

## Report of the Director of Health and Wellbeing to the meeting of the Executive to be held on 20 June 2017

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### **B**

**Subject:** Long-term support for older people - the future of the Council's residential care home – Holme View

#### **Summary statement:**

This report follows the Council's decision on the 18<sup>th</sup> 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.

Permission was sought by the Executive on 10 January 2017 to go out to consultation on the future of Holme View residential home and this recommendation was granted. This consultation commenced on 16<sup>th</sup> January and ended on 19<sup>th</sup> April 2017. This report presents information on the views expressed as a result of the consultation.

It provides details on how people using the services provided at Holme View will have their needs assessed and what alternative provision will be offered as a result of their assessments, if the decision is made to decommission the services at Holme View.

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**Overview & Scrutiny Area:**  
Health and Social Care



## **1. SUMMARY**

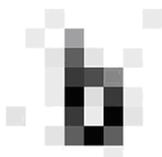
- 1.1. This report follows the Council's decision on the 18<sup>th</sup> February 2014 to include in the budget proposal for Adult and Community Services a reduction in the provision of two in house residential homes over the next 2 years.
- 1.2. Permission was sought by the Executive on 10 January 2017 to go out to consultation on the future of Holme View residential home and this recommendation was granted. This consultation commenced on 16<sup>th</sup> January and ended on 19<sup>th</sup> April 2017. This report presents information on the views expressed as a result of the consultation.
- 1.3. It provides details on how people using the services provided at Holme View will have their needs assessed and what alternative provision will be offered as a result of their assessments, if the decision is made to decommission the services at Holme View.

## **2. BACKGROUND**

- 2.1. The Council Executive approved the establishment of the Great Places to Grow Old Programme at the meeting held on 15 January 2013. The Transformation Programme is a joint plan with health and incorporates the work commenced in 2009 to develop a strategy for the Council's in-house residential and day services. It includes the implementation of some of the Better Care Fund plans which are focused on integrated health and social care service delivery.
- 2.2. The strategy for the Councils in house residential and day services in 2009 focussed on streamlining and modernising the residential and day care services at 5 care homes to focus on specialist dementia care services and short term support alongside a programme to decommission 6 of the initial 11 care homes in existence in 2009.
- 2.3. This strategy was reviewed in the spring of 2012 and this included a public consultation on the future of 3 care homes (Neville Grange, Holme View and Harbourne) where decommissioning was proposed. The consultation was completed in May 2012 and the consultation highlighted significant risks to decommissioning these homes within 2012 as there were insufficient specialist residential dementia care beds in the independent sector. The decision was made by the Executive on 17 July 2012 to delay the decommissioning of these homes and that services and families affected continued to be involved in the shaping of future provision. It was also resolved to bring together relevant current strategies to present a fully integrated plan that addresses the accommodation and support needs of older people and people with dementia, including housing and extra care housing, short term rehabilitation and respite care, residential and nursing care be approved.



- 2.4. 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.
- 2.5. In line with the decision made by the Council's Executive on 18<sup>th</sup> February 2014 to decrease provision by closing a further two in-house residential homes, subject to formal consultation. Consultation on Harbourn residential home commenced on 9 September 2014 and a paper was presented to Executive on 16 October 2014. The decision was made to decommission Harbourn and this home was closed in January 2015.
- 2.6. This currently leaves 6 in house residential homes which provide a total of 197 beds across the District. 71 long stay beds; 92 flex beds and 34 intermediate care beds. 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. In comparison to the independent sector in house long stay beds are more expensive and as they become available they are being reviewed and converted in to short stay care beds.
- 2.7. The vision for the Health and Wellbeing department, Home First was approved by the Executive on 4 April 2017. The "to be" operating model aims to reduce the demand on the Health and Wellbeing department by early intervention to prevent deterioration and to support reablement and independence it will focus on what people can do rather than what they cannot do. We want a more positive approach, so that people can live their lives to the full. The Bradford and Airedale and Craven Health and Wellbeing Plans have enshrined the same vision and aims of Home First within the Bradford CCG area this is included in the Out of Hospital Programme which is developing integrated plans. 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.
- 2.8. A key element of GPGO is for the Council to support the development of extra care housing schemes as there is a shortage across the District. 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.
- 2.9. Elm Tree Court in Thackley is a 51 unit extra care facility which opened in March 2015 and provides 24 hour care and support services for people, including people with dementia according to their assessed needs. This is proving a popular scheme and is well utilised.

