

Report of the Strategic Director of Health and Wellbeing to the meeting of the Executive Committee to be held on 5th October 2021

V

SUBJECT:

Approval to build a new care home facility in Saltaire

SUMMARY STATEMENT:

This report outlines proposed plans to build a new care home facility in Saltaire, which will modernise the council's care home estate and provide a more dignified setting for older people in need of short-stay residential care.

EQUALITY & DIVERSITY:

A full equality impact assessment can be found at Appendix A.

This project contributes to the council's equalities objectives through the 'Community' objective specifically to understand future demand growth and the 'Service Design' objective ensuring we have acted on people's feedback specifically from older and disabled groups to ensure that services can be designed and commissioned to meet with user input to reflect their future needs.

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Portfolio:
Healthy People and Places
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Overview & Scrutiny Area:
Health and Social Care

SUMMARY

This report proposes to build a new care home facility in Saltaire to provide short-stay beds for older people in need of respite or leaving hospital, allowing the planned closure of two small older short-stay homes that are no longer fit for purpose. This is 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 Health and Wellbeing Department's "Home First – Our Vision for Wellbeing" was approved by the Council Executive on 4 April 2017. Its aim is to reduce demand for paid for social care services by helping people early, where we will try to prevent minor issues developing into major concerns. The vision 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.

- 1.2 The Care Act 2014 introduced duties on local authorities to commission sufficient services to meet the needs of people with social care needs. Councils must have regard to capacity and quality in the local care market, future needs of the local population and market shaping responsibilities through new policies. An analysis of the local care market and details on the council's current in-house care homes can be found at Appendix B.
- 1.3 An outline plan for the council-owned land (the former Neville Grange care home site) was drafted and has been included in the Community Beds Strategy for Bradford. The site can accommodate a 50 bedded residential unit, made up of five, 10 bedded suites which will be to the same specifications and standards of the new build at Valley View. The whole scheme will be specifically designed to support people who are living with dementia and their families providing short-term care in partnership with health services to rehabilitate and support people back in to the community. Evidence shows that intermediate care can deliver better outcomes for older people and reduce recovery time; helping people to remain independent and helping avoid people going into hospital or residential care unnecessarily.
- 1.4 The proposal is that two older council care homes (providing 62 beds in total) which mainly provide short-stay beds and are no longer fit for purpose buildings will be closed upon the opening of the new 50 bed home at Saltaire. The council has not been offering long-stay residential beds in council care homes for the past two years and the numbers of long-stay residents placed in council homes before that time is reducing every year. Any long-stay residents living in the two homes that will close will be offered a full care assessment and a place at the new home or an alternative home of their choice.
- 1.5 This proposal will reduce the overall number of short-stay beds by 12 (from 184 to a total of 172 beds) across the District. The commissioner's analysis is that this is acceptable given more people will be seeking services in their own home in future.
- 1.6 The two older care homes would be transferred to the Council asset management team for disposal and the Council will realise the capital receipt from those assets.

There will be a revenue saving of approximately £650k per annum through provision of 12 fewer beds and only one management team, plus utility savings through an efficient building. This will be offered up to repay the capital and borrowing well within the life of the new build.

- 1.7 The proposed plans are supported by partners and are included in the Bradford Community Beds strategy. The continued provision of Council managed residential beds is required as an essential component to the out-of-hospital services which reduces unnecessary admissions to hospital and reduces delayed transfers of care from hospital. This is evidenced by Bradford's current good performance on delayed transfers of care. T

4. CONTRIBUTION TO CORPORATE PRIORITIES

- 4.1 Bradford Council Plan 2021–2025 – Better Health, Better Lives – We will help people from all backgrounds to lead long, happy and productive lives by improving their health and socioeconomic wellbeing.
- 4.2 Bradford Council Plan 2021–2025 – Creating A Sustainable District - by making it easier for individuals, households and businesses to adapt, change and innovate to address the challenges presented by climate change.
- 4.3 The “Joint Health and Wellbeing Strategy for Bradford and Airedale 2018–2023 to connect people and place for better health and wellbeing”, in particular contributes to the following outcomes:
 - Outcome 2 – People in Bradford have good mental wellbeing.
 - Outcome 3 – People in all parts of the District are living well and ageing well.
 - Outcome 4 – Bradford District is a healthy place to live, learn and work.
- 4.4 Better Care Fund Plan – The Saltaire Resource Centre will ensure that we can deliver the right level of short term bed provision required to achieve the metrics outlined in Appendix 2.
- 4.5 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.
- 4.6 Sustainable Development Action Plan 2021-2021

5. FINANCE AND RESOURCES

- 5.1 The estimated capital cost of building the Saltaire Resource Centre is £9.3m. This would be funded corporately through the Council capital borrowing. A full analysis of the costs of the new build can be found at Appendix C.

