

SCRUTINY COMMISSION FOR HEALTH ISSUES

THURSDAY 1 NOVEMBER 2012
7.00 PM

Council Chamber - Town Hall

AGENDA

Page No

1. Apologies

2. Declarations of Interest and Whipping Declarations

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification" that has been disclosed to the Solicitor to the Council.

Members must also declare if they are subject to their party group whip in relation to any items under consideration.

3. Proposed Closure of Greenwood House and Welland House

1 - 68

4. Date of Next Meeting

Tuesday, 13 November 2012



There is an induction hearing loop system available in all meeting rooms. Some of the systems are infra-red operated, if you wish to use this system then please contact Paulina Ford on 01733 452508 as soon as possible.

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Committee Members:

Councillors: B Rush (Chairman), D Lamb (Vice Chairman), J Stokes, McKean, K Sharp, N Shabbir, Sylvester

Substitutes: Councillors: D Harrington, M Jamil and Y Maqbool

Further information about this meeting can be obtained from Paulina Ford on telephone 01733 452508 or by email – paulina.ford@peterborough.gov.uk

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 3
1 NOVEMBER 2012	Public Report

Report of the Executive Director of Adult Social Care

Contact Officer(s) – Terry Rich, Executive Director Adult Social Care
Tim Bishop, Assistant Director Strategic Commissioning ASC
Contact Details – 01733 452407
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PROPOSED CLOSURE OF GREENWOOD HOUSE AND WELLAND HOUSE

1. PURPOSE

- 1.1 In its meeting of 17 July, the Scrutiny Commission for Health Issues recommended that the Executive Director of Adult Social Care address all comments made by the Commission and members of the public and pay particular attention to nine key areas.
- 1.2 This report describes the process taken to explore comments made and issues raised and sets out the conclusions drawn following on from this process.
- 1.3 A public consultation on the proposed closure of Greenwood House and Welland House began on 17 July and ended on 15 October. The consultation report and appendices are attached to this report for review by the Commission prior to submission to the Council Cabinet on 5 November for decision.

2. RECOMMENDATIONS

- 2.1 The Scrutiny Commission for Health Issues is asked to consider and comment on the contents of this report and its appendices and if appropriate make any recommendations.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 The provision of adult social care support services supports the delivery of the key outcome *Creating opportunities – tackling inequalities*, specifically in supporting vulnerable adults and their carers.
- 3.2 Community social care also supports the key outcome *Create strong and supportive communities* in terms of empowering local communities and supporting people to care for people in the community.

4. BACKGROUND

- 4.1 On 17 July the Scrutiny Commission for Health Issues was invited to consider, challenge and comment on the Cabinet report on the Older People's Accommodation Strategy. The report was presented to the Commission by the Cabinet Member for Adult Social Care and the commission received verbal statements from a member of staff from one of the homes, a manager from one of the homes, Peterborough LINK, the relative of a day care user, the relative of a resident, a day care staff member, a staff member who was also a UNITE union representative and the Peterborough Pensioners Association.
- 4.2 The issues raised at the Commission meeting and conclusions drawn following exploration are listed in section 5 below.

5. KEY ISSUES

- 5.1 Further to the Scrutiny Commission for Health's recommendation on 17 July 2012 that the Executive Director for Adult Social Care address all comments and issues raised, this section lists the issues raised (paragraphs 5.2 to 5.9). For responses to the issues please see the Cabinet Report document, section 7 and relevant appendices, attached as Annex 1 to this report.
- 5.2 Further consideration to be given to the alternative option of demolishing the existing homes and rebuilding a new one to replace them.
- 5.3 That the strategy be remodelled to take into account the recently published 2011 Census figures. Particular reference should be made to statistics for the number of people with dementia and how much this had increased in the last 15 to 18 months.
- 5.4 Further data to be expanded on within the strategy to show the benefits of a 'block move' of residents if this was to be the way forward.
- 5.5 Consideration to be given to the importance of keeping the current staff on to help with the transition of residents to new homes to ease their transition and consider:
- how long the current staff could be retained to provide care and support for the residents when they move, and
 - how many staff would be required if one or both homes were closed and how long the staff would be retained through the move and after the move.
- 5.6 To ensure that the expertise of the dementia champions within the two care homes is used regardless of the option chosen.
- 5.7 The strategy to take into consideration the possibility of an increase in death rate through moving the residents and show how this risk could be reduced.
- 5.8 Officers to work with staff at both homes as a group to look at the proposed strategy positively and to look at a way forward to get the best possible solution.
- 5.9 To provide costs for the option of refurbishing both of the homes.

6. IMPLICATIONS

- 6.1 Please see section 11 of Appendix 1 to this report.

7. CONSULTATION

- 7.1 As noted elsewhere in this report, a full public consultation has been undertaken and responses received from a wide range of people and organisations.

8. NEXT STEPS

- 8.1 The proposal will be presented to the Cabinet for decision on 5 November 2012.

9. BACKGROUND DOCUMENTS

- 9.1
- The consultation report on the proposal to close Greenwood House and Welland House, attached as Annex 1 to this report.

10. APPENDICES

- 10.1 Appendix 1: the consultation report on the proposal to close Greenwood House and Welland House

CABINET	AGENDA ITEM No.
5 NOVEMBER 2012	PUBLIC REPORT

Cabinet Member(s) responsible:	Councillor Fitzgerald, Cabinet Member for Adult Social Care	
Contact Officer(s):	Terry Rich, Executive Director Adult Social Care Tim Bishop, Assistant Director Strategic Commissioning ASC	Tel. 01733 452407 01733 452448

OLDER PEOPLE’S ACCOMMODATION STRATEGY – 2012: CONSULTATION REPORT ON THE PROPOSAL TO CLOSE GREENWOOD HOUSE AND WELLAND HOUSE

R E C O M M E N D A T I O N S	
FROM : Executive Director Adult Social Care	Deadline date : N/A
<p>1. That Cabinet approves the closure of Greenwood House and Welland House care homes and that all current permanent residents are provided with suitable and appropriate offers of alternative accommodation that meets their assessed needs and choice at no additional cost to the resident;</p> <p>2. That Cabinet affirms that there should be no loss of access to day care, respite or interim care for current service users as a result of these closures;</p> <p>3. That Cabinet endorses the commissioning plans to secure: a) alternative interim care beds in the independent sector; b) replacement respite care facilities; and c) interim and long term day facilities including a dementia resource centre;</p> <p>4. Cabinet Member for Adult Social Care reports back on: progress with a) progress with closure; and b) progress with commissioning plans for replacement services in March 2013.</p>	

1. ORIGIN OF REPORT

1.1 This report is submitted to Cabinet following the conclusion of the consultation on the proposal to close Greenwood House and Welland House and the release of Commissioning Intentions in relation to Peterborough City Council’s Older People’s Accommodation Strategy.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to seek approval from the Cabinet for the closure of the two care homes, Greenwood House and Welland House, and commissioning plans.

2.2 This report is for Cabinet to consider under its Terms of Reference No. 3.2.4, to promote the Council’s corporate and key strategies and Peterborough’s Community Strategy and approve strategies and cross-cutting programmes not included within the Council’s major policy and budget framework.

3. TIMESCALE

Is this a Major Policy Item/Statutory Plan?	NO	If Yes, date for relevant Cabinet Meeting	
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4. PROPOSED CLOSURE OF GREENWOOD HOUSE AND WELLAND HOUSE

BACKGROUND

- 4.1 At the Council's Cabinet meeting on 10 July 2012 Cabinet resolved to:
- Approve the refreshed Peterborough Older People's Accommodation Strategy and;
 - Authorise consultation with residents and families, and appropriate staff, on the proposed closure of the two care homes: Greenwood House and Welland House.
- 4.2 The Cabinet report relating to this resolution is available through Peterborough City Council's website.
- 4.3 Following the Cabinet resolution the consultation on the proposed closure of the two care homes commenced. Key questions to be addressed through the consultation process were:
- The implications of the proposed closure on current users of the services?
 - Could the needs of residents and service users be met through alternative accommodation and service provision?
 - What are the alternative services that could meet the needs of residents and service users?
 - Are there alternatives to closure?
- 4.4 On 17 July 2012 the report was presented to the Scrutiny Commission for Health Issues by the Cabinet Member for Adult Social Care. Verbal representations were also made by:
- The relative of a day care user
 - The relative of a resident
 - A member of staff from one of the homes
 - A day care staff member
 - A staff member who was also an UNITE union representative
 - A manager from one of the homes
 - Peterborough LINK
 - Peterborough Pensioners' Association
- 4.5 The Scrutiny Commission asked that the Director of Adult Social Care addressed all the comments made by the Commission and members of the public and explore a range of issues raised by the Commission. These issues are listed and addressed below.
- 4.6 The Peterborough Older People's Accommodation Strategy adopted by the Council in July 2012 set out the adult social care vision for people in Peterborough. The priorities are to:
- Promote and support people to maintain their independence
 - Deliver a personalised approach to care
 - Empower people to engage with their communities and have fulfilled lives
- 4.7 The strategy is built on an earlier document published in 2007 which also placed an emphasis on long term and increasing extra care housing as an alternative to residential care and takes account of the general downward trend in the number of permanent placements in long-term residential care as social care policy has been to support people to remain in their own homes for as long as possible.
- 4.8 The strategy also makes reference to the Prime Minister's dementia challenge and the need to develop a new and more comprehensive service for people with dementia to support them and their carers working with the independent sector and specialist voluntary sector partners. The Alzheimer's Society 'Dementia 2012: A national challenge report' and the Department of Health's Commissioning Framework for Dementia are informing the council's work in this area. These emphasise the importance of independence, enabling

people to live their own lives as they wish, make choices and take risks within a market that provides high quality services that are appropriate to people's needs.

- 4.9 It is recognised that for some, there will be a need for residential or nursing home care and in these cases the council wants to ensure people have access to the best quality residential and nursing home care which is fit for purpose and meets modern day standards. It is within such surroundings that care staff and managers are best able to meet people's personalised and often complex needs.
- 4.10 The proposal to consult on the closures of Greenwood House and Welland House arose out of consideration of the strategy and these aims as a) the homes do not provide the modern, fit for purpose environment that is available elsewhere and, b) reduced demand on residential care results in there being sufficient capacity within the local market without the council continuing to run these homes.
- 4.11 Greenwood House and Welland House, whilst continuing to provide appropriate standards of care and generally meeting residents' needs, do not provide the standard and quality of accommodation or environment that would be expected in a modern care home, including:
- Smaller bedrooms which do not meet advisory standards for care homes and fall below that required in newly built or registered homes;
 - Resultant limited private space, restricting the ability for a resident to furnish and personalise their room with personal furniture and belongings;
 - Associated difficulties in providing care to residents with restricted mobility as beds are generally only able to be positioned against a wall;
 - Difficulty in operating hoists where required;
 - Communal spaces which restrict residents to limited areas and provide inadequate space for circulation. "Safe wandering space" – an important feature in providing good quality care for people with dementia is lacking;
 - Inadequate outdoor spaces (e.g. many newer built homes have internal courtyards or special patio and terrace areas where people can wander or sit).
- 4.12 There are a range of care homes and care home providers in Peterborough. These range from small independent family run homes through to large companies and not-for-profit companies. The largest home has 156 beds and the smallest just 10 beds.

5. CONSULTATION

- 5.1 Consultation ran for 3 months, beginning on 17 July 2012 and ending on 15 October 2012. A dossier of responses has been compiled and is available to inspect.
- 5.2 There were a number of ways people could feedback on the consultation. These included a dedicated email address, in writing, face to face meetings with council staff, via elected members or members of Parliament and for staff members through one to one meetings with their managers and human resources staff. Members and officers met with relatives.
- 5.3 The council also carried out briefings for relatives and service users at various times and locations. Letters of explanation and offers of opportunities for discussion were sent on two occasions including the details of professionals involved and contacts details for Age UK representatives for advocacy services. A poster with information was placed in homes for visitors to see. Home managers were also available for discussions with families.
- 5.4 The reports were tabled at the Older People's Partnership Board and the Carers Partnership Board. There has been significant local media coverage and the proposals have been discussed in the public domain.
- 5.5 Following the start of the consultation there have been a number of formal, individual responses (51) particularly from relatives and residents of Peterborough.

- 5.6 In addition individual consultation meetings were offered to all families of current residents and service users. Two social care professionals were available within the homes throughout the period and have offered one to one meetings. As well as answering questions regarding the consultation, these meetings have been an opportunity for residents and relatives to begin to explore options that might be available if the decision were to be taken to close the homes.
- 5.7 The meetings have also been the starting point for reviews and reassessments of individual service users' needs so that it could be assured that should the homes close the council would be able to identify suitable alternative services to meet the needs of residents. About a third of families of residents took up the opportunity to engage in these meetings with others deciding to wait until a decision had been made.
- 5.8 For those residents without regular contact with family or friends, the Council arranged for Age UK Peterborough to provide advocates to work with residents and ensure their views were able to be heard. Further details of these meetings and the next stages of the reassessment process is set out in section 8.1 below.
- 5.9 There have also been comments from staff and trade unions. A summary of their responses is attached at Appendices G and H.
- 5.10 Following the decision to commence consultation on closure a group of staff and relatives of service users came together - The Greenwood House and Welland House Services Users Support Group. This group met independently and has met with the leader of the Council on two occasions. The group raised a number of issues that are covered in the following sections as well as seeking assurances regarding the impact of closure on the options and costs of alternative care for current residents.
- 5.11 Four petitions have been received with a total of 5,753 signatures, although the total number of valid signatures is 5,395 (guidance and further information on the council's petition scheme is available through the council's website). The petitions either opposed the closure of the homes or were in favour of the council building a replacement home. A petition with 179 signatories (54 valid signatures) was received before the start of the consultation. A summary of the petitions is attached at Appendix I.
- 5.12 Three petitions were submitted at the Council meeting held on 11 July 2012 by Councillor Shabbir, a further petition and an online petition were submitted at the Council meeting on 10 October 2012 by Councillor Murphy.
- 5.13 The first petition was concerned that the closures of Welland House and Greenwood House would leave no provision within Peterborough for older people with specialised needs. The petition had 3,456 signatories.
- 5.14 The second petition with 210 signatures opposed closure of Greenwood and Welland residential homes saying they are important residential facilities offering care for the vulnerable and elderly and fearing that closure would have a serious negative impact on the health of the current residents, especially during the transfer period. It warned that the closures would leave the city with an inadequate number of residential places at a time when demand is rising and left the less well off with fewer care options in the future.
- 5.15 A third petition was submitted on behalf of the Greenwood House and Welland House Service Users Support Group signed by 1,716 people. It called upon the council to invest in the provision of a new care home to replace the beds lost through the closures and argued for the existing staff and residents to be transferred to a new facility.
- 5.16 A fourth petition was submitted on behalf of the Greenwood House and Welland House Service Users Support Group signed by 371 people that requested a new, council-run, state-of-the-art building for residential, respite and integrated day services and that the closure of the homes should be deferred until the new facility is available. This petition asked for a referendum to be held on the future of the homes.

