

AGENDA MANAGEMENT SHEET

<i>Name of Committee</i>	Adult Social Care and Health Overview & Scrutiny
<i>Date of Committee</i>	24th January 2011
<i>Report Title</i>	Care & Choice Programme - The Future of Warwickshire County Council's Residential Care Homes for Older People
<i>Summary</i>	<p>In July 2010, Cabinet gave approval to a consultation process with residents, other customers and families on future options on the impact if the Council were to close its ten residential care homes for older people. At its meeting in October 2010, the Cabinet agreed to extend the timescales until December 2010 to take account of further options. This report asks the Committee to scrutinise proposals being taken to Cabinet on the way forward taking account of the consultation as well as the demographic and financial challenges facing the Council in this area of service and other strategies which are already being adopted to tackle the issues.</p>
<i>For further information please contact:</i>	<p>Ron Williamson Head of Communities and Wellbeing</p> <p>Tel: 01926 742964</p>
<i>Would the recommended decision be contrary to the Budget and Policy Framework?</i>	<p>No.</p>
<i>Background papers</i>	<ul style="list-style-type: none">▪ Cabinet 22nd July 2010 Item 6 "Care and Choice Programme – "the Future of Warwickshire County Council's Care Homes for the Elderly" and minutes▪ Cabinet 14th October Item 3 "The Future of Warwickshire County Council's Care Homes for the Elderly – Extension of Consultation" and minutes

CONSULTATION ALREADY UNDERTAKEN:-

Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members Councillor L Caborn, Councillor D Shilton,
Councillor C Watson, Councillor K Rolfe,
Councillor S Tooth
- Cabinet Member Councillor I Seccombe
- Chief Executive
- Legal Alison Hallworth, Adult and Community Team
Leader, Suzanne Burrell, Company & Commercial
Team
- Finance Chris Norton, Strategic Finance Manager
- Other Chief Officers
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

FINAL DECISION YES/NO

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet ..This item is on the Cabinet agenda for 27th
January 2011.....
- To an O & S Committee
- To an Area Committee
- Further Consultation

**Adult Social Care and Health Overview and Scrutiny
Committee – 24th January 2010**

**Care & Choice Programme - The Future of Warwickshire
County Council's Residential Care Homes for Older People**

**Report of the Strategic Director of Adult, Health and
Community Services**

Recommendation

That the Committee scrutinises the proposals in the attached report to Cabinet on 27th January in relation to the Future of WCC's Residential Care Homes for Older People and reports its views onwards to the Cabinet at the meeting.

1. Background

1.1 The report attached as **Appendix A** contains the proposals to Cabinet on 27th January in relation to the future of the Council's residential care homes for older people. It follows an extended consultation period with residents, other customers and their families between August and December 2010 on the following options:

- Closing all of the Homes and Disposing of the Sites over a 3-4 year period
- Selling the Homes as "going concerns" to the independent sector
- Setting up a joint venture company (JVC) to operate the Homes
- Other options such as social enterprises/ local community co-operatives running the homes

The Cabinet report makes recommendations on the above options based on analysis of the capacity to meet the needs of the current and future elderly population of Warwickshire for residential care, while taking account of available resources, the results of the consultation and evidence of the developments now taking place within adult social care aimed at keeping people more independent in old age.

1.2 As a result of the analysis, the following recommendations are made:

1. That Cabinet notes the rationale and evidence of demand for residential services in the light of the strategic direction and approves closure of two homes, Mayfield and Abbotsbury, calculated to be surplus to requirements.

2. That Cabinet agrees that officers should invite expressions of interest in the following options for procurement in relation to its current internal care homes provision:
 - a) Purchase of any or all of the homes as “going concerns” maintaining quality and charging in accordance with CRAG regulations.
 - b) Entering into a partnership with the Council to operate a joint venture company for any homes not eliciting market interest in order to facilitate careful strategic scheduled transformation
 - c) Establishing social enterprise/local community co-operatives where quality, safety and value for money can be assured.
 - d) Exploring further the potential for a Total Place solution in relation to Low Furlong in Shipston.
3. That Cabinet agrees a priority schedule of closures based on the matrix set out in Appendix 3(d), recognising that changes in the data may still affect the actual priority order. .
- 4 That temporary contingency arrangements should be put in place to ensure that sufficient provision is retained in the independent sector to ensure that capacity is retained while closures are implemented.

1.3 The full consultation reports are provided for scrutiny at **Appendix B** with the initial consultation (August to October) as Phase 1 and the extended period (November to December) as Phase 2. These reports are also available to the public through the Council’s website (at www.warwickshire.gov.uk/residentialcareconsultation).

1.4 **Appendix C** contains the supporting database to the decision matrix used to determine the priority order for closure of homes. This matrix has been used as an objective basis for decision making. These documents are split into:

- Front Sheet showing final order of closure, suggested timings and weightings
- The Decision Matrix showing the detailed analysis of the scores
- Further Tables showing ranges used per criteria

Members can see from the Front Sheet that the highest weighting has been accorded to criteria for “ability to re-provide places” and “dependency levels of residents” as it is most important that needs can continue to be met locally. On the second sheet, giving the details of the decision matrix, members can see from the build-up of the “weighted score” which particular elements have given rise to the recommendations on the first two homes to close ie. Mayfield and Abbotsbury.

2. Scrutiny

2.1 The Committee is asked to scrutinise the proposals and report on the outcome of their meeting in advance of consideration by the Cabinet on 27th January

Wendy Fabbro
Strategic Director of Adult,
Health and Community Services

Shire Hall
Warwick
January 2011

Cabinet – 27th January 2011

**Care and Choice Programme –
The Future of Warwickshire County Council’s Residential
Care Homes for Older People**

**Report of the Strategic Director of Adult, Health and
Community Services**

Recommendations:

1. That Cabinet notes the rationale and evidence of demand for residential services in the light of the strategic direction and approves closure of two homes, Mayfield and Abbotsbury, calculated to be surplus to requirements.
2. That Cabinet agrees that officers should invite expressions of interest in the following options for procurement in relation to its current internal care homes provision:
 - a) Purchase of any or all of the homes as “going concerns” maintaining quality and charging in accordance with CRAG regulations.
 - b) Entering into a partnership with the Council to operate a joint venture company for any homes not eliciting market interest in order to facilitate careful strategic scheduled transformation
 - c) Establishing social enterprise/local community co-operatives where quality, safety and value for money can be assured.
 - d) Exploring further the potential for a Total Place solution in relation to Low Furlong in Shipston.
3. That subject to the outcome of recommendation (2) Cabinet agrees a priority schedule of closures based on the matrix set out in Appendix 3(d), recognising that changes in the data may still affect the actual priority order.
4. That temporary contingency arrangements should be put in place to ensure that sufficient provision is retained in the independent sector to ensure that capacity is retained while closures are implemented.

1. Introduction

1.1 This report considers the issues surrounding the future provision of residential care for the elderly in the context of the direction that has been set out previously as part of the Care and Choice Accommodation Programme (CACAP).

- 1.2 The report to the Cabinet on 22nd July 2010 entitled “Care and Choice Programme – the Future of Warwickshire County Council’s Residential Homes for Older People” put forward a case for the Cabinet to consider the closure of the Council’s 10 internally run care homes on the basis that:
- They cost 40% more to run than the purchase of equivalent places in independent sector homes at the local authority fee rates
 - That despite the significant increases in elderly population and particularly of those with dementia, that fewer places would be needed in the future. This was based on the fact that the Council will be able to maintain the independence of people for longer in their own homes through services such as reablement, assistive technology, adaptations and the provision of equipment and that other residential options will be available through the increased provision of extra care housing by partner organisations.

The decision of Cabinet based on the recommendations in the report was to proceed to consultation with residents, other customers and their relatives on the impact if the Council were to proceed to close some or all of the 10 care homes over a period of three to four years. The consultation was to take place over the period from August to the end of October 2010.

- 1.3 The consultation took place in accordance with the decision but the work in itself attracted interest from the sector and from the community in pursuing options other than closure. A further report was considered by Cabinet on 14th October 2010 entitled “The Future of Warwickshire County Council’s Residential Care Homes for Older People – Extension of Consultation”. As a result of this report, the consultation was extended until 14th December 2010 in order for a wider range of options to be included. The results of both these consultations are available and the outcomes feature as part of this report.
- 1.4 Cabinet has now to determine the way forward in terms of how to continue to provide for the needs of the Warwickshire population on the basis of need, availability, peoples choices, and cost. This report will give consideration to all these elements and provide a recommended way forward.

2. The Financial and Demographic Context

- 2.1 Table 1 shows performance data on residential care funded by the Council over the last three years compared to averages for Warwickshire’s comparator group of shire counties:

Table 1 Numbers per10k population

Financial Year	Admissions (per 10k population)		Average Number in Residential Care (per 10k population)	
	Warwickshire	Average	Warwickshire	Average
2007/08	35	46	125	140
2008/09	41	52	105	140
2009/10	41	48	105	134

Appendix 1(a) shows the trend for all categories of residential care including nursing care for the 4 years from 2007 to 2010. This shows that although there has been a slight fall overall, the greatest reduction has been in nursing care and the largest increase in dementia care.

2.2 **Appendix 1(b)** shows current residential placements compared with provision across the five districts of Warwickshire.

The current market for residential care for older people in Warwickshire comprises over 70 care homes which deliver over 2,200 places across the county. The Council currently funds almost 50% of these residential places.

The Council has direct control over 19 care homes (686 places) for older people, of which 9 are operated on its behalf by Warwickshire Care Services (WCS), an independent not-for-profit organisation. Approximately another 400 places are purchased from the independent care home market and approximately one quarter of these include a top-up payment from relatives in addition to the standard fee rate funded by WCC. The split between ordinary (or 'higher dependency') residential care and specialist dementia care has shifted considerably over the last few years. A recent independent survey highlighted that the proportion of dementia care in the residential care market had risen from 9% to 52% over the last 10 years (8% within WCC homes).

The full analysis of funded places as at December 2010 is as follows:

- The Council's 10 homes providing 350 places;
- Warwickshire Care Services (WCS) providing 336 places;
- Other Independent Sector at Council fee rates and "top-ups" currently providing 388 places

This shows that overall there is spare capacity of around 5% or just under 55 places at present split fairly equally between general residential and dementia.

In the independent sector, many homes are now dual-registered for both forms of care so that if demand for dementia placements was to increase proportionately then availability could adapt accordingly. However, it needs to be emphasised that this is a fluid position in that capacity in the private sector is not guaranteed although managed through contracts. For example, a care home has recently closed in Warwick while the site is being redeveloped for

Extra Care Housing, which has taken up any capacity in the short term in that area. The least availability is in North Warwickshire with the most availability within Stratford (but within a wide radius). Although the market does not currently have a large proportion of vacancies at WCC fee rates, it would be possible to enter into negotiations with some independent homes to set up block contracts at our rates. There are currently two care homes in Stratford district where all the places are block contracted at WCC levels without any 'top-up' payments from relatives.

- 2.3 The number of places provided by the county's 33 nursing homes for older people is over 1,600. These are funded by the Primary Care trust and are not the subject of this report.

The predicted trend for nursing care beds continues to fall gradually but the market is complicated by the fact that the PCT now funds a number of Continuing Health Care placements in the community or residential/dementia care homes in addition to standard nursing homes. New models of health provision also include 'Virtual Wards' which enable people to receive nursing care more effectively in their own homes rather than going to hospital and then being discharged to a nursing home. This aligns well with Council strategies.

- 2.4 Quality in adult social care services is of critical importance and has to date been measured in terms of 'star ratings' issued by the Care Quality Commission (CQC) through their regulation. **Appendix 1(c)** shows current data on star ratings across all sectors of residential care in Warwickshire across all client groups. This shows 100% of the County Council homes are rated either good or excellent compared to 76% in the independent sector including WCS. It does need to be emphasised, however, that the sample size is not comparable and that for independent sector/WCS, 109 homes are included in this survey compared to the 10 WCC homes

The Adult Health & Community Services Directorate (AHCS) has a role in managing quality alongside the role of the CQC. The Directorate has historically linked its role to the use of contract monitoring and compliance and the use of cautionary notes and placement stops where standards fall below expectation. This approach has been effective and has led in recent years to a significant increase in quality across the residential market in Warwickshire, as part of the Council's "Improving Lives Strategy". Warwickshire's progress in this area has been recognised and commended by the CQC. However, the roles of both CQC and the Council are changing and will be considered further under Section 9 later in this report.

- 2.5 The statistics in appendix 1(b) also show available places in extra care housing. This currently comprises the following:

- Briar Croft, Stratford which opened in March 2010 will provide 46 nominations
- Farmers Court, Rugby which will open in April 2011 will provide 45 nominations.

Extra care housing differs from full residential care in that residents either purchase or rent their own accommodation but have 24 hour care available on site. The Council will control its allocation of places to ensure provision for customers who have eligible care needs only.

- 2.6 The Department of Health issued guidance on Use of Resources, which states that local authorities are expected to have a good range of services available at affordable cost.

At Warwickshire, adult social care spending, at £94m is the largest service provided by the County Council taking up 36% of total controllable expenditure. Of this, by far the largest percentage of the budget (49% or £45m) is spent on elderly people. The split of elderly service budgets is that 46% is spent on residential care and 54% on community care. Table 2 below shows how Warwickshire compares on services for the elderly and % spend on residential care.

Table 2 2008-09 Budget Comparisons

Percentage of Budget	Warwickshire	Average
% spent on Residential Care	46%	13 out of 16
Amount per Service User	£17,971	7 “ “ 16
% spent on Community Care	43%	3 “ “ 16
Amount per Service User	£3,002	8 “ “ 16
% Assessment & Care Management	11%	6 “ “ 16
% Income of total expenditure	9%	13 “ “ 16

- 2.7 In summary, Warwickshire performs well in terms of both activity and proportion of budget spent on residential care compared to other authority. It has sufficient capacity with further untapped resources within the private sector. Quality data as measured by CQC ratings shows that around 78% of homes are regarded as of high quality but the system of regulation and quality monitoring is changing. The financial information also shows that Warwickshire is around the average in terms of costs per customer in residential care and community care. Warwickshire is low in terms of income collected which will be an indicator of the amount of subsidy and possibly the adequacy of the private market in terms of wealthier clients. The question of subsidy within charges is now being addressed separately. Residential provision taking into account all sectors, WCC, WCS and the independent sector exceeds demand even before any extra care housing is developed along this.

3. The Challenges Ahead

- 3.1 Previous reports in this series under the Care and Choice Programme have outlined the demographic challenges facing adult social care services. To restate, these are as follows:

- The population of older people in Warwickshire will increase significantly

over the next fifteen years. By 2025 the population of older people (people aged over 65 years) in Warwickshire is due to increase by 43% from 94,200 to 134,500.

- The number of people over the age of 85 will also significantly increase, and consequently, the incidence of dementia will also increase, with research by the Alzheimer's Society indicating that one in five people over 85 years of age will have a dementia related condition.

3.2 The trends are mitigated to some extent in terms of the effects on Council services. The Quality of Life in Warwickshire 2010 document shows that the population is becoming wealthier (i.e. more people will be able to fund their own care). Although people are living longer, health will be on the decrease with the female population spending relatively less time (72%) than males (74%) in good health. Time spent in good health has not significantly improved in line with life expectancy. The latter may have the effect that people, as they grow older, will enter the care system at a later stage, but that the need for intensive social care and health support will remain although to a more advanced age.

3.3 Although In recent years, adult social care budgets have received increases to offset the demographic effects, this cannot be sustained into the future.

The Council are required to make 25% savings over the next three years to balance its budget and adult social care services will have to contribute in equal proportion to this target. Health budgets, although protected in terms of the Comprehensive Spending Review settlement, are under unprecedented strain due to increasing demand and static levels of resources. Modernisation of social care budgets is considered essential to help counteract these effects.

4. Corporate and Service Priorities

4.1 There are a number of key corporate themes agreed by the Cabinet which are relevant to this subject area:

- That Warwickshire County Council should become a commissioning authority rather than a provider of services;
- That the adult social care vision be delivered so that people can maximise all opportunities to live independently. The key to this is the mantra of 'recovery, rehabilitation and reablement'. This is the only way that resources can be prioritised towards those with high end needs so that the impact on services of the increasing elderly population can be met.
- That services need to prioritise savings and cut costs accordingly particularly where the same services can be provided by alternative means at lesser cost;

4.2 In accordance with the above, adult social care services are faced with a requirement for savings of around £22m. Savings plans have been developed which are based on a number of key elements:

- Delivering change as soon as possible to meet the financial challenges

- Continuing to provide quality services at lowest possible cost
- Support for people to regain or attain independence outside of social care services wherever possible
- Sharing services with partners where this offers the best possible solutions
- Supporting people to use their own resources as far as possible subject to a means test

5. The Case for Change - Service Modernisation

5.1 Adult social care services at Warwickshire are being modernised to meet the challenges for the following reasons:

- To maximise independence in accordance with the wishes expressed by potential service users
- To give greater choice
- To ensure sustainability of services through making best use of resources and meeting the demographic challenges faced by Councils
- To maximise the number of people served for the money available

5.2 Modernisation will be achieved in part through concentrating on people choosing to take up direct payments through personal budgets therefore reducing the take-up of traditional Council services. Also the business model will be changed to ensure that low level needs can be met through provision of improved information and advice and preventative services such as provision of community equipment and assistive technology in the home. In addition, reablement services have been introduced to ensure that people do not lose their independence too easily and that the need for service packages is minimised. This will be added to through development of intermediate care services to prevent unnecessary admissions into residential care on hospital discharge and re-admission at a later stage.

5.3 Progress under the Care And Choice Accommodation Programme (CACAP) on development of extra care housing has been slow due to the effect of the recession on land prices and shortfalls in social housing grant. However, significantly improved progress is now being made through the framework contract and participation in private developments through nomination rights. This can be supplemented if necessary through the 'big bang' development which is currently being processed for procurement. A list of current known schemes on extra care housing is given at **Appendix 2**.

5.4 The aspects of modernisation set out in sections 5.2 and 5.3 above are essential both to the control of demand for residential services in the future and also for the greater provision of choice that is needed by the people of Warwickshire. There are benefits for all concerned in this approach as most people have indicated their wish for independence, choice and control while the Council needs to be able to concentrate its resources on the areas of greatest need.

The attraction of extra care housing is clear from the experience of Briar Croft and will be evidenced again through the Farmers Court development in Rugby.

5.5 The case for change which will be tested through the remainder of this paper is therefore based on the fact that:

- a) That the modernisation of social care and improved partnership working with Health will mean that a greater number of people will remain independent for longer
- b) That people with high social care needs and the majority of those currently needing residential care can be well accommodated within extra care housing in the future
- c) That there will be a reduced need for general residential care as people choose to take up extra care housing options instead
- d) That needs such as dementia will continue to grow and therefore further specialist provision will be needed
- e) The current cost of in-house residential provision is unsustainable and that provided that sufficient safeguards are available in terms of quality and availability that future provision can be made wholly within the independent sector.

6. Reshaping Residential Care

6.1 **Appendix 3(a)** sets out the projected demand for residential places. These are based on the current data in appendix 1(b) projected forward in relation to the rise in the elderly population and prevalence of dementia. Allowances are then made based on prudent assumptions for reductions based on the effects of reablement and telecare (5%). At present no further allowances are being made for the effects of social care modernisation, hence it is believed that projections are cautious.