- 5.2 The new build would enable Local Authority to close two existing Council run homes, achieve a £650k annual revenue saving, avoid significant repairs and maintenance costs and achieve capital receipts for the two existing homes:

Repairs and maintenance

- 5.3 The two homes will require additional investment due to the delapidation of the buildings over time. There will be additional costs for repairs and maintenance. The most recent condition reports show that the cost of maintaining the buildings would be £610k for one of the homes and £367k for the other home. A total cost £977k.

Refurbishments

- 5.4 The buildings will need to be refurbished as they are experiencing wear and tear. It is difficult to determine what the cost of the refurbishment would be without an assessment of the work that would be needed, however, such type of refurbishments would typically be very expensive (i.e. more than £2,000/m²).

Reconfiguration of the layout

- 5.5 One of the benefits of a new build is that they are designed with a view of making them future proof. Forward-thinking design incorporates space provisions for alterations in the event that an occupant's needs change. The existing buildings are not fit for that purpose and would need larger rooms to make them suitable for the needs of the service users going forward. This will reduce the overall number of beds available and therefore require the Council to seek additional care provision from the independent sector for the shortfall in beds.
- 5.6 One of the homes is likely to have a reduction in 14 beds whilst the other is expected to experience a reduction in 11 beds, a total reduction of 25 beds. It is expected that the additional cost of seeking this provision from the independent sector is likely to be around £1m. If more extensive internal work was to be done on the current footprint, then more rooms could be created however the cost of doing that would be high.

Loss of income

- 5.7 The reduction in the number of beds available within the two homes will result in a reduction in the income that the Council receives from the service users in the form of client contributions. This is estimated at £36k a year.

Other costs

- 5.8 The work required to refurbish both homes and reconfigure the layout will mean that, during the period that the work is going on, the service users would need to move out of the homes and into a home provided by the independent sector. In addition to the financial cost of doing this, there will be significant impact on the wellbeing of the service users. Assuming that the work takes a year to complete, the estimated cost of this would be £3m.

CO2 emissions

- 5.9 In addition to the financial costs of maintaining the old buildings, there is an environment cost. The government has set a target that requires the UK to bring all greenhouse gas emissions to net zero by 2050. Any public new build is required to meet certain emission standards that are not required by existing buildings. The two

older Council homes are less efficient buildings and will not contribute in reducing the Council's carbon footprint (see 8.2)

- 5.10 The running costs of the new Saltaire Resource Centre would be approximately the same as the two homes combined at £3.5m. If the new build was to go ahead, the Council's spend on repairs and maintenance would not likely reach the full £977k for the two existing homes. There would not be a need for the refurbishment work nor would the Council incur the £1m costs to rehouse the service users due to the reduction in beds.
- 5.11 Furthermore, the Council would not incur the £3m cost of providing the care provision for service users when the home needs to close for reconfiguring the layout of the building. This would avoid also the distress caused to service users from moving them their existing homes to other residences.

6. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 6.1 In Bradford the CCG has undertaken considerable work in developing out of hospital integrated services, including a Community Beds strategy.
- 6.2 In Airedale Wharfedale and Craven (AWC), 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.
- 6.4 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. Failure to deliver the Saltaire scheme would impact on the Council's ability to align and deliver our partnership strategies
- 6.5 In the Autumn 2019, the Client Services Team were tasked to project manage the construction of the new 50 bedded unit on the former location of Neville Grange in Saltaire. The initial business case for the development was approved at the Project Assurance Group (PAG) and revised business case was submitted on 21st June 2021.

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.

8.1.4 If approval is granted to build a new care home facility in Saltaire, a further EAI will be undertaken to consider the risks towards current service users on characteristics defined under equalities legislation regarding age, gender, disability.

8.2 Greenhouse Gas Emissions Impacts

8.2.1 The Ministry of Housing Communities and Local Government requires that all new public buildings should have nearly zero energy. The Councils own targets are a year on year reduction of 10% from the 2019/20 corporate emissions.

8.2.2 The Saltaire scheme will need to meet the requirements of the new building regulations by ensuring that there will be zero CO2 emissions. This will include the installation of PV panels on the roof. There is no requirement for the existing homes to meet these requirements.

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 or redundancies 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. OPTIONS

10.1 OPTION 1 - Do Nothing

The two homes will require additional investment due to the dilapidation of the buildings. This will mean there will be additional costs both in terms of repair and maintenance and refurbishment.

