

Report of the Strategic Director of Adult and Community Services to the meeting of the Executive to be held on 10 January 2017

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Subject: Great Places to Grow Old – Long Term Support for Older People – the future of the Council’s Residential Care Home – Holmeview

Summary statement:

Great Places to Grow Old (GPGO) is an integrated programme to address the accommodation and support needs of older people, including older people with dementia. It includes the development of housing, extra care housing, short term rehabilitation, respite care/crisis support, residential and nursing care.

The programme promotes independence and wellbeing for older people with the aim of reducing the overall reliance on intensive forms of care support by expanding services that help people stay at home, or return home after a crisis. This includes the development of resources and support which can be tailored for individuals enabling people to remain in their own home and be independent for longer.

This report follows the Council’s decision on 18th February 2014 to include in the budget proposal for Adult and Community Services a reduction in the provision of two in house residential homes over the next 2 years, one of which was closed in January 2015. This decision is included in the plans within the GPGO delivery programme which was approved by Executive in January 2013.

As a result of changes in the local market and acceleration of joint commissioning proposals with health partners, permission was sought and a decision was made in September 2015 to defer the consultation on the future of Holmeview.

The report reviews a range of information regarding in-house services and independent provision and permission is sought from Executive to go out to consultation on the future of Holmeview.

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1. SUMMARY

- 1.1. Great Places to Grow Old (GPGO) is an integrated programme to address the accommodation and support needs of older people, including older people with dementia. It includes the development of housing, extra care housing, short term rehabilitation, respite care/crisis support, residential and nursing care.
- 1.2. The programme promotes independence and wellbeing for older people with the aim of reducing the overall reliance on intensive forms of care support by expanding services that help people stay at home, or return home after a crisis. This includes the development of resources and support which can be tailored for individuals enabling people to remain in their own home and be independent for longer.
- 1.3. This report follows the Council's decision on 18th February 2014 to include in the budget proposal for Adult and Community Services a reduction in the provision of two in house residential homes over the next 2 years, one of which was closed in January 2015. This decision is included in the plans within the GPGO delivery programme which was approved by Executive in January 2013.
- 1.4. As a result of changes in the local market and acceleration of joint commissioning proposals with health partners, permission was sought and a decision was made in September 2015 to defer the consultation on the future of Holmeview.
- 1.5. The report reviews a range of information regarding in-house services and independent provision and permission is sought from Executive to go out to consultation on the future of Holmeview.

2. BACKGROUND

- 2.1. Bradford Council is reviewing its in-house residential and day care provision as part of shaping the future long term care for older people, including people with dementia.
- 2.2. The decision of the Council to approve the closure of two residential homes over two financial years as part of the Adult and Community Services budget proposals for 2014/15 and 2015/16 was made in the context of the Great Places to Grow Old (GPGO) delivery programme which was endorsed by the Executive in January 2013. The plan includes the proposal, previously agreed by Executive in 2009 that the in-house service no longer continues as a long term provider (except for specialist dementia care), to enable the delivery of flexible support as part of the joint community beds strategy in development with the NHS.
- 2.3. In line with the decision made by the Council's Executive on 18th February 2014 to decrease provision by closing a further two in-house residential homes, subject to formal consultation. Consultation on Home A, Harbourne residential home commenced on 9 September 2014 and a paper was presented to Executive on 16 October 2014. The decision was made to decommission Harbourne and this home was closed in January 2015.

