

## **Report of the Strategic Director of Health and Wellbeing to the meeting of the Executive Committee to be held on 6 November 2018**

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**Subject:**

A report on Older People's accommodation across the District as part of implementing the Happy, Healthy and at Home vision.

**Summary statement:**

This report outlines progress made and proposed plans in the implementation of the integrated system vision Happy, Healthy and at Home, in relation to accommodation and support services for older people. The Care Quality Commission (CQC) system review, completed in February 2018, found there was a clear shared and agreed purpose, vision and strategy described across the system. The vision was articulated throughout all levels of the system. CQC found that the next steps for the system will be to translate the vision into detailed modelling and operational practice.

The proposed plans outlined in the report are in line with enhancing partnerships and integrated service provision to support older people (including people living with dementia) to remain independent for as long as possible and have choice and control about how they live their lives.

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## **SUMMARY**

This report outlines progress made and proposed plans in the implementation of the integrated system vision Happy, Healthy and at Home in relation to accommodation and support services for older people. The Care Quality Commission (CQC) system review was completed in February 2018 and found that there was a clear shared and agreed purpose, vision and strategy described across the system. The vision was articulated throughout all levels of the system. CQC found that the next steps for the system will be to translate the vision into detailed modelling and operational practice.

The proposed plans outlined in the report are in line with enhancing partnerships and integrated service provision to support older people (including people living with dementia) to remain independent for as long as possible, and have choice and control about how they live their lives.

### **1. BACKGROUND**

The Council Executive approved the establishment of the Great Places to Grow Old Programme at the meeting held 15 January 2013. The Transformation Programme is a joint plan with the NHS 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 - as outlined in the Yorkshire and Harrogate Integrated Care System Plan. Delayed transfers of care is a key measure, which across the Bradford District we have consistently performed well in, in relation to other areas of Yorkshire and Humber and nationally.

#### **1.1. The Health and Wellbeing Department's Home First – Our Vision for Wellbeing**

This was approved by the Council Executive on 4 April 2017. The aim is to reduce demand for paid for social care services by helping people early, where we will try to prevent minor things developing into major concerns. It aims to build support around people so they can be more independent and 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 & Craven Integrated Health and Care Plan have enshrined the same vision and aims of Home First within all the change programmes, developing new ways of working together across the District.

#### **1.2 Market Shaping and Commissioning Guidance**

The Care Act (2014) introduces 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 the market should include a variety of different providers and different types of services. This should include a genuine choice of service type, not simply a selection of providers offering similar services. It must include services for older people. We want to move forward with offering

personalised services for older people. The guidance for Bradford Council has been refreshed in order to implement the Home First Vision. This is supporting the implementation of key benefits within the Happy, Healthy and at Home programme and the integrated health and care plan, including all social care and support providers workforce development - with the shared goal of ensuring a trained, quality workforce who have the relevant skills and appropriate working conditions.

## **2. CARE HOME MARKET**

2.1 The Integrated Residential and Nursing Care Framework 2016-2020 was awarded in October 2016. The new framework arrangements support 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 NHS colleagues. The new models of care in all the Clinical Commissioning Group (CCG) areas support people living in care homes and will include providers of care home provision as partners in localities working with NHS, VCS and Council providers.

2.1.1 We will support care home providers to respond to people's changing needs, either at a time of illness or deteriorating condition so that people can remain at their place of residence with additional support - rather than be transferred to hospital unnecessarily. When someone who lives in a care home is admitted to hospital we will work closely with the care home providers to support them to return back to their place of residence as soon as possible.

### **2.1.2 Quality**

2.1.3 The frameworks support providers in fostering a culture of continuous improvement and quality which is monitored by the Council's contract monitoring team. The team work closely with providers to ensure that service improvement action plans are in place to raise quality and standards. Homes of concern are reviewed fortnightly and a log has been set up to evidence the input of support provided by the Local Authority and the CCGs.

2.1.4 The Local Authority and CCGs have worked together with providers to improve the quality of care and support. The number of providers who were assessed by the CQC as "inadequate" across the District in April 2016 was 12% - this has now reduced to 3.4%. The BCF includes plans that support this partnership approach with Care Home providers. Multi agency provider forums have been re-established and we are working closely with providers to improve quality, workforce and training.

