



Leicester
City Council

MEETING OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION

DATE: THURSDAY, 14 JANUARY 2016
TIME: 5:30 pm
PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Members of the Commission

Councillor Chaplin (Chair)
Councillor Fonseca (Vice-Chair)

Councillors Alfonso, Bhavsar, Dr Chowdhury, Sangster and Singh Johal

1 unallocated Non-Group place.

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

Officer contacts:

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Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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Further information

If you have any queries about any of the above or the business to be discussed, please contact Graham Carey, **Democratic Support on (0116) 454 6356** or email graham.carey@leicester.gov.uk or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

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PUBLIC SESSION

AGENDA

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda.

3. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 29 October 2015 have been circulated and the Commission will be asked to confirm them as a correct record.

The minutes can be found on the Council's website at the following link:-

<http://www.cabinet.leicester.gov.uk:8071/ieListMeetings.aspx?CId=737&Year=0>

4. PETITIONS

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

5. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer to report on the receipt of any questions, representations and statements of case submitted in accordance with the Council's procedures.

6. DEVELOPING PRIORITIES FOR ADULT SOCIAL CARE INTERMEDIATE CARE **Appendix A (Page 1)**

The Strategic Director of Adult Social Services submits a report outlining the outcomes of service reviews which have determined that the proposed new build of an intermediate care unit will not be progressed at the current time. It is proposed to operate intermediate care from Preston Lodge and the capital will be prioritised for the development of extra care housing, which offers a real

alternative to long term residential care.

Members of the Adult Social Care Scrutiny Commission have been invited to the meeting for this item.

7. BUDGET 2016/17

To discuss and comment upon the proposed Budget for 2016/17 and its implications for services within the Health and Wellbeing and Adult Social Care Commissions' terms of reference.

Details of the Budget proposals are not currently in the public domain but they are expected to be publically available prior to the meeting. The proposals will be circulated to Members of the Commission as soon as practicable after they are made public.

Members of the Adult Social Care Scrutiny Commission have been invited to the meeting for this item.

8. PATIENT HANDOVER PERFORMANCE

**Appendix B
(Page 165)**

To receive an update on the progress made in relation to patient handover performance since the presentation to the Commission at its last meeting. Representatives from EMAS and University Hospitals of Leicester NHS Trust will be at the meeting to answer Members' questions.

9. ANCHOR CENTRE - UPDATE

**Appendix C
(Page 173)**

To receive an update report on the Anchor Centre.

10. FOOD BANK PROVISION IN THE CITY

**Appendix D
(Page 175)**

To receive a report on the Food Bank Provision in the City which the Commission requested at its last meeting following consideration of the Health and Wellbeing Survey in relation to healthy eating.

11. WINTER CARE

The Chair to outline the proposed steps to be taken by the Commission in conjunction with the Adult Social Care Scrutiny Commission to monitor the response of health service partners to winter care issues.

12. WORK PROGRAMME

**Appendix E
(Page 185)**

The Scrutiny Policy Officer submits a document that outlines the Health and Wellbeing Scrutiny Commission's Work Programme for 2014/15. The

Commission is asked to consider the Programme and make comments and/or amendments as it considers necessary.

**13. UPDATE ON PROGRESS WITH MATTERS
CONSIDERED AT A PREVIOUS MEETING**

To receive updates on the following matters that were considered at previous meetings of the Commission:-

Substance Misuse Service – Re-procurement

To receive a verbal update on the progress with the re-procurement of the Substance Misuse Service which was previously considered by the Commission at its meetings on 6 August and 29 September 2015.

14. ITEMS FOR INFORMATION / NOTING ONLY

**Appendix F
(Page 189)**

Closure of the Maples Surgery

To note the attached briefing note on the closure of the Maples Surgery and the steps that have been taken by the Leicester City Clinical Commissioning Group to notify patients and help them to register with another practice.

15. ANY OTHER URGENT BUSINESS

Report to Scrutiny Commission

Health Scrutiny Commission

Date of Commission meeting: 14 January 2016

Developing Priorities for ASC: Intermediate Care

Report of the Strategic Director of Adult Social Care

Useful Information:

- Ward(s) affected: All
- Report author: Ruth Lake
- Author contact details 37-5551/ ruth.lake@leicester.gov.uk

1. Summary

- 1.1 Our current bed-based and home based intermediate care / reablement service outcomes, utilisation and successes were reviewed in late 2015 and identified that (i) our bed-based provision was both over-provided for in bed numbers and that (ii) home based reablement was achieving much higher levels of good outcomes for those who used the services.
- 1.2 In light of the competing priorities for the available capital investment within ASC, and reflecting current and future delivery models, the proposed new build intermediate care unit will not progress at this time. ASC will operate intermediate care from Preston Lodge and the capital will be prioritised for the development of extra care housing, which offers a real alternative to long term residential care.
- 1.3 The model for the delivery of intermediate care will be reviewed during early 2016 to determine the best options for this service into the future, in partnership with Leicester City Clinical Commissioning Group.
- 1.4 This determination does not directly affect the current availability of intermediate care nor does it have implications for staff.

2. Recommendation(s) to scrutiny

- 2.1 The Health Scrutiny Commission is recommended;
 - To note the capital priorities and the use of Preston Lodge as our intermediate care facility
 - To note the review that will take place during 2016, to consider future delivery options.

3. Supporting Information

- 3.1 The requirement for intermediate care provision was considered in 2012, as part of a commissioning strategy for short term and intermediate care beds. It was agreed in 2014 that a new build development would be pursued, to provide a replacement for existing services and to expand the bed base.
- 3.2 During 2015 it was agreed that the intermediate care beds at Brookside Court would be consolidated with the intermediate care beds at Preston Lodge Kingfisher Unit, creating a single location for the service in the interim period. This was completed on 4th January 2016 and Preston Lodge is now fully operational as our Intermediate Care Unit. This increases capacity from 37 to 40 beds and achieves savings within the staffing structure through the

economies of scale from a single unit.

- 3.3 The vision for the delivery of care to frail and older people has been refreshed at a national level and also locally. The Keogh Review, now being implemented across urgent care systems, highlighted the benefit of a 'home first' model; this increases the likelihood of an individual being able to remain in their own home, compared to either prolonged hospital stays for recovery or moves into alternative settings. Locally the work completed by Dr Ian Sturgess regarding the urgent care system, and in particular the outcomes for older / frail people, reiterated this conclusion.
- 3.4 ASC currently provides bed based and community based intermediate care services. The latter is referred to as reablement. In reviewing the outcomes achieved from bed based services and reablement, it is evident that more people are able to remain independent if they are supported in their own home. It is also the case the people from our diverse communities do not proportionally access our bed based services. Therefore our focus needs to be on the services required to maintain people with high levels of need at home, initially intensively, rather than away from their home.

Baseline Table (1)

Performance Measures	Intermediate Care Bed Provision	Intermediate Care Community Provision
Capacity	37 beds	1,800 contact hours per week
Occupancy	67%	84%

Service user profiles Table (2)

Service user characteristics	Intermediate Care Bed Provision	Intermediate Care Community Provision
Females	63%	62%
Males	37%	38%
White British	84%	65%
Age (65+)	90%	75%

Outcomes Table (3)

	October 2013 to October 2015	
	Intermediate Care Bed Provision	Intermediate Care Community Provision
Fully independent	57 (14%)	1,768 (53%)
Ongoing domiciliary care (or return home with reablement)	157 (38%)	1,120 (33%)
Went into hospital, residential care, died or other	198 (48%)	454 (14%)
Total	412	3,342

- 3.5 Further, the Council has worked successfully with local housing providers to develop partnerships which deliver extra care capacity, investing £3.8m to date. This is evidenced to reduce the need for residential care, improving outcomes and reducing cost.
The capital programme is significantly oversubscribed and when prioritising the use of available resources, it is felt that investment on extra care will achieve better overall outcomes than the replacement of an existing service / building.
- 3.6 As of 4th January 2016 intermediate care beds are operating from Preston Lodge. It is apparent that a number of people use or stay in our intermediate care beds for too long, where they have no real potential for improvement and we will be reviewing our admission and discharge processes to ensure that they are targeted more effectively on the right cohort of people. In addition the occupancy data for the past year indicates that these beds have not been fully utilised and therefore there should be scope to manage demand within the available capacity and achieve the best outcomes for people who genuinely require intermediate care in a bed based service.
- 3.7 Within our reablement service we note that a number of people die in the 91 day period following reablement and wish to explore whether other, more suitable pathways for care should be accessed by people who are on an end of life trajectory. We also note that there is no current reablement support provision between 10pm and 7 am, which limits the numbers of people who could be supported at home in the first instance, and wish to explore how enhancing this service could provide a more intensive level of support in a home environment.
- 3.8 The Leicester City Clinical Commissioning Group (LCCCG) is currently reviewing the capacity required to provide services to people on the Continuing Health Care Pathway, to exit hospital quickly and be supported in an environment that promotes their independence rather than assuming dependence for the period that it takes to complete the CHC assessment process. This is consistent with the principle that decisions about long term care should not be taken in an acute hospital setting. This provides an

opportunity to jointly review and commission the services required for our shared population going forward.

- 3.9 During the next 6 months we will be progressing this review and also increasing the intensity of reablement domiciliary services, so that they can support people with greater levels of need, particularly during the night time period.

4. Financial, legal and other implications

4.1 Financial implications

4.1.1 Capital funding of £6.7m was earmarked for a new Intermediate Care facility of which £0.2m has been spent in 2015/16 leaving £6.5m to be used towards the development of extra care housing.

4.1.2 Out of the budgeted revenue savings of £0.88m associated with the development of the new facility, £0.3m has been mitigated due to reduced staffing & running costs at Preston compared to Brookside and Kingfisher. The remainder of the savings will now have to be re-visited and will form part of the recommended review during 2016.

Rohit Rughani, Principal Accountant, ext. 37 – 4003

4.2 Legal implications

Legal Services, Commercial, Property and Regulatory Team can advise colleagues in Adult Social Care who are managing the development of extra care housing on this work stream's procurement pathway and contract development, and those who are managing the review of the delivery of intermediate care, on any public law aspects of decision making and any consultation.

Greg Surtees, Legal Services, ext. 37 1421

The Care Act 2014, Part 1, implemented in April 2015, sets out the general duties of local authorities. s2, CA 2014, "Preventing Needs for Care and Support" and the accompanying guidance, specifically refers to working with partners, agencies and carers to provide a local approach to preventative support; this includes being innovative and responsive. Therefore, the second part of the recommendation, to review and consider future delivery options, is entirely compliant with the duties of a local authority under this legislation. Any proposal to increase community provision will have an impact on carers and it should be remembered that under CA 2014 local authorities have additional duties towards this group in terms of assessment and provision of services.

Patricia Whittome, Legal Services, ext. 54 1473

4.3 Equality Impact Assessment

The decision to not invest capital in the development of an Intermediate Care building has no direct equality implications, as the current service will continue to operate. The implications of any future changes will be assessed as part of the planned review.

4.4 Other Implications

None noted

5. Background information and other papers:

A1 Executive Decision Report: EPH 13/10/2013

A2 Executive Decision Notice: EPH 15/10/2013

A3 Executive Decision Report: Intermediate Care 27/06/2014

A4 Executive Decision Notice: Intermediate Care 27/06/2014

Link: Capital Monitoring Report to OSC December 2015:

<http://www.cabinet.leicester.gov.uk:8071/documents/s72759/Capital%20Monitoring%20Report%20Period%206%202015-16%20-%20OSC.pdf>

6. Summary of appendices:

Background papers above

7. Is this a private report?

No

Executive Decision Report

Proposal for the future of the Council's Elderly Persons Homes

Lead Director: Deb Watson

Date: 15th October 2013

Useful information

■ Ward(s) affected: **All**

■ Report author: **Tracie Rees**

■ Author contact details: **tracie.rees@leicester.gov.uk (Tel: 454 2301)**

■ Report version number: v8

1. Summary

1.1 This report details the outcomes from recent consultations about the proposed phased closure and sale of the Council's eight Elderly Person's Homes (EPH). The report also provides supporting information about EPH's and the case for change. A separate report to the Executive details the review of EPH's by the Adult Social Care Scrutiny Commission.

1.2 After considering the consultation findings, the recommendations from the Adult Social Care Scrutiny Commission and the case for change, this report seeks the Executive's approval to a phased approach to close 4 of the Council's EPH's and to sell 4 as going concerns over a 3 year period. The proposal is in response to falling demand from people wanting to move into the Council's homes, increasing demand for other types of Adult Social Care (ASC) support and the need to deliver efficiency savings.

1.3 Phase 1

1.3.1

Close (2014)	Sell as a going concern (2014/15)
Elizabeth House	Abbey House
Nuffield House	Cooper House
Herrick Lodge	

1.3.2 During phase 1, it is also proposed to develop a new 60 bed Intermediate Care facility, to replace the existing service at Brookside Court and to meet future increased demand (this will be subject to a further report to the executive).

Phase 2 – will only be implemented once the outcome of Phase 1 has been evaluated

Close (2015/16)	Sell as a going concern (2016/17)
Preston Lodge	Thurn Court
Brookside Court (existing Intermediate Care facility), which will be replaced by a new 60 bed facility	Arbor House

1.4 Based on resident numbers on 22nd July 2013 a maximum of 32 permanent residents would have to move to alternative accommodation if approval is given to proceed with phase 1.

1.5 A full public consultation exercise was completed between March and September 2011 with residents, families and other stakeholders to understand concerns and to consider alternative options. A summary of the findings and officers responses are detailed at Appendix A. A copy of the full findings can be found at Appendix F.

1.6 Since September 2011 when the full public consultation was completed, 106 new residents have moved into the homes. Therefore, between April and July 2013, a

further 'top up' consultation exercise was completed with new residents who have moved into the homes since the original public consultation ended. A summary of the findings of the 2013 top up consultation is also provided at Appendix A along with officers responses. For ease of reference, the summarised findings from the 2011 consultation with residents have also been provided as part of appendix A so that the views of residents and their families can be seen as a whole as well as being reported separately.

- 1.7 Starting in April 2013, a collective consultation exercise was undertaken with the unions to understand the potential impact on staff affected by the proposal. A response has been received from UNISON and a summary of the findings and officers responses are detailed at Appendix B.
- 1.8 Individual consultation meetings with affected staff from the three homes proposed for closure in phase 1 were also completed. Suggestions and questions arising from this have also been included at Appendix E, which also includes officer's responses.
- 1.9 The Adult Social Care and Housing Scrutiny Commission carried out a detailed review of the Future of the EPH's in 2011 and provided their report to the Executive. In 2013, the Adult Social Care Scrutiny Commission has further considered the proposed phased closure and sale of the Council's eight EPH's and a separate report to the Executive details their review and findings.
- 1.10 The outcome of the consultation exercise shows that existing residents and their families do not want change. However, if change has to happen they would prefer the homes to be sold as going concerns.
- 1.11 The Council is seeing reduced demand for residential care in the Council's homes and increasing demand for other types of social care support. At the same time, the Council is facing unprecedented cuts in funding.
- 1.12 It is more expensive for the Council to provide residential care within the Council's EPH's than to pay for equivalent residential care for the same number of residents in homes run by the independent sector (private and charitable organisations). Therefore, the declining demand for residential care, coupled with availability of cost effective places in the independent sector provides a compelling argument as to why the Council should either close or sell its eight residential homes.

2. Recommendations

- 2.1 The Executive is asked to consider, note or approve the recommendations:
 - a) Consider the outcome of the consultation activities and officers responses,
 - b) Consider the report from the Adult Social Care Scrutiny Commission (submitted separately),
 - c) Approve a phased approach to closing 4 homes and selling 4 as going concerns, with full support being given to residents in liaison with their families/carers
 - d) To note these proposals have been developed in response to reducing demand for residential care, which reflects the changing aspirations of older people,
 - e) To approve in principle the development of a new 60 bed Intermediate Care facility

as reflected in the Intermediate Care and Short Term Residential Beds Commissioning Strategy,

- f) To develop Extra Care housing solutions and more supported living options to support the changing aspiration of older people and to note expressions of interest have been received from 4 local Registered Social Landlords to develop Extra Care housing,
- g) To note that the numbers in the homes proposed for closure have remained consistently low for the last two years,
- h) To note that contract management arrangements are to be strengthened to ensure quality is maintained in the independent sector, including increased unannounced inspections.

3. Supporting information including options for consideration:

- 3.1 Although the population is getting older, people want to remain in their own home with support.
- 3.2 Support mechanisms include home based services, such as domiciliary care, assistive technology and adaptations. Over the last 3 years expenditure on home based services has increased by 21% compared to 4% for residential care. The increase in home based support services and independent living options, correlates with the decline for residential care.
- 3.3 This has affected both occupancy rates in the Council's eight homes as well as the independent sector as detailed in the following table Although, increasing proportions of older people are choosing to remain in their own homes and placements in all care homes has reduced, the Council EPHs' share of the market has remained broadly similar over the years.

Year	Average number of permanent residents in LCC owned homes	Average number of permanent resident in LCC owned homes as a % of total capacity (282)	Number of permanent residents funded by LCC in the independent sector
2003	262	93%	774
2004	249	88%	722
2005	236	84%	803
2006	238	84%	728
2007	241	85%	675
2008	227	80%	656
2009	224	79%	632
2010	211	75%	600
2011	154	55%	586
2012	140	50%	582
2013	161	57%	Not yet available

Source LCC Statutory ASC returns

- 3.4 The development of Extra Care housing and independent living options mean older people can remain independent for longer with support. For example the Council entered into partnership with ASRA Housing Group to develop a 78 bed Extra Care scheme at Abbey Mills. The Council will receive 100% nomination rights to 50 flats,

into perpetuity. An expression of interest was published seeking potential partnership arrangements to develop Extra Care housing in the City, which includes exploring the possibility of using potential sites that may become available if the Executive decides to close the homes proposed in phase 1.

- 3.5 On 22nd July 2013, there were 170 permanent residents in the Council's EPH's, out of 282 beds. Generally, older people who go into residential care are frail elderly people over the age of 85 years, who will stay for an average of 18 months. If their health deteriorates, they are likely to need to move into a nursing home so that they can receive nursing care, which the Council cannot provide.
- 3.6 Subject to registration, the independent sector is able to provide nursing care as well as residential care and increasing independent sector organisations are providing combined residential and nursing care on the same site and this means that elderly people do not have to leave if their health deteriorates.
- 3.7 There will always be a need for some residential social care and on 4th June 2013 there were 76 vacant residential older person's residential places in the independent sector.
- 3.8 A significant amount of work has been undertaken to give assurance about the financial stability of the independent sector. An analysis of the 50 independent providers who provide older people's homes in the city shows the majority are financially stable. Also, new providers are coming into the market, providing an extra 125 beds over the last 3 years.
- 3.9 The Council supports in the region of 700 to 750 older people in residential care at any one time, of these 567 are in the independent sector residential homes (based on figures from 4th June 2013), which represents 80% of residents of care homes who are financially supported by ASC. The weighted average cost of a placement in the independent sector per resident per week is £401. This is compared to the Council cost of £805 per person per week, which is based on the Council's actual costs in 2012/13 and the average occupancy of the Council's homes in the first 3 months of 2013/14. The differential exists because the Council staff cost more.
- 3.10 Although concerns have been raised about the quality of care provided by the independent sector, there is no evidence to suggest the standard of care is lower in the independent sector. All residential homes are regulated by the Care Quality Commission (CQC) and monitored against a range of minimum standards. The quality of care commissioned by the Council is set out in the Council's contracts and regular contract monitoring checks are completed by the Council's Contracts and Assurance service, which has been strengthened to ensure the delivery of quality services.
- 3.11 In addition to monitoring visits by the CQC and the Council to ensure compliance with the required standards of care, the Council has also developed its own Quality Assessment Framework (QAF) as a developmental tool to drive continuous improvement of quality in all homes. The QAF does not replace the CQC requirements, but includes more qualitative data. This data will be collated into league tables and will be available for use by people seeking residential care to determine the quality of care.
- 3.12 In February 2012, the Executive considered the results of public consultation and made a public announcement stating that change was necessary, and this needs to be carefully introduced and planned over the next few years. In the interim the Council would work with residents and their families and continuing as a direct

provider of some residential care until 2015.

3.13 It was also agreed that a 'soft market' testing exercise would be completed to determine if there was any interest in other organisations taking over the Council's homes. This took place in February 2012 and the headline conclusions were:

- There is an interest in the market in acquiring some, but not all of the homes
- The capability to expand on site is critical to market interest
- The majority of providers prefer freehold
- Most expressed an interest in no more than one of the Homes
- No provider expressed an interest in Herrick Lodge, Elizabeth House, Nuffield House and Preston Lodge

3.14 The findings of the 'soft market' testing have previously been provided to the Executive. For ease of reference Appendix C is the summary document provided to the Adult Social Care and Housing Scrutiny in November 2012. In order to respond to the views of residents and their families and to minimise the number of existing residents who would need to move, the proposals include the proposed sale of all homes where the finding of the soft market testing suggest that sale is a realistic possibility.

3.15 Since the proposals were published a number of potential providers have come forward (in addition to the original organisations) to express an interest in buying some of the homes proposed for closure to run them as going concerns. Therefore, a further informal 'soft market' testing exercise was completed with these organisations to determine if they were viable potential buyers and if the Executive should re-consider which homes are sold and which homes are closed. None were deemed to be viable and therefore do not alter the proposals.

4. Outcome of the Consultation Exercises

4.1 The consultation process concluded that residents and their relatives do not want the homes to close. However, if change was necessary most residents would prefer the homes to be sold or leased to an alternative provider/s as a going concern. A summary of the consultation and officers responses are detailed at Appendix A. A full copy of the consultation findings for the 2013 top up exercise can be found at Appendix F.

4.2 Between 25th April and 27th June 2013, statutory collective consultation was undertaken with the recognised Trade Unions and UNISON submitted a formal response to the proposals, which is detailed at appendix B.

4.3 Overall, the issues raised in the 2013 'top-up' consultation with residents and the collective consultation with Unions were similar to the concerns raised by the residents and their families and the staff in 2011. Individual consultation meetings were held in small groups for the homes proposed for closure between 11th June and 9th July 2013, which is detailed at appendix E.

4.4 The following information provides an overview of the key themes raised by residents, their relatives, staff and officer's response.

- **Concerns of where residents would be moved to and the effect it would have on their wellbeing**

Response:

If change happens dedicated and experienced social care staff would be based in the home. They would work very closely with each resident and their relatives to make sure that a new home is found that addresses all their needs. Each resident would have a moving plan identifying any risks which need to be addressed to ensure there is minimal individual impact.

- **The Council should look at making savings elsewhere so that the homes could stay open**

Response:

The Council faces very difficult decisions on all its services, due to central Government spending cuts, at a time when the numbers of people needing ASC is increasing. Therefore, it has been necessary to look at all services funded by ASC to ensure they are relevant and deliver value for money. Unfortunately, the Council's EPH's are more expensive compared to the independent sector and it is difficult to justify continuing to provide the service when there is a cost effective alternative.

- **If the homes have to close, the Council should ensure that the new home is safe and suitable**

Response:

All residential homes are regulated by the CQC and monitored against a range of minimum standards. The quality of care commissioned by the Council is set out in the Council's contracts and regular contract monitoring checks are completed by the Council's Contracts and Assurance service, which has been strengthened to ensure the delivery of quality services. The Council has also introduced a QAF to drive continuous improvement of quality in all homes. The QAF does not replace the CQC requirements, but includes more qualitative data. This data will be collated into league tables and will be available for use by people seeking residential care to determine the quality of care.

In terms of ensuring homes are suitable, details of all residential homes are included in the Choice Directory for Leicestershire and Leicester, which enables people to choose where they want to live.

- **There are concerns that the homes are not being utilised and there are people who could move in**

Response:

The Choice Directive (Department of Health 2004) requires all Local Authorities to give people needing residential care a choice about where they live. The Council cannot insist that people move into the Council's own homes in order to fill vacancies. The Council has still been taking new residents into its homes and there has been over a 50% turnover of residents in the last 2 years. However, the numbers of permanent residents has not increased significantly.

- **Some residents were in agreement sale was better than closure as long as standards are maintained and costs are not increased. Residents wanted to keep the same staff who they had built up a relationship with**

Response:

Where homes are sold as going concerns then the existing residents would be able to stay and the staff would also transfer to the new organisation under TUPE. Therefore, it is highly likely the same staff group would be retained. Standards would continue to be monitored by CQC and the Council. When selecting a new

organisation the Council would look to ensure places are still affordable for customers.

- **If the proposal is approved residents and their relatives want to be kept fully informed and given a significant level of support**

Response:

Residents and their relatives would be kept fully informed with whatever happens to their home. If it's agreed to close any of the homes, there would be dedicated support and planning to make sure that any transition is as smooth as possible.

- **Staff were concerned about TUPE, redundancy conditions and redeployment opportunities**

Response:

Staff have been formally engaged in the proposals via collective consultation with the Trade Unions. Face to face briefings have also taken place across all the homes with senior offices and HR to ensure they understand the proposals and potential implications. Information has also been provided in writing detailing frequently asked questions, TUPE, redeployment and redundancy. One to one support has also been offered and staff can access AMICA (the Council's counselling service) if needed.

Due to the uncertainty about the future of the homes job vacancies have been filled using agency workers. Staff in the EPH's have been invited to express an interest in voluntary redundancy or flexible retirement, which has given an indication of the number of potential job vacancies. This has allowed for a mapping exercise to take place, which shows the majority of staff in the homes that are proposed for closure in phase 1, could be moved to vacant post in the homes proposed for sale.

Although, this would prevent redundancy TUPE arrangements would still apply if the homes were sold to a new organisation as a going concerns.

- 4.5 The Adult Social Care and Housing Scrutiny Commission carried out a detailed review of the Future of the Elderly Person Homes in 2011 and provided their report to the Executive. In 2013, the Adult Social Care Scrutiny Commission has further considered the proposed phased closure and sale of the Council's eight EPH's and will submit their response separately to the Executive.

5. Intermediate Care and Short Term Beds

- 5.1 The Council currently provides intermediate care, which is crucial for supporting and rehabilitating people to maximise their independence. As well as providing invaluable support to individuals and their families, national and local evidence shows that providing the service is cost effective, because it reduces the cost of care packages into the future.
- 5.2 The Council's intermediate care service provides social care support for people after leaving hospital (or to avoid un-necessary hospital admission) where people need a period of 'reablement' to regain the skills to look after themselves. This is often after a period of illness or an operation. In many cases, support can be provided to people in their own homes, but in some cases residential intermediate care is needed to support people to regain their independence. Where this is needed, residential intermediate care is provided for all client groups of all ages for up to 6 weeks. There are also occasions when a crisis occurs in the independent sector and the staff from the Councils current Intermediate Care facility provides and this is one of the reasons for retaining this in house services.

5.3	The intermediate care services provided by the Council relates to social care and should not be confused with nurse-led intermediate care provided by the NHS for people who require active medical treatment during a period of rehabilitation.
5.4	The Council's Intermediate Care and Short Term Bed Strategy demonstrates the need for 60 intermediate care beds by 2030. The current service is provided from Brookside Court, but this building can only accommodate 28 beds and cannot be extended due to its geographical location.
5.5	At present Elizabeth House (which is a Council EPH) provides an assessment facility and has 12 beds available for this. However the facilities and the environment are not conducive to rehabilitation to support independence.
5.6	The Council's EPH's are also used to provide short term residential beds, which can be needed for a variety of reasons, such as respite care, crisis support, waiting for a home care package to be organised following a period in hospital or for an adaptation to be completed before a person can go home. The homes are currently used in this way where appropriate because of the high number of vacancies. Short terms care helps to use spare capacity and fill vacancies, however the same service can be purchased in the independent sector at a lower cost. Also, importantly is the impact on permanent residents, who can find a transient population unsettling.
5.7	Therefore, it is proposed that a 60 bed new build intermediate care facility be developed that can meet the increasing demand for rehabilitative services and provides short term beds. An analysis of the demographic growth and population changes shows the need for 60 intermediate care beds over the next 20 years. A review of the current service at Brookside Court highlighted the building could not be extended to accommodate increased demand and the use of short term and assessment beds across the Councils EPH's is not a conducive environment to promoting independence or a cost effective option. More importantly is the impact on permanent residents, who could be unsettled by the constant change in people and the increased noise and activity levels from transient clients.
5.8	The development of a 60 bed facility would accommodate increased demand, which would also provide the necessary holistic services needed for rehabilitation, such as en-suite bathrooms, kitchenettes, physio, OT, exercise equipment and space, adult changing facilities etc.
5.9	In considering the way forward for the homes, which reflects the need for intermediate care and short term residential beds, the following options were proposed.
6.	Proposed Options
6.1	<p>Option 1. No change</p> <p>We know that, where possible, more people want to live independently with support for as long as possible. This is changing the demand for different types of ASC. It is more expensive for the Council to provide residential care within the Council's EPH's than to pay for equivalent residential care for the same number of residents in homes run by the independent sector. Also, low occupancy rates in the Council's homes mean they will continue to offer poor value for money and savings identified as part of the budget strategy will not be achieved. All eight homes were constructed in the 1960's and it has been estimated that they will require a capital investment of £7.5m (EPH Condition Survey Report November 2011 Faithfull and Gould) over the next 10 years to keep them in good order. Current residents have</p>

said that they value the quality of care they receive more than the building they live in, but the expectations of future generations is expected to be different. For example the sharing of bathrooms is unlikely to be acceptable to many residents in future.

6.2 Option 2. Close all of the Homes

This is not immediately feasible, due to insufficient vacancies in the independent sector for the existing permanent residents. However, vacancy levels in the independent market suggest this could be implemented via a phased approach over a period of time. Also, closing all of the homes in the short term is not in line with the Executive's announcement that change will be carefully introduced and planned over the next few years, with the Council continuing as a direct provider of some residential care until 2015.

6.3 Option 3. Sell or lease all of the Homes as going concerns

This is not an option because the soft market testing exercise showed there is no demand to buy or lease all of the homes. However, 8 providers expressed an interest in buying one or two of the Council's EPH's. The outcome of the market testing exercise is detailed at appendix C.

6.4 Option 4. Phased approach

This option has two parts.

- a) Phase 1 - close 3 homes early 2014 (Herrick Lodge, Elizabeth House and Nuffield House). As at 22nd July 2013 these homes have a combined total of 32 permanent residents. If this approach is agreed, no new permanent residents would be accepted.
- b) Phase 1 – sell 2 homes as going concerns, (Cooper House and Abbey House) commencing 2013/14. As at 22nd July 2013 these homes have 56 residents. If this approach is agreed, the homes to be sold as a going concerns will continue to accept new residents.
- c) Phase 1 - commence the development of a new 60 bed intermediate care facility, which would replace the services delivered from Brookside Court. It is already an intermediate care facility, so no permanent residents will be affected by the closure. Preston Lodge would provide assessment beds and respite until the new facility is operational.
- d) Phase 2 - would be determined after an evaluation of phase 1 and potentially include further sales as going concerns, where there has been expressed market interest (Arbor House and Thurn Court) and one closure (Preston Lodge) where there has been no interest expressed.

