

Report of the Director of Adult Social Services

Report to Executive Board

Date: 15 February 2013

Subject: Better Lives for People of Leeds - Residential Care for Older People

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):Hyde Park and Woodhouse; Gipton and Harehills; Horsforth; Rothwell; Wetherby; Pudsey; Killingbeck and Seacroft; Otley and Yeadon	<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

Summary of Main Issues

1. This report fulfils two purposes. Firstly it informs members of the progress made in implementing the options approved by the Executive Board in September 2011 on the future of the Council's residential care homes. (*Better Lives for Older People: Future Options for Long Term Residential and Day Care Services.*)
2. Secondly, building on the September 2011 Executive Board report and through a number of projects sitting within the Better Lives for Older People Programme, Adult Social Care is working towards a five year vision for its residential and day care provision. This report outlines the vision which involves taking a holistic look at what services are currently provided and how they can be improved to ensure that the needs and demands of future generations of older people can be met in the future, particularly in the context of significant financial constraints and reductions in public expenditure.
3. A further review of the remaining council owned and operated residential care facilities has been completed, combining the work of the corporate Housing and Care Futures project¹ and the Better Lives programme.
4. This has focused on:
 - Responding to the needs of an increasing number of older people in the population.
 - Supporting people's wish to retain their independence in a home of their own.

¹ Further information/description of the Housing and Care Futures project will be available at the meeting

- Addressing the financial challenges of the Council and reduction in public expenditure by shaping our services to ensure they are more flexible and able to meet the needs and preferences of older people, now and in the future.
 - Ensuring that the quality of housing and care provision meets people's expectations and sector standards.
 - Enabling a co-ordinated approach to the development of housing and care provision that results in affordable options in all parts of the city.
 - Addressing the fact that some of the existing Council owned residential care provision will not meet the future needs of older people.
5. This has led to options being identified for those residential homes where no recommendations were made as part of the first phase of this programme. It is the intention that full consultation will be carried out on these options.
6. The proposals to bring about changes in residential and day care provision should be seen in the context of national legislation and guidance including; Think Local Act Personal; White Paper Caring for Our Future, reforming care and support July 2012; Localism Act and Right to Manage 2011; Adult Social Care Outcomes Framework (DH 2011); The Time of Our Lives – Ageing Well in Leeds and the Leeds 2030 Vision: To be the best city in the UK. Adult Social Care is supporting this vision through a new initiative, 'Better Lives for People in Leeds'.
7. A separate complementary Executive Board report on day centres for older people has been produced and is presented on this same agenda for Executive Board.

Recommendations

1. The Executive Board is asked to note the content of this report and recognise the progress made so far in implementing the options approved by the Executive Board in September 2011 on the future of the Council's residential care homes.
- 2 Detailed consultation with those directly affected took place as part of the 'Future Options for Long Term Residential and Day Care for Older People' review in 2011 and it is recommended that the Executive Board approve the commencement of formal statutory consultation on the proposed options outlined in this report at paragraph 5, to be carried out in the same way. This will also take into account the benefits from lessons learned and the insights gained from the consultation undertaken in 2011.

1 Purpose of this report

- 1.1 This report presents Executive Board with an update on the progress made in implementing the approved recommendations on the future of long term residential care, made in the report to Executive Board; “Better Lives for Older People – Future Options for Long Term Residential and Day Care Services” in September 2011.
- 1.2 Building on the September 2011 Executive Board report and through a number of complimentary projects sitting within the Better Lives for Older People Programme, Adult Social Care is working towards a five year vision for its residential and day care provision. This report outlines the vision which involves making a holistic assessment of current service provision and how they can be improved to ensure that the needs and demands of future generations of older people can be met in the future, particularly in the context of significant financial constraints and reductions in public expenditure.
- 1.3 The report also sets out proposed options on the future of the local authority residential care homes that have been subject to further review following the September 2011 report.

2 Background information

- 2.1 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. 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.
- 2.2 In that regard, the inquiry accepted that people’s expectations around the choice, quality and control over their residential accommodation had 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 Council owned and operated residential homes.
- 2.3 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 directly provided residential care homes in Leeds.
- 2.4 The December 2010 meeting of the Council’s Executive Board considered a review of the Council’s 19 residential care homes and 18 day centres for older people 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

- 2.5 The Executive Board agreed the set of available options and criteria to identify proposals informed by the work undertaken by the Scrutiny Board inquiry. The Executive Board also agreed to the proposed consultation process and methodology which had previously been debated and augmented through the scrutiny board inquiry.
- 2.6 These options were subject to a comprehensive consultation process which included residents, service users, carers, families, staff, community organisations, elected representatives, partners in the NHS, the voluntary and independent sectors, and members of the general public. In addition, 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 ten area committees in January and February 2011 and three Area Committee Chairs meetings in December, April and June.
- 2.7 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 would help plan for the future needs of older people.
- 2.8 The overwhelming message from the older people and their families can be summarised as people in residential and day care wanting to remain close to families and friends with some service users taking the opportunity to move to new areas to facilitate this. The final recommendations to Executive Board in September 2011 varied 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
- 2.9 The review concluded that to maintain and operate much of the Council's residential and day facilities is unrealistic both in terms of changing future demand and expectations and unaffordable in terms of the level of investment needed to make them viable for the future. Although the quality of care is high and most of the buildings are performing as intended, they will become "unfit for purpose" as the needs of future generations change.
- 2.10 The fabric of the buildings is such that basic maintenance and upgrade costs are prohibitively high relative to the finances available to the Council both now and in the foreseeable future. The current running costs of these services are also greater than equivalent services provided by the independent sector. As well as the cost and quality relating to the buildings, traditional residential care represents a service model that limits choice and independence when compared to the greater levels of independence associated with Extra Care, reablement services and the flexible use of personal budgets.
- 2.11 In September 2011, the Executive Board agreed the implementation of proposals for the nineteen residential care homes that included the decommissioning of three homes, the decommissioning (at a future date) of three further homes, the retention of three specialist dementia units, the development of Harry Booth House as an Intermediate care unit (jointly funded and provided with the NHS), the development of Richmond House as a specialist respite centre and to bring forward proposals for the remaining eight residential care homes. Original proposals around Amberton Court changed due to the outcomes of consultation and these are reflected in the 'progress to date' section below.
- 2.12 Approval was also given to the on-going review of those residential and day centres where no recommendations were made as part of the first phase of the review and to bring forward further options with City Development and Environment and Neighbourhoods in order to ensure that the choice of local housing and care and support options for older people can be expanded. As part of this process officers were

authorised to secure appropriate partners to explore development opportunities for the remaining facilities.