## **2.2 Council Managed Residential and Day Services**

2.2.1 The strategy for the Council's 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.

2.2.2 This strategy was reviewed in spring 2012 and included a public consultation on the future of 3 care homes (Neville Grange, Holmeview and Harbourne) where

decommissioning was proposed. The consultation was completed in May 2012 and highlighted significant risks to decommissioning these homes as there were insufficient specialist residential dementia care beds in the independent sector. The strategy included a plan to build 5 residential homes across the District and capital was agreed to support this development. A revised financial appraisal of the strategy to redevelop the 5 homes was presented to the Council's Executive on 17 July 2012, which outlined key issues in relation to the affordability of the 5 homes being built.

2.2.3 On the basis of the consultation concerning the future of Harbourne, Holmeview and Neville Grange, and revised financial appraisal, it was recommended to Council Executive in July 2012 that Council officers work with NHS colleagues in implementing joint plans to improve efficiencies across the whole system, to implement and align existing strategies and to create an integrated plan that covered the whole spectrum of services including accommodation and support, day services, specialist housing (including extra care) short term support (including intermediate and respite care) through to long term residential and nursing care.

2.2.4 In 2013 it was agreed as part of Adult Services budget reductions to decommission in-house social care day services over a three year period. By 2016 this had been achieved along with the budget reduction. The remaining day service provision is funded as part of the Better Care Fund and is for people living with dementia. This is provided in partnership with the NHS. Social care day care is now provided in communities by community and voluntary sector providers. Support in communities is being reviewed in line with the department's Home First Vision for Wellbeing.

2.2.5 The decision of the Council to approve the closure of 2 residential homes over 2 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.

2.2.6 Neville Grange residential care home in Saltaire closed in November 2013 to allow the development of 45 new build extra care apartments 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 be operational in late 2015. However, Incommunities made a decision to withdraw from the partnership, meaning that the plan to develop the 45 extra care apartments will not now be built.

2.2.7 The revenue costs for providing services at Neville Grange have been used as part of the budget savings for Adult Services in 2015/16. An 2016 outline plan for the Council owned land (Neville Grange site) was drafted and an expression of interest was submitted to the then STP capital fund, which was supported by the CCG for a bid of £4.5m (which included a 50 bedded unit to re-provide two or three of the in house residential homes in Bradford). The proposal did not get support from the STP capital fund and is proposed in this report.

2.2.8 The decision was made by the Council's Executive on 18 February 2014 to decrease provision by closing a further two in house residential homes, subject to formal consultation. Subsequently, a consultation on 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 closed in January 2015.

2.2.9 The plan to consult on the decommissioning of another Council managed home as per the GPGO plan was delayed in April 2016 because of concerns regarding the quality of provision in the independent sector as assessed by the CQC. At the time, 12% of care homes were assessed as being "inadequate" and could not be used for new placements. Currently 3.4% 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 CQC.

2.2.10 A report was presented to the Executive on 20 June 2017 for members to make a decision on the future of Holmeview, a specialist dementia care home on the Holmewood estate. The Executive agreed to the home being decommissioned and Holmeview closed in October 2017. This currently leaves 5 in house residential homes which provide a total of 162 beds across the District. Appendix 1 outlines the current profile of Council-managed beds.

2.2.11 As Council managed beds become available these are being converted from long term use to more flexible use for short-term care to enable greater independence and to respond to demand for crisis support. This short-term support offers an opportunity for people to be supported through a crisis or carer crisis and enabled to return home. Short term beds are also provided to enable people to recuperate after a hospital admission or as part of a rehabilitation plan after an accident. This has contributed to the good performance in reducing numbers of days people are delayed in hospital. The Bronte development is on target to be completed by March 2019 (previously this was January 2019). The 50 bedded residential unit will accommodate dementia specialist services currently based at Holmewood, Keighley. The remaining beds will be used for short-term care for both assessment and intermediate care in partnership with health services. These beds will enable a timely discharge from hospital allowing the individual to regain their confidence and facilitate a period of comprehensive multi-agency assessment and support back in to the community.

