 15.10 The spirit of this report is, throughout, to make proposals for Better Lives for the Older People who live in the residential care homes and use the day centres under consideration and, importantly, for the generations who follow.
- 15.11 The enterprising approach proposed by colleagues in the VCSF sector highlights the opportunity to develop increasingly local services for those needing social support along with a continuum of provision which incorporates offering services which can be bought by people using personal budgets. Large scale diversification means that the Local Authority with its other partners is able to focus efforts on services for people with higher dependencies needing specialist care in their local community.
- 15.12 The current degree of over-provision in the service makes it imperative that over-capacity is taken out, to benefit other services for older people and improvements across all community based services. Those people attending any centre affected by the adoption of the recommendations contained in this report will have an individual assessment, which will inform the planning around alternatives to their current home or day centre. We would work closely with the individuals and their family members to assist them in their move to alternative provision. Everyone will continue to get a service appropriate to their needs and be informed, assessed and supported in that process by a dedicated team of professionals.
- 15.13 As part of the overall strategy and vision presented to Executive Board in December 2010, it was proposed that partnership options should be explored with NHS colleagues. Through this process a dynamic new opportunity has been created which will make the vision achievable. The new service, jointly provided between the Council and Leeds Community Healthcare will work in partnership to create a sustainable and demonstrable solution to bring down avoidable hospital admission rates and facilitate earlier discharge.
- 15.14 The recommendations made in the report, if adopted, will make a significant contribution, not only to improving services, but also in helping to address the very serious financial issues affecting Adult Social care now and for the foreseeable future.

16 Recommendations

The Executive Board is recommended to:

- 16.1 Note the very extensive and wide ranging consultation undertaken and thank all contributors for their thoughtful and helpful comments which have informed the recommended outcomes.
- 16.2 Note the commitment and process which will be followed to ensure all people affected by the adoption of the recommendations are provided with comprehensive care planning and support in identifying appropriate alternative provision.
- 16.3 Agree the proposals in respect of day care services, namely:

- To retain as specialist services Middlecross, Apna, Springfield, Laurel Bank, The Green, Frederick Hurdle and Wykebeck
 - To decommission Spring Gardens, Firthfields, Rose Farm and Lincolnfields.
- 16.4 Agree the proposals in respect of specialist residential care homes, namely
- To recommission as specialist dementia units, Middlecross, Calverlands, Siegen Manor and The Green
 - To recommission Richmond House as a specialist residential intermediate care home (in partnership with the NHS)
 - To recommission Harry Booth House as a specialist nursing/residential intermediate care home commencing operation in April 2012 (in partnership with the NHS)
 - To set aside consideration of Amberton Court as a specialist care unit pending further work with the NHS and consideration of its long term future alongside other Local Authority residential care facilities not specifically covered in this report
- 16.5 Agree the implementation of proposals for the long term residential care homes, namely:
- To decommission Westholme, Kirkland House and Grange Court
 - To agree the decommissioning of Spring Gardens and Knowle Manor at a future date and on completion of new build Residential Care facilities in Otley and Morley respectively
 - To agree the decommissioning of Dolphin Manor at a future date through either the transfer of ownership to a community interest company (subject to satisfactory business evaluation and due diligence test) or on completion of new build residential care facilities in Rothwell
- 16.6 To commence immediate discussions with the company planning to build residential home facilities in Otley to bring forward the development at the earliest opportunity.
- 16.7 Approve proposals to identify land in Morley and Rothwell and work with officers in City Development to advertise for residential/nursing care development at the earliest opportunity
- 16.8 Approve immediate commencement of dialogue with interested community groups and stakeholders with regard to future building use
- Approve proposals to bring forward further options in relation to the remaining six day centres and eight residential homes.
- 16.10 Agree that the ongoing review of remaining facilities is conducted with City Development and Environments and Neighbourhood colleagues to ensure that the choice of local housing, care and support options for older people are expanded.
- 16.11 As part of this process, agree that officers be authorised to take appropriate steps to secure appropriate partners to exploit development opportunities for the remaining facilities

Background documents referred to in this report

'Better Lives for Older People: consultation report', September 2011 (companion document to this report).

'Better Lives for Older People: equality impact assessment', September 2011 (companion document to this report).

'Independence, Wellbeing and Choice', Department of Health, Green Paper, 2005.

'Putting People First', the vision and commitment to the transformation of adult social care, Department of Health, 2007.

'Shaping the Future of Care Together', Department of Health, 2009.

'Future Options for Long Term Residential and Day Care for Older People'. Report to Executive Board, 15 December 2010.

'Inquiry into the Future of Residential care Provision for Older People in Leeds', Adult Social Care Scrutiny Board, December 2010.

'Outcome of a consultation on the future of Adult Social Care, February to June 2011', report to Departmental Management Team, 30 June 2011.

'Achieving closure: good practice in supporting older people during residential care closures', J Glasby, S Robinson and K Allen, University of Birmingham, May 2011.