- 2.4. This currently leaves 6 in house residential homes which provide a total of 197 beds across the District. 79 long stay beds; 84 flex beds and 34 intermediate care beds (See Appendix 1). The remaining services have moved away from the provision of long term care for frail elderly focussing on services for older people with complex dementia care needs, rehabilitation/intermediate care and respite services.
- 2.5. Existing in-house services are under review based on appraisals of the condition of each building and the site and costs of improvement, forecast changes in the population of older people and to meet rising expectations and the need to sustain investment in preventative services and alternatives to residential care.
- 2.6. Despite the current CQC rating being good, we need to be able to future proof services for the future to ensure that they are fit for purpose and can meet the needs of service users. The longer term investment required to future proof Holmeview would be in the region of £1 million. This would to complete priority work already highlighted such as electrical and mechanical services, and in addition, to address the condition of the building which would include reconfiguration of the layout of the building to incorporate the expectations and needs of service users.
- 2.7. The review itself was a response to the strategic vision for long-term support for older people as set out in the Council resolution, Long Term support for Older People of 8 December 2008.
- 2.8. The resolution set out a vision for older people to benefit from a range of high quality services and support to promote independence, increase choice, improve quality of life and meet increasing requirements for provision for people with long term conditions, including dementia. The vision emphasises a shift to providing enablement, providing more support for people at home and the development of alternatives to residential care, including extra care housing.
- 2.9. The Care Act which came into force in April 2014 introduced the concept of wellbeing, personalisation, individual control and influence through a legal right to personal budgets and direct payments. It brings in a duty to provide preventative services, to integrate with health and to shape the market and provides powers for local authorities to delegate certain care and support functions to a third party which will be determined locally.
- 2.10. The integrated plan operates on the principle that in-house services are not decommissioned until alternative arrangements are identified by the delivery programme, and with the full engagement of current service users, their families, carers and advocates.
- 2.11. As a result of changes in the local market and acceleration of joint commissioning proposals with health partners, the decision was made in September 2015 to defer consultation on the future of Holmeview until sufficient bed capacity could be sustained to meet the needs of people with dementia.

OTHER CONSIDERATIONS

- 3.1. Great Places to Grow Old (GPGO) is an integrated programme to address the accommodation and support needs of older people with dementia. It includes the development of housing, extra care housing, short term rehabilitation, respite care/crisis support, residential and nursing care.
- 3.2. Public Health have completed a health needs assessment on dementia in the Bradford District. Recommendations have been formulated as a result of this work and ongoing action is being taken to implement them. The key messages from the needs assessment are the same as GPGO and the integrated working with the NHS and third sector:
 - 3.2.1. To help people with dementia stay in their homes as long as possible rather than entering a care home.
 - 3.2.2. Develop more specialist long term care places for people with dementia in the independent sector and ensure that this is of the highest quality.
 - 3.2.3. Adequate and effective palliative care for people with dementia.
- 3.3. The programme will promote independence and wellbeing for older people with the aim of reducing the overall reliance on intensive forms of care support by expanding services that help people stay at home, or return home after a crisis.
- 3.4. The Bradford Enablement Support Team (BEST) provides an enablement service to all new District wide service users working with them to set achievable goals, maximising their independence or stabilising care prior to transferring to a long term Home Care provider. In addition, the BEST plus service supports service users to achieve therapy goals that are set and monitored by therapists.
- 3.5. Enablement can now be provided over 24 hours and works closely with the District Nursing service, a rapid response service (responds within 2 hours) has been implemented, co located with the Virtual Ward Team at Bradford Teaching NHS Foundation Trust. The aim of this service is to provide rapid response to social care needs which if not provided would mean the person was admitted to hospital.
- 3.6. GPGO has interdependencies with integrated programmes of work within the Sustainability and Transformation plan implementation which includes the establishment of two Accountable Care Systems across the District. GPGO will be fundamental in the development of new models of care in the out of hospital services.
- 3.7. Since January 2013 progress has been made to develop alternative options to residential care, however as indicated at 1.4 there have been changes to the local market and joint commissioning with health partners which influenced the commissioning intentions for the medium to long term to ensure sustainability in the provision of specialist dementia services.
- 3.8. This has been enhanced by integrated health and social care community services including specialist dementia services provided by the NHS and Adult Services. The aim of the service will be to provide additional 24 hours support to people in their own home so that they can remain at times of crisis/illness and return home

as soon as possible after a stay in hospital. This is in line with the plans outlined in the Executive report in January 2013.