Repairs and Maintenance

Condition reports show that the cost of maintaining the buildings will be as follows:

Beckfield : £609,843

Woodward: £367,423

Total: £977,266

Refurbishment/ layout alterations

The buildings will need to be refurbished and the internal layouts will need to be reconfigured as the homes will require larger bedrooms. This will reduce the overall number of beds available and therefore require the LA to seek provision from the independent sector for the shortfall.

Refurbishment costs - it is difficult to determine what the cost of the refurbishment would be without an assessment of the work that would be needed, however, such type of refurbishments would typically be very expensive (i.e. more than £2,500/m²).

Layout alterations - Beckfield has 34 beds and Woodward Court has 28 beds. As a result of reconfiguring the layout it is expected that Beckfield will have 20 beds and Woodward Court will have 17, a reduction of 17. It is expected that the additional cost is likely to be around **£1m**. If more extensive internal work was to be done on the current footprint then more rooms could be created however the cost of doing that would be extremely high and disruptive.

Other considerations - the works required to refurbish both homes and reconfigure the layout will mean that, during the period that the work will be going on, the service users would need to move out of the homes into a home provided by the independent sector. 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. Assuming that the work takes a year to complete, the estimated cost of this would be **£3m**.

Reduced income - the reduction in the number of beds available within the 2 homes will result in a reduction in the income that the Council receives from the service users. It is estimated that loss of income will be approximately **£36k** a year.

10.2 OPTION 2 - Replace both homes with the Saltaire scheme

The Saltaire scheme would cost an estimated £9.3m to build which would be funded Corporately. The running costs of the new scheme would be approximately the same as the 2 homes identified, combined at £3.5m

The Council would not need to spend the £980k on repairs and maintenance for the two existing homes nor would it incur additional refurbishment costs or the £1m cost to rehouse the service users. In addition, the Council would not incur the £3m cost of providing the care provision for service users when the home needs to close for reconfiguring the layout of the building. This would avoid the distress caused to service users from moving them their existing homes to other residences.

If we do not go ahead with Option 2 it will be necessary to consult on the future of the 2 homes identified.

RECOMMENDATIONS

10.1 It is recommended that Option 2 is approved.

11. APPENDICES

Appendix A – Equality Impact Assessment

Appendix B – Market shaping and commissioning analysis

Appendix C – Outline costs plans for Saltaire Resource Centre

Appendix D – Drawings of the proposed new home

12. BACKGROUND DOCUMENTS

None

Appendix A

Equality Impact Assessment Form

Department	Adult and Community Services	Version no	0.1
Assessed by	Dean Roberts	Date created	01.10.2018
Approved by	Lyn Sowray	Date approved	19.10.2018
Updated by	Rachel Roberts	Date updated	25.10.2018
Final approval	Lyn Sowray	Date signed off	26.10.2018

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 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 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 2 people living there and has 35 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 re-provide 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 re-provided 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)

Protected Characteristics:	Negative Impact (H, L, N)
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
Additional Consideration:	
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).

Appendix B

1. Market Shaping and Commissioning Analysis

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 that the market should include a variety of different providers and different types of services. This should include a genuine choice of service types, not simply a selection of providers offering similar services. Bradford Council wants to move forward with offering personalised services for older people and our ambition is outlined in the Bradford' Metropolitan District Council Market Position Statement (April 2020).