6.5 The following provides a summary of the proposed phased option.

No. perm Beds	No. of perm res at 22 July 2013	Name	Plan	Comment
38	9	Elizabeth House	Close early 2014 with site available for disposal	Low number of permanent residents
24	17	Nuffield	Close early 2014 with	Low number of

		House	site available for disposal	permanent residents
40	6	Herrick Lodge	Close early 2014 with site available for disposal	Low number of permanent residents
29	29	Cooper House	Seek sale as going concern. Procurement to commence 2013, with sale anticipated in 2014	Soft market testing indicates interest
33	27	Abbey House	Seek sale as going concern. Procurement to commence 2013 with sale anticipated in 2014	Soft market testing indicates interest
		Abbey Mills	78 bedded Extra Care facility opens in 2014	The Council will have 100% nomination rights to 50 flats
Evaluation of Phase 1- Proposed Phase 2				
No. perm Beds	No. of perm res	Name	Plan	Comment
40	32	Arbor House	Consider for sale as going concern Procurement to commence June 2015. Sale anticipated in 2016/17	Soft market testing indicates interest
38	30	Thurn Court	Consider for sale as going concern. Procurement to commence June 2015. Sale anticipated in 2016/17	Soft market testing indicates interest
27	N/A Intermediate Care facility	Brook-side Court	Will close in 2015 when new intermediate care facility opens & site available for disposal	Intermediate care would be provided from one facility
40	20	Preston Lodge	Transfer assessment and respite to the new intermediate care facility and consider options including closure	Assessment and respite would be provided from the new facility
N/A	N/A	New Intermediate Care facility	New 60 bed facility will open in 2015	Will replace current fragmented service

7. Implications of the phased approach

- 7.1 This option means some residents would have to be supported to find other placements if their home is closed.
- 7.2 Based on figures at 22nd July 2013, in Phase 1 a maximum of 32 residents would need to move and it is understandable that residents and their families are worried about this change. However, staff are experienced in assisting older people to move to alternative accommodation as existing residents often move to nursing

care. However, each resident will have a named worker and will be fully supported to move to an alternative suitable residential home in liaison with their families/carers.

- 7.3 The position for Preston Lodge would be confirmed after evaluation. If closure was pursued there are currently 20 residents in the home as at 22nd July 2013. It is recommended that permanent admissions cease in any of the homes approved for closure to minimise the impact on resident moves.
- 7.4 There is also some impact on the workforce with a phased approach. The closure of Herrick Lodge, Elizabeth House and Nuffield House in 2014 would place 54.09 full time equivalent staff at risk of redundancy (as at 31st July 2013). This would be mitigated by offering relocation to other homes to replace agency workers and staff who were recruited on a fixed term basis. The 2 homes that would be put up for sale in phase 1 (Abbey and Cooper House) and potentially in phase 2 (Thurncourt and Arbor House) currently have 30.6 full time equivalent agency workers and a further 28 staff employed on a fixed term basis. An indicative trawl for expressions of interest in voluntary redundancy and flexible retirement also indicate a potential further 6 vacancies. Agency/fixed term staff at Preston Lodge could be released to create 8.4 further (albeit temporary) vacancies.
- 7.5 Selling the homes will be supported by Programme Board including officers with the necessary skills, including legal, procurement, property and senior ASC officers, who will work together to draw up the specification outlining the conditions of sale and process to be followed.
- 7.6 Closing the homes will be undertaken in a managed way and each home will have an individual plan for supporting residents to find alternative accommodation, moving staff to homes that will be sold as going concerns and for the sale of the site.
- 7.7 Subject to the Executive decision about the future use of any the sites, the method of disposal will be subject to a separate report, but it should be noted that they could be marketed via the auction process.
- 7.8 Any method of disposal may result in the homes being empty for a period of time. Property officers have experience of securing similar sites in the past which may well include temporary alarm installation and security patrols, although the solution would be tailored for each site. A budget sum has been included in the costings, which is considered adequate to cover any mothballing/security provision which may be necessary.
- 7.9 Should the Council wish to sell any of the properties to a Registered Social Landlord (RSL) for the construction of Extra Care, it is likely that such a sale would be for a nominal sum. In order for such a transaction to be in accordance with the Council's Framework for the Disposal of Property it will need to meet one of the exceptions from open marketing identified within the Framework. In these circumstances the exception regarding disposal to a partner for a purpose which helps the Council deliver its priorities, such as Extra Care would be relevant.

8. Details of Scrutiny

- 8.1 The Adult Social Care and Housing Scrutiny Commission carried out a review of

Elderly Persons' Residential Care in Leicester, and held meetings on 5th October, 20th October, 3rd November, 17th November and 8th December 2011 which were open to the public. A report was considered by the Executive and a detailed discussion then took place with the Scrutiny members. The documentation was then presented to the Overview Select Committee meeting on 15th December 2011.

8.2 Details relating to the soft market testing were also shared with Scrutiny on 1st November 2012 and these are attached at Appendix C.

8.3 The Adult Social Care Scrutiny Commission also considered the proposal at a meeting of the commission on 2nd May, and at 2 special meetings on 1st and 11th July 2013. (Note; a further special meeting of the Adult Social Care Scrutiny Meeting took place on 5th September 2013).

9. Financial, legal and other implications

9.1 Financial implications – Rod Pearson Head of Finance (Adults and Housing)

9.1.1 The financial implications of the phased approach are estimated below. All the figures are highly provisional. They are based on many assumptions and will need to be closely monitored.

9.1.2 **Ongoing savings are estimated at £3.5m per annum.** This is very largely the difference between the cost of running the EPHs, which is currently £8.5m, and the cost of making placements for the residents in the independent sector which would be £5.0m.

9.1.3 This calculation is itself very dependent on assumed occupancy levels in EPHs. The cost of providing residential care in the independent sector is currently £401 per week. The following illustrative figures show the impact of differing occupancy levels:

100% EPH Occupancy (not achievable in practice regardless of demand)

Current annual cost of running 8 homes £8.5m

Independent Sector Costs 282 x £401 x 52 = £5.9m

Annual savings £2.6m

EPH Weekly Cost £580 per person per week

Average Level of EPH Occupancy for April to June 2013 (161 permanent & 42 temporary residents)

If homes continue to be occupied at current levels ie 72% then the potential on-going saving is as follows.

Current annual cost:

203 in EPH at annual cost of £8.5m

Independent Sector Cost 203 x £401 x 52 = £ 4.3m

Saving £ 4.2m

EPH Weekly Cost £805 per person per week

9.1.4 Because of the phased approach the final savings of £3.5m will not be achieved until 2016/17.

9.1.5 The capital cost of the proposed Intermediate Care facility would be in the

region of £6.77m. This includes the cost of fixtures and fittings.

Available funding is as follows:

Funding already approved	£3.0m
Sale of EPH Sites (Preston, Herrick, Elizabeth, Nuffield)	£1.41m
Sale of Brookside	£0.4m
NHS Funding	£1.23m
Total Current Capital Funding	£6.04m

Funding to be found	£0.66m
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The shortfall would need to be found through one or more of the following options:

- Reducing the capital cost
- A re-direction of resources from the current approved capital programme
- A bid for further corporate capital resources

9.2 Legal implications

Employment Law

The proposed closure and/ or sale of the Elderly Persons Homes have a number of employment implications including redundancy and/ or TUPE. It is recommended that advice is sought from Legal Services throughout this process to allow the Council to meet its legal implications and ensure any risk is minimised.

9.3 HR Implications

Staff briefings have taken place with all employees based at an EPH's and Brookside Court. These covered the legislation surrounding redeployment and redundancy as well as TUPE. For staff in homes proposed for closure redeployment and redundancy is likely to be applicable whilst those proposed for sale are likely to be subject to a TUPE transfer to the new provider. (Fixed term workers, those not currently based at their substantive locations and admin and business support officers have all been spoken to separately to advise them of their specific positions). Collective and Individual consultation has already commenced in respect of the three homes proposed for closure in phase 1 and this would be continued if a decision were made to proceed.

A range of options have been worked up to avoid compulsory redundancies and retain staff wherever possible including voluntary redundancy 'bump ons', ring-fenced promotional opportunities and internal moves into existing vacancies. TUPE consultation would also be required if a decision is made to sell some homes as going concerns and sufficient time should therefore be built into any process to allow for this. An open dialogue should be maintained with HR who can advise on the timescales for these processes to run concurrently with the assessment and moves of the residents.

9.4 Equality Impact Assessment – Angela Hepplewhite

An Equality Impact Assessment (EIA) and addendum are attached at appendix D. In the latest consultation exercise a further impact was identified. Residents and relatives felt that there was a risk that residents could have to move to homes in a different area. They felt that this would have a negative impact on them and their

relatives by making it difficult to visit. This impact required no change to the action plan, as it is covered by measures already put in place.

Based on figures as at 22nd July 2013 there are currently 170 long term residents in the homes. Residents are predominantly White British and female. 90% are White British with 10% from BME communities. 68% are 86 years old or over. 35% have dementia, 18% have mental health needs and 30% have physical disabilities. 15% are frail or have temporary illness and 2% have other vulnerabilities.

9.5 Climate change and carbon reduction implications

EPH's are large consumers of energy, particularly in the heating of these buildings. The sale of Thurn court, Arbor House, Abbey House and Cooper House will result in a significant reduction in the carbon footprint of ASC; based on previous consumption figures, just under 670 tonnes of CO₂e would be saved per annum. The closure of Nuffield, Preston Lodge and Elizabeth House would save around 550 tonnes CO₂e per annum based on previous consumption figures. In total the closure and transfer to private ownership of the EPHs as discussed in the report would save around 1,200 tonnes CO₂e per annum. This is in a context of an overall Council carbon footprint of just under 70,000 tonnes CO₂e per annum so achieving nearly a 2% reduction in the Council's total carbon footprint which will help the Council move towards achieving its carbon reduction targets. Of course, those EPHs that are sold and remain open will still be emitting similar levels of carbon as they were under Council ownership and so although the proposals will result in a reduction in the Council's carbon emissions it will not result in a reduction in city-wide carbon emissions.

Helen Lansdowne Senior Environmental Consultant Ext 29 6770

10 Summary of appendices:

Appendix A	Summary of the 2011 and 2013 consultation and officers responses
Appendix B	Letter from Unison and officers responses
Appendix C	Soft market testing report to ASC & Housing Scrutiny Commission
Appendix D	EIA and addendum
Appendix E	Responses from staff consultation
Appendix F	Full consultation report for the 2013 exercise

11 Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

Yes.

12 Is this a “key decision”?

Yes

13 If a key decision please explain reason

This is a key decision with major political and financial implications following statutory consultation and is key for the following reason:

“likely to result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council’s budget for the service or function to which the decision relates.”

Appendix A- Public Consultation – summary and officers responses

Introduction

A consultation exercise was carried out between March and June 2011 on the future of the Council's EPH's, which suggested that we should look at more proposals for change. A further consultation on revised proposals was carried out between 4th July to 26th September 2011. Consultation focused on the proposals as detailed below, and said that we wanted to hear detailed and wide-ranging views. This was because any final decisions from the consultation might well result in a combination of the proposals or have different results for individual homes.

The 2011 proposals, in summary were:

- 1) Re-invest in intermediate care by closing some or all of the homes,
- 2) Sell or lease some or all of the homes as going concerns, or
- 3) Close homes with, or when they have, low occupancy and have no further admissions.

These proposals can be seen in full later in this document. The 2011 consultation was led by a small in-house consultation team within ASC at Leicester City Council.

A full report, detailing all the comments gathered during the 2011 consultation, is available at: http://consultations.leicester.gov.uk/adult-social-care-health-and-housing/leicester_eph_consultation

The overriding message that came out of this consultation was that residents and their relatives did not want the homes to close. However, if a change was necessary most residents would prefer the homes to be sold or leased to an alternative provider/s as a going concern.

The Adult Social Care and Housing Scrutiny Commission reviewed the proposals of the 2011 consultation.

A proposal was suggested to the Executive in March 2013, which suggested a phased approach to selling some of the homes as going concerns and closing others. It was agreed that collective consultation should take place with the unions and any new permanent residents who had moved into the homes since the previous consultation ended should also be engaged.

People who took part in the first consultation were advised that they did not need to give a view again, but if they would like to they could do so.

The proposals for change are in 2 phases as detailed below:

Phase One - Elizabeth House, Herrick Lodge and Nuffield House
What could happen if change was agreed?
The Council would close Elizabeth House, Herrick Lodge, and Nuffield House in 2014.
If change was agreed we would support all residents to help them find another home that meets their needs. The homes would close only when all residents had moved.
Staff would also be offered support to find another job if they are employed in the homes proposed for closure. This could include potentially transferring to one of the homes proposed for sale, although they would be subject to TUPE if the home was transferred to another provider. They could also be considered for redeployment in another job in the Council or redundancy. They would also be offered interview

training and counselling.

Phase One - Abbey House and Cooper House

What could happen if change was agreed?

The Council would put Abbey House and Cooper House up for sale as going concerns in 2014.

If change was agreed and the sales were successful residents would be able to stay in the homes. The homes would be owned and run by a new organisation.

Staff would be able to stay working at the homes and TUPE transfer to the new organisation.

Phase Two - Arbor House and Thurn Court

What could happen if change was agreed?

The Council would put Arbor House and Thurn Court up for sale (a decision about this would not be made until an evaluation of Phase 1).

If change was agreed and the sales were successful residents would be able to stay in the homes. The homes would be owned and run by a new organisation.

Staff would be able to stay working at the homes and TUPE transfer to the new organisation.

Phase Two - Preston Lodge

What could happen if change was agreed?

The Council would close Preston Lodge (a decision about this would not be made until an evaluation of Phase 1).

If change was agreed we would support all residents to help them find another home that meets their needs. The homes would close only once all residents had moved.

Staff would also be offered support to find another job if they are employed in the homes proposed for closure. This could include potentially transferring to one of the homes proposed for sale, although they would be subject to TUPE if the home was transferred to another provider. They could also be considered for redeployment in another job in the Council or redundancy. They would also be offered interview training and counselling

The proposals of the 2011 consultation

Proposal 1

Re-invest in intermediate care by closing some or all of the homes. This proposal would mean working with residents and their families to find homes in the independent or voluntary sector. This includes Extra Care type housing. This option allows the homes to close.

‘Intermediate care’ is the name given to a range of social care services that may be available to promote faster recovery from illness, avoid unnecessary admission to hospital, support timely discharge from hospital and avoid premature long-term admission to a care home.

Proposal 2

Sell or lease all or some of the homes as going concerns to voluntary, independent or social enterprise providers. One or more organisations would take over the care of

residents, the employment of staff and the maintenance of the buildings. Residents would be able to choose to stay in the homes, but the plan would be for the new organisation(s) to develop and modernise the homes in the future.

Proposal 3

Reduce the number of homes by closing those with (or when they have) low occupancy, and not having any new admissions to the homes. This proposal recognises the fact that homes with low occupancy are less cost-effective and can have an impact on the morale of residents and the workforce. It allows a phased approach to closure over time. This proposal would mean working with residents and relatives in homes with low occupancy to help them find a place in another home.

Consultation with new permanent residents (2013)

The 'top up' consultation exercise was for all new permanent residents who had moved into the homes since the consultation ended in 2011 and was based on the above proposals and the implications for their particular home. Residents who took part in the 2011 consultation exercise were also advised they could make further comments on the proposals if they wanted.

Residents themselves were consulted directly wherever possible, along with their relatives where appropriate. Relatives or friends were involved on behalf of anyone who lacked mental capacity to take part themselves. Those without mental capacity or someone who could act on their behalf were represented by an advocate through the Alzheimer's Society.

Consultation method

A letter was sent to new residents which informed them about what has happened since the 2011 consultation and the current proposals. The letter informed them that they would be invited to a one-to-one interview to discuss their views. The letter also encouraged them to speak to their home manager if they were concerned, and gave them further information on how to contact us through the helpline or by writing to us. An information leaflet was included with the letter. Letters continued to be sent to new admissions throughout the consultation period.

Residents involved in the 2011 consultation received a different letter, plus the information leaflet. They were informed of the updated proposal for their home and were assured that their views given at that time would still be taken into account. If they had any concerns or further views they could speak to their home manager, contact the helpline or write to us.

The letters to all permanent residents were given to the home managers to distribute, and home managers had been briefed on their responsibilities to help residents and their families to understand the letters and the information. They were instrumental in ensuring that residents were not unduly stressed or upset by the documents sent out. Letters to next of kin, where appropriate, were sent directly to their home addresses.

Letters and information about the consultation were sent to organisations representing the interests of older people.

Letters were sent to city councillors and local MPs with information about the consultation.

Letters were sent to staff at the residential care homes notifying them of the latest consultation.

It was stressed in all letters that a decision had not yet been made.

Social care staff carried out one-to-one interviews with all new residents and/or their next of kin. The purpose of the interviews was to discuss, in a private setting, individual concerns and issues about the ideas for change. These interviews were also offered to anyone else who became a permanent resident throughout the consultation period.

Some residents and/or their next of kin declined an interview, mainly due to next of kin not being able to attend. In these instances, they were offered the opportunity to fill in and return a questionnaire instead. The questionnaire included the same questions that were asked at the interviews.

A follow-up call was made to anyone who did not return the questionnaire to give them every opportunity to respond. If views were given over the phone, these were recorded.

A telephone helpline was available to anyone who wished to discuss the proposals in more detail. A generic email address was also available for people to make their views known. People were offered the opportunity to write to us if they wished. Any contact made by these methods was robustly recorded and responded to appropriately.

During the consultation period three petitions were received. These have been dealt with in accordance with the council's petitions scheme and have been included as part of the consultation responses.

The way responses were gathered was largely qualitative which has resulted in a wide range of comments and opinions. For each home, responses were analysed to identify key themes.

The range of responses depended on what the proposals were for each home. For example, people from homes that are proposed for closure in 2014 generally felt differently from those who live in homes which are proposed for sale.

Headline findings from the 2011 public consultation exercise and the 2013 top up exercise with new residents and the Council's response

The following information details the headline summary findings from the 2011 consultation and the 2013 to up exercise for new residents and provides officers responses. Full details, including comments from residents can be found at Appendix F.

PROPOSAL	HEADLINE FINDINGS
Close Phase 1	
Elizabeth House	
Proposal: Close	In the 2011 consultation, 55% of residents and relatives disagreed with the proposal of reducing the number of homes by closing those with (or when they have) low occupancy, 9% weren't sure, 18% agreed with reservations and 18% did not answer.
Number of responses: 2011 = 11 2013 = 5	In the 2013 consultation update, 80% broadly disagreed with closure and 20% broadly agreed with reservations.
	Summary The main concerns, amongst others, were location of where residents would move to and the effect a move would have on residents' wellbeing.

	<p>It was felt that the council should look at making savings elsewhere so that the home could stay open. However, if there was the possibility of selling it as a going concern, this was preferable to closure. If it had to close, the council should ensure that the new home is safe and suitable.</p> <p>Response: If change happens dedicated and experienced care management staff would be based in the home. They would work very closely with each resident and his or her relatives to make sure that a new home is found that addresses all their needs, including location. Each person would have a moving plan identifying any risks which need to be addressed to ensure there is minimal individual impact.</p> <p>The Council faces very difficult decisions on all its services, due to central Government spending cuts, at a time when the numbers of people needing Adult Social Care (ASC) support is increasing. Therefore, it has been necessary to look at all services funded by ASC to ensure they are relevant and deliver value for money. Unfortunately, the Council's residential homes are more expensive compared to the independent sector and it is difficult to justify continuing to provide the service when there is a cost effective alternative.</p> <p>The preference of selling as a going concern rather than closure is noted and in the event of any decision to sell the home the council would ensure that high quality and experienced providers are identified through the procurement process.</p>
<p>Herrick Lodge</p> <p>Proposal: Close</p> <p>Number of responses: 2011 = 7 2013 = 1</p>	<p>In the 2011 consultation and this update on the proposal of reducing the number of homes by closing those with (or when they have) low occupancy and the proposed closure of Herrick Lodge, 72% of residents and relatives disagreed, 14% weren't sure and 14% agreed with reservations. These consultation exercises have been combined due to the small number of available responders in the 2013 exercise.</p> <p>Summary Responses, along with the petition, indicate that there is strong feeling that the home should not close, as it was perceived to fulfil a specific care need for a particular part of Leicester's community. There is also a suggestion that the home is not being utilised to its full potential and that there are people who could move in.</p> <p>Response: All care homes in Leicester should be able to provide services to people whatever their cultural or religious needs. In addition there are 7 homes that market themselves as Asian lifestyle homes. Customers are free to choose a home that meets their needs.</p>

<p>Nuffield House</p> <p>Proposal: Number of responses: 2011 = 13 2013 = 11</p>	<p>In the 2011 consultation 85% of residents and relatives disagreed with the proposal of reducing the number of homes by closing those with (or when they have) low occupancy and 15% were not sure.</p> <p>In the 2013 consultation update, 91% broadly disagreed with closure and 9% broadly agreed.</p> <p>A number of other responses were received regarding the proposal for Nuffield House, including a petition against the closure.</p> <p>Summary There is a strong feeling that the home should remain open and in council control. The overriding concern from the interviews was the effect a move would have on residents' wellbeing.</p> <p>However, if there was an opportunity to sell the home as a going concern, this was seen as more acceptable than closure.</p> <p>Response: The Council faces very difficult decisions on all its services, due to central Government spending cuts, at a time when the numbers of people needing ASC support is increasing. Therefore, it has been necessary to look at all services funded by ASC to ensure they are relevant and deliver value for money. Unfortunately, the Council's EPS's are more expensive compared to the independent sector and it is difficult to justify continuing to provide the service when there is a cost effective alternative.</p> <p>If change happens dedicated and experienced care management staff would be based in the home. They would work very closely with each resident and his or her relatives to make sure that a new home is found that addresses all their needs. Each person would have a moving plan identifying any risks which need to be addressed to ensure there is minimal individual impact.</p> <p>The preference of selling as a going concern rather than closure is noted.</p>
<p>Sell Phase 1</p>	
<p>Cooper House</p> <p>Proposal: Sell</p> <p>Number of responses: 2011 = 21 2013 = 17</p>	<p>In the 2011 consultation, 50% of residents and relatives disagreed with the proposal to sell or lease some or all of the homes and 40% agreed. 5% had reservations about the proposal. The remaining 5% either did not answer or were not sure.</p> <p>In the 2013 consultation update, 41% agreed with the proposal to sell Cooper House, 47% disagreed and 12% agreed with reservations.</p>

	<p>Summary Generally people felt sad that the home was proposed for sale, but if it were to be sold, assurances were needed that things would not change for them as residents. Concerns include costs and quality of care if a private provider is in place. Some concerns about having to move remain, due to worries about what a buyer would want to do with the home.</p> <p>Response: If change happens and homes are sold as going concerns they would be owned and run by a new organisation. Staff would also be able to stay working at the homes, so there would be continuity of care for residents. Standards would be monitored by the CQC and the Council. When selecting a new organisation the Council would make sure that places are still affordable for customers.</p>
<p>Abbey House</p> <p>Proposal: Sell</p> <p>Number of responses: 2011 = 23 2013 = 14</p>	<p>In the 2011 consultation, 4% of residents and relatives agreed with the proposal of selling or leasing some or all of the homes, 35% disagreed and 61% agreed with reservations.</p> <p>In the 2013 consultation update, 50% broadly agreed with the proposal to sell, 21% broadly disagreed and 29% broadly agreed with reservations.</p> <p>Summary Generally, the majority of people were largely in agreement with a sale as long as all standards are maintained and costs are not increased. Residents wanted to keep the same staff who they had built up a relationship with. Some residents had no concerns, but of those that did, these included the situation and motives of a buyer, quality of care, staff relationships and the desire for things to stay the same.</p> <p>Response: If change happens and homes are sold as going concerns they would be owned and run by a new organisation. Staff would also be able to stay working at the homes, so there would be continuity of care for residents. Standards would be monitored by the CQC and the Council. When selecting a new organisation the council would make sure that places are still affordable for customers.</p>
Close Phase 2	
<p>Preston Lodge</p> <p>Proposal: Close – decision to be made after an evaluation of Phase 1</p> <p>Number of</p>	<p>In the 2011 consultation, 8% of residents and relatives agreed with the proposal of reducing the number of homes by closing those with (or when they have) low occupancy, 48% disagreed, 9% weren't sure, 26% agreed with reservations and 9% didn't answer.</p> <p>In the 2013 consultation update, 90% broadly disagreed with the proposal of closure and 10% broadly agreed with reservations.</p>

<p>responses: 2011 = 23 2013 = 10</p>	<p>Summary The overall feeling was that if there was an opportunity to sell the home as a going concern this would be preferable. If the proposal was to go ahead, residents and their relatives want to be kept fully informed and have a significant level of support. The main concerns were the upset that a move would cause and the effect on residents' wellbeing. It was felt that the council should keep Preston Lodge open by looking for savings elsewhere.</p> <p>Response: A decision will not be made until Phase One is evaluated. This means that it is possible that new providers could express an interest. However, at the moment, no viable interest has been shown.</p> <p>If it is decided that Preston Lodge be closed, dedicated and experienced care management staff would be based in the home. They would work very closely with each resident and his or her relatives to make sure that a new home is found that addresses all their needs. Each person would have a moving plan identifying any risks which need to be addressed to ensure there is minimal individual impact.</p>
<p>Sell Phase 2</p>	
<p>Arbor House</p> <p>Proposal: Sell – decision to be made after an evaluation of Phase 1</p> <p>Number of responses: 2011 = 29 2013 = 8</p>	<p>In the 2011 consultation, 52% of residents and relatives disagreed with the proposal of selling or leasing all or some of the homes as going concerns, 3% weren't sure, 38% agreed with reservations and 7% didn't answer.</p> <p>In the 2013 consultation update 25% broadly agreed with the proposal, 62% broadly disagreed and 13% broadly agreed with reservations.</p> <p>Summary There is a large proportion of residents who are disappointed that the home is proposed for sale and disagree with it. However, there is a level of understanding of the reason for the proposal, even though they disagree. The main concerns relate to quality of the service (including care), potential cost increase and loss of relationships with staff and residents. There are also concerns about quality of care in the private sector and worry that things may change in the home. If the proposal was to go ahead, residents and relatives feel very strongly that they should be kept fully informed.</p> <p>Response: If change happens and homes are sold as going concerns they would be owned and run by a new organisation. Staff would also be able to stay working at the homes, so there would be continuity of care for residents. Standards would be monitored by the CQC and the Council. When selecting a new organisation the Council would make sure that places are still affordable for customers.</p>

	<p>The independent sector is monitored in the same way as Council homes by the CQC. In addition to this, the Council separately monitors independent sector homes. There are robust mechanisms to ensure that notified concerns are addressed to help ensure that people are safeguarded.</p>
<p>Thurn Court</p> <p>Proposal: Sell – decision to be made after an evaluation of Phase 1</p> <p>Number of responses: 2011 = 23 2013 = 22</p>	<p>In the 2011 consultation, 31% of residents and relatives agreed with the proposal to sell or lease all or some of the homes as going concerns, 17% disagreed and 52% agreed with reservations.</p> <p>In the 2013 consultation update, 27% broadly agreed with the proposal to sell as a going concern, 27% broadly disagreed, 23% were not sure and 23% agreed with reservations.</p> <p>Summary The overriding message is that residents do not want to move and, although they would prefer it to stay in Council control, if the proposal was to go ahead, there should be no disruption or change in quality. There is also concern about potential cost increases.</p> <p>Several residents and relatives have expressed confusion and distress about the proposal and do not understand why the council is proposing this.</p> <p>Response: If the home is sold as a going concern then the Council would look to making contracts with the new providers that ensure that what they provide is suitable and that they have to keep the building for residential care for a certain period of time. Staff would be subject to TUPE transfer.</p>
General responses	<p>Responses were also received about the consultation in general.</p> <p>UNISON provided a comprehensive response which is detailed at Appendix B, including officers responses.</p> <p>One petition was received that was against closure of any of the homes (this was in addition to the two petitions specific to Nuffield House and Herrick Lodge).</p> <p>A small number of other responses were received by email, letter and on the helpline. The majority of these were specific to a home and have been included with the detailed feedback for each home in the full report.</p>

Conclusion

Taking into account the findings from the 2011 consultation and the top exercise in 2013 the large majority of residents, relatives and other interested parties disagree with closure of any homes. However, if an opportunity became available to sell them as going concerns, this would be more acceptable than closure. Some key concerns overall were the effect a move may have on residents' wellbeing, the loss of relationships with staff and residents, potential cost increases in new homes, quality of care and location.

In addition to the feelings against closure, three petitions were received opposing proposals for closure. One of these was against closure of any of the homes, one was specific to Nuffield House and one was specific to Herrick Lodge.

For homes proposed for sale as going concerns, there is a mixed picture, with a split between those who agree, disagree and have reservations. Overall, people would prefer the homes to remain in Council control, but see sale as a going concern as a more acceptable alternative than closure.

The main concerns are the quality of care in private homes, potential cost increases and people wanting assurance that nothing will change. There are also some concerns about what will happen after the homes are sold, as people feel that there is potential for them to be closed, or the quality to decrease to maximise profit. However, it should be noted that there are residents who have no concerns and are happy for the homes to be sold.

If the concerns and reservations were addressed, this would increase the number of residents and their relatives who agree with the proposals, particularly for the homes proposed for sale.

Appendix B – UNISON submission and officers responses

The following information provides a summary of the issues raised by UNISON and officers responses. UNISONS full submission is included at the end of this appendix.

Summary of the issues and officers responses

- a) People wanted to live independently, but it was likely that they would need more intensive care as they got older and the advanced stages of dementia or with complex health needs.

Response: Officers agree with this point, but the independent sector is able to provide this care, especially if nursing care is needed, which the council cannot legally provide.

- b) The plan to invest in a 60 bed intermediate care facility is commendable it was of no interest to current service users.

Response: Officers agree with this point, but alternative options for using the homes was requested by the Adult Social Care & Housing Scrutiny Commission.

- c) Increased demand as the population gets older, also the demand for the Council's homes started to decline following the 2011 consultation exercise.

Response:

The demand for residential care has been declining in both the public and independent sectors for a number of years. There has been a general decline in the number of people choosing in house placements over the last ten years. Since the consultation in 2011 numbers have fluctuated with the current position showing a net increase of 9 permanent residents.

- d) The desire to have en-suite bathrooms should not be a factor in the decision making process.

Response:

Although many current residents may not value en suite facility, people's expectations are increasing generally and en-suite facilities will be important for many people in the future.

- e) The response highlights concerns that the proposal being driven by cost savings rather than demand/policy.

Response:

Declining demand is a factor in the proposal for change. However, the Council is faced with the need to make substantial savings and ensure that it secures value for money.

- f) The consultation exercise only focused on closure or sale of the homes, with no opportunity for the consultees to propose alternative options.

Response:

All residents were asked whether they had any alternative ideas for the homes. These ideas are listed in the consultation report at Appendix E.