APPENDIX 1: OPTIONS APPRAISAL OUTCOME SCHEDULE

Residential homes options proposals

Proposal	WNW area	SE area	ENE area	Citywide totals
Re-commission	Middlecross (D) Richmond House (IC)	Siegen Manor (D) Harry Booth (IC)	The Green (D)	5
De-commission	Kirkland House Westholme Spring Gardens	Dolphin Manor Knowle Manor Grange Court		6
Under further review	Musgrave Court Burley Willows Manorfield House Suffolk Court	Home Lea House	Fairview Primrose Hill Amberton Court	8
Totals	9	6	4	19

Day services options proposals

Proposal	WNW area	SE area	ENE area	Citywide totals
Re-commission	Middlecross (D) Calverlands (D) Apna (BME) Richmond House* (IC)	Springfield (IC) Laurel Bank (D)	Frederick Hurdle (BME) Wykebeck Valley (IC) The Green (D)	9
De-commission	Spring Gardens	Rose Farm Firthfields	Lincolnfields	4
Under further review	Radcliffe Lane Queenswood Drive Burley Willows	Naburn Court Siegen Manor	Doreen Hamilton	6
Totals	8	6	5	18 + 1 new service

* Richmond House is not currently a day service, but is proposed to be redeveloped on site

APPENDIX 2: DEPUTATION TO COUNCIL, 13 JULY 2011

DEPUTATION - MORLEY TOWN COUNCIL

THE LORD MAYOR: Good afternoon and welcome to today's City Council meeting. Will you now please make your speech to Council, which should not be longer than five minutes, and could you please begin by introducing the people in your deputation.

MR T GRAYSHON: Thank you, Lord Mayor. Good afternoon and thank you for granting permission for our delegation to be present at today's Council meeting.

Our delegation is made up of Knowle Manor resident Tony Moorhouse, who is stood next to me, local residents Gareth Beevers and Wynn Kidger, Morley town Councillor Catherine Crosby and myself, Morley Town Councillor Terry Grayshon.

The proposals to close Knowle Manor have been met in Morley with some concern. Residents of Knowle Manor, many of whom have lived there for many years, are worried about their future and do not want to be re-homed. They are more than happy with the service provided by the excellent staff and facilities at Knowle Manor.

Monday this week saw the announcement that Southern Cross, one of the largest residential care home providers in the private sector, was ceasing operations. Here in Leeds hundreds of families and people depend on Southern Cross and the service that it provides.

It would seem to us foolhardy to be suggesting the closure of Council-run care homes in Leeds, which includes Knowle Manor, in the current climate and without careful consideration of the Dilnot Report.

We believe that the plans, which amount to the privatisation of residential care for older people in Leeds, are based upon a short term view and greater consideration and investigation needs to be carried out before any decision on the future of residential care in Leeds is made.

There can be no genuine argument for the closure of Knowle Manor, one of only two care homes in Leeds to have received an "Excellent" rating from the Care and Quality Commission. It appears that the Care and Quality Commission rating has not formed part of the decision-making process, as can be seen from the attached option appraisal matrix which was provided by Leeds City Council. I do apologise that Members do not have that in front of them. I was asked to withdraw that document this morning in a telephone call. However, should Members wish to see it I am sure that that can be made available to them.

I shall continue. However, the valuation of each site for "demolition and development of housing" has been one of the factors regarding Day Centres. Surely this cannot be equitable; are the City Council putting profit before people under their care?

Lord Mayor, we request that the proposed closure of Knowle Manor and, indeed, the other care homes in the City of Leeds does not go ahead. We need to ensure that the care of our elderly residents continues and that places like Knowle Manor are able to offer an excellent standard of care to their residents.

I will leave the final words on this to Tony Moorhouse, who has lived in Knowle Manor for eight years. In an interview with the Morley Advertiser and Observer Tony said:

"When I moved in I was told that I would have a bed and a house for life. Now they have gone back on their word. We do not want it to close; it is our home."

APPENDIX 3: LIST OF ORGANISATIONS CONSULTED DURING MARKET ENGAGEMENT

BUPA	Suvia Care Ltd
Highstone homes	Inniscastle Care Ltd
HICA Group	Westward Care Ltd
Anchor	Donisthorpe Hall (Leeds Jewish Welfare)
J Pullan & Sons Ltd	Orchard Care Homes
Methodist Homes	Four Seasons Health Care
Catholic Care	Norse Group Ltd
Chevin Housing Association	Springfield Healthcare Group
Barratt Homes	Ideal Care Homes
Salvere	Meridian Healthcare Ltd

APPENDIX 4: ALTERNATIVE SERVICES FOR OLDER PEOPLE

Rothwell Area Services for Older People

Service	Description	Organisation	Service Type	Area Covered	No. of places
Social Group	Operates from Blackburn Hall, Rothwell Organises outings and social events	Social Club	Overcoming Social Isolation	Methley Oulton Woodlesford John O'Gaunts Rothwell Carlton Thorpe Robin Hood Lofthouse	40
Monday Club	Held at Rothwell Baptist Church, Wood Lane. Relaxed social group, crafts table, games, learn computer skills.	Baptist Church	Overcoming Social Isolation	Methley Oulton Woodlesford John O'Gaunts Rothwell Carlton Thorpe Robin Hood Lofthouse	25
Trips and Outings	Events throughout the year. Regular newsletter large print library sign posting to relevant agencies and services.	Rothwell and District Live at Home Scheme	Overcoming Social Isolation	Methley Oulton Woodlesford John O'Gaunts Rothwell Carlton Thorpe Robin Hood Lofthouse	40
Line Dancing Class	Fun and relaxed activity. Required reasonable level of mobility but seating available.	Rothwell and District Live At Home Scheme	Overcoming Social Isolation	Methley Oulton Woodlesford John O'Gaunts Rothwell Carlton Thorpe Robin Hood Lofthouse	45-50
Walking Group	Walks are organised, accessible and suit most needs	Rothwell and District Live At Home Scheme	Overcoming Social Isolation	Methley Oulton Woodlesford John O'Gaunts Rothwell Carlton Thorpe Robin Hood Lofthouse	8-12
Befriending Service	Regular visits to older people in their own homes. One to one support	Rothwell and District Live At Home Scheme	Overcoming Social Isolation	Methley Oulton Woodlesford John O'Gaunts Rothwell Carlton Thorpe Robin Hood Lofthouse	15

