

## 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 10<sup>th</sup> 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 1<sup>st</sup> 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	