- 3.9. Details include joint venture arrangements with appropriate partners which will deliver the proposed investment programme and meet the programme benefits which includes the following:
 - 3.9.1. Delivery of a flexible and high quality whole system model that promotes independence and wellbeing for older people and reduces reliance on intensive care and support. This is underpinned by joint commissioning between health, Adult Social Care and housing.
 - 3.9.2. Develop the independent sector market as the primary provider for long term services and support. This includes nursing and residential care homes and personal support provided to people in their own homes.
 - 3.9.3. Redesign the in house enablement service residential and day care services with health and housing services to create more flexible crisis support to enable people to stay in their own homes for longer.
 - 3.9.4. Increase the provision of extra care and specialist housing options in the independent sector.
 - 3.9.5. Support carers by providing more flexible short breaks.
 - 3.9.6. Increase opportunities for social involvement by ensuring day opportunities are flexible and community focussed.
- 3.10. The Council is supporting the development of extra care housing schemes. Extra care housing is designed with the needs of frailer older people in mind and offers and provides 24 hour care and support on site. People who live in these schemes have their own self contained homes with their own front doors, but can also use communal facilities which can include restaurant/dining facilities; hairdressers; health/fitness facilities; computer room.
- 3.11. The extra care housing schemes include:
 - 3.11.1. Elm Tree Court, Thackley a 51 unit extra care facility opened in March 2015 and provides 24 hour care and support services for people, including people with dementia according to their assessed needs.
 - 3.11.2. The extra care units are supported by local community services, including specialist dementia services which are provided by the NHS and Adult Services.
 - 3.11.3. Neville Grange residential care home in Saltaire closed in November 2013 to allow for the development of a new build of 45 extra care flats and a 20 bed intermediate care centre. This development was going to be a partnership between Incommunities, Adult Services and the NHS. It was anticipated that the development would begin late 2015 but Incommunities have made a decision to withdraw from this scheme and therefore alternative options are currently being considered.
 - 3.11.4. The Council has been successful in a bid for grant funding to support the building of a 69 extra care flats in Keighley at the Bronte school site and a 50 bedded residential unit and work will start on site March 2017 and will be completed in 2018.

- 3.12. Planning permission has been granted or is pending on the future increase of 614 beds across the District, this is made up 207 nursing beds; 129 residential beds and 278 extra care beds.
- 3.13. Future loss of 14 residential beds at Ghyll Court Residential Home has been identified.
- 3.14. Over the last 12-18 months 9 care homes across the District have been closed resulting in the loss of 277 beds of which 170 were specialist dementia beds.
- 3.15. Over the last six months the average vacancy rate for residential beds across the District for older people was 157 per week. The current vacancy rate is 111.
- 3.16. Intermediate care services being developed with the NHS will offer additional specialist care and support to people so that they can remain in their own homes for as long as possible and be supported to die at home if that is their decision.
- 3.17. Work continues with NHS colleagues and the Clinical Commissioning Groups to ensure that we have available sufficient numbers of community beds to meet the growing number of people with dementia and complex support needs across the District.
- 3.18. The in-house residential care homes currently provide 34 intermediate care beds, with the NHS contributing to the funding of these, these are mainly used for people coming out of hospital. Work is ongoing as part of the Accountable Care System development to ascertain the number of short term beds required across the District.
- 3.19. The Advanced Health in Care Homes Vanguard project led by Airedale NHS Foundation Trust in West and North Yorkshire has installed telemedicine in 217 care homes, including the Council's in-house homes, with approximately 7,500 residents across Yorkshire and East Lancashire ranging from isolated rural communities to inner-city Bradford. This is reported to have reduced ambulance call outs to care homes by almost 30% and GP referrals by 40%. More than 70% of these residents in care homes have dementia and this support has reduced stress for people by preventing unnecessary hospital admissions.
- 3.20. The Integrated Residential and Nursing Care Framework has been commissioned by CBMDC Adults and Community Services and CCGs from 2016-2020. The new arrangements will support the providers to shape their services to meet the needs of individuals and to support the personalisation and integration agendas locally in partnership with the Council and CCGs. The new framework includes an initiative to support Providers in fostering a culture of continuous improvement and will allow us to reward the best quality services.
- 3.21. The number of care homes assessed by the Care Quality Commission (CQC) using their quality framework as inadequate across the District was at its peak 26% in 2015, this has now reduced to 9% and has been achieved by working with support providers to improve areas of concern working with our NHS health partners, we have been able to support providers to improve standards and ratings of their services overall which has increased the number of available beds.