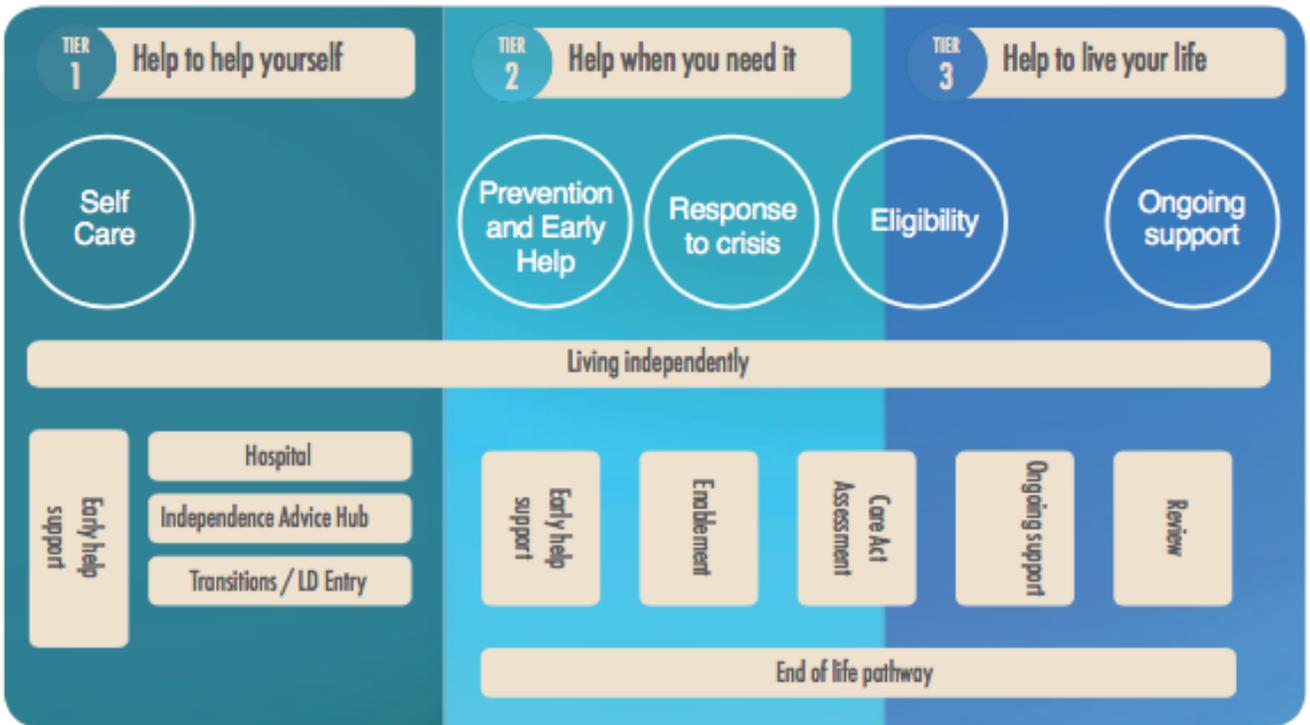
The guidance for Bradford Council has been refreshed in order to implement the Home First Vision. This is supporting the implementation of key benefits within the Happy, Healthy at Home programme and the integrated health and care plan, including all social care and support providers' workforce development - 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 Department of Health and Social Care Market Position Statement was published in April 2020. Our ambition is for Bradford residents to be happy, healthy and at home and to create a place where people have choice about their health and wellbeing. To achieve this, we will:

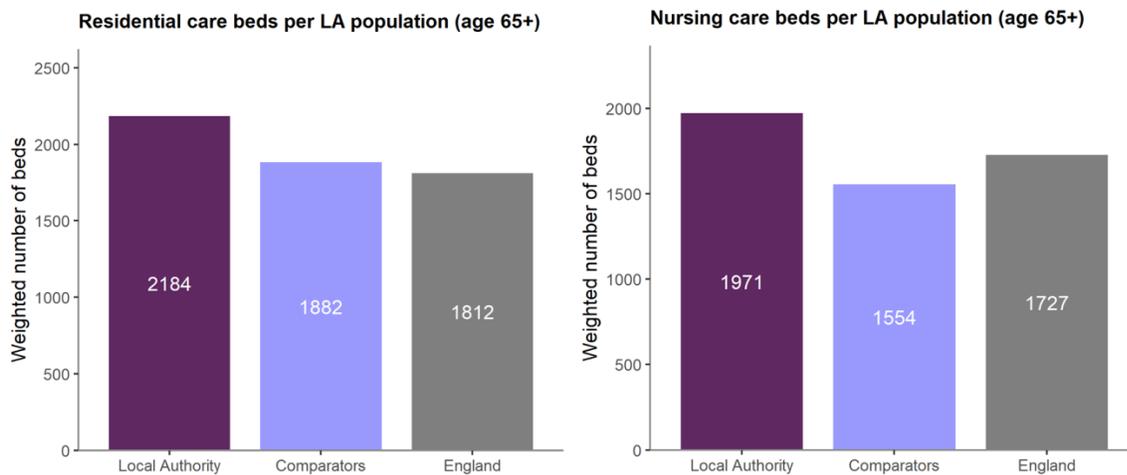
- work collaboratively with our providers, other partners and the wider community to understand our population;
- continue to develop our local market and how we can best support it to be as independent as possible;
- work alongside providers to support them to continue to develop their workforce and provide quality and sustainable services.

2.1.1 Developing the health and social care market supports the Council's Plan to create as good a quality of life as possible for the people and communities on Bradford, including support and supports the three tier approach which aims to maximise independence. Different areas of Health and Wellbeing have more of a focus on different parts of the three-tier model as shown in the diagram below.