Service	Description	Organisation	Service Type	Area Covered	No. of places
Movement to Music	A fun choir based /standing exercise class. Suitable for people with limited mobility as well as more able.	Rothwell and District Live At Home Scheme	Overcoming Social Isolation	Methley Oulton Woodlesford John O'Gaunts Rothwell Carlton Thorpe Robin Hood Lofthouse	15-201
Gentle Exercise	Chair based gentle exercise class. Venue Midland House Sheltered Housing Midland Street	Rothwell and District Live At Home Scheme	Overcoming Social Isolation	Methley Oulton Woodlesford John O'Gaunts Rothwell Carlton Thorpe Robin Hood Lofthouse	15-20
RNIB Tele Befriending	Telephone social group for blind and partially sighted people. RNIB pay the cost of calls	RNIB	Visual Impairment	National Service	-
Dementia Day Service	Specialist Dementia Day service	Leeds Adult Social Care	Dementia	LS 10,LS11 LS26,WF3	30
Dementia Day Service	Specialist Dementia Day service	Leeds Adult Social Care	Dementia	LS10,LS11, LS26,LS27, part WF3	14
'Open Minds'	Support group for older people with mental health needs. Run in collaboration with Potterdale Day Centre and Aire Court	Rothwell and District Live At Home Scheme	Dementia	Methley Oulton Woodlesford John O'Gaunts Rothwell Carlton Thorpe Robin Hood Lofthouse	20
Assisted Shopping Trip	Pick up and return to home service Accessible minibus	Rothwell and District Live At Home Scheme	Practical Support	Methley Oulton Woodlesford John O'Gaunts Rothwell Carlton Thorpe Robin Hood Lofthouse	9
Shared Lives	Respite support for older people in family homes	Adult Social Care	User and Carer Respite and Support	Citywide	/
Luncheon Club Royds Court	Coffee morning and lunch club run by ALMO supported housing officer.	Sheltered and support services Aire Valley Homes	Luncheon Club	Methley Oulton Woodlesford John O'Gaunts Rothwell Carlton Thorpe Robin Hood Lofthouse	24 Waiting list for places

Service	Description	Organisation	Service Type	Area Covered	No. of places
Lunch Club Woodlesford	Drop in and light lunch venue. All Saints Parish Centre Woodlesford	Rothwell and District Live At Home Scheme	Luncheon Club	Woodlesford	25
Lunch Club Methley	Weekly 2 course lunch. Venue Mickletown Community Centre Methley	Rothwell and District Live At Home Scheme	Luncheon Club	Methley	25
Pub Lunch Group	New Group The Hare and Hounds Rothwell	Rothwell and District Live At Home Scheme	Luncheon Club	Methley Oulton Woodlesford John O'Gaunts Rothwell Carlton Thorpe Robin Hood Lothouse	30-35

PERSONAL CARE

Keeping House Leeds Directory registered providers in Rothwell
 Toileting assistance: One provider
 Bathing and Showering: Thirteen providers
 City wide personal care providers: Thirty Nine providers

Otley Area Services for Older People

Service	Description	Organisation	Service Type	Area Covered	Number of places
Tai Chi classes	Exercise classes held weekly at Otley Methodist Church and Wharfedale Court Pool in Wharfedale.	Otley Action For Older People	Overcoming Social Isolation	Otley / Pool / Arthington	Otley 30 Pool 18
Chair based exercise classes (Extend)	Two gentle exercise groups held weekly	Otley Action for Older People	Overcoming Social Isolation	Otley / Pool / Arthington	AM 12 PM 20
Otley Over Sixties Welfare Club	Membership based welfare organisation. Regular coffee mornings, trips and social activities	Otley Welfare Club	Overcoming Social Isolation	Otley	Currently Full Limited to 200 members
Social Group	Church based social group	The Bridge Church	Overcoming Social Isolation	Otley	25
Golden Oldies Film Club	Held at Otley Courthouse	Otley Action For Older People	Overcoming Social Isolation	Otley / Pool / Arthington	40
Bingo	Weekly cash bingo session held at Labour Rooms	Otley Action For Older People	Overcoming Social Isolation	Otley / Pool / Arthington	25

Service	Description	Organisation	Service Type	Area Covered	Number of places
Befriending Service	One to one visits by volunteer befrienders to older people in their own home	Otley Action For Older People	Overcoming Social Isolation	Otley / Pool / Arthington	10
Telephone Contact Scheme	Follow up of people who have not been seen by the service for sometime	Otley Action For Older People	Overcoming Social Isolation	Otley / Pool / Arthington	N/A
Friday Social Group	Mixed age range group. Offers social activities such as bowling, trips, pub outings, films etc.	Otley Action For Older People	Overcoming Social Isolation	Otley / Pool / Arthington	20
Dance Group	Weekly dance classes held at Otley Methodist Church	Otley Action For Older People	Overcoming Social Isolation	Otley / Pool / Arthington	30
The Monday Group	Aimed at isolated older people unable to get out of their own homes without transport	Otley Action For Older People	Overcoming Social Isolation	Otley / Pool / Arthington	15
Drop-in advice sessions	Provides practical advice on housing/ benefits/debt etc	Otley Action For Older People	Practical Advice to users and carers	Otley / Pool / Arthington	N/A
Assisted Shopping Trips	Help with shopping	Otley Action For Older People	Practical Support	Otley / Pool / Arthington	12
Shared Lives	Respite support for older people in family homes	Adult Social Care	User and Carer Support	Citywide	
Luncheon Club	Weekly luncheon club	Salvation Army New Market, Otley	Luncheon Club	Otley	40
Friendship and Luncheon Club	Meet at Weston Social Club	All Saints Parish Church Otley	Luncheon Club	Otley	25
Otley Lunch Club	Held at over 60's welfare club on Westgate	Otley Action For Older People	Luncheon Club	Otley / Pool / Arthington	35
Pool in Wharfedale Lunch Club	Held at Pool Methodist Church	Otley Action For Older People	Luncheon Club	Otley / Pool / Arthington	28
RNIB Tele Befriending	Telephone social group for blind and partially sighted people. RNIB pay the cost of calls	RNIB	Visual Impairment	National Service	N/A