Built into the forecasts are the availability of extra care housing places. The assumptions here are that 500 to 600 units of extra care housing will be available by 2015 based on 50% nominations to social care eligible customers from the social rented elements of the schemes.

The projections of excess capacity show the position for 2010 as shown in appendix 1(b) and the forecasts for 2015 and 2020. At this stage, there is excess capacity of 642 units and 590 units respectively.

The numbers of extra care housing included in the projections takes account of current 'pipeline' schemes only as shown in appendix 2. This is a prudent position as there are other potential additions such as remodelling of sheltered housing, redevelopment of WCS/WCC sites, a model of 'extra care-lite' currently being considered by providers and potentially the 'big bang' approach which could be used to speed up development where needed.

The data contained in the overall table has been split down onto area maps and shown at **Appendix 3(b)**. This is provided to facilitate the decision-making process contained in Section 8 of this report.

6.2 The above scenario shows that based on the assumptions, there would be significant overcapacity in the market. As stated earlier, the Council controls

the continued availability of residential places in the independent sector by purchasing these places as and when required. There are only a few examples of where 'blocks' of places are available, one of which is with Warwickshire Care Services (WCS). However, the option remains of increasing the amount of block purchasing to safeguard availability if necessary. It is the opinion of officers that this could still be achieved at the Council fee rates if needed. While the increasing wealth of the population may put pressure on availability of places to the Council, all sectors may also be affected by the increased availability of extra care housing thus dampening demand for traditional residential care.

- 6.3 Cabinet recently endorsed a report on 18th November 2010 which requested permission to proceed with a procurement process for the residential care contract currently delivered by WCS. The contract does not expire until April 2012 but an opportunity had arisen for the County Council and WCS to terminate the current contract early so a more innovative and accelerated approach could be taken across the portfolio of 11 residential care homes.

This Cabinet report was 'exempt' from public discussion owing to the confidential and commercially sensitive nature of the contract. Consequently, it is not possible to detail here the latest position regarding the procurement process. However, it can be confirmed that WCS operates these care homes at the County Council's fee rate for approximately half of the available care beds, whilst generating income from the remaining half by selling beds within the private market. WCS, as a not-for-profit and independent organisation, operates the homes efficiently and to a high quality standard but without incurring the additional 40% costs currently incurred by the council's internally run homes.

- 6.4 Based on examples to date, people will make a positive choice about entering extra care housing. The Council's 50% nominations, however, will be reserved for people with social care eligible needs, where it is preferable for them to live within a safe community with care close to hand. The remaining 50% would be people who would purchase or rent but with nil to low level needs. Within the Council's 50%, both substantial and critical needs would be accommodated within the care provision allowed. Only where it became unsustainable for the customer to remain in an extra care housing setting due to safety and cost would it be considered necessary for transfer to residential care.
- 6.5 The projections on demand in Appendix 3(a) show that extra care housing will be able to accommodate people with mild dementia. Those people experiencing high level needs/challenging behaviour would still require residential care.

While the independent sector has significantly increased its provision for dementia needs over the last few years, those with highest level needs are not as well catered for. The County Council will need to work with the sector to address this aspect in order to ensure that the market can cope with these changes.

6.6 An analysis has been carried out of the level of needs of residents within the Council's ten care homes. A summary of this analysis is shown at **Appendix 3(c)**. This shows that for our existing residents, 68% of residents have high level needs, 21% are moderate and 11% are low. There is potential for some degree of transfer here to extra care housing when available. The detail within the Appendix showing the needs of residents within each home will be assessed below in terms of a prioritised schedule for closure of the homes.

6.7 A decision matrix has also been developed containing the following details for each of Warwickshire's 10 care homes:

- Ability to re-provide in the locality at Council fee rates – current places
- Ability “ “ “ “ “ “ “ “ - current vacancies
- Levels of dependency of current residents
- Unit cost – Actual
- Unit Cost – 100% occupancy
- Ongoing maintenance costs
- Suitability for ECH development
- Land value

This is attached as **Appendix 3(d)** and shows a rank order in which the Council might approach a closure programme should that be the course of action required. It is important to note that the rank order may not remain the same over time. The matrix will be recalculated as data changes.

6.8 The ability to reshape residential care depends significantly on the availability of land. The relevant rules relating to land and capital receipts are set out below:

- *Use of care home sites for Extra Care:*
This would have to be approved by Cabinet with any loss on disposal being written off to the revenue account
- *Closure of Care Home, and sale of land / land and buildings, which are not suitable for Extra Care:*
This would generate a capital receipt, which would be corporate. AHCS directorate could apply to full Council to earmark these reserves for use on other capital expenditure - for example to purchase suitable land for extra care housing. This would require a business case to be prepared. There may be cashflow issues if any new development dependent upon the receipt was built before sale of the site had been completed.
- *Mothballing of sites for use in the future:*
This will result in the AHCS directorate paying for revenue costs whilst the site is mothballed (e.g. heat, light, security, maintenance)
- *Use of other (non AHCS) WCC sites for extra care housing:*
This may incur a capital cost, and will be assessed on a case by case basis.

6.9 In summary, the analysis in this section demonstrates that by reshaping the

residential market through the development of extra care housing, and renegotiating current contracts ie. WCS, the Council is taking action to widen choice and reducing the high costs of residential provision. At the same time, the new models of care will ensure that people can maintain their independence for longer in old age. In these ways, demographic demands will be addressed.

7. Feedback from Consultations

- 7.1 The full details of the consultation results have been provided to the Overview and Scrutiny and are available on Warwickshire's website (www.warwickshire.gov.uk/residentialcareconsultation). The report to the Adult Social Care & Health Overview and Scrutiny Committee on 24th January also includes the full details of the consultation and the Committee has been asked to report back on the process.

A summary of the main points is given below.

- 7.2 The four options considered as part of the extended consultation were as follows:

- a) Option 1: Closing all of the Homes and Disposing of the Sites over a 3-4 year period
- b) Option 2: Selling the Homes as "going concerns" to the independent sector
- c) Option 3: Set up a joint venture company (JVC) to operate the Homes
- d) Option 4: Other such as social enterprises/ local community co-operatives running the homes

- 7.3 Phase 1 of the consultation concentrated on the question of the impact on service users if the homes were to close. The process involved:

- Meetings with relatives and representatives
- One to one interviews with residents and people who use respite care services
- Group meetings with day care service users
- Questionnaires and fact sheets sent out to all relatives.

Phase 2 which covered the full four options consisted of:

- Small group discussions with residents and/or 1:1 meetings
- Group discussion with people using day care services
- Evening meetings with relatives
- Information sheet sent to relatives and people who use services in each of the homes.

- 7.4 The outcome of the consultation has been determined from the following sources:

- 456 completed questionnaires
- 37 comments cards received
- 11 twilight meetings

- 176 1:1 interviews
- 450 relatives approximately attended meetings
- 11 day care group meetings

A number of petitions and views have been submitted by communities which have also been taken account of.

7.5 The key themes emerging from Phase 1 of the consultation are as follows:

- **Understanding the Council's financial position but vulnerable people should not have to be affected**

Most people expressed understanding of the Council's position in needing to reduce its expenditure but felt that this should happen elsewhere and that vulnerable people should not be made to forego their homes. They considered that moves would cause considerable distress and anxiety to the point that many have queried whether this could shorten the lives of residents if not managed well.

The consultation has found overwhelming support for the care that is delivered in all the 10 Council run care homes. All of the relatives and most of the residents would like the homes to remain open. A significant percentage of residents (about 20%), however, stated that they had entered residential care following a stay in hospital and never thought that it was intended to be permanent. They had wanted to return home.

The Council understands the wish to retain a known service but must also commission services to meet changing needs.

The emerging key themes to alleviate the impact of any possible closures would be that:

- Alternative provision is of similar quality of care
- Alternative provision is local
- Continued support and breaks for carers

Also for the future to keep older people independent

- More re-ablement services available
- Better information on choices available
- Improved support services at home – day and night

- **Quality of Care**

There has also been overwhelming support for the good quality of care that is provided in each of the homes and the environment within which it is offered. Coupled with this, there has been concern expressed that care in the private/independent sector may not up to the standard of WCC care homes and the Council would need to give quality assurance that private homes would provide same standard of care as Council run homes.

The Council has confidence that quality can be managed by means of CQC inspection and contract management (see further Section 9)

- **Stay local and close to family/friends**

The majority of the residents, respite, day care services users said it would reduce their concerns if either their current home remained open or the same standard of care was made available in another home that is local and close to family.

The Council accepts the need for local services and has built this factor into the analysis.

- **Breaks for carers**

A break for carers and adequate support was considered a key factor that would enable older people to stay at home, particularly those in receipt of respite services. Some residents highlighted the burden and strain on their families prior to admission to residential care.

- **Support for new kind of services**

All residents support the Council's plans in developing new kind of services to enable people to live in their own homes longer but felt it also depended on the individual circumstances.

- **Options available to older people**

Other than traditional services (home/respite/day care) residents were not aware of any other options for making sure older people get the care they need. The options here include extra care housing, re-ablement, adaptations and different types of equipment.

The Council will ensure that people are able to make fully informed choices.

7.6 Phase 2 of the consultation widened the options from that of the impact of closure to the four options outlined in paragraph 7.2 above.

The process took the form of:

- Twilight meetings held in all 10 of the homes at which a total of 155 relatives attended.
- A mix of group discussions and 1:1 sessions for residents, day care and users of respite. In all 209 residents and other customers were consulted.
- 1028 options fact sheets circulated to residents and relatives.

The key themes from Phase 2 continued to reflect the overarching view that the homes should remain open but that if the Council felt that change was required that Option 3 concerning the joint venture company was the next best option. Specifically the summary of results from the option fact sheets was as follows:

Option 1 - The overwhelming response regarding this option was that the homes should remain open and people did not understand why it remained an option following the first phase of consultation. The Council is, however, required to secure value for money for the people in Warwickshire.

Option 2 – Generally, this was not considered to be a particularly good option. 32% felt that costs would be cut in order to generate profits and that the quality of care would therefore diminish. The Council does, however, believe that quality can be assured through inspection and contract management.

Option 3 – 53% of people favoured this option, as there was reassurance that WCC would still be involved with the overall running of the homes. This led people to feel that there would be better safeguards in relation to quality. Also the retention of existing staff would provide continuity of care. There was concern however that this was a short –term option as WCC would only be involved for a 3 year period..

Option 4 – 42% said that they would be in favour of developing a community run enterprise if it meant that the homes would remain open. However, they felt that they would need initial support from WCC. The majority of residents said that they would be prepared to pay more for their care if it meant that their home could remain open. The Council is required to ensure that any such proposal would offer acceptable quality, safety and value for money.

7.7 In addition to the consultations on options set out in Paragraph 7.2, there have also been the Care and Choice consultations and briefings which have been ongoing since November 2006. In total, 138 different events have now been held to inform and consult on the Care and Choice agenda covering the following:

- 22 x WCC/WCS Care Homes (x2)
- Countywide OP groups/fora, inc. 6 x SCAN groups in Stratford and the BME community
- Cabinet
- Area Committees
- Area Fora
- Provider Days
- Bidder Days
- Older Peoples Partnership Board(s)

The events have been held primarily in order to inform and seek peoples' views on the widening of choice for people in their old age so that people can remain in their own homes with the use of technology or transfer into extra care housing as alternatives to traditional residential care. Views expressed in these fora have been generally supportive on the approach being adopted

by the Council to the widening of options for older people needing care in the future, but as with the existing consultation, this has not been the case when applied to existing residents in homes which might be affected.

- 7.8 Although, the consultation initiated in July has been specifically with residents, other customers and relatives, views have also been sought from staff working in the homes.

The main feedback from the staff group has been:

- The overwhelming concern of staff is for the wellbeing of the residents with particular concern for those customers with dementia as to whether there would be equivalent alternative provision available
- They are proud to be WCC employees and feel that the infrastructure supporting them has enabled them to achieve high standards of care which promotes dignity and respect. There is concern therefore about transferring to the independent sector both for residents and themselves.
- The other feature is that their comments are broadly the same as those made in many of the relatives meetings. Specifically, though, staff teams have queried the costs of re-provision particularly in the case of those residents with borderline nursing care needs, or high end dementia
- Staff see the homes as significant parts of the local communities, contributing to and benefiting from those communities. They consider that closure would therefore damage the community and could sever the links made or maintained by the residents.

In conclusion, staff accepted the need to find financial savings, understood why care homes are being examined as a way to do this, but remain concerned about the impact on the residents to whom they are committed. However if closures are to occur, it should happen as quickly as is reasonably possible as uncertainty can affect the quality of care over time.

The Council believes that changes can be carefully and prudently managed to maximise wellbeing.

8. Options and Implications

- 8.1 The full detail on the four main options given to customers and relatives within the consultation is outlined below in order to set the scene for recommendations :

- a) Option 1: Closing all of the Homes and Disposing of the Sites

This was the element which was dealt with during Phase 1 in terms of the impact on residents and their families. If this were to take place, a schedule would be drawn up which would lead to closure over a planned and phased timetable probably over a 3-4 year period. This, in part, is to ensure that arrangements can be made so that residents are provided with good quality alternative care that meets their individual needs.

- b) Option 2: Selling the Homes as “going concerns” to the independent sector –

Officers have received unsolicited expressions of interest about the option of selling some or all of the homes to the independent sector as “going concerns” in return for a capital receipt. The Council would buy back some of these beds at the Council fee rates and would continue to have an influence over the quality of care it would expect its customers to receive.

c) Option 3: Set up a joint venture company (JVC) to operate the Homes –

This option is for the Council to set up a joint venture company with an independent provider for a minimum period of 3 years. A joint venture would still involve the Council in the joint running of the homes, at arms length, while handing the day-to-day control to a provider which would take on all of the current staff. The provider would own the majority interest in the homes whilst the Council would forgo a capital receipt. In return, the Council would pay the standard fee rate for its residents as long as they remained in the homes. The Council would also have a much greater degree of influence on quality than would be possible with an ordinary independent care home.

The option has the benefit of giving time for the Council in partnership with a private provider to determine the plan of future use or closure based on the programme of development of extra care.

Further criteria on the JVC option are given in **Appendix 4(a)**

d) Option 4: Other -

There has also been interest in the setting up of social enterprises/local community co-operatives. The terms of doing so are less clear but from the Council’s viewpoint, such alternatives would have to be comparable in terms of costs/benefits to other options above. Initiatives would be dependant upon any groups submitting bids in relation to the homes in their area. Further information on the Council’s responsibilities in relation to options for community involvement are given in **Appendix 4(b)**

8.2 Firstly, it is the view of officers that it is not an option to do nothing and leave the care homes as they are. The costs of internal provision remain unsustainable and savings in this area, whilst retaining the ability to meet demand, are crucial to the adult social care budget plan for the next three years.

8.3 Secondly, the information on demographic projections and availability of residential places does indicate that there is not such an obvious over-provision of accommodation that the Council can afford to take a blanket approach to closure. There is the case for the reducing the number of homes overall and in certain areas of the County. The planning of further closures around the potential purchasing of temporary ‘blocks’ in the independent sector and the introduction of extra care housing schemes is crucial to a successful transition. Paragraphs 8.5 and 8.6 below deal further with the issues around closures.

- 8.4 Of the other main options available to the Council to secure financial efficiencies, the results of the consultation process suggest that a Joint Venture approach would be preferable to residents and their families to selling homes outright to the independent sector. The JVC is a new concept to Warwickshire and the exact benefits to be derived are subject to negotiation. There has been little interest in social enterprises/community co-operatives other than, at present, in relation to one home, the Lawns in Whitnash.

Costs and benefits need to be fully tested. It is therefore recommended that Cabinet considers granting permission for a procurement exercise to be conducted as soon as possible to clarify whether any options for sale, joint venture or social enterprise can deliver the required efficiencies whilst taking account of the need to maintain high quality services etc. A procurement exercise would be a very complex and resource intensive process, but the overriding benefit would be to ensure that the County Council maximised the potential for delivering value for money in a way consistent with the results of the consultation. At this stage, it would not be possible to predict the outcome of a tender owing to the wide range of possible bids. Nevertheless, preliminary work has been undertaken in the market that suggests there is considerable interest in WCC's care homes, although significant TUPE and pension liabilities will have to be taken into consideration.

Any future contract to operate these independently run homes will also need to respond to the reduced demand for residential provision in favour of other models of care. The current trend of increasing the proportion of specialist dementia care compared with standard residential care will continue and opportunities will also be explored for the redevelopment of extra care housing wherever possible across the portfolio of 10 homes.

It is recommended that the choice of procurement process is delegated to the Strategic Director of Adult, Health and Community Services, the Strategic Director of Customers, Workforce and Governance and the Strategic Director of Resources working in conjunction with their portfolio holders, although the awarding of contracts would of necessity need to be approved by Cabinet. It is acknowledged that major input will be required from procurement, legal, finance and property experts to ensure that any tender process is robust, especially as options may include the possible disposal or sale of land as part of any outcome. For example, a joint venture company could be structured in a number of ways e.g. either based on a leasehold or freehold approach, presenting the council with a range of different benefits and risks. The predicted timescale for the work on procurement would be as follows:

Table 3 – Procurement Phasing

Phase 1	Initial market testing	End of March 2011
Phase 2	Full procurement based on outcome of market testing	End of September
Phase 3	Report back to Cabinet for approval	November Cabinet

The initial phase will be crucial in determining which options will be taken

forward to the formal procurement stage.

The wide range of options mean that the effects on existing staff and residents could vary greatly depending on the outcome of any procurement exercise. However, opportunities will be taken at every stage to minimise any negative impact of the tender on residents, relatives and staff by weighting this accordingly in any evaluation process.

8.5 It is the view of officers that although procurement is the favoured approach, that a closure plan should still be drawn up and that work should commence on the arrangements to close at least two of the homes. This recommendation is made for the following reasons:

- a) That there is sufficient capacity in the market locally to close the two homes.
- b) That the financial savings targets must be achieved and that if the results of procurement are not sufficiently attractive, then further closures can be planned provided that temporary contingency arrangements are made and that closures are timed to coincide with openings of ECH

Cabinet is therefore asked to approve the schedule which gives a programme of closures over the 3-4 year period and to ask the Strategic Director to proceed with planning the first two closures. The priority schedule is as set out on the basis of the decision matrix described in Section 6.7 and attached at appendix 3(d). The schedule gives the most weighting to the need to be able to re-provide care locally which is a critical factor within the consultation. If the Cabinet delays and procurement is not successful then the savings plans cannot then be achieved.

Closure of a home is a significant undertaking and one which requires considerable planning. A plan to close a home involves the following:

- Further consultation for a minimum of 4 weeks with residents and their relatives on the details of a closure plan;
- Re-assessment of needs of all customers of the home (residents and day care users) involving a multi-disciplinary team. For details of the AHCS Directorates protocol on closures see **Appendix 5**;
- Detailed work with families in relation to future placement;
- Consultation with staff on redeployment or redundancy
- The Care Guarantee as previously published to operate in this context which states that no one would be without a home and no one would be asked to make more than one permanent move.

The minimum time period for closure would be six months due to the requirements relating to the staff of the home. However, the most essential element is the care of the individual residents and this cannot be underestimated. This process would commence as soon as possible following a decision by Cabinet to ensure that it can meet the needs of those who would be affected.