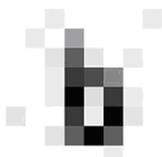


- 2.10. The Council has been successful in a bid to the Homes and Community Agency for grant funding to support the building of 69 extra care flats in Keighley at the Bronte school site and a 50 bedded short stay residential unit. Following the tender process using the Yortender framework, the contract for the project has been awarded to Wildgoose Construction. The contract was signed and sealed on 24<sup>th</sup> March 2017 and Wildgoose took possession of the site on 27<sup>th</sup> March. Site enabling works have been completed; full site works started on the first week of May 2017 and the scheme will be completed in October 2018.
- 2.11. Abbeyfield The Dales are building a scheme for 49 extra care apartments, 30 rooms for dementia care and a community hub at Fernbank Drive, Bingley and is due to be completed in July 2017. Funding has been secured through the Leeds City Region Enterprise Partnership. The department is working with Abbeyfields to support people to move in to the extra care apartments.
- 2.12. Discussions are taking place with Robertson Simpson Ltd, private property consultants, on the proposals to develop extra care and self contained living accommodation on the Wirefields site at Keighley. Outline planning permission is being progressed with the planning department to move this forward. Discussions have taken place with registered social landlords and invitations have been sent out for expressions of interest in providing this function at the site.
- 2.13. Bradford Council and Home Group are in discussions with a developer about the potential capital development to build 64 apartments in an extra care facility at Wyke.
- 2.14. As previously reported, the Care Act (2014) introduces new duties on local authorities to facilitate a vibrant, diverse and sustainable market for high quality care and support in their area, for the benefit of their whole population regardless of how the services are funded. The statutory guidance to the Care Act states that the market should include a variety of different providers and different types of services and this should include a genuine choice of service type, not simply a selection of providers offering similar services, this must include services for older people. We want to move forward with offering personalised services for older people. The guidance for Bradford Council is currently being refreshed in order to implement the Home First Vision.
- 2.15. Last year we jointly procured with the CCG providers to be part of an Integrated Personalised Support and Care Framework. This framework is to ensure people are able to receive care and support to remain in their own home for as long as possible and to achieve and maintain their autonomy, independence, personal identity and to participate in their communities. We want people and their carers to remain at the centre of decisions about their care and support. We want to ensure that people have choice about how their



care and support is provided and that the services they receive are person centred.

- 2.16. 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. The 24 hour BEST element of service will be expanded and optimised by long term care and support for night time care being provided by independent domiciliary providers. The rapid response service will be expanded across the district as part of the new operating model to deliver Home First.
- 2.17. The plan to consult on the decommissioning of another Council managed home as per the GPGO plan was delayed in September 2015 because of concerns regarding the quality of provision in the independent sector as assessed by the Care Quality Commission.
- 2.18. Last year we jointly procured with the CCG providers to be part of an Integrated Residential and Nursing Care Framework from 2016-2020. This framework supports 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.
- 2.19. At its peak in 2015 26% of care homes were assessed as being inadequate and could not be used for new placements, currently 5% of care homes are now assessed as being inadequate which is a significant improvement. This is as a result of joint quality improvement work between Adult Services, NHS colleagues and Care Home Providers with the support of Care Quality Commission (CQC).
- 2.20. As of week commencing 22 May 2017 the vacancy rate across the District for long term residential beds for older people is 250 of which 62 are nursing beds.
- 2.21. Home View was constructed in 1972 and is a 35 bedded care home providing long and short term residential care for people with complex mental health needs. The latest CQC report for Holme View, dated 13 September 2016, rates the home as "good". The report also acknowledges good care practice. Structurally the home meets existing CQC requirements, however is limiting in terms of some movement and handling practices and has restricted some admissions to the home as outlined in 2.23. There are currently 22 long stay residents at Holme View and the remaining beds are used flexibly for short term care and for service users who require a period of reassessment enabling their longer term care needs to be identified with the aim of supporting them back into the community to remain in their own homes for as long as possible. Holme View's future has been consulted on because as stated in the Executive report in 10 February 2012, it is one of the homes that requires the most costly essential maintenance works.



- 2.22. Since 2014 an investment of £155,000 has been made to Holme View. 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, there is a need to future proof the service and address the condition of the building which would need to include reconfiguration of the footprint of the building to incorporate the expectations and aspirations to meet individuals care needs.
- 2.23. To apply the revised CQC recommendations to the current footprint of the building would require significant work. The current recommendations require single bedrooms to have a minimum of 12.5 square meters and shared bedrooms to have a minimum of 16 square meters or more of usable floor space, excluding fitted units. The average size bedroom at Holme View is 9.3 square meters which includes fitted units, this is 26% smaller than the CQC recommendations for a single bedroom and 42% smaller than the CQC recommendations for a shared bedroom.
- 2.24. The dimensions of the bedrooms at Holme View have restrictive access for hoists and moving and handling equipment and the corridors are narrow, restricting admissions for people with complex moving and handling requirements. These current dimensions restrict admissions to the home for service users who have limited mobility or complex movement and handling requirements due to the physical space required to meet these needs. The longer term investment required to future proof Holme View would be in the region of £1 million.
- 2.25. If alterations were made to Holme View to meet the CQC bedroom standards as outlined in 2.23 then the number of rooms would reduce from 35 to 20. To undertake this significant building work it would be necessary for all service users to move out of the home and it is envisaged that this would be for a minimum duration of 12 months. Moving residents temporarily would not be good practice as it would mean two moves for residents which would be very disruptive and could impact on their health and wellbeing.
- 2.26. The strategy within the GPGO programme focuses on the need to improve the quality of care and the range of options available to older people to meet their long term care and support needs. Whilst the overwhelming view of the people who use the services at Holme View commend the very high quality, underpinned by CQC, and of the physical and emotional care provided by the staff team, the building itself is not to the standards expected of new care home builds and will not meet future expectations and needs of people requiring such services.
- 2.27. Holme View is registered with CQC as a residential home, therefore if a service user's needs change as they deteriorate and they are assessed that nursing care is required then Holme View cannot meet these needs. Service users have had to move from Holme View and from other units where the home