- 2.13 It is in this context that further proposals have been developed. The review is now at a stage where we are able to put specific options to the Executive Board with a view to going out to formal consultation.
- 2.14 The lessons learned from the consultation and decommissioning process conducted in 2010/11 have also helped to shape the next phase of the programme. Details of this are outlined in the section on consultation below.

3 Main issues

- 3.1 The country is faced with an increase in the proportion of older people in its population and a decrease in the amount of local government funding to support them. There are currently 10.3 million people aged 65 or over in the UK and this figure is expected to rise by 65% in the next 25 years to over 16.4 million in 2033 (Office of National Statistics, 2009/11). This represents 21% of the total population.
- 3.2 The increase is reflected in Leeds, where there are currently **116,600** people over the age of 65, representing **14.6%** of the overall population of the city. This figure will increase to **129,800** by 2020 (**15.3%** of population) and by 2030 the figure will reach **153,800** (**16.9%** of population) (ONS subnational population projections, March 2012). In Leeds a woman who has reached the age of 65 has a life expectancy of 20.4 years and for a man 17.7 years. However a disability free life expectancy for a woman aged 65 years in Leeds is 11.2 years and for a man 9.6 years. This has a significance for the needs of the 53,143 people in Leeds over the age of 75 years who are likely to be living with a disability for many years.(ONS census data 2011). In Leeds there are an estimated 8,400 people with dementia and this figure is estimated to increase to 11,900 in 2027 – a 40% increase in 15 years.
- 3.3 The October 2010 Comprehensive Spending Review set out local government funding from central government falling by 20% in cash terms over the period 2011/12 to 2014/15, equivalent to a reduction of 28% taking into account forecast of inflation. Further reductions in public spending for 2015/16 and 2016/17 were published as part of the Government's 2011 Autumn Statement and departmental totals will be provided in a Spending Review which should take place during 2013.
- 3.4 According to the Local Government Association "the financial future of the local government sector is driven by care spending, it will pass 45 per cent of council spending in 2019-20, eating up other budgets as it does so."
- 3.5 As more people aspire to live at home for longer, the increasing importance of maintaining independence and giving people more choice and control over their care and support provision drives the necessity to change services to better suit individual needs. The Leeds Housing Strategy for Older People 2009-2012 supports this view, with one of the key aims to ensure 'greater numbers of older people who own their homes are assisted to maintain independent living in safe and affordable housing'.
- 3.6 Social care policy in recent years has also aimed to reduce the need for residential and nursing care through the commissioning of preventive services and community based support. A recent example is the success of the Leeds community based reablement service which forms part of the intermediate tier pathway. The reablement service incorporates Homecare Reablement (SkILs Team), an Outreach Service and Assistive

Technology to provide older people with the opportunity to remain independent in their own home.

- 3.7 When, for reasons of safety, security and social isolation it is no longer feasible to support a person in their existing home, they should be given a choice of alternative accommodation and support. This requires that suitable, affordable, flexible and accessible accommodation is available to all older people. Increasingly this will take the form of sheltered housing and extra care housing where any support that is needed is purchased by the individual resident through public or private funding.
- 3.8 The Department of Health DoH National Framework aims to ensure fair, high quality, integrated health and social care services for older people by linking services to support independence and promote good health.
- 3.9 Against a backdrop of reducing government funding and increasing demand Leeds Adult Social Care is faced with the challenge of how to facilitate greater choice for older people, improve standards, achieve better outcomes and meet the increasing aspirations of the citizens of Leeds. This requires a shift in current investment away from outmoded, facilities with limited popularity coupled with services that limit choice and a reinvestment in new approaches including personal budgets and integrated services.
- 3.10 In common with some other local authorities, Leeds has seen reductions in the numbers of weeks of care used by publicly funded individuals in long term residential and nursing care settings almost certainly due to the success of community based interventions.
- 3.11 Although the demand for long term residential care may be decreasing there is continuing demand and a potential continuing role for the local authority in the provision of two types of specialist care. These were identified in the Executive Board Report of September 2011 as intermediate care and dementia care.
- 3.12 The rationale for developing Intermediate care was based on the higher number of people that could benefit from a short period of intensive support in a specialist unit that helped them return home. The other benefit was in the joint commissioning and provision of intermediate care that offered greater efficiencies through integrated services.
- 3.13 The reason for recommending the retention of dementia care facilities was based on the view that there was insufficient capacity and quality offered by the independent sector. As such, one dementia specific home will be retained in each area of the city in order to meet current demand. The choice of home is based on location, size and suitability of the building. Work will take place to develop a longer term vision and strategy for Local Authority specialist care in dementia, investigating options for independent sector developments and opportunities to develop partnerships to deliver services.
- 3.14 **Better Lives for Older People: The Vision**
- 3.15 The Better Lives Programme sets out an emerging care strategy based on empowering people to give them this choice and control in where they live, the type of support they receive and who provides the support. This will be done through a mixture of enterprise, integration and through new developments in housing, care and support options for older people. Given this, and in the context of significant financial constraints and reductions in public expenditure, steps are being taken to design innovative, efficient and integrated models of care and support alongside increased partnership working with statutory and voluntary sector partners.

The Better Lives programme has been designed to help address these challenges and at the same time continue to improve health, social care and housing outcomes for older people in Leeds.