- g) There could be a detrimental impact on residents and financial implications.

Response:

We would follow good practice guidance for local authorities, in helping residents and families manage the transition to another home. Our staff are very experienced in helping people to move to alternative accommodation. The Council is committed to supporting people to find a suitable alternative placement, should change take place, and we would consider any individual financial issues within this context.

- h) Concerns that the independent sector is profit driven at the expense of delivering quality care.

Response:

The independent sector is monitored in the same way as the Council's EPH's by the Care Quality Commission (CQC). In addition to this, the Council separately monitors the independent sector homes. There are robust mechanisms in place to ensure that notified concerns are addressed to ensure good quality care and that people are safeguarded.

- i) An alternative proposal would be to keep all or some of the homes open and focus on dementia care and to consider a joint enterprise with health.

Response:

The Council is statute barred from providing nursing care. The Leicester Clinical Commissioning Group (CCG) buys its nursing care placements from the independent sector and they have stated that they would not want to change this arrangement, especially as placing people in the Council's EPH's would increase their costs.

80% of people placed into residential care have dementia and people are only placed in the homes that are registered to provide dementia care. The Council also provides free dementia and other training for the independent sector to ensure they implement good practice. Also CQC also monitors to ensure the provision of quality care, including dementia care. Therefore, it is difficult to understand what benefits would be achieved from the Council focussing on dementia care.

- j) There is concern that staff transferred to a new organisation would have their terms and conditions changed.

Response:

A new employer can only change a transferring employee's terms and conditions for an economic, technical or organisational reason or a reason which is unconnected to the transfer.

UNISON RESPONSE TO EPH PROPOSALS – 2013

Content

1. Pre-amble

2. Rationale for proposals

3. Consultation

4. Impact on service users

5. Other considerations

6. Counter Proposals

7. Conclusion

Preamble

We would begin this response by highlighting the fact that the future of Leicester City Council's Elderly Persons Homes (EPHs) has been under threat for the past four years.

Initially the closures of the EPHs appeared as a budget proposal in the 2009-10 budget.

A best value review was proposed because *'in-house provision is more costly at present than externally commissioned provision. The review will examine all options for reducing that differentiation in cost. The savings attached are target savings'* (£12.7m by 2011/12).

By the 2012/13 budget – the same text appeared but the phrase *'best value review'* had been dropped. At this point the claim was made that this proposal was now driven by policy rather than budget.

By this time we were being asked to believe it was no longer about cost but about 'choice and independence' etc.

The FAQs that accompanied the consultation at this time (2011) betrayed the fact that cost remained at the heart of things.

"The Council's homes are becoming less and less popular: the number of people choosing to live in them is falling year on year. Many of the homes require a great deal of maintenance and investment and do not meet modern standards. For example, rooms are not big enough to deal with equipment that might be needed to help a person to move around, and residents have to share bathrooms and toilets."

It is quite clear that those people presently residing in Leicester City Council's Elderly Person's Homes will derive no benefit from the current proposals. Only self-deception could convince anyone otherwise.

At the outset UNISON wish to make it clear that we do not dispute the assertion that people wish to remain as independent for as long as possible and generally speaking independence is seen as remaining in their own homes. This is a perfectly natural aspiration. What can't be ignored however is the fact that we are an aging population and dementia is an illness affecting ever greater numbers of people. Ultimately there comes a time when residential care is the safest, most cost effective option for those in the advanced stages of dementia or with complex healthcare needs.

Whilst investing in intermediate care may be both commendable and necessary it is not a replacement for residential care and UNISON believes that the public sector ought to be part of the provision of that care.

1. Rationale for Closure/Sale

(i) Falling Numbers

A variety of reasons have been forwarded for what is essentially a decision by Leicester City Council to divest itself of its EPHs; falling numbers is cited as one of the major factors. As supporting evidence for the proposals a document entitled 'Declining Numbers' was presented to the trades unions. On the face of it this appears show diminishing demand for residential care in both the public and private sector.

The column headed 'National demand for places in public sector care homes' appears to show a startling drop in demand; however UNISON believes what it actually reflects is the falling number of public sector care homes (and therefore places) available. Leicester City Council isn't the first Authority to sell off its homes. A truer picture might be derived if there was also a column showing national demand for places in independent care homes.

Also whilst numbers are diminishing currently (probably due in part to falling birth rates in the 1930s), most people are well aware of the demographic time bomb that the country faces with a growing elderly population set to rise significantly by 2031. The proposed strategy in respect of intermediate care will not help address the problem that this city will face over the next 10 -25 years.

The very report which is being relied on to evidence the aspirations of the aging population shows that there will be an increase in those aged 65+ in Leicester and Leicestershire of over 30,000 by 2025. There will be particularly significant increases in those aged 80-84 and 85+¹. In fact by 2031 there will have been an increase in the over 85s by 53%². It is this section of the population for whom residential care may ultimately become a necessity.

In respect of the other figures presented, it is of note that the numbers within the Authority's EPHs began to decline shortly after 2009/10 – the time when the uncertain future of the EPHs was made public; it looks entirely possible from the figures that the number of residents was on the increase again. Given that 82 people opted for Council's EPHs despite the uncertainty it seems likely that if the future had been more certain these figures would be higher.

UNISON believes that at least in the period 2010 – 11 social workers were being 'advised' not to place people in Council run homes. It is clear from the consultation exercise undertaken in 2011 that this perception was shared by service users and their relatives. Indeed one advocate from the Alzheimer's Society asserted they had been told by social workers that they could not make referrals for placements in local authority homes³.

If consideration of such statistics form part of the decision making process then it needs to be remembered that statistics can be presented in such a way as to demonstrate any assertion; discovering the actual truth of the matter requires more rigorous examination – a more enquiring mind.

(ii) The wish to remain at home/independent

The research by Andy Steele of the University of Salford⁴ is being cited as part of the rationale for the proposals to close or sell the EPHs; specifically it is being used to support the contention that residential care isn't what people want any more. This conclusion however isn't actually the focus of the research;- there was clearly a far wider remit relating to examining under-occupancy in housing, extra care, sheltered housing, retirement villages, as well as trying to establish the aspirations of the BME population and the Gypsy and Traveller community.

Amongst the issues raised in the report were that loneliness and isolation were the attendant problems of 'staying put'; that people wanted company, activities and

¹ A Qualitative Assessment of the Housing Needs and Aspirations of Older People in Leicestershire – Andy Steele May 2010

² Executive Decision Report – Proposal for the Future of the Council's Elderly persons Homes and the development of Intermediate Care Facility – Deb Watson

³ Consultation on the Future of Leicester City Council's Residential Care homes for Older People- part 13

⁴ A Qualitative Assessment of the Housing Needs and Aspirations of Older People in Leicestershire – Andy Steele May 2010

entertainment. It can't be ignored that staying at home; even for those able to do so, is not without its problems.

Ultimately for many there comes a time when home is not an option; touting Extra Care as an alternative to residential care is all very well however it is not for everyone. Those interviewees currently accessing Extra Care expressed concerns about residents with a range of disabilities and high health needs effectively diminishing the level of care provided [to them] overall.

The Joint Dementia Commissioning Strategy⁵ itself acknowledged 'Extra Care may not appropriate for people who are at the advanced stages of dementia'. Worse still, given the reliance on this and similar types of housing provision for the future, is the admission within the strategy itself that 'due to the affordability of Extra Care Housing schemes and with changes in the funding/grant arrangements from the Homes & Communities Agency (HCA), it is unlikely that many traditional Extra Care schemes will be built in the future'.⁶

Similarly Sheltered Housing will not be appropriate for those with multiple health problems

(iii) The desire to have en-suite bathrooms

The 'requirement' for better bathroom facilities has been cited on numerous occasions over the past four years – although significantly not by any of the consultees. The claim however is made that 'Current residents have said that they value the quality of care they receive more than the building they live in, but expectations of future generations will be different. For example the sharing of bathrooms is unlikely to be acceptable in future'.⁷

This assertion is inconsistent with the findings of the assessment of housing needs study which found amongst those consulted that familiar areas near family and social support networks were 'perceived as a higher priority than the *type* [my emphasis] of housing provision'.⁸

Further it also overlooks the truth of the situation which is those requiring residential care are frail, elderly and often have dementia and/or physical disabilities. Of the current 161 residents within the City Council's Elderly Persons Homes 32% have dementia; 19% mental health needs; 34% physical disabilities and 15% are described as frail or having a temporary illness.⁹

The often ignored reality is that the majority of residents will require assistance with their personal care. Personal privacy in the bathroom is lost as safety becomes the greater concern and support is required. What these people need (and get currently) is care - not en-suite bathrooms.

⁵ Leicester, Leicestershire and Rutland Joint Dementia Commissioning Strategy 2011-2014 p.23

⁶ Ibid p.24

⁷ Consultation on the Future of Leicester City Council's Residential Care Homes for Older People

⁸ A Qualitative Assessment of the Housing Needs and Aspirations of Older People in Leicestershire – Andy Steele May 2010 p.33

⁹ Executive Decision Report – Proposal for the Future of the Council's Elderly persons Homes and the development of Intermediate Care Facility – Deb Watson p12

There is clearly an attempt by those involved in establishing strategies/services for the future to empathise and project their own wants into the process; however one of the problems encountered is that it is very difficult to envisage yourself being so highly dependent. No-one wants to believe that there will come a time when they are almost entirely dependent on another person to take them to the toilet; to bathe them or to deal with their incontinence.

The other contention in respect of this issue is that the independent sector currently provides such facilities or if it doesn't 'the market will provide'.

Alas neither of those assertions is entirely true.

(iv) Cost

As stated at the outset the proposition to close and/or sell the EPHs arose initially as a budget proposal; and despite assertions about choice, personalisation, falling numbers etc. UNISON believes cost remains at the heart of the matter. As such the issue is essentially one of priority.

No-one is claiming that residential care is no longer necessary – it clearly is; the decision by Leicester City Council to sell or close its homes is simply LCC saying it no longer wishes to be in the market to provide such care.

Whilst UNISON acknowledge that we live in more austere times we take the view that this means a more thorough examination of priorities in terms of public spending in general and in this instance capital spending more specifically.

We note the statement within the EIA which accompanies the proposals - 'The Council cannot afford to modernise its homes to meet long term needs'.¹⁰

It appears to us the Council chooses not to afford to modernise its homes. Without wishing to appear glib the Council (even in these straitened times) can afford capital projects of a less people-centred nature, and can invest both capital and revenue on historical and cultural projects which are unlikely to provide any obvious benefits to the majority of people in Leicester; yet providing the continuity of care that the residents of its EPHs both require and deserve seems beyond their means.

UNISON accepts that alongside a re-evaluation of current corporate capital priorities other finance generating programmes may be required. The increased provision of -and charging for respite care is one possibility (see Para. 6(iii))

Further pooled Local Authority and NHS budgets ought to be considered to fund homes that can provide both specialist dementia care together with nursing care.

It is UNISON's position that the market works better in a mixed economy; with the public sector providing the model in relation to both standards of care and staffing. Better trained and paid staff (with better terms and conditions) results in a stable and well-motivated workforce which is central to the good care of the elderly. Unfortunately this is often lacking in the independent sector.

3. Consultation

¹⁰ EIA - 28 Oct 2011 Appendix 5 221211.

In March-June 2011 the consultation centred on the proposal to close 6 of the EPHs and 'the change of use of 2 homes to short term care'. There was then apparently the suggestion that 'more options for change' should be looked at which resulted in a further period of consultation on revised proposals between July and September 2011.

The options at this point were not much improved and are paraphrased below:

- (i) Close some or all of the homes and invest in intermediate care
- (ii) Sell or lease some or all of the homes
- (iii) Close the homes with low occupancy.

UNISON is of the view that the basis on which the consultation was undertaken was somewhat disingenuous. Residents and their families were being told that their views were important and would be 'taken into account' or 'fed into the decision making process'. Worse still at the Thurn Court meeting (21/7/11) attendees were told 'what we are consulting on is whether the Council should still run homes itself'¹¹

Clearly that wasn't what was being consulted on and in respect of the notion that views would be taken into account/considered; from the outset it was apparent there was nothing the consultees could do or say which would result in an alternative option being adopted. What the results of the consultation show beyond any doubt is what the vast majority of people wanted was **no change**.

Of the options presented to them, the first, investment in intermediate care, was of no relevance to their present situation. Whilst keeping people in their homes for longer is a commendable aim it is not an option open to the existing residents of the City's EPHs.

The results of the consultation are being presented as option 2 having received the most support. It's apparent that this was regarded as the 'best of a bad bunch' and even then a number of conditions/caveats were forwarded by those consulted.

At Elizabeth House service users and their relatives were 'happy for another provider to take over the home, provided it would be run in the same way as it is now, with the same staff, same health care and same GP etc.'¹²

At Thurn Court the view was 'as long as it was run as well as it is now, the same staff group, the same price, the standards were maintained, the staff salaries and pensions stayed the same'¹³

Leicester City Council however cannot give these guarantees; the provisos raised by consultees in respect of option 2 are not within their gift – yet it appears no-one sought to advise the residents and their families of this fact.

In order to believe the consultation is in any way meaningful requires a high level of cognitive dissonance. The closure/sale of the homes is only linked to the strategy of investing in intermediate care in that Leicester City Council have taken the decision that

¹¹ Consultation on the Future of Leicester City Council's Residential Care Homes for Older People p.76

¹² Ibid p.38

¹³ Consultation on the Future of Leicester City Council's Residential Care Homes for Older People p.70

financially the two cannot co-exist. The long (?) term strategy requires that the stability and security of the current service users be sacrificed.

4. Impact on Service Users

A number of concerns were common throughout the consultation. Many felt there would be a detrimental effect on the health of service users; that they would lose their support networks in that they would be separated from friends and family. For those with dementia the changes could prove devastating.

In reality no matter how carefully moves are managed it is difficult to see a positive outcome for all (see Para. 7 for further discussion).

Financial considerations were also raised. Many people were afraid that fees would increase beyond their means.

The impact on residents cannot and should not be underestimated. The people who reside in the Council's homes are, as it recognises, 'frail elderly over the age of 85'¹⁴. Yet these are the people whom LCC propose to move (or hand over to a new provider). The residents profile shows that 25 of the residents in homes earmarked for closure are aged 91-100, (32 are 81-90 and 3 are 101+).¹⁵

5. Other Considerations

(i) Prospective Buyers

There is clearly a trend within the independent sector to build ever larger care facilities as evidenced by the growth of 60 bedded units such as Beaumont Hall. Whilst the notion of large care homes has long since been rejected for children 'looked after' by the local authority, the older population do not warrant the same consideration. Large impersonal homes no doubt provide economies of scale for those seeking a profit but the levels of care offered must surely be questionable. If staying at home is the wish of the majority of those with a choice then surely an attempt should be made to replicate that homely environment for those people who don't have the choice.

UNISON are concerned that one of the conclusions of the soft market testing is 'the capability to expand on site is critical to market interest'¹⁶

This is surely a timely reminder (as if one were needed) that for many of providers in the independent sector – profit is the driver.

The consultation demonstrated that people's experiences of the independent sector were not always good. Many shared their poor experiences and equally importantly their poor perceptions of the independent sector.

¹⁴ Executive Decision Report – Proposal for the Future of the Council's Elderly persons Homes and the development of Intermediate Care Facility – Deb Watson p.4

¹⁵ Resident profile as at 180213 – Appendix D

¹⁶ Executive Decision Report – Proposal for the Future of the Council's Elderly persons Homes and the development of Intermediate Care Facility – Deb Watson p.5

Indeed even those advocates from the Alzheimer's society felt that council homes 'appear to provide a better quality of life for residents with dementia than many of the private homes they have seen'¹⁷.

Whilst we appreciate LCC's stance as to the quality of care provided in the independent sector it is difficult to detract from the views held by those with actual experience.

Whereas profit may not be the main motivator for the voluntary and social enterprise sector -funding is in the same parlous state as it is in the public sector and therefore the need to maximise finances is no different for them than it is the private or public sector provider.

(ii) 'The Market Will Provide'

Related to the previous paragraph -this claim has been made during the consultation process with the trades unions in relation to the provision of en-suite bathrooms. It prompts the question if the market is truly that responsive – ready to identify need and provide accordingly – why are their insufficient residential places for people with combined dementia and nursing needs? The answer is of course glaringly obvious – profit. If there isn't a profit to be made then the market will not provide. By divesting itself of its in-house service the Council is placing it's faith in the laissez faire - supply and demand -approach of the market to something (the care of the elderly) which ought properly to warrant greater public involvement and protection.

6. Counter Proposals

As we have highlighted throughout this response the existing residents derive no benefit from taking forward any of these proposals – what is being decided upon is just how negative or damaging the impact might be.

(i) Keep all or some of the homes open

The Alzheimer's Society suggested keeping the homes open (due to the better quality of life they offered). The overwhelming results of the consultation concurred with this. It appears this is an option that has not been fully explored and/or has been dismissed out of hand.

UNISON believes that re-aligning capital priorities would allow some if not all of the homes to remain open.

The current proposals can only be viewed as fit for the short to medium term. As previously stated the elderly population is not declining but increasing in the long term. In the not too distant future there will be the need to increase provision. Closing and selling off the properties at this point in time is short sighted and we believe will eventually prove more costly than investment in the medium term.

(ii) Keep all or some of the homes open and focus provision on dementia care

Current figures show 32% of residents have dementia¹⁸. It is unclear whether this figure is consistent with the statement in the joint commissioning strategy that 50% of people in

¹⁷ Consultation on the Future of Leicester City Council's Residential Care Homes for Older People p.82

Leicester City with dementia remain undiagnosed. Whatever the true picture there is a strong case to increase the provision of placements for those with dementia in the city.

A truly creative approach which tackles the real gaps in provision would be to look at a joint enterprise with the NHS to provide residential care for those with dementia who also require nursing care.

As has already been identified the market has to date failed to provide in this area.

Whilst UNISON acknowledges the existence of the dementia care strategy it doesn't address sufficiently the needs of those in the advanced stages of dementia.

'It is estimated that the prevalence of dementia will increase to 1.4million [nationally] over the next 30 years; this is a 100% increase, with associated costs rising to an estimated £50 billion per year'¹⁹. The current direct cost to Leicester, Leicestershire and Rutland (LLR) is £67million per year.²⁰

These are truly terrifying figures – failure to act now will leave the public sector unable to meet the need in a timely way in the future and will cost the economy dearly.

The potential exists to convert a number of current homes into specialist dementia (over a period of time) units thus increasing the likelihood of some service users being able to remain where they are. The phasing of this move would allow those residents who do not meet the new criteria to remain where they are.

(iii) Respite Provision

In terms of provision for those with dementia the Evington centre has 80 in- patient assessment and treatment beds. 'In 2009/10 there were approximately 315 admissions to those beds....The primary reason for admissions related to family or carer breakdown which contributed to 42% of the total number of admissions'²¹

Of significance is that 48% of those admitted were discharged to care homes²²

The failure to support those caring for people with dementia has a huge potential cost to the economy – estimated at £104million pa in LLR – (a cost borne by families and carers). If these carers aren't supported this majority of this cost will pass to public services such as adult social care and the NHS.

Investment in respite supports the stated aim of helping to keep people in their homes for longer.

When closure of the homes was first put forward the proposal was to convert at least two of them into specialist dementia care units. Again UNISON take the view that if the will existed the money could be found to do this.

7. Conclusion

¹⁸ Executive Decision Report – Proposal for the Future of the Council's Elderly persons Homes and the development of Intermediate Care Facility – Deb Watson p.12

¹⁹ Leicester, Leicestershire and Rutland Joint Dementia Commissioning Strategy 2011-2014 p.8

²⁰ Ibid p.11

²¹ Ibid p.18

²² Ibid p.19

The response to the consultation was that no-one wanted to see any change to their current provision. Despite this fact change is what is proposed. Option 2 of the proposals was the lesser of the three evils on offer but acceptance of this came with provisos.

Residents and their families were anxious to keep the same staff group (on the same pay and pensions!). What no-one has said is that although staff would transfer under TUPE regulations in all likelihood it wouldn't be long before the new provider sought to make changes to their terms and conditions. In the current climate it wouldn't take much to establish an economic, technical or organisational reason which would allow them to 'restructure' salaries (down the way). Additionally pensions aren't protected by the regulations so in any event staff face a poorer deal on their occupational pension in their old age. Will staff stay? – I don't think anyone can say with any certainty they will. The continuity of care 'promised' can't necessarily be delivered.

It is those very staff facing redundancy that will be expected to help residents make that difficult transition into new homes. Whilst they will no doubt approach this in the same professional way they always have done this is a different situation to moving someone to alternative accommodation because they can no longer be cared for in the home. In the latter instance it was the residents' needs that dictated a move was necessary. In this instance their needs are not the paramount reason for change.

It will be harder for staff to adequately explain to residents that it is the Council's strategy for the future which necessitates their home closing.

It was recognised in the University of Salford report that 'older people tend not to plan or choose to move to more appropriate accommodation, they move in response to a life crisis.'²³ Peoples' psychology is such that this is unlikely to change. People don't plan to be old, frail or dependent. All the intermediate care, Extra Care or Sheltered Housing provision in the world won't change that.

People don't want change - they like and grow attached to the familiar – whatever that is. The consultees in the University of Salford report demonstrated that those who were in their own homes wanted to stay there, similarly those in supported housing schemes were positive about their experience, and those in Leicester City Councils EPHs speak of the care they receive there in glowing terms. Housing provision for older people needs to be a mixed economy not just to ensure people get what they want but also that they get what they need depending on the time of life they are at and their physical and mental health.

It is UNISON's position that housing for the elderly in its many forms remains the business of the public sector and for the reasons cited above Leicester City Council need to play their part in that provision.

Janet McKenna – UNISON Social Care + Health Convenor

16.05.13

²³ ²³ A Qualitative Assessment of the Housing Needs and Aspirations of Older People in Leicestershire – Andy Steele May 2010 p.31

1. Summary

1.1 The purpose of this report is to update the Scrutiny Commission on the results of soft market testing in relation to the council's eight Elderly Person's Homes. The executive agreed that officers could undertake soft market testing to see if there was any interest in buying the homes as going concerns following statutory consultation.

1.2 During the consultation, undertaken in 2011, most people said that if it was decided that change had to happen they would prefer that the homes were sold as going concerns. This would mean that residents would not have to move out of their homes and there would be continuity of care as staff would transfer to a new provider under TUPE legislation.

2. Main report:

Process

2.1 A soft market testing exercise was advertised on 13th February 2012 via the council's Procurement Portal and Source Leicestershire. It was made clear to the market that this was not a call for competition. Subsequently 350 organisations were contacted, drawing their attention to the advertisement. This included all care home operators in Leicester and Leicestershire, organisations who had expressed an interest in a previous exercise and twenty-five of the major UK providers of residential care.

2.2 Thirty-two organisations expressed an interest and were sent a short application form and of those, sixteen returned completed application forms. There was a mix of local and national providers together with some who have no residential care experience.

2.3 Interested providers were required to sign a Non-Disclosure Agreement (NDA) prior to any information being released to them. This NDA is applicable to both the council and applicant providers; both parties undertake to keep disclosed information confidential. Providers have not been able to visit or view the homes during the exercise. All sixteen providers received an information pack that contained the following broad information:

- Overarching intentions in relation to continuity of care and future commissioning intentions.
- Summarised and Anonymised workforce information.
- Financial information on current running costs.
- Current operational information such as shift patterns, etc.
- Buildings information consisting of floor plans and estimated future repair requirements.
- General contractual information.

2.4 Council officers met eight providers during the exercise. Meetings were conducted by Officers (Interim Director of Care Services, Lead Commissioner, Procurement Officers and Financial Accountant).

2.5 The providers can be defined as five independent companies, one public sector organisation and two registered charities. The majority of providers were Leicester based with only one national company attending. Apart from the national company and

the public sector organisation all the providers were small and medium size companies.

Key Findings From Soft Market Testing

2.6 Although the level of interest was low this has been a successful soft market testing exercise in that it identified that there is an interest in the market for some of the homes, at the same time indicating that it is very unlikely that we would be able to sell all of them.

2.7 The soft market testing confirmed there is interest in the market in some homes and they will accept contracts at the council's current banded rates.

2.8 Most providers felt that local authority banded rates would be acceptable medium to long term. A number of providers felt that they would require support from the council in the short term as they developed the homes to ensure they were on a sound economic base.

Market interest in the Homes

2.9 All providers met by the council commented that they had no interest in one specific home due to its very low occupancy and high running costs. Many felt that this home should not be included in any procurement and that the council was best placed to address the losses sustained. Some providers said they would be interested in the larger homes, 35 plus beds and these larger homes would generate some interest but it is likely to be limited. If the council were to advertise an opportunity to take over the homes on a freehold basis a reasonable estimate is that between two and four Homes could be disposed of as going concerns. This would be dependent on the commercial terms and the level of on-going support from the council.

Level of interest in relation to a range of options around sale or lease of the properties

2.10 The majority of providers preferred a freehold option.

Packaging of the homes

2.11 Most providers preferred that the homes were offered on an individual basis rather than grouped together. No provider demonstrated an interest in acquiring more than two homes.

The council's desire to have an overarching contract for a quality standard of provision

2.12 Providers would accept this.

Continuation of the current occupancy agreements(Subject to resident's agreement)

2.13 Providers would accept this.

Added performance levels around social consideration to include aspect such as jobs, training apprenticeships, community facilities, and community engagement

2.14 A number of providers spoke of community engagement and their desire to integrate the homes into the wider community.

Market Demand and supply

2.15 As part of the soft market testing exercise work was undertaken to evaluate current and forecast supply and demand, some key points identified are that:

- a) The homes are statute barred from providing nursing care. 24 people had to move from the homes to Nursing Care in 2011/12. This is significant in that for many people it is not a home for life.
- b) The voluntary and independent sector provision in Leicester city is stable. On 31st August 2012 there were 191 vacancies in the independent sector homes.
- c) If there was a very large surge in demand e.g. all the councils homes were closed at the same time, there is a risk that this would destabilise the market. This suggest that large market changes need to be managed over time.
- d) The forecast growth in national demand to 2020 is expected to be 4.5%; in Leicester this equates to a required additional capacity of approximately ninety residential and nursing beds. A new independent sixty bed unit is opening in Leicester early next year; this meets two-thirds of the forecast increase in demand.
- e) Leicester's Adult Social Care Vision is based on enabling people to live as long as possible in their own homes with support, and to encourage alternative forms of accommodation. Within the past five years 120 Extra care flats have been developed, providing accommodation with care. Demand for these is high. The 120 places equates to 3 forty bedded residential homes. The number of hours of homecare support has increased year on year, enabling more people to remain at home. Historically, a number of these people would have been placed in a residential home.
- f) Significant resources are being expended on reablement. This means, that a growing number of people can be given short term interventions which assist in enabling them to remain at home. This is also having an effect on reducing the number of residential care placements.

Appendix D - Equality Impact Assessment for service changes / budget proposals

Name of service	In House Elderly Persons Homes
Lead officer and Contact details	Angela Hepplewhite
List of other(s) involved	Equality officer: Joseph Michael, Sukhi Birring, Gurjit Minhas Finance officer: David Roy Quality Assurance: Irene Kszyk

What is this EIA about?

(Please tick✓)

Budget proposal for existing service or service contract to achieve savings	
Budget proposal for new or additional service expenditure	
Commissioning a new service or service contract	
Changing or removing an existing service or service contract	✓

Step 1: The proposal (how you propose to change the service)

Question 1:

What is the proposal/proposed change?
<p>There are three proposals under consideration following statutory consultation described in the appropriate section of the EIA:</p> <ol style="list-style-type: none"> 1) Close all or some of the residential care homes and develop intermediate care services. If this was agreed the Council would work with individuals and their families to find alternative high quality services in the independent or voluntary sectors 2) To sell or lease all or some of the homes to a voluntary or independent sector provider. This would mean that one or more organisations would take over the care of residents, the employment of staff and the maintenance of the buildings. Residents would be able to stay in the homes, but the plan would be for the new organisation(s) to develop and modernise the homes in the future. 3) Reduce the number of homes by closing those with (or when they have) low occupancy, and not having any more new admissions to the homes. This proposal recognizes the fact that homes with low occupancy are less cost effective and can impact on the morale of residents and the workforce. It allows a phased approach to closure over time.
Who will it affect and how will they likely be affected?
<p>At the time of writing there are 161 permanent residents who live in the Elderly Persons Homes who would be affected by change.</p> <p>The Council is able to meet assessed individual needs through which ever option is chosen Currently the vast majority of residential care is commissioned from the independent and</p>

voluntary sectors.

1) Close all or some of the residential care homes and develop intermediate care services. If this was agreed the Council would work with individuals and their families to find alternative high quality services in the independent or voluntary sectors

If this option was implemented there would be a short term negative impact associated with the process of change. However for some residents there could be a positive impact because the independent and voluntary sectors are able to provide nursing care, something the Council cannot offer.

2) To sell or lease all or some of the homes to a voluntary or independent sector provider. This would mean that one or more organisations would take over the care of residents, the employment of staff and the maintenance of the buildings. Residents would be able to stay in the homes, but the plan would be for the new organization(s) to develop and modernize the homes in the future.

If this was implemented there would be a positive impact in the short term as residents would not have to move and this would alleviate anxieties. Continuity of care would be provided by staff who are familiar to them who would TUPE transfer to a new provider. There will be some negative impacts as relatives will be concerned about the standard of incoming providers and the cost of care and this will be mitigated through involving residents and relatives in the procurement process as appropriate and through an effective communication strategy.

3) Reduce the number of homes by closing those with (or when they have) low occupancy, and not having any more new admissions to the homes. This proposal recognizes the fact that homes with low occupancy are less cost effective and can impact on the morale of residents and the workforce. It allows a phased approach to closure over time.

If this was implemented there would be a positive impact on those residents in homes where there were more residents as they would not have to move. However those who had to move to more viable homes would experience anxiety in the short term. It could be argued however that in the longer term there would be a more positive impact on the well-being of individuals as homes with few occupants affect the morale of staff and residents.

Different services collect different types of data and service user information to capture the service they deliver and the outcome service users receive. The aim of the profile below is to capture what you already collect, not to make your information fit a standard template. List the equality profile of your service users. Where you find you do not address a particular characteristic, ask yourself why. You may need to follow up any information gaps as an action point. If this is the case, add it to the action plan at the end of the template.

Question 2:

What is the equality profile of current service users?

Residents living in the home are predominantly White British and Female.

92% of residents are White and 8% are from BME Communities.

71% of residents are 86 years old and over.

32% of residents have dementia, 19% have mental health needs and 49% have physical disabilities.

Four BME residents speak Gujarati as their first language

All have cultural needs relating to their care provision.

There is widespread concern about the impact of closures on individual well-being in the event of a decision being made which requires residents to move out of their home.

There is a widely held perception that the independent sector does not offer high quality accommodation and care. All residents are equally affected by the proposed changes to services. However residents from BME communities feel that they are disproportionately affected as a result of their race.