has been unable to meet increased care needs to other homes in the Bradford District that are dementia specialist and are dual registered with CQC to provide residential and nursing care.

- 2.28. Permission was sought from Executive on 10 January 2017 to go out to consultation on the future of Holme View residential care home and the recommendation was approved. This consultation commenced on 16<sup>th</sup> January and ended on 19<sup>th</sup> April 2017. This report presents information on the views expressed as a result of the consultation.

### **3. OUTCOME OF CONSULTATION**

Appendix 2 of this report provides a detailed summary of comments received as a result of the consultation.

#### **3.1. Families and Carers**

- 3.1.1. The consultation has successfully obtained views from people, families and stakeholders using the services provided in Holme View. The outcomes of the meetings have been documented and people have been invited to submit additional views in writing.
- 3.1.2. One to one consultation appointments were offered to all service users, carers and next of kin. Out of the 22 long term residents, 12 one to one meetings took place at either Holme View, in the resident's home or via a telephone consultation. 14 individual responses were also received via consultation / feedback forms from relatives and carers.
- 3.1.3. Open meetings took place with families and carers and the Strategic Director of Health and Wellbeing attend 2 of these meetings and the Portfolio Holder for Health and Wellbeing attend 1 of these meetings.
- 3.1.4. An e-petition has been set up to keep Holme View Care Home open, 2,481 signatures have been received as of 1 June 2017.

[Keep Holme View Care Home Open | Campaigns by You](#)

- 3.1.5. Individual assessments of need have been completed on each of the 22 long term people currently living at Holme View alongside their identified next of kin and home staff. The outcome of these assessments identifies their current and on going care needs. 20 of the residents would continue to need residential care and 2 of the residents would now require nursing care. 7 of the residents would like to remain in the area and would consider another facility nearby.
- 3.1.6. Assessments which need reviewing such as Deprivation of Liberty (DoLs) as required in the Mental Capacity Act (MCA) will be renewed with each service user as required.



3.1.7. Where beds at Holme View are currently used to support people for short stays as described in 2.21, alternative provision can be offered in other in house services.

### **3.2. Staff and Trade Union**

3.2.1. One to one consultation appointments were offered to 46 employees at Holme View with the Business Change / Assistant Service Manager and a Human Resources officer and 33 employees took up this offer.

### **3.3. Councillors**

3.3.1. The Leaders and all members of the Executive Committee have all visited Holme View during the consultation period.

3.3.2. The Ward members have been engaged in the consultation and have expressed their support for the closure of Holme View which in their view is an inadequate building.

### **3.4. Stakeholders**

3.4.1. Stakeholders have been written to, including local health centres. The Foundation/Health Trusts have expressed concern on the future capacity within the District.

## **4. FINANCIAL & RESOURCE APPRAISAL**

4.1 The proposal to consult on the future of Holme View 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 this home and Home First 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

4.2 The total gross spend for Holme View in 2016/17 was £1,519,736. The unit cost of Holme View for 2016/17 was £729 per week at full occupation. Including recharges, which includes all central, corporate and departmental recharges takes the unit cost to £833 per week. 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 in 2016/17 was £352,084. The total budgeted net unit cost for Holme View is £640 including income and recharges. The Council strategy to reduce the number of long stay beds means that future income will not be received. The unit cost for comparison to the independent sector is £833 per week.

4.3 The Council's agreed budget for 2016/17 make provision for the proposed

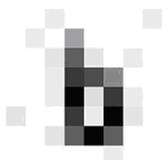


closure of a second home, which would be subject to further consultation. A decision was made to delay the consultation on Holme View as outlined in 2.15. The identified savings linked to Holme View for 2016/17 have been achieved through alternative savings.

- 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 Following the meeting with carers on 29 March 2017 it has been agreed with the Chief Executive that if the decision is made to decommission Holme View that the Local Authority would pay any top ups for the 22 residents for up to 2 years. A high level estimate of this potential cost could be up to £172k annually.
- 4.6 Since 2014, an investment of £155,000 has been made to Holme View. 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 there is a need to future proof the building as outlined in 2.17. The longer term investment required to future proof Holme View would be in the region of £1 million.

## 5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1. Key risks associated with not closing Home View are the continuing high cost of care to the Council, 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 are likely to rise as the condition of existing buildings continues to worsen.
- 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 (known as intermediate care).