- 5.17 The online petition does not comply with Council petition regulations and a number of respondents do not live in the Peterborough area. However, points raised within this petition have been addressed in the General Consultation Themes section below.
- 5.18 Written responses were received including:
- 13 from families of residents
 - 5 from families of day care family users
 - 2 from families of respite users
 - 2 from people who use day care themselves
 - 1 from a person who uses respite care
- 5.19 Seven written responses have been received from Councillors: three sought clarification on specific issues, one set out proposals for alternative day services, one set out proposals relating to a re-build option, one gave support to the proposal to rebuild and one opposed the proposals and accompanied two petitions (as detailed in 5.12 and 5.13 above). Two Members of Parliament raised issues in writing in response to the consultation on behalf of two constituents.
- 5.20 Overall, service users and families have expressed concerns at the proposed closures and argued for the homes to remain open. The reasons people gave are described below:
- There was concern about the impact the closure might have on the residents.
 - Families worried that people's health and well-being may suffer, and people would be distressed and disorientated at having to move.
 - Some people were concerned that there could be increased risk of death of vulnerable people following a move
- 5.21 Service users and carers were mainly positive about the current services and cited the following as things that people value and like about the homes:
- Residents feel safe and settled in their surroundings
 - People have friendships in the homes
 - Many said they are happy with the conditions and environments in the homes
 - There was praise for staff who were said to be caring and professional
- 5.22 Many people currently using day or respite care were concerned that facilities will not be available if the homes were to close.
- 5.23 People were worried that they may have to pay more for their care if their relative had to move to an alternative home.
- 5.24 Staff members potentially affected by the proposal have been consulted. This consultation has been carried out through one-to-one meetings, staff meetings, team briefings and staff have been able to comment in writing as well as in person.
- 5.25 Key themes coming out of staff consultation are: concerns regarding the rationale to close the homes, concerns that alternative day care provision may not be provided, concerns regarding the provision of high quality services to older people and concerns relating to residents and service users.
- 5.26 Issues and concerns raised by all respondents are addressed in the General Consultation Themes section below.

6. GENERAL CONSULTATION THEMES

- 6.1 The main themes that the consultation highlighted are:
- The rationale for the proposal to close the homes including the issues around the size of rooms and facilities

- The impact the proposed closure of the homes would have on residents and their families and carers
- Availability of suitable alternative residential care homes able to meet residents' needs
- Whether there would be a financial impact on residents or their families of moving to alternative homes
- The potential impact on availability of day and respite care for current service users
- Whether the council should consider building a new facility to replace the homes if they were to close
- The costs of running the existing homes
- Trends in demand for residential care and independent living
- The impact on staff and the costs of staff redundancies

6.2 Concerns regarding the rationale to close the homes

6.2.1 Those consulted said:

People questioned the reasons for the possible closures and raised concerns that financial considerations were at the heart of the issue.

Some respondents said that there needed to be a stronger case against no change.

Comments were received from staff that the proposed closure of the homes was driven by financial considerations.

People questioned whether upgrading to modern standards was a necessary or a legal requirement.

6.2.2 The council's response:

The council's intentions arise from wanting to provide the best possible facilities for care home residents and service users. The rationale was set out in the Older People's Accommodation Strategy. The proposed home closures will lead to a reduction in financial commitment, specifically due to lower weekly costs for independent sector residential places. In financial terms the proposed closure will mean better value in terms of current service placements and will enable further investment in new dementia services.

The consultation enabled alternative options to be proposed and considered. "No change" was an option considered, however, significant investment would be required to bring the homes up to the minimum standard set out by the Care Quality Commission (CQC). Residents and service users would still need to move as part of any refurbishment or upgrade of either home. There would have been disruption if this course was followed.

There is no legal requirement to upgrade the homes which were built before the regulations came into force; however, regardless of legal requirements the homes fall substantially below the accepted standards for care home provision today.

Having considered concerns about the rationale for the proposed changes, it is considered that on balance the reasons for the proposed closure represent the best way forward for current and future service users.

6.3 Concerns regarding the impact the proposed closure of the homes would have on the residents and their families and carers

6.3.1 Those consulted said:

People and staff were concerned at the stress and anxiety for residents of closure. It was highlighted that people with Alzheimer's find change difficult. People wanted reassurance as how residents would be cared for during a transition period and particularly during a move from one care home to another. The fact that some residents had to move when the Peverils care home closed was raised as an additional concern

6.3.2 The council's response:

These are clearly valid concerns and it is important that residents' individual needs are paramount in planning any move. This will involve residents, their carers and family and will ensure their views and opinions are fully taken into account. Particular attention will be given to ensuring that any signs of stress or anxiety are identified and that care and sensitivity is taken to reduce stress and provide reassurance and support.

Throughout the consultation, social care professionals, Age UK and Cambridgeshire and Peterborough Foundation Trust mental health professionals have been available to all service users and their families and carers. If the decision is made to close the homes, extensive support plans will be implemented and will include a range of professionals from health, social care and other agencies as needed. Family members (or advocates where appropriate) will be included in developing and supporting those plans. Support will be provided on a personalised basis to meet the needs of individuals. Evidence shows that that anxiety can be minimised through effective support planning and preparation.

Concerns were raised about the impact on carers and families, and in particular the cost of travel and additional time to reach a new home are all valid and need to be considered in the choice of a home. The location of alternative homes will be a matter for residents and their families. Issues like convenience for relatives and travel arrangements will all be taken into account when considering future options.

6.4 Concerns about the availability of suitable alternative residential accommodation to meet resident's needs

6.4.1 Those consulted said;

Some people were concerned about whether there were alternative places, particularly for people with dementia within Peterborough. The Alzheimer's Society said that any alternative accommodation should offer stimulating activity. Comments were made relating to whether the private sector could provide residential and dementia care to the same standard as public sector managed services. They asked if there were alternative homes close to Welland and Greenwood and whether the council would find alternative accommodation for a resident. In addition people whose relatives used the respite service wanted assurance that there would be respite care available in other locations.

6.4.2 The council's response:

The council monitors availability of beds in the independent sector and is confident that there are and will be suitable vacancies to meet the needs of service users. Regular auditing of bed vacancies in Peterborough care homes has been undertaken over a number of months and whilst the total figure varies week by week, there is evidence that there is consistently sufficient unfilled capacity across those homes to provide alternative placements for all current residents. There are also sufficient beds registered to cater for people with dementia to meet those needs. The majority of residential care, including for people with dementia, is already provided by the independent sector, including all of the care provided in nursing homes for people with the highest levels of care needs.

There is sufficient supply for the council to be able to secure contracts for additional beds for respite and interim care to replace those beds that would no longer be available if Welland and Greenwood Houses were to close.

Feedback received during staff consultation praised the quality of services provided by the council at Greenwood and Welland House. There are many good services provided by the independent sector in Peterborough. It is the council's intention to work with independent and voluntary sector providers to maintain and develop high quality services in the future. The council is also developing and strengthening quality assurance and contract compliance systems to ensure that all social care services purchased by the council are monitored closely and continue to provide good services.

6.5 Concerns those residents and families may have to pay more for their care

6.5.1 Those consulted said:

People asked for assurance that should Welland and Greenwood close and people needed to move to homes in the private sector, service users' carers and relatives would not incur any further costs. People were concerned as to whether all independent sector providers accept the council's funding levels or if they required relatives to pay a top up.

6.5.2 The council's response:

There will be no financial impact on any council-supported resident following a move to an alternative care home. Firstly, the majority of independent care providers in Peterborough do contract with the council at the council's funding level. Secondly, residents are financially assessed for their contribution towards the cost of their care using the national regulations and only where a resident is assessed to pay the full cost of the service does the contractual cost affect the amount paid.

6.6 The potential impact on availability of day and respite care for current service users.

6.6.1 Those consulted said:

People and staff wanted assurances that alternative forms of day care and respite provision would be available. There was concern about where people with Alzheimer's could attend if Welland House closed. There was concern that the independent sector does not currently provide respite or day care, particularly for individuals suffering from dementia. There were concerns that people could be at risk of isolation if left in their own homes.

People highlighted the critical importance of day and respite care in ensuring that carers continue to receive the necessary breaks they need, to enable them to continue to care, so avoiding the need for someone to go into a home. There was concern that transport to day care, and services like assisted bathing continue to be available.

6.6.2 The council's response:

Alternative provision will be provided for all service users which meets the needs of the individual. Alternative day and respite services will be provided to meet the needs of all existing service users and there will be no break in availability or access to such services arising from the closures should they proceed. Working with providers, identification of potential locations for new day services is underway.

Consultation has highlighted the importance of ensuring that there is sufficient day care and that respite care is made available in ways which more closely meet individual needs. Many carers have highlighted the benefits of respite being provided within a person's own home rather than in a residential care home.

Some respite care is already provided within the independent sector and additional respite beds to meet those needs will be commissioned. To enable the council to meet the Prime Minister's dementia challenge, and develop a new and more comprehensive service for people with dementia, it is recommended that the Council invest in community dementia services and work with the independent sector and specialist voluntary sector partners.

It is proposed to work with partners, particularly existing housing and extra care schemes, to develop new day care services, as well as enabling people to access other community day opportunities. The development of a dementia resource centre is a key aim and will support people to access a range of day service opportunities and respite services. More detail on alternative provision is covered in the later sections of this report.

Having considered the concerns raised and weighed these against the intended development of new services it is felt that the proposal will support and enable the development of more effective specialist dementia services in Peterborough.

6.7 Whether the council should consider building a new replacement home

6.7.1 Those consulted said:

There were a range of comments about a new building. Some people put forward the view that there was a moral case for a public sector home alongside the private sector. Others suggested that a new home could be somewhere where existing residents and staff could move together.

6.7.2 The council's response:

See section 7.1.4 and Appendix A for rebuild costs. However, it is clear that there is sufficient capacity within the independent sector to provide for current and projected future residential care home needs.

There is also no evidence to support a case that there is any intrinsic benefit of providing a public sector home within the local market. Already the vast majority of residential care and 100 per cent of nursing home care is provided in the independent sector and is regulated by the Care Quality Commission.

6.8 Comments about the cost of existing provision

6.8.1 Those consulted said:

Some people questioned why it was reported that it cost more to provide care in Welland and Greenwood Houses.

6.8.2 The council's response:

This is same nationally and due to differences in staffing costs and overheads.

National comparisons show that the average cost of a local authority run residential care place is £895 per week compared to £470 in the independent sector. This is not an issue which is unique to Peterborough nor to these homes in particular.

Based on current running costs and if they had no vacant beds and continued to operate with the same number of beds – weekly bed costs of Greenwood House would be £715 and Welland House £666 which is below the average nationally for council-run provision.

6.9 Trends in the demand for residential care and independent living

6.9.1 Those consulted said:

There were comments that the council had restricted access to Welland and Greenwood Houses and there were many people wanting to fill vacant beds.

Some commented that too much emphasis had been placed on independent living. There were concerns that consideration was not given to the loneliness many individuals experienced which the existing Welland and Greenwood facilities and staff mitigated.

6.9.2 The council's response:

There are no waiting lists for residential care in Peterborough. New applicants for residential care have, for some time, been choosing to take up vacancies within the independent sector which in the main offers enhanced facilities, more up-to-date standards of accommodation at no additional cost.

In general there has been a decline in the number of people entering residential care as more people are being supported to remain within their own homes or move to extra care housing schemes. Day care services are one way in which social isolation of people remaining independent in their own homes is tackled. This will continue to be provided should the homes close.

6.10 Concerns regarding the impact the proposed closure of the homes would have on staff and the potential redundancy costs

6.10.1 Those consulted said:

People said that the importance of the care provided should be an important consideration, which a number of relatives said was good. People valued the good quality care their relative received at the care homes and said staff worked hard to ensure good communication and relationships between staff, relatives and the resident.

People commented that the redundancy payments could be used to keep Welland and Greenwood open. Some people also said that the redundancy payments could be used towards the cost of a purpose built service which the council could put out to tender.

6.10.2 The council's response:

The council recognises the affection staff have for the service users and the value the residents and families place on this. The quality of care is inspected in all care homes nationally by the Care Quality Commission and our own audits will ensure that people are receiving the support they need.

Money used for redundancy payments is by its nature one off expenditure and is not available year-on-year to support the delivery of services. Redundancy payments are often seen as a way of releasing additional costs which then become available to fund future service developments.

7. SCRUTINY COMMISSION FOR HEALTH – EXPLORATION OF ISSUES

Further to the Scrutiny Commission for Health's recommendation on 17 July 2012 that the Executive Director for Adult Social Care address all comments and issues raised, the following section details each issue and conclusions drawn following exploration. The Scrutiny Commission for Health will scrutinise this report on 1 November 2012, comments and recommendations from the Commission will be tabled at the Cabinet meeting on 5 November 2012.

7.1 Further consideration to be given to the alternative option of demolishing the existing homes and rebuilding a new one to replace them

7.1.1 A feasibility study has been completed by Serco Property Services with support from Peterborough City Council's Planning Services. Costs are high level estimates. The next phase would include significant costs of surveys, management fees and planning applications.

7.1.2 It should be noted that this option would result in the transfer of service users to alternative accommodation either whilst building works were occurring or, in the case of Greenwood House residents, a new home completely. Therefore these options will not reduce the issues raised regarding anxiety and impact to health due to relocation. There would also be a reduction of staff and therefore there would still be a need for redundancy.

7.1.3 Welland House is the more suitable site to develop a new home due to its size and accessibility. One factor determining size of home and numbers of bedrooms relates to parking spaces. Current standards require 1 parking space for every 2 members of staff, plus 1 parking space for every 8 residents. Serco Property Services and the council's Planning Services say that the site has capacity to build an 86 bedroom care home with sufficient parking (estimated 28 spaces). Planning indicate that there would be no objection to a 2.5 storey care home on this site. Welland House currently has one storey. The layout would depend on an arboriculture survey.

7.1.4 The cost of demolishing and rebuilding Welland House with an 86 bed retirement home, based on meeting CQC minimum standards is £5.584m. See Appendix B for further details.

7.1.5. Using national data the number of staff required for an 86 bedroom care home¹:

- 1 FTE Manager
- 1 FTE Deputy Manager
- 41 FTE Care staff²
- 1 FTE Maintenance
- 14 FTE Catering, domestic, laundry

Total staff required: 58 FTE

7.1.6 Although this option would ensure the future accommodation met CQC minimum standards, the consequent cost would be high and there would be an impact on both residents and staff. As such it is felt that this option is not considered preferable to the proposed use of independent sector provision.

7.2 That the strategy be remodelled to take into account the recently published 2011 Census figures. Particular reference should be made to statistics for the number of people with dementia and how much this had increased in the last 15 to 18 months.

7.2.1 Census data released to date only includes basic age demographics, so it is not possible to update housing tenure or any specific data on dementia. However, in respect of the number of older people, the council originally looked at a mid year 2011 population of 174,900 people of which 12,900 were aged 65-74, 8,700 were aged 75-84 and 3,100 were aged 85+. This gives a total estimated older people population of 24,700 people. The Office for National Statistics has now released the mid-year 2011 population statistics using the census data and these show 12,800 people aged 65-74 (100 less than the estimate – but less than 1% off), 9,000 aged 75-84 (300 more than the estimate 3.4% more) and 3,400 aged 85+ (300 more than the estimate - that is just under 10% more). This equates to a total of 25,200, 500 more or just over 2% more than the original estimate.

7.3 Further data to be expanded on within the strategy to show the benefits of a ‘block move’ of residents if this was to be the way forward.

7.3.1 If residents wish to move with friends to the same home, this will be facilitated where possible. However, the most critical issues will be involving the residents and their relatives in considering the options that are available and which best suits their needs. In many cases proximity to a relative will be a critical factor, improving ease of visiting, for others the availability of nursing support due to increased frailty may be the most significant factor.

7.4 Consideration to be given to the importance of keeping the current staff on to help with the transition of residents to new homes to ease their transition and consider:

- **how long the current staff could be retained to provide care and support for the residents when they move, and**
- **how many staff would be required if one or both homes were closed and how long the staff would be retained through the move and after the move.**

7.4.1 All residents have key workers and will have an individual assessment as to the best way to assist them during any period of transition. This will vary for all residents as will their needs and wishes. It is good practice to involve the key worker in assisting a resident in considering options for a move. In many instances this may involve a key worker visiting a potential care home with a resident or even remaining with a resident for a short period following a move.