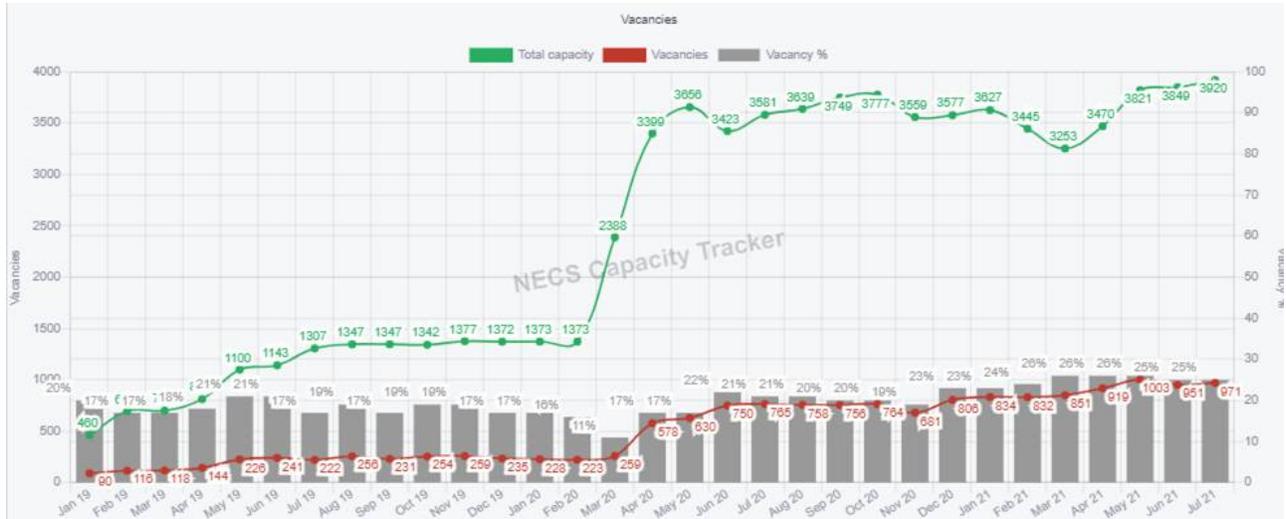


2.1.2 Between February 2019 and April 2021, there was a reduction of 11 residential and nursing care homes across the District; 6 residential and 5 nursing. We now have 68 residential care homes and 38 nursing homes across the District that we currently contract with. This excludes our in-house care homes.

2.1.3 The graph below shows the number of residential and nursing home beds for the population of Bradford. The comparator group and England bars represent the number of care home beds available across those areas if their older populations were scaled to the same size as Bradford's (CQC March 2020).



2.1.4 The trend in bed vacancies across the District demonstrates that the demand for long term residential and nursing care is reducing. People are entering into residential / nursing care homes at a later stage when they are likely to be frailer or have health issues which would require more intensive support. We are working with providers to create opportunities to develop better skills and environments to support people with more complex needs and people with dementia.



Vacancy figures for residential and nursing in numbers and % (Provider Bulletin Week 72, 15 July 2021). Many vacancies were a direct result of Covid and we offered grants to Providers to cover a large proportion of the cost of the voids.

Percentage Occupied	Number of Homes (R&N)
Under 70%	31
71% to 85%	30
Over 86%	49

2.2 Quality

- 2.2.1 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 works closely with providers to ensure that service improvement action plans are in place to raise quality and standards. Homes of concern are reviewed monthly and a log has been set up to evidence the input of support provided by the Local Authority and the CCGs.
- 2.2.2 The Local Authority and CCGs have worked together with providers to improve the quality of care and support. In the last 2 years we have seen a significantly improvement in quality.

Bradford CQC ratings as of July 2021

	2021 (no. of homes)	%
Inadequate	7	6
Requires Improvement	22	20
Good	76	69
Outstanding	6	5
Total	111	100

Saltaire/ShIPLEY as of July 2021

	2021 (no. of homes)	%
Inadequate	0	0
Requires Improvement	4	36
Good	6	55
Outstanding	1	9
Total	11	100

- 2.2.3 The Better Care Fund includes plans that support this partnership approach with Care Home providers. Multi agency provider forums and service improvement boards are in place and we are working closely with providers to improve quality, workforce and training.

2.3 Council Managed Residential and Day Services

- 2.3.1 The strategy for the Council's in-house residential and day services in 2009 concentrated 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 by the end of that year. The strategy supported the delivery of flexible support as part of the joint Community Beds strategy in development with the NHS.
- 2.3.2 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 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. It was recommended to Council Executive that Officers work with NHS colleagues in working collaboratively to improve efficiencies across the system, to implement and align strategies and develop an integrated plan covering the whole spectrum of services.