5.3. The availability of alternatives services for people who currently use services at Holme View could be a risk, however, officers believe there are sufficient suitable alternative options. 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). The steps included and taken to reduce risk are that:

- senior management oversee the management of the transitions
- individual assessment of risks are undertaken in partnership with family carers
- assessment and examination of individual residents
- arrangements for residents to transfer which could include support to enable a person to settle into their new home
- transfer of clinical care
- clear communication with those affected throughout the process
- follow up assessments no later than 6 weeks post-transfer

5.4. Should Holme View remain open, there will be an impact on the achievement of savings within the savings programme.

5.5. A mitigation plan will be drawn up and agreed with the Trade Unions to manage the risk involved in redeployment of staff. During the period of consultation recruitment has been frozen within the service against vacancies which will increase redeployment choices available should a decision be made to close Holme View.

## **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. 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 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:

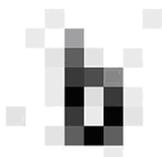
- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it;
- Relevant protected characteristics include age, disability, gender, sexual orientation, race, religion or belief.

7.1.1. An initial and full Equality Impact Assessment (EIA) was conducted for the last report in July 2012 and a further EIA was completed in April 2017 for this report and attached as Appendix 1.

7.1.2. The EIA concludes that the balance of risks is higher towards current service users and would have a disproportionate high impact on characteristics defined under equalities legislation regarding age, gender, disability.

7.1.3. Actions are proposed to reduce or remove any negative impact as outlined in the EIA plan attached as Appendix 1.

### **7.2. SUSTAINABILITY IMPLICATIONS**



7.2.1. The status quo is not sustainable, both in terms of the risks of continuing to deliver services in the buildings as they are and the impact of demographic growth on the existing pattern of service provision.

### 7.3. GREENHOUSE GAS EMISSIONS 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 are aware of the potential changes. Consultation on the future of Holme View has taken place with staff members and there will be further consultations through individual staff meetings. In addition further detailed consultation has taken place with Trade Unions as required by legislation in relation to any staff affected by any proposed changes.

7.6.2. There are currently 46 members of staff (34 full time equivalent) employed at Holme View of which 12 posts (8 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. A mitigation plan will be drawn up and agreed with the Trade Unions to manage the risk involved in redeployment of staff.

## 7.7. WARD IMPLICATIONS

7.7.1. Holme View is in the Bradford West Ward Tong, BD4 9DT, all ward members have been involved in the consultation process.

## 8. NOT FOR PUBLICATION DOCUMENTS

8.1. None

## 9. OPTIONS

9.1. Do nothing, leave the home open. This option would appear to best address the wishes and concerns expressed by, people who use services at Holme View, their families and staff during the consultation process. However this will not be sustainable in the long term as outlined in 2.22, it would not address concerns about the state of buildings and higher costs of provision. It is hard to evidence how this option would sustain current quality of provision.

9.2. Proceed with closure of the home and planned transitions for older people using services. This is consistent with the changes proposed for future service provision, but requires careful management of changes for vulnerable people and would be carried out in line with the transition policy.



- 9.3. Remain open until the 22 long term service users move on, it would be difficult to assess the timescale and costs associated with this option, the running costs would remain the same and funds would need to be identified to address the maintenance priorities identified in the buildings condition report. As long term beds become available the function of these beds would convert to short term care and the status of the home should be reviewed every 6 months.
- 9.4. Delay the decision, this is an option if Members believe that further information or consideration is needed.

## 10. **RECOMMENDATIONS**

- 10.1. It is recommended that:
- 10.1.1. The Executive approves the closure of Holme View as planned within the Great Places to Grow Old delivery programme during autumn 2017, subject to reprovision of services being identified to meet all eligible individual needs, including day service users.
- 10.1.2. The Executive approves for the Local Authority to pay any top ups for the 22 residents for up to 2 years if recommendation is made to close Holme View.
- 10.1.3. The Executive approves the approach to manage the move of residents which could include support to enable a person to settle into their new home with existing staff from Holme View.
- 10.1.4. Authority is given to the Director of Corporate Services to dispose of the building in line with Council Policy.