7.5 To ensure that the expertise of the dementia champions within the two care homes is used regardless of the option chosen.

¹ Assuming full occupancy

² Figures based on 75% dementia, 25% residential. Dementia ratio 1:5, Residential ratio 1:8. Night time ratio 1:10. Data obtained from Laing & Buisson, UK provider of information and marketing intelligence for independent health, community care and childcare sectors

7.5.1 All dementia staff have training and some staff are working towards a dementia qualification. There are dementia champions, who while having no additional training, have either nominated themselves or been nominated to become a champion to be involved with the dementia boards. The expertise of all these staff will continue to be used.

7.6 The strategy to take into consideration the possibility of an increase in death rate through moving the residents and show how this risk could be reduced.

7.6.1 This is acknowledged as an issue that has caused concern to families and relatives. However, whilst some studies have pointed to some evidence of increased mortality rates, more recent research indicates that it is the way in which home closures are managed that has the most significant impact on the outcome for residents.

7.6.2 A study commissioned by The City of Birmingham: An Evaluation of the Modernisation of Older People's Services in Birmingham by the Health Services Management Centre, University of Birmingham published in August 2011 identified that experiences of home closure were not all necessarily negative.

7.6.3 The closure of 15 outdated care homes in Birmingham did not have a negative impact on the majority of older people affected according to research in which 77 per cent of respondents said that 'life had got better'. The report identified that closure of a care home can be risky, but the potential negative impact can be mitigated by good planning of resettlement and the need to ensure it is managed sensitively.

7.6.4 The study identified that one year following the closure more than 59 per cent of respondents in care and 43 per cent of those who attended day centres reported an improvement in health and related quality of life with 31 per cent in care homes and 46 per cent attending day care reported a decline. However, approximately half suggested this was actually due to their health deteriorating as opposed to current levels of service.

7.6.5 The key factors linked to successful changes included:

- Putting in place well organised, dedicated and skilled assessment teams.
- Involving all relevant parties (especially older people themselves) in decisions about future services.
- Getting to know people well and carrying out holistic assessments of their needs.
- Supporting older people, families and care staff through potentially distressing and unsettling changes.
- Working at the pace of the individual and giving as much time and space to explore future arrangements as possible.
- Helping residents and key members of care staff to stay together if possible.
- Ensuring independent advocacy is available.
- Planning the practicalities of any moves and ensuring as much continuity as possible after the move has taken place.
- Staying in touch with people and assessing the longer-term impact of resettlement³.

7.6.6 Between 2000-2008, despite an ageing population, the number of people in council supported care homes in England has fallen from 200,000 to 172,000. The levels of frailty impairment and need are now higher than 10-15 years ago. Consequently expected and actual lengths of stay of those going into residential care are becoming shorter.

This is a significant issue particularly when considering those individuals who were placed in care many years ago when the levels of community based support were not as available as they are today. People's own wish to remain in their own home, and assessment therefore being more focussed in supporting individuals to remain in their own homes for as long as possible, have resulted in fewer people needing to live in care homes and people being admitted at a far later stage in their life.

³ ADASS report p19

7.6.7 Peterborough data on admissions to care homes is detailed in the table below. From 2007/08 there has been a continued downward trend in admissions.

Year		Number of Admissions
2007	2008	419
2009	2010	333
2011	2012	175

7.6.8 Due to the age of people and their levels of need when they are admitted to care homes, life expectancy has reduced, as has the number of people being admitted. The Peterborough mortality rates for residents placed in residential care over the first two years of admission are shown below.

Date of Admission	No admitted	Died in 12 months		Died in 12-24 months		Number alive 2012	
07-08	419	149	36%	77	18%	61	15%
09-10	333	131	39%	62	19%	115	35%
11-12	175	79	43%	4	2%	96	54%

7.6.9 These are in line with a report⁴ commissioned to consider life expectancy of residents entering residential homes that identified that those entering residential care had a 55 per cent expectancy of living beyond the first year, with 70 per cent for the second year and falling back over subsequent years.

A study⁵ of over 2,500 residents across 18 local authorities has identified that a number of factors affect mortality rates of individuals entering residential care. Factors affecting mortality following admission to residential care in order of significance:

- Having a malignancy
- Admission to a nursing bed
- Old age
- Being a man
- Being admitted from hospital
- Having a respiratory illness
- Cognitive impairment

7.7 Officers to work with staff at both homes as a group to look at the proposed strategy positively and to look at a way forward to get the best possible solution.

7.7.1 Managers have continued to work with staff in both homes in a positive and proactive way. There have been team briefings with managers including senior managers, full staff meetings, one-to-one consultation meetings, an open door policy to air views, regular contact with line managers, meetings with the Director of Adults Social Care, in-house meetings, i.e, night staff, kitchen staff, domestic staff etc, fortnightly managers' meeting (chaired by the head of service). During this period PDRs have also been completed and supervision has continued.

7.8 Costs for the option of refurbishing both of the homes.

7.8.1 The estimated cost of refurbishing the Welland and Greenwood establishments is as follows:

- Welland House: £1.444m
- Greenwood House: £1.182m

⁴ Forder, J and Fernandez, J-L (2011) *Length of stay in care homes*, Report commissioned by Bupa Care Services, PSSRU Discussion Paper 2769, Canterbury: PSSRU

⁵ Bebbington, A., R. Darton, et al. (2001). *Care Homes for Older People: Volume 2 Admissions, Needs and Outcomes*. The 1995/96 National Longitudinal Survey of Publicly-Funded Admissions. Canterbury, PSSRU.

These figures are based on £600 per m2 industry standard. There would be a reduction in the number of rooms, therefore the number of service users and subsequently the number of staff and the resultant impact would be an increasing cost per bed.

7.8.2 As the room configuration is dependent on completion of surveys and management fees it is not possible to calculate the number of rooms that could be housed within the current footprints of the existing buildings. Further details and assumptions are included in Appendix C.

7.8.3 This option would lead to accommodation that meets the CQC minimum standard, however, the issue of higher weekly bed costs, disruption to residents and some staff redundancy remain. As such it is felt that the proposal to use independent sector provision will still offer better outcomes in the short and longer term.

7.9 To look at using the planning department consultation portal to help with this consultation.

7.9.1 Further to the Scrutiny Commission's suggestion the consultation was placed on the city council's website:
http://www.peterborough.gov.uk/community_information/consultation_and_engagement/current_consultations.aspx

8 ANTICIPATED OUTCOMES

The Way Forward: implementing the strategy

8.1 WORK WITH RESIDENTS AND SERVICE USERS

8.1.1 The designated social care practitioners have been available within the two homes throughout the consultation period and will continue to work closely with residents and their families to undertake detailed reassessments of the needs of individual residents and to discuss options and choices of alternative accommodation and care arrangements.

8.1.2 During the course of the consultation period a number of meetings have already taken place between relatives and the designated workers. They have also liaised with care home staff to enable them to get a better sense of the levels of needs that residents have, and the types of accommodation and care arrangements that may be required. It is apparent from this work that a number of residents have developed levels of need which are beyond those that can be adequately met within a residential care home and it is expected that around a third of permanent residents will need to be found suitable placements in nursing care homes.

8.1.3 There are currently 31 permanent residents and based on consultation and assessment work undertaken to date it is anticipated that 11 people will require a place in a nursing care home (3 of whom will require a dementia Nursing Home), 18 will require a residential care bed, half of whom will need a home registered to meet dementia care needs. Two of the service users have expressed an interest in moving to extra care housing. This option is being actively explored. These figures are subject to change as full assessments are completed for individuals where that has yet to be undertaken.

8.1.4 A number of families have already commenced looking at alternative homes and a small number have either indicated that they have decided to move their relative or in two instances moves have already taken place. Other families have indicated that they would prefer to wait for a formal decision to be made before getting involved in a reassessment process or in considering potential alternative options.

8.1.5 Following Cabinet, if the decision to close the homes is agreed, the following actions will be taken:

- Complete the reassessments of all residents where this is yet to be done, including seeking appropriate clinical input.
- Reassessments will also consider whether there is any potential entitlement to NHS Continuing Health Care funding.
- Consider any issues arising from the Mental Capacity Act to ensure those without capacity to make their own decisions are properly supported and that decisions are made in their best interests and that their rights are protected
- Work with residents and relatives to identify an appropriate residential or nursing care home able to meet assessed needs and personal choice.
- Engage with advocates in any instances where a resident does not have close family or friends able to support them through the process
- Arrange visits for residents to chosen care homes to promote familiarisation prior to final moves taking place
- In respect of the day care and respite services, work is underway with service users and families to ascertain where their needs can be met following any closure.

8.2 Commissioning intentions

- 8.2.1 The potential closure of the two care homes creates the imperative to secure alternative services to meet the needs currently provided within the two homes. Alternative placements for permanent residents can be commissioned through securing vacancies in existing care homes in the city.
- 8.2.2 However, the homes also provide day care, respite care beds and interim care beds. Each of these services need to be secured elsewhere to ensure that there is no break in service continuity and access for people currently using those services.
- 8.2.3 Should the Cabinet's decision be to close the homes, permanent residential placements will be arranged with independent sector providers, suitable placements will be identified against individual need and requirements for residents of Greenwood House. Currently there are two permanent residents at Greenwood House. Respite provision will be sourced through the independent sector. Reviewers will work with people who go to Greenwood regularly for respite to identify alternative arrangements to meet their needs. This work will be carried out for Welland House residents and people accessing respite care there also.
- 8.2.4 Day service provision at Greenwood House will be transferred to other Council day services whilst day service provision is reviewed and enhanced day service provision is developed as detailed within Appendix F. Additional day service capacity is being discussed with Cross Keys homes and will be available if required, it is not anticipated that this capacity will be required at this stage.
- 8.2.5 Interim beds will be transferred from Greenwood House to Welland House whilst the Council undertakes a formal review of interim requirements and, pending the outcome of the review, a procurement exercise to purchase interim beds within the independent sector.
- 8.2.6 In addition the consultation has highlighted the need to review the range of community based resources available to support people with dementia and their carers, and in particular to ensure that there is an enhanced range of day and respite care facilities available that help carers to manage to support their family members for longer, thus reducing or delaying the need for long term residential care.
- 8.2.7 The commissioning plan is set out in Appendix F and covers the immediate steps required to secure continuation of existing services, as well as the plan for replacement and enhanced services which Cabinet are asked to support.
- 8.2.8 A key element in improving community dementia services will be the development of a local dementia resource centre. This centre is intended to provide a range of services including:
- Information, advice and advocacy
 - Support to navigate the local health and social care system

- Support for professionals working with people with dementia
- Day services and support to access community facilities
- Support for carers
- Community based respite opportunities

8.2.9 Critical steps in developing the dementia resource centre will include:

- identifying appropriate accommodation for the service
- workforce development and awareness raising
- service design in partnership with partners and people who use services
- coordinating with existing services to ensure a streamlined and effective dementia support and treatment system

8.2.10 In line with the Prime Minister's dementia challenge it is intended to develop a new and more comprehensive service for people with dementia to support them and their carers working with the independent sector and specialist voluntary sector partners. This will include using the Alzheimer's Society 'Dementia 2012: A national challenge' report to inform our work and the Department of Health's Commissioning Framework for Dementia and associated tools.

8.2.11 It is intended that a dementia resource centre will support people with dementia to remain as independent as possible for as long as possible by providing and developing networks of community based support for both service users and carers, by enhancing access to assistive technology where appropriate and by providing specialist day services and opportunities. Co-location and coordination of teams from statutory, voluntary sector and independent sector agencies will support the development of better communication, more integrated support and treatment and allow workers to develop broader expertise and skills.

8.2.12 Initial discussions with partners from across the health and social care sector have identified potentially innovative services that could be considered as part of this development work. Co-production and co-development of services with carers and people using services will form a central part of the service development plan.

9 REASONS FOR RECOMMENDATIONS

9.1 On balance and following careful consideration of the issues raised by respondents to the consultation and having explored the issues raised by staff and the Scrutiny Commission for Health, it is the council's view that the way forward is to proceed with the proposed closures of Greenwood House and Welland House.

9.2 The needs of individual residents, service users and family carers can be met effectively through independent sector placements in accommodation that complies with modern standards.

9.3 Commissioning plans are in place to ensure continuity of care and support for residents, service users and family carers.

9.4 Further development of specialist dementia services and the proposed dementia resource centre will secure better outcomes for people with dementia and support them to remain independent whilst ensuring that family carers are also supported. The council will consider alternative services during consultation and development stages for new dementia services to ensure that the expertise and experience of all partners is used in the design and commissioning of these services.

10 ALTERNATIVE OPTIONS CONSIDERED

10.1 A range of alternative options have been explored and considered elsewhere in this report, particularly in section 7 above, along with views on the viability of those options.

11. IMPLICATIONS

11.1 Finance

- 11.1.1 Nationally the cost of in-house provision is significantly higher than that which can usually be obtained in the independent sector. This is also the case in Peterborough. Whilst both homes remain open, the additional cost to the Council is around £125,000 per month.
- 11.1.2 Potential part year savings for the closure of the two homes in 2012-13 would be £285,500. This is based on the profile of current residents and the assumption that Greenwood House would close in mid-December 2012 and Welland House by 28th February 2013. It is also based on the assumption that residents who need to be relocated would be accommodated in other external residential placements at the Council's indicative standard and dementia care rates of £387 and £440 per week respectively, although we expect the cost to be greater as the council has guaranteed no additional costs to service users. If residents' needs have increased since they were originally placed and they require Nursing Care this could impact on potential savings, though this would be subject to individual assessments.
- 11.1.3 In respect of 2013-14, workings on the same assumptions as above, potential savings in a full year are £1.5m. If alternative placements could not be accommodated at indicative rates, the saving in 2013-14 could be reduced, though over the longer term the £1.5m full year saving should be realised on an ongoing basis.
- 11.1.4 In terms of Day Care provision, the assumption is that the cost of provision in the external sector will be covered by existing budgets for Day Care in Greenwood House and Welland House which equate to £316,000 per annum.
- 11.1.5 If after consultation the decision is made to close the homes, their availability for development will provide a potential capital receipt for the Council. The Capital Programme for Adult Social Care includes a £6m capital provision which is potentially available for the provision of a Dementia Resource centre, Extra Care, or other provision in line with the Older People's Accommodation Strategy.
- 11.1.6 There will also be a one-off cost to fund the redundancy payments due to staff who would be made redundant as a result of closures. This is estimated to be £2.02m. These redundancy costs reflect NHS Terms and Conditions that staff still have following their transfer under TUPE from the NHS to the Council in March 2012. The cost will be funded through the Council's Capacity Fund.

11.2 Legal

- 11.2.1 The National Health Service and Community Care Act 1990 Section 47(1) imposes a duty upon Local Authorities to carry out an assessment of need for community care services with people who appear to them to need such services and then having regard to that assessment, decide whether those needs call for provision by them of services.
- 11.2.2 The Carers (Recognition and Services) Act 1995 Section 1 imposes a duty of Local Authorities to offer assessment to carers providing or about to provide regular and substantial care to those undergoing a community care assessment/reassessment and then to take account of those assessed needs when deciding what services to provide to the service user.
- 11.2.3 While there is no statutory guidance there are now well established requirements for the process to be followed by the Local Authority when considering a home closure, these are as follows:
- a) There must be a rational basis for the proposal;
 - b) The Local Authority must undertake proper consultation with residents and their families;
 - c) The Local Authority must be able to show that it has considered all relevant factors when making its decision, including representations made during the consultation. In the event of

judicial review, the Court would consider if the decision is within the range of decisions that a reasonable Local Authority could reach in the circumstances;

d) There must be an assessment of each resident before the proposal is implemented and an intention to review the decision if it is likely to cause serious harm to a resident.