Do you anticipate any changes to your service user profile as a result of your proposal/proposed change? If yes, how will it change?

None anticipated. However the take up of residential care services is disproportionately low among BME communities and alternatives to residential care are likely to be more popular.

Think about the diversity of your service users and the specific needs they may have that you need to address. For example: School aged children having differing school meal requirements due to their ethnic or religious background.

What are the main service needs and/or issues for those receiving the service because of their protected characteristic?

	Service needs and/or issues by protected characteristic
Age	24 hour care and support is needed for all residents, and will still be needed in any alternative service.
Disability	Support capable of managing a wide range of needs from dementia, to physical needs as a result of long term conditions will be needed for this client group.
Gender reassignment	No known needs
Pregnancy and maternity	Not relevant
Race	Culturally appropriate services
Religion or belief	Services able to support people to embrace their religious beliefs
Sex (gender)	Services capable of promoting personal dignity
Sexual orientation	No known needs

Question 3:

Will the proposal have an impact on people because of their protected characteristic? Tick the anticipated impact for those likely to be affected and describe that impact in the questions 4 & 5 below.

	No impact ²⁴	Positive impact ²⁵	Negative impact ²⁶	Impact not known ²⁷
Age		✓	✓	
Disability		✓	✓	
Gender reassignment	✓			
Pregnancy and maternity	✓			
Race			✓	
Religion or belief	✓			
Sex (gender)	✓			
Sexual orientation	✓			

Question 4:

Where there is a positive impact, describe the impact for each group sharing a protected characteristic. How many people are likely to be affected?

The positive impacts for people in relation to each proposal are as follows:

Proposal One (Re-investing in intermediate care through closing some or all of the homes

The opportunity to move into homes which offer modern standards of accommodation. This includes larger rooms to meet the needs of those who require hoisting because of their disability and accessible bathrooms. The Council cannot afford to modernise its homes to meet long term needs.

Six residents have been identified as needing to move to alternative accommodation in order to more effectively meet their needs, regardless of the cabinet's decision on the proposals.

Proposal Two (Selling or leasing all or some of the homes as going concerns to voluntary, independent or social enterprise providers

The positive impacts include continuity of care for all protected groups since the workforce would transfer under TUPE legislation

Reduced risk of anxiety caused by the process of moving as the residents would be able to remain in their home

Proposal 3 Reduce the number of homes by closing those with (or when they have) low occupancy

This would have a positive impact on the following homes:

Herrick Lodge (5 residents), Nuffield House (13 residents) and Elizabeth House (11

²⁴ The proposal has no impact (positive or negative) on the group sharing a protected characteristic.

²⁵ The proposal addresses an existing inequality experienced by the group sharing a protected characteristic (related to provision of services or facilities).

²⁶ The proposal disadvantages one or more of the group sharing a protected characteristic.

²⁷ There is insufficient information available to identify if the group sharing a protected characteristic will be affected by the proposal.

residents)

Low numbers of residents can impact on morale and well-being. A positive impact could be achieved by moving people either into vacancies in other Council homes or in the independent and voluntary sectors.

Question 5:

Where there is a negative impact, describe the adverse impact for each group sharing a protected characteristic. How many people are likely to be affected?

How can the negative impact for each group sharing a protected characteristic be reduced or removed?

The action plan attached to this report details the particular activities which will reduce negative impacts these can be summarised as follows:

For any proposal that results in residents having to move out of their accommodation the Council will:

- Work carefully with residents and families making them aware of how we would support people who are moving
- Apply good practice and a person-centred approach to sensitive home closures
- Establish a dedicated moving on team who are trained in best practice approaches and can work closely with those affected by change
- Make sure that workers with appropriate language skills can support BME residents and their families
- Make residents aware of the range of options that can meet their cultural needs, and reassure them that alternative provision is available.

For any proposal to sell or lease a home:

- Work with residents and families to reduce their anxieties about provision from other sectors
- Design ways of involving residents and relatives in the procurement exercises and make sure any concerns they have are raised through the process
- Communicate regularly with residents and relatives throughout the procurement process

Question 6:

Which relevant stakeholders were involved in proposing the actions recommended for reducing or removing adverse impacts arising from the proposal?

The measures to reduce adverse impacts arise from social care staff experienced in moving older people to nursing care and other homes.

What data/information/analysis have you used to inform your equality impact findings?

A full data analysis is available with this report regarding the composition of residents in the homes. In addition a number of key documents have informed this equalities impact assessment:

Securing Good Care for Older People Taking a Long Term View- Kings Fund Summary
March 2006

Putting People First 2007

Think Local Act Personal 2011

A Qualitative Assessment of the Housing Needs and Aspiration of Older People in
Leicestershire- University of Salford May 2010

The Review of Published Literature on the Experience of Closure of Residential Care Homes
in the UK- The Institute of Applied Social Studies

Supplementary information

Question 7:

Is there other alternative or comparable provision available in the city? Who provides it and where is it provided?

There is evidence of some alternative capacity in the market to meet the needs of existing residents in our homes. There are currently a total of 23 independent and voluntary sector homes within the city which have a total of 83 vacancies. There are also seven homes which market themselves as 'Asian Lifestyle Homes'.

Can this alternative or comparable provision help reduce or remove the negative impacts identified in Question 5? If not, why not?

If managed well in the context of good practice in supporting those moving

Would service users negatively affected by the proposal be eligible to use this alternative or comparable provision? Would it meet their identified needs?

Yes they would be eligible. The alternative provision will be matched to service users' individual needs, via a person centred assessment.

Question 8:

Will any particular area of the city be more affected by the proposal than other parts of the city? What area and why?

The eight residential care homes for older people are situated in various parts of the City as follows:

residential Homes	Wards
Abbey House	New Parks Ward
Arbor House	Evington Ward
Cooper House	Eyres Monsell Ward
Elizabeth House	New Parks Ward
Herrick Lodge	Latimer Ward
Nuffield House	Western Park
Preston Lodge	Charnwood Ward
Thurn Court	Thurncourt Ward

It should be noted that there is a good network of public transport to enable people without cars to travel to them to visit relatives in the event of some or all of the homes being closed.

Refer to previous evidence regarding positive and negative impacts.

For example, Government policies, proposals or other types of changes to current provision by public agencies; external economic impacts such as the recession continuing and the economic down turn increasing.

Question 9:

Is it likely that there may be other sources of negative impacts affecting service users over the next three years that need to be considered? What might compound the negative effects of this proposal? Describe any additional negative impacts over time that could realistically occur.

Individual needs are likely to change, as is consistent with the age profile of residents. Whilst deteriorating health is a normal part of the ageing process, the review of published literature on care home closures shows no causal link between moving and deteriorating health.

Question 10:

Will staff providing the service be affected by the proposal/proposed changes? If yes, which posts and in what way?

The workforce implications for the proposals are either TUPE transfer or redundancy. In either case, sufficient time will need to be factored in to consult with both trade unions and staff. A number of care staff have already left on voluntary redundancy and their vacancies have been covered through a contingent workforce of agency/ casual staff and overtime.

Date completed

Step 2: Consultation on the proposal

Consulting potential service users on the proposal will provide you with an opportunity to collect information from them on the equality impacts they think may occur as a result of the proposed change, positive as well as negative. For negative impacts, this is an opportunity for them to identify how best to mitigate any negative impacts on them that they think may occur.

Question1:

**What consultation on the final proposal has taken place?
When, where and who with?**

Question 8: There were 2 periods of consultation: 14 March to 14 June 2011 and 4 July to 26 September 2011.

Letters were sent to all residents living in the eight care homes and their relatives including various documents:-

- A leaflet explaining why we need to change the way we manage the residential care homes, and the proposals we are looking at;
- A questionnaire for people to complete and return in a stamped addressed envelope,
- Answers to frequently asked questions (FAQs), and
- Details of meetings that the residents and their relatives could attend to talk through the proposals.

Individual 1 to 1 interviews were offered to all the residents in the homes and their relatives. The purpose of the interviews was to discuss, in a private setting, individual

concerns and issues about the ideas for change.

A programme of meetings was set up to visit each of the residential care homes to meet with residents and their relatives. The format for these meetings involved providing an explanation of why the Council needs to change the way it delivers services to older people in the City and the different ideas being consulted on.

A questionnaire was developed to find out people's views about the proposals affecting the residential care homes. A paper copy of the questionnaire was sent to residents and their relatives with the letter referred to in paragraph a. above. Other recipients of letters were advised about the availability of the questionnaire in paper form or electronically on the Council's public website.

A generic e-mail address (residentialcare@leicester.gov.uk) was set up for people to ask questions and submit their comments. Letters were sent out to organisations that support older people, asking them to consider letting us have their views on the proposals affecting the City Council's homes and to use their networks to ensure that as many people as possible were made aware of the proposals and how they could make their views known.

Refer to Consultation report for detailed findings.

Question 2:

What potential impacts did consultation stakeholders identify?

The negative impacts perceived by those involved in the consultation fall into three broad categories. The first being negative impacts as a result of having to move accommodation, and the second fears of negative impacts as a result of perceptions about private sector provision. The third negative impact is about a gap in service provision for people in ethnic minority provision.

These are summarised as follows:

Closing the homes could affect people's health and well-being. Impacts are perceived as physical and mental ill-health and in a worse scenario premature death.

If people moved to a home in the private sector, residents could be affected. Perceived impacts include poorer standards of care impacting on health and well-being, and the need for residents and families to cover increased costs.

Residents at Herrick Lodge, in particular are concerned that their cultural needs may not be met in another sector.

What positive equality impacts were identified? For people with which protected characteristics?

No positive impacts were identified, as the overriding message in the consultation was that people would prefer not to move.

However, people perceive less negative impacts in relation to proposal 2. This is because there would be continuity of care if staff transferred to a new provider, and residents did not have to move to another residential care home.

People did acknowledge that the development of intermediate care was positive for older

people generally; however they noted that, residents were not likely to benefit from this.
What negative equality impacts were identified? For people with which protected characteristics?
See above

Question 3:

Did stakeholders indicate how positive impacts could be further promoted? How?
Not applicable
Did stakeholders indicate how negative impacts could be reduced or removed? How?
Negative impacts could be reduced though a no change option or mitigated by selling the homes as going concerns

Date completedDecember 2011.....

See also attached addendum dated July 2013

Step 3: The recommendation (the recommended decision on how to change the service)

Question 1:

Has your recommended proposal changed from the proposal in Step 1 as a result of consultation and further consideration?

Yes ☒ No ☐ If 'no', go to Question 2.

If yes, describe the revised proposal and how it will affect current service users?
<p>There are three main elements to the recommended proposal</p> <p>1) Close three homes in 2014 (Herrick Lodge, Elizabeth House and Nuffield House)</p> <p>2) Seek the sale of four homes as going concerns, (Cooper, and Abbey House in 2014/15 and Thurncourt and Arbor House following an evaluation of Phase 1.</p> <p>3) Develop a new intermediate care facility and upon completion close Preston Lodge and Brookside. Preston Lodge currently has 19 permanent residents. It would close in 2015.</p>
What are the equality implications of these changes? Identify the likely positive and negative impacts of the final proposal and the protected characteristic affected.
<p>Go back to the initial exercise you carried out at the beginning, on understanding your equality profile. Re-visit each characteristic and what has changed as a result of amending your recommendation. Revise potential positive and negative equality impacts accordingly.</p>

1) Herrick Lodge, Elizabeth House and Nuffield House have a total of 29 residents. They would be supported to move to other accommodation. No new residents would be accepted into the homes that are closing. This change is likely to be viewed negatively as people would have to move out of their existing accommodation. Residents of Herrick Lodge may feel that services meeting their cultural needs cannot be found easily elsewhere

2) 86 residents at Cooper House, Abbey House, Thurncourt and Arbor House would not have to move and are more likely to be supportive of change although they may have concerns about a change of provider. These residents would benefit from the continuity of care provided by LCC staff transferring under TUPE legislation.

3) 19 residents in Preston Lodge would be supported to move to alternative accommodation which meets their individual needs. A separate equalities impact assessment has been completed for the closure of Brookside Court and re-provision of services in a single location serving the whole City. Brookside Court will not close until a new facility is in place. There are no permanent residents in Brookside and therefore no negative individual impacts. The overall impact is positive since future residents will benefit from improved facilities in a larger facility.

How can any negative impacts be reduced or removed?

See action plan

Question 2:

Are there any actions²⁸ required as a result of this EIA?

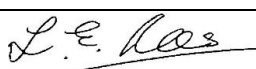
Yes ☐

No ☐

If yes, complete the action plan on the next page.

Date completed220912.....updated 16.10.2012.....

Step 4: Sign-off

This EIA completed by	Name	Signature	Date
Lead officer	Angela Hepplewhite	Paper copy held	
Countersigned by Equalities Officer	Gurjit Minhas Irene Kszyk	Paper copy held	
Signed off by Divisional Director	Tracie Rees		17/10/2012

Completion - Keep a copy for your records, and **send an electronic copy** of the completed and signed form to the [Corporate Equalities Lead](#) for audit purposes

²⁸ Actions could include improving equality information collected or identifying the actions required to mitigate adverse impacts identified in the EIA.

EIA Action Plan In House EPHS

Please list all the equality objectives, actions and targets that result from the Equality Impact Assessment. These should be included in the relevant service plan for performance management purposes.

Equality Objective	Action required	Target	Officer responsible	By when?
To reduce potential for adverse impacts for protected groups moving.	Implement a person centred approach to minimise risk.	Make relatives aware of guidelines of 'How we would support people moving'.	Angela Hepplewhite	(Dependent on Executive decision)
Establish a dedicated moving on team.	Appoint a team	Team appointed and trained in best practice approaches	Ruth Lake and senior care management staff	Dependent on Executive decision)
To ensure BME groups are supported appropriately in any transition.	Assign workers with appropriate language skills.	Workers in place	Ruth Lake	Dependent on Executive decision)
Ensure clearer understanding of how BME needs will be met.	Frontline workers to work closely with relatives and residents.	Common understanding on how BME needs can be met in mainstream settings or via <i>Asian lifestyle homes</i> in alternative sectors.	Ruth Lake	Dependent on Executive decision)

Work with residents and families to reduce anxieties about private sector provision.	Produce user friendly information to explain how the council monitors the quality of other sectors.	Reduced anxiety as a result of clearer understanding of the council's statutory duties in this respect.	Ruth Lake	Dependent on Executive decision)
In the event of any procurement exercise involve residents and relatives in the selection process.	Design and implement a process to ensure meaningful participation.	Relatives and residents experience increased confidence in any new provider	Angela Hepplewhite	Dependent on Executive decision)
In the event of any procurement exercise involve residents and relatives in the selection process.	Develop a communication plan to keep residents regularly informed of developments	Produce plan	Angela Hepplewhite	Dependent on Executive decision

What to do next?

If this EIA has identified any issues that need to be addressed (such as plugging a data gap, or carrying out a specific action that reduces or removes any negative impacts identified), complete the attached EIA Action Plan to set out what action is required, who will carry it out, and when it will be carried out/completed.

Once your EIA has been completed, (signed by the equalities officer **and countersigned by your Director**) the equality officer will work with you to monitor this action plan.

Equality officers: Sonya Osborne 29 7738 Sukhi Biring 29 6954

EIAs will be made widely available and published on the Councils website and intranet.

Equalities Impact Assessment Elderly Persons Homes

Addendum, 29 July 2013

Background

A full equalities impact assessment was published by the Council in December 2011, alongside the findings from statutory consultation. It identified positive and negative impacts of proposed change, together with an action plan to mitigate the negative impacts identified by stakeholders, and guidance on how the Council would support people to move in the event that change happened.

Is the EIA still relevant now?

The review of the Elderly Persons' Homes is now complete. There are now more detailed proposals for change for each home, and the Council consulted with residents and families affected until 10th July 2013 on these detailed proposals. These proposals are a combination of the options put to residents in 2011 and therefore the impacts and mitigating actions identified in the EIA remain relevant.

Although there have been some changes in the people who are resident in the homes, the profile of those residents is broadly the same.

The findings for the original equalities impact assessment are still relevant as neither the proposals for change, their potential impact on resident needs, nor the make-up of residents are significantly different.

What are the revised proposals?

The proposals for change are in two phases. Phase One would be 2014 and Phase Two would be subject to an evaluation of phase 1.

Phase One - Elizabeth House, Herrick Lodge and Nuffield House
What could happen if change was agreed?
The Council would close Elizabeth House, Herrick Lodge, and Nuffield House in 2014.
If change was agreed we would support all residents to help them find another home that meets their needs. The homes would close only when all residents had moved.
Staff would also be offered support to find another job if they are employed in the homes proposed for closure. This could include potentially transferring to one of the homes proposed for sale, although they would be subject to TUPE if the home was transferred to another provider. They could also be considered for redeployment in another job in the Council or redundancy. They would also be offered interview training and counselling.

Phase One - Abbey House and Cooper House
What could happen if change was agreed?
The Council would put Abbey House and Cooper House up for sale as going concerns in 2014.

If change was agreed and the sales were successful residents would be able to stay in the homes. The homes would be owned and run by a new organisation.

Staff would be able to stay working at the homes and TUPE transfer to the new organisation.

Phase Two - Arbor House and Thurn Court

What could happen if change was agreed?

The Council would put Arbor House and Thurn Court up for sale (a decision about this would not be made until after phase 1).

If change was agreed and the sales were successful residents would be able to stay in the homes. The homes would be owned and run by a new organisation.

Staff would be able to stay working at the homes and TUPE transfer to the new organisation.

Phase Two - Preston Lodge

What could happen if change was agreed?

The Council would close Preston Lodge (a decision about this would not be made until after phase 1).

If change was agreed we would support all residents to help them find another home that meets their needs. The homes would close only once all residents had moved.

Staff would also be offered support to find another job if they are employed in the homes proposed for closure. This could include potentially transferring to one of the homes proposed for sale, although they would be subject to TUPE if the home was transferred to another provider. They could also be considered for redeployment in another job in the Council or redundancy. They would also be offered interview training and counselling

The proposals of the 2011 consultation

Proposal 1

Re-invest in intermediate care by closing some or all of the homes. This proposal would mean working with residents and their families to find homes in the independent or voluntary sector. This includes Extra Care type housing. This option allows the homes to close.

‘Intermediate care’ is the name given to a range of social care services that may be available to promote faster recovery from illness, avoid unnecessary admission to hospital, support timely discharge from hospital and avoid premature long-term admission to a care home.

Proposal 2

Sell or lease all or some of the homes as going concerns to voluntary, independent or social enterprise providers. One or more organisations would take over the care of residents, the employment of staff and the maintenance of the buildings. Residents

would be able to choose to stay in the homes, but the plan would be for the new organisation(s) to develop and modernise the homes in the future.

Proposal 3

Reduce the number of homes by closing those with (or when they have) low occupancy, and not having any new admissions to the homes. This proposal recognises the fact that homes with low occupancy are less cost-effective and can have an impact on the morale of residents and the workforce. It allows a phased approach to closure over time. This proposal would mean working with residents and relatives in homes with low occupancy to help them find a place in another home.

The Executive will make a decision on homes in Phase One in the next few months. A decision will be made on homes in Phase Two after an evaluation of Phase One.

Further impacts of the proposals

In the latest consultation exercise residents and relatives identified a further impact from those in the initial EIA. They felt that there was a risk that residents could have to move to homes in a different area. They felt that this would have a negative impact on them and their relatives by making it difficult to visit. The mitigating action already described in the EIA report is relevant in this instance, as dedicated support for each affected resident and their family would ensure that everything possible is done to find them a place that suits their needs.

Appendix E – Proposals from individual consultation meetings

Further frequently asked questions relating to redundancy consultation arising from staff briefing sessions

Why do staff at Elizabeth House, Herrick Lodge and Nuffield House have to be made redundant rather than the top layers of management?

Response:

At this stage we cannot answer what the impact of these changes would be on management posts however if the decision is made to close/sell the homes in phase one then it is likely there will be a future impact on management posts. For staff at the three homes proposed to close, unfortunately it will not be possible for these staff to continue in their current job roles and locations if the units close however all alternatives are being considered such as vacancies at other homes.

Are we guaranteed to move location in the same job role?

Response:

In the first instance we are co-ordinating all vacancies across the homes as well as expressions of interest in voluntary redundancy and flexible retirement. We will therefore look to move people (if necessary) to the same jobs as far as possible. Where there are not enough vacancies in certain job roles we would look at suitable redeployment within the EPH's eg. Cooks becoming assistant cooks or senior care assistants becoming care assistants as well as potential development opportunities eg. Assistant cooks applying for cook vacancies. HR would also support qualifying staff (for the duration of their notice periods) to look at suitable alternative roles across the Authority for which they have suitable transferable skills. eg. Care roles in Children's care, Kitchen/domestic roles in schools, other roles for which staff individually have transferable skills.

Would we all be entitled to 90 days redeployment?

Response:

Redeployment support is available to potentially redundant employees with rights to claim unfair dismissal (ie those employees with more than one year's service if employed before 6 April 2012 or more than two years service if employed since this date). The duration of redeployment support now mirrors an employee's contractual or statutory notice period whichever is the greater and is therefore not automatically 90 days. Staff who are contracted to a home proposed for sale are not eligible for redeployment support as they are not potentially redundant.

Is there a recruitment freeze on vacancies?

Response:

Yes in principle this has been in place for some time however the safety of service users is critical and we have therefore made a number of appointments on fixed term contracts. This is because we need to manage with a competent complement of staff. There are no plans for more recruitment but if there is a delay in decision making we may need to reconsider.

Am I likely to be made compulsorily redundant?

Response:

It is impossible to make any guarantees however we have a good track record of redeploying staff who want to remain in employment. The EPH's are carrying a significant number of vacancies which could be utilised as well as any vacant hours released by staff taking Voluntary Redundancy and flexible retirement.

Is my Fixed Term Contract likely to be finished on the date I have been given?

Response:

Although no decisions have been made about the future of the EPH's, the recent recruitments have been made on a fixed term basis as we know that our current level of staffing need may not be required in the future. Staff on fixed term contracts should therefore expect that their employment will not be extended and that they will finish on the date specified in their contract. Staff on fixed term contracts are entitled to access training and development at Leicester City Council and, should they secure an alternative position with the Authority prior to their contract ending, the fixed term contract will count as continuous service.

If I leave and go to a home that is proposed to close or sell in Phase 2 I may only get 1 further year's service.

Response:

Yes, it is possible that employees may move from a home proposed to close in Phase one to one that may be either sold or closed in Phase two however staff would make this decision in this full knowledge.

If an employee applied for another job, would their wages be protected?

Response:

If an employee is formally made a redeployee (ie declared at risk of redundancy) and has the necessary qualifying service, then pay protection is available for redeployment into suitable alternative posts up to two grades lower and for a period of two years. If an employee is not declared at risk of redundancy and/or applies for a post of their own accord they are not entitled to protection.

If there are any vacancies that we are able to go for, will there be interviews?

Response:

Yes, there will probably be a need to select who gets the position (either because there are more people wanting to move location in the same job that they currently do, or to decide who could be appointed to a different job via redeployment or promotional opportunities). Dependent on the type of job this may not be a formal interview eg. If the vacancy is for a Cook position the candidates may be asked to produce a meal.

If I am on redeployment do I complete an application form?

Response:

Redeployees complete a Skills profile which is a more general application form which reduced the need to fill out the same information several times if applying for more than one job.

I am 37 hours – will I get redeployed on 37 hours per week?

Response:

Yes. It will be the intention to try to secure redeployment which matches an employee's current hours of work. If jobs with fewer hours become available staff may apply if they wish but there is no compensation payable for hours lost.

If I'm offered a trial period for a job but don't like it will I still have opportunities to apply for other jobs as a redeployee?

Response:

This would be dependent upon the reason and how far into the redeployment procedure the employee has got. A trial period would normally run for a scheduled duration, usually four weeks. If following the trial period, the recruiting manager wishes to confirm the redeployee in post and the redeployee does not wish to accept the offer, they can decline. The employee would need to bear in mind however, that in order to secure redundancy monies there would need to be a satisfactory reason for them to decline an offer. If the manager believes the role is not suitable for the redeployee then redundancy monies would be secured. If a further trial period is offered in a subsequent job then the redeployee can pursue this – the start date of which would obviously need to be within their redeployment period.

Do I get a disturbance allowance if I am moved to a new location?

Response:

Yes, if additional costs are incurred and in line with the policy (Please note this is currently under review).

Ruth Lake said support is available to qualify for other roles eg. Social work. What is available?

Response:

The post entry training scheme is open to staff and details are available on Insite that the managers have access to. Staff could initially apply for support for courses that are relevant to the work they do with the Council however if staff are identified as potentially redundant then other options would also be considered.

Why will the Council not consider changing the use of the current buildings eg to intermediate care?

Response:

That is a difficult question to answer as Intermediate care comes under a different management structure. Preston Lodge, Elizabeth House and Brookside Court have all hosted versions of respite or intermediate care but we have to acknowledge they are very dated buildings and would need significant refurbishment to bring to the standard that they need to be at. A new build would enable all rooms to be ensuite and that any room will be able to support people with specialist hoisting Equipment if needed. All doorways and corridors would also be able to meet new building regulations as per CQC outcome 10.

Could staff and residents at Elizabeth, Herrick and Nuffield still be there until Christmas?

Response:

If there is a decision during the summer the transfer of the residents would need to be appropriately managed. Management would work with social work teams, families and the residents to look for appropriate places for them and minimise disruption for both residents and staff. This process could take a number of months.

Will service users leave before staff?

Response:

We have to manage this in as safe a way as possible. There is an incredible amount of planning to do and include in the process. We may try and tie in that staff and residents go at similar time if they are going to the same Leicester City Council run home as this would be of benefit to the residents and existing staff in the new homes to help to settle the residents in. We would also want to work with new providers in external homes to settle residents in, e.g. the key worker may visit new homes with the residents and help to settle them in.

How will we support service users without capacity?

Response:

It may be that we have to use power of attorney if the relative has no family. We would also work with advocates and social workers to find the most appropriate alternative accommodation for them.

Is there a difference in pay between voluntary redundancy or compulsory redundancy?

Response:

No although the amount could increase if the employee has another birthday or gains another complete year of service.

Is there fixed redundancy pay?

Response:

Staff/Managers have been provided with the legal calculator. Redundancy pay is different for each individual, depending upon age and length of service. Staff who may be interested in Voluntary Redundancy are asked to undertake the initial calculation themselves and this will be checked and verified if their VR goes ahead. Redundancy pay is based on staff's actual pay and is only applicable if the employee has two years' service.

Does previous service gained prior to transfer from the County at LGR count for redundancy purposes?

Response:

Yes. Other Local Authority services also counts provided there was no break in service.

Is the Redundancy Ready reckoner up to date?

Response:

Yes, the only difference is the minimum statutory pay has been updated.

Is the Redundancy pay subject to tax?

Response:

The first £30K is tax free. Redundancy pay is based on actual earnings so it takes account of regular unsocial hours of work as an average of the last twelve weeks of pay is used

Does the number of weeks pay received for each year of work increase after the age of 40?

Response:

Yes, but the ready reckoner is designed to account for this.

If an employee is over 61 how do they calculate their redundancy pay?

Response:

This is the maximum age that is counted for redundancy pay so the employee should base their calculation on age 61. Likewise 20 years is the maximum recognised service. Both of these are set by legislation.

Is there any age restriction on applying for Voluntary Redundancy?

Response:

There is no age restriction.

If an employee is not 65 and they take VR – is any payment made up to 65?

Response:

No. If an employee is over 55 when they take VR (and in the local government pension scheme) their pension is automatically released however this is only for the age they are at that time. If they are under 55 the pension is frozen.

If I take flexible retirement would it make a difference to the pension I would get at 65?

Response:

Yes. Employees will receive their pension when they commence flexible retirement and not wait until they are 65. The pension will be based on the contributions as at the age of taking flexible retirement. Advice should be sought from pensions on (0116) 3057615.

Can a person with two jobs take flexible retirement or voluntary redundancy?

Response:

It is possible to take voluntary redundancy from one job but flexible retirement would need to be checked with HR on an individual basis.

How long will it be before we know the outcome of Voluntary Redundancy requests?

Response:

Nothing will be processed ahead of the Executive decision. If a decision to close and sell is made then management will start to talk to staff who have expressed an interest in going however this could take up to a month after the decision being made.

If Voluntary Redundancy is approved is it actioned with immediate effect?

Response:

No, this needs to be a planned process that puts residents first. We will try and time everything to fall into line with the residents needs and moves. Staff who wish to take redundancy in homes proposed to close will be spoken to about a suitable leaving date that allows residents to move in a supported and smooth manner. Staff whose VR is approved in homes not proposed for closure will move at dates that fit with the arrangements for staff at closing homes to move into their vacancy.

If an employee took VR does that mean they could never work for LCC again?

Response:

No. There are criteria around not accepting a local authority job within four weeks of being made redundant in order to retain the redundancy payment but a redundant employee would not be stopped from applying for LCC jobs in the future.

Will age go against us when looking for other jobs with Leicester City Council?

Response:

No

If the home has to close and there are no vacancies would I have to take redundancy?

Response:

Yes

If staff in homes which are proposed to sell close in Phase 2 apply for VR but this is not approved do they still keep their jobs?

Response:

Yes

Is there a limit of only three jobs offered to staff on redeployment?

Response:

No. The number of jobs offered as redeployment opportunities depends on the number of vacancies which arise at the Council during the redeployment period.

A number of staff are in Acting-up positions – how long do they have to do this for before they gain some protection to the new post?

Response:

Management and HR have to look at this on a case by case basis and consider each person's contractual position. They have to consider why they are acting-up eg. Are they covering someone else's maternity leave etc? This has been worked through and decisions made for all staff in the EPH's. If anyone is unsure of their position they should raise this with their manager.

Are the Admin and Business Support Officers affected by these proposals?

Response:

Admin and Business support officers are technically not in the EPH establishments as they went through a review last year that assigned them to the Corporate admin pool of staff. If a home were to close attempts would be made to move the Admin and Business support officer that had been based there to a different admin post.

Will there be an impact on the night senior posts in Phase 2?

Response:

Probably. If the proposals are implemented then at the end of Phase 1 there will only be three homes being serviced by the night seniors. Closure of sites take a significant amount of time and have to be planned and managed sensitively. Phase 2 will require its own collective and individual consultation process if staff are potentially redundant.

Can staff who could be at risk of redundancy in Phase 2 go on redeployment now?

Response:

No. Redeployment support is offered to staff officially at risk of redundancy.

Will there be a further VR trawl in 2015?

Response:

It's impossible to say at this stage however there would need to be a genuine redundancy situation to merit this.

If you needed to reduce the number of Night Seniors how would you do that?

Response:

The same process as for redundancy would be followed as this can apply to both the ceasing and reduction of work of a particular kind; again this would involve collective and individual consultation. How the night senior cover would work, would need to be looked at, at the time.

What happens if the new 60 bedded unit doesn't open?

Response:

That is difficult to answer at present however we have to have some form of bed provision.

Will Brookside be sold?

Response:

This is likely but we are not absolutely clear yet.