- 3.16 Although the Better Lives for People in Leeds programme has its origins in the transformation of adult social care it has implications for the whole of the council. It invites Leeds City Council to take a corporate approach to the future development of care and support services in the city. This will ensure the development of a sustainable social care sector that offers a range of accessible, affordable and quality services. It will involve a process that supports closer working of some of the different functions of the council relating to adult social care, housing, development, planning and regeneration to ensure that the choice of local housing, care and support options for older people is expanded.
- 3.17 Alongside progress on the Better Lives Programme, the Leeds Market Position Statement was developed in 2012 to set out the rationale for facilitating an Adult Social Care market for Leeds which delivers affordable quality outcomes for citizens, with consideration given to public policy context to which the market will have to respond and most notably, how ASC is set to change radically in the coming years.
- 3.18 The Market Position Statement draws attention to this key priority for Adult Health and Social Care:

Better lives through Housing, Care and Support

- “Adult Social Care will work with other council directorates, private house-builders and developers, social housing providers and community, voluntary, faith and enterprise organisations. We will create a mosaic of types of housing (including residential and extra care), with care and support”.

- 3.19 The Older People’s Housing and Care Project has combined the knowledge of City Development, Environment and Neighbourhoods and Adult Social Care to assess the demand, the delivery route and the design of future accommodation for older people. The outcome of this work, which includes a detailed analysis of demographics, communities, current provision, planned provision and development opportunities, will help ensure a more targeted approach to where services are developed. This will ensure all individuals are within easy access of a range of services.
- 3.20 A number of initiatives have had an impact on influencing the recommendations for consultation contained in this report. They are as follows:
- 3.21 The Leeds Dementia Strategy (2012) has been developed with an overarching plan to make Leeds a dementia friendly city. This will support people with dementia to live their lives to the full as part of the community.
- 3.22 Dementia is one of the main causes of disability in later life, with over 820,000 people were estimated to be suffering from late onset dementia in the UK in 2010 and by 2025, the number is expected to rise to one million (ONS 2009/11). In Leeds there are an estimated 8,400 people with dementia and this figure is estimated to increase to 11,900 in 2027 – a 40% increase in 15 years.
- 3.23 A projected rise in the number of people living with dementia presents a challenge in order to meet the increased and evolving needs of individuals

3.24 A Residential Quality Governance Framework and associated fee levels for residential and nursing home care has been adopted by the Council and is in place for the next five years. This will provide the Council with greater influence over the cost and quality of independent sector care.

3.25 Discussions have taken place with community groups, providers and developers to assess the potential use of those homes that have been subject to further review.

4 Better Lives for Older People: Future Options for Long Term Residential and Day Care Services Report, September 2011 - Progress to Date

4.1 The following three residential care homes have now been decommissioned in line with the recommendations of Executive Board in September 2011. Following an individual needs assessment and in accordance with the care guarantee which gave residents a choice of alternative provision, all the residents have transferred to alternative accommodation.

Residential care home	Ward
Westholme	Farnley & Wortley
Kirkland House	Guiseley & Rawdon
Grange Court	Garforth & Swillington

4.2 It is the intention to demolish these facilities and priority funding has been identified in the 2013/14 Demolition Budget. The demolition of the sites will:

- Reduce council revenue costs associated with the on-going maintenance and security of the properties whilst in void management.
- Improve the potential to dispose of the sites by making the sites more attractive to potential purchasers
- Reduce any vandalism or risks associated with void sites and improve the visual appearance of the localities in which they are sited

4.3 Across the three decommissioned homes and Harry Booth House, ninety six people moved home, generally moving into independent sector residential provision. Seventy one staff members were re-deployed in the service with three choosing to take Voluntary Early Retirement.

4.4 Harry Booth House (Beeston and Holbeck) is being re-commissioned in April 2013 having been converted to operate as a forty bed (thirty nursing and ten care beds) community intermediate care facility, jointly provided by the NHS and Leeds City Council. The unit, which will reopen as the South Leeds Independence Centre, will provide service users with an integrated health and social care service including access to 24 hour nursing for up to six weeks. This partnership will involve the NHS and Leeds City Council working together under a pooled budget arrangement to develop and provide a specialist service, which should ensure that:

- People who may have previously been admitted to hospital or long term residential care receive an intervention that allows them to remain at home and independent
 - People being discharged from hospital are, after a short stay, able to regain independence.
- 4.5 Intermediate care services are targeted at people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute in-patient care, long-term residential care, or continuing NHS in-patient care. This service is aimed at preventing unnecessary admission to hospital or can help to get people out of hospital more quickly when they are well enough to leave but not independent enough to return home.
- 4.6 The investment in such services will see a continued decline in the need for traditional residential services as people are supported to live more independently for longer. Partnership working between health and social care professionals not only provides a joined-up, seamless service for people but also offers efficiencies in the delivery and funding of the service.
- 4.7 As part of the five year vision, it is anticipated there will be a shift in provision from traditional residential care towards a more flexible and modern model of provision, with the development of more integrated services, such as the South Leeds Independence Centre. Similar opportunities will be explored with partners for dementia provision.
- 4.8 Richmond House (Calverley and Farsley) is being considered for on-going use as a short stay unit for older people who would benefit from short breaks, respite (for family carers), reablement services and non-nursing intermediate care. These are currently provided in dedicated beds in a number of local authority care homes. As the demand for these services is likely to remain it is proposed that Richmond House, as an existing short-stay care unit, fulfils this role on a city-wide basis.
- 4.9 Amberton Court (Gipton and Harehills) had been considered for recommissioning as a specialist short stay intermediate care unit with access to 24 hour nursing. This option was amended following consultation with the NHS as the building was considered by the NHS to be unsuitable for conversion. Amberton Court has been the subject of a further review and the proposed future option outlined in para 5.1 below.
- 4.10 Executive Board agreed to the decommissioning of Spring Gardens (Otley and Yeadon) and Knowle Manor (Morley South) at a future date and on completion of newly built alternative facilities in Otley and Morley respectively. The Council welcomes the planned private sector investment in Otley which will provide greater choice for older people in this area and an opportunity to rationalise the directly provided service delivered from Spring Gardens.
- 4.11 Dolphin Manor (Rothwell) is being considered under the Localism Act (2011), which gives local communities, voluntary organisations and Local Authority staff the right to express an interest in taking over the running of Local Authority services. Sandwell Community Care Trust and 'Friends of Dolphin Manor' have indicated an interest in taking over the running of the service and it is recommended that if a robust business case can be developed, this approach should be supported. This would allow the Council to utilise the expertise of partners in provision of services to increase the choices and quality of options available. It should also allow services users to potentially influence the market and services developed.