11.2.4 In addition the decision must be consistent with the Local Authority's responsibilities under the Disability Discrimination Act 1995, the Equality Act 2010 and the Human Rights Act 1998.

Staff have been consulted in line with legalisation.

Redundancy will only be considered once Cabinet has made its final decision on the future of the care homes.

11.2.5 The Local Authority has a duty to arrange residential care for those in need of care and attention that is not otherwise available to them. When considering home closures, the Local Authority will need to satisfy itself that it will still have access to a sufficient number of residential and nursing care beds, (including a sufficient range of placements to satisfy residents' right to a choice of accommodation) to meet this duty to arrange care. Vacancy rates in all care homes are monitored as routine by the service.

11.3 Risk Implications

11.3.1 When considering the potential closure of a residential care home the local authority must consider current research on the risk that moving elderly people suffering only with dementia may cause death or otherwise seriously affect their well-being.

11.3.2 A summary of research considered as part of the cases of R v Havering and Coventry (2008) highlights that different people may react to a move in different ways and that moves which are handled sensitively and thoughtfully can be achieved without a significant increase in mortality.

11.3.4 If a decision is taken to close any home then further individual assessments of all residents will be undertaken by specialist staff.

11.3.5 A closure of any of the homes would result in staff redundancies; this is addressed in section 9.5 of this report.

11.3.6 As the homes have been under review, the uncertainty for staff has had an impact on morale. There is concern about the ongoing impact any uncertainty will have on staff welfare, and thus the ability to deliver the service.

11.3.7 There is a risk that if a decision is taken to close a home at a point in the future staff could leave in advance of that resulting in pressures in terms of cover.

11.3.8 As the homes are registered and inspected by the Care Quality Commission potential issues relating to staffing levels and service quality emerging from either continued uncertainty or a failure to invest in services is likely to impact on their rating.

11.4 Equality and Diversity Implications

11.4.1 In line with the public sector equality duty and Peterborough City Council's Equality Impact Assessment Policy, an Equality Impact Assessment was carried out during the policy formulation stage. The impact assessment was later revised when the consultation closed and following the analysis of the consultation response to address issues that arose during the formal consultation process. (Please see Appendices D and E).

11.4.2 The Equality Impact Assessment draws from Local Authority experiences nationally of care home closures to ensure a robust and comprehensive assessment. Early in our

consultation individual assessments were made on each resident and respite user to consider individuals capacity to understand and cope with the consultation on the proposal.

11.4.3 The results of the Equality Impact Assessment show that there is a potential positive impact on age, disability, and marriage and civil partnership through providing choice, improving environment, facilities and services for service users and carers, and increasing accessibility to family members.

11.4.4 There is a clear requirement on all public bodies to comply with the 'due regard' duties. Cabinet is advised of the need to take account of the impact of the decision to close the two homes in question and consider any measures that might lessen the impact on existing residents. The disability equality duty is at its most important when decisions are taken which directly affect disabled people. The consideration of equality issues must inform the decisions reached by Cabinet. Furthermore, it will not be adequate that the decision-maker has considered an impact assessment by itself. The decision maker must address their mind to the statutory duty. The impact assessment can assist in ensuring that the decision-maker comes to a decision with reference to 'due regard' and is able to do so in a considered and informed manner .

11.5 Human Resource Implications

11.5.1 A closure of any of the homes would result in staff redundancies and in accordance with Section 188 of The Trade Union And Labour Relations (Consolidation) Act 1992, the Council has undertaken consultation with Trade Unions through the Joint Consultative Forum. Individual consultation has also been undertaken with affected staff and any comments submitted by staff have been included for consideration as part of the general consultation. Further detail on the staff consultation process and relevant documentation is provided in Annex O, which includes feedback provided to staff. No redundancy notices have been issued, as any decision regarding redundancy can only be made, once Cabinet has made its final decision on the future of the care homes.

12. Sustainable Communities

12.1 If any of the homes were to close there would be an opportunity to utilise the land in an alternative way or sell it to gain a capital receipt.

13 BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

- Our Health, Our Care, Our Say (DH January 2006)
- A Vision for Adult Social Care: Capable Communities and Active Citizens (DH 2010)
- Peterborough Joint Strategic Needs Assessment 2011
- Older People Accommodation Strategy 2012
- Prioritising Need in the Context of Putting People First: A Whole System Approach to Eligibility for Social Care – Guidance on Eligibility Criteria for Adult Social Care, England 2010
- Putting People First (DH, 2007)
- Think Local, Act Personal – Next Steps for Transforming Adult Social Care
- Transparency in Outcomes: A Framework for Quality in Adult Social Care – The 2011/12 Adult Social Care Outcomes Framework
- Transparency of Outcomes: a framework for adult social care (DH 2010)
- Achieving Closure: good practice in supporting older people during residential care closures (University of Birmingham and the Association of Directors of Adult Social Services)
- An Evaluation of the Modernisation of Older People's Services in Birmingham – final report (University of Birmingham, 2011)
- Dementia 2012: A national challenge (Alzheimer's Society, 2012)
- Commissioning framework for dementia (DH, 2011)

- Bebbington, A., R. Darton, et al. (2001). Care Homes for Older People: Volume 2 Admissions, Needs and Outcomes. The 1995/96 National Longitudinal Survey of Publicly-Funded Admissions. Canterbury, PSSRU
- Forder, J and Fernandez, J-L (2011) Length of stay in care homes, Report commissioned by Bupa Care Services, PSSRU Discussion Paper 2769, Canterbury: PSSRU

Appendices

- A. Response to Scrutiny request regarding Rebuild and Refurbishment of Greenwood House and Welland House
- B. Demolition and rebuild of Welland House to replace Greenwood House and Welland House
- C. Refurbishment of Greenwood House and Welland House
- D. Equality Impact Assessment - Report
- E. Equality Impact Assessment – Full data
- F. Commissioning plan
- G. Staff Consultation
- H. Consultation Document
- I. Summary of petitions

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Appendix A

Response to Scrutiny request regarding Rebuild and Refurbishment of Greenwood House and Welland House

A feasibility study has been completed by Serco Property Services with support from Peterborough City Council Planning Services.

Costs are high level estimates. The next phase would include significant costs of surveys, management fees and planning applications.

It should be noted that both options would result in the transfer of service users to alternative accommodation either whilst building works were occurring or, in the case of Greenwood House residents, a new home completely. Therefore no solution will reduce the issues raised regarding anxiety and impact to health due to relocation.

Both options would also result in a reduction of staff and therefore there would still be a need for redundancy

1. Further consideration to be given to the alternative option of demolishing the existing homes and rebuilding a new one to replace them.

Due to the size of the existing grounds, it was identified that Welland House would provide the most suitable option. The number of bedrooms would be determined by the number of parking spaces. The current standards require 1 parking space for every 2 members of staff, plus 1 parking space for every eight persons attending. Both Serco Property Services and the Council Planning Services believe that this site has the capacity to build an 86 bedroom care home with sufficient parking (estimated 28 spaces required).

Peterborough City Council Planning Services have confirmed that they would have no objection to a two and a half storey care home on this site. Welland House is current 1 storey. The layout would be determined by an arboriculture survey.

The cost of demolishing and rebuilding Welland House with an 86 bed retirement home, based on meeting CQC minimum standard is £5.584m. See Appendix E

The number of staff required for a 86 bedroom care home¹:

- 1 FTE Manager
- 1 FTE Deputy Manager
- 41 FTE Care staff²
- 1 FTE Maintenance
- 14 FTE Catering, domestic, laundry

Total staff required: 58 FTE

¹ Assuming full occupancy

² Figures based on 75% dementia, 25% residential. Dementia ratio 1:5, Residential ratio 1:8. Night time ratio 1:10. Data obtained from Laing & Buisson, UK provider of information and marketing intelligence for independent health, community care and childcare sectors

8. To provide costs for the option of refurbishing both of the homes.

The estimated cost of refurbishing the Welland and Greenwood establishments is as follows:

- Welland House: £1.444m
- Greenwood House: £1.182m

Further details and assumptions are included in Appendix F

These figures are based on £600 m² as industry standard. There would be a reduction in the number of rooms, therefore the number of service users and subsequently the number of staff.

As the room configuration is dependent on completion of surveys and management fees it is not possible to calculate the number of rooms that could be housed within the current footprints of the existing buildings

Demolition and rebuild of Welland House to replace Greenwood House and Welland House

Professional Consultancy Services ¹	
RIBA Plan of Work - Stage A-L	£ 525,681
Demolition ²	£99,000
Construction ³	
Cost of Rebuild (£50,000 per bed x 86 beds)	£ 4,300,000
Contingency (15%) ⁴	£ 659,850
	£5,584,531

1. Enterprise Fee of 12% of Construction, inclusive of all relevant construction related services from RIBA stage A through to RIBA stage L. See appendix G
2. Cost of Demolition of Welland House & Greenwood House based on a figure of £63/m²
3. Cost of construction based on an order of magnitude cost of £50,000 per bed to construct a 3-storey, 86-bed facility to meet current standards
4. Contingency of 15% of demolition and construction cost

Additional costs to be considered:

1. Removal cost into temporary accommodation
2. Cost to decommission the building services and to make both of the buildings safe
3. Costs of any surveys or assessments required by the local authority as part of any Planning Application
4. Cost of Planning Application
5. Costs associated with any planning conditions imposed by the local planning authority. There is likely to be a requirement for a s106 contribution in respect of bereavement, waste and recycling and highways improvements should the new build development be approved
6. Cost of asbestos removal from Welland House & Greenwood House
7. Removal cost into the new facility post refurbishment
8. Interest charges on finance
9. Cost of Legal fees

Considerations:

1. Development subject to gaining Planning Permission
2. Layout would be determined by an arboriculture survey
3. The number of bedrooms will be determined by the number of parking spaces (current standards require one parking space for every two members of staff plus one parking space for every eight persons attending the centre). Property Services and the Planning Officer believe that there is sufficient capacity on the Welland House site to provide enough parking spaces for an 86 bedroom care home

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Refurbishment of Greenwood House and Welland House

Greenwood House

Professional Consultancy Services ¹	
RIBA Plan of Work - Stage A-L	£1111,350
Construction ²	
Cost of Refurbishment (50,000 per bed x 86 beds)	£ 931,800
Contingency (15%) ³	£ 139,770
	£1,182,920

Welland House

Professional Consultancy Services ¹	
RIBA Plan of Work - Stage A-L	£135,943
Construction ²	
Cost of Refurbishment (50,000 per bed x 86 beds)	£ 1,137,600
Contingency (15%) ³	£ 170,640
	£1,444,183

1. Enterprise Fee of 12% of Construction, inclusive of all relevant construction related services from RIBA stage A through to RIBA stage L. See appendix C
2. Cost of refurbishment based on an order of magnitude cost of £600 per sq m to refurbish the building in its existing internal configuration (excludes all 'extra-over' works associated with any changes to the internal configuration)
3. Contingency of 15% of construction cost

Additional Costs to be considered

1. Removal cost onto temporary accommodation Cost to decommission the building services and to make the building safe
2. Costs of any surveys or assessments required by the local authority as part of any Planning Application
3. Cost of Planning Application
4. Costs associated with any planning conditions imposed by the local planning authority
5. Cost of asbestos removal
6. Removal cost into each home post refurbishment and associated costs
7. Interest charges on finance
8. Cost of Legal fees

Considerations

1. The number of bedrooms will be dependent on the results of surveys and home requirements

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Equality Impact Assessment:

Full assessment

Name/title of the policy area/strand or programme with which this assessment is concerned

Older People's Accommodation Strategy 2012 – Proposed Closure of Greenwood House and Welland House Care Homes

Description/summary of the policy area/strand or programme

In July 2012, Cabinet agreed the refreshed strategy for Older Peoples Accommodation Strategy. The refreshed strategy reviews the previous plans and updates them. It outlines the Council's plans for the accommodation needs of older people in Peterborough who require support from social care to live their lives.

The centre of the strategy is the Council's Adult Social Care vision for people in Peterborough:

- Promote and support people to maintain their independence
- Delivering a personalised approach to care
- Empowering people to engage with their communities and have fulfilled lives

The Purpose of the Strategy:

- To understand the progress in the development of Peterborough's accommodation options;
- To provide clear direction and targets for future housing developers;
- To improve opportunities for people to live in suitable accommodation based on their current and potential future needs;
- To ensure people are able to access stable life long accommodation with their own tenancy, part ownership or full ownership;
- To promote choice;
- To promote care at home and avoid admissions to hospital or long-term residential care; and
- To ensure choice and a stable environment at end of life care.

As part of the strategy there is a proposal to close Greenwood House and Welland House. The reasons for this are:

- The existing care homes, whilst delivering an appropriate standard of care, have limited space, small bedrooms and no en-suite facilities.
- We want to ensure that all care homes provide the best possible facilities, including spacious bedrooms with en-suite facilities, safe outdoor spaces, communal space needed for activities such as physical activity and keep fit or simply to socialise. We should not accept anything less than this for our older residents.
- Many of the independent care homes in Peterborough provide as standard en-suite facilities and rooms that meet national standards in terms of size. We are

continuing to work with our partners in the independent sector to commission extra care accommodation in the city which meets the high standard that we expect for all our older residents.

No final decision has yet been made about the proposed closure of the homes. A final decision will be made in the autumn once we have carefully considered the proposals and the comments made by residents of the homes, respite, interim and day care users, families, carers and advocates and affected staff.

We do not underestimate the anxiety and concern that many will feel about these proposals. Two social care practitioners have been allocated to be available to relatives of residents of the two homes to discuss options for their relatives, should the decision to close the home be confirmed. They have also been responsible for undertaking a detailed review of each service users needs to determine what sort of care would be best suited to meet their needs in the future. Relatives and carers have been encouraged to take the opportunity to meet with either of the two social care staff on an individual basis to ensure that we have provided them with up to date information around the consultation, hear views and ensured that they are fed into the consultation process, and begun to determine the options available that would best suit the individual needs of the service user.

An Age UK representative has also been present in the homes on a weekly basis with support from Alzheimer Society if required. CPFT Mental Health Team have also been available for individual support.

We have considered re-building or re-modelling the homes, however the cost of doing so would be significant. Initial calculations indicate that the rebuild costs for the two homes would be circa £5.7m, just for the build costs. Re-modelling would result in costs of £2.6m and result in a reduction of rooms and which would still result in redundancy due to a reduction in staff required for the reduction in rooms.

Remodelling or rebuilding would also result in residents having to move out of the homes during the works, so these are not options that would prevent any disruption for residents. However, these options might ultimately be able to keep the resident community together.

Comparing the facilities that are currently available in Greenwood House and Welland House with what the independent sector in Peterborough can currently offer, leads to the conclusion that closure of the homes achieves a better outcome for people who need residential, respite and interim care. There are facilities readily available which provide an environment where the physical wellbeing of residents is better served than is currently possible in these two homes.

The closure of the two homes also means day care could no longer be provided on these sites. We would help people access support locally and tailored to their needs. We would consider increasing some capacity at the two other day centres, but also commission more day support services from the voluntary and independent sector.

If the homes were to close residents and respite users, in discussion with their families, carers and advocates, would be offered alternative choices within the independent sector, at no extra cost to them, and be fully supported by social care professionals throughout the process.

We will also work individually with each person using day care services to offer them a range of choices that meet their needs. Any resident or day care user who wishes

to do so will also be able to move together in a group or with a friend.

On the 10th July 2012 Cabinet agreed consultation on the closure of the two current Council owned and run care homes: Greenwood House and Welland House. 3 months were given to ensure consultees had sufficient time to consider proposals and provide views and alternative proposals. Communications have been made in various methods with service users, relatives, carers and staff.