2.2.12 An outline plan for the council owned land (the former Neville Grange site) has been drafted and this has been included in the Community Beds Strategy for Bradford. The site can accommodate a 50 bedded residential unit to the specification of the new build on the Bronte site. If approved other local authority based service would be relocated here. This would enable at least 2 of the existing Bradford Council managed care homes to be reprovided in a purpose built building and would future proof services in Bradford.

## **2.3 Extra Care**

2.3.1 A key element of GPGO and 'Happy Healthy and at Home, is for the Council to

support the development of extra care housing schemes due to the shortage across the District. Extra care housing is designed with the needs of frailer, older people in mind 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 and a computer room. This is a key element of the housing strategy to be developed across the District's localities/wards.

### **2.3.2 Extra Care and Future Developments**

2.3.3 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 (32 two-bedded and 33 one-bedded) in Keighley at the Bronte school site and a 50 bedded short stay residential unit. Some of the apartments have been specifically designed to support people who are living with dementia and their families. Following the tender process using the Yortender framework, the contract for the project has been awarded to Wildgoose Construction. The building will be completed in March 2019 and a process to identify tenants for the supported living apartments has commenced. Currently there is a waiting list for people wanting to move into extra care living in the Keighley area.

2.3.4 The use of technology such as Just Checking, and adaptations, will be increased so that people are supported to maintain independence without paid for services and risks are managed. We will work with colleagues within Strategic Housing in Place department to review the Disabled Funding Grant (DFG) pathway so that we can optimise the Better Care Fund DFG investment, which is focused on supporting people to remain in their place of residence for as long as possible, and enables people to transfer from hospital as soon as they require no further hospital medical treatment.

## **2.4 The development of an integrated locality based asset management and vulnerable adults housing plan.**

2.4.1 Public Health have done a huge amount of work over the years to understand the population need for community beds and explore opportunities to support people to remain in their own homes. Modelling work suggests 168 community beds are needed in the Bradford area and 66 in Airedale. More recent work has been undertaken examining opportunities to keep people out of hospital (including A&E and acute beds), which is helping to shape the multi-agency assessment unit. Plans are continuing to be refined and informed by evidence and need. Health and wellbeing profiles have been developed for our emerging 13 communities across the District, which alongside the Joint Strategic Needs Assessment, are informing the strategic planning of services across the health and care landscape.

2.4.2 It has been agreed by senior officers within the Council (Place, Corporate and Health and Wellbeing departments) and the CCGs, to work together to develop an integrated plan based on localities (wards and constituencies) of current assets, health and care provision for all of the population and needs assessments as undertaken by Public Health. This will form the basis for planning housing for vulnerable people and for planning the supply of care and support. The locality plans

will be used by interagency staff working in the localities as a basis for discussion with citizens living in the localities as well as informing and involving elected members.

### **3. PROPOSALS FOR THE COUNCIL MANAGED RESIDENTIAL CARE HOMES**

#### **3.1 Future of Thompson Court - Crossflats**

3.1.1 During 2017/18 Thompson Court has undergone extensive capital work as part of the Council's capital programme. Currently Thompson Court has 5 people living there and has 32 beds which are used for short stays to prevent people being admitted to hospital and to assess and enable people after being in hospital. The Thompson Court building is now in good condition after the capital works. The unit is essential to the out of hospital and new models of care development plans for the future. The revenue funding is 50% funded by system resilience funding and Better Care Funding. Therefore we are proposing to continue to operate services from Thompson Court for the foreseeable future. The unit provides services for people in Keighley, Wharfedale and North Bradford.

#### **3.2 Neville Grange site in Saltaire proposal**

3.2.1 As outlined in 2.2.12 a business case has been developed with plans ready to submit for planning formulated by architects using capital GPGO funding for a 50 bed short stay residential home on the site of Neville Grange in Saltaire. The intention would be to reprovide 2 of the existing Council managed care homes, which currently have 62 beds into the new unit. The unit would be for short stay and currently the Council has some people living in the care homes, as previously stated we have not been offering beds for long stay residents into the Council managed care homes for the past 2 years and the numbers of long stay residents is reducing every year. The 2 reprovided care home sites would be able to be disposed of with the capital receipt from the disposal coming to the Council. The development would future proof Council managed care homes in Bradford as the current care home buildings are not sustainable in the long term and will require considerable investment going forward.