Will intermediate care assistants (or staff on generic job descriptions) have to reapply for jobs in the new 60 bedded unit?

Response:

It's not possible to answer this question yet as it is not known exactly what skill set will be required for the new roles and/or how many will be needed.

Where will the staff come from for the new 60 bedded unit? It seems unfair if staff at risk of redundancy in 2013 are not given this opportunity to apply.

Response:

It is not possible to determine what rights staff may have to fill these roles when the unit is complete as this will depend on what skills base is required in these roles e.g. they may require specific health competencies and/or be on different grades to current care/intermediate care staff. The building is anticipated to be finished in 2015. It is accepted that it is unfortunate timing but it is not possible to offer jobs that are not required for another two years. In the meantime management are happy to support whatever skills training and support is applicable for staff to assist them to have transferable skills, knowledge, experience.

Who will pay for the building of the new unit? Who's to say it won't close or be sold in the future?

Response:

When LCC is looking for investment they don't undertake a large project lightly. There is a lot of work in the background, to determine future need and know what the current activity/demand is. At the time of Brookside's opening LCC was also planning the site at Butterwick so it is not a new idea. The money will come from several places including an injection of money from Central Government and from Health + other funding streams. It is not possible to guarantee the future and therefore a further closure or sale cannot be eliminated.

Will the new unit be run by Leicester City Council and will it create jobs?

Response:

Yes LCC will either run the unit or be a prime stakeholder. Potentially this could create jobs but it is difficult to say now as it has not been built yet.

CONSULTATION ON THE FUTURE OF LEICESTER CITY COUNCIL'S ELDERLY PERSONS' HOMES

This report collates the responses from the 'top up' consultation exercise that took place between 10 April and 10 July 2013 for new residents and also includes summary information from the 2011 consultation that ran from 4 July 2011 to 16 September 2011. The full findings from the 2011 consultation are available at http://consultations.leicester.gov.uk/adult-social-care-health-and-housing/leicester_eph_consultation Parts 1 and 2 give information about the background to this latest exercise. Part 3 summarises the key findings from these consultation exercises.

Part 4 provides responses for each home, they are taken from interviews and are in comment form. These comments have been interpreted to pick out key themes and thoughts. The comments are included in full, but have been edited to remove information that may indicate who made the comment.

PART 1 – INTRODUCTION

Previous consultation

Statutory consultation was carried out between 14 March and 14 June 2011 on proposals affecting the Council's eight EPH's.

The original proposals involved closing six of the homes and redeveloping the remaining two to provide short-stay support to help older people stay in their homes longer. The clear message given to the Council as a result of the consultation was that we should consider different proposals for the homes and involve people more in the ideas for change.

A second period of consultation was therefore undertaken from 4 July to 16 September 2011. The proposals, in summary were:

- re-invest in intermediate care by closing some or all of the homes
- sell or lease some or all of the homes as going concerns, or
- close homes with, or when they have, low occupancy and having no further admissions.

The proposals are listed in detail later in the report. The consultation was led by a small in-house consultation team within adult social care.

The overriding message that came out of this consultation was that residents and their relatives did not want the homes to close. There was a general view that residents wanted to stay in the homes where they were happy and comfortable, and that a move to another home could have a negative impact on the health and well-being of some individuals. However, if a change was necessary most residents would prefer the homes to be sold or leased to an alternative provider(s) as a going concern.

What happened since the end of the consultation exercise in 2011

The Adult Social Care and Housing Scrutiny Commission reviewed the proposals of the 2011 consultation. The Executive considered the findings of the consultation and the scrutiny review in February 2012 and asked for soft market testing to take place to see if there would be interest in selling any or all of the homes as going concerns. They also expressed their commitment to keeping some Council-run provision until 2015.

The soft market testing exercise suggested that there would be interest in some, but not all, of the homes. In the light of this, the Executive reconsidered a proposal to a phased approach and agreed that collective consultation should take place with staff and a 'top up' exercise should take place with new residents that had moved into the homes since the original consultation ended in September 2011.

People who took part in the 2011 consultation were advised that they did not need to give a view again, but if they would like to they could do so.

Why consult again?

As the Council carried out a full public consultation in 2011, we wanted to give any new residents and their relatives the opportunity to give us their views. We wanted to find out from these people what they thought about the proposal for change in their home, find out any other ideas they may have, and to understand the impact the proposals may have on these residents and their families.

The proposals set out in the 2011 consultation

Proposal 1
Re-invest in intermediate care by closing some or all of the homes. This proposal would mean working with residents and their families to find homes in the independent or voluntary sector. This includes Extra Care type housing. This option allows the homes to close. 'Intermediate care' is the name given to a range of social care services that may be available to promote faster recovery from illness, avoid unnecessary admission to hospital, support timely discharge from hospital and avoid premature long-term admission to a care home.
Proposal 2
Sell or lease all or some of the homes as going concerns to voluntary, independent or social enterprise providers. One or more organisations would take over the care of residents, the employment of staff and the maintenance of the buildings. Residents would be able to choose to stay in the homes, but the plan would be for the new organisation(s) to develop and modernise the homes in the future.
Proposal 3
Reduce the number of homes by closing those with (or when they have) low occupancy, and not having any new admissions to the homes. This proposal recognises the fact that homes with low occupancy are less cost-effective and can have an impact on the morale of residents and the workforce. It allows a phased approach to closure over time. This proposal would mean working with residents and relatives in homes with low occupancy to help them find a

place in another home.

The proposal for change – 2013 consultation

Phase One - Elizabeth House, Herrick Lodge and Nuffield House

What could happen if change was agreed?

The Council would close Elizabeth House, Herrick Lodge, and Nuffield House in 2013.

If change was agreed we would support all residents to help them find another home that meets their needs. The homes would close only when all residents had moved.

Staff would also be offered support to find another job if they are employed in the homes proposed for closure. This could include potentially transferring to one of the homes proposed for sale, although they would be subject to TUPE if the home was transferred to another provider. They could also be considered for redeployment in another job in the Council or redundancy. They would also be offered interview training and counselling.

Phase One - Abbey House and Cooper House

What could happen if change was agreed?

The Council would put Abbey House and Cooper House up for sale as going concerns in 2013.

If change was agreed and the sales were successful residents would be able to stay in the homes. The homes would be owned and run by a new organisation.

Staff would be able to stay working at the homes and TUPE transfer to the new organisation.

Phase Two - Arbor House and Thurn Court

What could happen if change was agreed?

The Council would put Arbor House and Thurn Court up for sale (a decision about this would not be made until after phase 1).

If change was agreed and the sales were successful residents would be able to stay in the homes. The homes would be owned and run by a new organisation.

Staff would be able to stay working at the homes and TUPE transfer to the new organisation.

Phase Two - Preston Lodge

What could happen if change was agreed?

The Council would close Preston Lodge (a decision about this would not be made until after phase 1).

If change was agreed we would support all residents to help them find another home that meets their needs. The homes would close only once all residents had moved.

Staff would also be offered support to find another job if they are employed in the homes proposed for closure. This could include potentially transferring to one of the homes proposed for sale, although they would be subject to TUPE if the home was transferred to another provider. They could also be considered for redeployment in another job in the Council or

redundancy. They would also be offered interview training and counselling

PART 2 - METHODOLOGY FOR THE CONSULTATION EXERCISE 10 APRIL TO 10 JULY 2013

A top up exercise was completed for new permanent residents who had moved into the homes since the 2011 consultation had ended. Residents themselves were consulted directly wherever possible, along with their relatives where appropriate. Relatives or friends were involved on behalf of anyone who lacked mental capacity to take part themselves. Those without mental capacity or someone who could act on their behalf were represented by an advocate through the Alzheimer's Society.

Letters

A letter was sent to new residents which informed them about what has happened since the 2011 consultation and the current proposals. The letter informed them that they would be invited to a one-to-one interview to discuss their views. The letter also encouraged them to speak to their home manager if they were concerned, and gave them further information on how to contact us through the helpline or by writing to us. An information leaflet was included with the letter. Letters continued to be sent to new admissions throughout the consultation period.

Residents involved in the 2011 consultation received a different letter, plus the information leaflet. They were informed of the updated proposal for their home and were assured that their views given at that time would still be taken into account. If they had any concerns or further views they could speak to their home manager, contact the helpline or write to us.

The letters to all permanent residents were given to the home managers to distribute, and home managers had been briefed on their responsibilities to help residents and their families to understand the letters and the information. They were instrumental in ensuring that residents were not unduly stressed or upset by the documents sent out. Letters to next of kin, where appropriate, were sent directly to their home addresses.

Letters and information about the consultation were sent to organisations representing the interests of older people.

Letters were sent to Councillors and local MPs with information about the consultation.

Letters were sent to staff at the residential care homes notifying them of the latest consultation.

It was stressed in all letters that a decision had not yet been made.

One-to-one interviews

Social work staff were assigned to carry out one-to-one interviews with all new residents and/or their next of kin. The purpose of the interviews was to discuss, in a private setting, individual concerns and issues about the ideas for change. These interviews were also offered to anyone else who became a permanent resident throughout the consultation period.

Questionnaires

Some residents and/or their next of kin declined an interview, mainly due to next of kin not being able to attend. In these instances, they were offered the opportunity to fill in and return a questionnaire instead. The questionnaire included the same questions that were asked at the interviews.

A follow-up call was made to anyone who did not return the questionnaire to give them every opportunity to respond. If views were given over the phone, these were recorded.

Helpline, email and post

A telephone helpline was available to anyone who wished to discuss the proposals in more detail. A generic email address was also available for people to make their views known. People were offered the opportunity to write to us if they wished. Any contact made by these methods was robustly recorded and responded to appropriately.

Trade Unions

Trade union representatives were invited to a briefing meeting prior to the start of the consultation and a statutory notice was issued where the proposals could result in a potential redundancy situation. UNISON submitted a response which can be found at Appendix B.

Petitions

During the consultation period three petitions were received. These have been dealt with in accordance with the Council's petitions scheme and have been included as part of the consultation responses.

PART 3 – SUMMARY AND CONCLUSION

Below are the headline findings for each home from both the 2011 consultation and the 2013 top up, along with overall conclusions for the homes.

Headline findings for each home

PROPOSAL	HEADLINE FINDINGS
Close Phase 1	
Elizabeth House Proposal: Close in 2013 Number of responses: 2011 = 11 2013 = 5	<p>In the 2011 consultation, 55% of residents and relatives disagreed with the proposal of reducing the number of homes by closing those with (or when they have) low occupancy, 9% weren't sure, 18% agreed with reservations and 18% did not answer.</p> <p>In the 2013 consultation update, 80% broadly disagreed with closure and 20% broadly agreed with reservations.</p> <p>Summary The main concerns, amongst others, were location of where residents would move to and the effect a move would have on residents' wellbeing.</p> <p>It was felt that the council should look at making savings elsewhere</p>

	<p>so that the home could stay open. However, if there was the possibility of selling it as a going concern, this was preferable to closure. If it had to close, the council should ensure that the new home is safe and suitable.</p>
<p>Herrick Lodge</p> <p>Proposal: Close in 2013</p> <p>Number of responses: 2011 = 7 2013 = 1</p>	<p>In the 2011 consultation and this update on the proposal of reducing the number of homes by closing those with (or when they have) low occupancy and the proposed closure of Herrick Lodge, 72% of residents and relatives disagreed, 14% weren't sure and 14% agreed with reservations. These consultation exercises have been combined due to the small number of available responders in the 2013 exercise.</p> <p>Summary Responses, along with the petition, indicate that there is strong feeling that the home should not close, as it was perceived to fulfil a specific care need for a particular part of Leicester's community. There is also a suggestion that the home is not being utilised to its full potential and that there are people who could move in.</p>
<p>Nuffield House</p> <p>Proposal: Close in 2013</p> <p>Number of responses: 2011 = 13 2013 = 11</p>	<p>In the 2011 consultation 85% of residents and relatives disagreed with the proposal of reducing the number of homes by closing those with (or when they have) low occupancy and 15% were not sure.</p> <p>In the 2013 consultation update, 91% broadly disagreed with closure and 9% broadly agreed.</p> <p>A number of other responses were received regarding the proposal for Nuffield House, including a petition against the closure.</p> <p>Summary There is a strong feeling that the home should remain open and in council control. The overriding concern from the interviews was the effect a move would have on residents' wellbeing.</p> <p>However, if there was an opportunity to sell the home as a going concern, this was seen as more acceptable than closure.</p>
Sell Phase 1	
<p>Cooper House</p> <p>Proposal: Sell in 2013/14</p> <p>Number of responses: 2011 = 21 2013 = 17</p>	<p>In the 2011 consultation, 50% of residents and relatives disagreed with the proposal to sell or lease some or all of the homes and 40% agreed. 5% had reservations about the proposal. The remaining 5% either did not answer or were not sure.</p> <p>In the 2013 consultation update, 41% agreed with the proposal to sell Cooper House, 47% disagreed and 12% agreed with reservations.</p> <p>Summary Generally people felt sad that the home was proposed for sale, but if</p>

	<p>it were to be sold, assurances were needed that things would not change for them as residents. Concerns include costs and quality of care if a private provider is in place. Some concerns about having to move remain, due to worries about what a buyer would want to do with the home.</p>
<p>Abbey House</p> <p>Proposal: Sell in 2013/14</p> <p>Number of responses: 2011 = 23 2013 = 14</p>	<p>In the 2011 consultation, 4% of residents and relatives agreed with the proposal of selling or leasing some or all of the homes, 35% disagreed and 61% agreed with reservations.</p> <p>In the 2013 consultation update, 50% broadly agreed with the proposal to sell, 21% broadly disagreed and 29% broadly agreed with reservations.</p> <p>Summary Generally, the majority of people were largely in agreement with a sale as long as all standards are maintained and costs are not increased. Residents wanted to keep the same staff who they had built up a relationship with. Some residents had no concerns, but of those that did, these included the situation and motives of a buyer, quality of care, staff relationships and the desire for things to stay the same.</p>
Close Phase 2	
<p>Preston Lodge</p> <p>Proposal: Close – decision to be made after an evaluation of Phase 1</p> <p>Number of responses: 2011 = 23 2013 = 10</p>	<p>In the 2011 consultation, 8% of residents and relatives agreed with the proposal of reducing the number of homes by closing those with (or when they have) low occupancy, 48% disagreed, 9% weren't sure, 26% agreed with reservations and 9% didn't answer.</p> <p>In the 2013 consultation update, 90% broadly disagreed with the proposal of closure and 10% broadly agreed with reservations.</p> <p>Summary The overall feeling was that if there was an opportunity to sell the home as a going concern this would be preferable. If the proposal was to go ahead, residents and their relatives want to be kept fully informed and have a significant level of support. The main concerns were the upset that a move would cause and the effect on residents' wellbeing. It was felt that the council should keep Preston Lodge open by looking for savings elsewhere.</p>
Sell Phase 2	
<p>Arbor House</p> <p>Proposal: Sell – decision to be made after an evaluation of Phase</p>	<p>In the 2011 consultation, 52% of residents and relatives disagreed with the proposal of selling or leasing all or some of the homes as going concerns, 3% weren't sure, 38% agreed with reservations and 7% didn't answer.</p> <p>In the 2013 consultation update 25% broadly agreed with the</p>

<p>1</p> <p>Number of responses: 2011 = 29 2013 = 8</p>	<p>proposal, 62% broadly disagreed and 13% broadly agreed with reservations.</p> <p>Summary There is a large proportion of residents who are disappointed that the home is proposed for sale and disagree with it. However, there is a level of understanding of the reason for the proposal, even though they disagree. The main concerns relate to quality of the service (including care), potential cost increase and loss of relationships with staff and residents. There are also concerns about quality of care in the private sector and worry that things may change in the home. If the proposal was to go ahead, residents and relatives feel very strongly that they should be kept fully informed.</p>
<p>Thurn Court</p> <p>Proposal: Sell – decision to be made after an evaluation of Phase 1</p> <p>Number of responses: 2011 = 23 2013 = 22</p>	<p>In the 2011 consultation, 31% of residents and relatives agreed with the proposal to sell or lease all or some of the homes as going concerns, 17% disagreed and 52% agreed with reservations.</p> <p>In the 2013 consultation update, 27% broadly agreed with the proposal to sell as a going concern, 27% broadly disagreed, 23% were not sure and 23% agreed with reservations.</p> <p>Summary The overriding message is that residents do not want to move and, although they would prefer it to stay in Council control, if the proposal was to go ahead, there should be no disruption or change in quality. There is also concern about potential cost increases.</p> <p>Several residents and relatives have expressed confusion and distress about the proposal and do not understand why the council is proposing this.</p>
<p>General responses</p>	<p>Responses were also received about the consultation in general.</p> <p>UNISON provided a comprehensive response which is detailed at Appendix B, including officer's responses.</p> <p>One petition was received that was against closure of any of the homes (this was in addition to the two petitions specific to Nuffield House and Herrick Lodge).</p> <p>A small number of other responses were received by email, letter and on the helpline. The majority of these were specific to a home and have been included with the detailed feedback for each home in the full report.</p>

Conclusion

Taking into account the findings from the 2011 consultation and the 2013 top up, the large majority of residents, relatives and other interested parties disagree with closure of any homes. However, if an opportunity became available to sell them as going concerns, this would be more acceptable than closure. Some key concerns overall were the effect a move may have on residents' wellbeing, the loss of relationships with staff and residents, potential cost increases in new homes, quality of care and location.

In addition to the general strong feeling against closure, three petitions were received opposing these proposals. One of these was against closure of any of the homes, one was specific to Nuffield House and one was specific to Herrick Lodge.

For homes proposed for sale as going concerns, there is a mixed picture, with a split between those who agree, disagree and have reservations. Overall, people would prefer the homes to

remain in council control, but see sale as a going concern as a more acceptable alternative than closure.

The main concerns are the quality of care in private homes, potential cost increases and people wanting assurance that nothing will change. There are also some concerns about what will happen after the homes are sold, as people feel that there is potential for them to be closed, or the quality to decrease to maximise profit. However, it should be noted that there are residents who have no concerns and are happy for the homes to be sold.

If the concerns and reservations were addressed, this would increase the number of residents and their relatives who agree with the proposals, particularly for the homes proposed for sale.

PART 4. DETAILED FINDINGS

More specific findings from the 2013 top up consultation exercise are given for each home. These findings come from the interviews and questionnaires for new residents since the 2011 consultation exercise.

Questions were asked specific to the proposals relating to the individual home. For the majority of the questions, respondents were able to make more than one comment. For example, they may have had more than one concern to raise. Input from other interested parties in relation to specific homes (such as petitions) is included.

ABBAY HOUSE

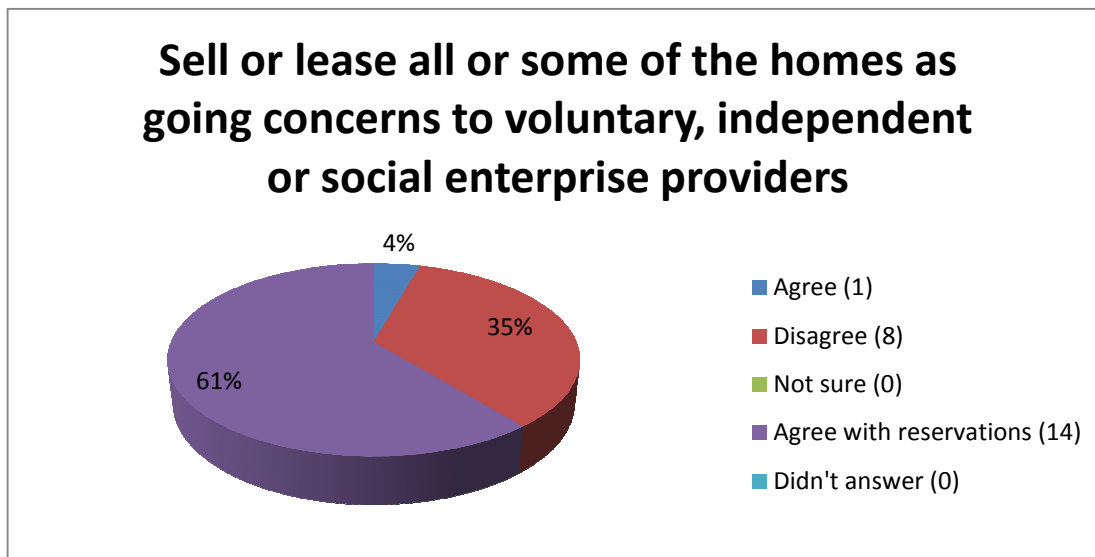
- Number of respondents in 2013: 14
- Sources of responses: 6 interviews, 8 Questionnaires (one of which was by phone).
- Response rate from those that we contacted: 78%
- Other responses: 1 call

72 of 137

- Proposal: to put the home up for sale as a going concern in 2014/15.

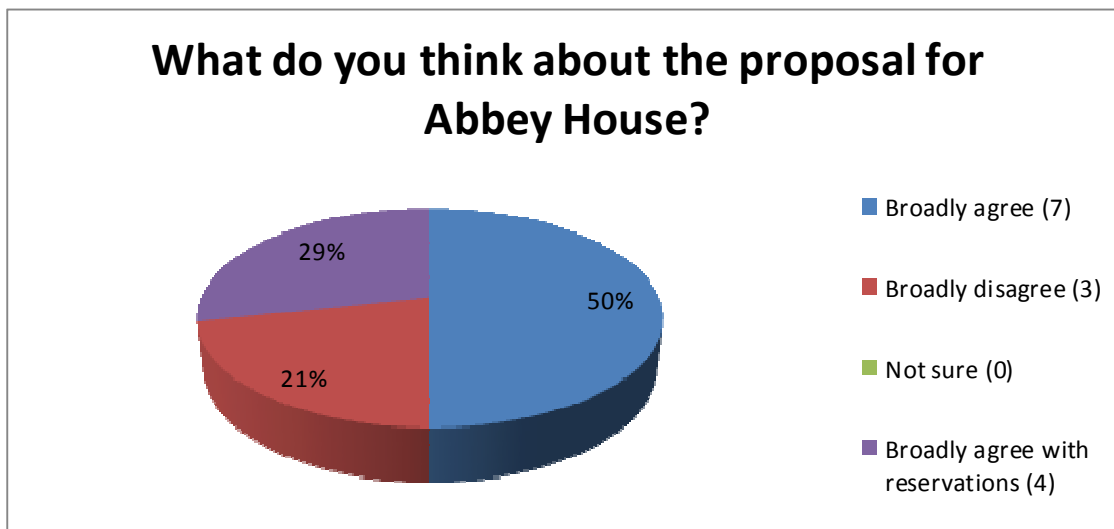
WHAT YOU TOLD US IN 2011

This is what residents and relatives thought about selling or leasing the homes as a going concern:



WHAT YOU TOLD US in 2013

The following is based on individual responses which have been interpreted and categorised here. (Full comments are included below.)

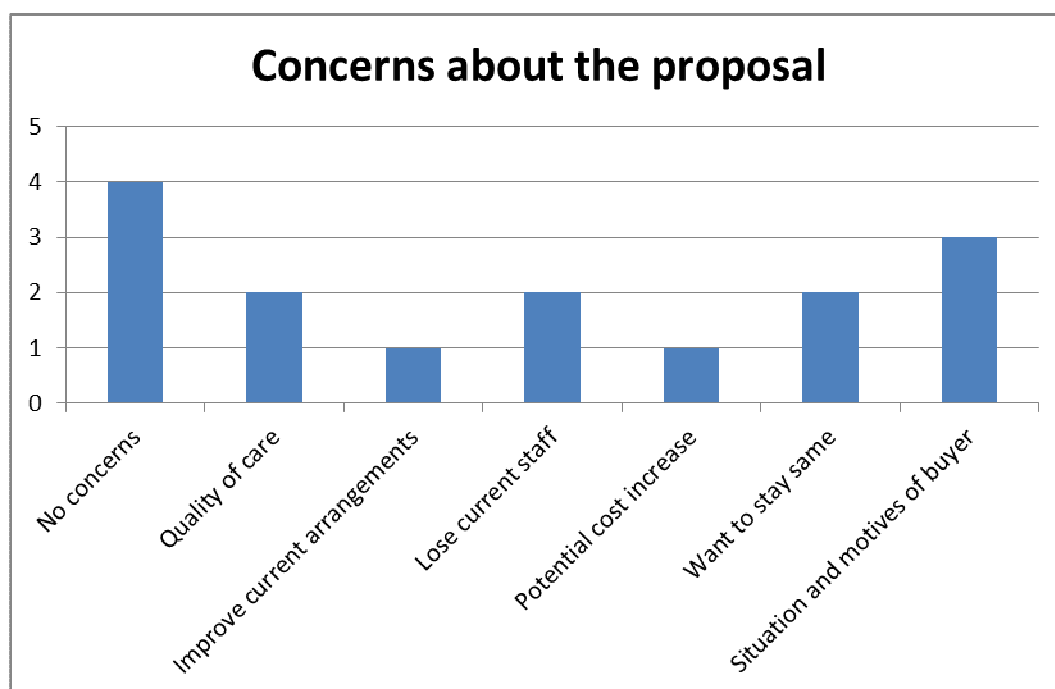


Example comments:

"I have no problem with Abbey House being sold, so long as the residents' needs are still met to a good standard."

“We would like it to stay as it is, run by the council so that there are no changes. You naturally wonder whether the new management would be the same or good because it is never the same when a new team takes over.”

Do you have any concerns about the proposal that the council needs to be aware of?



Example comments:

“My only concern with the new organisation buying the home is the cost to residents who have help from the council to pay for their keep. Would this be going up or that side of the change would stay as it is now?”

“If Abbey House is sold the council must check with the new provider that all standards are maintained and possible improved. The home should be monitored by a specialist body on a regular basis to make sure everyone is happy. More permanent staff need to be employed to build up relationship with residents and not rely too much on agency workers. The standard of food provision is very good - it makes a difference to have food cooked on the premises. It is important to have a social calendar for the residents - outings, entertainment and parties for Christmas etc. This is important for residents’ well-being. Laughter is the best medicine.”

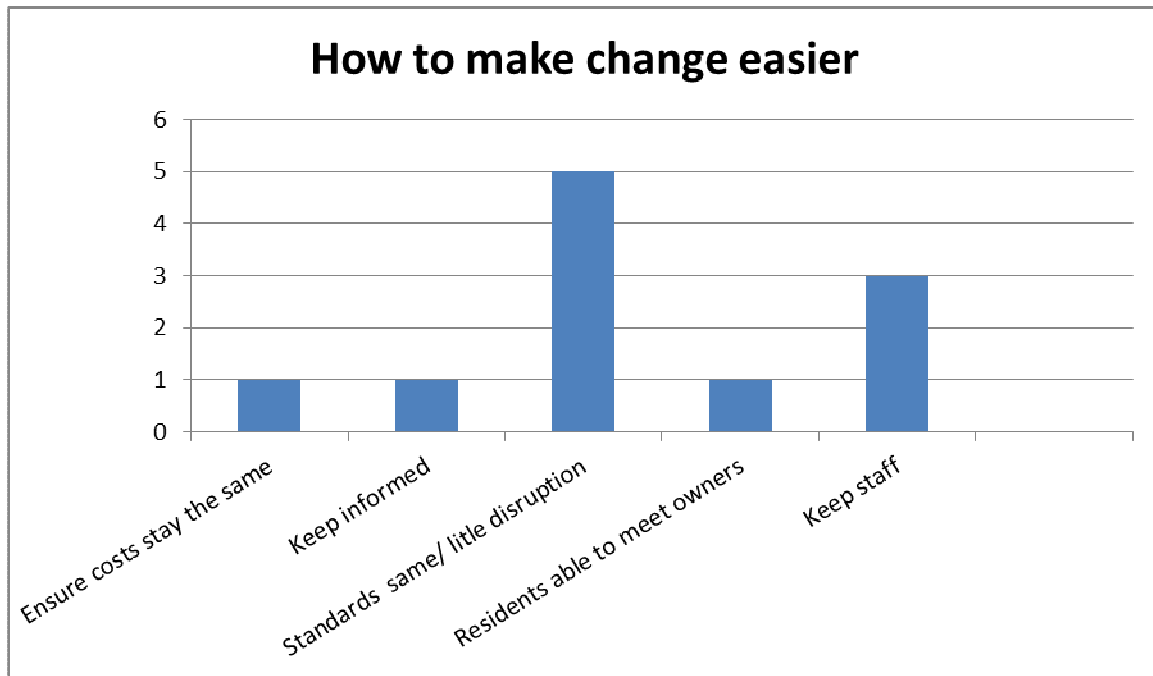
Do you have any other ideas for change that you think the council should look at?

Summary of ideas given:

- Separate mentally and physically ill
- New development of flats for long term residents
- Ensure staff levels stay the same
- Secure the future of the building after sale

- Should provide more homes
- Reduce other services
- Look at choice of meals

If the proposal was to go ahead, how could the council make sure this change was as easy as possible for you as a resident?



Example comments:

“Obviously as little disruption as possible for the residents as stress could obviously affect their health. Making sure permanent staff have a secure future as some have worked at Abbey House a long time and have built up a relationship with the residents. Obviously, our concern is that a new provider may decide to review the fees. I have spoken to a member of the team who reassured me that the fees charged would be 'ring-fenced' but for how long?”

Representatives’ views and concerns about the proposal

Summary of final comments made by residents’ representatives at the meetings.

- Should stay as local authority and not for profit.
- Need continuity/keep things the same.
- Keep fees the same.
- Reassure staff.
- Will residents/ CQC be able to see tenders?

OTHER RESPONSES:

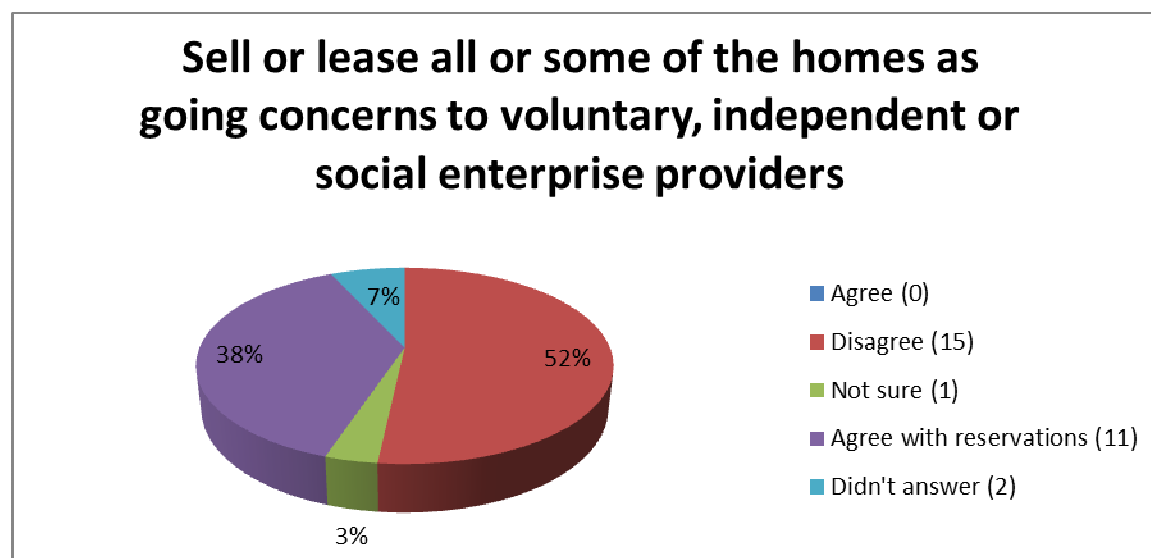
- Telephone call – Abbey House should not close and the city mayor has money for Jubilee Square, why can we not find money for older people?