8.6 The homes on the schedule where immediate decisions are required on

closure are as follows :

Mayfield:

This home is ranked first in the decision matrix. The lower floor of this home was closed due to low occupancy earlier in 2010. The highest factors here are the actual unit costs and the availability of residential places within the locality. It is considered necessary in any event to close this home as it is inefficient to continue to operate the home on its current basis.

Abbotsbury:

This home is ranked second in the decision matrix. There are a number of features here including the ability to re-provide within the locality, high unit costs due mainly to the nature of the home being used for assessment and intermediate care and the suitability for alternative use due to the area of the site and potential capital receipt.

Cabinet are therefore asked to consider Mayfield and Abbotsbury as the first two homes for closure.

- 8.7 Within both the contracts for the JVC and for the homes currently run by WCS, provision would need to be available for the redevelopment of existing sites either for extra care housing or specialist residential care. The scaling down of a requirement for a “big bang” approach to extra care means that there is no necessity for sites to be given up from within the existing care homes portfolio, making the future arrangements more attractive to potential bidders.
- 8.8 Members should bear in mind that changes are also being explored by officers in partnership with Health and other agencies in relation to Low Furlong in Shipston. This could lead to the potential to achieve mutually advantageous objectives through a Total Place initiative.

9. Addressing the Issues of Quality

- 9.1 Issues of quality in the independent sector are of significant concern to residents and their families should any transfer be agreed. Quality is the responsibility of the provider itself but assurance is also given through the dual role of the Care Quality Commission and local authorities.

The system of regulation under CQC is changing and the Council’s role must change with it. The Council will take the role of testing compliance through contract monitoring and a wider role around compliance across the whole of the residential sector.

- 9.2 The Council is currently taking several actions to ensure that it can adapt to the requirements around maintaining quality services:
- a) The contract monitoring team is being reshaped to develop a market management function which will be responsible for working with providers

to assess costs and strive to increase value for money in the services they provide, particularly through the use of the Care Fund Calculator to ensure that a reasonable price is paid for care.

b) The Council also has a team known as Warwickshire Quality Partnership which works in conjunction with the independent sector to improve quality. Traditionally their role has concentrated on improving quality through promoting training and development. However, it will be developing its role into that of market facilitation to help move away from traditional models of care and make the transitions around new models such as extra care housing. This will ensure that the customer is at the forefront as it will be driven by the concepts of personalisation.

9.3 Work previously undertaken by CQC has shown that the Council's role in the past has resulted in a positive trend in quality and customer satisfaction.

10. Cost and Benefits

10.1 The savings targeted for residential care project have previously been estimated at £3m. This was based on closure of all ten WCC homes with residents transferring to alternative private sector homes at our current rates of £363 / £420 then this saving could be achieved. The current plan assumes 3 closures in 2011/12 with 2, 2 and 3 closures in the following three years. If some residents are suitable for transition instead to extra care housing then the savings would increase further (although this element would then be accounted for under the Extra Care Housing project).

10.2 Until the procurement process has been concluded as set out in Section 8.4 above, then it is difficult to obtain a firm estimate of the level of savings based on these options.. However, it is envisaged that the £3m target savings would also be achievable through the procurement of beds at market rates under any of the options. For the JVC, the company would be able to cross subsidise beds, and potentially be able to write-off early losses against tax. As a result, this has the potential to deliver the savings more quickly than a programme of closure. It would, however, be at the expense of giving away some / all of the land and buildings, and forgoing any future capital receipts.

The ten sites currently have a current net value of £16m (2008/9 valuation).

10.3 The savings targeted for extra care housing are £2m p.a. Assuming that 50% of units are FACS eligible, and meet critical and substantial needs, then the building of 1175 units would deliver £2m of annual savings, if 50% of customers are diverted from residential homes (that is customers who are either already in residential homes, or would otherwise be placed within residential care within the next 3 years). The current forecast is that for customers who are in their own home, and receiving home care, that when they enter extra care there will be a 20% efficiency saving on average hours of care provided and that there will be one person available on waking night cover.

10.4 Current assumptions on financial savings are shown at **Appendix 6 (a) for**

care homes and 6(b) for extra care.

11. Risks

- 11.1 A detailed risk log is maintained as part of the project work on residential care and at present no individual risks are classified as red.
- 11.2 The highest level of risk concerning the recommendations in this report is around the closure of homes and particularly around safety of residents. In this regard, the AHCS Directorate has a policy in terms of moving residents on closure of facilities. All reasonable measures will be taken to safeguard the needs of residents as part of the process and timeframes will not be a limiting factor.
- 11.3 The second highest level risk is that there will indeed be sufficient residential places available for those who need this level of care in the future, should the closure of homes take place. There is of course substantial private provision in the market within Warwickshire from which the Council can purchase additional places. The risk is therefore a financial one that would impact upon the achievement of savings.
- 11.4 Thirdly, the procurement process itself has clear risks attached, particularly with the operation of a joint venture company. Warwickshire has not entered into such an arrangement before for the provision of services. This means that there is no tried and trusted route although other councils have operated successfully in this area. The aspect of the procurement process which involves what would happen if the process is unsuccessful is covered by the recommendation to agree a full closure plan as a default position.

12. Equality Impact Assessment

- 12.1 An Equality Impact Assessment has been prepared both for the process and the recommendations in this report. The full EIA is attached as **Appendix 7** and the factors raised therein will be taken forward as part of the implementation of this project.

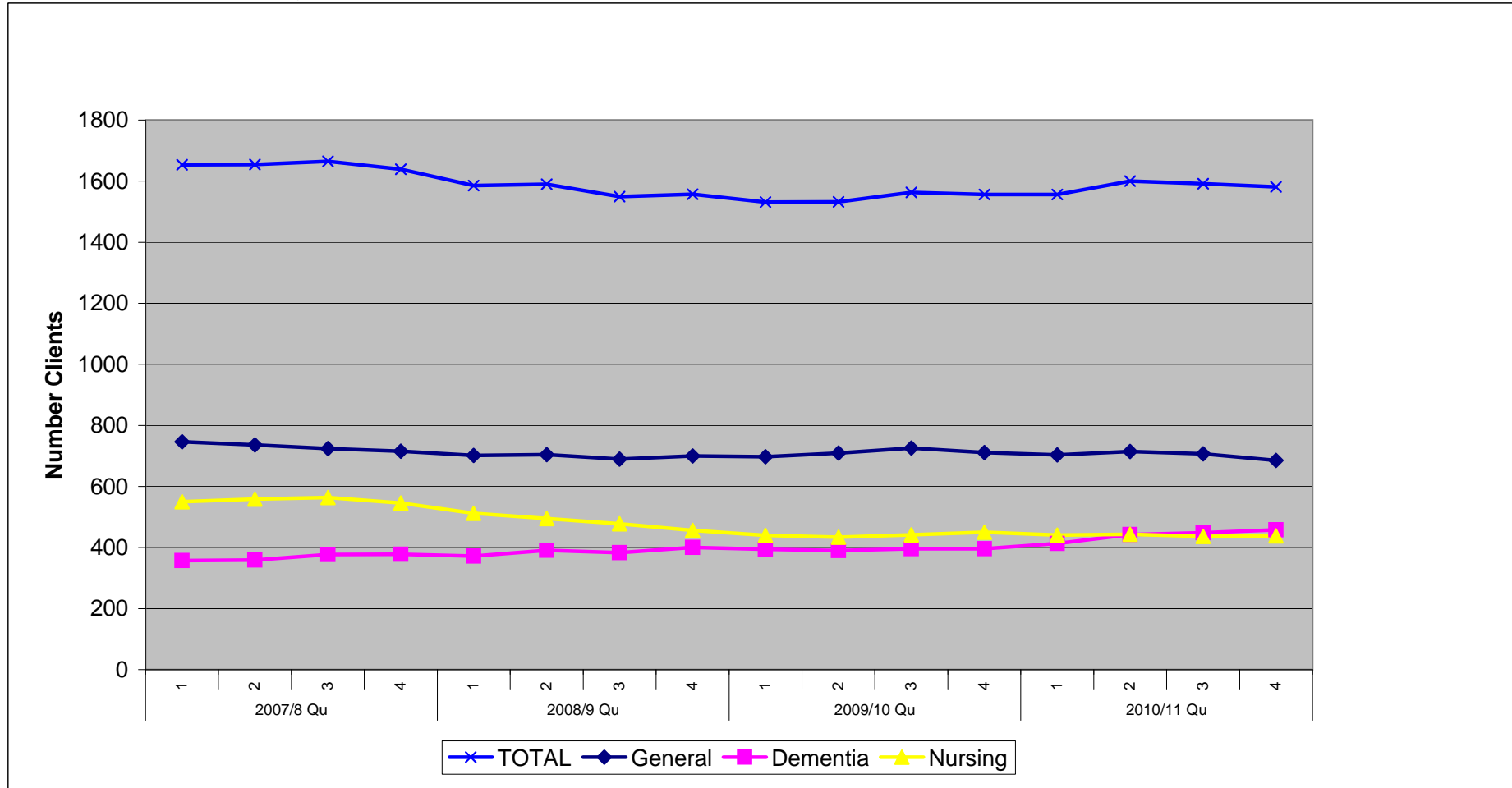
Wendy Fabbro

Strategic Director of Adult,
Health and Community Services

Shire Hall
Warwick
27 January 2011

Number of Residential Clients by Quarter

Appendix 1(a)

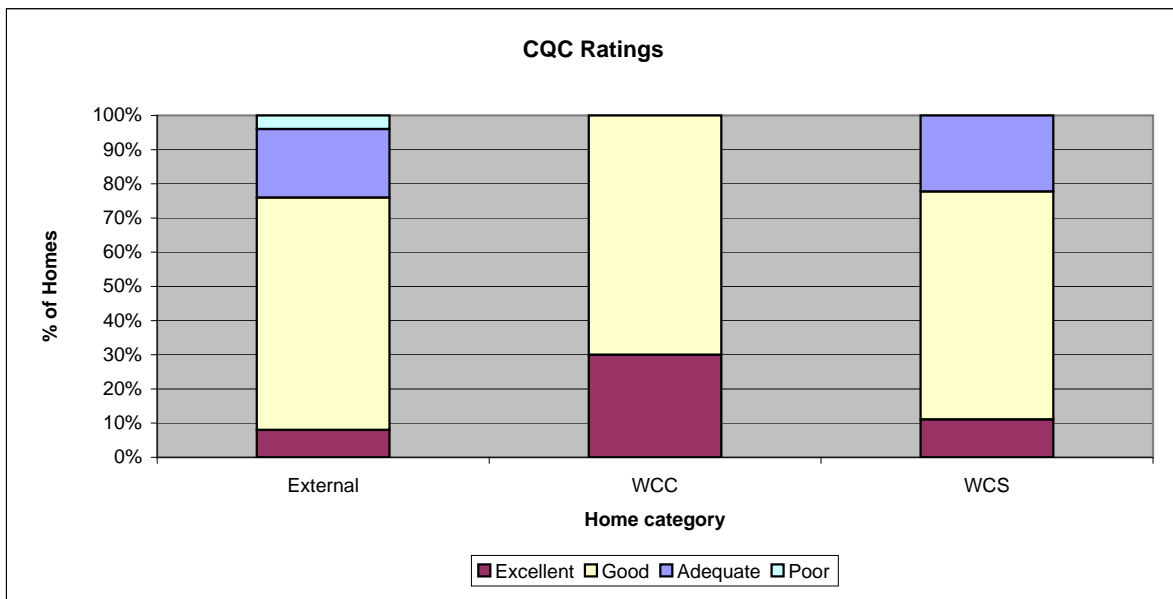
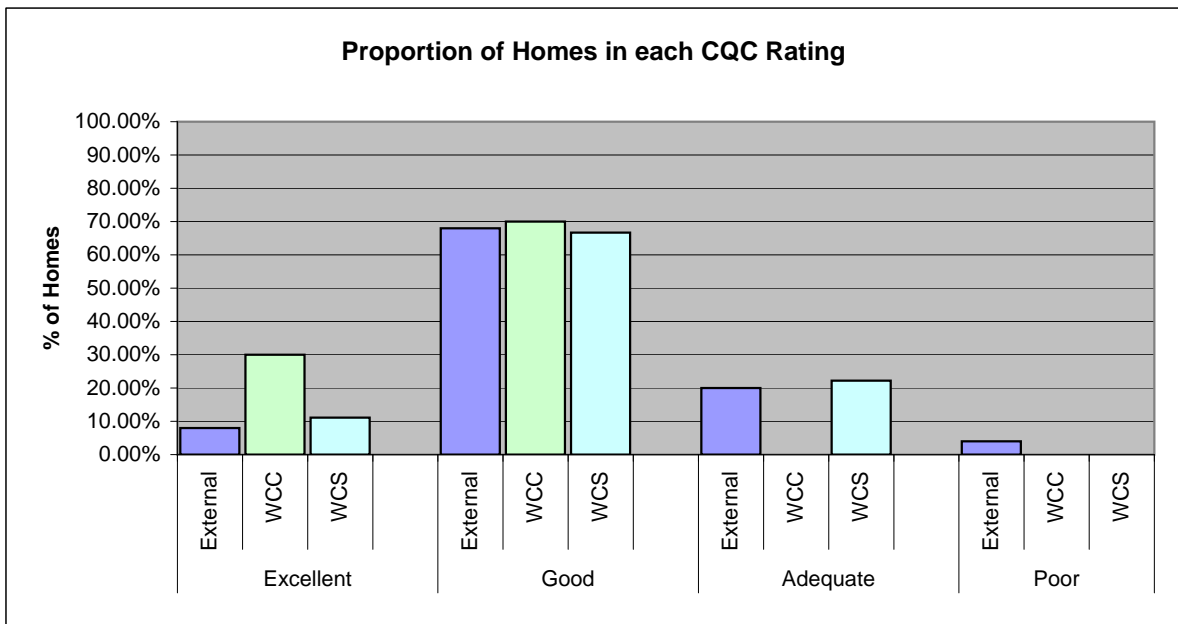


APPENDIX 1(B)

Current Residential Placements Compared to Provision									
Demand			Resource						
District	Client Group	Current residential placements per district @ 2010	Number of beds WCC	Number of beds WCS	Total No. of beds "Controlled" by WCC	Number of beds in Private sector	Total beds	Number of vacancies in private homes accepting WCC rates	Number of ECH units Available to WCC 2011
North Warwickshire	Residential	77	70	0	70	88	158	0	0
Nuneaton and Bedworth	Residential	164	70	73	143	130	273	4	0
Rugby	Residential	113	34	39	73	151	224	11	34
Stratford	Residential	151	77	27	104	230	334	14	11
Warwick	Residential	175	70	60	130	234	364	1	0
TOTAL		680	321	199	520	833	1353	30	45
North Warwickshire	Residential EMI	58	0	0	0	95	95	0	0
Nuneaton and Bedworth	Residential EMI	121	0	38	38	220	258	3	0
Rugby	Residential EMI	63	0	39	39	161	200	11	11
Stratford	Residential EMI	75	29	0	29	167	196	11	4
Warwick	Residential EMI	77	0	60	60	67	127	0	0
TOTAL		394	29	137	166	710	876	25	15
North Warwickshire	Res & EMI	135	70	0	70	183	253	0	0
Nuneaton and Bedworth	Res & EMI	285	70	111	181	350	531	7	0
Rugby	Res & EMI	176	34	78	112	312	424	22	45
Stratford	Res & EMI	226	106	27	133	397	530	25	15
Warwick	Res & EMI	252	70	120	190	301	491	1	0
Grand TOTAL		1074	350	336	686	1543	2229	55	60

CQC Current Quality Ratings

APPENDIX 1(C)



Star ratings	No star	Poor
	1 star	Adequate
	2 stars	Good
	3 stars	Excellent

Appendix 2

**'Pipeline' Extra Care and Housing Related Support Schemes across Warwickshire
eligible for submission for HCA funding**

LA/Year	Scheme	Ownership	Units
Stratford 2010/11	Briar Croft, Stratford-upon-Avon: Extra care provision developed by Orbit with HCA funding. Completed in March 2010	Orbit	64*
Stratford 2012/13	Gt Aine: An Urban Renaissance Village scheme with care element provided by Housing 21 - Planning application submitted	URV	50*/211
Stratford 2012-14	Victor Hodges House, Southam: redevelopment opportunity by Orbit currently at feasibility stage. There is an opportunity to integrate the adjoining police and library buildings into this development and to consider a high impact mini Total Place approach to the site - Planning application to be submitted following any contract award	WCC/Orbit/Police	45*/85
Stratford 2012-14	Bishopton: pipeline development on former school playing fields - Sport England issues to be resolved prior to Planning application being submitted following any contract award	WCC - CACAP	45*/60
Stratford 2012/13	a). St Nicholas School: potential scheme in Alcester - Planning application to be submitted following any contract award	WCC- CACAP	45*/60
Stratford 2012/13	b). Alcester Hospital: alternative potential scheme in Alcester - Planning permission granted for Integrated Service building, but ECH would require a further submission - Planning application to be submitted following any contract award	PCT	45*/60
Stratford 2012/13	c). Alcester Town: alternative potential scheme in Alcester - no imminent application - Planning application to be submitted following any contract award	Independent	45*/60
Stratford 2012/13	Bidford Village: potential LD development due to be tendered early 2011 - Planning application to be submitted following any contract award	WCC- CACAP	15*
Rugby 2010/11	Farmers Court, Rugby: ECH provision being developed with HCA by Housing 21 in mixed use scheme. Currently on site with completion in March 2011	Housing 21	45*
Rugby 2012-14	Bilton Village: potential development on WCC land - Planning application submitted	WCC- Independent	32*/64
Warwick 2012/13	Avon Court: pipeline scheme in Warwick, currently at tender stage - Planning application imminent	WCC - CACAP Housing 21	46*

Warwick 2011/12	Wharf Street: potential LD development due to be tendered early 2011 - Planning application to be submitted following any contract award	WCC- CACAP	15*
Nun'n & Bedworth 2012/13	Attleborough Grange: pipeline ECH scheme on WCC owned land to be developed by Housing 21. Planning application to be submitted once Capital funding, e.g. SHG, confirmed	WCC- CACAP	21*
Nun'n & Bedworth 2012/13	a). Griff School: pipeline ECH scheme in Bedworth - Planning application to be submitted following any contract award	WCC- CACAP	60*
Nun'n & Bedworth 2011/12 (10xLD) 2012-14	b). Bedworth Town: potential alternative pipeline scheme to above, inc 10 x LD units - partner bid being considered by liquidator. Planning application to be submitted following any contract award	Independent	50*
North Warwicks hire 2013 - 15	Mancetter: potential scheme in Atherstone - Planning application to be submitted following any contract award	WCC- CACAP	60*
North Warwicks hire 2013-15	Coleshill: potential mixed tenure scheme	Independent	50*/150
Countywi de 2012-14	Further Learning Disability Supported Living schemes of approx. 10 - 15 units based on ECH model	Various	160
	*Total Affordable Units on all schemes		893
	Total Units inc. <u>all</u> potentials		1226

Those schemes in red type above are potential alternatives.