This EqIA covers potential closure of Greenwood House and Welland House and the impact it will have on residential, respite and interim care. The proposals relating to the Day Care services are subject of a separate EqIA which will be completed when reviewing the future of Older Peoples Day Care.

The evidence base (list the principal sources of relevant evidence, both quantitative and qualitative).

Quantitative

Greenwood House is a 38 bedroom home providing Residential, Respite and Interim Care. There are 3 permanent residents and 12 interim beds with an approximate 65% occupancy rate.

Welland House is 54 bedroom home providing Residential and Respite Care. Currently 48 are registered with CQC. There are 29 permanent residents, 19 of whom have dementia.

Both homes provide day care. A further project will be undertaken to review day care service within the city. Day care currently provided at these locations will be re-provided elsewhere if the decision is to close the homes

Service User equality information has been collected from each of the care home managers.

The future older people service needs data is documented in the Older Peoples Accommodation Strategy 2012.

Qualitative

Information has been gathered via a number of sources:

- Research on EqIA's of other Local Authority Care Home Closures
- Managers with Operational responsibility for care home services
- Previous experience: Adult Social Care has closed 5 care homes for older people services since 2007
- Older Peoples Accommodation Strategy
- Association of Directors of Adult Social Services (ADASS): Achieving Closure (Good practice in supporting older people during residential care closure)
- Social Care Association – Managing Care Home Closure
- Consultation feedback
- Project Team made up of:
 - Tim Bishop – Assistant Director, Commission
 - Jana Burton – Assistant Director, Care Delivery
 - Amanda Rose – Communications
 - Rachael Claxton – Head of Service
 - Trisha Coleman – Senior HR Business Partner
 - Corinna Marotta – Head of Business Support

- Lyn Denton – CPFT Mental Health
- Alan Mordue – Change Manager
- Nick Blake – Head of Service, Commissioning

Service Users Consultation

Each service user was assessed in June to identify individual capacity to understand the proposal and the impact this would have on their health. Based on this feedback and discussions with relatives and advocates it was assessed that service users should not receive direct communications regarding this proposal – some service users remain unaware, it having been agreed that they should only be advised if the decision is made to close the homes. Therefore no service user feedback has been sought for this report

What the evidence shows – keys facts

Full data can be found in Appendix E

- **Age**

The age profile of our service users:

- Residential service users are: 43% 85 to 94 years of age, 33% 75 to 84 and 18% 95 to 104. One resident is 106
- Respite service users are: 47% 85 to 94 years of age, 27% 75 to 84, 13% 95 to 104
- Interim service users are: 48% 85 to 94 years of age, 25% 75 to 84, 13% 65 to 74

The nature of residential care is such that it predominantly impacts on the vulnerable people for which it is intended i.e. older people. Population projections point to a significant growth in the numbers of older people in Peterborough over the next 10 to 15 years. Both locally and nationally “the demand for social care continues to rise due to increased life expectancy. This places a responsibility on Local Authorities to ensure spending commitments are appropriate”.

People told us as part of the 2007 OPAS consultation:

“Over 90% (of people) confirmed their wish to remain at home and be supported to do so, through the provision of aids and home adaptations wherever possible. Over 90% identified extra-care or supported housing as their preferred option if remaining in their current home became too difficult.

At the same time, the vast majority recognised the continuing need for care home provision for the minority with particularly high levels of dependency/complex needs.”

A change in accommodation can be a stressful time for anyone, if you are an older person with support needs this can be more so. Support will need to be in place for the service users and their families, appropriate and planned to ensure individual needs are managed. The potential negative impact can be neutralised through adopting a clear strategy.

The ADASS study “Achieving Closure” reports on the closure of 15 outdated care homes in Birmingham, the approach adopted and key learnings. 77% of

respondents to their study, taken at 28 days after relocating and at their annual reviews (approximately 12 months after) identified that life got better.

“The longitudinal survey identified among those who were admitted to a residential bed, approximately 50% of those who subsequently moved to different home or type of bed survived up to 42 months compared with 27% of those who remained in the same home or type of bed.”

This project will ensure that for those service users who are assessed as needing residential, respite and interim care, have access to choice and a level of accommodation that meets the minimum standards set by CQC.

Positive impact – although we recognise that further consultation is required with the service users

- **Gender**

78% of people accessing residential, respite and interim care are female, with a similar split between the 3 services.

Nationally, women tend to live longer than men therefore it is expected that there are higher numbers of older women using the service.

All service users are provided with individual rooms. Male and females sharing would be husband and wife or couples.

People will continue to be supported to plan their needs in ways which are right for them. This will include considerations of people’s needs and preferences in relation to their gender.

Neutral impact

- **Disability**

All older people in Council funded residential, respite and interim care services have met council eligibility criteria (critical and substantial) and are considered to have a disability as defined by Equalities Act 2010. Our study has identified that service users have the following disabilities in descending order:

1. Poor mobility
2. Visual impairment
3. Dementia
4. Hearing impairment
5. Mental Health
6. Arthritis
7. Stroke/heart condition

As expected, due to the nature of residential care and the assessment of needs, service users often had multiple disabilities therefore will be counted more than once in the results. Assessing the changes to health and survival rates due to a change in accommodation as a result of home closure can be difficult due to the fact that individuals are likely to experience deteriorating health.

The importance of high quality planning to reduce anxiety and reduce the potential impact to existing conditions or create new ones in highlighted in the

ADASS report.

The method in which information is provided to people both during and after the consultation process may have an impact on people's inclusion in the process and therefore health conditions. Different methods and levels of communications, people with dementia and/or visual, hearing or cognitive impairment may not fully comprehend proposals or have the opportunity to provide their views or proposals. We have provided opportunity through groups, letters, involvement of relatives, 1:1s, social care professionals, Age UK with Alzheimer's availability if required, CPFT mental health, Older Peoples and Carers Partnership Boards to ensure as many people as possible can have access to information that is appropriate to them.

Peterborough City Council will continue to provide services to individuals who are assessed as having needs that are critical or substantial. Closure of care homes will result in service users moving to alternative care. Alternative services must be appropriate for assessed needs of individuals.

The service is trying to maintain the independence of older people so that they are able to live in their own homes longer with support from services such as Reablement, adaptations, community equipment, Extra Care Housing. Due to the shift in the balance of care from care homes to care and support in the community, and use of the Councils eligibility for access to services, care home residents have increasingly higher dependency needs and disabilities.

Residents with dementia could be adversely affected if there were limited number of establishments who offer dementia services. Comprehensive assessments of needs of the residents living in and receiving services are required to determine what sort of care would be best suited to meet their needs in the future.

Dementia care is widely acknowledged as a growing need for users of residential and nursing care. There is a fall in generic older persons using residential care as the personalisation agenda moves forward. Local providers have moved with this trend. Peterborough City Council will continue to work with them to ensure that they continue to provide the services that are needed. Work is to be done to raise the standard of dementia care services to meet demand. As at 24 September there were 36 vacant beds available for dementia care across Peterborough.

An Independent Mental Capacity Advocate (IMCA) will work with residents who are assessed as lacking the capacity to make an informed decision about a change in accommodation. Advocates have been available to all residents and relatives within the homes on a weekly basis, and by appointment. A letter was sent on 21 September to all relatives reminding them of this.

Mobility Aids are supplied for residents who are assessed individual for aids appropriate to their needs. Currently small bedrooms that do not meet new building standards makes moving someone who needs assistance difficult e.g. use of hoists in the small bedrooms.

CQC – "individual rooms are of a size and shape that supports their lifestyle, care, treatment and support needs and enable access for care treatment, support and equipment".

If homes were to close there would be continued use of assessment, joint working with Health and use of multi disciplinary teams (and dementia) to support individuals.

Positive impact – although we recognise that further consultation is required with the service users and their advocates

- **Marriage and civil partnership**

- Residents: widowed 22, married 6, single 5
- Respite: widowed 37, married 21, single 4
- Interim: widowed 11, married 31, single 6

It is expected that there will be a higher prevalence of residents and respite users who are widowed compared to the general population, given the age profile of the service users and the service being provided.

Travel, and access to relatives have been indicated as an issue during consultation. By giving the service users and their families choice then the opportunity to move, or place, a resident in a care home closer to family is seen as a positive.

Positive impact - – although we recognise that further consultation is required with the service users

- **Race**

91% of the current service users are white British. ONS Experimental Population Estimates by Ethnic Group, June 2007, provides figures for the over 65 population in Peterborough as 89.3% white British, therefore there is minimal difference.

Individuals cultural needs are established within the care plan of any individual including dietary, religious, personal care and language. If information is required in a different language this can be contracted from Applied Language Solutions Ltd via the Peterborough City Council Contracts manager. These are and will continue to be positively addressed.

Neutral impact

- **Religion and belief**

76% Christian, 15% prefer not to say, 9% other

Addressed in all initial assessment and reviews. Individuals who may have specific religious/faith needs are met in the day to day service delivery. These will continue to be positively addressed

Neutral impact

- **Gender reassignment**

Nil – data not currently collected on the group

Residents are respected and treated as individuals. These will continue to be positively addressed

Neutral impact

- **Sexual Orientation**

Results indicate heterosexual/prefer not to say or not recorded.

10% of the population is lesbian, gay or bi-sexual. Residents are respected and treated as individuals. These will continue to be positively addressed

Neutral impact

- **Pregnancy and maternity**

Not relevant for this group

- **Staff**

Very little data was obtained on TUPE from the NHS Trust to Peterborough City Council when Adult Social Care transferred on 1st March 2012. No resurveying has happened since, partly because we have been awaiting agreement on a corporate framework for extended equality monitoring as we have not to date collected data on the newer protected characteristics of religion and belief, sexual orientation etc. This has also been partly because collecting data depends on access to the council's intranet (ICT access is still in progress)

From the limited information that has been provided, based on 165 staff of Regulated Services, 145 (87.9%) are female. 87 of the 165 (52.7%) are over 50. There isn't sufficient data held at present to look at any other characteristics.

From this there will be a disproportionate impact with regards gender (female) and age (over 50 age group).

Challenges and opportunities (indicate the policy's potential to reduce and remove existing inequalities)

- **Age**

Currently the older people who access the residential, respite and interim care services provided by Peterborough City Council at these two homes do not experience the same quality of accommodation available in many non council run care homes. This project will increase the opportunity of the service users receiving care in buildings that meet CQC minimum standards for all newly registered homes. It will also provide choice for service users and their families if there is more than one vacancy that meets their needs. This reduces the inequality currently experienced between older people receiving care in private homes and council run homes.

- **Disability**

One of the issues facing the project was, and continues to be, ensuring that the right level of support is available for individuals experiencing a range of disabilities and that communication is in a media suitable for each person. We have been working with family members and independent advocates to

agree when and how service users should be communicated to and receive their views on the proposals.

During the consultation it has become clear that further development is needed in dementia. Relatives and service users clearly value the care and knowledge of staff members when supporting people with dementia. As a result of this further work has now begun to develop dementia provision in the city. This will have a positive impact for residents, respite users, day care users and for those people with dementia, and their carers, that are cared for at home

- **Marriage and civil partnership**

Increasing choice to ensure service users are accessible to spouses and partners (and extended family and friends).

- **Staff**

The care staff within Older Peoples services have received a high level of training and qualification due to the organisations mandatory training requirements. This will increase their opportunity of securing paid employment should the homes close. The Council will also ensure that staff members have access to training tools and courses such a CV development and interview skills.

Staff have been consulted throughout the process and provided with opportunities to consult. Discussions are also in progress with members of staff who have shown an interest in the Shared Lives scheme.

Summary of Equality Impact Assessment

B. An adverse impact is unlikely, and on the contrary the policy has the clear potential to have a positive impact by reducing and removing barriers and inequalities that currently exist.

If the decision is made to close the homes we will secure alternative services from care homes for current and future needs. We are confident that we will be able to secure good quality services across the city on the basis that we have been monitoring vacancies in all independent older peoples care homes for over a year. This will provide greater choice. PCC will ensure that suitable care arrangements are made for all service users. Future care options will be discussed with all residents and relatives to ensure that individual choices, ensuring social networks and accessibility are fully considered.

It is our view that closing the 2 homes will not discriminate against the current service users. They are being assessed and will be found alternate care that reflects their current needs.

We anticipate and are aware that the current service users and their families will initially see this as a negative impact but following the planned assessment of their

needs they will go on to receive similarly high quality care in locations that are accessible to them and therefore this negative impact will be short term. We also need to ensure that current provision offers value for money (Greenwood House and Welland House do not). In addition the council has plans to ensure adequate supply of alternative dementia services, so this negative perception will reflect a change not a withdrawal of service.

We are confident that following commissioning existing and future service users will continue to receive high quality person centred care

Peterborough City Council will take all necessary steps to mitigate against any identified adverse impact on affected residents. It is committed to supporting affected residents and their relatives during this consultation period and beyond.

Next Steps

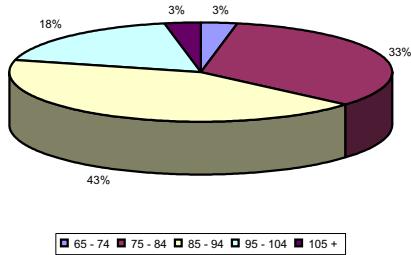
- By the end of project close down (date dependent on Cabinet decision in the Autumn), a clear and up to date communications plan to be in place to ensure impacted service users, relatives and staff members are informed. Communication to impacted parties must taken into account barriers such as age and disability
- By the end of project close down, outputs from ADASS recommendations are implemented as appropriate to ensure best practice is adopted and successful outcomes are achieved for our service users
- If the cabinet decision is to close the homes, EqlA consultation required with service users by 30 November 2012

Policy review date	
Assessment completed by	J Bennett
Date full EqlA completed	
Signed by Head of Service	

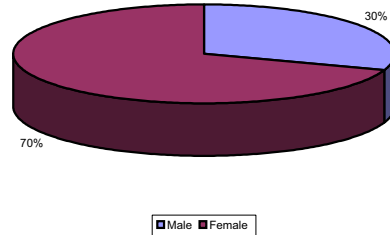
Age and Gender

	Residential								
	Greenwood House			Welland House			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
60 - 64			0			0			
65 - 74			0		1	1	0	1	1
75 - 84			0	4	7	11	4	7	11
85 - 94		2	2	5	7	12	5	9	14
95 - 104		1	1		5	5	0	6	6
105 +	1		1			0	1	0	1
	1	3	4	9	20	29	10	23	33

Age of People in Council run residential care

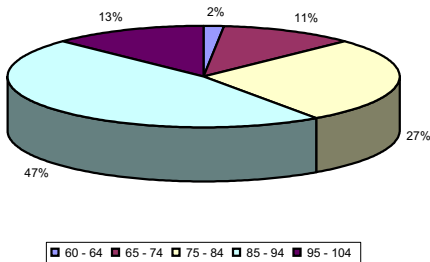


Gender of People in Council run residential care

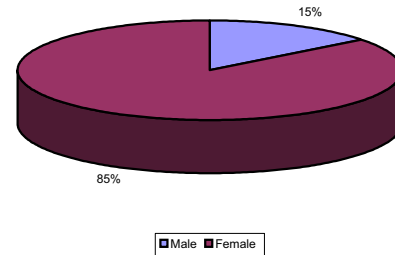


	Respite								
	Greenwood House			Welland House			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
60 - 64	1		1			0	1	0	1
65 - 74	1	3	4	2	1	3	3	4	7
75 - 84	2	13	15		2	2	2	15	17
85 - 94	2	27	29			0	2	27	29
95 - 104	1	6	7		1	1	1	7	8
	7	49	56	2	4	6	9	53	62