4.12 **Resident Experience of Phase 1**

4.13 A retrospective look has been taken at the experience of residents affected by the closure of homes in Phase 1. Once explored, alternative residential provision was viewed positively and people were more than content to move and have settled well. The experience of Barbara, a 79 year old, who became a permanent resident of Harry Booth House in Beeston in 2010 following the death of her husband, was recorded following her move to a nearby residential care home.

'Barbara and her daughter Sue are very close and were very anxious about the move as Barbara was settled at Harry Booth House. Barbara's first choice of residential home was Sunnyview House in Beeston. The home is near her family and friends who visit her regularly. Barbara has settled well into Sunnyview care home. Barbara really likes the staff, and says they make her feel really welcome. She also likes the food at her new home! Her room overlooks the street, which she really likes, as she can watch what is happening outside. This has been really beneficial for her as she spends a lot of time in bed due to her health issues. Sue her daughter is very happy with the standard of care her mum has received.'

4.14 Further case studies reflecting the views of individuals affected by Phase 1 can be found in Appendix 1.

4.15 **Residential Homes for Further Review**

4.16 The care homes earmarked for further review following Phase 1 were; Burley Willows (Hyde Park and Woodhouse), Manorfield House (Horsforth), Suffolk Court (Otley and Yeadon), Fairview (Killingbeck and Seacroft), Musgrave Court (Pudsey), Primrose Hill (Wetherby), Home Lea House (Rothwell) and Amberton Court.

4.17 **Options Analysis**

4.18 An options analysis has been carried out on those residential homes where no recommendations were made as part of the first phase of this programme and as outlined above in paragraph 4.15. The criteria developed for the option analysis in the first phase of the programme have been supplemented with further data on the over 75 population (current and projected), planned independent sector developments and health and income statistics, to give a clearer picture of where demand for development of older peoples housing and care is most needed and also where adequate levels of provision of services are evident.

4.19 In view of the progress made on the Better Lives for Older Peoples Programme (with particular regard to the work done to identify and manage demand, capacity, quality and cost across the whole housing and care sector) it is proposed that the remaining local authority care homes be the subject of formal public consultation in respect of revised options. These options are:

1. Decommission facility and transfer service users to other services of their choice already available in the ward / area
2. Decommission facility and transfer service users into new build facilities in the ward/ area or other services of their choice already available- (construction in progress in these wards and opening of new facility imminent)
3. Decommission facility when new developments arise in the ward / area- (currently no development in progress, and limited supply in ward)

4. Decommission on a gradual basis, e.g. by stopping all new admissions. (This is not considered a viable option due to associated risks e.g. resident wellbeing affected if living in a home with reducing numbers)
5. Consider development in line with 'Better Lives Through Enterprise' working with the third sector and social enterprise on re-provision where facilities are suitable
6. Continue provision of services while considering potential partnership development in line with 'Better Lives through Integration' For this to be a viable option, the specification of the service to be run and building requirements would need to be identified and discussions held with potential partners to produce a business case and agree funding arrangements to develop the service
7. Do nothing (this is not considered a viable option due to the reasons identified in the review carried out during phase 1).

4.20 The above options have been considered in relation to each of the residential homes where no recommendations were made as part of the first phase of this programme. This has led to the identification of a recommended option for each home based on the analysis of the unit and its locality.

4.21 Subject to Executive Board approval, consultation would take place on the proposals (outlined below) and a further report would be submitted to the Executive Board giving the outcomes of the consultation process with any revised recommendations.

5 Proposals to be consulted on

5.1 Amberton Court (Gipton and Harehills)

5.2 Proposal to consult on; decommissioning facility and transfer service users to other services of their choice already available in the ward/ area.

5.3 This is a change to the original proposal made for Amberton Court. Plans to recommission as a specialist short stay intermediate care unit with access to 24 hour nursing were rejected as the NHS consider the building unsuitable for conversion.

5.4 Key factors include that there would still be significant capacity within the ward if Amberton Court is decommissioned (Berkeley Court, a new build 78 bed home opened in Gipton in Dec 2009) and the cost associated with maintaining the building.

5.5 Burley Willows (Hyde Park and Woodhouse ward)

5.6 Proposal to consult on; decommissioning the facility and transfer service users to other services of their choice already available in the ward/area.

5.7 Key factors include that there would still be capacity within the ward if Burley Willows is decommissioned and the cost associated with maintaining the building.