- 3.22. There has been problems with the registration status with some providers across the District, but this has now been overcome and standards overall continue to improve with quality being monitored through the new residential and nursing framework.
- 3.23. The Gateway Care Village is a new provision located in the Dudley Hill area that opened in September 2015 which is in Bradford West, Tong Ward. The service has 92 beds and is registered to provide residential care for older people including older people with dementia. The Gateway would have capacity to accommodate all residents at Holmeview if they wished to stay together and this would be done in line with the transitions policy.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 The proposal to consult on the future of Holmeview is part of the long term strategic direction of care for older people within the Great Places to Grow Old programme. Savings are attached to the closure of homes and the plan is to provide care in extra care schemes instead of residential care homes.
- 4.2 The total gross budget for Holmeview in 2016/17 is £1,094,600. The budgeted unit cost of Holmeview for 2016/17 is £599.78 per week. Including recharges, which includes all central, corporate and departmental recharges takes the budgeted unit cost to £728.55. Those individuals in receipt of long term care are subject to a financial assessment under nationally set financial regulations and contribute to the cost of their care subject to their individual circumstances, income and capital. The income budget for this is £220,000. The total budgeted net unit cost for Holmeview is £590.60 including income and recharges.
- 4.3 The Council's agreed budget for 2016/17 make provision for the proposed closure of a second home, which would be subject to further consultation. A decision was made to delay the consultation on Holmeview. The savings for 2016/17 anticipated from the closure of Homeview have been mitigated on a non-recurrent basis through alternative savings.
- 4.4 If the decision is taken not to close the home alternative compensating savings would require costing and would need to be found from within Adults services budgets for 2017/18. Similarly, if the decision was taken to further delay the closure of the home, savings would be needed in mitigation up to the point at which the home closed or the fully costed strategy was prepared and approved. Current timescales highlight that full year savings will not be achieved and further mitigated will be required.
- 4.5 Since 2014 an investment of £155,000 has been made to Holmeview. The latest conditions data report shows that a further investment of £363,000 is required to address priority areas such as electrical and mechanical services. In addition to this we need to future proof the service and address the condition of the building which would need to include reconfiguration of the layout of the building to incorporate the expectations and needs of service users. The longer term investment necessary to future proof Holmeview would be in the region of £1 million.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1. Key risks associated with not closing Homleview are the savings not being achieved, and the lack of opportunity to invest in promoting independence or alternative housing options for older people with care needs. This in turn impacts on the costs of meeting rising demand for care services. There is a longer-term reputational risk, in that expectations of older people is already increasing as the condition of the existing buildings continues to worsen and facilities such as en-suite bathrooms in the bedrooms are expected by service users and families.
- 5.2. Demographic pressures are expected to increase demand on services and budgets, if we do not act to change the pattern of service provision. Presently 14.2% of the population (74,900) are 65+ and it is expected that this population age group will increase by 12% over the next 5 years and by 25% by 2025. This increase will be

even more significant for the very elderly, with the number of people over the age of 85 increasing by 20% over the next 5 years and by 42% by 2025 (ONS 2012). The number of people living with dementia is likely to increase by 6,059 by 2020 (*Bradford District dementia health needs assessment July 2014*). Some of the areas of the District have more elderly people than others and it is likely that the north of the District, including Ilkley, Craven, Bingley and Bingley rural wards will continue to have the largest elderly population. The vision emphasises a shift to providing enablement, providing more support for people at home and the development of alternatives to residential care, including extra care housing. This means investing in preventative approaches and services that promote recovery and rehabilitation.

- 5.3. The availability of alternative services for people who currently use services at Holmeview could be a risk, however, officers believe that there is now sufficient suitable alternative options (Appendix 2 – Map of provision across the District), including future planned provision (3.12). There are risks to moving vulnerable older people which would be addressed through individual support plans and the steps described in the services' policy for managing transitions (background document).
- 5.4. As outlined in 4.4 the savings proposals associated with reducing the number of in house residential homes can be mitigated through alternative savings.
- 5.5. A mitigation plan will be drawn up and agreed with the Trade Unions to manage the risk involved in redeployment of staff.

6. LEGAL APPRAISAL

- 6.1. As a Local Authority, the Council is required to ensure there is adequate provision of residential accommodation to enable it to discharge its statutory responsibility to meet assessed eligible need for provision of accommodation (s21 National Assistance Act 1948). It is lawful for a Local Authority to discharge its duty to provide residential accommodation entirely by means of arrangements made with third parties. There is no obligation upon a Local Authority to maintain some accommodation in premises under its own ownership/management.
- 6.2. A public body proposing any review of service provision involving the potential closure of residential care homes that will affect current and future service users, carers, families and staff must allow sufficient time for full and meaningful consultation over a period of three months with all stakeholders including those aforementioned individuals. The consultation should ensure that all relevant parties receive sufficient information to enable them to provide informed feedback which should be taken into account prior to any final decision being made. The consultation process and timing should be sufficient to enable consultees to be informed of the proposals, raise queries, consider and respond to the issues and complexities of the proposals whilst remaining coherent, focussed and proportionate. The public body is not bound to act upon the preferred option of consultees but must take full account of any preferred view, expressed opinion and overall feedback. The requirement is for consultation to be meaningful. Clear reasons must be given for not taking a preferred course of action expressed by consultees.
- 6.3. Legal considerations relate to the law governing community care, employment, human rights and equality. The Council has a duty to meet assessed, eligible needs