In addition to the above, it should be noted that there are a number of mono-tenure private-funded schemes that have either recently submitted planning applications or have recently received planning approval. Current schemes:

1. Limes Village extension at Dunchurch, Rugby - 59 ECH units
2. Manor Road, Stratford-upon-Avon - 60 ECH units

APPENDIX 3(A)

		Future Projections for Residential Places Compared to Provision								
		Demand			Resources			Resources less Demand		
District	Client Group	Current residential placements per district @ 2010	2015 projections reduced by 5% as a result of reablement & Telecare	2020 figure projections reduced by 5% as a result of reablement & Telecare	Total number of beds in external & internal market plus ECH - 2010	Total number of beds in external & internal market plus ECH - 2015	Total number of beds in external & internal market Plus ECH - 2020	Total external & Internal beds plus ECH less demand - 2010	Total external & internal beds plus ECH less demand - 2015	Total external & Internal beds plus ECH less demand - 2020
North Warwickshire	Residential	77	77	75	77	128	126	0	51	51
Nuneaton and Bedworth	Residential	164	162	159	168	262	255	4	100	96
Rugby	Residential	113	112	109	156	197	185	43	85	76
Stratford	Residential	151	150	146	199	270	252	48	120	106
Warwick	Residential	175	174	170	175	286	282	0	112	112
TOTAL		680	675	659	775	1143	1100	95	468	441
North Warwickshire	Residential EMI	58	79	103	58	96	120	0	17	17
Nuneaton and Bedworth	Residential EMI	121	165	214	124	200	246	3	35	32
Rugby	Residential EMI	63	86	111	85	123	137	22	37	26
Stratford	Residential EMI	75	103	132	98	150	168	23	47	36
Warwick	Residential EMI	77	105	136	77	143	174	0	38	38
TOTAL		394	538	696	442	712	845	48	174	149
North Warwickshire	Res & EMI	135	156	178	135	224	246	0	68	68
Nuneaton and Bedworth	Res & EMI	285	327	373	292	462	501	7	135	128
Rugby	Res & EMI	176	198	220	241	320	322	65	122	102
Stratford	Res & EMI	226	253	278	297	420	420	71	167	142
Warwick	Res & EMI	252	279	306	252	429	456	0	150	150
Grand TOTAL		1074	1213	1355	1217	1855	1945	143	642	590

North Warwickshire

Number Social Care Customers - 2010	
Service Area	Number
Residential	77
Dementia	58
Total	135

Residential Care Provision - 2010 (Social Care Customers)		
WCC	WCS	Private
70	0	7
0	0	58
70	0	65

Vacancies at WCC Rates
Private
0
0
0

Extra Care Provision - 2010/11
0
0
0

All Accommodation - 2010/11
77
58
135

Excess Residential Care - 2010
0
0
0

Number Social Care Customers - 2015	
Service Area	Number
Residential	77
Dementia	79
Total	156

Residential Care Provision - 2015 (Social Care Customers)		
WCC	WCS	Private
70	0	7
0	0	79
70	0	86

Vacancies at WCC Rates
0
0
0

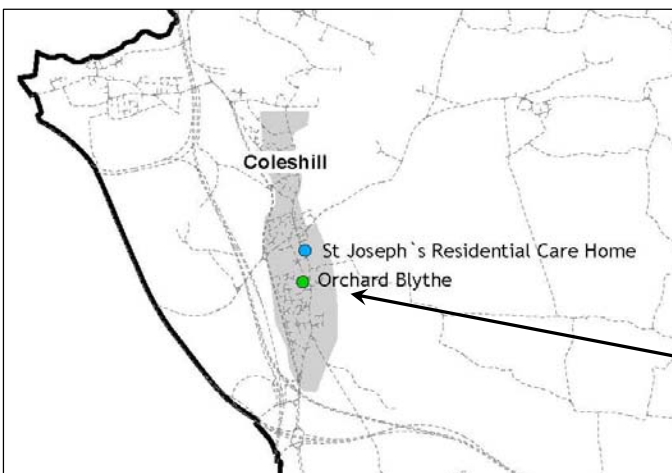
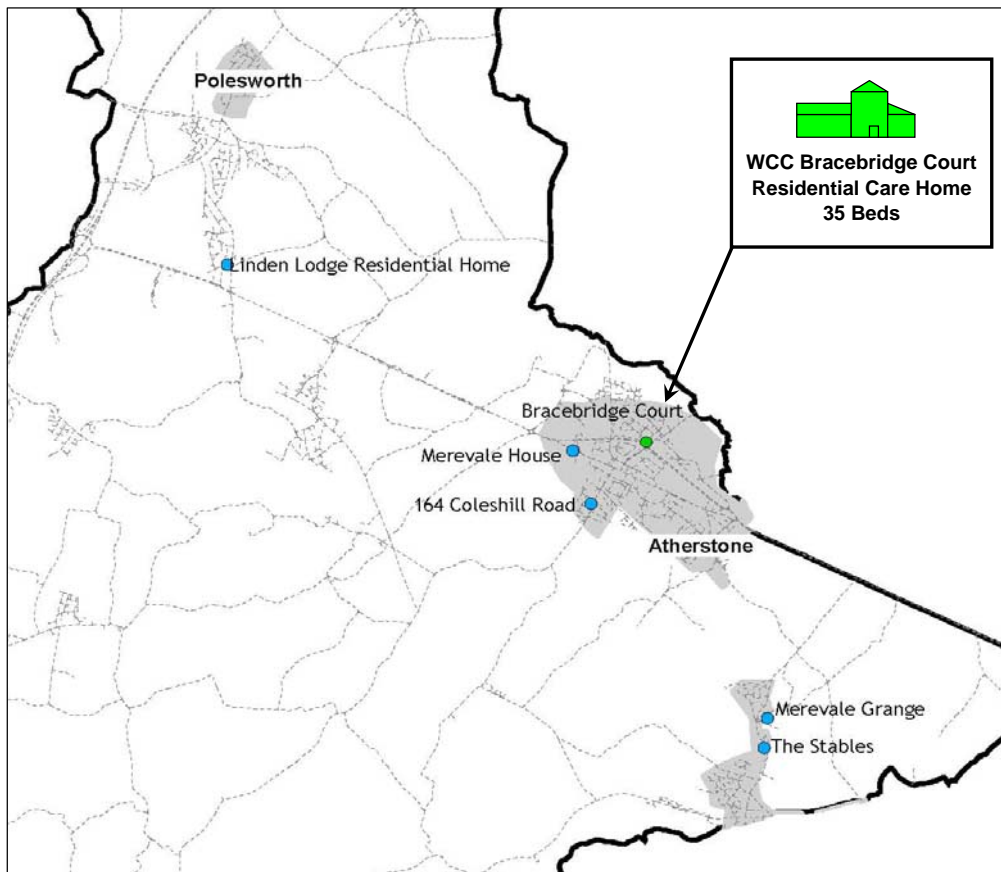
Extra Care Provision - 2015
51
17
68

All Accommodation - 2015
128
96
224

Excess Residential Care - 2015
51
17
68

Residential Care per 10,000 Population
2010
40
2015
28

Residential Care Homes & Extra Care Housing Provision - 2010/11



Service by Type (Figure in brackets = countywide total)	
● Extracare	(3)
● Residential	(56)
● WCC	(10)
● WCS	(9)

WCC Orchard Blythe Residential Care Home
35 Beds



Nuneaton and Bedworth

Number Social Care Customers -	
Service Area	Number
Residential	164
Dementia	121
Total	285

Residential Care Provision - 2010 (Social Care Customers)		
WCC	WCS	Private
70	73	21
0	38	83
70	111	104

Vacancies at WCC Rates
Private
4
3
7

Extra Care Provision - 2010/11
0
0
0

All Accommodation - 2010/11
168
124
292

Excess Residential Care - 2010
4
3
7

Number Social Care Customers - 2015	
Service Area	Number
Residential	162
Dementia	165
Total	327

Residential Care Provision - 2015 (Social Care Customers)		
WCC	WCS	Private
70	73	19
0	38	127
70	111	146

Vacancies at WCC Rates
Private
4
3
7

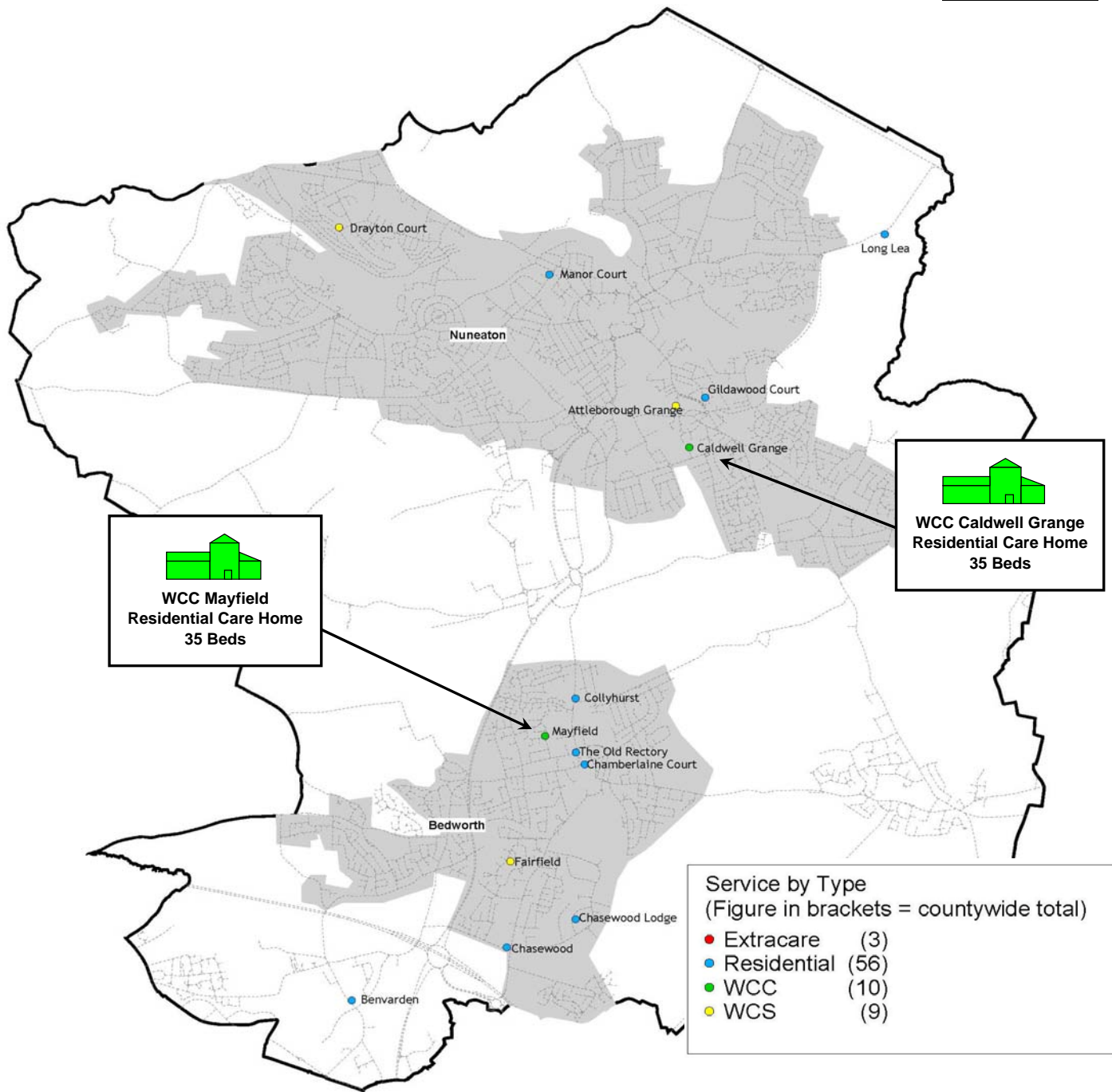
Extra Care Provision - 2015
96
32
128

All Accommodation - 2015
262
200
462

Excess Residential Care - 2015
100
35
135

Residential Care per 10,000 Population
2010
41
2015
30

Residential Care Homes & Extra Care Housing Provision - 2010/11



Rugby

Number Social Care Customers -	
Service Area	Number
Residential	113
Dementia	63
Total	176

Residential Care Provision - 2010 (Social Care Customers)		
WCC	WCS	Private
34	39	40
0	39	24
34	78	64

Vacancies at WCC Rates
Private
11
11
22

Extra Care Provision - 2010/11 *
34
11
45

All Accommodation - 2010/11
158
85
243

Excess Residential Care - 2010
45
22
67

Number Social Care Customers - 2015	
Service Area	Number
Residential	112
Dementia	86
Total	198

Residential Care Provision - 2015 (Social Care Customers)		
WCC	WCS	Private
34	39	39
0	39	47
34	78	86

Vacancies at WCC Rates
Private
11
11
22

Extra Care Provision - 2015
76
26
102

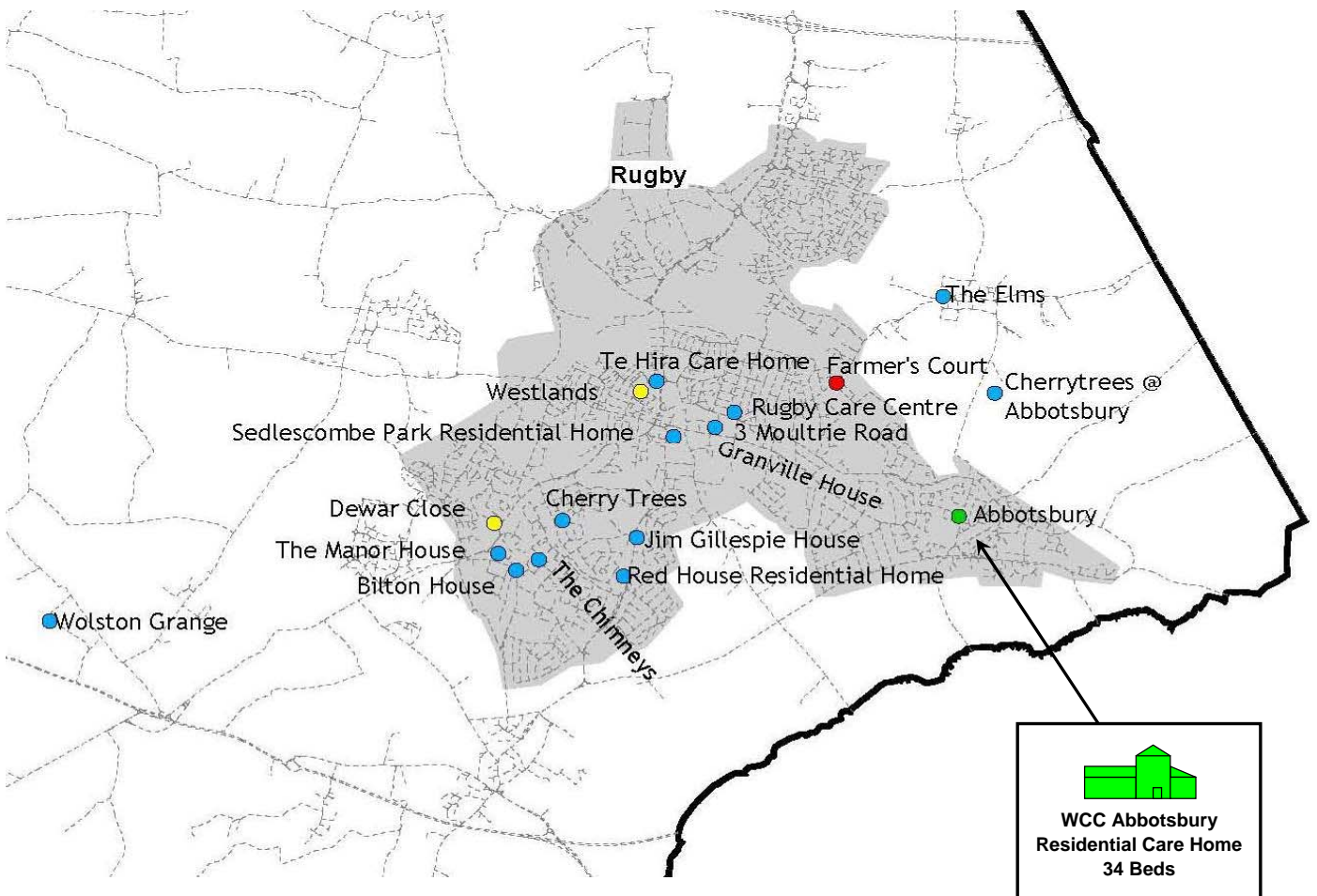
All Accommodation - 2015
199
123
322

Excess Residential Care - 2015
87
37
124

* Farmers Court due to open in April 2011

Residential Care per 10,000 Population
2010
45
2015
31

Residential Care Homes & Extra Care Housing Provision - 2010/11



Service by Type	
(Figure in brackets = countywide total)	
● Extracare	(3)
● Residential	(56)
● WCC	(10)
● WCS	(9)

Stratford

Number Social Care Customers -	
Service Area	Number
Residential	151
Dementia	75
Total	226

Residential Care Provision - 2010 (Social Care Customers)		
WCC	WCS	Private
77	27	47
29	0	46
106	27	93

Vacancies at WCC Rates	
Private	
14	11
25	

Extra Care Provision - 2010/11	
34	12
46	

All Accommodation - 2010/11	
199	98
297	

Excess Residential Care - 2010	
48	23
71	

Number Social Care Customers - 2015	
Service Area	Number
Residential	150
Dementia	103
Total	253

Residential Care Provision - 2015 (Social Care Customers)		
WCC	WCS	Private
77	27	46
29	0	74
106	27	120