Age of People in Council run respite care

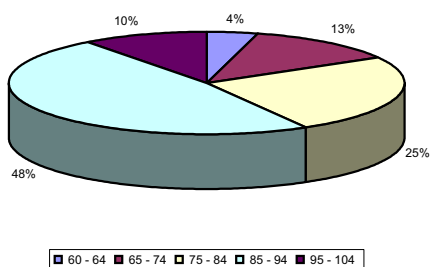


Gender of People in Council run respite care

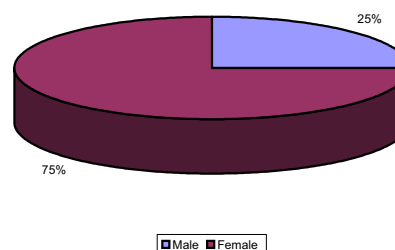


	Interim - Greenwood House		
	Male	Female	Total
60 - 64	2		2
65 - 74		6	6
75 - 84	2	10	12
85 - 94	6	17	23
95 - 104	2	3	5
	12	36	48

Age of People in Council run Interim Care

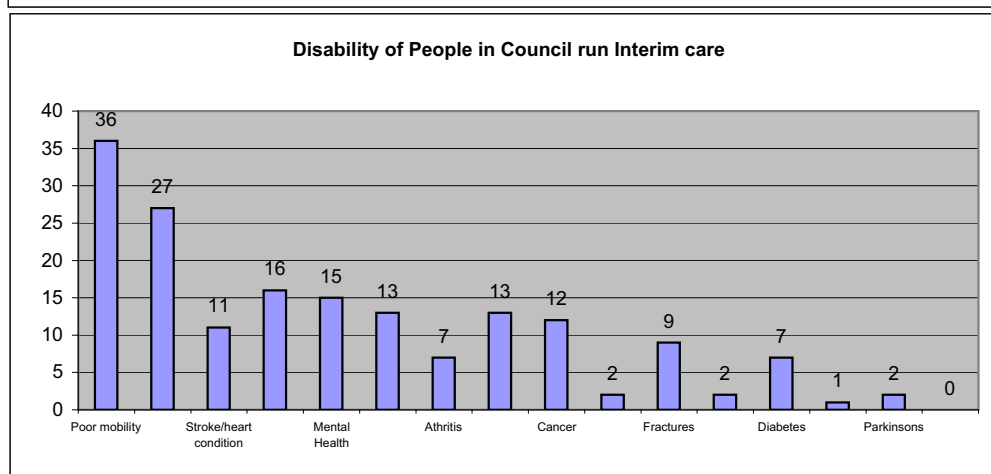
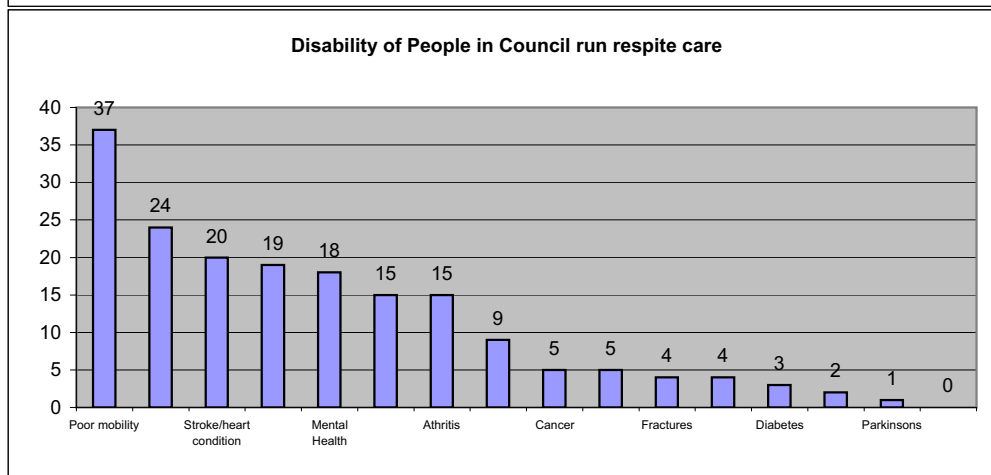
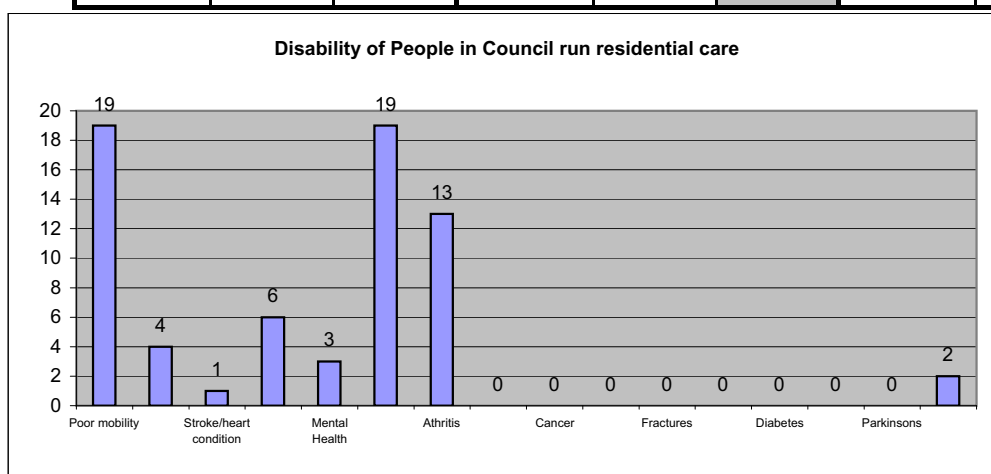


Gender of People in Council run Interim Care



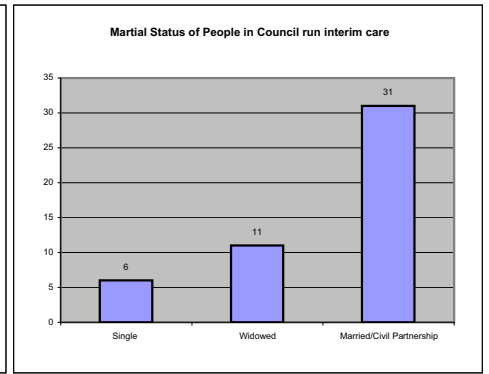
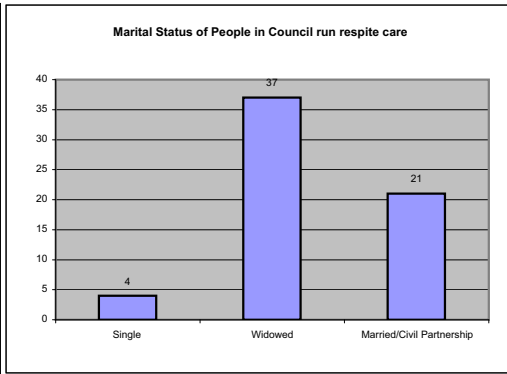
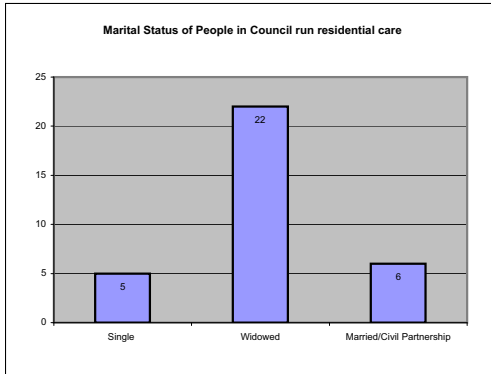
Disability

	Greenwood House			Welland House			Total		
	Residential	Respite	Interim	Residential	Respite	Interim	Residential	Respite	Interim
Poor mobility	4	37	36	15			19	37	36
Visual Impairment	4	23	27		1		4	24	27
Stroke/heart condition		20	11	1			1	20	11
Hearing Impairment	2	19	16	4			6	19	16
Mental Health	2	18	15	1			3	18	15
Dementia		9	13	19	6		19	15	13
Athritis	3	14	7	10	1		13	15	7
High Blood Pressure		9	13				0	9	13
Cancer		5	12				0	5	12
Safeguarding		5	2				0	5	2
Fractures		4	9				0	4	9
Asthma		4	2				0	4	2
Diabetes		3	7				0	3	7
Kidney condition		2	1				0	2	1
Parkinsons		1	2				0	1	2
Learning Disability				2			2	0	0
	15	173	173	50	8	0	65	181	173



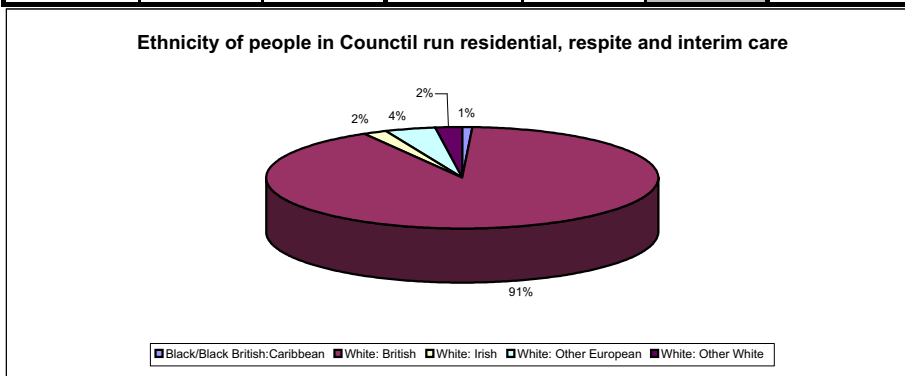
Marital Status

	Greenwood House			Welland House			Total		
	Residential	Respite	Interim	Residential	Respite	Interim	Residential	Respite	Interim
Single	1	4	6	4			5	4	6
Widowed	3	34	11	19	3		22	37	11
Married/Civil Partnership		18	31	6	3		6	21	31
	4	56	48	29	6	0	33	62	48



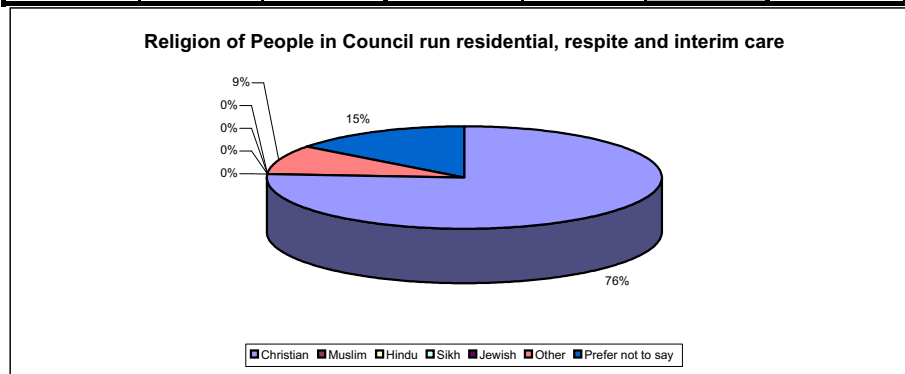
Ethnicity

	Greenwood House			Welland House			Total		
	Residential	Respite	Interim	Residential	Respite	Interim	Residential	Respite	Interim
Black/Black British:Caribbean			1				0	0	1
White: British	4	52	44	25	5		29	57	44
White: Irish		1	1		1		0	2	1
White: Other European		1	1	4			4	1	1
White: Other White		2	1				0	2	1
	4	56	48	29	6	0	33	62	48



Religion

	Greenwood House			Welland House			Total		
	Residential	Respite	Interim	Residential	Respite	Interim	Residential	Respite	Interim
Christian	3	42	29	29	6		32	48	29
Muslim							0	0	0
Hindu							0	0	0
Sikh							0	0	0
Jewish							0	0	0
Other	1	6	6				1	6	6
Prefer not to say		8	13				0	8	13
	4	56	48	29	6	0	33	62	48



Gender reassignment

	Greenwood	Welland	Total
Proposing to undergo, currently undergoing or who have undergone gender reassignment	0	0	0

Sexual Orientation

	Greenwood House			Welland House			Total		
	Residential	Respite	Interim	Residential	Respite	Interim	Residential	Respite	Interim
Lesbian							0	0	0
Gay							0	0	0
Bisexual							0	0	0
Hetrosexual				29	6		29	6	0
Prefer not to say	4	56	48				4	56	48
	4	56	48	29	6	0	33	62	48

Appendix F

OPAS Commissioning Intentions

Introduction

Commissioning intentions in relation to the Peterborough City Council Older People's Accommodation Strategy cover a range of areas and services. Development of services will support the delivery of the Council's key adult social care priorities:

- Promote and support people to maintain their independence
- Delivering a personalised approach to care
- Empowering people to engage with their communities and have fulfilled lives

This plan is set out in two sections:

Section 1 is predicated on the decision to close the Council's two residential care homes.

Section 2 covers plans to develop services for people with dementia and older people.

Approach

As stated above, this approach and plan is divided into two sections that can be summarised as:

- Ensuring that services that meet the needs of service users and residents of Greenwood and Welland House are available
- Consultation, planning and implementation: commissioning a range of new adult social care services and accommodation options for people living with dementia

The aim is to develop a range of service and support options that maximise people's independence, minimise reliance on residential support where appropriate and provide enhanced support for carers. The project will link into and inform the development and implementation of Adult Social Care commissioning strategies for older people, dementia and carers.

The project will work with people who use services, carers and service providers to ensure that services are high quality, outcome oriented, maximise personal choice and support people to be active in their communities.