5.8 Potential to develop Extra Care Housing on the site in future will be pursued as part of the proposal.

- 5.9 **Fairview (Killingbeck and Seacroft)**
- 5.10 Proposal to consult on; decommissioning facility and transfer service users to other services of their choice already available in the ward / area.
- 5.11 Key factors include that there would still be capacity within the ward/ adjacent wards if Fairview is decommissioned and the cost associated with maintaining the buildings.
- 5.12 **Home Lea House (Rothwell)**
- 5.13 Proposal to consult on; potential development in line with 'Better Lives through Enterprise'.
- 5.14 There has been interest shown by Sandwell Community Care Trust and 'Friends of Dolphin Manor' in the acquisition and continuing operation of Home Lea House and it is intended that this option will be explored further subject to the submission of a robust business case.
- 5.15 **Manorfield House (Horsforth)**
- 5.16 Proposal to consult on; decommissioning the facility and transfer of service users to other services of their choice already available in the ward/area.
- 5.17 Key factors include that there would still be capacity within the ward if Manorfield House is decommissioned and the cost associated with maintaining the building.
- 5.18 Some interest has already been expressed by the sector to build similar accommodation on an adjacent site.
- 5.19 **Musgrave Court (Pudsey)**
- 5.20 Proposal to consult on; decommissioning facility and transfer service users to other services of their choice already available in the ward / area.
- 5.21 Key factors include that there would still be capacity within the ward and local area if Musgrave Court is decommissioned and the cost associated with maintaining the building, particularly given recent environmental issues affecting the buildings.
- 5.22 **Primrose Hill (Wetherby)**
- 5.23 Proposal to consult on; decommissioning facility and transfer service users into other services of their choice in the ward/area.
- 5.24 Key factors include that there would still be capacity within the ward/ adjacent wards, particularly given the proposed new development of a residential home with extra care flats in Wetherby, if Primrose Hill is decommissioned and the cost associated with maintaining the building.
- 5.25 **Suffolk Court (Otley and Yeadon)**
- 5.26 Proposal to consider and consult on Suffolk Court as a potential site for a specialist short stay integrated intermediate care unit with access to 24 hour nursing. The NHS has shown interest in this site, though any development would be subject to approval, consultation and development of a robust business case. If viable, it is proposed that the site will be jointly commissioned as an integrated community intermediate care unit by the NHS and Leeds City Council.

6.0 Corporate Considerations

6.1 Consultation and Engagement

6.2 Background

6.3 An extensive and inclusive consultation process undertaken as part of the 'Future Options for Long Term Residential and Day Care for Older People' review in 2011 was informed and endorsed by a Scrutiny Inquiry and aimed to seek 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.

6.4 The communication and consultation activities for this review were broken down into two distinct areas: the wider consultation and the detailed consultation with those directly affected.

6.5 The Wider Consultation

6.6 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. The consultation, branded 'The Future for Adult Social Care in Leeds' took place between February and June 2011. Through a series of planned events, consultation was undertaken 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.

6.7 The outcomes of the wider consultation described above, together with feedback from a range of stakeholders and the detailed consultation with those directly affected, provided the council's Executive Board in September 2011 with a mandate to approve and proceed with the Better Lives Programme aimed at reshaping local authority residential care home and day care provision for older people in Leeds. Executive Board also agreed to bring forward further options in relation to the remaining six day centres and eight residential homes.

6.8 As described elsewhere in this report, residents affected by the decommissioning process were informed, assessed and supported by a dedicated team of professionals working in accordance with an "Assessment and Closure Protocol." In addition, a 'Care Guarantee' was developed which outlined the principles and commitment that residents could expect from the Council and the support they would receive throughout the whole process.

6.9 Phase Two Detailed Consultation

6.10 As in Phase 1, the aim of the detailed consultation on the proposals for the residential care homes is to consult with those directly affected and as a priority the existing residents of residential care homes and their families and carers. Detailed consultation will take place with affected care staff and trade unions and also with related stakeholders within the locality, including elected members and partner organisations. The consultation will seek views about the process and ensure that the needs of individuals are adequately assessed and met.

6.11 Subtle improvements will be implemented to improve the consultation process following an evaluation of phase one of the review of older people's residential and day care services. A detailed summary of lessons learned from Phase 1 and the proposed changes in response to these can be found in Appendix 2.

6.12 Residents, relatives and carers

- 6.13 It is proposed that detailed consultation should formally begin on 11 March 2013 following endorsement of proposals contained in this report by Executive Board and a short period of planning and preparation. It will be completed within three months. The aim of the consultation will be to determine the impact of the proposed future options on those residents directly affected and ensure that the rationale behind the proposals is clearly understood. It is intended that the consultation will be a two way process with the objective of securing stakeholder engagement at every stage. For people who are not able to make decisions for themselves, or have no relatives or friends to be present, an independent advocate will be present to ensure any decisions made are in their best interests.
- 6.14 Letters were sent to residents, their families and carers on 7 February 2013 advising them of the Council's intention to seek Executive Board approval to begin consultation on the proposed options and prior to any breaking news stories. It is proposed that a further letter be sent on 16 February 2013 following Executive Board's decision.
- 6.15 Providing residents, their relatives and carers with the appropriate level of information and consulting with them at key stages of the process will be a key component of the consultation process. This is particularly relevant at the beginning of the process as residents and relatives are likely to be anxious about the proposals. It is proposed that a telephone helpline is available, staffed by experienced officers in the Programme Team.
- 6.16 The consultation will be undertaken in a 'person centred' way and one to one interviews offered to everyone affected. The manager in each home will arrange a suitable future date and time for the one-to-one interviews to take place. Relatives, carers or friends will also be invited to attend. A questionnaire, available in a range of formats will be to capture people's responses to the proposed changes and determine the impact on individuals and how this might be reduced as plans are developed. A comprehensive suite of information will explain the way in which factors for consideration have been applied in generating the option or options for each home.
- 6.17 Care and consideration will be given to any communication issues for each individual resident. The programme team will work with each manager of the home prior to the start of the consultation to identify individual's communication needs. A consultation plan has been developed that incorporates the need to be mindful of engaging with older people who may be inevitably anxious about the proposals, particularly those with complex needs, such as those with dementia.
- 6.18 The capacity of residents to participate in the consultation will be determined by the home manager. Guidance notes will be issued designed to prompt and guide managers in obtaining the views of residents and service users with dementia. Semi-structured interviews where a relaxed, one to one, meeting takes place is the chosen method for this purpose and feedback from the first phase of consultation indicates this is the preferred method for residents and their families.
- 6.19 **Elected Members**
- 6.20 Local Authorities are experiencing a number of drivers for local citizens to become more engaged in service design and delivery. Provisions made within the government's 2011 Localism Act envisage a greater engagement of communities in the delivery of services and management of assets, with new powers to challenge councils for control of service delivery and to bid to own and run assets of community value. For this to work and to ensure a connection between strategic and local interests and facilitate the engagement

of citizens, Adult Social Care will enlist the local leadership skills, knowledge and expertise of elected members. To start the delivery of this challenge, a Cross Party Member Advisory Board has been established to provide an opportunity for Members of all parties to discuss a shared interest in further improving services for older people.