3.2.2 The proposed plans are supported by partners and are included in the Bradford community beds strategy. We are seeking permission from the Executive to proceed to a full business case which would be submitted to PAG. The continued provision of Council managed residential beds is required because it supports people to remain in their own home for longer as demonstrated by the reduction in long term placements to care homes. It is an essential component to the out of hospital services which reduces unnecessary admissions to hospital and reduces delayed transfers of care from hospital - as evidenced by Bradford's current good performance on delayed transfers of care. The revenue costs of the 50 bed unit would be met by the current revenue costs of the homes which would be re provided and any additional revenue would be funded from the NHS/Better Care Fund.

#### **3.3 Future of the third Council managed Care Home in Bradford**

Based on the current community beds strategy and needs assessment we would expect to reprovide Woodward Court specialist dementia unit into the Neville Grange

redevelopment. Woodward Court currently has 28 beds and this has proved to be frequently insufficient at times because the numbers of specialist NHS beds have reduced significantly over the years. The implementation of the Community beds strategy as part of the Out of Hospital programme will continue to develop detailed integrated plans with the NHS whilst working in partnership with the independent providers of care homes, this will influence the purpose and future use of Council managed care homes in Bradford.

### **3.4 Care Act 2014**

- 3.4.1 The Care Act 2014 requires the local authority to ensure that people are provided with services if their current provider of service is unable to provide support. The current Council managed residential homes are a significant safety net for the Council and have been used at times to support people when their service has no longer been able to provide support for them. This has enabled the Health and Wellbeing Department to control its expenditure on care home placements. As previously outlined we are planning to enhance our partnership working with NHS providers, local authority provider officers and independent care home and home support providers so that we can have sustainable quality provision across the Bradford District. Local authority commissioners and CCG commissioners are also working in partnership to ensure there is a vibrant market of care providers across the District as required by the Care Act.

## **4. CONTRIBUTION TO CORPORATE PRIORITIES**

- 4.1 Bradford Council Plan 2016–2020 to create as good a quality of life as possible for the people and communities of the Bradford District.
- 4.2 Health and Wellbeing Strategy 2013–2017 to improve health and wellbeing and reduce health inequalities, in particular contributes to the following action plan priorities:
- Priority 9 – to improve diagnosis, care and support for people with dementia and improve their and their carers' quality of life.
  - Priority 10 – to promote the independence and wellbeing of older people.
- 4.3 Home First - Our vision for Wellbeing January 2017 to help people to be independent and have a better quality of life by meeting their care and support needs within their own home, keeping them near their friends and family for as long as possible.

## **5. FINANCE AND RESOURCES**

- 5.1 The savings required for older people residential care for 2018-19 are £974k. This is to be achieved through reducing demand for residential services. The result of this is an increase in numbers of people and hours of Domiciliary Care in line with the department's strategy.

5.2



<b>Residential &amp; Nursing Fees</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>*2018-19</b>
Average OP Residential Population	943	892	787	705
Average OP Residential Weeks of Care	49,080	46,486	40,875	36,660
Gross Expenditure Residential Fees	£26m	£25m	£24.7m	22.8m
Average Gross cost to the Council pppw	£529.75	537.79	604.28	621.93
Average OP Nursing Population	346	342	326	300
Average OP Nursing Weeks of Care	18,099	17,861	16,913	15,600
Gross Expenditure Nursing Fees	£10.5m	£10.2m	£10.2m	£10.2
Average Gross cost to the Council pppw	£580.14	£571.07	£603.08	£653.84

\*Forecast at Period 5

5.3 The average number of service users at the end of 2017/18 was 787 for older people in residential care. In order to achieve the £974k savings reduction for residential care, the Council would need to reduce the number of service users by approximately 8% to 721; the current forecast for period 5 is showing that this reduction will be fully achieved.

5.4 The reduction in placements will be achieved by supporting more people in their own homes or in extra care supported housing. The Council will also aim to achieve reductions in the numbers of older people needing long term residential and nursing care by using technology to help them stay independent and by working closely with health partners to plan and deliver services.