- 2.3.3 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. By 2016 this had been achieved along with the budget reduction. The remaining day service provision is provided in partnership with the NHS. Social care day care is now provided in communities by community and voluntary sector providers in line with the department's Home First Vision for Wellbeing. A further two homes were decommissioned in February 2018 (Harbourne) and October 2017 (Holmeview).
- 2.3.4 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 the numbers of days people are delayed in hospital.
- 2.3.5 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.
- 2.3.6 The revenue costs for providing services at Neville Grange have been used as part of the budget savings for Adult Services in 2015/16. In 2016 an 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.
- 2.3.7 If the Local Authority do not invest in the replacement build for Woodward Court this would have a significant detrimental impact on the operationalisation of some of the areas focused on by in house residential resource centres.
- 2.2.8 Over the last four years, the in-house residential resource centres have changed their focus significantly to enable the service to plan and meet future demand as there has been a significant increase in demand to provide services to people with complex needs. This has meant some re investment in providing appropriate resources i.e. a redirection of its focus from providing long term residential care to short term care.
- 2.2.9 The Short Term Care Bed provision covers:
- Intermediate Care

- Bariatric Assessment and Support
- None Weight Baring Placements
- Assessment
- Holding beds
- Respite Care
- Dementia Specialist Rotational Care

2.2.10 The services have been reviewed and adapted to address and ensure good quality outcomes for people and also to ensure the service is strategically placed to support the department with its overall strategy of “Home First” and Discharge to assess modelling which is an essential component to the out-of-hospital services which reduces unnecessary admissions to hospital and reduces delayed transfers of care from hospital

2.2.11 The Local Authority as invested significantly in developing and opening up a new Resource Centre – Valley View Court which is enabling the service to realise its potential in the Airedale part of the district and this needs to be replicated in the Bradford side of the district.

2.2.12 Woodward Court provides a specialist dementia care / mental health service which provides a very valuable resource – enabling people to be assessed and supported appropriately to achieve their potential and be supported in the most appropriate way with positive outcomes.

2.2.13 The service is delivered in a building that is not fit for purpose the rooms are too small and hamper the ability to enable/ allow staff to provide appropriate levels of support with the use of specialist equipment such as hoists due to the size of the environments. The corridors are too narrow which does not support the enabling of people to walk with purpose without coming into contact sometimes causing conflict.

2.2.14 The service has done and continues to do an invaluable job at working with people to achieve positive outcomes but unfortunately to continue to progress, grow and develop investment in the new build must to take place.

2.2.15 The aspirations of the service are to be sustainable and proactive at continuing to change and deliver to act on and address the ever increasing demands placed on it by the expectations of the citizens of Bradford for at least the next 40 years.

2.2.16 The services are all currently rated as good with CQC – Care Quality Commission and are focussed on working towards achieving outstanding – but for this to be realised this significant investment is required to enable the appropriate environment, space and equipment / tools to be available.

3.1 Council Managed Residential Care Homes

3.1.1 There are five in-house residential homes which provide a total of **184** beds across the District. Appendix 1 outlines the current profile of Council managed beds.

- 3.1.2 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.
- 3.1.3 Currently the in house care homes have adapted their model of operation towards a culture supporting the “Home First Vision” which supports people to be independent focusing on what people can do rather than what they cannot do supporting a better quality of life by meeting the care and support needs of people within their own home, keeping them in close proximity to their friends and family for as long as possible, helping to support and maintain happy and healthy lives.
- 3.1.4 Two of the in house care homes – Woodward Court and Valley View Court have and continue to develop closer working alliance with mental health services to support people who have more complex requirements undertaking assessments in a none clinical environment which can and does have a positive impact on individual’s outcomes.

3.2 Woodward Court

- 3.2.1 Woodward Court was constructed in 1972 and is a 28 bedded care home providing long and short term residential care for people with dementia and complex mental health needs. The latest CQC report for Woodward Court, dated 25 November 2020, rates the home as “Good”.
- 3.2.2 Over the last 2 years an investment in the region of £400,000 has been made at Woodward Court. The last electrical inspection was undertaken in July 2015 and a full electrical inspection and test is required.
- 3.2.3 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 Woodward Court is 10.6 square meters which includes fitted units, this is 15% smaller than the CQC recommendations for a single bedroom and 34% smaller than the CQC recommendations for a shared bedroom.