Vacancies at WCC Rates	
Private	
14	11
25	

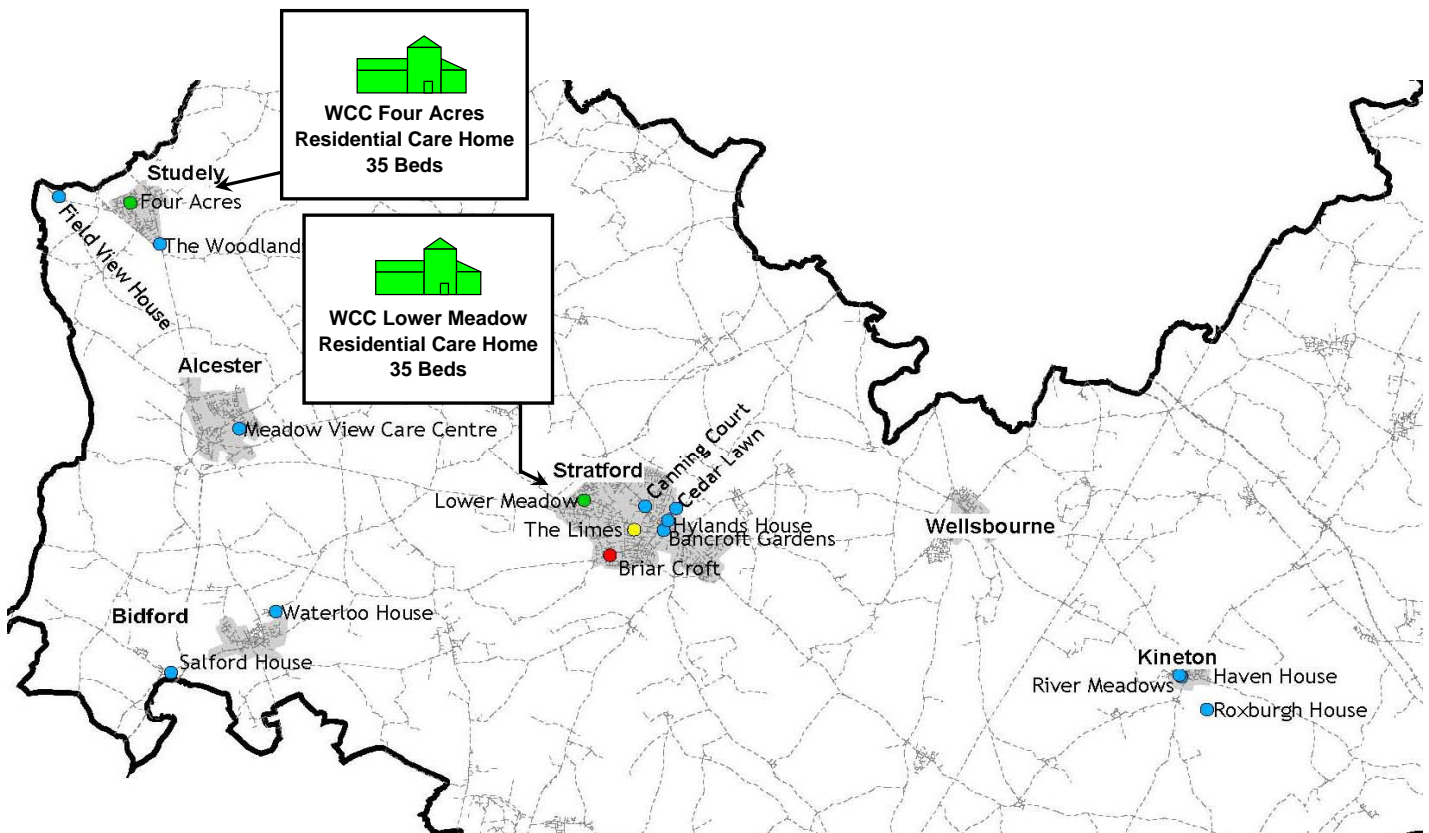
Extra Care Provision - 2015	
106	36
142	

All Accommodation - 2015	
270	150
420	

Excess Residential Care - 2015	
120	47
167	

Residential Care per 10,000 Population	
2010	
44	
2015	
30	

Residential Care Homes & Extra Care Housing Provision - 2010/11



Service by Type	
(Figure in brackets = countywide total)	
● Extracare	(3)
● Residential	(56)
● WCC	(10)
● WCS	(9)

Warwick

Number Social Care Customers -	
Service Area	Number
Residential	175
Dementia	77
Total	252

Residential Care Provision - 2010 (Social Care Customers)		
WCC	WCS	Private
70	60	45
0	60	17
70	120	62

Vacancies at WCC Rates* Private
1
0
1

Extra Care Provision - 2010/11
0
0
0

All Accommodation - 2010/11
176
77
253

Excess Residential Care - 2010
1
0
1

Number Social Care Customers - 2015	
Service Area	Number
Residential	174
Dementia	105
Total	279

Residential Care Provision - 2015 (Social Care Customers)		
WCC	WCS	Private
70	60	44
0	60	45
70	120	89

Vacancies at WCC Rates
1
0
1

Extra Care Provision - 2015
112
38
150

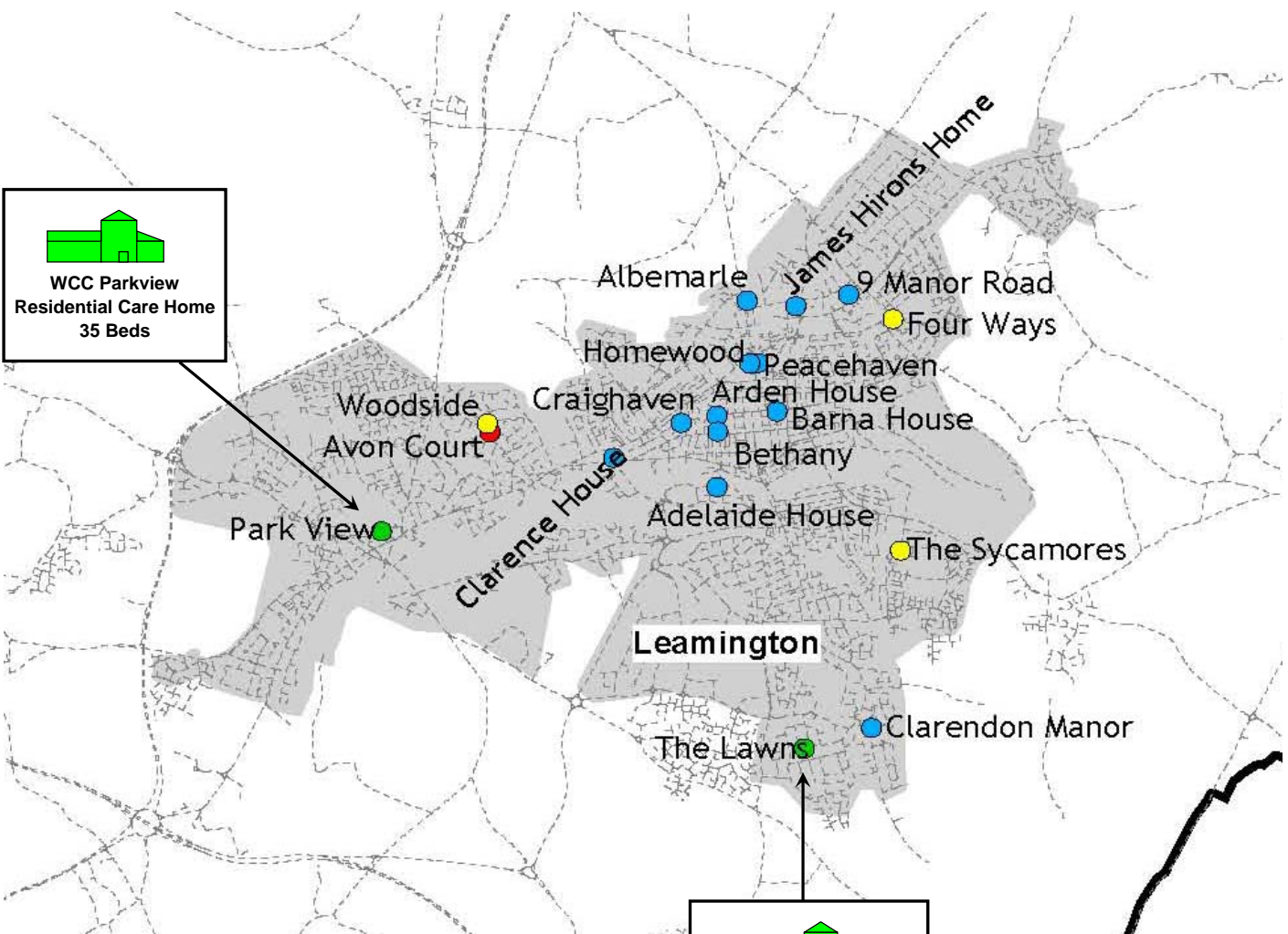
All Accommodation - 2015
287
143
430

Excess Residential Care - 2015
113
38
151

* Avon Court (34 beds) has recently been closed for ECH redevelopment.

Residential Care per 10,000 Population
2010
34
2015
21

Residential Care Homes & Extra Care Housing Provision - 2010/11



Service by Type (Figure in brackets = countywide total)	
● Extracare	(3)
● Residential	(56)
● WCC	(10)
● WCS	(9)

WCC The Lawns Residential Care Home
35 Beds

APPENDIX 3 (C)

SUMMARY OF NEED OF LONG TERM CARE HOME RESIDENTS - 13/12/10

		Low	Moderate	High	Total
NW	Orchard Blythe	0	1	22	23
	Bracebridge Court	7	12	6	25
Nuneaton & Bedworth	Caldwell Grange	5	9	12	26
	Mayfield	5	7	3	15
Rugby	Abbotsbury	2	6	11	19
Stratford	Lower Meadow	0	1	28	29
	Four Acres	0	2	24	26
	Low Furlong	0	1	28	29
Warwick	The Lawns	3	5	17	25
	Park View	5	7	11	23
	Total	27	51	162	240
	Percentage	11.3%	21.3%	67.5%	100.0%

WCC RESIDENTIAL CARE HOMES

Closure Decision Matrix



Care Home	Area	Matrix Score	Order of Closure	Provisional Date for Closure
Bracebridge Court	North Warwickshire	236	8	July 2013
Orchard Blythe	North Warwickshire	250	6	December 2012
Caldwell Grange	Nuneaton & Bedworth	290	5	August 2012
Mayfield	Nuneaton & Bedworth	502	1	August 2011
Abbotsbury	Rugby	440	2	August 2011
Park View	Warwick	332	3	August 2012
The Lawns	Warwick	322	4	August 2012
Low Furlong	Stratford	194	9	October 2013
Lower Meadow	Stratford	184	10	January 2014
Four Acres	Stratford	246	7	April 2013

Matrix Criteria	Weighting
1. Ability to Re-provide at WCC fee rates (Contracted Places).	10
2. Ability to Re-provide at WCC fee rates (Current Vacancies).	10
3. Residents - Level of Dependency.	16
4. Unit Costs - Actual.	12
5. Unit Costs - At 100% Occupancy.	8
6. Ongoing Maintenance Costs 2010 to 2014.	4
7. Suitability for Extra Care Housing development.	2
8. Land Value.	2

13-Jan-11

Legal Advice Note on In-house Care homes and a Joint Venture Company

1. Overview

A joint venture (JV) is where both a public sector body and the private sector contribute to a commercial venture and agree to develop and manage that business on a joint basis; it usually involves a specific company vehicle for the purpose rather than just relying upon a contractual relationship. A joint venture company is the highest form of partnership; each party contributes resources to the venture and a new business is created in which the parties collaborate together and share risks and benefits associated with the venture.

Joint ventures companies are usually established because the parties have complementary objectives: each has a contribution to make to the delivery of a successful business or venture, which they would be unable to achieve independently at lower cost or risk. Note a JV should not be seen as a delivery model in which the public sector seeks to transfer risk to the private sector through the creation of an arm's length relationship.

Joint ventures may be structured in a number of ways including:

- company limited by shares; and
- a company limited by guarantee

If a joint venture is meant to be profit making for its participants or if there is significant private sector funding then a company limited by shares is likely to be the preferred structure. This is because such a company can pay dividends to its members. Its structure and operations will be well understood by private sectors participants.

2. Powers

Powers to establish companies for joint venture companies can be found in the well-being provisions of the 2000 Act; however there is a prohibition on using this power to "raise money". Section 95 of the Local Government Act 2003 gives Local authorities an express power to trade in function-related activities through a company

If WCC aim is for the 10 homes to become profitable it is advisable that the JV Company is formed using the powers under Section 95 of the Local Government Act 2003.

3. Governance

A JV is governed by a Joint Venture Agreement this will set out the purpose, objective, business plan and key commercial terms and conditions for the JV.

The JV Company will be governed by the Company Memorandum and Article of Association. The shares or membership interests will be owned by the public and the private sector and there will be a Board of Directors who will have legal responsibility for managing the JV. The board will make most of the decisions on the running of the JV. Some matters will require shareholders approval. The shares of membership interest of the JV will be owed by the public sector and a private sector partner. The shares may be held in any proportion.

The JV will be an independent entity from the Council. The Council will appoint officer/members to sit on the board of directors. The officers/members who become directors will have to act in the best interest of the JV Company.

It is important to consider the governance arrangements that should be put in place to provide control and protection, particularly when the JV is at least partly funded and supported by the public purse. These should be established to minimise the risk of conflict of interest and give reassurance to key public stakeholders over the propriety of the JV arrangements. Examples of such arrangements include non-executive steering groups, advisory councils, audit committees.

4. Ownership and Control

Local authority companies are generally classified to the public or private sector depending on effective control over the company. If a local authority holds more than 50% of the shares of voting rights in a company, or holds between 20% and 50% but has effective control over the company, then it is regulated and classified to the public sector. Companies for which a local authority has less than 20% of the equity and voting interest, and also those with a local authority stockholding of up to 50% within which the private sector shareholders have the dominant influence over the company's operating and financial policies and shoulder most of the risk, are classified to the private sector. This means that the company's transactions will not score against the local authority's capital finance allocations. Note where the public sector appoints a minority of the board; however control within the JV is devolved to specific committees and the public sector have a controlling interest on those committees, it will have majority control and deemed a public sector classification.

In this case it is advisable that WCC ensure that the JV Company is at arms length from the local authority (i.e. the JV is not a local authority controlled company) and is not deemed a public sector classification as this can have an impact on the JV Company's revenue (see below).

6. Revenue

Local authorities either place people in local authority homes or in privately run homes with which they have a contract for the provision of care home services. The **National Assistance Act 1948** and the **Charging for Residential Accommodation Guide 2010** provides guidance on charging for residential accommodation. Section 22 of the NA Act 1948 states that local authorities must set the standard rate for accommodation managed by the authority at an amount that represents the full cost to the authority of providing that accommodation.

Section 1.010 of CRAG goes on to state that the standard rate for accommodation in homes not managed by the local authority will be the gross cost to the local authority of providing or purchasing the accommodation under a contract with the independent sector home.

Where does this leave the rate to be charged by a care home provided by a joint venture?

CRAG and the NA Act 1948 does not give guidance on the rate to be charged by local authority /private sector JV company running care accommodation, however the guidance seems to indicated that the key determine issues on the rate to be charged is whether the accommodation is managed by the local authority. Therefore if the joint venture home is considered to be accommodation managed by WCC i.e. the JV is a wholly owed by the local authority or the local authority has a majority, this will mean the rate will have to represent the “full cost” of WCC providing that accommodation.

However where the JV is at arms length from the local authority i.e. the local authority does not control the decision making of the JV Company, the JV Company will be able to charge the local authority “gross cost” to the local authority of providing or purchasing the accommodation under the contract.

In summary the ownership and control WCC has with the JV Company will play a large part in whether the Company can charge the full cost or the gross cost to WCC.

7. Procurement Issues

The selection of a partner to form a JV Company does not necessarily require a formal selection process; the nature of the project may dictate the most appropriate partner. However even where there is no strict requirement to apply EU rules to the selection of a partner the principles derived from the EU treaties may still apply (non-discrimination, transparency, equal treatment and proportionality). Where these principles apply, advertising and running a competition for the selection of a partner is likely to be required for the selection of the private sector partner.

Where a contracting authority wishes to select a partner for a JV and at the same time award a contract for services, works or supplies to the JV, a single procurement exercise can be undertaken to select the partner and award the contract to the JV

once established. This approach has been endorsed by the European Commission and avoids the need for two separate competitions (i.e. one to select the partner and a further competition to award contracts to the JV).

In this case WCC wish to award the contract to provide residential care services to the JV Company therefore it is advisable that WCC conduct a single EU compliant procurement exercise for the selection of partner and the award of residential care services.

8. Other Issues

When setting up a JV Company some of the key issues you need to give early consideration to include:

- a) Structures for Service Delivery e.g. Limited Company, Limited Liability Partnership etc.
- b) Assets – land and property transferring to the JV
- c) Exit Strategies (voluntary winding up, liquidation, material default by one partner, insolvency of a JV partner, change of control of a JV partner etc.)
- d) Accounting and Tax Issues
- e) Management of the JV including controls and delegations
- f) Staff –TUPE and Pensions
- g) State Aid – State Aid is the giving of financial advantage by the state to certain undertakings over others, which has the potential to distort competition. A breach of the State Aid rules has serious consequences therefore this issue must be addressed at an early stage. In the context of JVs the risks of problems arising could be mitigated by ensuring parity in terms between the public and private sectors and use of a competitive procurement process. Note State Aid do not apply only when a JV is set up – they apply to any of the various ways in which financial advantage might be given by the state so this could include exit arrangements or transactions during the life of the JV.

9. Conclusion

It is quiet clear that WCC are in need of a solution to manage a long-term programme of service delivery and investment in order to improve the delivery and efficiency of its 10 residential care homes. A JV with the private sector in the form of a company has the necessary ingredients to ensure the homes remain open and are separate self-standing and sustainable homes (e.g. there is scope to ensure the JV arrangements allows the Company to charge the local authority the gross cost of providing the care therefore increasing the revenue streams of the JV Company). However it is important to note JV Companies are very complex creatures and require specialise legal and financial advice on the outset to ensure they are set up and managed correctly.

Advantages of a JVC

- A company is its own legal entity , it can therefore deal in assets, employ people, enter into contracts and be subject to private sector accounting and tax considerations;
- Using a company can improve access to the skills and other resources of private sector partners such as commercial acumen, finance and technology;
- Companies allow for capturing a longer-term value as the local authority will hold an equity stake in the company;
- Allows the Council to benefit from the flexibility of a JVC whilst ensuring the Council retains a strong interest in the company and service delivery;
- No time scale unlike under a PFI agreement;
- Staff can be given greater incentives as Company can operate with private sector bonuses and rewards;
- A skilled independent management team can be put in place;
- A company structure encourages greater focus on the business plan and achieving goals;
- A joint venture company can allow better management of risk and can be used to limit liability to the local authority;
- Local authority policy objectives can still be preserved either through share holder control, control on the board or by provisions in legal documents;
- May be able to raise additional finances without impinging on the local authority's finances;
- The company model is well known and therefore private sector investors will be already knowledgeable.
- **Disadvantages of a JVC:**
- Contracts awarded by public sectors authorities to JVCs are subject to the same procurement regime as contracts awarded to other forms of organisations;
- Obscuring of public accountability and weaker audit requirements;
- Director's liabilities for those local authority members on the Board;
- Risk of insolvency = loss of equity stake and discontinuity of the service;
- Time and cost involved in establishing and operating the company;

- Difficulties in matching several organisational cultures in one vehicle;
- Conflict of interests can arise between the duties owed by members and or officers to the local authority and to the company;
- May need to consider TUPE implications.

Legal Advice Note on Social Enterprises and the Council's responsibilities under the Localism Bill

Key features of social enterprise

It is what a business does rather than how it is set up that determines whether it is a social enterprise. In general terms they:

- Trade goods and services for income
- Have defined social and environmental objectives
- Reinvest their profits to sustain and further their objectives
- May be supplemented by government grants etc.
- Have a different ownership structure from private business – can be owned by employees, customers, public bodies etc.

What structure can a social enterprise take?

- Unincorporated association
- Trust
- Limited company (by guarantee or shares)
- Industrial and provident societies such as community benefit societies
- Community Interest Companies
- Charitable incorporated organisations

What duties does the Localism Bill impose on local authorities in respect of social enterprises?

The Localism Bill had its first reading in the House of Commons on 13th December. It contains a number of proposals which will affect local government.

One of the aims of the Bill is to empower communities through the community right to challenge.

Under the right to challenge a local authority will have to consider a written expression of interest (EOI) to provide a service on behalf of that authority in relation to one or more of its powers and duties. That EOI must be made by a relevant body. A relevant body will include:

- A voluntary body (carries on not for profit activities)
- A community body (carries on activities primarily for the benefit of the community)
- A charity
- A parish council

- Two or more employees of that authority
- Any other group specified by the secretary of state

A local authority may specify periods during which EOIs may be submitted to the authority in respect of a particular service.

The authority must consider an EOI, taking into account whether acceptance of the EOI would promote or improve the social, economic or environmental well-being of the authority's area.