6.21 As a likely first point of contact from those directly affected, elected members in wards with proposed options for change were offered a meeting with the Executive Member for Adult Social Care and sent a briefing note on 7 February 2013 advising them of the Council's intention to seek Executive Board approval to begin consultation on the proposed options. It is proposed that a further letter be sent on 16 February 2013 following the Executive Board's decision. This will be followed by regular briefings throughout the consultation process as and when required.

6.22 **Scrutiny Board**

6.23 It is proposed that the Health & Well-being and Adult Social Care Scrutiny Board keep a watching brief on future developments to ensure they are relevant, focused and purposeful

6.24 **Area Committees**

6.25 It is proposed that officers in Adult Social Care make presentations to all 10 area committees in June and July 2013 to ensure that future services reflect local need and to ensure that local knowledge and experience form part of the consultation feedback.

6.26 **Staff consultation**

6.27 In order to establish clear lines of communication and engagement right from the start, letters were sent to staff on 7 February 2013 advising them of the intention to seek Executive Board approval on the proposals. It is proposed that a further letter is sent on 16 February 2013 following Executive Board's decision.

6.28 Staff briefings on the proposed options will take place during week commencing 18 February 2013. Separate briefings on employee matters will take place concurrently with managers from adult social care.

6.29 **Trade Unions**

6.30 Trade union representatives play a key role in supporting employees through organisational change and monthly consultation meetings will take place to ensure that arising employee matters are addressed.

6.31 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.

6.32 **Negotiations with the NHS**

6.33 The primary focus of the negotiations with the NHS 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.

6.34 The establishment of an integrated nursing and residential care facility at the former Harry Booth House residential care home, 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 refurbished facility, known as the South Leeds Independence Centre opens in April 2013 and is designed to ensure that people experience seamless service delivery, improved experience of care and improved outcomes.

6.35 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.

6.36 Consultation methodology

6.37 A refreshed communication management and stakeholder engagement strategy has been developed. Consultation methods will be tailored to the stakeholder groups and will include briefing documents, the opportunity to respond in writing or electronically and group discussions.

6.38 An advisory group including service users and carers has been established to advise on the accessibility of the consultation process, consultation documentation and the report on the consultation findings. The group will also advise on the impact the proposals will have on those affected and contribute towards the Equality, Diversity, Cohesion and Integration Impact Assessment.

6.39 Who will we consult with?

- Residents, their families and carers
- Staff
- Elected members
- Advisory Group
- Partner organisations
- Trade unions

6.40 How we will consult?

- One-to- one interviews with those directly affected and use of a questionnaire
- Fact sheets will be produced setting out options and how these have been arrived at
- Ward Member briefings
- Attendance at Health & Well-Being and Adult Social Care Scrutiny Board.
- Attendance at the Health & Well-Being Board
- Attendance at Area Committees
- Effective feedback arrangements
- Meetings and events with trades unions, specifically in relation to the options being consulted on
- Group Q&A sessions for people who use services and all interested parties
- Documentation that gives background information about each unit and options available
- Staff meetings
- Meetings with key partner organisations, particularly NHS partners
- Newsletters and web-based information

- A media protocol

6.41 Formal advocacy will be provided for residents when required and as requested

6.42 Feedback from the consultation will be reviewed and the responses recorded and circulated to those involved in the consultation process. The responses collected during the consultation and the outcome of the equality impact assessment will be used to draw up recommendations for future residential care services, to be considered by a future meeting of Executive Board. The recommendations will include detailed proposals on implementation.

6.43 Market Engagement

6.44 Adult Social Care will stimulate and shape the market for personal care, social care and related housing support services. It will forge new partnerships with service providers in the voluntary and independent sectors to ensure that a sufficient range of quality services are available at an affordable price to enable real choice. New models of service, including social enterprise and co-operatives will be supported, and ways of engaging the private sector and social enterprise will be explored.

7.0 Equality and Diversity / Cohesion and Integration

7.1 Giving due regard to equality, the proposed options were subject to 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 is currently provided by the in-house residential care service. The screening document is available at Appendix 3. Staff will also be affected, particularly women, who make up 90% of the workforce. If the proposals are agreed they will be the subject of individual EIAs as a parallel process to the consultation on the proposed changes.

8.0 Council policies and City Priorities

8.1 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.

8.2 Leeds City Council's Top 25 priorities set out the delivery milestones of the council for 2012-13 which support delivery of the key priorities in the city priority plan and council business plan 2011-15. In relation to Adult Social Care this includes supporting Better Lives through enterprise with the development of a wider range of care service providers. This will increase the range of choices open to service users.

8.3 The Council also has a duty of care to existing service users. This will be maintained throughout the change programme by ensuring that 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. The important role of family carers is also recognised and they will be kept fully informed and offered a carers assessment, where appropriate.

9.0 Resources and value for money

9.1 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 Council-owned residential homes have significant running, maintenance and upgrade costs and the scale of that investment would need to grow significantly against a background of less money being available to the Council overall.

- 9.2 Some concerns were expressed in the phase 1 consultation that alternative services would not be affordable and that people would be financially disadvantaged. These concerns were not founded and implementation of phase 1 of the review was successfully achieved.
- 9.3 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.
- 9.4 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. Along these lines, ASC has negotiated a long-term fee settlement with providers of residential care within a quality framework.
- 9.5 In addition, 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.
- 9.6 It has also been 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.

9.7 Savings to date

- 9.8 Following approval at Executive Board on 7th September 2011, three residential homes closed over the period December 2011 to March 2012 (Westholme, Kirkland House and Grange Court). As a result of these closures, annual savings totalling £2.536m will be achieved through reduced running costs. Reproviding these beds for the group of residents who moved into the independent sector will reduce these savings to a net figure of £0.4m per annum.