ARBOR HOUSE

- Number of respondents in 2013: 8
- Sources of responses: 8 interviews
- Response rate from those that we offered interviews to: **100%**
- Proposal: to put the home up for sale as a going concern. (Decision not to be made until after an evaluation of Phase 1).

WHAT YOU TOLD US IN 2011

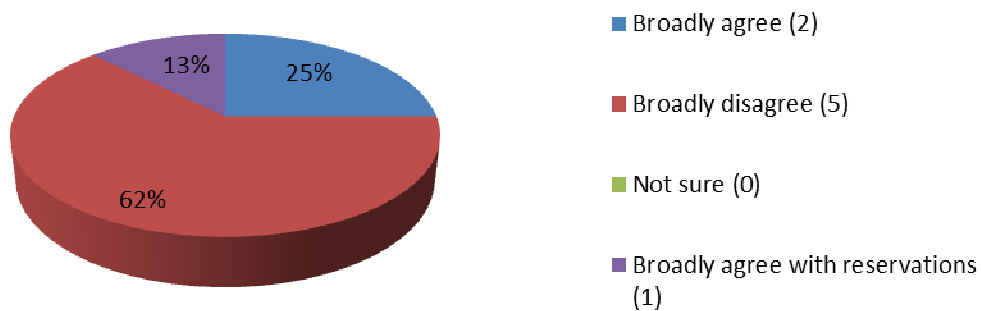
This is what residents and relatives thought about selling or leasing the homes as a going concern:



WHAT YOU TOLD US IN 2013

The following is based on individual responses which have been interpreted and categorised here. Full comments are included below.

What do you think about the proposal for Arbor House?

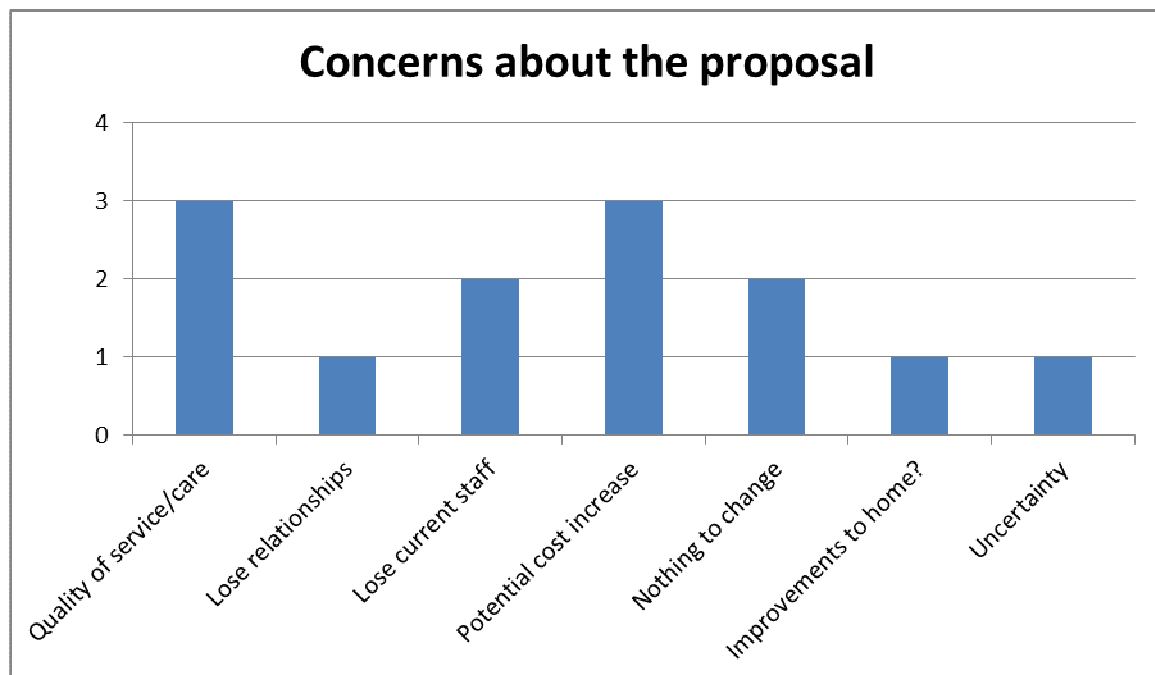


Example comments:

"The proposal was very upsetting that the decision was made to sell Arbor House. She did not have any objection for the proposal, but wanted to be reassured that the current level of care would be continued by the same level of staff and management."

"[redacted] is fully aware of the proposal for Arbor House and feels very disappointed that Arbor might be sold or even, the possibility of closure. [redacted] has been residing at Arbor for [redacted] and feels very settled. She has made many friends and has gotten to know staff and management very well. She is aware that there will be no decisions made by the council for the final outcome until 2015 and will wait in anticipation to hear some good news."

Do you have any concerns about the proposal that the council needs to be aware of?



Example comments:

“If in 2015, Arbor House were to be sold to a private organisation; 1. Will Arbor house be run in the same efficient way, so consistency of care could be continued? 2. Would staff and management have permanent contracts? 3. Would new owners refurbish Arbor to maintain high standards? 4. Would the new owners raise charges in the future? If Arbor House is to be sold, what support would be provided during transition to a new location which may be in the City or County? Will top up charges be granted by the council?”

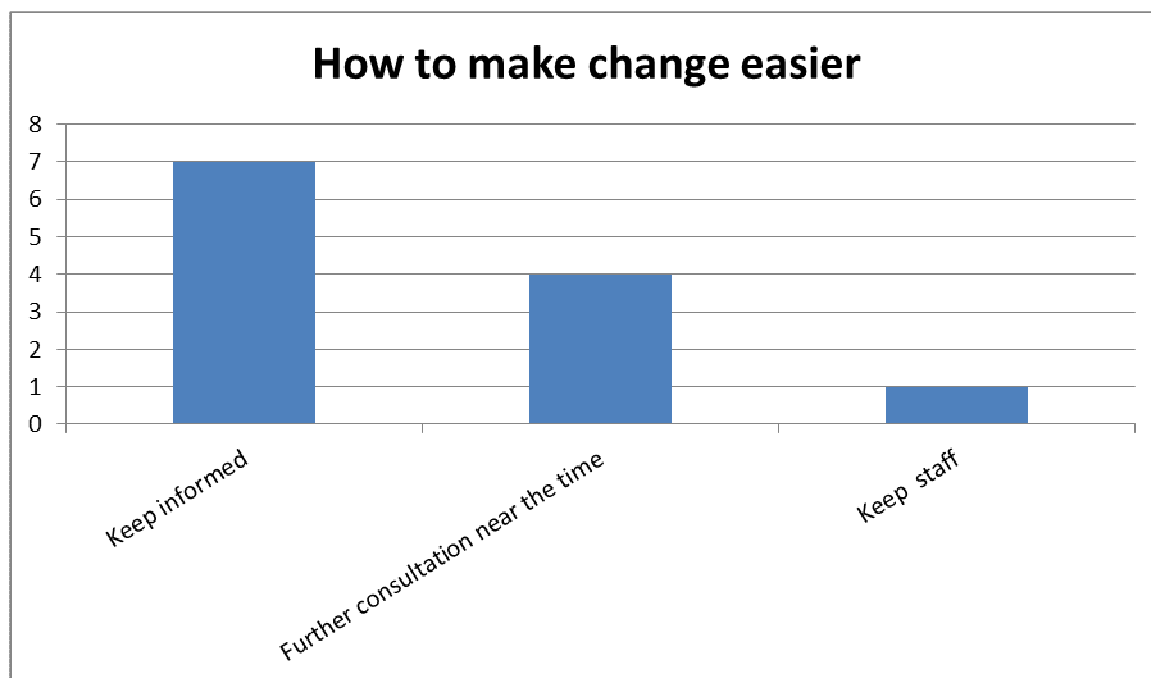
“Can the council reassure that current staff and management will be kept on by any new organisation that takes over Arbor House. Will the current charges for residents remain the same? If residents had to be moved to another home, would the Council be obliged to pay top up charges?”

Do you have any other ideas for change that you think the council should look at?

Summary of ideas given:

- Not enough consultation on how to cut costs elsewhere (eg festive lights.)
- Keep more profitable homes as council run and sell less profitable ones.
look at part ownership and community voluntary help.

If the proposal was to go ahead, how could the council make sure this change was as easy as possible for you as a resident?



Example comment:

“1) To keep [REDACTED] informed by letter of any new developments that take place from now to 2015 regards any potential buyers. 2) Have consultation at a higher level to any proposed changes.”

Representatives' views and concerns about the proposal

Summary of final comments made by residents' representatives at the meetings.

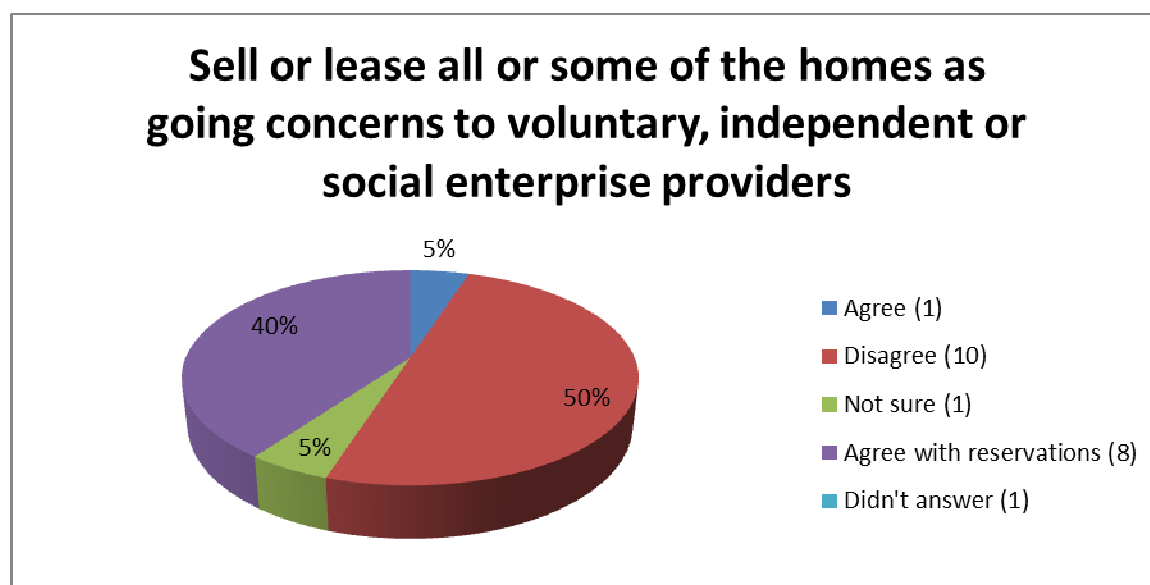
- No further comments.

COOPER HOUSE

- Number of respondents in 2013: 17
- Sources of responses 16 interviews. One resident did not want to be interviewed but commented over the phone on their overall feeling about the proposal.
- Response rate from those that we offered interviews to: **100%**
- Proposal: to put the home up for sale as a going concern in 2014/15.

WHAT YOU TOLD US IN 2011

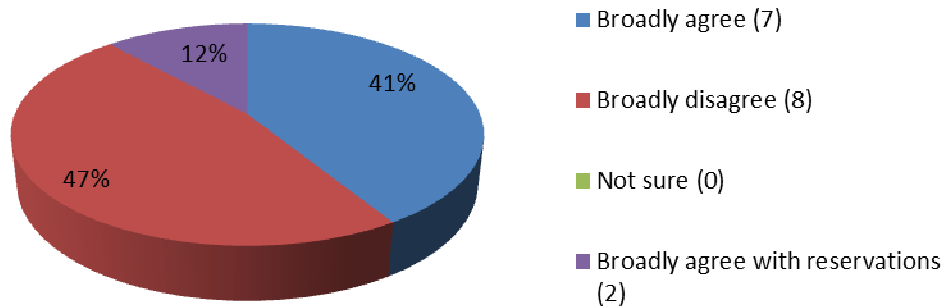
This is what residents and relatives thought about selling or leasing the homes as a going concern:



WHAT YOU TOLD US IN 2013

The following is based on individual responses which have been interpreted and categorised here. Full comments are included below

What do you think about the proposal for Cooper House?

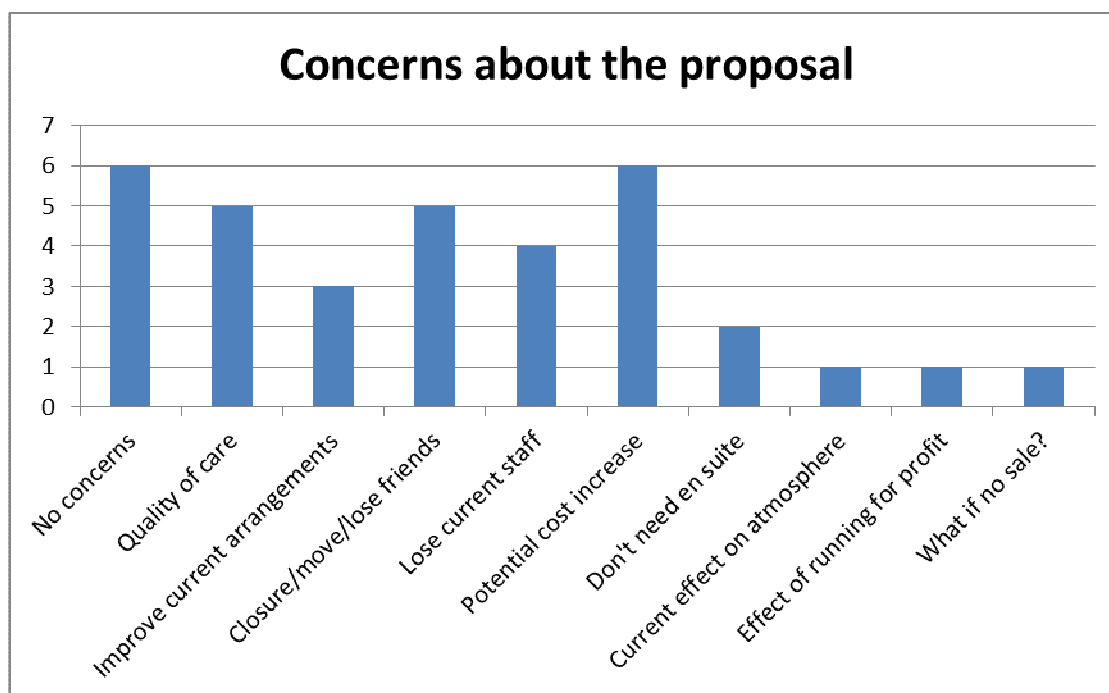


Example comments:

"It's a shame that it has come to this, most of the people who move in the home know the area, and it's friendly and homely here. It is a close community and everyone knows each other.My concern is what happens further down the line, and stopping developers changing the home into flats or something similar. I understand that you can't put too many concessions when selling it else no-one would be interested in buying it, but our concern is for the future of [redacted]'s home."

"As long as we stay the same as we are, then it will be ok. Small amount of increases will go with the times, but if it is privately run then will it be run as a private home? Who sits and observes the quality of life for the residents?"

Do you have any concerns about the proposal that the council needs to be aware of?



Example comments:

"I would be worried that the quality of care and the consideration of the residents would not be kept to the same standards. The staff are friendly with the residents and do not see it as a job, which makes it more of a friendly place. The residents are just sitting all day, and the physiotherapy input needs to be greater."

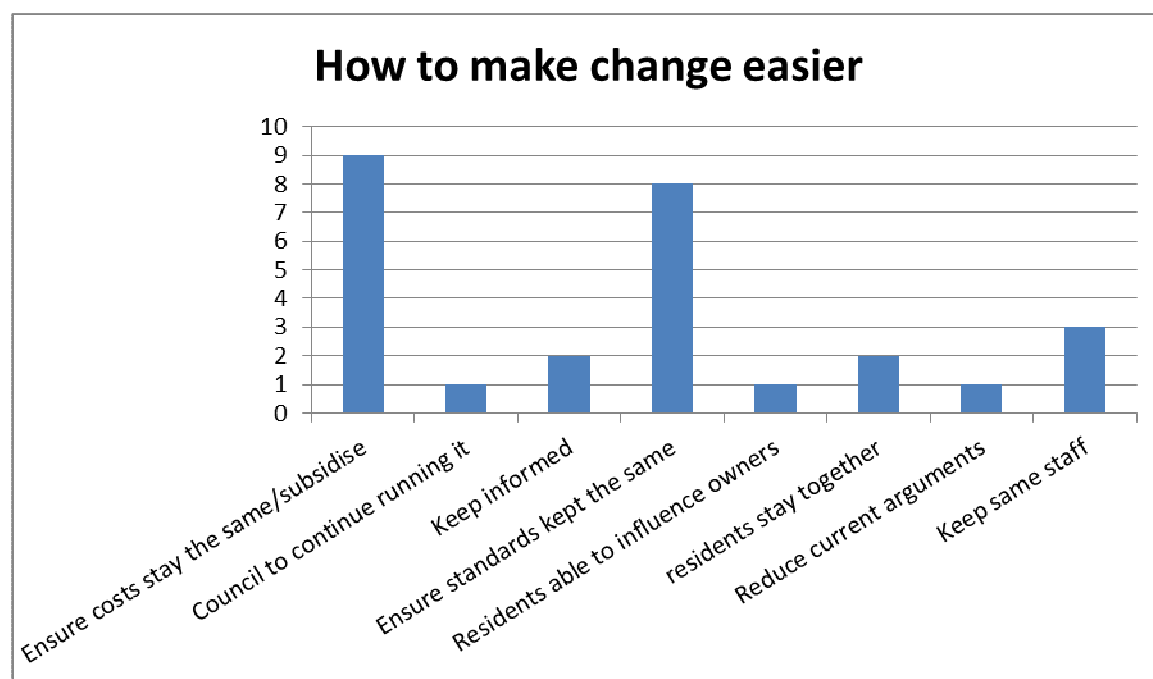
"No I don't have any concerns, other than being moved. There is nowhere else that they could put me so I don't have any other choice than to stay here."

Do you have any other ideas for change that you think the council should look at?

Summary of ideas given:

- Need entertainment and trips
- Maintain staff levels (already too low)
- Be quicker making decisions about things like maintenance (cooker broken for a long time)
- Could it be a social enterprise?
- Build in legal conditions to keep standards and costs the same.
- Make savings in other areas and stop spending money on projects
- Look at the welfare state and those who shouldn't be claiming benefits
- Change the pension scheme to release finances

If the proposal was to go ahead, how could the council make sure this change was as easy as possible for you as a resident?



Example comments:

“I would like to see everything ticking over, without noticing any changes. The costs should remain, and the basis of operation should remain the same. As long as the standards are retained, the small increases are quite negotiable.”

“To keep things as they are, if they bring new people in then they will bring in new ideas and this may not be the best for us.”

Representatives' views and concerns about the proposal

Summary of final comments made by residents' representatives at the meetings.

- Concern about standards
- Concern about the future of staff/staffing
- Concern about costs
- Keep it as it is
- Don't want to have to move
- Legal issues – can contracts be put in place to safeguard standards and fees?

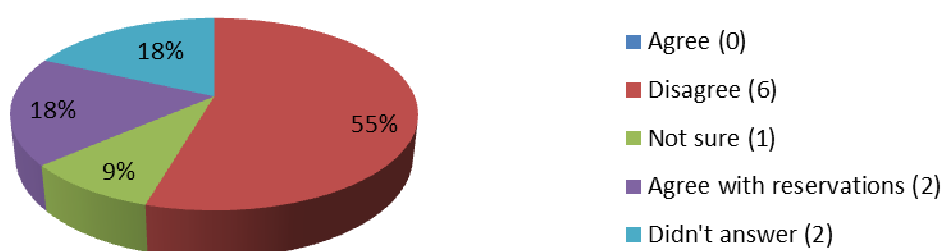
ELIZABETH HOUSE

- Number of respondents in 2013: 5
- Sources of responses 5 interviews
- Response rate from those that we offered interviews to: **100%**
- Proposal: to close the home in 2014.

WHAT YOU TOLD US IN 2011

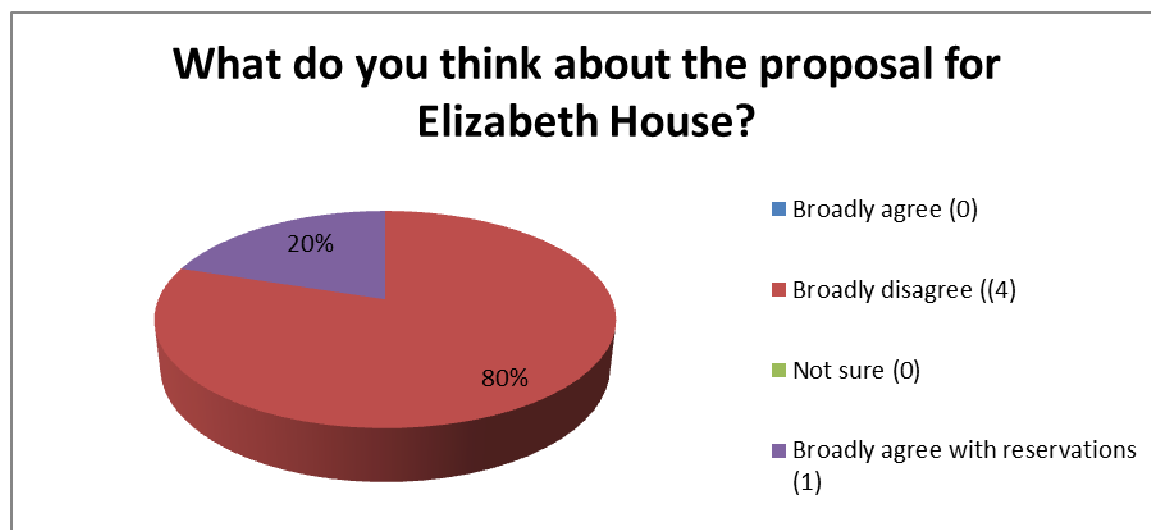
This is what residents and relatives thought about reducing the number of homes by closing those with (or when they have) low occupancy and not having any new admissions to the homes:

Reducing the number of homes by closing those with (or when they have) low occupancy and not having any new admissions



WHAT YOU TOLD US IN 2013

The following is based on individual responses which have been interpreted and categorised here. Full comments are included below

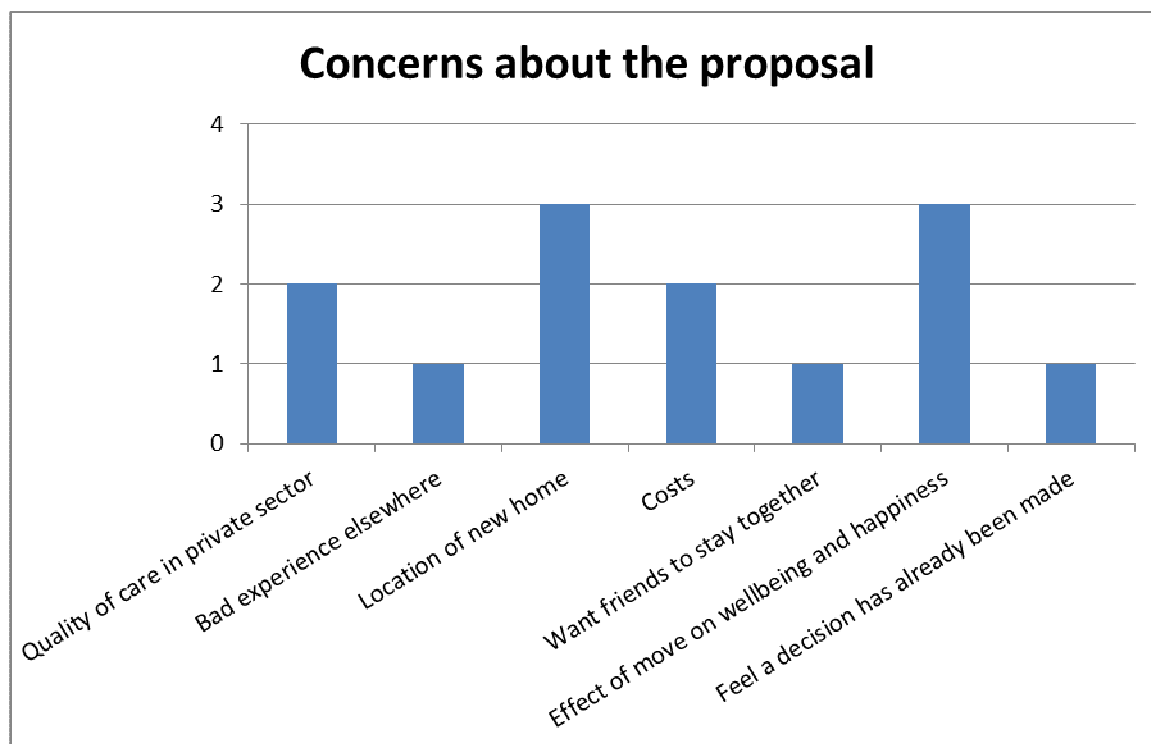


Example comments:

“Sad, because I have no other home to go to since moving here.” Relative: There is a concern about the placement funding. It would also be nice if the residents move to another residential home with other residents that get on. The new home would need to be on a bus route for me to get to, so I can visit [REDACTED] as often as I do.”

“We understand the financial situation that the council needs to be cutting down costs as there would be a lot of maintenance work to keep the homes open. I am aware of the maintenance standards (in relation to my work) in private homes. The main concern is that private homes do not have the same standards of care as the authority run homes.”

Do you have any concerns about the proposal that the council needs to be aware of?

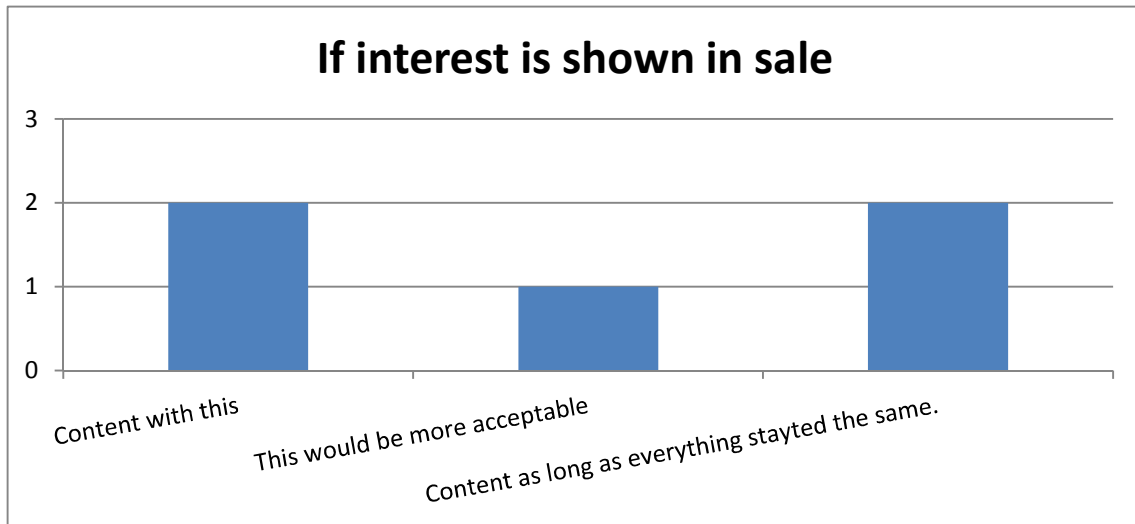


Example comments:

“Yes, what effect is it going to have on [REDACTED]? It is difficult for residents to move if they have been living here for years. The staff will leave, which is a shame because [REDACTED] is now used to them and the home.”

“I think we are fighting a losing battle as they have already made their mind up to close the home. We don't want it closed but we cannot tell Leicester City Council not to. It would be wonderful if the home was kept open, but if it has got to go then we would need to find the right home for [REDACTED]. I am not concerned about the distance as I can get a taxi but all his needs would need to be met.”

If some interest is shown during consultation and the council decided to put the home up for sale, what would you think about this?



Example comments:

"The changes would be more acceptable if the home kept going and continued running as it is. I would rather stay here than move for definite."

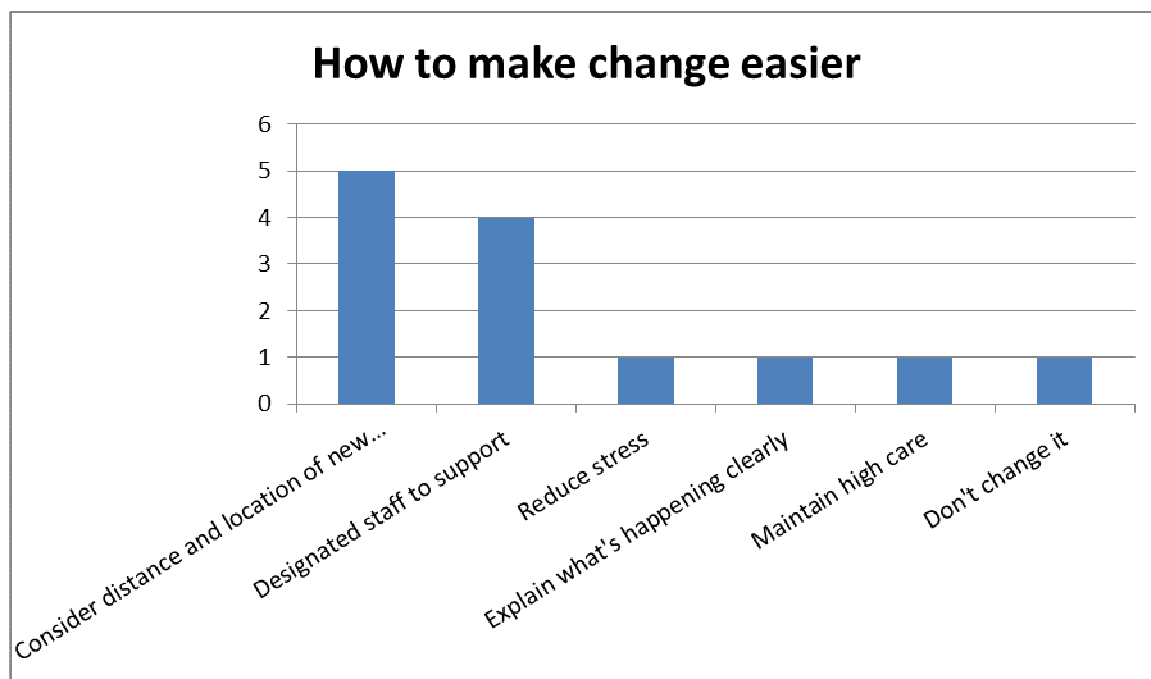
"I wouldn't mind if things ran the same as they do now in this home. I would become concerned if there were any new changes introduced by new owners. Don't really think we would be that bothered about who runs the home, as long as it continues to run."