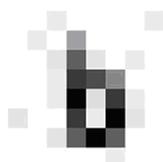
## 11. **APPENDICES**

- 11.1. Appendix 1 – Equality Impact Assessment



## 12. BACKGROUND DOCUMENTS

- Executive Decision 10 January 2017
- Holme View Building Conditions Report 21 April 2017
- Report to the Strategic Director Adult and Community Services to the meeting of the Executive on 14<sup>th</sup> July 2009 – Long Term Support for Older People – The Future Of The Council's Residential Care Homes and Day Care Services
- Report to the Strategic Director Adult and Community Services to the meeting of the Executive on 3<sup>rd</sup> December 2010 – Long Term Support for Older People – The Future Of The Council's Residential Care Homes and Day Care Services
- Report to the Strategic Director Adult and Community Services to the meeting of the Executive on 10<sup>th</sup> February 2012 – Long Term Support for Older People – The Future Of The Council's Residential Care Homes and Day Care Services
- Report to the Interim Strategic Director Adult and Community Services to the meeting of the Executive on 17<sup>th</sup> July 2012 – Long Term Support for Older People – The Future Of The Council's Residential Care Homes
- Report to Strategic Director Adult and Community Services to the meeting of the Executive on 15<sup>th</sup> January 2013– Review of Residential Strategy – Great Places to Grow Old
- Report to the Director of Finance to the meeting of Executive to be held on 18<sup>th</sup> February 2014 – The Council's Revenue Estimate for 2014-15 and 2015-16
- Report to the Strategic Director of Regeneration and Culture, A Great Place to Grow Old; Housing for Older People in Bradford
- Managing Transitions – Risk Assessment and Risk Management Protocol for the Transfer of Vulnerable / Frail Residents
- Closure of Care Homes for Older People – Summary of Findings No. 3, Public Social Services Research Unit (2003).
- Transitions Policy (Guidelines for supporting the transfer of long term care residents), In-House Residential Care Services
- Dementia Health Needs Assessment – July 2014
- Home First Vision 2017



## APPENDIX 1

### Equality Impact Assessment Form

<b>Department</b>	Adult and Community Services	<b>Version no</b>	0.1
<b>Assessed by</b>	Dean Roberts	<b>Date created</b>	11.04.2017
<b>Approved by</b>	Lyn Sowray	<b>Date approved</b>	18.05.2017
<b>Updated by</b>	Rachel Roberts	<b>Date updated</b>	23.05.2017
<b>Final approval</b>	Lyn Sowray	<b>Date signed off</b>	25.05.2017

#### Section 1: What is being assessed?

##### 1.1 Name of proposal to be assessed:

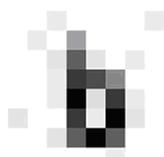
Residential Care for Older People at Holme View Residential Care home. This assessment replaces the previous equality impact assessment (EIA) was undertaken which and signed off in September 2014.

##### 1.2 Describe the proposal under assessment and what change it would result in if implemented:

###### Background

The strategy for the Councils in house residential and day services in 2009 focussed on streamlining and modernising the residential and day care services at 5 care homes to focus on specialist dementia care services and short term support alongside a programme to decommission 6 of the initial 11 care homes in existence in 2009.

This strategy was reviewed in the spring of 2012 and this included a public consultation on the future of 3 care homes (Neville Grange, Holme View and Harbourne) where decommissioning was proposed. The consultation was completed in May 2012 and the consultation highlighted significant risks to decommissioning these homes within 2012 as there were insufficient specialist residential dementia care beds in the independent sector. The decision was made by the Executive on 17 July 2012 to delay the decommissioning of these homes and that services and families affected continued to be involved in the shaping of future provision. It was also resolved to bring together relevant current strategies to present a fully integrated plan that addresses the accommodation and support needs of older people and people with dementia,



including housing and extra care housing, short term rehabilitation and respite care, residential and nursing care be approved.

## **New Proposal**

The vision for the Health and Wellbeing department, Home First was approved by the Executive on 4 April 2017. The “to be” operating model aims to reduce the demand on the Health and Wellbeing department by early intervention to prevent deterioration and to support reablement and independence it will focus on what people can do rather than what they cannot do. We want a more positive approach, so that people can live their lives to the full. The Bradford and Airedale and Craven Health and Wellbeing Plans have enshrined the same vision and aims of Home First within the Bradford CCG area this is included in the Out of Hospital Programme which is developing integrated plans. 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.

In line with existing policy and subject to formal statutory consultation, decrease provision by closing a second in-house residential home and supporting people to reduce the number of older peoples’ residential placements in the independent sector in line with the Home First vision.

To future proof services and buildings to meet the revised CQC standards and recommendations.

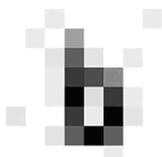
## **Section 2: What the impact of the proposal is likely to be**

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:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it;
- Relevant protected characteristics include age, disability, gender, sexual orientation, race, religion or belief.

### **2.1 Will this proposal advance equality of opportunity for people who share a protected characteristic and/or foster good relations between people who share a protected characteristic and those that do not? If yes, please explain further.**

No



**2.2 Will this proposal have a positive impact and help to eliminate discrimination and harassment against, or the victimisation of people who share a protected characteristic? If yes, please explain further.**

This proposal would result in a wider range of choice to meet peoples assessed needs, and to ensure where possible no service user with a particular characteristic is disproportionately affected.

**2.3 Will this proposal potentially have a negative or disproportionate impact on people who share a protected characteristic? If yes, please explain further.**

Yes

There would be an impact on older people currently using services at the care homes where closure is proposed.