3.3 Beckfield

- 3.3.1 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 Beckfield is 10.4 square meters which includes fitted units, this is 17% smaller than the CQC recommendations for a single bedroom and 35% smaller than the CQC recommendations for a shared bedroom.
- 3.3.2 Beckfield was constructed in 1984 and is a 34 bedded care home providing long and short term residential care. The latest CQC report for Beckfield, dated 4 February 2020, rates the home as “Good”.

- 3.3.3 Over the last 2 years an investment in the region of £300,000 has been made at Beckfield. The last electrical inspection was undertaken in December 2010 and has mainly the original installation still installed that dates back to 1984 and requires a full electrical refurbishment.
- 3.3.4 A programme survey is currently underway with planned maintenance to replace windows and doors, rewiring and replacement of the lift and the roof and internal refurbishment. Although this work would greatly improve the property it would not address the bedroom size requirements stipulated by CQC.
- 3.3.5 The dimensions of the bedrooms at Woodward Court and Beckfield have restrictive access for hoists and moving and handling equipment, 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.
- 3.3.6 If alterations were made to Woodward Court to meet the CQC bedroom standards as outlined in 3.2.3 then the number of rooms would reduce from 28 to 17 and if alterations were made to Beckfield to meet the CQC bedroom standards as outlined in 3.2.3 then the number of rooms would reduce from 34 to 20, an overall reduction of 25 beds.
- 3.3.7 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.
- 3.3.8 In addition, there would be additional revenue costs of providing care for those people during the refurbishment. There will also be additional cost of providing care to the people where there are reduced beds. The cost of the current home would remain but to re-provide the care for the displaced beds could be in the region of £1m annually. The difficulty here would be a gap in the market as the current homes provide care for reablement and support people to remain independent which reduces costs for the future and also there would be a requirement for more specialized dementia care which is in short supply and commands a higher fee.

3.4 Norman Lodge

- 3.4.2 Norman Lodge was constructed in 1989 and over the last 2 years has undergone extensive capital work as part of the Council's maintenance programme to rewire the property, install a new boiler and windows and refurbishment of bedrooms and bathrooms. This has received an investment in region of £1.4 million and the building is now in good condition. The latest CQC report for Norman Lodge, dated 10 November 2020, rates the home as "Good".
- 3.4.3 Currently Norman Lodge has 33 beds which are predominantly used for short term

care to prevent people being admitted to hospital and to assess and enable people after being in hospital. There are two long stay residents.

3.5 Thompson Court

3.5.1 Thompson Court was constructed in 1989 and over the last 2 years has undergone extensive capital work as part of the Council's capital programme to rewire the property, install a new boiler and windows and refurbishment of bedrooms and bathrooms. This has received an investment in region of £1.1 million and the building is now in good condition. The latest CQC report for Thompson Court, dated 13 November 2020, rates the home as "Good".

3.5.2 Currently Thompson Court has 4 people living there and has 33 beds which are predominantly used for short term care and for periods of rehabilitation before being discharged back home and to prevent people being admitted to hospital. 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.

3.6 Valley View Court

3.6.1 Valley View Court is a newly developed service opened in September 2019 and has 50 beds providing short term care. 30 of the beds are designated to provide people with dementia and complex mental health needs and 20 of the beds are currently designated as part of the discharge to assess model.

3.6.2 The beds are used for both assessment and intermediate care in partnership with health services. These beds 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 to live in the community.

Holme Wood services were re-provided at valley View Court in September 2019 and the Holme Wood site was transferred to the Council asset management team for disposal and the Council to realise the capital receipt from the asset.

In House Care Provision (July 2021)

Area	Care Home	Total (beds)	Current Designation		Registration categories	Comment
			Long Stay	Short term		
Homes with specialist mental health registration						
Keighley BD22 7NU	Valley View Court	50	4	46	Adults	Short stay
Bradford BD15 7YT	Woodward Court	28	0	28	Dementia / challenging behaviour	Significant investment to make dementia

						friendly
Subtotal (excluding*)		78	104	74		
Homes with no specialist mental health registration						
Bradford BD2 4BN	Beckfield	34	4	30	Adults	Long stay beds are also used as IC beds
Bradford BD6 1EX	Norman Lodge	35	0	35	Adults	Unit to become short stay/IC
Bingley BD16 2EP	Thompson Court	37	2	35	Adults	
Subtotal		106	6	100		
TOTAL		184	10	174		

Appendix C

Outline costs plan for Saltaire plan

In Autumn 2019, the Client Services Team were tasked by the Dept of Health and Well-being to project manage the construction of a new 50 bedded short term care resources centre on the former location of Neville Grange Nursing Home site in Saltaire. 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.