5.5 In 2016/17 the Council moved towards reducing the number of long stay beds within the in house homes. This increases pressure on purchasing care in the independent sector and meeting the savings targets. The number of long stay beds reduced from 78 in 2016/17 to 57 in 2017/18. This is forecast to reduce further in 2018/19; as at September 2018 there are now just 35 long stay beds across the five in house homes.

5.6 The Council has undergone a process of closing some residential homes as part of the Great Places to Grow Old programme. Harbourne and Holmeview have closed resulting in budget reductions of £2m (including Neville Grange and day services).

5.7 The fee increases for the independent sector have been largely due to the increase in the National Living Wage which increased from £7.50 to £7.83 in April 2018. Based on the proportion of staffing costs within the fee structure, it was decided that an uplift of 3.26% would be necessary in 2018/19

## **5.8 Outline costs and plan for revenue from NHS Trust for Bronte**

5.8.1 A financial analysis examining the Bronte scheme was undertaken in July 2016 prior to a formal submission to the Project Appraisal Group (PAG). The cost of both the extra care and residential scheme was approximately £16.8m (£12.3m for extra care and £4.5m for the residential home). The funding for the build would come through a mixture of corporate funding, prudential borrowing and government grants. The successful bidder from the tender process, Wildgoose Construction, tendered at significantly less than the expected cost at £10.8m (£7.4m extra care and £3.4m residential). The scheme is currently projected to cost in region of £12.8m and is

expected to be completed by January 2019. The financial model was based on the closure of two in house residential homes with staff expected to move the new site. The sale of these two sites will also generate capital receipts for the Council. The new building will be owned by the Council who will also provide both the residential and extra care. The Council will be looking to use a RSL for the management of the flats in the extra care scheme who will be responsible for collecting the rent.

5.8.2 Reprovision of Holmewood in Keighley into the Bronte school redevelopment of a 50 bed residential unit attached to 69 Extra Care apartments. It is proposed that the current provision of Holmewood will be reprovided at the new 50 bed short stay unit near Oakworth. The 12 people who currently live at Holmewood will be consulted along with their families and advocates about the move to the residential home. This is scheduled to take place in April 2019. The Holmewood site will then be transferred to the Council asset management team for disposal and the Council will realise the capital receipt from the asset.

5.8.3 The revenue funding for the 50 bed unit will come from the current revenue funding for Holmewood and from additional Better Care Funding which is currently being used to fund short term intermediate care beds in an independent care home and in Airedale NHS Foundation Trust at Airedale General Hospital. It is anticipated that ANHSFT will use the beds released by using the Council managed beds for planned care (surgery) at a reduced cost to the CCG. If this is not confirmed, then one of the three homes in Bradford will be decommissioned, as per the business case, to provide the revenue required in 2019. The iBCF winter resilience funding will be used to contribute to the revenue costs for the Council managed residential beds this winter as it was last year.

## **5.9. Outline costs plan for Saltaire plan**

5.9.1 It is proposed that the former site of the Neville Grange residential care home in Saltaire is developed into a 50 bedded short term care home. In order to fund this scheme there will be a need to close two additional in house residential homes with the service provision transferring to the new building.

5.9.2 The cost of the new build would be met through a combination of corporate funding and prudential borrowing and is expected to cost in the region of £4.5m. The financial model supporting the proposal is showing that there would be an additional cost of £0.5m annually over the life of the scheme. There is a need to ensure that this annual shortfall is addressed and any funding to meet this gap is agreed before the proposal is taken to the PAG.

## **6. RISK MANAGEMENT AND GOVERNANCE ISSUES**

6.1 In Bradford the 2 Bradford CCGs have undertaken considerable work in developing out of hospital integrated services, including a Community beds strategy.

6.2 In Airedale Wharfedale and Craven (AWC) CCG area, the development of new models of care is taking place in Airedale (Keighley/Silsden) and Wharfedale. The Council is fully participating in this work which includes developing services to reduce

people needing to go into hospital and enabling people to transfer home or to a short term bed for assessment once they no longer require acute medical care. These programmes of work report into the AWC Health and Care Partnership Board.

6.3 The Better Health Better Lives programme is managing the Council's contribution to the partnership and this includes risk management of the Council's assets and resources.