WARWICKSHIRE COUNTY COUNCIL TRANSFER POLICY JANUARY 2010

1. AIMS

The aim of this policy is to ensure that where the need to transfer residents in a residential home due to the closure of a residential care home Warwickshire County Council delivers a fully informative, supportive, considerate service which minimises disruption and inconvenience for the resident.

2. OBJECTIVES

- Fair treatment of all residents
- Prompt Community Care Assessments of residents
- Effective consultation
- Assist residents (and family) moving
- Clear responsibilities of all parties

3. DECISION-MAKING

The decision to close a Warwickshire County Council home must be ratified under the Council's decision making process.

The Council is aware that during the transfer process factors may arise which has a significant effect on what was originally agreed. In such case the decision must be refer back to the Council's decision making body.

4. CONSULTATION

Our aim will always be to secure ongoing engagement at every stage of any closure. Any consultation that is undertaken should begin at the formative stage of any changes/closures and must be clear, open and transparent about its purpose. We will make sure that a thorough and robust consultation and engagement plan is put in place. This plan may include some or all of the following:

- We will appoint a consultation officer
- We will put in a prominent place a notice board so that information about who people are, contact details and any plans are visible throughout the consultation.
- We will hold one to one interviews with each resident and record their preferences

- We will arrange for an independent advocate to be available throughout the process should this be needed
- Every resident will have their individual needs assessed so that everyone is really clear about each residents future needs
- Where necessary we will show presentations to tell people about any plans for change
- We will produce written information that is clear and in formats that enable residents and relatives to be fully aware of the plans
- Residents will be able to write letters and post them in the 'tell me' post box
- Residents will be given information and details of staff they can contact if they have any queries and/or concerns.
- For relatives and carers we will hold 'twilight' sessions.
- We will also ask residents and relatives to join focus groups and planning committees so they can help design and plan the home of the future, if this is relevant.

Any consultation will be carried out in a timely and sensitive manner. Due consideration will always be given to those residents with complex needs to ensure that they are fully informed and involved.

Individual's views will be sought throughout the whole process in any planning for their future placement and the key staff involved with the resident's care at the previous home should work closely with the resident (where possible) to ensure they are fully involved and happy with the decoration/furnishings of the new room, day of transfer etc.

Advocacy

Independent advocacy will be made available as far as possible to be provided by the same person during consultation.

EQUALITY AND DIVERSITY

The Council recognises the needs of a diverse population and always acts within the scope of its own Equality and Diversity Policy, the Human Rights Act 1998, The Disability Discrimination Act and Race Relations Act.

LEGISLATION

(Is there any duties under the National Assistance Act or the Community Care Act?)
 Sec 47 National Assistance Act, Assessments and reviews – Community Care Act.
 This policy will be carried out in compliance with the relevant statutory health and safety requirements and regulations.

RESPONSIBILITIES

Key officer's roles

Lead manager/project lead Social Worker, OT, home manager, customer consultation.

TIMESCALES

The timing of all transfers should be an agreed process with individuals, family and staff and based on individual need, risk and complexity.

It is important that the period of time planned for the relocation is long enough to avoid people feeling rushed or pressurised but not so protracted that things drag on and make individuals more likely to suffer anxiety or generally affect their motivation and well being. We estimate that a 3 month timescale is sufficient, although for residents transferring from residential care to Extra Care Housing up to 6 months may be needed to work with them to regain independent living skills. Warwickshire County Council will exercise particular care if an individual's transfer does take place during periods of extreme weather.

The number of people moving on any one day and in any one week will need to be carefully monitored. Generally it is proposed that not more than two people move on any one day. However if there are individuals who wish to move together as a friendship group we will endeavour to identify sufficient suitable staff and support so this can be facilitated. There can be benefits for individuals to move and travel together and this may be more important towards the end of the closure period when the worry of being one of only a few people left may be greater than worry about the actual transfer.

The involvement of family members is welcomed and usually beneficial. We will support family members with identifying/securing suitable transport and transfer arrangements.

ASSESSMENT AND PLANNING

Relocation of individuals to another placement will follow only after a detailed and full Community Care Assessment has been undertaken. The overall process will be managed and coordinated by the identified Manager from either the Older People's Physical Disability Team or Reviewing Service.

The full Community Care Assessments will be undertaken and led by the agreed manager. All assessments will be multi-disciplinary, involving medical practitioners where there is current active involvement or as indicated during the assessment process. Consideration will be given to ensuring the involvement of care staff who know the person well and other agencies as appropriate to contribute to a full and detailed assessment.

The Social Workers within the Reviewing Team or the Older People's area based team will complete an assessment of every resident including how their needs will be met in alternative accommodation. A risk assessment will be completed to assess whether there is any risk of harm to them from the proposed transfer and a risk management plan will be completed. It will be a matter for the professional

judgement of the Social Worker, in conjunction with the person and their family to consider the ways in which risk can be mitigated or obviated. Clear arrangements for the transfer of each individual must be made prior to any relocation.

The purpose of the assessment is to ensure that a holistic view is taken of an individual's life and that their needs, risks to them and outcomes are identified and where they can be effectively supported in the future. The Social Workers will consider, as part of the assessment process, whether specialist medical input will be required (in addition to input from a GP or other professionals involved in the resident's care) and will access other information and opinions on the resident from a range of sources including:

- First and foremost the views of the individual will be sought. Where there are issues of capacity an assessment will be made under the Mental Capacity Act. Time will be spent with individuals using the appropriate communication methods. If an individual resident lacks the capacity to make a decision specific to any move an Independent Mental Capacity Advocate (IMCAs) will be appointed under s39 of the Mental Capacity Act 2005, and any transfer will be arranged in accordance with that Act. The view of the relevant IMCA will therefore be sought.
- The views of family or informal carers must be sought where this is the wish of the individual, or where the individual lacks capacity to make a decision about moving. The people who are involved in their lives of that individual and the care staff who know the person well should be able to contribute to this process.
- GPs and professionals involved in their care, i.e. Community Mental Health Nurses, Speech and Language Therapists, psychologists and other Consultants
- Where the Social Worker considers it appropriate, input from specialists not currently involved with the individual will be obtained

All assessments or reviews will be fully recorded on the Warwickshire County Council Care First data base.

The resulting care or support plan will address all aspects of care, likes, dislikes, preferences, risks, etc. but will also include all other specific requirements/preferences which may be particularly important to the individual. This may include individuals who have formed friendships and who may wish to move into new placements with other individuals.

The assessment will include a risk management plan assessing the level of risk.

The Social Worker will lead the discussions and sharing of information such as care, risk and transfer plans with the new provider once identified. This will be reviewed approximately one week before transfer to ensure that there have been no changes in need and again one week post transfer and there will be further formal review 4 - 6 weeks after transfer.

RISK MANAGEMENT

The Social Workers will complete a risk management plan setting out the level of risk on transfer and a plan to minimise the effect of any risk where possible. If the outcome of the risk assessment is such that the individual's health would be subjected to an unacceptable level of risk on transfer, the Local Authority will where possible support the person in the existing placement until such time as the risk to the individual's health is improved, or reduced to a level where they are sufficiently well enough to go ahead with their transfer.

However, if the risks involved indicate that an individual's health and wellbeing would be more likely to deteriorate by remaining at their existing placement then the Local Authority would make a decision based on minimising the risks overall, i.e. weighing up the risks involved with this option against the risks involved with transfer.

Detailed assessment and close examination of the individuals concerned in the period leading up to the move are essential before transfer. Adequacy of the documentation, quality of transfer arrangements (particularly for individuals requiring special equipment) and any relevant documents travelling with the individual on transfer all help to ensure a smooth transfer. Effective communication such as that between care staff and doctors is essential so that care/medical needs are fully understood by the new provider. Flexibility and being prepared to delay a move if risks are identified is essential.

During relocation the emphasis should be on meeting the individual's needs rather than concentrating on the resettlement of a group of people as a whole. However, individual care or support plans need to be looked at in the context of coordinating moves, which also includes the movement of friendship groups.

Additional staffing will be made available if needed on transfer days with key staff being able to work additional hours as required.

Staff (care staff/ Social Workers) is expected to be more vigilant in their observations of individuals in the week up to their planned move. Staff must look for any changes in physical and or mental well-being which may indicate changes in risk, e.g. changes to regular habits outside of the norm for that person such as loss of appetite, onset of/increased confusion, changes to regular toilet habits etc. Advice from the General Manager must be sought to discuss and identify if any professional intervention is required such as General Medical Practitioner (GP); how the views of the individual/key relatives can be elicited or whether any changes are needed to the risk management, care and or transfer plans so that decisions can be made on whether the transfer remains appropriate at that time.

ARRANGEMENTS TO TRANSFER

A Transfer plan will be developed by the Social Worker with key input from the individual, their family and care staff who know them well. This will include arrangements such as the decoration and layout of the person's new bedroom/personal space; plans to orientate to the new environment and any pre visits/overnight stays, etc; arrangements for continuity of care such as staff/relatives

working alongside new staff to pass on skills and experiences; key documentation/information that is needed such as their social and clinical history, patterns of care and special needs, and their cultural and spiritual needs in order to help new care staff to provide the appropriate levels of personalised care.

When a suitable alternative placement is selected and is available, the Social Worker will seek a mutually agreed date and time for the move to take place with the individual and/or their family/carer and appropriate professionals. If there is uncertainty as to the suitability of the placement then arrangements can be made for the individual to spend some time at the alternative accommodation before a final decision is made.

Prior to any transfers of an individual (or groups), all relevant documentation including care plans and relevant records from the existing service i.e. medication plans, that have been completed by the Local Authority will be provided to the staff at the new placement. All arrangements for changes to registration with the relevant GP practice, dentists, pharmacies, etc will also be made well in advance of the date of the planned transfer.

Arrangements should be made for any new providers` staff to become familiar with the individual and their care plan prior to transfer and a key worker should be identified.

The Registered Manager will ensure that the receiving home/new provision is visited within 24 hours of the planned transfer date to carry out a final check to ensure they are fully prepared to accept the resident the following day.

Transport arrangements will be made ensuring that the vehicle is suitably equipped to accommodate the needs of the individual resident/friendship groups who will be accompanied by carer/carers who know them and can offer support during the journey. In winter months special care will be taken to maintain consistent temperature levels both in transport vehicles and in the new accommodation.

Where possible, Warwickshire County Council will try to ensure that existing and familiar members of staff are actively involved in the transfer process. Likewise, Warwickshire County Council will try to make familiar staff accessible post transfer, either by telephone or in person, i.e. may send staff from the previous home to visit and support new staff team in continuing to learn about the resident`s particular needs and are made available to work alongside new staff for a reasonable period of time to ensure continuity.

Also where possible a member of staff who knows the person well will travel with the individual to their new home to ensure a smooth hand over. Prior to the move the new staff at their new home will visit the individual and, spend time with them prior to the move and be on duty to receive them on their first day.

The General Manager (or if unavailable, other nominated manager) on the day of transfer will have the authority to cancel or postpone the move of a resident if they have any doubts at all that it is appropriate or safe on that day. They will know they have the support of senior managers to take this decision.

Transfer of clinical care

Arrangements for registering with a new GP must be made well in advance of the transfer date. The current GPs will be asked to be involved in the planning of the transfer of individuals and in the case of particularly vulnerable or high risk individuals will be asked to liaise with the new GP prior to the transfer taking place. In terms of people who require nursing intervention, a request will be made for a full nursing care plan to be made available to the receiving nurse team prior to transfer. Transfer should only proceed once confirmation has been received that the nursing input required can be provided in the new placement.

Individuals should have at least 7 full days medication on transfer.

Registered Managers should liaise with GPs to ensure that the outcomes of the assessment processes fully reflect the individual's health needs and the stability of their condition/health prior to transfer and this information should be made available to the new placement. Key health and well being issues should be part of any care, risk management and transfer plans.

Communication with Relatives, Friends and Carers

Communication with relatives, friends and carers will be conducted on an individual basis. Personal histories will form part of the information transferred with the individual and, where possible (in line with the individual's wishes) relatives will be involved in providing this information.

Generally relatives, friends, carers and advocates (where required) will be involved throughout the transfer process.

FOLLOW UP

A formal review of each resident should be conducted at approximately 6 weeks. As is standard practice for all reviews, all relevant parties should be involved plus any other professionals that have input/interest in the care and welfare of the individual – these may include advocate, district nurse, GP and/or CMHN). Following the initial review the placement will then be monitored by the new provider with a formal review after the first 12 months and thereafter on an annual basis. This will entail the Social Worker engaging the individual, their family/relatives and the new care/housing provider to review the continued effectiveness of the placement, the outcomes of the care or support plan and make any recommendations for change.

14. REVIEW

This policy will be reviewed on an annual basis.

RESIDENTIAL CARE - FINANCIAL MODEL

Customers					Total Beds	Empty Beds
Permanent	Respite	Temp	Dementia	Total		
241	27	5	0	274	342	68

	ALL	Per Bed Per Week Based on Occupancy	Full Capacity
Gross Cost of running the 10 internal homes	£9,417,523	£659	£528
Capital / Depreciation Costs	(£415,721)	(£29)	(£23)
Gross Cost (exc capital / depreciation)	£9,001,802	£630	£505
Cost due to empty beds:			£126

Replacement Costs

Permanent	Respite	Temp	Dementia	Total
241	27	5	0	274
£363	£600	£600		

£4,564,392 £852,176 £171,436

£5,588,004 £391

SAVING: £3,413,798 £239

EXTRA CARE HOUSING - FINANCIAL MODEL

NUMBER OF ECH UNITS

% OF UNITS WHICH ARE FACS ELIGIBLE - CRITICAL & SUBSTANTIAL NEEDS

	1175
50%	588

% OF CUSTOMERS FROM RESIDENTIAL CARE HOMES

50%	294
-----	-----

% OF CUSTOMERS FROM COMMUNITY SERVICES (HOME CARE)

50%	294
-----	-----

Current Cost - per week

Residential Care

Home Care

hours	rate	units	£
			£363
12.5	£15.00		£188

ECH Cost

10 hours care @ £13.50 (20% efficiency for diversion from home care)

Night Cover: 10 hours x 7 x 13 = £910/45 units

£135
£20
£155

Saving / (Additional cost) from ECH diversion:

Residential Care

Home Care

Gross	Less 30% contribution	Net
£208	-£62	£145
£32	-£10	£23

Total Saving



Residential Care

Home Care

£000
£m 2.2
£m 0.3
£m 2.6

Warwickshire County Council

Equality Impact Assessment for Budget process

Directorate	Adult, Health and Community Services
Service Area	Communities and Wellbeing
Policy/Service being affected	Proposed closure of the Council's ten internally run Residential Care Homes for Older People
Is this an investment or proposed saving?	Proposed savings
Is this proposed saving or investment directly linked to another i.e that an investment in a new or existing service relates to a saving in another area? If so please name the linked proposal.	The Council will be able to maintain the independence of people longer in their own homes through looking at other options and services, such as reablement or the provision of Extra Care Housing
Who is undertaking this assessment?	Ron Williamson Head of Communities and Wellbeing
Date of this assessment	10 th January 2011
Signature of completing officer (to be signed after the EIA has been completed)	
Name and signature of Head of Service (to be signed after the EIA has been completed)	
Signature of DMT Equalities Champion (to be signed after the EIA is completed and signed by the completing officer)	
Is your proposal likely to result in complaints from existing services users and/or members of the public? YES	
If yes please flag this with your Head of Service and the Customer Relations Team as soon as possible	

A copy of the Equality Impact Assessment Report including relevant data and information to be forwarded to the Directorate Equalities Champion and the Corporate Equalities & Diversity Team

Form A1

INITIAL SCREENING FOR BUDGET DECISIONS – DO THEY HAVE ANY RELEVANCE OR POSE ANY RISK TO ANY OF THE EQUALITIES GROUPS?



High relevance/priority



Medium relevance/priority



Low or no relevance/ priority

Note:

1. Tick coloured boxes appropriately, and depending on degree of relevance to each of the equality strands
2. Summaries of the legislation/guidance should be used to assist this screening process

DEPARTMENT:	Relevance/Risk to Equalities																				
State the service or proposal being assessed:	Gender inc transgender			Race			Disability			Sexual Orientation			Religion/Belief			Age			Priority status For EIA		
	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Proposed closure of the Council's ten internally run Care Homes	✓			✓			✓			✓			✓			✓			✓		
Are your proposals likely to impact on social inequalities e.g. child poverty for example or our most geographically disadvantaged communities																					

For saving proposals complete form A2a below

For investment proposals complete form A2b below

Equality Impact Assessment

Please Explain

Stage 1 – Scoping and Defining

(1) What are the aims and objectives of service where savings are to be made?

The Council currently funds Residential Care for Older People of Warwickshire in a variety of ways:

- The Council's 10 internally run homes providing 350 places;
- Warwickshire Care Services (WCS) providing 336 places;
- Other Independent Sector at Council fee rates and “top-ups” currently providing 388 places

This Equality Impact Assessment is focusing on the Council's 10 internally run homes.

The homes provide long term Residential care to older people who meet the Fair Access to Care eligibility criteria of substantial and critical, and access is following an assessment by the Older People & Physical Disabilities Assessment Team.

The Directorate has been working on how these services can be provided in the future and to that end a report was taken to Cabinet on 22nd July 2010 entitled “Care and Choice Programme – the Future of Warwickshire County Council's Residential Homes for Older People”, to help meet the service modernisation agenda:

- To maximise independence in accordance with the wishes expressed by potential service users
- To give greater choice
- To ensure sustainability of services through making best use of resources and meeting the demographic challenges faced by Councils
- To maximise the number of people served for the money available

Also as part of the savings plan, the services need to be reviewed because:

- they cost 40% more to run than it costs to purchase equivalent places in the independent sector homes at the local authority rates.

The aim of the service modernisation agenda is to ensure there is an improved balance of care, which is more appropriate to individual needs on the basis of need, availability, people's choices and cost and is consistent with the general principles of social care reform within the resources available to WCC.

Appendix 7

<p>(2) How does the service fit with the council's wider objectives?</p>	<p>This fits with WCC's priority of 'Maximising Independence for Older People', and the Directorate's vision: Our vision is to ensure people can maximise all opportunities to live independently. Our mantra is 'recovery, rehabilitation and reablement', where people need care, they have this delivered in the most personalised and cost effective way ".</p>		
<p>(3) What would have been the expected outcomes of the service?</p> <p>Who would have benefited from the service and in what way?</p>	<p>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. The service is also looking at alternative residential options such as Extra Care Housing.</p> <p>The main beneficiaries would be older people, but would expect to have an indirect positive impact on carers, relatives and family members.</p>		
<p>(4) Does this proposed saving have the potential to directly or indirectly discriminate against any particular group or to compound issues of social inequality?</p> <p>Please identify all groups that are affected</p>	<p>RACE ✓</p>	<p>AGE ✓</p>	<p>GENDER inc Transgender ✓</p>
	<p>RELIGION/BELIEF ✓</p>	<p>DISABILITY ✓</p>	<p>SEXUAL ORIENTATION ✓</p>
<p>(5) Are there any negative impacts on social inequality issues? This includes impacts on child poverty for example or our most geographically disadvantaged communities</p>	<p>There is a risk that the changes to care provision could increase social inequality among older people since financial buying power will allow those who can afford it to be a higher standard of care. It will be necessary to ensure that places purchased by WCC through the private sector are of good quality.</p>		
<p><u>Stage 2 - Information Gathering</u></p>			
<p>(1) What type and range of evidence or information have you used to help you make a judgement about the cut to this particular service?</p>	<p>Information already available on current service users from CareFirst in terms of Age, Gender, Race, Disability and Religion or Belief.</p> <p>Information already available for staff from HRMS.</p> <ul style="list-style-type: none"> • Data available on occupancy rates, trends and needs. 		

