

<b>CABINET</b>	<b>AGENDA ITEM No.</b>
<b>5 NOVEMBER 2012</b>	<b>PUBLIC REPORT</b>

Cabinet Member(s) responsible:	Councillor Fitzgerald, Cabinet Member for Adult Social Care	
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**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	
<b>FROM :</b> Executive Director Adult Social Care	<b>Deadline date :</b> 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?	<b>NO</b>	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 home<sup>1</sup>:

- 1 FTE Manager
- 1 FTE Deputy Manager
- 41 FTE Care staff<sup>2</sup>
- 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.**

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<sup>1</sup> Assuming full occupancy

<sup>2</sup> 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 resettlement<sup>3</sup>.

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.

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<sup>3</sup> 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 report<sup>4</sup> 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 study<sup>5</sup> 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

<sup>4</sup> 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

<sup>5</sup> 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](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 28<sup>th</sup> 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