6.4 The business case for the development of the Bronte school site for the Extra Care apartments and 50 bed residential unit was approved at the Project Assurance Group (PAG). The proposed business case for the development of a 50 bed unit on the Neville Grange site will also be submitted for approval to PAG.

## **7. LEGAL APPRAISAL**

### **7.1 Duties of the LA under the Care Act 2014**

7.2 Specific to this report are the principles of –

- promoting individual wellbeing set out in s.1 and
- preventing needs for care and support set out in s.2.

7.3 In terms of promoting diversity and quality in provision of services this is set out in Section 5 (1) and includes the market shaping duty, the duty of the LA to promote an efficient and effective market of care and support services for people in its area available to meet people's needs. In s.5 (2) the following must be considered by the LA (this list is not exhaustive) –

- having and making available information about service providers and the types of service they provide
- current and likely future demands for services and how providers might meet this demand
- enabling service users and carers to participate in work, education or training, where they wish to do so
- ensuring market sustainability
- fostering continuous improvement in the quality, efficiency and effectiveness of services
- fostering a workforce that can deliver high quality services.

It is important to note that when commissioning services consideration must be given to the effect of commissioning decisions on the wellbeing of the people using the services (this duty is explicitly set out in s.5(4)).

## **8. OTHER IMPLICATIONS**

### **8.1 Equality & Diversity**

8.1.1 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.

8.1.2 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.

8.1.3 An initial and full Equality Impact Assessment (EIA) was conducted for the last report in May 2017 and a further EIA was completed in October 2018 for this report and attached as Appendix 3.

8.1.4 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.

8.1.5 Actions are proposed to reduce or remove any negative impact as outlined in the EIA plan attached as Appendix 3.

## **8.2 Greenhouse Gas Emissions Impacts**

8.2.1 The overall impact of 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.

## **8.3 Community Safety Implications**

8.3.1 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.

## **8.4 Human Rights Act**

8.4.1 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.

8.4.2 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).

8.4.3 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.

## **8.5 Trade Unions**

8.5.1 All changes to staff employed by the Council are fully consulted with all trade unions via the Council's industrial relations agreements. No staff reductions are anticipated by any of the developments outlined in this report.

## **8.6 Ward Implications**

8.6.1 All ward Councillors are either currently involved or will be briefed and involved in any of the developments or changes described in this report.

## **8.7 Area Committee Action Plan Implications (For reports to Area Committees only)**

Not applicable

## **8.8 Implications for Corporate Parenting**

Not applicable

## **8.9 Issues Arising From Privacy Impact Assessment**

Not applicable

## **9. NOT FOR PUBLICATION DOCUMENTS**

None

## **10. RECOMMENDATIONS**

10.1 That the business case be completed for the development of a 50-bedded short-term care home on the former site of Neville Grange in Saltaire which is in line with the Bradford integrated health and care partnership community beds strategy

implementation plan. The business case is subject to approval at the Council's Project Assurance Group and by the Strategic Director Health and Wellbeing in consultation with the Portfolio holders for Healthy People and Places, and Regeneration, Planning and Transport.

10.2 The Executive is asked to endorse the plan to develop integrated needs assessment based on wards and constituencies across the Bradford District to be used by the Council, NHS, and other partners as the basis for planning housing developments for older people and market development of the care market.

The needs assessment will map:

- demographic profile – older people, learning disabilities, physical disabilities, mental health
- health needs profile by Locality
- GP practice location/population
- current provision of social care paid for by the LA, support at home, extra care, nursing and residential care and day services
- voluntary and Community service assets, including community capital assets owned by the Council.

## **11. APPENDICES**

Appendix 1 - Summary of Current In House Care Provision

Appendix 2 – BCF Metrics

Appendix 3 - Equality Impact Assessment

### **13. BACKGROUND DOCUMENTS**

*None*

## Appendix 1

### In House Care Provision (August 2018)

Area	Care Home	Total (beds)	Current Designation		Registration categories	Comment
			Long Stay	Short term		
<b>Homes with specialist mental health registration</b>						
Keighley BD22 6AB	Holmewood	28	12	16	Dementia	Recent Investment £378,000
Bradford BD15 7YT	Woodward Court	28	5	23	Dementia / challenging behaviour	Significant investment to make dementia friendly
<b>Subtotal</b>		<b>56</b>	<b>17</b>	<b>39</b>		
<b>Homes with no specialist mental health registration</b>						
Bradford BD2 4BN	Beckfield	34	9	25	Adults	Long stay beds are also used as IC beds
Bradford BD6 1EX	Norman Lodge	35	4	31	Adults	Unit to become short stay/IC
Bingley BD16 2EP	Thompson Court	37	5	32	Adults	
<b>Subtotal</b>		<b>106</b>	<b>18</b>	<b>88</b>		
<b>TOTAL</b>		<b>162</b>	<b>35</b>	<b>127</b>		