for community care services, and is obliged to consult meaningfully, including giving clear reason for any decisions which go against the wishes of consultees. If the home were to close the Council would have to meet its obligations under employment law regarding any job losses.

- 6.4. Pursuant to Section 188 Trade Union and Labour Relations (Consolidation) Act 1992 ("TULCRA") the Council as employer is required to consult the recognised trade unions where there is a proposal to dismiss by redundancy (which includes voluntary redundancy) 20 or more employees at an establishment within a period of 90 days or less.

7. OTHER IMPLICATIONS

7.1. EQUALITY & DIVERSITY

The Public Sector Equality Duty under the Equality Act 2010, requires the Council when exercising its functions to have due regard to the need to:

- 7.1.1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- 7.1.2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- 7.1.3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it;
- 7.1.4. Relevant protected characteristics include age, disability, gender, sexual orientation, race, religion or belief.
- 7.1.5. Further engagement and consultation will be carried out to ensure the Council fulfils its equality duties and mitigates any adverse impacts. The EIA concludes that the balance of risks is higher towards current service users, but can be balanced off against the expected benefits for the wider population in maintaining a sustainable service. Mitigating actions are proposed to mitigate or remove any negative impact, including continuing to engage existing service users in developing new services and support, adopting the principle that in-house services are not decommissioned until alternatives are in place, and using the Transitions Policy to ensure a smooth transfer of services where this is required, and which has been used successfully for earlier de-commissions.

7.2. SUSTAINABILITY IMPLICATIONS

- 7.2.1. The status quo does not appear to be sustainable, both in terms of the risks of continuing to deliver services in the building as it is and the impact of demographic growth on the existing pattern of service provision.

7.3. GREENHOUSE GAS IMPACTS

- 7.3.1. The overall impact of closing homes built between the 1960s – 1980s is that people would be cared for in more energy-efficient buildings. In particular, the plans for the proposed new-build homes would include modern energy and cost-saving measures in the design and build.

7.4. COMMUNITY SAFETY IMPLICATIONS

- 7.4.1. Older people with dementia and other long-term conditions are among the most vulnerable people in the community. Providing high quality care and appropriate environment for care services is consistent with the Council's statutory duty to safeguard vulnerable adults.

7.5. HUMAN RIGHTS ACT

- 7.5.1. The Human Rights Act 1998 makes it unlawful for any public body to act in a way which is incompatible with an individual's human rights. Where an individual's human rights are endangered, Local Authorities have a duty to balance those rights with the wider public interest and act lawfully and proportionately. For this report, the most relevant rights from the 16 covered in the [Human Rights Act \(1998\)](#) are:

“the right to respect for private and family life”

“the right to peaceful enjoyment of your property” (if this were interpreted broadly as enjoyment of one's home).

“the right to freedom from inhuman and degrading treatment”

“the right not to be discriminated against in respect of these rights and freedoms”

- 7.5.2. The definition of adult abuse, in guidance issued under statute, is based on the concept of human rights: *“Abuse is a violation of an individual's human or civil rights by any other person or persons”*. (No Secrets, Department of Health, 2000).

- 7.5.3. As with the equal rights considerations, the proposed changes are expected to have an overall positive impact on these considerations though there is a risk of adverse impact for individuals who live in the homes currently. In line with legal requirements and Council policy, vulnerable individuals and their friends, families and advocates have been and will continue to be involved in any consultation process and planning of changes, and that planning of change is fair and proportionate, and seeks to mitigate any identified adverse impacts of decisions made.

- 7.5.4. The background document *Managing Transitions - Risk Assessment and Risk Management Protocol for the Transfer of Vulnerable / Frail Residents*, indicates how welfare and rights of vulnerable service-users would be protected during any home closures should a decision be taken to close any homes following consultation. Research evidence indicates the importance of well-managed moves, and the impact of the quality of planning and support on the well-being of older people, when care homes close ([closure of care homes for older people](#)).