A more detailed break down of key actions and milestones can be found below, to summarise the critical steps will be:

- Consult with people who use services and their carers to understand what is important to them and how they want support to be delivered
- Through co-production, agree the key outcomes to be achieved
- Consult with providers from across the public, independent and voluntary sectors to understand how markets and services can be shaped to deliver what people want and to identify potential innovations. This should include a range of stakeholders beyond traditional health and social care providers including leisure services and community groups.
- Review the current services commissioned by Peterborough City Council and understand how they could deliver the desired outcomes
- Commission, decommission and recommission services to put in place a system of support and opportunities that deliver the desired outcomes

Commissioning intentions and milestones

SECTION 1			
Aims and outcomes:			
<ul style="list-style-type: none"> • Manage the proposed closures of Greenwood House and Welland House • Agree and refine desired outcomes for future services 			
Action	Who	When	Comments
1. Residential and dementia 24 hour care			
1.1 Review placements and agree transition plans for current permanent residential service users at Greenwood House	Care Service Delivery	30 November 2012	<ul style="list-style-type: none"> • Review process underway: case information to be fed into commissioning plans
1.2 Review independent sector residential capacity and vacancies, consult on future development of the 24 hour support sector including the range of accommodation options in Peterborough	Strategic Commissioning	30 November 2012	<ul style="list-style-type: none"> • Development and expansion of extra care and dementia extra care will form part of this review
1.3 Review placements and agree transition plans for current permanent residential service users at Welland House	Care Service Delivery	28 February 2013	
2. Interim 24 hour care			
2.1 Interim beds transferred from Greenwood House to Welland House as a short-term measure	Care Service Delivery	30 November 2012	<ul style="list-style-type: none"> • Staffing options to support transferred capacity under review
2.2 Procurement plan to purchase private sector interim capacity in line with expected demand finalised and implemented	Strategic Commissioning	30 November 2012	<ul style="list-style-type: none"> • Joint review of requirements with health will form part of planning

<p>2.3 Interim beds purchased from independent sector on current arrangements to cover required capacity resulting from potential closure of Welland House and Greenwood House</p>	<p>Strategic Commissioning</p>	<p>1 March 2013</p>	<ul style="list-style-type: none"> Potentially 6 interim beds and 4 interim dementia beds
<p>3. Respite 24 hour care</p>			
<p>3.1 Greenwood House and Welland House respite service users reviewed, respite options agreed.</p>	<p>Care Services Delivery</p>	<p>30 November 2012</p>	<ul style="list-style-type: none"> Use of independent sector residential placements Use of Shared Lives scheme to be explored Use of community based respite services explored Case information to be fed into commissioning plans Potential requirement for 13 respite beds and 9 respite dementia beds to be purchased from the independent sector
<p>3.2 Consultation on development of a wider range of respite options, to enhance access to community based options and support more personalised respite provision.</p>	<p>Strategic Commissioning</p>	<p>31 December 2012</p>	<ul style="list-style-type: none"> Development of community based options a priority, planned reduction in use of residential respite to be quantified
<p>4. Day care and day opportunities</p>			
<p>4.1 Greenwood House day service users reviewed, alternative options within available PCC day services identified</p>	<p>Care Services Delivery</p>	<p>30 November 2012</p>	<ul style="list-style-type: none"> Case information to be fed into commissioning plans
<p>4.2 Pending reviews - additional day service capacity identified and secured on an interim basis</p>	<p>Strategic Commissioning</p>	<p>30 November 2012</p>	<ul style="list-style-type: none"> Cross Keys Homes currently provide one PCC day service site; further

<p>4.3 Consultation on the development of day services and day opportunities. To include:</p> <ul style="list-style-type: none"> • Desired outcomes • Supporting access to mainstream opportunities and for people to be active in their communities • Providing day opportunities closer to people's homes 	<p>Strategic Commissioning and Care Services Delivery</p>	<p>31 December 2012</p>	<p>suitable capacity is available and could be used</p>
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SECTION 2			
Aims and outcomes:			
<ul style="list-style-type: none"> • Develop a range of new, coordinated services for people living with dementia and their carers • Work with providers in developing accommodation options and delivering the OPAS outcomes 			
Action	Who	When	Comments
1. Dementia services			
<p>1.1 Set up the Peterborough Dementia Working Group</p>	<p>Strategic Commissioning</p>	<p>October 2012</p>	<ul style="list-style-type: none"> • To involve key partners including health, voluntary sector, other council departments • Will develop and oversee planning work in relation to dementia services
<p>1.2 Review current service provision and activity: to be based on Department of Health Dementia Commissioning Framework</p>	<p>Dementia Working Group</p>	<p>December 2012</p>	<ul style="list-style-type: none"> • Review of local market and gap analysis • Include carers support and linked with

			<p>Carer's Strategy</p> <ul style="list-style-type: none"> • System and service mapping across health and social care to be included in this work • Review of best practice from national work • Review access to psychological therapies for people with a dementia diagnosis and carers
<p>1.3 Commissioning Plan developed to include:</p> <ul style="list-style-type: none"> • Development of information and advice services • Preventative service including access to assistive technology, reablement for people with dementia and specialist carer support • Development of alternative community-based respite services • Effective coordination of services and resources • Development of specialist accommodation and residential markets 	<p>Dementia Working Group</p>	<p>January 2013</p>	<ul style="list-style-type: none"> • People are supported to maintain their independence as long as possible • Enhanced support for carers is available • Some reshaping of reablement provision and intermediate care services may be required • Clear identification of dementia residential and extra care development • Develop systems to monitor demand and market activity on an ongoing basis
<p>1.4 Raising awareness:</p> <ul style="list-style-type: none"> • Develop a workforce development plan to ensure professionals across all sectors have the right skills and competencies to work with people with dementia • Provide information to the wider public about dementia 	<p>Dementia Working Group</p>	<p>March 2013</p>	<ul style="list-style-type: none"> • Develop broader awareness of dementia – involvement of people with dementia and carers in developing training and knowledge resources • To include assessment skills in primary care and community settings
<p>1.5 Dementia Commissioning Plan implemented</p>	<p>Dementia</p>	<p>April 2013 and</p>	<ul style="list-style-type: none"> • Available funding reinvested to develop

	Working Group	ongoing	new services and systems identified within the plan and to support a shift away from dependency on residential services
2. Older People's Accommodation			
<p>2.1 OPAS group to develop a commissioning plan to deliver the key outcomes within the Older People's Accommodation Strategy and to set out approaches in relation to:</p> <ul style="list-style-type: none"> • Accommodation • Adaptations and equipment • Support 	Strategic Commissioning	November 2012	<ul style="list-style-type: none"> • To include health, housing providers, Planning
<p>2.2 Accommodation:</p> <ul style="list-style-type: none"> • Review need and set out plans to ensure effective use of available stock and, where appropriate, increased capacity within sheltered housing, extra care and residential and nursing services to meet current and projected need. 	Strategic Commissioning	January 2012	<ul style="list-style-type: none"> • Consideration and review of community support services will form part of this work
<p>2.3 Adaptations and equipment:</p> <ul style="list-style-type: none"> • Rapid expansion of access to community equipment and assistive technology to support people to live in their own homes. This will include increasing the range of equipment available locally 	Strategic Commissioning	January 2012	<ul style="list-style-type: none"> • Linked to ongoing reablement service development • Raising awareness through information systems and developing/building on training for staff will form part of this work
<p>2.4 Support:</p> <ul style="list-style-type: none"> • Review community services in light of proposed development of accommodation options • Develop reablement approaches within 	Strategic Commissioning	January 2012	<ul style="list-style-type: none"> • To include a review of options to develop Personal Budgets within residential services • Review current low-level housing support

residential and extra care settings <ul style="list-style-type: none">• Develop access to day opportunities for people living in residential services	Strategic Commissioning	February 2012 and ongoing	provision
2.5 Commissioning plans implemented			

Staff Consultation on the Proposal to Close Greenwood House and Welland House Care Homes

1. Introduction

- 1.1 On 29 June 2012, Tim Bishop, Assistant Director of Commissioning and Paul Grubic, Interim Assistant Director of Care Delivery met with staff and Trade Union representatives in order to brief them on the contents of a Cabinet Report recommending consultation on the proposed closure of Welland and Greenwood Care Homes.
- 1.2 At the subsequent meeting of Cabinet on 10 July 2012, the proposal was endorsed.
- 1.3 In accordance with that recommendation, the Council has actively consulted with potentially affected staff and their Trade Union representatives with a view to reaching agreement on ways of avoiding the dismissals, reducing the number of employees who may be dismissed and mitigating the consequences of those dismissals.
- 1.4 Consultation with Trade Unions commenced at a Joint Consultative Forum which took place on 29 June 2012. The following written information was provided either at that meeting or during the subsequent consultation process in compliance with s.188(4) of the Trade Union and Labour Relations (Consolidation) Act 2004 (TULRCA):
 - The reasons for the proposed dismissals;
 - The numbers and descriptions of employees whom it is proposed to dismiss as redundant;
 - The total number of employees of any such description employed by the employer at the establishment in question;
 - The method of carrying out the proposed dismissals, with due regard to any agreed procedure, including the period over which any potential dismissals would take effect.
 - The proposed method of calculating the amount of any redundancy payments to be made (over and above the statutory redundancy payment) to employees who may be dismissed.
- 1.5 Consultation with 155 residential staff at Greenwood House and Welland House care homes commenced on 17 July 2012. Staff were issued with a letter and a consultation document (Appendix P) which provided the following information:
 - The background information and reasoning for the proposal.
 - The timetable setting out the proposed stages of the consultation process.
 - Details of the consultation process in which it was confirmed that all potentially affected staff would have a minimum of two 'one to one' meetings with their line manager, in which they could discuss their individual circumstances, explore potential options and identify any support which could be provided.

- Confirmation of the method by which staff could submit feedback outside 1:1 meetings including comments and suggestions regarding the proposal. This included via email to ascenquiries@peterborough.gov.uk or in writing via the internal postal options or Royal Mail.

1.6. Members of staff were also able to address the Cabinet and Scrutiny members at meetings on 10 July 2012 and 17 July 2012.

1.7 Following the commencement of consultation, Terry Rich, Interim Executive Director of Adult Social Care, held further staff briefings on 18 and 19 July 2012, to provide staff with an update on the consultation process and to give them the opportunity to ask questions and provide feedback.

1.8 An 'open door policy' was adopted throughout the consultation period and all staff had the opportunity of regular contact with managers of the care homes, with additional time allocated if needed.

1.9 Stage 1 and Stage 2 individual consultation meetings took place between 20 July 2012 and 15 October 2012 and were attended by line managers and supported by a member of the Human Resources team. Staff had the opportunity to be accompanied by either a Trade Union representative or work colleague.

1.10 Throughout the consultation normal management arrangements were maintained, including regular supervision and annual Performance Development Reviews. This ensured that staff had access to management advice and support as required and had clear channels of communication to voice any concerns.

1.11 Consultation has also been ongoing with the Trade Unions who have had the option of attending meetings with staff as well as having been engaged with separately through the Joint Consultative Forum on 29 June 2012, 12 July 2012, 17 July 2012 and 11 October 2012. As part of the process, documentation and communications have been shared with JCF prior to release to staff.

1.12 As all representations from staff and Trade Unions had been received, consultation concluded on 16 October 2012.

2 Staff Feedback

2.1 During the consultation process we received the following responses from staff, outside 1:1 meetings:

- 1 letter through the internal post
- 1 letter to a care home manager
- 2 phone calls to the switchboard and taken by the Project Manager

2.2 Comments from these letters and phone calls have been incorporated into the Consultation Feedback in 3.11 in the main Cabinet report and are available in full to the Cabinet and Scrutiny members.

2.3 Staff have also put forward their views for consideration during staff briefings and in Stage 1 and 2 meetings.

2.4 All of the representations have been collated and considered with the key themes listed underneath in bold. The response provided by management representatives is set out underneath each of the issues.

2.4.1 Issue: Comments were made by staff implying that the proposal to close Welland and Greenwood care homes was purely financially driven.

2.4.2 Response: *The reasons for the proposal to close Greenwood House and Welland House care homes are as follows:*

- *The existing care homes, whilst delivering an appropriate standard of care, have limited space, small bedrooms and no en-suite facilities.*
- *We want to ensure that all care homes provide the best possible facilities, including spacious bedrooms with en-suite facilities, safe outdoor spaces, communal space needed for activities such as physical activity and keep fit or simply to socialise. We should not accept anything less than this for our older residents.*
- *Many of the independent care homes in Peterborough provide as standard en-suite facilities and rooms that meet national standards in terms of size. We are continuing to work with our partners in the independent sector to commission extra care accommodation in the city which meets the high standard that we expect for all our older residents.*
- *As a Council we need to ensure all services we provide are cost effective and that tax payers money is spent responsibly*

2.4.3 Issue: Staff raised a concern that day care provision at the homes would cease if the homes closed and no alternative provision had been sourced.

2.4.4 Response: *It is not the case that we are ceasing to provide day care services. Alternative day care provision will be provided to all service users and they will continue to receive transport where required. Day Care staff are currently assisting with the development of day care services.*

2.4.5 Issue: Staff raised a concern that the closure of the homes would be influenced by political will.

2.4.6 Response: *Staff were assured that Members will take into consideration the outcome of the public and staff consultation processes before reaching a decision.*

2.4.7 Issue: Staff commented that Peterborough is renowned for its Older People's care and felt that the Council should not stop providing these services.

2.4.8 Response: *It was recognised that there is no doubt that staff have a caring attitude to service users however the facilities do not meet the standard we would like our Older People to enjoy. Please see question 2.4.1 above re: the proposal being cash driven.*

2.4.9 Issue: Concerns raised regarding proper attention paid by one Councillor and that questions were not addressed properly by two Councillors at the Scrutiny for Health Issues meeting held on 17 July 2012 and a further question regarding Council Tax in general.

2.4.10 Response: These issues were addressed by the Central Complaints department, as they were outside the scope of the Consultation.

2.4.11 In summary, the main themes emerging from the feedback received from staff during the staff briefing sessions were:

- **Concern for the Service Users** - The majority of staff members were against the closure of the Welland and Greenwood care homes based on the perceived impact to service users' health; that some service users did not have "a voice"; that some service users had already moved from the other homes on their closure last year.
- **Council's View Point** - Some staff questioned the Council's moral feelings about providing care to Peterborough's older people. They also wanted Councillors to have a look at the homes.
- **Financial** - Some staff questioned whether the decision was financially driven on the basis that Greenwood House is located in the middle of the former Peterborough City Hospital land, which they understood the Council was trying to sell; or if a new provider could buy the homes and use the Greenwood House and Welland House names; and whether Greenwood House could remain as an "interim" care home.
- A **re-build** was suggested because staff said they had been told by previous management that the homes would be replaced, or, whether the homes could be re-decorated.
- **Personal** – Staff asked what the redundancy terms and calculations would be.

2.4.12 The response provided to these points was:

- **Concerns for the Service Users** - Views of service users have been taken in account and in order to give support, Age UK staff have been available to all service users and their relatives as advocates. In addition Social Care Professionals set up surgeries at various times (including weekends) and the CPFT Mental Health team were on stand by if needed.
- **Council's View Point** A number of elected Members have visited both homes and have spoken to many of the staff and the service users.
- **Financial** - The proposal is not based on the location of either home. During the consultation there has been the opportunity for independent providers to comment on the proposals. The comments regarding facilities for Residential care are equally valid for Interim care.
- The **re-build and refurbishment** options have been addressed in the main consultation document.
- **Personal** – Staff were advised that their individual circumstances would be discussed in the one to one meetings scheduled throughout the consultation period.

3 Trade Union Feedback

3.1 The Trade Unions put forward a number of representations through the Joint Consultative Forum meetings. These have all been collated and are listed underneath in bold. The response provided is set out underneath each of the issues.

3.2 The Trade Unions wished to have it noted that they fundamentally disagreed with the proposals to close the care homes. They felt that it would be better to refurbish the homes to the required level believing that there would be a significant cost to PCC as a result of the potential redundancy costs. They also voiced concern about the significant impact any closure would have on staff, many of whom might struggle to find alternative employment.

3.3 Management representatives formally noted the Trade Union view and their concern for the affected staff and Terry Rich, Interim Director of Adult Social Care set out the reasons for the proposal. It was noted that the Welland and Greenwood care homes had low levels of occupancy, which reflected that many people preferred to go to more modern homes in the independent sector, with better amenities. In addition, it was believed that replacing the care homes did not meet the needs of the population, as there was an availability of places in the independent sector to meet demand and provide a good quality of care and also, the future strategy should be to support people to remain in their own homes for as long as possible.

3.4 The Trade Unions were of the opinion that a better standard of care could be provided by Council-run care homes and therefore believed that the Council should retain ownership of the homes.

3.5 The management representatives recognised the dedication and quality of care provided by our residential staff however cited evidence of exposure of poor practice nationally in both private and Council-run care homes and noted that it was the responsibility of the regulator to inspect homes and ensure standards are being maintained. The evidence available did not demonstrate that the quality of care in the independent sector was worse than that in Council-run care homes.

3.6 Trade Unions asked the Council to consider whether an estimated £6,000,000 in the Capital Expenditure budget could be used to build new homes or to create a specialist dementia centre.

3.7 The management representatives noted that specialist dementia beds are available within the city and that the available evidence at the moment was that there was sufficient availability of places within the independent sector. Therefore building new homes would not necessarily meet the needs of the population, particularly with the strategy of trying to maintain and support people in their homes for as long as possible.

3.8 The Trade Unions voiced concern that residential staff previously based at the Peverills and the Croft had received a written commitment that new homes would be built to replace these facilities, once they closed.

3.9 The concern raised by the Trade Unions was noted by the management representatives and a copy of the letter was requested. The letter was provided by Unite.

3.10 Trade Union representatives also questioned why staff had not been advised at the point of transfer from the PCT to PCC about the potential closure.