Service	Description	Organisation	Service Type	Area Covered	Number of places
Dementia Day Service	Specialist Dementia Day service	Leeds Adult Social Care	Dementia	Leeds 4, 16, 18, 21 post codes	25
Memory Lane Café	Support group for people with dementia and their carers	Otley Action For Older People	Dementia	Otley / Pool / Arthington	40

PERSONAL CARE

Keeping House Leeds Directory registered providers in North West Leeds

Toileting Assistance: One provider

Bathing and Showering: Seventeen providers

City Wide personal care providers: Thirty nine providers

East Leeds Area Services for Older People

Service	Description	Organisation	Service Type	Area Covered	Number of places
Drop in service	Free and confidential advice service	Richmond Hill Elderly Action	Practical Support	Richmond Hill, East End Park, Cross Green, Saxton Gardens, Parts of Osmondthorpe in Leeds 9	/
Monday Morning Advice Drop-in	Confidential advice and information sessions for older people and their carers.	Swarcliffe Good Neighbours Scheme	Practical Advice	Swarcliffe, Stanks and Whinmoor	/
Assisted Shopping Trips	Monday – Assisted shopping Saturday – Self supported shopping	Action Plan For Gipton Elderly	Practical Support	Gipton and Harehills	12 on each trip
Luncheon Club	Held at centre 5-11 Oak Tree Drive Gipton	Action Plan For Gipton Elderly	Luncheon Club	Gipton and Harehills	35
Friday Luncheon Club	Open to anyone Held at Montague Burton Day Centre Roundhay Road	Leeds Irish Health and Homes	Luncheon Club	East Leeds	40
St Nicholas Church Luncheon Club	Includes bingo / quiz and occasional trips	St Nicholas RC Church Oakwood Lane, Gipton	Luncheon Club	East Leeds	20
Luncheon Club	For people with greater support needs	Action For Gipton Elderly	Luncheon Club	Gipton and Harehills	26-27
Sunday	Weekly lunch club at	Richmond Hill		Richmond Hill,	/

Service	Description	Organisation	Service Type	Area Covered	Number of places
Lunch club	Richmond Hill Community Centre. Includes Bingo and Raffle.	Elderly Action	Luncheon Club	East End Park, Cross Green, Saxton Gardens, Parts of Osmondthorpe in Leeds 9	
Luncheon Club	2 course hot lunch £5 per person per day- includes transport	Swarcliffe Good Neighbours Scheme	Luncheon Club	Swarcliffe, Stanks and Whinmoor	41 per day
Luncheon Club	Held twice weekly. Includes bingo and raffle. Held at Methodist Church Hall	South Seacroft Friends and Neighbours	Luncheon Club	South Seacroft	-
Shared Lives	Respite support for older people in family homes	Adult Social Care	User and Carer Support	Citywide	/
Outings and Trips		Action For Gipton Elderly	Overcoming Social Isolation	Gipton and Harehills	50
Library Service Books and DVDs	Available to Day Centre users and housebound people	Action For Gipton Elderly	Overcoming Social Isolation	Gipton and Harehills	/
Home Visits	Practical and emotional support to people in their own homes	Richmond Hill Elderly Action	Overcoming Social Isolation	Richmond Hill, East End Park, Cross Green, Saxton Gardens, Parts of Osmondthorpe in Leeds 9	/
Ballroom Dancing Class	Held at Newborn Church Hall Upper Accommodation Road Suits all levels of experience	Richmond Hill Elderly Action	Overcoming Social Isolation	Richmond Hill, East End Park, Cross Green, Saxton Gardens, Parts of Osmondthorpe in Leeds 9	/
Friends of Richmond Hill	Social Activities	Richmond Hill Elderly Action	Overcoming Social Isolation	Richmond Hill, East End Park, Cross Green, Saxton Gardens, Parts of Osmondthorpe in Leeds 9	/
Fun and Fitness Group	Gentle Exercise Cost £2.50	Richmond Hill Elderly Action	Overcoming Social Isolation	Richmond Hill, East End Park, Cross Green, Saxton Gardens, Parts of Osmondthorpe in Leeds 9	/
Drawing and Painting Group	Held at Richmond hill community centre. Suitable for complete beginners or experienced artists.	Richmond Hill Elderly Action	Overcoming Social Isolation	Richmond Hill, East End Park, Cross Green, Saxton Gardens, Parts of Osmondthorpe in Leeds 9	