## Appendix 2

**The following are standard HWBB BCF national metrics which as in every area's BCF plan:**

- Number of Non-elective admissions to acute care
- Long-term support needs of older people (ages 65+) met by admission to residential or nursing care homes, per 100,000 population
- Proportion of older people (aged 65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)

## Appendix 3

### 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>	01.10.2018
<b>Approved by</b>	Lyn Sowray	<b>Date approved</b>	19.10.2018
<b>Updated by</b>	Rachel Roberts	<b>Date updated</b>	25.10.2018
<b>Final approval</b>	Lyn Sowray	<b>Date signed off</b>	26.10.2018

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## Section 1: What is being assessed?

### 1.1 Name of proposal to be assessed:

A report of the Strategic Director of Health and Wellbeing to the meeting of the Executive Committee to be held on 6 November 2018 on Older People's accommodation across the District as part of implementing the Happy, Healthy and at Home vision.

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

#### 1.2.1 BACKGROUND

The Council Executive approved the establishment of the Great Places to Grow Old Programme at the meeting held 15 January 2013. The Transformation Programme is a joint plan with the NHS 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 - as outlined in the Yorkshire and Harrogate Integrated Care System Plan. Delayed transfers of care is a key measure, which across the Bradford District we have consistently performed well in, in relation to other areas of Yorkshire and Humber and nationally.

- **The Health and Wellbeing Department's Home First – Our Vision for Wellbeing**

This was approved by the Council Executive on 4 April 2017. The aim is to reduce demand for paid for social care services by helping people early, where we will try to prevent minor things developing into major concerns. It aims to build support around people so they can be more independent and 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 & Craven Integrated Health and Care Plan have enshrined the same vision and aims of Home First within all the change programmes, developing new ways of working together across the District.

- **Market Shaping and Commissioning Guidance**

The Care Act (2014) introduces 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 the market should include a variety of different providers and different types of services. This should include a genuine choice of service type, not simply a selection of providers offering similar services. It must include services for older people. We want to move forward with offering personalised services for older people. The guidance for Bradford Council has been refreshed in order to implement the Home First Vision. This is supporting the implementation of key benefits within the Happy, Healthy and at Home programme and the integrated health and care plan, including all social care and support providers workforce development - with the shared goal of ensuring a trained, quality workforce who have the relevant skills and appropriate working conditions.

## **1.2.2 PROPOSAL FOR THE COUNCIL MANAGED RESIDENTIAL CARE HOMES**

- **Future of Thompson Court - Crossflats**

During 2017/18 Thompson Court has undergone extensive capital work as part of the Council's capital programme. Currently Thompson Court has 5 people living there and has 32 beds which are used for short stays to prevent people being admitted to hospital and to assess and enable people after being in hospital. The Thompson Court building is now in good condition after the capital works. The unit is essential to the out of hospital and new models of care development plans for the future. The revenue funding is 50% funded by system resilience funding and Better Care Funding. Therefore we are proposing to continue to operate services from Thompson Court for the foreseeable future. The unit provides services for people in Keighley, Wharfedale and North Bradford.

- **Neville Grange site in Saltaire proposal**

A business case has been developed with plans ready to submit for planning formulated by architects using capital GPGO funding for a 50 bed short stay residential home on the site of Neville Grange in Saltaire. The intention would be to reprovide 2 of the existing Council managed care homes, which currently have 62 beds into the new unit. The unit would be for short stay and currently the Council has some people living in the care homes, as previously stated we have not been offering beds for long stay residents into the Council managed care homes for the past 2 years and the numbers of long stay residents is

reducing every year. The 2 reprovided care home sites would be able to be disposed of with the capital receipt from the disposal coming to the Council. The development would future proof Council managed care homes in Bradford as the current care home buildings are not sustainable in the long term and will require considerable investment going forward.