Do you have any other ideas for change that you think the council should look at?

Summary of ideas given:

- Save money elsewhere and invest in the homes
- Ensure that people have a suitable environment to move to
- Consider distance of new home
- Ensure appropriate assessment of private homes

If the proposal was to go ahead, how could the council make sure this change was as easy as possible for you as a resident?



Example comments:

“It won't be easy because I have got used to the carers and they have got used to me, if I have to go then I am worried about what the new carers would be like.”

“To ensure everything stays the same as it is, so I don't have to move, don't mind change of ownership.”

Representatives' views and concerns about the proposal?

Summary of final comments made by residents' representatives at the meetings.

- Against the closure
- Concern about what will happen to residents and staff
- Confidentiality needed for residents

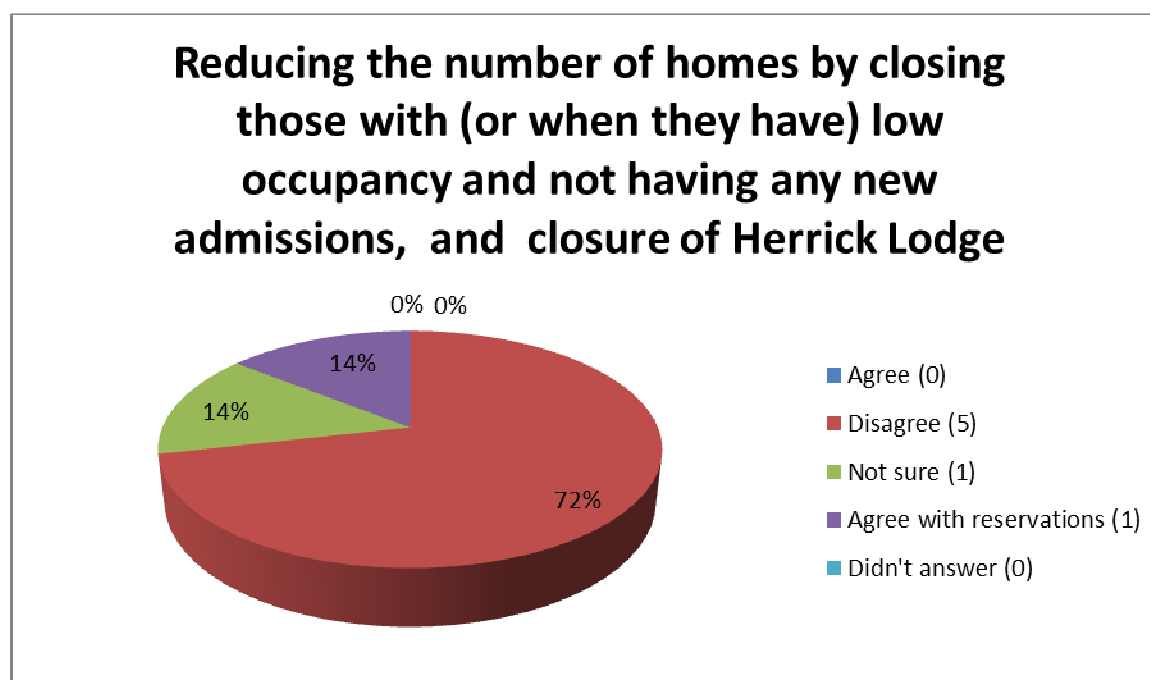
HERRICK LODGE

- Number of respondents in 2013: 1
- Sources of responses: 1 interview
- Response rate from those that we offered interviews to: **100%**
- Other responses: 1 petition
- Proposal: to close the home in 2014.

WHAT YOU TOLD US IN 2011 AND IN 2013

This is what residents and relatives thought about reducing the number of homes by closing those with (or when they have) low occupancy and having very few new admissions to the homes. The

opinion of the one interviewee is also included here due to the small number involved in the latest exercise



Do you have any concerns about the proposal that the council needs to be aware of?

- Feel that occupancy has deliberately been run down
- No discussions about how the home could be kept open
- Took a long time to be able to move here

If some interest is shown during consultation and the council decided to put the home up for sale, what would you think about this?

- This would be welcomed

Do you have any other ideas for change that you think the council should look at?

Summary of ideas given:

- There are still a lot of people who could be placed at Herrick Lodge.
- Urge Council to change decision
- Effect on staff morale

If the proposal was to go ahead, how could the council make sure this change was as easy as possible for you as a resident?

- Would refuse to leave

Representatives' views and concerns about the proposal?

Summary of final comments made by residents' representatives at the meetings.

- Concern about welfare
- Support the resident's decision to refuse to move.

PETITION

A petition was received in the following terms:

"We the undersigned petition Leicester City Council not to close Herrick Lodge Elderly Persons' Home."

The petition was signed by 1492 people, 1,470 people who live in the City and 22 people who live outside the City. There were a further 122 people who did not provide a full address and 33 who did not provide a signature.

(Preamble: "Save Herrick Lodge Elderly Persons' Home!

Herrick Lodge, a multicultural care home fit for the next UK City of Culture. The people of Leicester city need culturally appropriate services in a culturally diverse city.

Herrick Lodge is Leicester city Council run Multicultural Elderly Persons' Home. The home is located near the Peepul centre in Belgrave, Leicester. The home provides excellent high quality long term (eg when discharged from hospital) and respite care to the elderly people of Leicester. Most importantly the service supports people with diverse cultural needs i.e. provision of culturally appropriate food, staff that are able to communicate with service users in a language that they can understand etc.

Sadly Herrick Lodge is under threat of closure. Please sign this petition to save Herrick Lodge Elderly Persons' Home from closure and protect this excellent culturally and linguistically appropriate service for the elderly people of Leicester. Thank You."

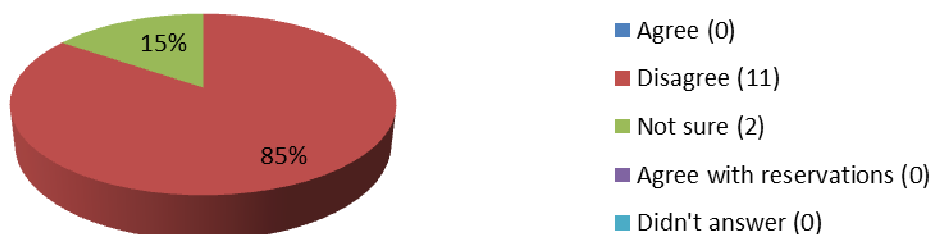
NUFFIELD HOUSE

- Number of respondents in 2013: 11
- Sources of responses, 8 interviews, 2 questionnaires, 1 email response to questionnaire.
- Response rate from those that we offered interviews to: 100%
- Other responses: One petition, 3 emails, 2 calls, 2 letters, 2 other.
- Proposal: To close the home in 2014.

WHAT YOU TOLD US IN 2011

This is what residents and relatives thought about reducing the number of homes by closing those with (or when they have) low occupancy and not having any new admissions to the homes:

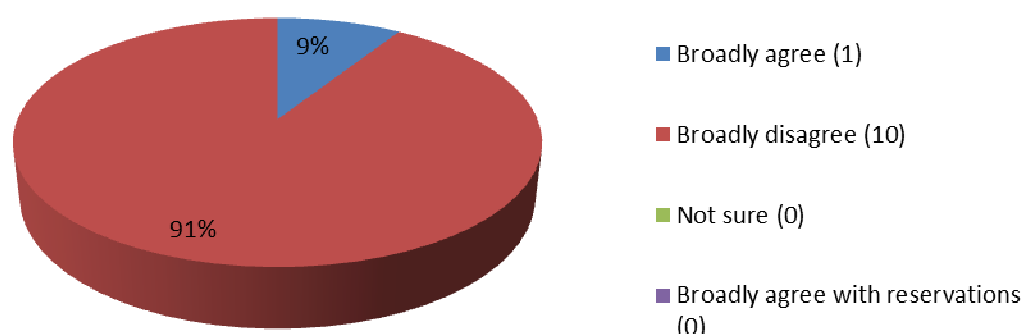
Reducing the number of homes by closing those with (or when they have) low occupancy and not having any new admissions



WHAT YOU TOLD US IN 2013

The following is based on individual responses which have been interpreted and categorised here. Full comments are included below.

What do you think about the proposal for Nuffield House?



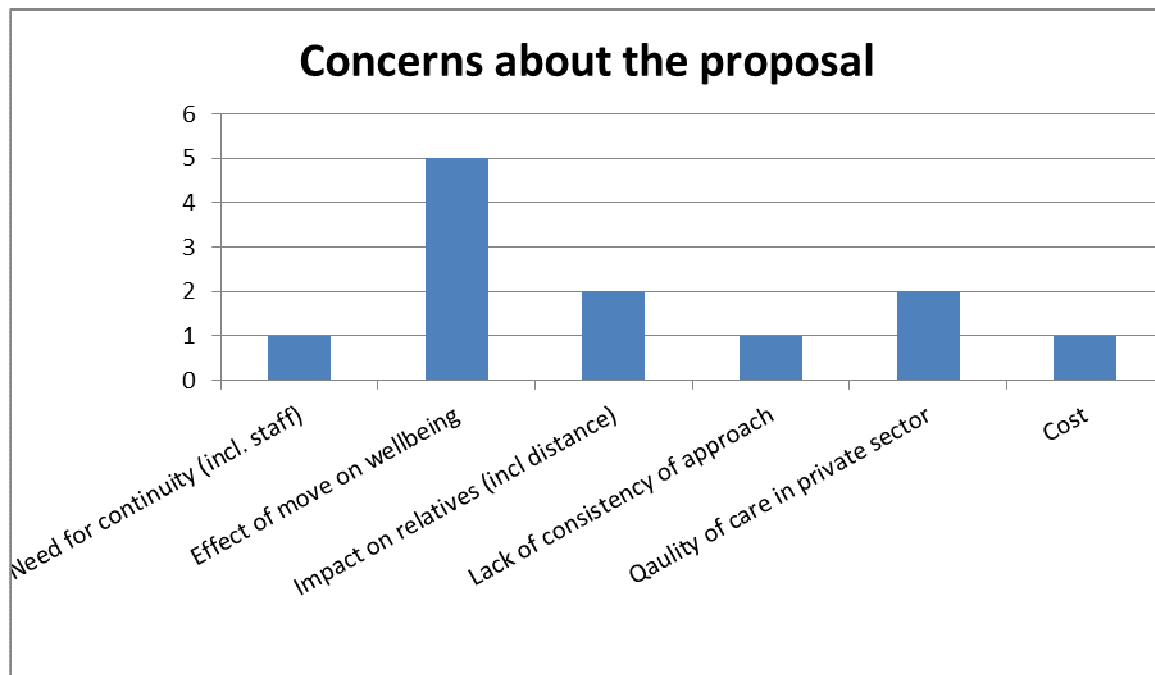
Example comments:

"I feel sad, but I know these things have to happen. Residents are settled here. I am aware of some residents that moved home and then they passed away. Initially, I wasn't keen about [redacted] moving to a home, but since she's been here she has made friends and is happy. This had taken weight off my mind, but I am worried about her settling if she has to move to another home."

"I'm a bit astonished, because the closure is to do with cutting costs in relation to the state of elderly care in Leicester. If the cost of supporting the elderly is too high, then what will happen to all the elderly generation? Especially when considering the cost of respite and health care, this could lead to the elderly blocking beds in hospitals. I am worried about what will happen to [redacted] if she is moved from Nuffield House. (Text removed.) The

council don't understand the impact on the residents that are going to be moved because they are settled in their current environments. I think what is proposed is terrible because they are the most vulnerable in society; they are just being pushed and shoved around because they have no one to stand up and fight for them. A lot of people feel like this and have the same view."

Do you have any concerns about the proposal that the council needs to be aware of?



Example comments:

"It is a big thing for people of [redacted] age to cope with change. I did think why does this place have to close? Is there no other way around it, other than closing? They have utilised this place well, such as having a separate kitchen upstairs for people that are more independent to use."

"Basically, it is what I have said already. The council don't understand the impact on the relatives. It's a worry, and it is a worry that you don't really feel that you need because the residents are in their last stages and they shouldn't be moved, it's terrible."

If interest was shown in buying the home during the consultation and the council decided to put the home up for sale, what would you think about this?

- Residents generally felt that this would be a more acceptable option. Four had reservations about the quality if there was a new owner.

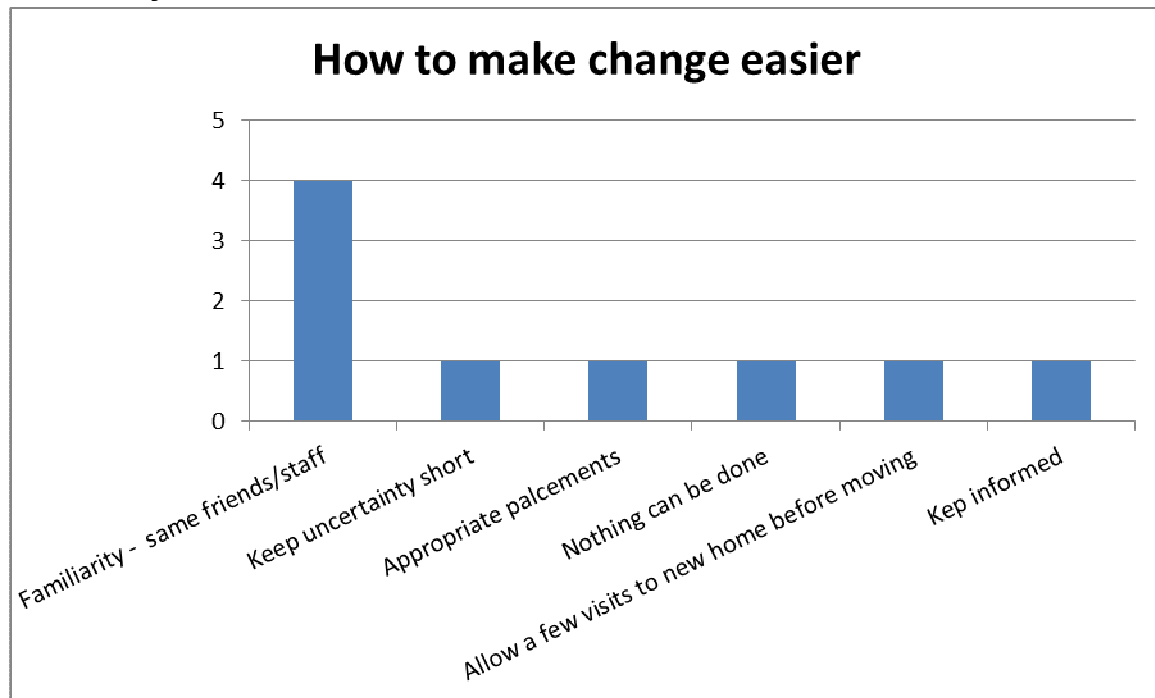
Do you have any other ideas for change that you think the council should look at?

Summary of ideas given:

- Let the home naturally run down by not taking new residents.
- Have another place ready before a decision is made.

- Anything but closure.
- Consolidate other homes that are underoccupied so the same friends and staff can stay together.
- Follow the national priority of investing in services for older people.
- Upgrade its appearance to make it more attractive

If the proposal was to go ahead, how could the council make sure this change was as easy as possible for you as a resident?



Example comments:

“It would be better if one or two other residents that get along with each other could be accommodated together.”

“The practical things would need to be considered. For instance, if familiar faces could be moved with [REDACTED], although I understand that all residents have individual needs. It would be important to keep any period of uncertainty as short as possible. Otherwise [REDACTED] would have time to sit and dwell on things.”

Representatives’ views and concerns about the proposal?

Summary of final comments made by residents’ representatives at the meetings.

- Settling in, continuity and familiarity
- Distance is important
- Need support from the council
- Move to a similar home, keeping same staff and residents
- Why is this home closing?
- Welfare concerns

- Financial concerns

PETITION

A petition was received in the following terms:

“We the undersigned wish to register our protest at the closure of the above home (Nuffield House).”

The petition had 566 signatures, 429 who live in the city and 137 outside the city.

(Preamble: “This petition is being submitted by family, friends and a wider public who wish to protest against the proposed closure of the 3 Council care homes later this year. This particular petition refers to Nuffield House (Barclay Street) and the signees wish to inform the council that they want to save it from closure. We wish it to be referred to the Full Council Meeting on Thursday 27th June 2013.”)

OTHER RESPONSES:

The following responses were received from alternative means than interviews or questionnaires. Where appropriate the issues raised were answered directly.

- Email: to the Mayor (paraphrased). Issue the closure of Nuffield House felt her relative would not receive the same standard of care. Many people cannot afford the top up fees of a private home which will be more expensive. Her relative has no desire to leave Nuffield House and to be forced would have a detrimental effect on her health. Disputes the argument that it's old and no longer suitable as Nuffield House is purpose built and most private homes are old houses that have been converted. Question: Can you and your cabinet give us assurances that no council care home resident will have to move to a lower standard of care or, if they move to a home of equal standard that families will not be worried about 'top up' fees?
- Call (in relation to the above email.) Issues Raised: What are the arrangements for top up payments. What medical assessment was available for people moving? Questioned the logic of potentially moving people in winter. Would like to record that her view has not changed and that Nuffield House should stay open. She felt that the Council has engineered a situation of low occupancy. You cannot better the care provided at Nuffield. As someone who has previously worked as a social worker, she felt quite sure about this. The importance of being able to practice religious observance in the community where her relative used to live.
- Phone call: Not happy about the possible closure. Will not attend interview until after decision has been made. Others at the home felt the same way she did.
- Email: (some personal details in the email not included here.).... I can tell you that none of the residents are aware and the reason being is they would worry. No one has spoken to the residents about this so how can the paper say people would rather live in their own homes. I think it is terrible this is happening. Once you move older people which have made friends and are settled they usually pass away. Is this something you can live with. I really hope something can be done about this....

- Letter from Liz Kendall, MP on behalf of a constituent (paraphrased): Relative is concerned how the closure will affect her relative's care. Does not understand the reasoning for the closure, but heard the homes "are not fully utilised. Why close two homes within a mile of each other, would it not be an option to keep one and fully utilise it? They talk about people want to stay in their own homes, yes, they do, but in reality that is not an option for some."
- Email on behalf of residents: "We would like to have reassurance from legal services with regards to the tendering process and the contract set up with the new provider to ensure that the costs and standards remain the same. What can social services do to put conditions on the service to make sure it stays as it is?"
- Letter from GP: "I would like to write to you to express my sadness that Nuffield House may close. As a GP who has visited a number of times to review patients I have always been very impressed with not only the quality of physical care given but also by the compassion, sensitivity and personal touch that all the staff have given. It is widely felt by the practice that the care given at Nuffield House is of an excellent standard and we were saddened to hear that it might close."
- Member's enquiry (two received in the same terms): (Personal details removed:) "...He has nothing but praise for the care and attention that the staff at Nuffield House show to his (relative) and all the other residents. He says the staff go out of their way to treat the residents as individual people. His relative is calm and settled at Nuffield House. He is concerned about the impact that a move and the upheaval will have on his relative's health and well-being. A move and a transfer to an unfamiliar environment will great anxiety and will be detrimental He appreciates that enabling people to continue to live in their own homes is admirable up to a point, but it is not suitable for those people who are frail and require an intensive level of care. For the people such as his relative then suitable residential accommodation must be provided and it must be fully supported by the Council. He respectfully requests that the Council reconsiders the current proposal and looks very carefully at the impact the decision will have on some of the most vulnerable people in the City."

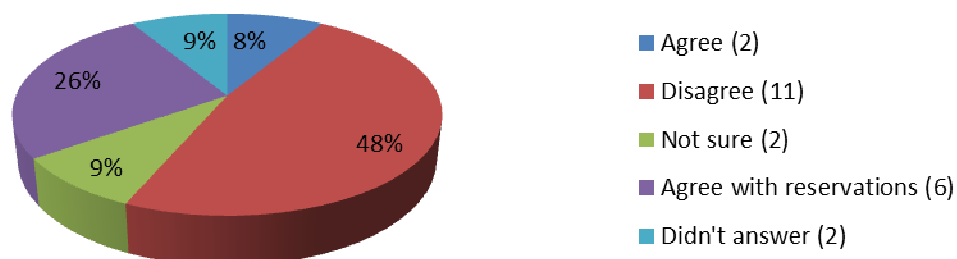
PRESTON LODGE

- Number of respondents in 2013: 10
- Sources of responses: 9 interviews (one on behalf of two residents)
- Response rate from those that we offered interviews to: 91%
- Other responses: 1 phone call
- Proposal: to close the home after an evaluation of Phase 1.

WHAT YOU TOLD US IN 2011

This is what residents and relatives thought about reducing the number of homes by closing those with (or when they have) low occupancy and not having any new admissions to the homes:

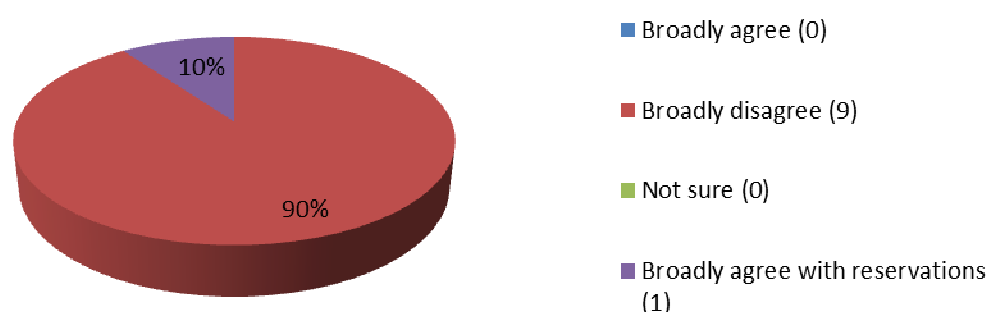
Reducing the number of homes by closing those with (or when they have) low occupancy and not having any new admissions



WHAT YOU TOLD US IN 2013

The following is based on individual responses which have been interpreted and categorised here. Full comments are included below

What do you think about the proposal for Preston Lodge?

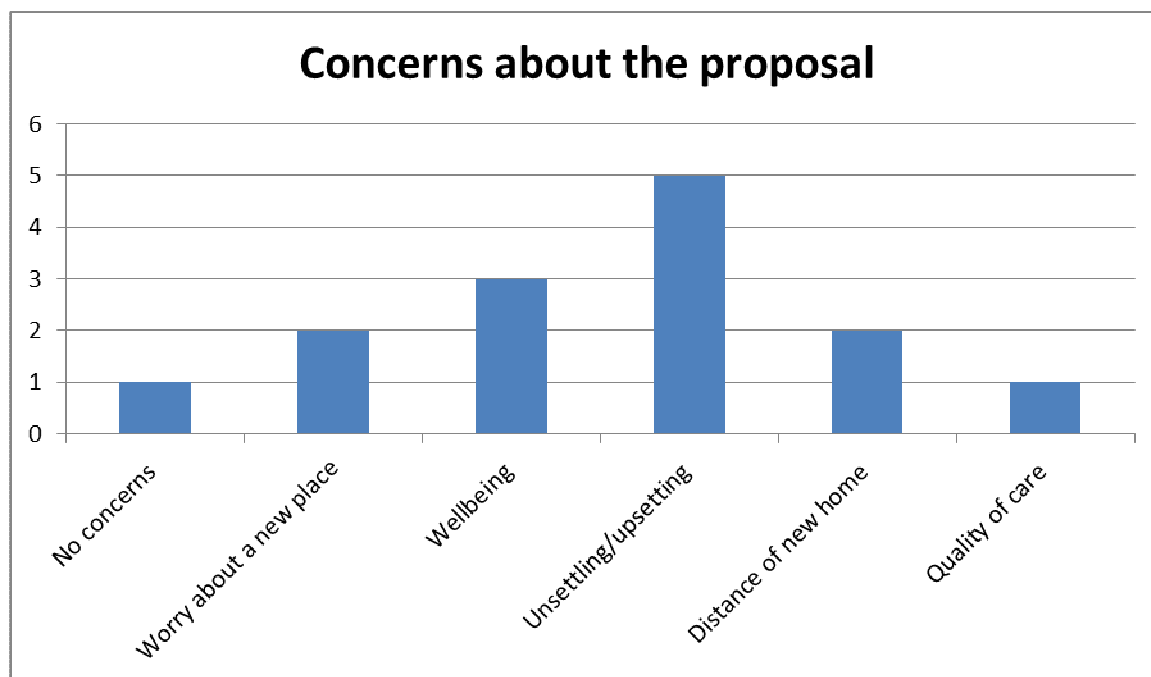


Examples of comments:

"I am disappointed about the proposal for closure. This has raised my anxiety levels and am worried about moving to another home. I have settled in well to Preston Lodge and have built up relationships with other residents and members of staff. I feel this type of environment cannot be duplicated anywhere else."

"....does not think it's right to close Preston Lodge as he thinks the place is brilliant, staff is fantastic and he feels it would be difficult to find another home nearby to match it."

Do you have any concerns about the proposal that the council needs to be aware of?



Examples of comments:

“I have concerns regards where I will move to as it was difficult to get a place at Preston Lodge.”

“Would find it very unsettling if she had to move to another home and does not know how she would react physically and mentally to the unknown.”

If interest was shown in buying the home during the consultation and the council decided to put the home up for sale, what would you think about this?

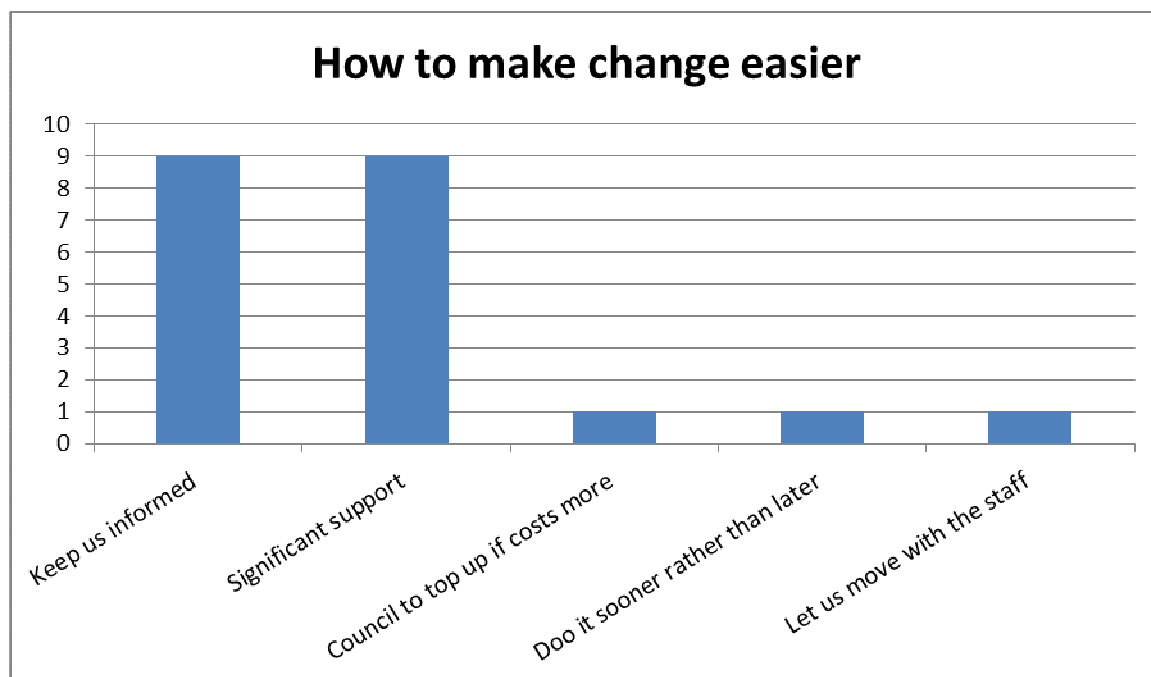
- Nine responses felt that this option would be more acceptable.

Do you have any other ideas for change that you think the council should look at?

Summary of ideas given:

- Keep smaller homes open. (4 people)
- Look for savings elsewhere. (3 people)

If the proposal was to go ahead, how could the council make sure this change was as easy as possible for you as a resident?



Example of comments:

“To ensure all information relating to the proposed closure is readily made available. To have support from a social worker to assist locating home that will meet Leicester City Council criteria for assessed care banding levels.”

Representatives’ views and concerns about the proposal?

Summary of final comments made by residents’ representatives at the meetings.

- Would like information about any potential takeover.
- Support sale rather than closure.

OTHER RESPONSES:

The following responses were received from alternative means than interviews or questionnaires. Where appropriate the issues raised were answered directly.

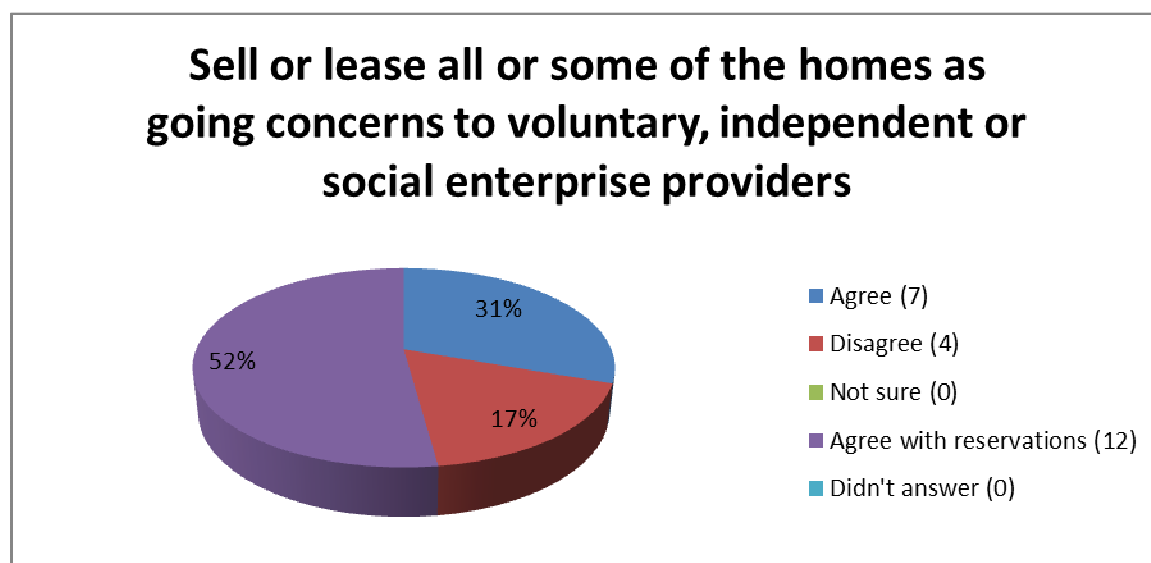
- Phone call: he has already taken part in the 2011 consultation. He does not want an interview and his view has not changed. He wants the home to stay open.