9.9 Potential savings

- 9.10 In terms of the proposals made for those residential homes where no recommendations were made as part of the first phase of this programme, should the recommended option for each residential home be confirmed following consultation, it is estimated that the council will accrue gross savings of £5.4m per annum. However similar to phase 1 of the programme, these savings will reduce to a net figure of £0.875m as the existing residents are transferred to alternative homes within the independent sector.
- 9.11 On-going revenue savings will be achieved through a reduction in new residents entering care homes and through the avoidance of premature admissions, reducing the length of stay for those who do take up residence in a care home. Offering older people a real choice in their support, care and accommodation lies at the heart of the Better Lives for Older People programme. Community support, Extra Care Housing and Intermediate

Care not only provide better outcomes for older people but also offer savings for Adult Social Care as the cost of these alternative services will be met from a variety of sources.

- 9.12 Capital expenditure would also be required on the six homes to be consulted upon for decommissioning. Based on estimates carried out in autumn 2012, the cost of basic maintenance on the six homes over the next five years would be £3,019,645. To bring these homes up to a more modern standard, in line with the Care Standards Act (2000) would cost an additional £7,023,244. Further details are available in Appendix 4.

10.00 Legal Implications, Access to Information and Call In

- 10.1 Legal services have been involved in the programme to provide advice on legal requirements, contracts and challenges. Any decision regarding the proposed re-provision and de-commissioning of day services would be subject to Call In.

11.00 Risk Management

- 11.1 Risks will be managed through the Programme's risk log. The use of the processes developed for phase 1 in conjunction with the lessons learned log developed during phase 1 and retention of key personnel involved in phase 1 consultation and assessment should allow risks to be dealt with effectively and efficiently.
- 11.2 As with phase 1, the options consulted upon are open to challenge during the consultation phase, which could result in changes to proposals or delays to implementing any recommendations made.

12.00 Conclusions

- 12.1 The residential homes run by the council require considerable investment to bring up to the standards of new-builds and are unlikely to meet aspirational living environments for older people in the future. The work carried out as part of the Older Peoples Housing and Care Futures project identified that in the majority of wards capacity is available in alternative services and in the independent sector. Where capacity is not available, recommendations have been made to delay decommissioning until suitable developments take place. It is still the intention of the council to explore opportunities for development of specialist intermediate care services, assuming existing facilities can be adapted to sufficient standards at a cost affordable for the council and its partners.

13.0 Recommendations

1. The Executive Board is asked to note the content of this report and recognise the progress made so far in implementing the options approved by the Executive Board in September 2011 on the future of the Council's residential care homes.
2. Detailed consultation with those directly affected took place as part of the 'Future Options for Long Term Residential and Day Care for Older People' review in 2011 and it is recommended that the Executive Board approve the commencement of formal statutory consultation on the proposed options outlined in this report at paragraph 5 to be carried out in the same way. This will also take into account the benefits from lessons learned and the insights gained from the consultation undertaken in 2011.

14.0 Background documents²

14.1 None

² The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Better Lives for People of Leeds - Residential Care for Older People - Appendix 1

Phase 1 Residential Care Case Studies

Freda is 85 years old and moved to Kirkland House in 2003. Freda was very happy at Kirkland House and was anxious about the move. Her son also really wanted Freda to continue to live in the Guiseley area as she has strong local connections. Freda completed an introductory visit and really liked Primrose Court, her first choice of an alternative home in Guiseley. Freda says that she is very happy at Primrose Court, she has a nice room, all her furniture is there and she is happy for Primrose Court to be her permanent home. Freda plays a full and active role in a wide range of social activities at the home. She also continues to attend activities in the local community. The new placement enables her son to visit frequently as he did at Kirkland House. Freda moved to be with her friend Pat who is equally happy with her new home. They have maintained their friendship and made other friends since moving. Both commented that moving with a friend had made the transition easier.

Sam is 76 years old and moved into Harry Booth House in 2003. Sam moved to Pennington Court in South Leeds following the closure of Harry Booth House in November 2011. He says that he is very happy at Pennington Court, he now goes to the nearby Kingdom Hall twice a week, and a day centre to support his mental health needs once a week and his friends visit regularly to play chess. Sam says he has a nice room, all his own furniture and that he is very happy in his new home.

Peter is 80 yrs. old; he moved to England in his early twenties from County Galway and worked as a farm labourer in Lincolnshire. Peter never married or had children and has not been in contact with any members of his extended family for many years. Following the closure of Westholme Peter asked if he could explore the option of Extra Care housing. Consequently he was assessed and received financial and practical support from A.S.C to move to Woodview Extra Care supported housing complex in November 2012. He is presently being supported by the SKILLS team to enhance his independent living skills and confidence. Leeds A.S.C Community Outreach service is also working with Peter around independent travel and supporting him to familiarise himself with his local area. Peter has told carers and friends that he is very happy and content in his home and is looking forward to the future. He acknowledges he will require a small package of care and support to enable him to continue to live independently.

Better Lives for People of Leeds - Residential Care for Older People - Appendix 2

Lessons Learned

An evaluation of phase one of the review of older people's residential and day care services has been undertaken, including the extent to which it met its stated aims. We will be using this information in the second phase of the Better lives for Older People Programme and are committed to ensuring that the lessons learned from phase one are incorporated into our developing services for older people.

The consultation process yielded a rich and diverse range of views, comments, concerns and questions, all of which have been considered in developing the consultation, communication and engagement strategy for the Better lives Programme. While it is not possible to fully replicate each comment in this report, key themes have emerged from the consultation process which are summarised below along with the response or action point:

- **Clarity of the strategy and importance of clear and consistent messages for future consultation. Keep message consistent from the start**

A communication plan has been developed which contains a clear and consistent message, commonly understood by everyone and in line with a shared vision for the service. This vision will be the basis for the outcomes and delivered benefits of the Better Lives Programme and will underpin future communication and engagement.