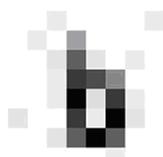
**2.4 Please indicate the level of negative impact on each of the protected characteristics?**

(Please indicate high (H), medium (M), low (L), no effect (N) for each)

<b>Protected Characteristics:</b>	<b>Negative Impact (H, L, N)</b>
Age	H
Disability	H
Gender reassignment	L
Race	L
Religion/Belief	L
Pregnancy and maternity	L
Sexual Orientation	L
Sex	L
Marriage and civil partnership	L
<b>Additional Consideration:</b>	
Low income/low wage	H

**2.5 How could the disproportionate negative impacts be mitigated or eliminated?**

To mitigate the potential impact, new schemes would offer a wider range of choices to meet peoples assessed needs. There would be extensive



engagement with service users groups, stakeholders, and independent providers to ensure seamless transitions for existing service users. Best practice in supporting and managing the transition would be used.

The residential and nursing framework supports providers to shape their services to meet the needs of individuals and to continually improve provision.

Joint quality improvement work has taken place and with Adult Services, NHS Services and Care Home Provider with the support of Care Quality Commission and this integrated work continues as part of the improvement programme. At its peak in 2015, 26% of care homes were assessed as being inadequate and could not be used for new placements, currently 5% of care homes are now assessed as being inadequate which is a significant improvement to the overall quality of provision across the District.

It has been agreed with the Chief Executive that if the decision is made to decommission Holme View that the Local Authority would pay any top ups for the 22 residents for up to 2 years and this recommendation has been made to the Executive to approve.

**Section 3: Please consider which other services would need to know about your proposal and the impacts you have identified. Identify below which services you have consulted, and any consequent additional equality impacts that have been identified.**

N/A

**Section 4: What evidence you have used?**

**4.1 What evidence do you hold to back up this assessment?**

- Existing vacancy factor across the District
- Outcomes from previous consultations/engagements responding to aspirations for service users to be supported at home.
- Development of extra care accommodation.
- The use of best practice in managing the transition for those affected, as outlined in the Council's Transition Policy.

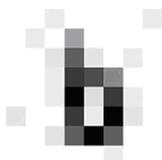
**4.2 Do you need further evidence?**

No.

**Section 5: Consultation Feedback**

**5.1 Results from any previous consultations**

Consultation was previously undertaken on three homes, one of which was



Holme View.

## Previous consultation feedback March – May 2012

### 5.1.1 Summary

The consultation on the three homes Holmeview, Harbourne and Neville Grange ran from the 1st March 2012 to 31st May 2012. During this time Adult & Community Services management including HR staff visited the three homes and talked to all staff and many relatives. There were over 53 personal meetings with relatives, some home visits and telephone discussions.

### 5.1.2 Methodology

The methodology of this consultation followed that carried out in previous consultations, individual sessions were arranged to allow all involved to have their concerns and opinions listened to and recorded.

The sessions were arranged in such a way as to encourage as many people as possible to be involved. By being flexible in our approach to holding individual sessions in the afternoons, evenings and weekends we were able to meet with service users, relatives and stakeholder at a time convenient to them.

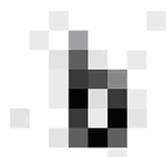
For people who live out of area other forms of media were used such as telephone discussions and skype calls.

These sessions were not solely on a 1:1 basis and some were held with families and groups. All felt that their concerns had been listened to and were comfortable with the process.

21 individual sessions were held at Holme View with 16 at Harbourne and 16 at Neville Grange.

### 5.1.3 The common themes from the consultations have been:

Concern	Staff	Relative	Stakeholder	Service User	TOTAL
Excellent quality of care BMDC homes – concerns this will be lost	8	32	1	7	48
No new homes being built	13	25	1	3	42
Respite/rotational care available in independent sector		17		3	20
Lack of specialist residential care in independent sector	4	7		1	12
Lack of specialist day care in independent sector	2	10			12



Support for finding future placement		8		1	9
Close geography of alternative placement	1	8			9
Perception of equivalent services in the independent sector	4	4			8

#### 5.1.4 Service Users and Relatives

There was much praise for the standard of care in the three homes – the staffs’ knowledge, understanding and friendliness, the level of cleanliness and provision of equipment.

There was concern shown by service users and relatives in that if the Council where to decommission the three homes this year there would be a loss of six homes within two years without any new builds being started.

The impact on the wider community was expressed the majority of people employed in the services living locally. This along with the choice of home for service users who have either been part of the community or family members living locally being concerned about not being able to visit their elderly relative as often if they had to move out of the community.

Family members expressed concerns that the independent sector would not be able to provide equivalent services and eight of the service users and relatives seen expressed concern about the provision of specialist dementia care in the independent sector.

Individual concerns where raised about the impact of finding alternative services for elderly relatives would have on families and what support would be available to find appropriate service in the independent sector.

Some people said that independent sector homes tend to be larger, therefore concern that the personal touch would be missing.

Who monitors the quality of care in the independent sector homes was raised as a concern by some family members. Assurances were sought that the Council would still monitor the care in independent sector homes.