Appendix 7

(2) Have you been able to use any consultation data to help make this decision, if so what?

Cabinet agreed to proceed with consultation with current service users and their relatives at their meeting on July 22nd 2010 and to extend the consultation until 14th December 2010 at their meeting on 14th October 2010. Therefore consultation was undertaken in two phases.

The profile of current service users is as follows:

Ethnicity – 98% White (includes white British, white Irish) and 2% made up of 2 Polish, 1 German, 1 Burmese and 1 Asian.

Age – Under 74 – 5%, 75 – 84 – 27%, 85 – 94 – 54%, 95 – 99 – 11%, 100+ – 3%

Gender – 79% Females, 21% Males

Disability – an assumption has been made that all the residents have a degree of functional disability as they are in Residential care, otherwise they would be maintained at home.

Phase 1 of the consultation (from August to the end of October 2010) concentrated on the question of the impact on service users if the homes were to close. Overall 1130 people responded to or were involved in the consultation, which comprised of the following:

- 11 twilight meetings with relatives and representatives- 450 relatives approximately attended meetings
- 176 - 1:1 interviews with residents and people who use respite care services
- 11 day care group meetings
- 456 completed questionnaires from residents, relatives.
- 37 comments cards were also received.

Phase 2 which was an extended period of consultation until 14th Dec 2010 looked at the full four options. The four options were:

- a) Option 1: Closing all of the Homes and Disposing of the Sites over a 3-4 year period
 - b) Option 2: Selling the Homes as “going concerns” to the independent sector
 - c) Option 3: Set up a joint venture company (JVC) to operate the Homes
 - d) Option 4: Other such as social enterprises/ local community co-operatives running the homes
- Twilight meetings were held in all 10 of the homes and a total of 155 relatives attended.
 - A number of methods were used to consult with residents, day care and users of respite including: group discussions and 1:1 sessions. In all 209 residents were consulted.
 - 1028 options fact sheets were circulated to residents and relatives.

In addition to this consultation there has been continued consultation on Care and Choice since November 2006 In total, 138 different events have now been held explaining and consulting on the Care and Choice agenda covering the following: 22 x WCC/WCS Care Homes (x2), Countywide OP groups/fora, inc. 6 x SCAN groups in Stratford and the BME community, Cabinet, Area Committees, Area Fora, Provider Days, Bidder Days and Older Peoples Partnership Board(s)

Option 3 was the preference for those who participated in the consultation exercise. Full consultation report is available.

Although the residential care consultation exercise was limited to those existing service users and their relatives, the needs of potential services users and BME communities (10% of Warks population but only 2% of existing service users) has been encapsulated through the wider Care and Choice consultation exercise.

Appendix 7

Stage 3 – Making a Judgement

<p>(1) From the evidence above is there any adverse or negative impact identified for any particular group?</p>	<p>It is difficult to make a judgement with regard to adverse impact in terms of ethnicity as the profile of current service users does not fully reflect the diverse communities of Warwickshire and so we would need to understand why they are not accessing the services or are they going Out of County? However, in relation to the future planning of provision it is clear in the wider Care and Choice consultations that there has been good and consistent engagement with BME communities to ensure their needs are included in future service proposals.</p> <p>There will be a greater impact of these changes on women, however, if option 3 or 4 is agreed the impact will be minimised.</p> <p>Any negative impacts for staff will depend on whether any Tupe arrangements are made on their current terms and conditions or different arrangements. There will also be a greater impact on women as they make up 93.9% of the workforce, therefore selection processes will need to be robust and the Council will need to check equal pay arrangements are in place if moved to the private/ independent sector.</p>
<p>(2) If there is an adverse impact, can this be justified?</p>	<p>See response above.</p> <p>It should be noted that there are other options/services to help meet the diverse needs of elderly people. In addition the policy of Empowerment and independence, enablement will have a far wider positive impact on older people's quality of life.</p>
<p>(3) if there is an adverse impact on social inequalities can these be justified?</p>	

Appendix 7

<p>(4) What actions could be taken or have been taken to reduce or eliminate negative or adverse impact?</p>	<p>In carrying out a full consultation the Directorate has sought to clearly identify any impact and concerns before a decision can be made on which Option(s) to recommend. Also once a decision is made the Transfer Policy will be followed to make decisions for individual service users. Included in this policy is the need for 1:1 discussions so that the service agreed is what the service user requires and it takes into account their individual needs.</p>																													
<p>(5) Is there any positive impact?</p> <p>Does it promote equality of opportunity between different groups and actively address discrimination?</p>	<p>As a result of the other changes, to assist people to stay at home longer, there will be a greater empowerment for older people.</p>																													
<p><u>Stage 4 – Action Planning, Review & Monitoring</u></p>																														
<p>If No Further Action is required then go to – Review & Monitoring</p> <p>(1) Action Planning – Specify any action which could be taken to mitigate or eradicate negative or adverse impact on specific groups, including resource implications.</p>	<p>EIA Action Plan</p> <table border="1" data-bbox="779 730 2040 1034"> <thead> <tr> <th>Action</th> <th>Lead Officer</th> <th>Date for completion</th> <th>Resource requirements</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Home closure plans</td> <td>Ron Williamson</td> <td>31/7/2011</td> <td>Mutli disciplinary team</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Action	Lead Officer	Date for completion	Resource requirements	Comments	Home closure plans	Ron Williamson	31/7/2011	Mutli disciplinary team																
Action	Lead Officer	Date for completion	Resource requirements	Comments																										
Home closure plans	Ron Williamson	31/7/2011	Mutli disciplinary team																											
<p>(2) Review and Monitoring</p> <p>State how and when you will monitor the impact of this proposed saving</p>	<p>Monitoring will need to undertaken once the decision has been made by Cabinet and the change or closure programme is being implemented.</p>																													

Please annotate your proposed saving with the following statement:

‘An Equality Impact Assessment on this proposed saving was undertaken on (date of assessment) and will be reviewed on date (one years from the date it was assessed)’.

Appendix 7

Residential care home consultation report December 2010 – Key themes

Phase 1 - Consultation on impact on residents, other customers and their families if homes were to close

Summary

A Cabinet report, presented on 22nd July 2010, outlined proposals to formally consult with residents, relatives, respite and day care service users on the impact if the Council were to consider any possible closures of the 10 Council owned residential care homes. The Cabinet approved a 3 month consultation to be undertaken from August to October 2010. (Phase 1).

The purpose of the consultation was to obtain the views of existing residents and their relatives about the possible closure of some, or all, of the 10 residential homes over a period of time. It was also important to understand what the impact would be on individuals, and how these impacts might be reduced.

On 14th October 2010 the cabinet approved an extension to the consultation until 14th December 2010, (Phase 2) to look at options that emerged during the first phase of the consultation.

1.	Background
1.1	<p>Warwickshire County Council currently own and run 10 traditional residential care homes, most of which were built more than 30 years ago. The cost of running these homes is 40% more than homes owned by the private sector. By 2025 the population of older people in Warwickshire (people aged over 65 years of age) is due to increase by 43% from 94,200 to 134,500. These pressures on services are very significant for adult social care in Warwickshire and across the country.</p> <p>In order to address the increasing needs of an older population, the Council needs to find a better approach to care and housing in the future. The Council currently spends a high percentage of our older people's social care budget on residential care, which means there is less money to spend on more personalised services.</p> <p>Although there is likely to be an increase in the population of older people in Warwickshire over the next 15 years, effective and efficient reablement services</p>

	<p>will reduce the need for residential care in the future, especially for people who are physically frail. The Council is also striving to put in place more efficient and personalised services that support customers to live independently for longer.</p> <p>To tackle the pressures the Council faces, there is a need to change the services provided in the future, including:</p> <ul style="list-style-type: none"> • Develop a programme of change that better meets the current and expected future needs of the people of Warwickshire. • Create services that are more flexible. • Create care and support that people can access, close to where they live. • Have better long term outcomes for people at lower costs. • Be ready for the changes of an ageing population. • Have a system where older people are able to retain the equity on their own homes so that their care needs can be met without resorting to selling their homes in order to fund their ongoing care costs.
1.2	<p>The focus of phase one of the consultation was to:</p> <ul style="list-style-type: none"> • understand the impact on individuals and how the Council might mitigate against this in developing its future plans • determine the order in which home closures might be considered. • determine if all the homes can be closed and over which time period to ensure good alternative supply - including the additional option of extra care housing in the future.
2.	Phase 1 - Methodology & Consultation process
2.1	<p>Consultation officers organised and undertook the following in each of the 10 Council run homes during 1st August to 31st October:</p> <p>Overall 1130 people responded to or were involved in the consultation, which comprised of the following:</p> <ul style="list-style-type: none"> • 11 twilight meetings with relatives and representatives- 450 relatives approximately attended meetings • 176 - 1:1 interviews with residents and people who use respite care services • 11 day care group meetings • 456 completed questionnaires from residents, relatives. • 37 comments cards were also received.

3.	Findings from Questionnaire/Consultation visits – (Residents/Day Care/Respite)
	There were a number of cross cutting themes which emerged from the analysis of the questionnaires and during the consultation visits with residents and people using day care and respite.
3.1	Key Messages
	<p>i) Opinion on the proposal</p> <p>Residents at the care homes were informed that the Council needs to develop new kinds of services and support to enable older people to remain independent for longer in their own homes. They were informed about the possibility of closing some or all of its 10 homes so it can do this; residents were asked for their views on this proposal. The responses indicate that respondents could be grouped into three broad categories.</p> <ul style="list-style-type: none"> • Just fewer than three out of five residents who answered the question (57%) indicated that they were against any closures. • Nearly one in four residents (23%) appeared to agree in principle that encouraging older people to remain in their own homes for as long as possible was a good idea, but in most cases, their own case, this was not possible, and so ultimately were against the proposals. • One in five respondents (20%) appeared to have no problems with the closures, as long as a suitable alternative home could be found for them. <p>ii) Other care options</p> <p>Residents were asked what alternatives could be put in place to ensure that they get the care they need. Many respondents indicated that there weren't any other solutions, and that residential care was the only option given their situation. There was also a significant number of respondents who indicated that they do not know what other options are available to them. Of those that did suggest alternatives, respite care, daycare and homecare were the most popular responses. Sheltered accommodation, additional equipment (such as wheelchairs) and Telecare were mentioned, but less frequently.</p> <p>iii) The impact of closing homes</p> <p>The consultation wanted to understand the impact that the proposals would have on residents; the question generated a high level of response, the main emerging issues are summarised below.</p> <p>- General concern about the proposals</p> <p>Just less than one-half of respondents were anxious and worried about the proposals. Many residents commented that any changes would be unsettling for them, and this would have severe and damaging effects on the most vulnerable.</p>

- *Quality of care*

Just less than one-half of respondents were concerned that they would miss the home, the staff, the quality of care and the friends they have made. The quality of the care they currently receive was often commended, with many respondents rating the service as 'first-class'. Concerns were raised that the same quality of care could not be replicated elsewhere, which concerned both residents and relatives. A large number of residents commented that they felt at home within the centre, and had made many good friends; there was great concern that these friendships would be lost. Companionship was considered very important by many residents, along with the social aspect of living in or visiting a centre.

- *Future accommodation*

Approximately one in five respondents had concerns about where they may be residing in the future, and how easy or difficult it would be for family and friends to visit. This was a concern for many relatives as well as residents. There was also a more general concern about where respondents would live in the future if all 10 homes were to close. Many replies indicated that they had nowhere else to go, or required 24 hour care, which naturally generated a high level of concern amongst residents. As a follow-up to this issue, there were residents who commented that they could not afford to be placed in a private home, and some mentioned that the quality of care they had received previously in private homes was not as good as they currently receive.

- *Level of support*

A smaller proportion of respondents thought that if the right level of support was provided, they would have few concerns about the proposals. Most of these respondents had reservations about moving, but with the right level of support, thought that it would not be a problem for them.

There were a few responses that indicated if they received the right support, they would have few concerns about moving to a different residence, as long as it was within travelling distance for family and friends.

- *Breaks for family carers*

Breaks for carers and adequate support was considered a key factor that would enable older people to stay living at home longer, particularly those who are in receipt of respite and day care services. Some highlighted the burden and strain on families and a break for carers was seen to be a vital service to help support family carers to continue to provide care for their relative in their own home.

- *Social isolation*

Another issue raised by residents and those who use respite and day care

	<p>services was around the fear of loneliness and isolation in old age when living at home. Residential care in their opinion has to some extent helped to alleviate this and also given them a sense of feeling safe and secure.</p> <p>iv) Reducing concerns</p> <p>The consultation wanted to understand what the Council could do to reduce the concerns that had been raised. By far the most common response was that nothing could be done to alleviate concerns, other than not to close the homes. Other issues were raised, many repeating previous points, and these have been summarised below.</p> <ul style="list-style-type: none"> • Residents wanted reassurance that they would receive similar or better quality of care in the future. • It was clearly important to many residents that they stay local to their family and friends. • A smaller number of responses urged that the Council look at cost and efficiency savings, both within the care homes and within the Council at large, before considering the proposals. <p>v) Important issues to consider</p> <p>Residents were also asked that if their own home was going to close, what would be important for them. Again, many of the same issues were raised:</p> <ul style="list-style-type: none"> ▪ good quality of care ▪ a residence close to family and friends ▪ trained and caring staff <p>This question did appear to further highlight issues about companionship and socialising. Many respondents reported that they felt safe in their current surroundings, and would not want to be separated from friends they currently have. Respondents also mentioned that the social aspect of their home was very important for them, and that it would be important for them to continue to experience a wide-range of social activities and trips. This question also raised further concerns about the support and advice that the Council could offer, and many requested that current staff and carers supported them with any potential move.</p>
4.	<p>Findings from questionnaire & consultation visits - Relatives/representatives</p>
	<p>Similar cross cutting themes also emerged from the analysis of the questionnaires and during the consultation visits with relatives and representatives.</p>
4.1	<p>Key messages</p>
	<p>i) Opinion on the proposal</p> <p>As with residents, relatives and representatives were informed that the Council</p>

needs to develop new kinds of services and support to enable older people to remain independent for longer in their own homes. They were informed about the possibility of closing some or all of its 10 homes so it can do this. Respondents were asked for their views on this proposal, again, responses indicate that relatives and respondents could be grouped into three broad categories –

- Four out of five relatives (81%) who answered the question indicated that they were against any closures; a higher proportion than residents themselves.
- A smaller number of respondents (17%) appeared to agree in principle that encouraging older people to remain in their own homes for as long as possible was a good idea, but in the case of their relative in the care home, this was not possible, and so ultimately were against the proposals.
- Only 2% of relatives appeared to have no problems with the closures, as long as a suitable alternative home could be found for their relative.

ii) Other care options

Relatives were also asked what alternatives could be put in place to ensure that older people get the care they need. Again, there were many respondents who believed that there weren't any other solutions for their relatives, and that the personalised care they receive in residential care homes was the only option. Of those that did suggest alternatives, respite care, daycare and homecare were again the most popular responses.

iii) The impact of closing homes

The consultation wanted to understand the impact that the proposals would have on residents and relatives / representatives. Most of the issues raised by residents were again highlighted by relatives and representatives; the main issues to emerge are summarised below.

- General Concern

Just over **one-half** of respondents were anxious and worried about the proposals. Many respondents commented that any changes would be unsettling for residents, and this would have severe and damaging effects on the most vulnerable. Many respondents highlighted that older people didn't react well to change, and these proposals could cause undue distress on individuals. Relatives were primarily concerned for the welfare of their relation, but they were also worried about the lack of respite care they would receive if homes were to close. A slightly higher proportion of relatives were concerned and anxious compared to residents themselves; and no relatives indicated that they had 'no concerns' over the proposals.

- Quality of Care

Relatives of residents recognised the high quality of care currently received by their family members, and were concerned they would not get the same level of care in other homes.

- *More information needed*

Relatives appeared more likely to question the proposals, and were keen that they were provided with more information about different options before commenting further, an issue that was highlighted further in the next section of the questionnaire.

- *Break for Family Carer*

Family carers of those who use and benefit from both day care and respite said it is a lifeline and provides an opportunity for them to have a break from their caring responsibilities.

vi) Reducing concerns

The consultation wanted to understand what the Council could do reduce the concerns that had been raised. By far the most common response was that nothing could be done to alleviate concerns, other than not to close the homes. Other issues were raised, many repeating previous points, and these have been summarised below.

- Relatives wanted reassurance that their family would receive similar or better quality of care in the future; and that respite care would continue to be provided.
- It was clearly important to many residents that they stay local to their family and friends; and relatives were equally keen that their family remain local.
- Information and advice was requested, so residents and relatives could fully understand the implications of the proposals. Respondents also wanted reassurance that their views and concerns will be listened to.
- A smaller number of responses urged that the Council look at cost and efficiency savings, both within the care homes and within the Council at large, before considering the proposals.

v) Important issues to consider

Respondents were also asked that if their own home was going to close, what would be important for them. Again, many of the same issues were raised, good quality of care, a residence close to family and friends and staff trained and caring staff were amongst the most frequent responses. Many relatives responding to the consultation requested that they have a greater involvement in any decisions affecting their relation.

Relatives also raised concerns that any future changes could cause some

	<p>residents distress and anxiety.</p> <p>A number of relatives are under the impression that Council run homes are 40% more expensive to run than the independent/private run homes because they think the standard of care in those homes is higher than the private/independent sector.</p>
5.	Conclusion and additional information
	<p>There was overwhelming support for the care that is offered in each of the homes and the environment within which it is offered. The general consensus was to keep the homes open, but if there are any changes then assurance was needed around –</p> <ul style="list-style-type: none"> • Quality of care, • Breaks for carers, • Local provision, • Continuing support services to enable people to remain at home, • Companionship, feeling secure and safe.
	<p>The emerging key themes to alleviate the impact of any possible closures are that:</p> <ul style="list-style-type: none"> • Alternative provision is of similar quality of care • Alternative provision is local • Continued support and breaks for carers <p>Also for the future to keep older people independent</p> <ul style="list-style-type: none"> • More re-ablement services available • Better information on choices available • Improved support services at home – day and night
	<p>It was interesting to note that during the consultation it was identified that a large number of residents had been admitted into residential care directly from hospital either following a fall or a short term health crisis. They initially came into the home for a short period of convalescence or assessment but most are now long term residents.</p>
6.	Next Steps
	<p>Phase 2 of the consultation is due to end on 14th December 2010. Further analysis and key findings will be presented in a summary highlight report.</p>

Residential Home Closure Consultation - Phase 2

Introduction

Warwickshire County Council took the decision to extend the consultation process, creating Phase 2 of the Home Closures consultation, as similar cross cutting themes had emerged from the initial relatives and residents' consultation meetings (Phase 1) held in the 10 WCC homes during August to October 2010. The consultation was, therefore, duly extended to December 2010 to investigate these themes. This report is an analysis of the data received from the options paper and comments/views received from the relatives and residents meetings.