Service	Description	Organisation	Service Type	Area Covered	Number of places
Its Thursday	Social group includes lunch £5 with transport or £4 without	Richmond Hill Elderly Action	Overcoming Social Isolation	Richmond Hill, East End Park, Cross Green, Saxton Gardens Parts of Osmondthorpe in Leeds 9	/
Friday Walking Group	Gentle walks to local places of interest	Richmond Hill Elderly Action	Overcoming Social Isolation	Richmond Hill, East End Park, Cross Green, Saxton Gardens, Parts of Osmondthorpe in Leeds 9	/
Friday Men's Group	Meets at The Hope Inn Upper Accommodation Road/ York Road	Richmond Hill Elderly Action	Overcoming Social Isolation	Richmond Hill, East End Park, Cross Green, Saxton Gardens, Parts of Osmondthorpe in Leeds 9	/
Home visits	Health and Community Worker Visits	Action Plan For Gipton Elderly	Overcoming Social Isolation	Gipton and Harehills	150-180
Day Service	Held at centre 5-11 Oak Tree Drive Gipton	Action Plan For Gipton Elderly	Overcoming Social Isolation	Gipton and Harehills	35
Line Dancing Classes	Fun and gentle exercise to music	Swarcliffe Good Neighbours Scheme	Overcoming Social Isolation	Swarcliffe, Stanks and Whinmoor	/
Computer Café	Relaxed sessions for older people to learn basic computer skills	Swarcliffe Good Neighbours Scheme	Overcoming Social Isolation	Swarcliffe, Stanks and Whinmoor	3
Exercise Class	Fun, chair based exercise class to music	South Seacroft Friends and Neighbours	Overcoming Social Isolation	South Seacroft	-
History Group	Supports people with dementia and memory loss. Light refreshments	Action For Gipton Elderly	Dementia	Gipton and Harehills	12-15
Dementia Day Service	Specialist Dementia day service	Leeds Adult Social Care	Dementia	Part of LS8,LS9, LS14,LS15, LS17,LS22, LS25,LS26	18

PERSONAL CARE PROVIDERS

Keeping House Leeds Directory registered providers in East Leeds
 Toileting Assistance: One provider
 Bathing and Showering: Thirteen providers
 City Wide personal care providers: 39 providers

Garforth Area Services for Older People

Service	Description	Organisation	Service Type	Area Covered	Number of places
Out and About Group	Walks and social	Garforth Neighbourhood	Overcoming Social	Garforth and neighbouring	20

Service	Description	Organisation	Service Type	Area Covered	Number of places
	activities group	Network	Isolation	villages	
Art Group	Run by artist at NET office. Visits to local galleries	Garforth Neighbourhood Network	Overcoming Social Isolation	Garforth and neighbouring villages	12
Computer Club	Run at Garforth Library. Beginners and advanced classes. One to one tuition.	Garforth Neighbourhood Network	Overcoming Social Isolation	Garforth and neighbouring villages	9
Extend Exercise Group	Gentle exercise group held at St Mary's Church. Trained instructors	Garforth Neighbourhood Network	Overcoming Social Isolation	Garforth and neighbouring villages	40
Knit and Natter Group	Weekly social group	Garforth Neighbourhood Network	Overcoming Social Isolation	Garforth and neighbouring villages	15
Singing Group	2 groups	Garforth Neighbourhood Network	Overcoming Social Isolation	As above	Garforth-15 Aberford-15
Whist Group	Social Group	Garforth Neighbourhood Network	Overcoming Social Isolation	Garforth and neighbouring villages	10
Wii Group	Held at NET Office Garforth	Garforth Neighbourhood Network	Overcoming Social Isolation	Garforth and neighbouring villages	16
Friday Social	Held at NET office Garforth	Garforth Neighbourhood Network	Overcoming Social Isolation	Garforth and neighbouring villages	14
Bereavement Support Group	Held at NET office Garforth	Garforth Neighbourhood Network	Overcoming Social Isolation	Garforth and neighbouring villages	51
Stroke Club	Starts June 11	Garforth Neighbourhood Network	Overcoming Social Isolation	Garforth and neighbouring villages	12
Coffee Morning	Held at NET Office	Garforth Neighbourhood Network	Overcoming Social Isolation	Garforth and neighbouring villages	
Connect Friendship Groups	Social Groups operate in seven locations across the area	Garforth Neighbourhood Network	Overcoming Social Isolation	Kippax	15-20
Connect Friendship Groups	Social Groups operate in seven locations across the area	Garforth Neighbourhood Network	Overcoming Social Isolation	Schools	15-20
Connect Friendship	Social Groups operate in	Garforth Neighbourhood	Overcoming	Ladson	15-20

Service	Description	Organisation	Service Type	Area Covered	Number of places
Groups	seven locations across the area	Network	Social Isolation		
Connect Friendship Groups	Social Groups operate in seven locations across the area	Garforth Neighbourhood Network	Over Coming Social Isolation	Micklefield	15-20
Connect Friendship Groups	Social Groups operate in seven locations across the area	Garforth Neighbourhood Network	Over Coming Social Isolation	Allerton Bowater	15-20
Connect Friendship Groups	Social Groups operate in seven locations across the area	Garforth Neighbourhood Network	Over Coming Social Isolation	Garforth	15-20
Connect Friendship Groups	Social Groups operate in seven locations across the area	Garforth Neighbourhood Network	Over Coming Social Isolation	Berwick	15-20
Befriending service	Home visiting for vulnerable Housebound or people with no family.	Garforth Neighbourhood Network	Overcoming Social isolation	Garforth and neighbouring villages	60
RNIB	Telephone social group for blind and partially sighted people. NIB pay the cost of calls	RNIB	Visual impairment	National Service	
Micklefield Luncheon club	Bingo, raffle, social activities and lunch	Volunteer run with some LCC funding	luncheon club	Micklefield Garforth Kippax	11
Cross Hills luncheon club	Tea/Coffee Raffle, bingo and lunch	Volunteer run with some LCC funding	luncheon club	Kippax	
Valley Ridge Luncheon Club	Tea/ Coffee Raffle, bingo and lunch	Volunteer run with some LCC funding	luncheon club	Kippax	15
Dementia Day Service	Specialist Dementia Day Service	Leeds Adult Social Care	Dementia	Ls10,Ls11, Ls26,Wf3	30
Dementia Day Service	Specialist Dementia Day Service	Leeds Adult Social Care	Dementia	Ls10,Ls11, Ls26,Ls27 Part of Wf3	14
Dementia Day Service	Specialist Dementia Day Service	Leeds Adult Social Care	Dementia	Part of LS8.LS9,14, 15, 17,22,25,26	18
Dementia Café	Support for people with dementia and their carers	Garforth Neighbourhood Network	Dementia	Garforth and neighbouring villages	89