The proposed plans are supported by partners and are included in the Bradford community beds strategy. We are seeking permission from the Executive to proceed to a full business case which would be submitted to PAG. The continued provision of Council managed residential beds is required because it supports people to remain in their own home for longer as demonstrated by the reduction in long term placements to care homes. It is an essential component to the out of hospital services which reduces unnecessary admissions to hospital and reduces delayed transfers of care from hospital - as evidenced by Bradford's current good performance on delayed transfers of care. The revenue costs of the 50 bed unit would be met by the current revenue costs of the homes which would be re provided and any additional revenue would be funded from the NHS/Better Care Fund.

- **Future of the third Council managed Care Home in Bradford**

Based on the current community beds strategy and needs assessment we would expect to reprovide Woodward Court specialist dementia unit into the Neville Grange redevelopment. Woodward Court currently has 28 beds and this has proved to be frequently insufficient at times because the numbers of specialist NHS beds have reduced significantly over the years. The implementation of the Community beds strategy as part of the Out of Hospital programme will continue to develop detailed integrated plans with the NHS whilst working in partnership with the independent providers of care homes, this will influence the purpose and future use of Council managed care homes in Bradford.

### **1.2.3 DEVELOPMENT OF AN INTEGRATED LOCALITY BASED ASSET MANAGEMENT AND VULNERABLE ADULTS HOUSING PLAN.**

Public Health have done a huge amount of work over the years to understand the population need for community beds and explore opportunities to support people to remain in their own homes. Modelling work suggests 168 community beds are needed in the Bradford area and 66 in Airedale. More recent work has been undertaken examining opportunities to keep people out of hospital (including A&E and acute beds), which is helping to shape the multi-agency assessment unit. Plans are continuing to be refined and informed by evidence and need. Health and wellbeing profiles have been developed for our emerging 13 communities across the District, which alongside the Joint Strategic Needs Assessment, are informing the strategic planning of services across the health and care landscape.

It has been agreed by senior officers within the Council (Place, Corporate and Health and Wellbeing departments) and the CCGs, to work together to develop an integrated plan based on localities (wards and constituencies) of current assets,

health and care provision for all of the population and needs assessments as undertaken by Public Health. This will form the basis for planning housing for vulnerable people and for planning the supply of care and support. The locality plans will be used by interagency staff working in the localities as a basis for discussion with citizens living in the localities as well as informing and involving elected members.

## **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.**

The new proposal for residential care will 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.

The locality plans will be used by interagency staff working in the localities as a basis for discussion with citizens living in the localities as well as informing and involving elected members. This should result in more outcome and strength based solutions being developed across the Health and Social Care system for our service users.

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

The new proposals for residential service would be an impact on older people currently using services at the care homes which would be reprovided in the Neville Grange site. However, the department will put in place a detail transition plan, which ensures that the needs of individuals are met as part of any change process.

**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?**

The new scheme would offer a wider range of choices to meet peoples assessed needs. However as part of the consultation process, 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. (See section 6 below Managing Transitions Protocol.)

**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. (see section 5 in the embedded EIA below)



2017 06 20 Exec  
Report - Holme View

- 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**

The department has undertaken a number of consultations around care home closures with staff, service users, relatives and key stakeholders around the implications to both staff and the people and families we support.

Summarised below are the key areas of concern previously raised as part of these consultations:

- Excellent quality of care BMDC homes – concerns this will be lost
- No new homes being built
- Respite/rotational care available in independent sector
- Lack of specialist residential care in independent sector
- Lack of specialist day care in independent sector
- Support for finding future placements
- Close geography of alternative placement
- Perception of equivalent services in the independent sector

### **5.2 Feedback from current consultation**

A further consultation will be undertaken in relation to the Neville Grange site in Saltaire proposal, subject to approval from the Executive to proceed to undertake a full Business Case.

### **5.3 Feedback from current consultation following the proposal development (e.g. following approval by Executive for budget consultation).**

### **5.4 Your departmental response to the feedback on the current consultation (as at 5.3) – include any changes made to the proposal as a result of the feedback.**