7.6. TRADE UNION

- 7.6.1. Staff have been made aware of the proposals and further consultation will take place with individual staff through meetings. In addition further detailed consultations will be taken place with Trade Unions as required by legislation in relation to any staff affected by the proposed changes.

7.6.2. There are currently 49 members of staff (37.6 full time equivalent) employed at Holmeview of which 6 posts (3.75 full time equivalent) are vacant. The aim would be to retain the skills and experience of current staff and it is envisaged that this could be achieved through redeployment and recruitment.

7.6.3. There is also the potential to explore the opportunity for staff to work as part of collaboratively service provision within the accountable care system.

7.7. WARD IMPLICATIONS

7.7.1. Holmeview is in the Bradford West Ward Tong, all ward members will be involved and informed and consulted on any changes.

8. NOT FOR PUBLICATION DOCUMENT

8.1. None

9. OPTIONS

10. RECOMMENDATIONS

10.1. Permission is sought from Executive to go out to consultation on the future of Holmeview Care Home.

11. APPENDICES

11.1. Appendix 1 – In House Care Provision

11.2. Appendix 2 – Map of current provision across the District

12. BACKGROUND DOCUMENTS

12.1. Report to the Strategic Director Adult and Community Services to the meeting of the Executive on 14th July 2009 – Long Term Support for Older People – The Future Of The Council's Residential Care Homes and Day Care Services

12.2. Report to the Strategic Director Adult and Community Services to the meeting of the Executive on 3rd December 2010 – Long Term Support for Older People – The Future Of The Council's Residential Care Homes and Day Care Services

12.3. Report to the Strategic Director Adult and Community Services to the meeting of the Executive on 10th February 2012 – Long Term Support for Older People – The Future Of The Council's Residential Care Homes and Day Care Services

12.4. Report to the Interim Strategic Director Adult and Community Services to the meeting of the Executive on 17th July 2012 – Long Term Support for Older People – The Future Of The Council's Residential Care Homes

12.5. Report to Strategic Director Adult and Community Services to the meeting of the Executive on 15th January 2013– Review of Residential Strategy – Great Places to Grow Old

12.6. Health Inequalities Action Plan 2013 – 2017

12.7. Report to the Director of Finance to the meeting of Executive to be held on 18th February 2014 – The Council's Revenue Estimate for 2014-15 and 2015-16

12.8. Report to the Strategic Director of Regeneration and Culture, A Great Place to Grow Old; Housing for Older People in Bradford

- 12.9. Executive Decision 18th February 2014
- 12.10. Dementia Health Needs Assessment – July 2014
- 12.11. Holme View Building Conditions Report – September 2014
- 12.12. Report of the Director of Adult & Community Services to the meeting of the Executive to be held on 16 October 2014
- 12.13. Executive Decision 16th October 2014
- 12.14. Integrated Residential and Nursing Care Framework 2016-2020

Appendix 1

In House Care Provision (November 2016)

Area	Care Home	Total (beds)	Current Designation			Registration categories	Comment
			Long Stay	Flex Beds	Intermediate Care (IC)		
Homes with specialist mental health registration							
Keighley BD22 6AB	Holmewood	28	15	9	4	Dementia	Recent Investment £378,000
Bradford BD15 7YT	Woodward Court	28	11	13	4	Dementia / challenging behaviour	Significant investment to make dementia friendly
Bradford BD4 9BT	Holmeview	35	22	13		Dementia	
Subtotal		91	48	35	8		
Homes with no specialist mental health registration							
Bradford BD2 4BN	Beckfield	34	14	12	8	Older people 65+	Long stay beds are also used as IC beds
Bradford BD6 1EX	Norman Lodge	35	7	20	8	Older people 65+ (2 younger adults)	Unit to become short stay/IC
Bingley BD16 2EP	Thompson Court	37	10	17	10	Older people 65+ (8 younger adults)	
Subtotal		106	31	49	26		
TOTAL		197	79	84	34		
Homes decommissioned							
Shipley BD18 4JJ	Neville Grange	31	15	8	8		Closed 2013 - Saltaire
Bradford BD6 2LE	Harbourne	28	4	14		Dementia / functional mental health needs	Closed January 2015