Service	Description	Organisation	Service Type	Area Covered	Number of places
Carers Drop In	Drop in service for carers starts 21 st Sept	Garforth Neighbourhood Network	Carers Support	Garforth and neighbouring villages	N/A
Shared Lives	Respite support for older people in family homes	Adult Social Care	User and Carer respite	Citywide	/
Reablement Service	Specialist Reablement Day service	Leeds Adult Social Care	Reablement service	South East Leeds	30

PERSONAL CARE

Keeping House Leeds Directory registered providers in Garforth

Toileting assistance: One provider

Bathing and Showering: Thirteen Providers

City Wide Personal care providers: Thirty Nine providers

APPENDIX 5: ASSESSMENT AND CLOSURE PROTOCOL

Overview

As part of its overall review of services, Leeds City Council has conducted a review of directly provided residential and day services.

In order to meet the needs of the current users of residential and day services as well as the changing aspirations of a new generation of older people, the Council is conducting an assessment of the needs of residential and day service users.

The assessment process will be undertaken in a person centred way with the preferences and aspirations of individuals identified and acted upon, as well as a full assessment of the care and support needs the person may have. Supporting materials will be provided during the assessment to allow the individual and family/ carers to understand the process and the range of services that are currently available, maximising choice and allowing the individual to make an active positive decision about their future care provision.

As potential options for the services include closure, or recommissioning as a specialist service for dementia or intermediate care, the assessment process will take this into account and investigate alternative services available for the individual being assessed. Any decision made on the future provision of a service will be made known to the residents, relatives and staff before any press/ public announcement, if possible.

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

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

Due to the impracticalities of carrying out individual assessments for all service users, Coventry was justified in proceeding by taking samples of the population who were entitled to its services, assessing how these people would be affected by closure and then extrapolating the results to gauge the overall impact. This was followed by individual assessments before any individual's service was changed, to minimise risk of adverse effects on the service user.

Clinical studies have identified a link between mortality rates and involuntary moves of elderly people suffering from dementia where not adequately planned. For this reason (amongst others), Leeds City Councils dementia services are not being considered for decommissioning in the first phase of the programme, but if reviewed at a later date, assessment and transfer of any residents with dementia will be carefully planned as the majority of studies suggest that adequate preparation would help minimise any adverse effects on vulnerable movers (see reference 1).

Assessment process:

Appendix A below outlines the process from consultation, through assessment to potential transfer. This is based on the unit either being recommended for closure, or recommissioning as a specialist unit (either dementia or Intermediate Care).

On conclusion of consultation and a decision made on the future of the service, the assessment team, comprising of a Team Manager and Social Workers, will arrange for a social worker to visit the individual (and potentially family/ carers) in order to carry out the assessment. The assessment will allow a range of needs to be considered and also allow the individual to raise any concerns with the keyworker. The staff group at each unit will be involved from the earliest stage possible as they will be working directly with the service users and will need accurate, up-to-date information.

The nominated social worker will receive support from the assessment Team Manager and a newly established Assurance Group. The Assurance Group will comprise of colleagues in public health, a psycho-geriatrician, therapists and social work managers and will oversee the work of the assessment team and provide a point of reference for any queries or concerns identified by key workers.

The materials provided and assessment carried out will be tailored to the individual's needs- (eg advocacy, clarity and context of information, details of other services available).

Ensuring the health and well-being of all individuals throughout assessment will be of central importance and a Risk Assessment and Management process will be an integral part of the assessment, also ensuring that Adult Protection / Safeguarding issues that arise are dealt with. The risk assessment should balance safety and effectiveness with the right of the person who uses the service to make choices, taking into account their capacity to make those choices and their right to take informed risks.

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

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

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

The assessment should ensure the risk of deterioration in an individual's health is reduced, and any detection of deterioration in their health identified by the key worker, with risk action plans put in place to mitigate the effects of any deterioration

Assessment of needs:

A social worker will carry out an assessment of health and social care needs and a risk assessment to identify any issues including potential safeguarding issues. The individual will be assessed to ensure the service they currently use is appropriate for their level of care need and how their level of need can be best catered for in the future. The social worker will ideally be based in the home, or conduct frequent visits, to promote close contact with both residents and staff, aiding assessors in getting to know the residents and any key issues/ concerns.

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

Social assessment:

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

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

The social worker has a duty under the NHS and Community Care Act (1990) to assess need and should identify any previous "loss" experienced by the resident which may have a bearing on the present situation as well as any current mental or physical health vulnerabilities.

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

Financial assessment:

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

Individual budgets will be explained and explored.

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

Outcomes:

A new and detailed Care Plan will be produced in conjunction with the individual being assessed. This document will provide clear statements of future care needs and of the preferred way this care should be provided in any new care setting. It will specify in detail the ways the individuals care and support should be provided so as to ensure that their personal dignity, independence, abilities and control over services is maximised.

Following assessment, time should be given for the individual to make an informed decision about the future care they will receive.

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

Transfer:

Where an alternative service is identified for the individual, arrangements will be made for them to visit to ensure the service meets their needs. The social worker should have access to relevant information about the alternative services and an awareness of resources available across the city (eg if there is a place available in a recommended service). This should ensure the individual being assessed is given a range of realistic options.

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

If an individual moves to a new service, it is vital that it is fully coordinated with the staff in the new service, who must have assessment details and all relevant information prior to the move. A review date should be set (not longer than six weeks after the transfer) and is the responsibility of the unit manager to arrange. Ideally the individual should be monitored on an on-going basis to ensure suitable outcomes are achieved both following the move and progressing into the future.