3.11 The management representatives confirmed that the Measures Letter at the time of the transfer referenced ongoing service reviews, of which the Older Peoples Accommodation Strategy was one.

3.12 The Trade Unions questioned whether proper consultation with staff could in fact take place in advance of a decision being made about the future of the care homes. The unions therefore proposed that their preferred approach would be to commence a staff consultation, if required, following a Cabinet decision.

3.13 The management representatives explained that it has a duty to consult with staff, as soon as possible after the proposal is formed and a risk of redundancy is identified. For this reason it was essential for the staff consultation process to be run in parallel to the public consultation process. Reassurances were provided that a decision regarding redundancy would only be made, if following consultation Cabinet decides to close the care homes.

3.14 The Trade Unions noted the potential for the quality of care for residents to be affected during the consultation and in the event of closure, as staff might be demoralised and could potentially leave prior to any home closure.

3.15 The management representatives recognised this as a potential risk and would ensure that staff were fully informed and consulted with and that managers supported staff through the consultation process.

3.16 The Trade Unions raised as a concern the significant cost of the home closures in terms of redundancy payments should they proceed and queried whether any provision had been made with the PCT prior to transfer to share some of the financial burden.

3.17 The management representatives acknowledged that the staff that had transferred into the authority were on NHS terms and conditions, which were more generous in terms of redundancy payments than PCC standard terms and conditions. However in compliance with TUPE legislation, the applicable NHS redundancy terms and conditions must be honoured. PCC would have to meet the cost of any confirmed redundancies.

3.18 The Trade Unions queried why monies were spent on the refurbishment and resurfacing of facilities at Greenwood House care home, in the event that a proposal was about to be put forward regarding its potential closure.

3.19 The management representatives confirmed that these improvements had been made in response to the concerns raised regarding the environment and standards of care, following a Care Quality Commission inspection. It was the Council's duty to ensure that the quality of the environment at the home was maintained for all residents at the home.

3.20 At the outset it was intended that Day Care staff should be included in the consultation process and there was discussion with the Trade Unions regarding the correct staff pools.

3.21 It was agreed with the Trade Unions that the Day Care staff would be subject to a separate review and agreement was provided that any proposals regarding this staff group would be shared with the Trade Unions for input and consideration.

Conclusion

This document and the appendix referred to within it will be considered by Cabinet during the course of their decision making.

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Older Peoples Accommodation Strategy – Possible Closure of Greenwood House and Welland House

Staff Consultation Document

1. Introduction

- 1.1. The purpose of this paper is to outline the proposal to consult on the closure of Greenwood House and Welland House care homes and to set out the implications for staff affected by the potential closure of the homes. The paper also details the consultation process and the proposed timescale for consultation.

2. Background

- 2.1. In 2007, Cabinet adopted the Strategy for Older People's Accommodation and Housing Related Support which approved the development of a range of services to help people to remain in their own homes for as long as possible, to develop extra care housing as a high quality option for people needing higher levels of care and support, and to ensure appropriate specialist services are in place to meet local needs.
- 2.2. Since that time we have continued to commission Extra Care Housing, with The Spinney in Eye opening in April 2011. We now have over 230 Extra Care places in Peterborough with plans for more.
- 2.3. In 2012 the 2007 strategy was refreshed and previous plans were reviewed and updated.
- 2.4. The Peterborough Older People's Accommodation Strategy 2012 is a brief and informative document that updates the 2007 strategy, taking forward the plans and actions that were agreed at that time and building on what people told us as part of the 2007 consultation:

“Over 90% (of people) confirmed their wish to remain at home and be supported to do so, through the provision of aids and home adaptations wherever possible. Over 90% identified extra-care or supported housing as their preferred option if remaining in their current home became too difficult. At the same time, the vast majority recognised the continuing need for care home provision for the minority with particularly high levels of dependency/complex needs.”

The 2012 strategy is entirely consistent with the plans and actions identified and agreed in 2007, but updates the context and refreshes the actions now needed.

It acknowledges the move of Adult Social Care back to The Council and the changed economic circumstances in which we now live and work.

The 2012 strategy also outlines the Council's plans for the accommodation needs of older people in Peterborough who require support from social care to live their lives.

- 2.5. At the centre of the 2012 Strategy is the Council's Adult Social Care vision for people in Peterborough:
 - Promote and support people to maintain their independence
 - Delivering a personalised approach to care
 - Empowering people to engage with their communities and have fulfilled lives

- 2.6. The purpose of the Strategy is:
 - To understand the progress in the development of Peterborough's accommodation options;
 - To provide clear direction and targets for future housing developers;
 - To improve opportunities for people to live in suitable accommodation based on their current and potential future needs;
 - To ensure people are able to access stable life long accommodation with their own tenancy, part ownership or full ownership;
 - To promote choice;
 - To promote care at home and avoid admissions to hospital or long-term residential care; and
 - To ensure choice and a stable environment at end of life care.

- 2.7. The desired outcomes of the Strategy are:
 - Older People are provided with the right information in the right way to enable them to make real choices about their housing and accommodation;
 - There is a range of appropriate accommodation available;
 - The market is responsive and provides good quality accommodation at realistic and competitive prices; and
 - People are supported to live where they want and to make choices which are right for them.

- 2.8. As part of the Strategy there is a proposal to consult on the closure of Greenwood House and Welland House. The reasons for this proposal are:
 - The existing care homes, whilst delivering an appropriate standard of care, have limited space, small bedrooms and no en-suite facilities and we believe that equivalent or better care is available in the private sector with greater cost efficiency.
 - We want to ensure that all care homes provide the best possible facilities; including spacious bedrooms with en-suite facilities, safe outdoor spaces, communal space needed for activities such as physical activity and keep fit or simply to socialise. We should not accept anything less than this for our older residents, irrespective of whether or not they are perceived to be able to appreciate the higher standard of facility. This standard should apply to all levels of need as a basic human right.
 - We have considered re-building or re-modelling the homes, however the cost of doing so would be significant. Initial calculations indicate that the rebuild costs for the two homes would be circa £2.2m, just for the build costs, with additional costs of demolition and fitting out with items such as beds, furniture and equipment. Remodelling or rebuilding would also result in residents having to move out of the homes during the works, so this is not an option that would prevent any disruption for residents.

- The Council believes that there is no need for direct provision of care home places, as there are sufficient facilities in the market in the private sector readily available, which provide an environment where the physical wellbeing of residents is better served than is currently possible in these two homes.
 - Comparing the facilities that are currently available in Greenwood House and Welland House with what the independent sector in Peterborough can currently offer, leads to the conclusion that closure of the homes achieves a better outcome for people who need residential, respite and interim care.
- 2.9 We are continuing to work with our partners in the independent sector to commission extra care accommodation in the city which meets the high standard that we expect for all our older residents.
- 2.10 No final decision has yet been made about the proposed closure of the homes. A final decision will be made in the autumn once we have carefully considered the proposals and the comments made by residents of the homes, respite, interim and day care users, families, carers and advocates and affected staff through the consultation process. We want to hear what they have to say so that we can take on board their opinions.
- 2.11 If the closure of Greenwood and Welland care homes proceeds then day care services could no longer be provided from these homes. In this event we would:
- Help people access support locally and tailored to their needs.
 - Consider increasing some capacity at the two other day centres.
 - Commission more day support services from the voluntary and independent sector.
- 2.12 If the homes were to close, residents and respite users, in discussion with their families, carers and advocates, would be offered alternative choices within the independent sector, at no extra cost to them, and be fully supported by social care professionals throughout the process. We would also work individually with each person using day care services to offer them a range of choices that meet their needs. Any resident or day care user who wishes to do so would be able to move together in a group or with a friend. To be clear, services would not be removed, they would be reprovided.
- 2.13 On the 10th July 2012 Cabinet agreed to the adoption of the strategy and consequent consultation on the proposed closure of the two Council owned and run care homes: Greenwood House and Welland House.

3. Consultation process

- 3.1. Formal consultation on these proposals will commence on 17 July 2012 for a period of at least 90 days.
- 3.2. As a result of these proposals all residential staff based at Greenwood House and Welland House will be placed at risk (i) of redundancy and we will undertake individual redundancy consultation with these staff.
- 3.3. We will undertake individual consultation with each member of staff affected by the proposal by providing 'one to one' meetings during the consultation period. The purpose of the 'one to one' meetings is to discuss their individual circumstances, to

explore any options that are available and to identify any support which can be made available.

'One to one' meetings will be conducted by managers and a member of the Human Resources team will also be present. Individuals have the right to be represented and accompanied at these meetings, if they wish, by either an accredited Union Representative or work colleague.

- 3.4. We will identify any staff that are absent due to illness during the consultation period and ensure that they are contacted by their manager and given the opportunity to participate in full and meaningful consultation.
- 3.5. We will continue to provide training, as relevant, to all staff throughout the consultation process.
- 3.6. During the consultation process staff are asked to give ongoing feedback in writing and submit their comments and suggestions by one of the following methods:
 - By email to ASC Enquiries.
 - Via one of the 'feedback' boxes provided on-site in Greenwood & Welland.
 - By post to Adult Social Care, 2nd Floor, Town Hall, Bridge Street, Peterborough PE1 1FA. Letters should be marked for the attention of Julie Bennett.
- 3.7. Staff are encouraged to take an active part in redeployment activity by applying for any suitable vacant posts.
- 3.8. The organisation will consider applications for voluntary redundancy throughout the consultation process but no decisions will be made until consultation has closed and Cabinet has made a decision regarding the future of the homes.
- 3.10 Following consultation, should Cabinet make a decision to close the homes, notices of redundancy would be issued following stage 3 (ii) of the consultation process

4. CONSULTATION TIMESCALE

- 4.1. The consultation process will begin on Tuesday, 17 July 2012 with a minimum 90 day consultation period. During this time two 'one to one' meetings will be held with all staff affected.
- 4.2. Staff will need to attend 'one to one' meetings and make every effort to attend any briefing sessions or general meetings.
- 4.3. Staff may ask questions about how the proposal affects them during their one to one meetings and if any points are unclear after reading this document, they should speak to their Line Manager or Union Representative in the first instance.
- 4.4. A proposed timetable for the consultation is set out underneath.

Date	Action
12 July 2012	JCF meeting to present this document and outline the process for consultation.
17 July 2012	Start of the 90 day consultation period.

	<p>Staff provided with:</p> <ol style="list-style-type: none"> 1. Letter confirming cabinet decision to proceed with consultation. 2. A copy of the consultation paper. (Please note that this document is still under discussion with Trade Unions.) 3. A copy of the press release dated 17 July 2012.
<p>20 July 2012</p> <p>From 20 July 2012 to 10 September 2012</p>	<p>Stage One meetings with staff commence.</p> <p>Staff questions answered and feedback gathered.</p> <p>(Service User, relatives, carers and advocate consultation also in progress.)</p>
10 September 2012	Stage 2 meetings commence.
16 October 2012	End of 90 day consultation period.
October 2012 (Date to be agreed)	Results of consultation collated and presented to Project Board for sign off.
October 2012 (Date to be agreed)	<p>Final decision by Cabinet regarding the future of the homes following consultation.</p> <p>Staff informed of outcome.</p>
Date to be agreed, if required.	<p>If a decision is made to close the care homes, Stage 3 meetings with individual staff will commence.</p> <p>or</p> <p>Staff will be notified that the process has closed.</p>

Conclusion

This document provides the basis for the consultation and we welcome and appreciate your views and comments on the proposals. We will consider and respond to all comments and views submitted during the consultation period. Final steps will not be taken until the consultation period is completed and a decision is made by Cabinet.

If you have any questions about how the proposal affects you or if any points are unclear after reading this document you should raise them in your 'one to one' meetings or speak to your Line Manager or Union Representative in the first instance.

Should you have any comments and / or suggestions on the proposal during the consultation period, please submit these by one of the following methods:

- By email to ASC Enquiries.
- Via one of the 'feedback' boxes provided on-site in Greenwood & Welland.
- By post to Adult Social Care, 2nd Floor, Town Hall, Bridge Street, Peterborough PE1 1FA. Letters should be marked for the attention of Julie Bennett.

Definitions

- (i) **At risk** - This is a member of staff who may be 'at risk' of redundancy. The staff

member is entitled to apply for internal vacancies and, providing they meet the essential criteria of the post, be considered before members of staff who are not 'at risk'.

- (ii) **Stage Meetings** – The 'one to one' meetings are known as stage meetings. There will be two 'one to one' meetings within the consultation period. If required, there will be a third 'one to one' meeting after the end of the consultation period, once a decision has been made by Cabinet regarding the future of the homes. (This will be explained in your first 1:1 meeting.)

Notes

The Strategy mentioned in the introduction is available via a link on the adult Social Care staff newsletter No: 14, dated 9 June 2012.

If you are not able to access this link and would like to read the strategy, please ask your manager for a copy.

Summary of Petitions

Four petitions have been received with a total of 5,753 signatures, although the total number of valid signatures is 5,395 (guidance and further information on the council's petition scheme is available through the council's website), a web based petition has also been submitted. Full copies of the petitions have been made available for Councillors to view.

1. The first petition was concerned that the closure of Welland and Greenwood Houses would leave no provision within Peterborough for older people with specialised needs. The petition had 3,456 signatories.

The petition document stated:

"We the undersigned are raising an objection to the closure of greenwood and Welland House, as these would leave no provisions within PETERBOROUGH CITY COUNCIL for old people with specialised needs"

2. The second petition with 210 signatures opposed closure of Greenwood and Welland residential homes.

The petition document stated:

"Subject of Petition: The proposed closure of Greenwood House and Welland House residential homes for the elderly

We, the undersigned do request and desire that the City Council should give further consideration to the proposed closure of Greenwood House and Welland House. We fear the closure will:

- Remove an important residential facility for the care of vulnerable elderly people
- Have a serious, negative impact on the health of current residents, especially during transfer at a time when demand in Peterborough and nationally is rising sharply
- Leave less well off people with few care options in future

We also request that any public consultation should spell out the consequences of a decision to close residential homes, and explain the alternatives that are envisaged for current residents and those who need such facilities in the future."

3. A third petition was submitted on behalf of the Greenwood House and Welland House Service Users Support Group signed by 1,716 people.

The petition document stated:

"Please support our campaign to for Peterborough City Council to release funds to build a new residential home for the elderly to replace those threatened with closure."

4. A fourth petition was submitted on behalf of the Greenwood House and Welland House Service Users Support Group signed by 371 people.

The petition was submitted with a covering letter; the petition document stated:

“Petition calling for a Referendum into the proposal that: The closure of Greenwood and Welland Houses be deferred until there is established a new building,, owned and run by Peterborough City Council, that provides the home and services for current and future residents and service users and which includes an Integrated Day Service.”

5. The web-based petition does not comply with Council petition regulations and a number of respondents do not live in the Peterborough area. Points raised within this petition related to:
 - The rationale for closing the homes
 - The impact any closure would have on service users
 - Concerns over the quality of care the independent sector can provide
 - Support for rebuilding Council run homes

This petition was posted on the website ipetitions (www.ipetitions.com/petition/replaceourhomes/) under the title “Replace Greenwood House and Welland House Peterborough”.

5. A petition was received prior to the start of the consultation period signed by 179 people. The petition documents stated:

“Petition to Prevent the Closure of Old People’s Homes in Peterborough

- A press release is going to the paper from the council the cabinet is being asked to consider commencing consultation into the closure of Greenwood House and Welland House old people’s homes.
- We the undersigned are petitioning to prevent the commencement of a consultation into the closure of Greenwood and Welland House Old People’s Homes. We believe that closing these homes and removing the residents with have negative health impacts on the residents and that to replace public provision with private provision will reduce the standards of care towards the residents.”