There was concern expressed about the impact of change and people having to move, that it would be disruptive and that people’s health may suffer.

The question of top up fees was raised with some family members expressing concern about whether it would cost families more in the independent sector.

#### 5.1.5 Staff



All staff in the three homes were offered the opportunity to meet with Officers of the council.

These meetings were in the form of group staff meetings and individual sessions. During these meetings staff were able to contribute views and concerns both about the future of the provision for service users and the impact on their own employment.

They expressed uncertainty and concern about the waiting period before the future is clarified with regard to jobs, and timescales for decisions, especially the context of proposed reduction of posts across the whole Council and the review of all homes.

There were concerns raised over the provision of day care as well as residential services, with a feeling that day care is an important aspect of people's lives and gives carers a much-needed break.

### **5.1.6 Councillors & Members of Parliament**

In Addition to the above the Bradford Metropolitan District Council complaints department have dealt with 14 concerns raised by Councillors & Members of Parliament on behalf of service users, relatives and stakeholders.

The common themes in these communications were:

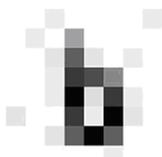
- Why has the construction of the new homes not yet started?
- What about the future of the staff teams?
- What about the future provision of intermediate care?
- If the decision to decommission services was made, what would the timing be?

Officers met with Conservative Councillors at the request of the Conservative Adult Services spokesperson. Councillors were particularly concerned about the lack of alternative respite services available were Neville Grange to close.

### **5.1.7 Stakeholders**

The local branch of the Alzheimer's Society have expressed the following concerns:

- The loss of residential, respite and day services across the district particularly specialist dementia care provision.
- The loss of experienced staff if the homes decommission prior to the new homes being built.



- The number of homes closed in the last two years if the decision to decommission goes ahead will include three out of five specialist dementia homes.
- The capacity to meet the specialist dementia needs in the independent sector.

## **5.2 Feedback from current consultation January – April 2017**

### **5.2.1 Summary**

The consultation on Holme View ran from the 16<sup>th</sup> January to 19<sup>th</sup> April 2017. During this time Health and Wellbeing, Adult Services management including HR staff visited the home and talked to all staff, service users, carers, relatives and stakeholders.

### **5.2.2 Methodology**

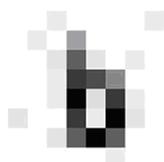
The methodology of this consultation followed that carried out in previous consultations, individual sessions were arranged to allow all involved to have their concerns and opinions listened to and recorded.

The sessions were arranged in such a way as to encourage as many people as possible to be involved. By being flexible in our approach to holding individual sessions in the afternoons, evenings and weekends we were able to meet with service users, relatives and stakeholder at a time convenient to them.

One to one consultation appointments were offered to every service user, relatives and next of kin and out of the 22 long term residents, 12 one to one meetings took place and 14 individual responses were also received via consultation / feedback forms from relatives and friends.

These sessions were not solely on a 1:1 basis and some were held with families and groups and attended by the Strategic Director and Portfolio Holder. All felt that their concerns had been listened to and were comfortable with the process.

One to one consultation appointments were offered to 46 employees at Holme View with the Business Change / Assistant Service Manager and a Human Resources officer and 33 employees took up this offer.

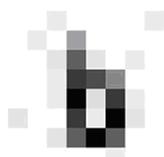


### 5.2.3 The common themes from the consultations

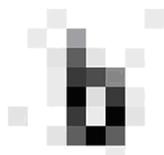
Concerns and common themes raised during the consultation period have been captured in and responses provided against each concern.



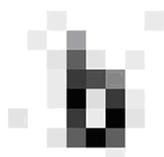
Ref No.	Concerns Raised	Staff/ TU	Families / Carers	Clrs	Response
1	Overall there was expressed appreciation for Holme View and people do not wish for it to close. What was the Council criteria for closing care homes?	✓	✓		<p>It was explained that it is not about the standard of care delivered at Holme View but the investment required and need to future proof the service and address the condition of the building.</p> <p>CQC recommendations require single bedrooms to have a minimum of 12.5 square meters and shared bedrooms to have a minimum of 16 square meters or more of usable floor space, excluding and fitted units. The average size bedroom at Holme View is 9.3 square meters which includes fitted units, this is 26% smaller for a single bedroom and 42% smaller for a shared bedroom based on CQC recommendations.</p> <p>Ward Councillors support the recommendation for the closure of Holme View.</p> <p>Staff at Holme View acknowledged the need to consider options for the future and for a better environment for people to live and work in.</p>
2	It was felt that the need for en-suite facilities were not required for service users at Holme View		✓		<p>These are recommendations made by the CQC and to support the future expectations of people. There is a requirement by CQC for individuals to have access to their own toilet.</p>
3	Concern was expressed about the suitability and location of alternative provision if the home closed	✓	✓	✓	<p>We believe that there are sufficient suitable alternative options available. The Council is supporting developments of extra care to support people in their own home and some of these are dementia friendly.</p>