- **Illustrate possible outcomes of what is being proposed and provide more information on alternatives and what the new model of care will look like**

We will provide case studies and stories which outline experiences of former residents of the homes which closed last year and how they are getting on in their new accommodation.

- **The information given out should be consistent and accurate with regular and consistent communications with stakeholders in user friendly language**

We will develop clear communication materials. The style and language will be debated and overseen by an Advisory Group on behalf of older people service users.

- **Keep to realistic timescales to avoid confusing letters to explain delays**

We will develop and maintain realistic project and resource plans to ensure that schedules are robust and timescales achievable

- **Improve dialogue and engagement with the Voluntary, Community and Faith Sector and local interest groups.**

An Advisory Group including service users and carers will be established to advise on the accessibility of the consultation process, documentation and the report on the consultation findings. The group will also advise on the likely impact of the proposals on those affected and contribute towards the Equality, Diversity, Cohesion and Integration Impact Assessment.

- **Improved communication with staff. Build in more time to brief staff on proposed changes.**

Guidance will be given to all care staff regarding information handling. In addition they will be supported throughout the process. Their career paths and aspirations will be considered and discussed and long periods of uncertainty avoided.

- **More detailed information on the criteria used to determine the options to allow those directly affected to respond**

Care and consideration will be given to communication issues for each individual resident and day care user. Meetings will be held with residents to help understand the impact of any changes. Those customers directly affected by the proposed changes will receive written information outlining the likely impact for them and giving the opportunity to comment on the proposals and their impact in a one-one interview with the manager of the home

Better Lives for People of Leeds - Residential Care for Older People - Appendix 3

Equality, Diversity, Cohesion and Integration Screening

Directorate: Adult Social Care	Service area: Residential Care Homes	
Lead person: Anna Clifford	Contact number: 3952297	
1. Title: Better Lives for Older People – Residential Care Homes		
Is this a:		
Strategy / Policy	Service / Function	Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If other, please specify		
2. Please provide a brief description of what you are screening		
<p>In September 2011, following extensive and comprehensive consultation, the Council's Executive Board agreed to proceed with the Better Lives Programme aimed at reshaping local authority residential care home and day care provision for older people in Leeds. The Executive Board also agreed to bring forward further options in relation to the remaining six day centres and eight residential homes.</p> <p>Criteria for determining the future options for these services have already been assessed with due regard to equality. These criteria were considered and agreed by the Executive Board on 15 December 2010.</p> <p>Building on the September 2011 Executive Board report and through a number of projects sitting within the Better Lives for Older People Programme, Adult Social Care is working towards a five year vision for these remaining services. This involves taking a holistic look at what services are currently provided and how the needs and demands of future generations of older people can be best provided.</p> <p>It is in this context that proposals have been developed for those residential homes where no recommendations were made as part of the first phase of this programme. The review is now at a stage where we are able to put specific options to the Executive Board with a view to going out to formal consultation.</p> <p>Executive Board will be requested at its meeting on 15 February 2013 to begin a process of consultation on the proposed options identified for the remaining older people's residential care homes.</p>		
3. Relevance to equality, diversity, cohesion and integration		
Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?	√	
Have there been or likely to be any public concerns about the policy or proposal?	√	
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	√	
Could the proposal affect our workforce or employment practices?	√	
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and 	√	

<ul style="list-style-type: none"> harassment • Advancing equality of opportunity • Fostering good relations 		
4. Considering the impact on equality, diversity, cohesion and integration		
<ul style="list-style-type: none"> • Key findings <p>Phase 1 of the review considered and assessed the impact of the decommissioning and recommissioning of a number of residential homes both in terms of future users of the services and those individuals directly affected.</p> <p>The impact on individuals directly affected by the proposals for the remaining residential homes where no recommendation were made as part of the first phase of this programme is not known and to this end an impact assessment will be completed for each option involving relevant and appropriate consultation and involvement through the Adult Social Care Programme Team.</p>		
<ul style="list-style-type: none"> • Actions <p>(think about how you will promote positive impact and remove/ reduce negative impact)</p> <p>A separate assessment will be completed for each option involving relevant and appropriate consultation and involvement through the Adult Social Care Programme Team</p>		
5. If you are not already considering the impact on equality, diversity, cohesion and integration you will need to carry out an impact assessment.		
Date to scope and plan your impact assessment:	December 2012 – July 2013	
Date to complete your impact assessment	When will you complete the impact assessment?	
	August 2013	
Lead person for your impact assessment (Include name and job title)	Anna Clifford	
6. Governance, ownership and approval		
Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Dennis Holmes	Deputy Director, Strategic Commissioning, Adult Social Care	23 January 2013
7. Publishing		
This screening document will act as evidence that due regard to equality and diversity has been given. If you are not carrying out an independent impact assessment the screening document will need to be published.		
Please send a copy to the Equality Team for publishing		
Date screening completed	10 December 2012	
If relates to a Key Decision send to Corporate Governance		
Any other decision please send to Equality Team (equalityteam@leeds.gov.uk)		

Better Lives for People of Leeds - Residential Care for Older People - Appendix 4.

Capital Cost of Improvement to Residential Homes in Phase 2

Residential Homes earmarked for decommissioning	Estimated Cost of Improvement		
	Planned Maintenance (estimated cumulative spend over next five years) £'s	2000 CQC Standards £'s	High Dependency Dementia Standard £'s
Amberton Court	412,900	1,423,365.91	1,572,647.90
Burley Willows	548,800	1,432,471.33	1,724,532.72
Manorfield House	464,150	1,278,630.46	1,460,314.39
Primrose Hill	478,345	1,395,205.79	1,539,141.27
Fairview	600,050	1,427,932.28	1,706,073.45
Musgrave Court	515,400	1,344,268.47	1,755,033.21
Total	3,019,645.00	7,023,243.78	9,757,742.94

Residential Homes with possible alternative use			
Home Lea House	494,075	1,278,630.46	1,460,314.39
Suffolk Court	No survey available		

Combined Total	3,513,720.00	8,301,874.24	11,218,057.33
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