During Phase 1, four options emerged and during November and December; consultation resumed with relatives and residents from each of the 10 homes to establish their responses to each of these options and give their views.

- Twilight meetings were held in all 10 of the homes and a total of **155** relatives attended.
- A number of methods were used to consult with residents, day care and users of respite including: group discussions and 1:1 sessions. In all **209** residents were consulted.
- **1028** options fact sheets were circulated to residents and relatives.

Key themes

Option 1 – Closing all the homes

- Negative impact on residents and relatives health.
- Important not to move people at their age and state of health
- Importance of social interaction
- People not knowing where to go
- Quality of care provided
- Importance of live-in care
- Lack of other care provision/alternative in the area
- Importance of staying local
- Providing a break to carers
- What will happen to the building
- Worried about losing staff

There was still a high response from everyone (residents & relatives) who participated in the sessions to keep their home open. Furthermore, many residents were astounded that this was still an option, and did not wish to comment. This was reinforced by the responses as only **50%** were prepared to give their views a second time. The main reason presented by the residents was around their fear of

loneliness and isolation and they highlighted that this situation would lead to mental and physical ill –health. However some stated that, if they *had* to move they would like to stay close to family and friends. Those who attended day care were particularly concerned that, without this facility, neither they nor their carers would receive a break.

Option 2 – Selling the homes as a going concern

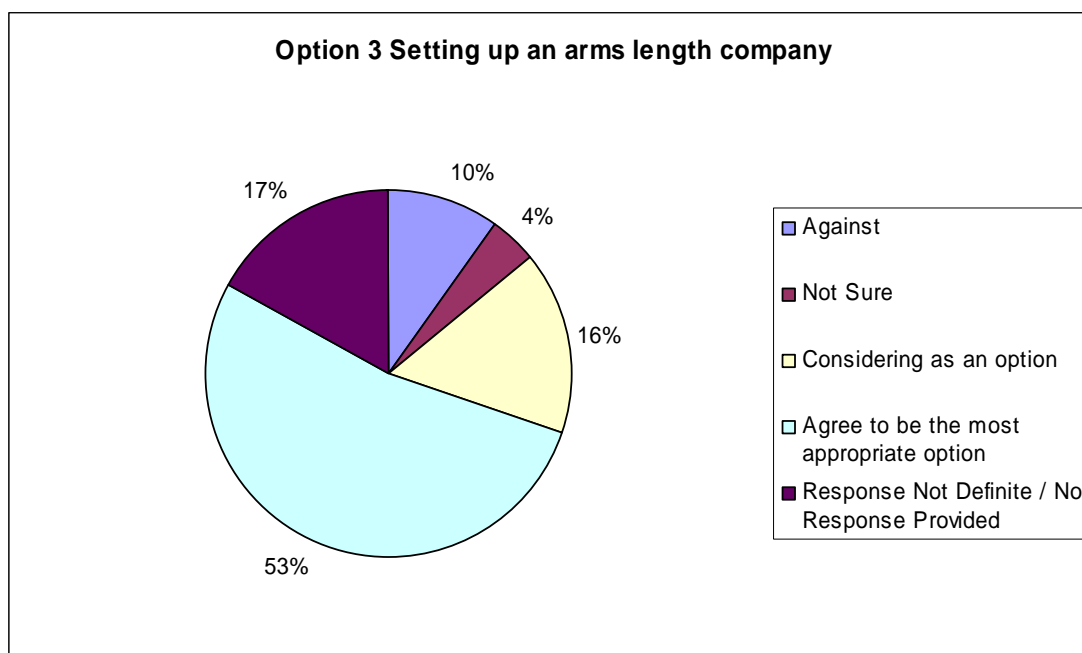
- Quality of care will not be as good:
- Profit making machine
- Higher cost / lack of affordability:
- More information needed before deciding:
- An option under condition that quality of care and staff are the same
- Need to keep the residents together:
- Worried about respite and day care provision:
- What control would the council still have:
- As long as it has minimal impact on residents
- As long as there are enough places for local residents:
- Private care provides a lot better care

There was opposition to Option 2 from relatives, as many had previously considered privately run homes for their families and had considerable concerns regarding the lack of quality care. **32%** felt that selling the homes as a going concern would mean that the cost of care would rise dramatically. In some cases residents would not be able to afford the increase. In addition, they felt that as private organisations would want to make a profit, the quality of care would be greatly reduced. There were also concerns regarding the implications for continued employment for existing staff. A small number of residents however, said that selling the home to another provider was better than closing it altogether.

Option 3 – Setting up an Arms Length Company to Operate the Homes.

- More information needed before deciding
- Important for the council to be involved
- It would still cost more (to set up and manage this arms lengths company, to be involved with private sector)
- Not all could afford it
- As long as the costs do not go up
- It would provide same standard of care
- Important to keep the same staff
- As long as residents are not moved / it would be less disruptive to them
- Needs careful monitoring
- Provided that respite and day care are still there
- Lack of alternative care provision in the area
- It is only a short term solution, what next

Over **50%** of people favoured this option, as there was reassurance that WCC would still be involved with the overall running of the homes. It was also felt that WCC would monitor the standards of care provided in each home. This option was also preferred, as it would ensure that existing staff would be retained and therefore continuity of care would be provided. There was concern however that this was a short –term option as WCC would only be involved for a 3 x year period. Questions were raised as to what would happen in the future? A number of people asked for additional information.

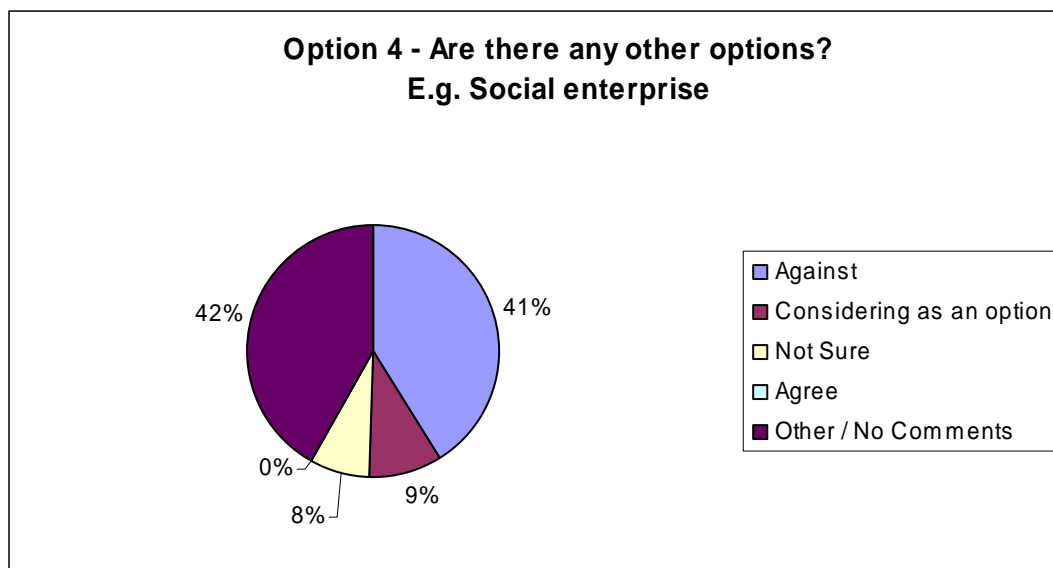


Option 4 - Are there any other options?

- Leave it as it is
- More information needed before deciding
- Would need to be discussed with local community
- No matter what same quality of care should be provided
- Only trained WCC staff can provide good quality care
- It won't work long term
- If organised properly
- People too busy to deal with running a home
- Too many conflicting views
- Would the council still be involved?
- As long as residents are not moved

42% of relatives said that they would be in favour of developing a community run enterprise if it meant that the homes would remain open. However, they felt that they would need initial support from WCC. One relative said that the home could be, 'Run as a co-operative, like John Lewis.'

The majority of residents said that they would be prepared to pay more for their care if it meant that their home could remain open.



Some residents felt that there should be a 5th option that the homes should continue to run as they currently do and nothing should change.

Summary

Overall everyone was in agreement that their home should remain open and continue running as it currently does. In addition residents were happy to pay more for their care if it meant that they could keep their home open.

To summarise in order of preference the options were:

Option 3 - The majority of people preferred this option and said that it was the, '*next best thing to not closing at all.*' They felt that the Council overseeing things would ensure that they would continue to receive the same quality of care and retain the same staff.

Option 4 – (Social enterprise example) People thought that with support from WCC running the homes themselves was a viable proposition and were prepared to consider this as a valid alternative.

Option 2 – Generally, this was not considered to be a particularly good option, mainly as it was perceived that the cost of care would rise significantly and the quality of care would diminish.

Option 1 - As stated previously, the overwhelming response regarding this option was, 'Why is this still an option at all?'

WCC RESIDENTIAL CARE HOMESClosure Decision Matrix

Care Home	Area	Matrix Score	Order of Closure	Provisional Date for Closure
Bracebridge Court	North Warwickshire	236	8	July 2013
Orchard Blythe	North Warwickshire	250	6	December 2012
Caldwell Grange	Nuneaton & Bedworth	290	5	August 2012
Mayfield	Nuneaton & Bedworth	502	1	August 2011
Abbotsbury	Rugby	440	2	August 2011
Park View	Warwick	332	3	August 2012
The Lawns	Warwick	322	4	August 2012
Low Furlong	Stratford	194	9	October 2013
Lower Meadow	Stratford	184	10	January 2014
Four Acres	Stratford	246	7	April 2013

Matrix Criteria	Weighting
1. Ability to Re-provide at WCC fee rates (Contracted Places).	10
2. Ability to Re-provide at WCC fee rates (Current Vacancies).	10
3. Residents - Level of Dependency.	16
4. Unit Costs - Actual.	12
5. Unit Costs - At 100% Occupancy.	8
6. Ongoing Maintenance Costs 2010 to 2014.	4
7. Suitability for Extra Care Housing development.	2
8. Land Value.	2

WCC Residential Care Homes

Closure Decision Matrix

17-Jan-11

No.	Care Home	Matrix Values & Scores	1. Reprovision (Places at WCC rates)			2. Reprovision (Current Vacancies)			3. Residents - Level of Dependency			4. Unit Costs - Actual			5. Unit Costs @ 100% Occupancy			6. Maintenance Costs			7. Suitability for ECH			8. Land Value			Total Score	Rank	
1	Bracebridge Court	Actual Value:	34			0			55			£571			£478			£69,813			Yes			£404,000			236	8	
		Matrix Score:		2				1			7			3			3			3			10			1			
		Weighted Score:			20				10			112			36			24			12			20					2
2	Orchard Blythe	Actual Value:	0			0			90			£661			£551			£220,528			No			£865,000			250	6	
		Matrix Score:		1				1			4			5			6			9			1			10			
		Weighted Score:			10				10			64			60			48			36			2					20
3	Caldwell Grange	Actual Value:	157			7			71			£552			£466			£175,213			No			£500,000			290	5	
		Matrix Score:		8				4			5			3			2			8			1			2			
		Weighted Score:			80				40			80			36			16			32			2					4
4	Mayfield	Actual Value:	157			7			31			£899			£682			£160,485			Yes			£425,000			502	1	
		Matrix Score:		8				4			9			9			10			7			10			1			
		Weighted Score:			80				40			144			108			80			28			20					2
5	Abbotsbury	Actual Value:	182			20			58			£764			£448			£123,629			Yes			£795,000			440	2	
		Matrix Score:		10				8			7			7			1			5			10			8			
		Weighted Score:			100				80			112			84			8			20			20					16
6	Park View	Actual Value:	132			1			63			£711			£528			£122,010			No			£666,000			332	3	
		Matrix Score:		7				2			6			6			5			5			1			6			
		Weighted Score:			70				20			96			72			40			20			2					12
7	The Lawns	Actual Value:	132			1			81			£674			£537			£168,065			Yes			£867,000			322	4	
		Matrix Score:		7				2			4			5			5			7			10			10			
		Weighted Score:			70				20			64			60			40			28			20					20
8	Low Furlong	Actual Value:	0			0			114			£633			£565			£152,989			Yes			£740,000			194	9	
		Matrix Score:		1				1			1			4			6			7			10			7			
		Weighted Score:			10				10			16			48			48			28			20					14
9	Lower Meadow	Actual Value:	63			0			114			£580			£485			£154,282			Yes			£622,000			184	10	
		Matrix Score:		4				1			1			3			3			7			10			5			
		Weighted Score:			40				10			16			36			24			28			20					10
10	Four Acres	Actual Value:	39			2			100			£702			£617			£56,503			No			£575,000			246	7	
		Matrix Score:		2				2			3			6			8			3			1			4			
		Weighted Score:			20				20			48			72			64			12			2					8

Matrix Scoring Criteria

1. Ability to Re-provide at WCC fee rates (Contracted Places)		
Range - Min	Range - Max	Score
0	20	1
21	40	2
41	60	3
61	80	4
81	100	5
101	120	6
121	140	7
141	160	8
161	180	9
181	200	10

Ability to re-provide (i.e. another care home or ECH) within a 5 mile radius or a recognised urban area e.g. Nuneaton/Bedworth or Warwick/Leamington.

2. Ability to Re-provide at WCC fee rates (Current Vacancies)		
Range - Min	Range - Max	Score
0	0	1
1	3	2
4	6	3
7	9	4
10	12	5
13	15	6
16	18	7
19	21	8
22	24	9
25	27	10

Ability to re-provide (i.e. another care home or ECH) within a 5 mile radius or a recognised urban area e.g. Nuneaton/Bedworth or Warwick/Leamington.

3. Residents - Level of Dependency		
Range - Min	Range - Max	Score
0	30	10
31	40	9
41	50	8
51	60	7
61	70	6
71	80	5
81	90	4
91	100	3
101	110	2
111	120	1

Although greater dependency levels lead to a higher points score, the final matrix scoring is reversed in this case so that this results in a low matrix score i.e. it is assumed that it is preferable to move more able residents.

Care Home	Residents - Level of Dependency			Weightings applied to low, moderate & high			Weighted Total
	Low	Moderate	High	Low X1	Moderate X2	High X4	
Abbotsbury	2	6	11	2	12	44	58
Bracebridge Court	7	12	6	7	24	24	55
Caldwell Grange	5	9	12	5	18	48	71
Four Acres	0	2	24	0	4	96	100
Low Furlong	0	1	28	0	2	112	114
Lower Meadow	0	1	28	0	2	112	114
Mayfield	5	7	3	5	14	12	31
Orchard Blythe	0	1	22	0	2	88	90
Park View	5	7	11	5	14	44	63
The Lawns	3	5	17	3	10	68	81

4. Unit Cost - Actual		
Range - Min	Range - Max	Score
£0	£500	1
£501	£550	2
£551	£600	3
£601	£650	4
£651	£700	5
£701	£750	6
£751	£800	7
£801	£850	8
£851	£900	9
£901	£950	10

Results & Scores

1. Ability to Re-provide at WCC fee rates (Contracted Places)		
Home	No. of Places	Score
Abbotsbury	182	10
Bracebridge Court	34	2
Caldwell Grange	157	8
Four Acres	39	2
Low Furlong	0	1
Lower Meadow	63	4
Mayfield	157	8
Orchard Blythe	0	1
Park View	132	7
The Lawns	132	7

2. Ability to Re-provide at WCC fee rates (Current Vacancies)		
Home	No. of Vacancies	Score
Abbotsbury	20	8
Bracebridge Court	0	1
Caldwell Grange	7	4
Four Acres	2	2
Low Furlong	0	1
Lower Meadow	0	1
Mayfield	7	4
Orchard Blythe	0	1
Park View	1	2
The Lawns	1	2

Abbotsbury's value score of 20 includes a proportion of vacancies (i.e. 7 out of 45) at Farmers Court ECH.

3. Residents - Level of Dependency		
Home	Dependency Level	Score
Abbotsbury	58	7
Bracebridge Court	55	7
Caldwell Grange	71	5
Four Acres	100	3
Low Furlong	114	1
Lower Meadow	114	1
Mayfield	31	9
Orchard Blythe	90	4
Park View	63	6
The Lawns	81	4

4. Unit Cost - Actual (per placement per week)		
Home	Actual Cost p/week	Score
Abbotsbury	764	7
Bracebridge Court	571	3
Caldwell Grange	552	3
Four Acres	702	6
Low Furlong	633	4
Lower Meadow	580	3
Mayfield	899	9
Orchard Blythe	661	5
Park View	711	6
The Lawns	674	5

Matrix Scoring Criteria (Continued)

5. Unit Cost - 100% Occupancy		
Range - Min	Range - Max	Score
£0	£450	1
£451	£475	2
£476	£500	3
£501	£525	4
£526	£550	5
£551	£575	6
£576	£600	7
£601	£625	8
£626	£650	9
£651	£675	10

6. Ongoing Maintenance		
Range - Min	Range - Max	Score
£0	£25,000	1
£25,001	£50,000	2
£50,001	£75,000	3
£75,001	£100,000	4
£100,001	£125,000	5
£125,001	£150,000	6
£150,001	£175,000	7
£175,001	£200,000	8
£200,001	£225,000	9
£225,001	£250,000	10

Ongoing maintenance already programmed for 2010 to 2014.

7. Suitability for ECH		
Range	Value	Score
>=0.9 Acre Site*	Yes	10
< 0.9 Acre Site*	No	1

* Other factors have been taken into consideration e.g. flood plane, land topography etc.

8. Land Value		
Range - Min	Range - Max	Score
£0	£450,000	1
£450,001	£500,000	2
£500,001	£550,000	3
£550,001	£600,000	4
£600,001	£650,000	5
£650,001	£700,000	6
£700,001	£750,000	7
£750,001	£800,000	8
£800,001	£850,000	9
£850,001	£900,000	10

Results & Scores (Continued)

5. Unit Cost - 100% Occupancy (per placement per week)		
Home	Cost - full occupancy	Score
Abbotsbury	448	1
Bracebridge Court	478	3
Caldwell Grange	466	2
Four Acres	617	8
Low Furlong	565	6
Lower Meadow	485	3
Mayfield	682	10
Orchard Blythe	551	6
Park View	528	5
The Lawns	537	5

6. Ongoing Maintenance		
Home	Cost: 2010 - 2014	Score
Abbotsbury	£123,629	5
Bracebridge Court	£69,813	3
Caldwell Grange	£175,213	8
Four Acres	£56,503	3
Low Furlong	£152,989	7
Lower Meadow	£154,282	7
Mayfield	£160,485	7
Orchard Blythe	£220,528	9
Park View	£122,010	5
The Lawns	£168,065	7

7. Suitability for ECH		
Home	Suitability for ECH	Score
Abbotsbury	Yes	10
Bracebridge Court	Yes	10
Caldwell Grange	No	1
Four Acres	No	1
Low Furlong	Yes	10
Lower Meadow	Yes	10
Mayfield	Yes	10
Orchard Blythe	No	1
Park View	No	1
The Lawns	Yes	10

8. Land Value		
Home	Land Value	Score
Abbotsbury	£795,000	8
Bracebridge Court	£404,000	1
Caldwell Grange	£500,000	2
Four Acres	£575,000	4
Low Furlong	£740,000	7
Lower Meadow	£622,000	5
Mayfield	£425,000	1
Orchard Blythe	£865,000	10
Park View	£666,000	6
The Lawns	£867,000	10