If the move is to a private or voluntary service, a contract will be required in accordance with the Community Care policies (referred to in reference 3) with the same processes and follow-up reviews taken.

Closure:

- Upon the decision to close a unit, a large number of service users will need to be assessed and moved. Reed et al (2000) refer to the choices available to service users as 'pull factors' (resident active choices) and 'push factors' (external events). In the instance of home closure the "push" factor of external events causes stress. This can be minimised by providing support and information on other suitable services for the individual and arranging for visits and stays in alternative services. Further detail is outlined in the 'transition' section below.

Other ways to minimise stress factors include ensuring that:

- The move is person-centred. All needs and wants of the individual must be catered for where possible.
- Friendship groups are identified and moves take place within these groups where possible
- Support to be provided on the day by familiar staff, family and close friends who should accompany the person during the move and encourage them to discuss their feelings.
- Suitcases are used to transport luggage (never black bags) and packing is carried out discreetly. To maintain familiarity of surroundings, furniture should be moved with the resident where possible and desired
- Running up to closure of a residential home, a minimum core of 10 residents are maintained to prevent deterioration in morale (reference 3).
- Up-to-date knowledge of an individual's medical condition and their fitness to transfer are essential. Arrangements for registering with a new GP must be made well in advance of the transfer date. The current GPs should be involved in planning the transfer of individuals and for particularly vulnerable or high risk individuals should liaise with the prospective GP prior to the transfer taking place. For individuals who require nursing intervention, a request should be made for a nursing care plan to be made available to the receiving nurse team prior to transfer. Where applicable, prior to completion of the transfer, it must be assured that nursing care is in place and individuals should have at least 7 full days medication on transfer.
- Moving in winter is avoided if possible, though if users/relatives want to move during winter, this would be accommodated and a risk management plan identified to minimise risks.)

- Continued reassurance that there are alternative services/ homes should be provided. The suitability of alternative services and potentially positive outcomes of these services should also be outlined.
- Moving an individual to an alternative service or home that is likely to close imminently should be avoided.
- Standards of care and staffing levels should be maintained in the home that is closing to ensure continuity of familiar service and routine.

Key groups

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

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

Transition process

- A suitable period of planning for transition is necessary – most advice is to give approximately 6 months. Williams and Netten (2003) suggest transition to closure generally takes 3 to 6 months (though should be guided by the service users- ‘a year is not necessarily too long’.)
- The period of time planned for the relocation should be long enough to avoid people feeling rushed or pressurised but not so protracted that individuals become more likely to suffer depression or their motivation and well-being is affected. The timing of all transfers should be an agreed process with individuals, family and staff and based on individual need, risk and complexity.
- A maximum of 2 residents to move on any one day and a minimum of 2 days will elapse in which there are no transfers from the home. A maximum of 2 people would normally transfer in any working week between Monday and Friday.
- If groups of friends express a wish to move together and suitable staffing arrangement including travelling support can be arranged, then this will be explored as it may be beneficial to the residents for them to move and travel together.
- A Transfer plan will be developed by the social worker with key input from the individual, their family and care staff who know them well. This will include arrangements such as:

- the decoration and layout of the person's new bedroom/personal space;
 - plans to orientate to the new environment and any pre visits/overnight stays, etc; visits to alternative services should be carried out with someone the resident knows, and the resident should be in control of the nature and the length of the visit.
 - arrangements for continuity of care such as staff/relatives working alongside new staff to pass on skills and experiences;
 - key documentation/information that is needed such as their social and clinical history, patterns of care and special needs, and their cultural and spiritual needs in order to help new care staff to provide the appropriate levels of personalised care.
- There may be a small number of cases in which individuals should not be moved because the assessed risks to them are too great e.g. situations where it is unsafe to transfer a resident, or end-of-life care. Though difficult to achieve in practice, such cases may result in delay of closure for a few days for compassionate reasons.
 - Research shows differing views on whether there is any link between transfer of residents between residential homes and mortality (Coventry City Council, 2008). However, one common factor is the recognition that the stress created by the move itself together with the way the move is managed are the two most important factors impacting on the outcome for residents. Through appropriate assessment identified earlier in this document, stress factors should be minimised to allow a comfortable transition between services.

References

1. Verna Wilson and others v Coventry City Council -and- Victor Thomas and others v London Borough of Havering-
<http://www.bailii.org/ew/cases/EWHC/Admin/2008/2300.html>
2. Coventry City Council (2008) '*Does Home Closure and Involuntary Relocation Affect Mortality Rates for Older People?*'
3. Leeds City Council *Department of Social Services- Practice Guidelines for Home Closures*
4. Groger, L. (1995) '*A nursing home can be a home*' *Journal of ageing studies* Vol.9 No.2
5. Reed J., Cook G., Sullivan A., and Burridge C. (2003) '*Making a move: care home residents' experiences of relocation*'. *Ageing and Society* 23 pp225 – 241
6. Williams J and Netten A, '*Guidelines for the closure of care homes for older people: prevalence and content of local government protocols*' PSSRU Discussion Paper 1861/2
7. Glasby, J., Robinson, S., and Allen, K (2011) '*Achieving Closure- Good practice in supporting older people during residential care closures*'

Appendix A - Service user Assessment process

- Identify requirements for the assessment process (eg materials required for assessment, timescales etc)
- Identify skills required for assessment/ transition team
- Establish team based on skills required
- Liaise with staff at the unit
- Produce assessment materials & supporting info
- Approach residents/ home/ carers/ families
- Carry out assessments
- Decide/ discuss options for each individual resident and provide relevant info (eg information about Extra Care)
- Introduce the service user to possible placements and arrange for them to meet the manager/other residents as appropriate.