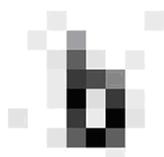
4	Concern was expressed about the capacity in the independent sector	✓	✓	✓	As of week commencing 22 May 2017 the vacancy rate across the District for long term residential beds for older people is 250 of which 62 are nursing beds.
5	The quality of the standards in the independent sector, concern was expressed that the private sector would not be able to meet the needs of individuals, or offer the same quality of person centred care	✓	✓	✓	The plan to consult on Holme View was delayed in September 2015 due to the fact that 26% of care homes were assessed as being inadequate and could not be used for new placements, currently 5% of care homes are now assessed as being inadequate which is a significant improvement. Holme View is registered for residential care, but not for nursing care, when people are assessed as requiring nursing care they have to move to a provision where there needs can be met. There are homes and extra care schemes across the District which are dementia friendly and dual registered.
6	Could residents be moved to another Council care home?		✓	✓	Yes they could choose to move to another Council care home depending on availability.
7	The carer's group proposed that all long term service users be moved together as a family to a suggested local facility but continue to be staffed by the Holme View team.		✓		This option has been explored and has been rejected, although the provider would be happy to take individual referrals.
7	Concerns raised on the impact of moves on the residents and their families and carers	✓	✓	✓	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.  Actions are proposed to reduce or remove any negative impact as outlined in the Equality Impact Assessment plan attached as Appendix 1 and in Section 5 of the



					main report.
8	Concern was raised that DoLs assessments have only been renewed until August 2017		✓		Assessments which need reviewing such as Deprivation of Liberty (DoLs) and required in the Mental Capacity Act (MCA) will be renewed with each service user as required.
9	Concern of losing a good provision as rated by CQC	✓	✓		This was acknowledged but there is a need to future proof the service and address the condition of the building.
10	Cost of independent provision		✓		See table below of agreed Residential & Nursing Weekly Rates for the Local Authority 2016/2017. Many home accept Local Authority rates.  The unit cost of Holme View for 2016/17 was £729 per week at full occupation. When recharges are included it takes the unit cost to £833 per week.
11	It was felt that there was a lack of support from local councillors where relatives and carers were speaking on behalf of residents living at Holme View but did not live in the vicinity themselves		✓		Ward councillors did not have met with families and carers but they did and fed back as part of the consultation concerns which were raised.
12	What would happen to the building should it close		✓		It is recommended that authority is given to the department of Place to dispose of the building in line with Council Practice



13	What about the £16 million available to the Council for building new care homes		✓		That is still available, 51 extra care apartments built in Thackley at Elm Tree Court, investment in land searches for other sites, Bronte site (Keighley) for 69 extra care apartments and 50 bedded short term respite / rehabilitation.  Council budget pressures and savings have to be achieved alongside the reduction in grants.
14	The loss of excellent quality of staff and care in BMDC homes as staff are well trained, qualified and committed	✓	✓	✓	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.
15	Concern expressed about jobs and redeployment options	✓		✓	A mitigation plan will be drawn up and agreed with the Trade Unions to manage the risk involved in redeployment of staff. During the period of consultation recruitment has been frozen within the service against vacancies which will increase redeployment choices available.  Positive responses were voiced by some staff that have previously been through the redeployment process and have reassured other members of staff of the Council's good practice to look after its workforce.
16	Breakdown of priority building and maintenance work.		✓		The cost of priority work which has been identified through the building conditions survey 21 <sup>st</sup> April 2017 to be undertaken during the next 1-3 years totals £295,297. This includes: <ul style="list-style-type: none"> <li>• Replacement of flat roof and lights</li> <li>• Replacement of the fire alarm system</li> <li>• Replacement of boilers, heating distribution pipework and some panel radiators</li> <li>• Windows and doors</li> <li>• Redecoration</li> </ul>



Ref No. 10 - Residential and nursing home weekly rates for comparison

NURSING HOMES including MIDDLE BAND FNC		Social Cost	FNC	Total
OPN	ELDERLY	487.69	112.00	599.69
PDN	PHYSICAL DIS UNDER 65	508.06	112.00	620.06
LDN	LEARNING DISABILITIES	481.53	112.00	593.53
MHN	MENTAL HEALTH	487.69	112.00	599.69
NURSING HOMES including HIGH BAND FNC				
OPN	ELDERLY	503.37	154.14	657.51
PDN	PHYSICAL DIS UNDER 65	523.81	154.14	677.95
REST HOMES		Social Cost	NO FNC	Total
OPR	ELDERLY	417.62	0.00	417.62
OPR2	VERY DEPENDENT	460.95	0.00	460.95
PDR	PHYSICAL DIS UNDER 65	529.90	0.00	529.90
LDR	LEARNING DISABILITIES	454.86	0.00	454.86
MHR	MENTAL HEALTH	460.95	0.00	460.95

**5.2.4 Your departmental response to this feedback – include any changes made to the proposal as a result of the feedback**

See 5.2.3 above