The initial budget allocation to deliver this project was estimated by Finance at £5m. The £5 million budget allocation was based upon assumptions that were potentially incomplete or incorrect. The first assumption applied was in relation to the size of the building itself:

- It was assumed that the building would be identical to Valley View Court at 2,226m²
- Unfortunately, this assumption did not use the correct figure which should have been 2,518m². In any case, this equated to a 12% reduction.
- Furthermore, lessons learnt from Valley View Court resulted in some rooms being either added or their size reduced/increased. This exercise has led to a size increase of the building of 659m² and totalling 3,177m². The following table indicates the changes between the Valley View Court floor area and the proposed one for Saltaire:

Comparison of the size of the rooms between the 2 projects	Valley View Court	Saltaire	Difference
	m ²	m ²	m ²
50 No Bedrooms	985	1085	100
5No lounge/dining areas	265	335	70
5No kitchens	41	55	14
5No Hoist, linen, stores, cleaners, sluice, med store.	90	90	0
Circulation area in each house	342	417	75
5No meeting rooms in each house	0	43	43
5No staff changing in each house	0	39	39
5No accessible wcs in each house	0	15	15
Assisted bathing rooms	58	58	0
Central drugs stores	0	19	19
2nd floor therapy room	0	32	32
1st & 2nd floor mattress store	0	32	32
1st & 2nd floor central lift core	72	130	58
Laundry	31	56	25
Catering kitchen	65	83	18
Ground floor communal areas	115	152	37
Staircases 1 & 2	87	87	0
Communal area café and tea bay	0	40	40
Back office	34	41	7
Multi-purpose room and tea bay	41	48	7
Refuse store	29	0	-29
Communal area staff room / changing	25	22	-3
Communal area meeting room	0	10	10
Reception	23	14	-9
Managers office	0	18	18
COSHH	7	5	-2
Gym	36	32	-4
Plant	28	30	2
Communal area accessible wc	4	4	0
Communal area cleaners store	2	4	2
Archive store	9	9	0
Remaining Internal walls	129	172	43
TOTALS	2,518	3,177	+659

- As such the size of the new Resources Centre to be located in Saltaire should be 42% bigger than first assumed by Finance.

The second assumption used in the budgetary model was in relation to construction costs:

- A construction cost rates of £1,800 per m² was applied at the time;
- the latest assessment shows a slightly higher construction cost of £1,902.71 per m². We will continue monitoring construction costs in view of current inflations rise and other uncertainties within the construction sector.

The third assumption was in relation to all the expenditure other than construction costs:

- It was assumed that other costs would equate to 13.5% of construction costs.
- This rate would be acceptable if risks were not a factor. Like any major corporate project, 10% contingencies would need to be added.

The latest design developments for the Saltaire scheme indicate that the proposed new building will have a Gross Internal Floor Area (GIFA) of approx. 3,177m².

As requested by the project board, the design team took on board the lessons learnt from the Valley View Court project and addressed all issues identified by the users. This exercise resulted in additional rooms being added to the brief or, in some cases, the size of the rooms being slightly altered (i.e. 2m² enlargement of all bedrooms and associated bathrooms).

In addition to the review of internal spaces, the project has also been faced with the need to ensure its compliance with the Council's commitment to tackle climate change. This commitment requires that all new public sector buildings are designed to 0% CO² emissions.

To that effect, the proposed new Saltaire Resources Centre is being designed to not rely on fossil fuel (i.e. no gas boiler). Instead, consultants have devised a Mechanical and Electrical (M&E) strategy that relies on different means (i.e. Air Source Heat Pump).

However, moving away from traditional M&E approaches has meant an increased in the costs estimates related to the following:

- The need to increase the size of the plant room to accommodate larger equipment.
- The need to increase the size of the steel structure of the proposed building to accommodate both the increased plant room under the roof and the additional weight of solar/PV panels.
- The need to purchase alternative plant other than a gas boiler
- The need to build a new electric substation in view of the need to move away from a gas reliant system.

Alongside these new requirements:

- Planning services also indicated the need to include an underground attenuation tank to manage the amount of water discharge into the local drainage network;
- Findings from the ground investigations survey identified poor quality of the grounds which will require deeper foundations;
- Zurich, the Council's insurers have stipulated the inclusion of a Sprinklers' system throughout the new build.

All these additional requirements were excluded from the initial assumptions used by Finance in calculating the initial budget allocation for the Saltaire scheme.

As a result, the budget required to effectively build a new resource centre in Saltaire should amount to £9,436,000.

On the basis that £5million has already been allocated to this project, the current shortfall amounts to £4,436,000, proposed to be funded by further council borrowing and repaid through the annual revenue saving from the closure of the two older homes plus any capital receipts from those buildings.