Appendix B - Assessment Team

A multi-disciplinary Assessment Team will be established to undertake individual assessments of residents and day service users.

Individual service users will be allocated a Social Worker to co-ordinate their assessment and care planning. For their 'Residential Futures' programme, Bristol City Council employed a temporary social worker to perform all assessments within one home. This allowed continuity and one person to understand issues around a home and the individual issues within it. The social worker linked to locality teams and also worked alongside a commissioned independent psychiatrist, who assessed impacts on people and suggested courses of action. Other recommendations indicate that a key worker should be allocated to each individual, and provide an objective assessment of needs.

The team will be led by a Team Manager and will consist of:

- Qualified Social Workers
- Qualified Occupational Therapists
- Occupational Therapy Assistants
- Nurses (Physical Health)
- Community Psychiatric Nurse or Registered Mental Nurse
- Administration Officers
- Residential Care Home Managers and other care staff
- Other service providers
 - e.g. Extra Care Housing
 - Assistive Technology
 - Sheltered Housing

The core role of each of these professionals:

Social Workers/ key worker

- Lead and co-ordinate the Person Centred assessment of each individual using Leeds City Council residential and day services.
- Produce a detailed person centred assessment and care plan.
- Monitor and review the care arrangements made for each person.
- Co-ordinate the Risk Assessment and Management process for all service users.

Occupational Therapist

- Undertake a screening and assessment process to determine which individuals might benefit from a programme of rehabilitation and re-ablement.
- Devise, implement and review that programme. This work will primarily look to develop individuals' capacity for self-care and more independent living.

Geriatrician and Psycho-Geriatrician

- Expert support, advice and guidance to be provided by specific Consultants linked to the team.
- Undertake interventions as necessary, make referrals for further specialist reassessments and advise on any amendments to the assessment process.

Nursing Professionals

- Undertake relevant nursing assessments or refer for other specialist assessment or treatment as required to ensure all health care needs are identified and met.
- Review the nursing needs of people living in the Care Homes and liaise with other nursing professionals as necessary.
- To contribute to the Risk Assessment and Management process for all residents.

Administrative staff

- Support the efficient running of the team administrative functions.
- Assist in the management of information, files and budgetary control.

Residential Care Home Staff

- Provide support to, and information about the people living in each home.
- To support the completion of research questionnaires.

Assistive Technology expert

- Advise on, and supply when appropriate, assistive technology equipment to promote the independence and safety of individual residents of the Care Homes.
- To share (with consent) information acquired by any TeleHealth or TeleCare systems that are in use in any homes at the time of assessments being undertaken.

Extra Care Housing expert

- Assist in supplying information regarding ECH vacancies and assist in the smoothest possible access to suitable vacancies for people from the Care Homes who may wish to move to such accommodation.

Business Project Manager – in addition to the operational team management support will be provided by the Business Project Manager.

- Role will be to oversee the progress of the project

Advocacy

Residents and families/carers will have access to an independent information, support and advocacy service. The advocacy service is primarily aimed at those people who lack capacity or have communication difficulties and do not have other support available. An Independent Mental Capacity Advocate will be provided for those who require this type of support.

APPENDIX 6: CARE GUARANTEE

It is recognised that proposals to close or re-commission residential and day care facilities will cause anxiety and uncertainty for residents, their families and carers and staff, particularly those living long-term in the council's care homes.

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

Our commitment to you:

- We will consult fully and widely, making sure people's views are considered before any final decisions are made by Leeds City Council, on the future of long term residential and day care facilities.
- We will consult fully and widely and secure ongoing engagement at every stage of the process.
- Older people and people acting on their behalf can contact Leeds City Council by telephoning one telephone number for information about services and we will get back to you within 1 working day (during the working week)
- Information on decisions and timescales will be shared in a timely and accessible manner
- When a home or day centre is closing people's dignity, choice and rights will be protected
- People who don't have the capacity to understand what is happening will be provided with an independent advocate arranged by us.
- The health and wellbeing of service users is paramount and risk assessments will be carried out to ensure that clinical and therapeutic needs are responded to urgently and with sensitivity
- The assessment of need, care planning and choice of alternative service will be focused on the individual, their carer/family and developed in partnership with their named social worker.
- You will not be asked to move until we are sure we have alternative options for you; these may include sheltered housing, residential homes in the private and independent sector, local community facilities, respite facilities depending on your needs.
- Support will be given to residents and their carer/family in identifying and moving to an alternative home that meets the person's individually assessed need; a dedicated care manager will work with you through the whole process.
- Residents of the Council's residential care homes and their carer/family will have visits arranged to alternative home(s) of their choice before any decision to move is made. You will have the chance to meet other residents, speak with staff before you decide.
- There will be no financial detriment to you or your family in choosing a new placement – It will not cost you any more than it does now.

- Staff in the current home or centre will work closely with any new provider to ensure that they get to know you, your likes and dislikes and will be available for support and reassurance to you in your new home/centre and for support they can give the new provider.
- The move of service users from one service to another will be carried out by a dedicated team of social workers and the process will be overseen by a group which will include therapy, nursing and medical staff to assure its quality and effectiveness.
- We will work closely with the health service during this time and involve nurses and your GP as required.
- A service user or anyone acting on their behalf who is concerned about the transition process can speak to their social worker or the team manager and if they will be overseen by the assurance group who will advise on any complex or sensitive issues. .
- Once a person has moved to a new service their care plan will be reviewed within the first three months by your social worker and then on request as needed. Once you are settled, the care plan will be reviewed on an annual basis. Your social worker will be available for any queries or support during this time.