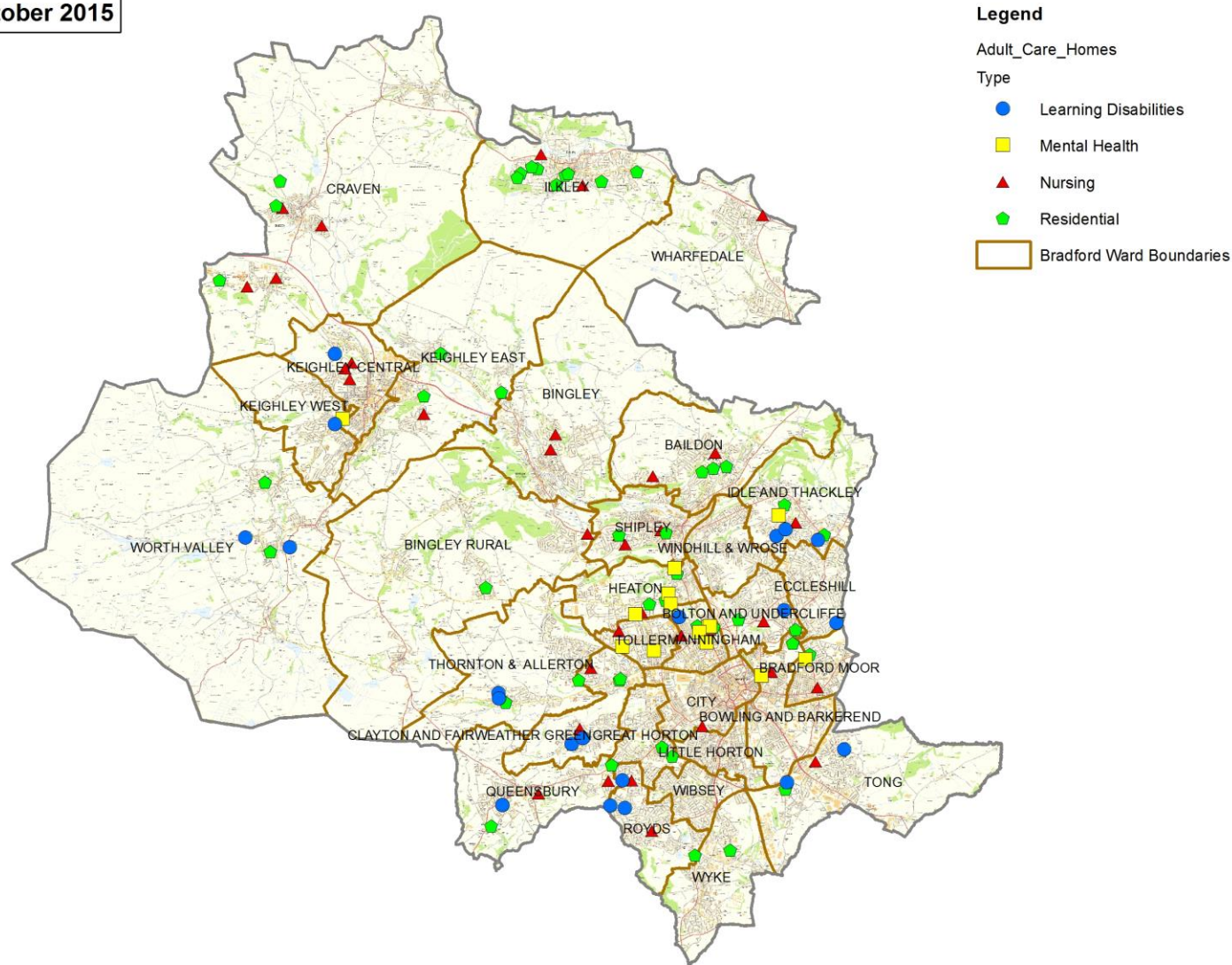
If Holmeview is decommissioned the number of beds in homes with specialist mental health registration would be:

Total (beds)	Designation		
	Long Stay	Flex Beds	Intermediate Care (IC)
56	26	22	8

If Holmeview is decommissioned the total number of beds in-house would be:

Total (beds)	Designation		
	Long Stay	Flex Beds	Intermediate Care (IC)
163	57	71	34

Adult Care Homes - October 2015



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