THURN COURT

- Number of respondents in 2013: 19 (3 of these did not want to be interviewed but said they were happy with the proposal).
- Sources of responses 16 interviews, three agreeing verbally with the proposal.
- Response rate from those that we offered interviews to: 100%
- Other responses: 1 letter
- Proposal: to put the home up for sale as a going concern after an evaluation of Phase 1.

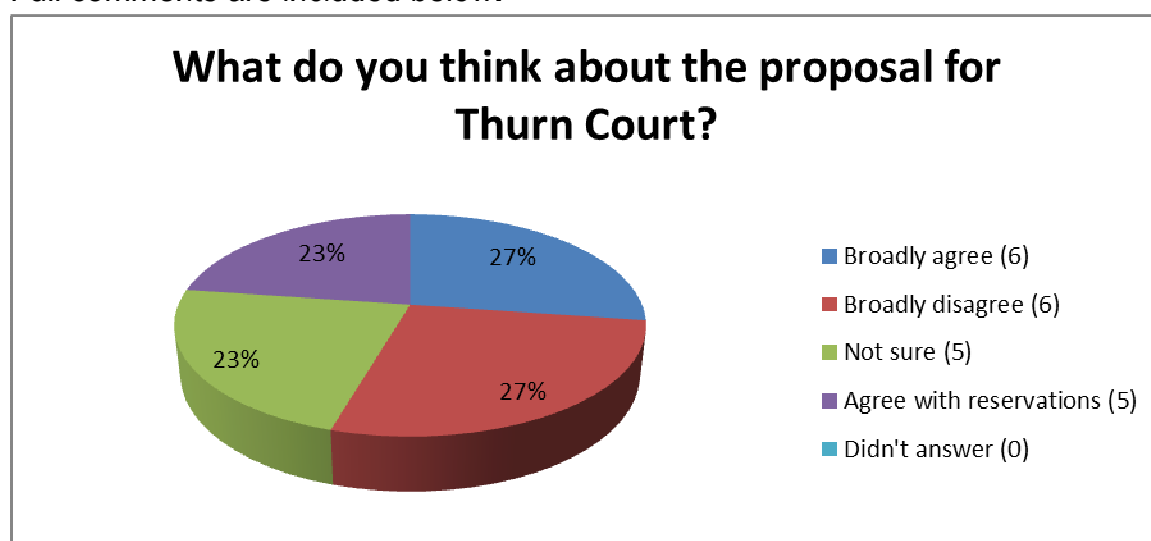
WHAT YOU TOLD US IN 2011

This is what residents and relatives thought about selling or leasing the homes as a going concern:



WHAT YOU TOLD US IN 2013

The following is based on individual responses which have been interpreted and categorised here. Full comments are included below:

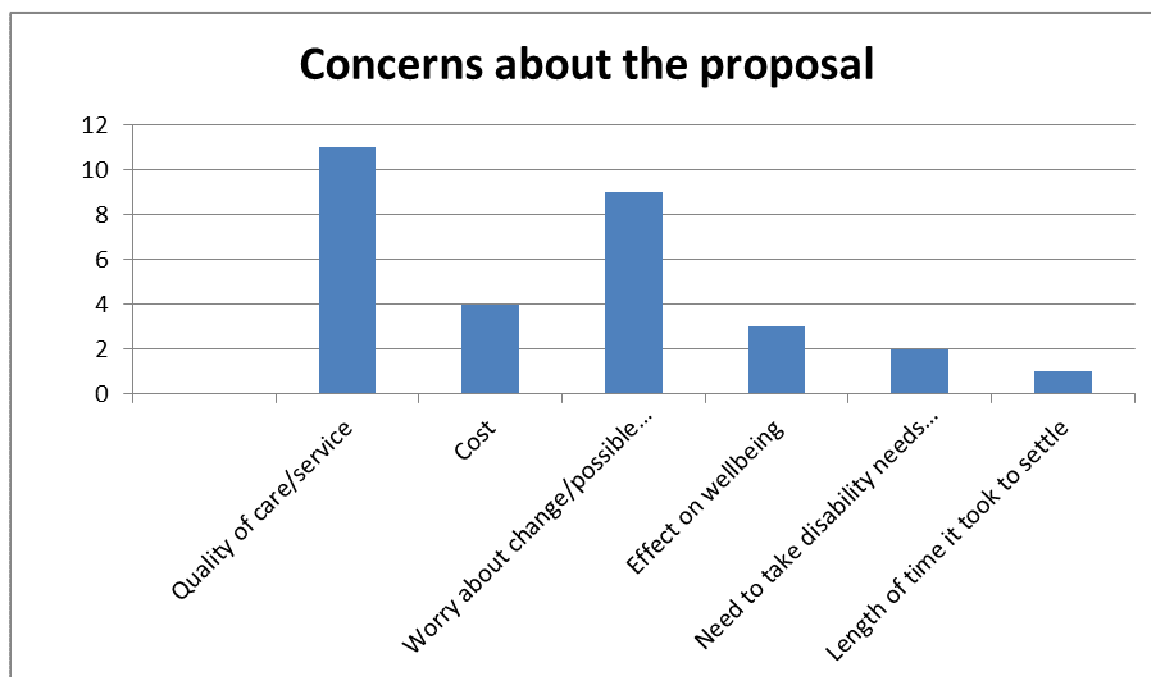


Examples of comments:

"Concerned about the Council's proposal for Thurn Court and want to know the reasons all local authority homes are put up for sale and reasons behind this closure. Thurn Court is one of the best (LA) Home's in Leicester where staff from all levels i.e. manger, office staff, carers, kitchen staff etc. are all very good and all residents plus their families are well respected and being valued."

“Both reported that they are aware that Thurn Court was up for sale in future and not bothered as far as (their relative) can still remain at Thurn Court and same quality of care standards are being met as (their relative) is fully settled at Thurn Court.”

Do you have any concerns about the proposal that the council needs to be aware of?



Examples of comments:

“...advised that she is confused, frightened and hurt about the Council wanting to sell Thurn Court. She stated that she is fully settled, her needs are being met and she feels homely at Thurn Court. She is not sure what the council would gain by selling Thurn Court to a new organisation.”

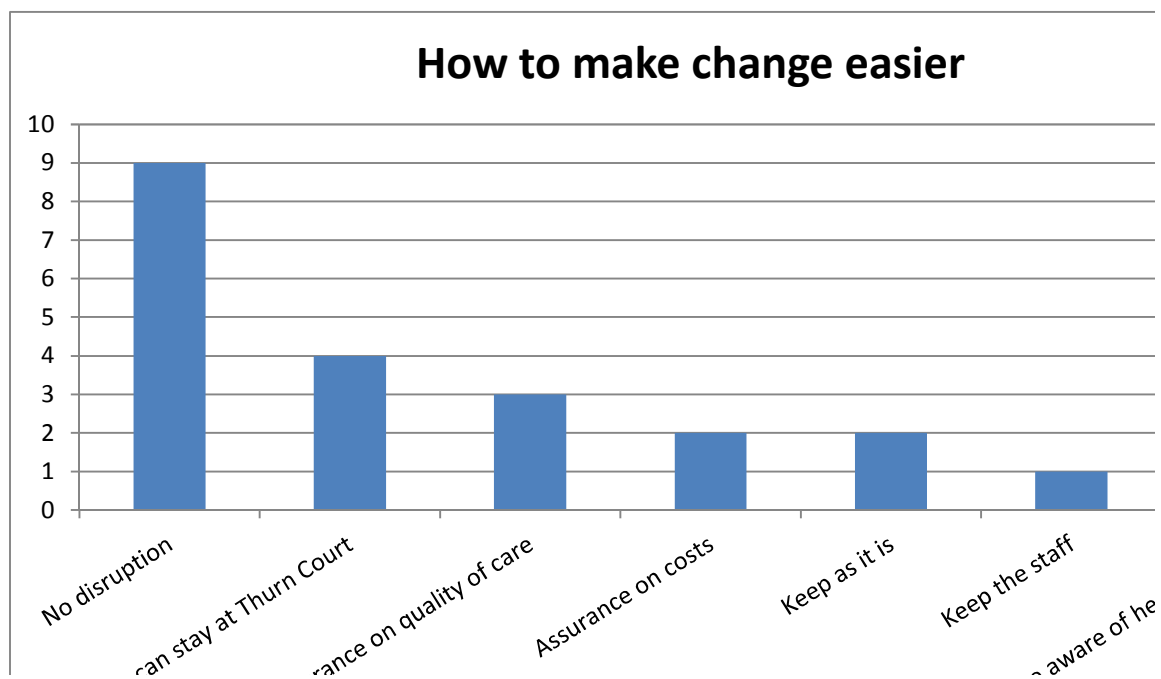
“The concerns about the proposal that the Council needs to be aware of is when Thurn Court is sold to a new organisation and home being privatised then LCC must have a contract with the home and regular inspection to be carried out to ensure that all residents' health and safety is maintained at all times because of their vulnerability, age and disability. It is frightening when care homes are privatised because we hear so much in the media about the abuse of elderly and frail people within the home which council needs to be aware of.”

Do you have any other ideas for change that you think the council should look at?

Summary of ideas given:

- 11 people ask the council not to sell Thurn Court
- Don't waste money on other projects
- Could make the back garden a seating area.
- Five people feel that the council had already made up its mind and/or would not listen to ideas.

If the proposal was to go ahead, how could the council make sure this change was as easy as possible for you as a resident?



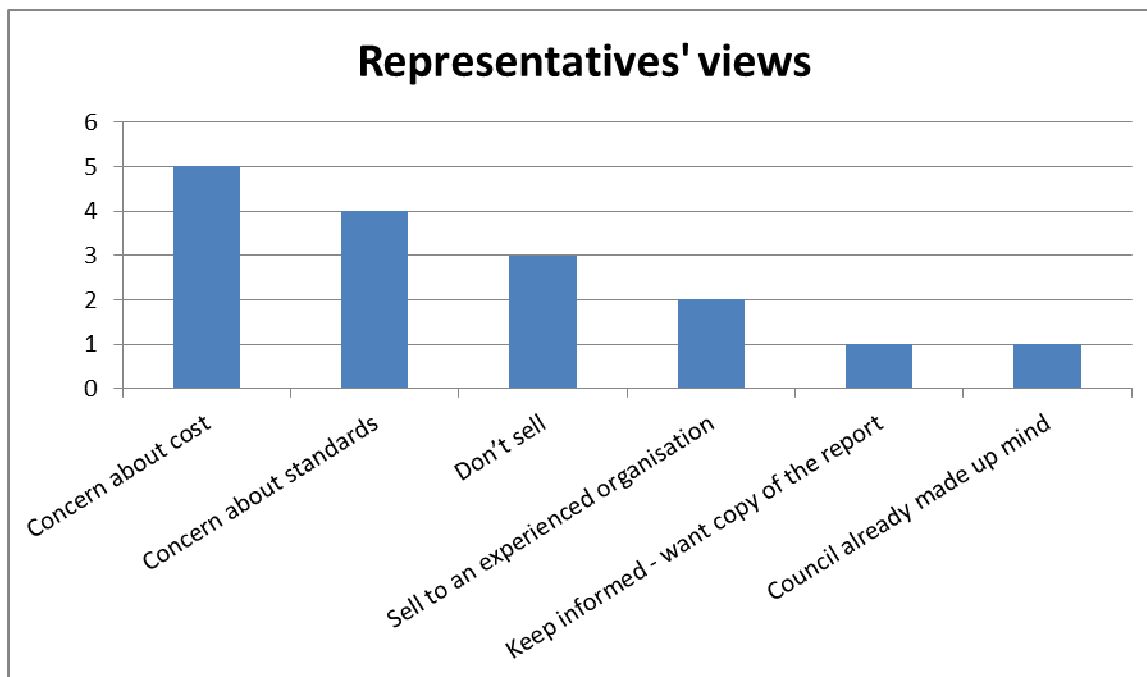
Three people felt that they had no choice in what was going to happen.

Examples of comments:

“If the proposal is to go ahead, then council will have to make sure that this change will not affect him as a resident and his family. He further stated that he does not like changes as he is well settled and all his care needs are being met at Thurn Court.”

“... they do not have a choice if the proposal was to go ahead and will have to accept whatever changes LCC brings in future.”

Representatives' views and concerns about the proposal



Examples of comments:

"....reported that she is concerned, worried and anxious that when the new organisation takes over Thurn Court then she wants to be reassured that the placement fees (rates) will remain the same because the private organisations are there to make profit and should have a caring nature towards the residents in the home and good quality standards of the service delivery being maintained at all times. All residents, staff and managers get on very well at Thurn Courtand is requesting council to re-consider not selling Thurn Court."

"....strongly feels that Council should continue running Thurn Court as usual rather than spending money on unnecessary projects in Leicester."

OTHER RESPONSES:

The following responses were received from alternative means than interviews or questionnaires. Where appropriate the issues raised were answered directly.

- Letter:: Comment: 1. Wants clarification regarding conflicting statements in the original letter and the FAQs sheet regarding staying put if the home is sold and being advised we would support you through changes. OK with relative staying on if sold. Comment: whilst Thurn Court is showing its age in some areas it is a Home that is run by caring staff who give consideration to the needs of the residents, ensuring that they feel a part of the "family" of people who reside there. (Having won the Best Care Home in Leicester Award recently I think confirms this?) On a personal note, I would add that I cannot believe that LCC cannot continue to run this home on a profitable basis themselves yet a Private Company would be prepared to buy it as a "going concern". QUESTION: I assume any Private Company would make a profit in running the Home? As a consequence, what would they change to enable it to be run profitably?

DETAILED COMMENTS BY HOME

Below are comments received through interviews and questionnaires regarding each home from the 2013 top up consultation exercise.

Abbey House

Have you seen the letter and frequently asked questions sheet we sent to you about the proposed change? (This was asked of those attending an interview only.)

- No, it might be in the office with my big book (referring to resident file) but I need someone to read it to me because I can't see.
- 5 residents and their relatives said they had seen them.

What do you think about the council's proposal for Abbey House?

- The change will be different. Possibly I may get to go out more, if different people are running the home.
- I would not want to be moved from this home because [REDACTED] can come visit me here regularly (*text removed*.)
- My immediate reaction was 'how will [REDACTED] deal with more change?' (*Text removed*) so I am worried that there are no drastic changes if the proposal goes ahead. If good honest people takeover, that genuinely care about the residents, hopefully it will have minimal impact on the residents.
- It is fine, it does not bother me. I am happy to stay here.
- Staff at this home are nice, the manager is fantastic and the council should agree for the home to stay as it is not sell it. We are all against it being sold. We can't see the need to sell it. First and foremost the council should be investing in homes like this to keep them open and then decide to spend their money elsewhere. They could just decorate the home and keep it open. The structure is fine and it does not need to be amended. People prefer residential homes ran by the authority than private because there are better standards and the staff are looked after.
- We would like it to stay as it is, run by the council so that there are no changes. You naturally wonder whether the new management would be the same or good because it is never the same when a new team takes over.
- [REDACTED] has settled in well at Abbey House. She has been a resident here for (*text removed*), she is content and happier than she was at home on her own. We have been impressed with the care and attention the staff give the residents when we have visited at different times of the day and week. Our priority is for [REDACTED] to be safe and happy and we know that Abbey House provides all her needs. Our wish is for Abbey House to be sold to a caring provider. We realise that it has to make a profit - it is after all a business - But if it is managed well it should, but not at the expense of the residents. In its favour, Abbey House was purpose built for Elderly care and has a welcoming atmosphere. It would be a great shame if it had to close.
- Quite happy with change.
- I have no problem with Abbey House being sold, so long as the residents' needs are still met to a good standard.

- I am glad the staff would not be changing. It will be a big enough upset for [REDACTED], hopefully not as much with the same staff around her she knows.
- Concerns: Cost of placement. What happens if there is such an increase that can't be met? Standards of care. Do staff have accountability in private ownership compared to Social Care Standards? Training for staff. Quality & attitude of staff. Older persons with dementia need compassion and staff with good communication skills. Will single room accommodation be reduced to increase beds & profit margins? i.e. doubling up in rooms? Equipment: will there be continued investment in aids to assist & increase comfort of residents?
- I am not entirely happy about this proposal.
- Some concern since any change whatsoever can be very distressing to (text removed). Although staff would be able to stay at the homes I presume this means they may choose not to stay under the new owners. Wholesale changes in the staff would cause distress to [REDACTED]. It would be hoped that staff would be actively incentivised to stay on. Also there has been no assurance on the fee structure being maintained to be in line with the local authority set funding limits. Could fees escalate away from the funding levels?
- OK as long as [REDACTED] can stay here, so his friends can see him.

Do you have any concerns about the proposal that the council needs to be aware of?

- Not worried as long as I have my own room and people can still keep visiting me. My room is already paid for, so will that be the same? (I confirmed that will remain the same).
- No, I just want things to remain the same.
- I have no particular concerns for [REDACTED], although I am worried about the ethics. For instance, the private buyer will buy the home for the right reasons and not just for profit.
- I just want to stay in my bedroom and I signed something to say that I could (text removed.)
- (text removed) are against the idea that this home should be ran by another private company. The main concern is that the staffing levels will be reduced. If the home is going to be sold as a going concern it would be useful to know where the new organisation will be making cuts, because right now there is a sufficient level of staff. There is always less staff in private homes and this impacts on the quality of care. I don't want the general routine of the home or the amount of staff working here to change.
- No.
- If Abbey House is sold the council must check with the new provider that all standards are maintained and possible improved. The home should be monitored by a specialist body on a regular basis to make sure everyone is happy. More permanent staff need to be employed to build up relationship with residents and not rely too much on agency workers. The standard of food provision is very good - it makes a difference to have food cooked on the premises. It is important to have a social calendar for the residents - outings, entertainment and parties for Christmas etc. This is important for residents' well-being. Laughter is the best medicine.
- Financially secure new owners, contracted investment in homes secured.
- No concerns at the moment

- My only concern with the new organisation buying the home is the cost to residents who have help from the council to pay for their keep. Would this be going up or that side of the change would stay as it is now.
- Not answered
- My concerns are as follows a) As a for profit organisation they may make cut backs in the quality of service such as 1/ less quality - variety in meals, 2/ reduced access to snacks, tea, coffees & juice, 3/ reduced staffing levels. b) Having to use private firms for maintenance & repair may result in a delay in responding to maintenance issues. c) If the council cannot afford to upgrade the buildings how will a private company fund this without reducing the service to the residents? d) Has anyone looked at the effect privatisation has had on the county council run homes? To establish whether the quality of care and facilities has reduced.
- See response to question 3. Plus - The care home maintains high standards and my perception is that this is at least in part due to it being owned by the local authority which because of its size and role ensures regulations and standards are being met, including newly introduced ones. I think I would have less confidence in a private owner who may trade off profit against the full implementation of standards and regulations. The local authority does not have to make this trade off and I believe this had contributed significantly to the high standard of care my mother seems to be getting.
- No concerns at the moment. The place runs like a clock. (*text removed.*)

Do you have any other ideas for change that you think the council should look at?

- No
- I know there is something wrong with all of us but I do think that it should be suggested to separate the mentally ill from the physically ill because they do not realise what is happening because I can't make them understand things, others keep asking why can't we go home? I just say to speak to Sam (the manager).
- I think there should be new development for long term care, such as converting the buildings into flats so that more able residents can have their own front door key but have whatever level of care required onsite. So that residents never have to move regardless of the amount of care they may need. (*Text removed*).
- Not really
- I guess the staff would go if the private owners pay them less wages because their Leicester City Council pension and benefits will be affected. Will they all have to sign new contracts? Because that would not be fair if their pay is not protected and they get paid less because then they will leave. The council should ensure that the staffing levels remain the same, secure the future of the building after it is sold, so that it can remain open and ensure that things are not altered drastically such as structure of the home and staff resource.
- Not really, we trust the council will do everything that they need to.
- It is sad that the council had to reach this decision regarding the care homes. Whilst we appreciate that savings have to be made I feel that the long-term strategy should be to provide more homes for the elderly and vulnerable instead of trying to keep them at home. Possibly at risk to their own safety and lonely. At present, there is not enough provision for

care at home and until so homes should not have to be closed. There are a lot of other 'services' that could be reduced rather than target the elderly and vulnerable.

- No
- I would love the council to look at the choice of meals that the residents eat. *(text removed – relates to lack of provision of the kind of food people are used to eating.)*

If the proposal was to go ahead, how could the council make sure this change was as easy as possible?

- I still want to be looked after in the same way as before *(text removed.)*
- For things to remain the same.
- N/A
- For me to stay in my room.
- The staff and the management here are very good, I would not want that to change. The home has a nice atmosphere and culture, hopefully that will stay.
- I don't know, everything to remain the same.
- Obviously as little disruption as possible for the residents as stress could obviously affect their health. Making sure permanent staff have a secure future as some have worked at Abbey House a long time and have built up a relationship with the residents. *(Text removed.)* Obviously, our concern is that a new provider may decide to review the fees. I have spoken to a member of the team who reassured me that the fees charged would be 'ring-fenced'- but for how long?
- Open meeting with new owners
- Hopefully all the staff would be the same or if not new staff and new rules should be introduced slowly.
- To keep them informed through every stage so when or if it happens it is not too much of a shock to them.

Representatives' views and concerns about the proposal.

- I think that it is important to maintain continuity in every way possible. For instance, it is good for [REDACTED] to have the same staff as she gets on very well with 2/3 of the staff and there are certain residents that she likes the company of. She is also used to this environment.
- To keep things the same and for the home not to be sold.
- Residential fees should be kept the same.
- Reassure staff of boss.
- Will residents & relatives be able to see or be involved in reading possible tenders from prospective purchasers, (and proposals for future improvements at the home) or will it be purely a sale to the highest bidder? Does the CQC have any input in the decision making regarding either the sale or the prospective purchaser?
- Recent events in the news have convinced me that care homes for the elderly are moving in the wrong direction by going private. I believe the only way to ensure high levels of care and compliance with standards is to provide local authority care homes. They are not run for profit so there is no conflict of interest, they are an accountable body that takes duty of

care seriously. With our aging population the need for residential care will grow and grow. We really need national recognition of this and government recognition that this can only be catered for, with any confidence & with consistent standards, through local authorities.

- No further comment, but please keep me informed.

Other comments

- I do not agree with Peter Soulsby's plans. He is spending £4 million on a silly square of land but is not prioritising spending money on residential homes like this. People don't seem to matter to him and it seems as if the council are displacing and not fulfilling their responsibility. Also, can the council give any guarantee that the home is sold on but not up to the new owners to close or demolish it in a few years? There should be some clause in the contract when it is sold to safeguard the residents living here to provide them with security. Would the new owners be allowed to change the internal environment and make structural changes in the building?
- I am pleased that we can have some say in the consultation. [REDACTED] is very settled here, it is a lovely home. *(Text removed.)*

Arbor House

Have you seen the letter and frequently asked questions sheet we sent to you about the proposed change?

- All residents and/or relatives confirmed they had seen them apart from one where the relative did not want the resident to be upset.

What do you think about the council's proposal for Arbor House?

- [REDACTED] is fully aware of the proposal for Arbor House and feels very disappointed that Arbor might be sold or even, the possibility of closure. [REDACTED] has been residing at Arbor for [REDACTED] and feels very settled. She has made many friends and has gotten to know staff and management very well. She is aware that there will be no decisions made by the council for the final outcome until 2015 and will wait in anticipation to hear some good news.
- [REDACTED] expressed their disappointment that the City Council have proposed the sale of Arbor House. They view very strongly the current level of care that is provided for [REDACTED] cannot be duplicated anywhere else and can the Council guarantee that current staff and management would remain the same so continuity of care can be maintained. They would prefer in the best interest of the residences at Arbor House to keep its operations run by the Council. *(Text removed.)* They also view the concern of where elderly people will go if they wanted to have respite care as Local Authority Homes were used to accommodate respite beds.

- █████ said the proposal was very upsetting that the decision was made to sell Arbor House. She did not have any objection for the proposal, but wanted to be reassured that the current level of care would be continued by the same level of staff and management.
- *(Text removed.)* understood the proposal and did not have any objection if Arbor House was to be sold as an on-going concern. █████ has been at Arbor house for █████ and has settled in well. *(Text removed.)* They are aware of the support that will be provided by social services regards any potential change and would like reassurance that the Council would support any extra funding that may be put upon them as the result of the proposed sale of Arbor House.
- *(Text removed.)* informed that she understands and accepts the reasons why the Leicester City Council is proposing the sale of Arbor House. She is saddened by the proposal as she feels that Arbor House is being managed so well by the current staff and she has been so happy since her arrival at Arbour house █████
- *(Text removed)* is very settled making friends with other residents, staff and management. █████ is not happy that the Leicester City Council has decided to put Arbor House up for sale. She feels that the Council could still continue the management of the Arbor and maintain good profits. The home is well managed and is always full to its capacity of residents and has always had a waiting list for people to be placed there. There is still a lot of uncertainty regards the final outcome which will be made in 2015. This period of not knowing makes it very difficult to determine how █████ future care will be managed. *(Text removed.)*
- *(Text removed)* informed he would prefer the council to keep ownership of Arbor House and not sell it. He feels that Council run homes are more focussed in providing care rather than making money as a business. Steve accepts there needs to be cuts, but more options need to be considered regards selling or closing Council run homes.
- *(Text removed)* informed that she is in favour of keeping Arbor house owned by the Council rather than selling it. She feels there would be more consistency in care provision and people would be looked after better than privately owned homes.

Do you have any concerns about the proposal that the council needs to be aware of?

- █████ have raised the following concerns, if in 2015, Arbor House were to be sold to a private organisation; 1. Will Arbor house be run in the same efficient way, so consistency of care could be continued? 2. Would staff and management have permanent contracts? 3. Would new owners refurbish Arbor to maintain high standards? 4. Would the new owners raise charges in the future? If Arbor House is to be sold, what support would be provided during transition to a new location which may be in the City or County? Will top up charges be granted by the council?
- Can the council reassure that current staff and management will be kept on by any new organisation that takes over Arbor House. Will the current charges for residents remain the same? If residents had to be moved to another home, would the Council be obliged to pay top up charges.
- *(text removed – relates to concerns about potential increase in costs).*
- None to report

- The only concern [REDACTED] has is that she has spent [REDACTED] at Arbor House and has built very good trust and relationships with staff and management, which could become very distressing if the proposed sale did not take place and she had to move to another residential home.
- As above.
- As above.
- [REDACTED] has concerns if Arbor house was to be sold, private owners would cut costs and corners and inevitably this would have an impact on the level of care provided.

Do you have any other ideas for change that you think the council should look at?

- None to note.
- As per above.
- None to note.
- None to report
- Nil to note.
- [REDACTED] has very strong feelings regards the proposal for Arbor House. She views there has not been enough consultation on how Local Authority Homes could be saved by cutting costs in other areas, such as; cutting all costs of putting up lightings for communities that celebrate Diwali, Eid, Vaisaki, Christmas etc. These costs are not essential and could be cut back.
- Can the council consider keeping the homes that are making a profit as well as providing essential quality service open and maybe sell the homes which are less efficient in its operations.
- Could the Council go into part ownership, so the Council would have say in how the home should be run and keep quality of care standards. Can more community involvement be looked into on a voluntary basis to help with gardening and other non-care related work. [REDACTED] knows of organisation that can be approached to help out where necessary on a regular basis.

If the proposal was to go ahead, how could the council make sure this change was as easy as possible?

- To ensure all new information relating to the proposal is readily made available by letter and to have further consultations if required.
- [REDACTED] would like to be kept informed regards any developments for Arbor House by letter. Further consultation would be appreciated to reassure deadlines and timescales involved after final decision that be made in 2015.
- [REDACTED] would like to be kept informed regards any developments for Arbor House by letter. Further consultation would be appreciated to reassure deadlines and timescales involved after final decision that will be made in 2015.
- [REDACTED] would like to be kept informed regards any developments for Arbor House by letter. Further consultation would be appreciated to reassure deadlines and timescales involved after final decision that will be made in 2015.

- [REDACTED] would like to be kept informed by letter regards any new developments regarding the proposal.
- 1. To keep [REDACTED] informed by letter of any new developments that take place from now to 2015 regards any potential buyers. 2. Have consultation at a higher level to any proposed changes. *(text removed.)*
- To keep [REDACTED] informed regards any change or new developments that the council are considering and give the opportunity to participate where possible. To provide support regards implementing any change that takes place. Keep all Council staff and management in post for long term so current standards of care are maintained.
- To provide lots of reassurance from the beginning of the process, to be kept informed of any changes/developments that are being considered. Provide support for residents and family members.

Representatives' views and concerns about the proposal.

[REDACTED] share the same concerns that [REDACTED] has. *(Text removed.)*

Cooper House

**Have you seen the letter we sent to you about the proposed change for Cooper House?
Have you received a copy of the frequently asked questions sheet?**

- Yes
- Yes
- Yes. I also felt a little worried when we got the letter.
- Yes, [REDACTED] received the letter. *(Text removed)* so they have seen the letter.
- The letter we have seen was from Simon a couple of months ago to outline what has been said about the proposals.
- I can't remember if I did or not to be honest, so much has happened since, *(Text removed)*.
- Yes, staff at Cooper have also explained what is happening.
- Yes, I was a little bit worried and a little surprised when I got the letter.
- Yes
- Yes we have received the letter.
- No - I explained to [REDACTED] that I will be covering the main points about the proposal in the interview and that you will talk to them about the frequently asked questions again towards the end of the interview.
- [REDACTED] has seen the letter.
- Yes
- Yes, but I haven't really looked at it because I don't want it to worry me.
- Yes
- Yes
- Yes

What do you think about the council's proposal for Cooper House?

- We had lots of problems with privately run organisations and they were not good. (*Text removed.*) The staff are nice here, it's clean, pleasant and everyone is helpful.
- I think it will be at least another 10 years time before it is sold, and then they might change their mind again. It makes no difference to me whether it is sold or not.
- I think they could put some money into the home, but then start cutting things too much just for the sake of it. The council is far from perfect, but I am worried about when the new person takes over, and what their plans are. We are not millionaires and our money is very limited, so I would be concerned about having to pay more in the future.
- It's a shame that it has come to this, most of the people who move in the home know the area, and it's friendly and homely here. It is a close community and everyone knows each other. Family all live locally. My concern is what happens further down the line, and stopping developers changing the home into flats or something similar. I understand that you can't put too many concessions when selling it else no-one would be interested in buying it, but our concern is for the future of [REDACTED]'s home.
- As long as we stay the same as we are, then it will be ok. Small amount of increases will go with the times, but if it is privately run then will it be run as a private home? Who sits and observes the quality of life for the residents.
- Well I'm not very keen about it, to tell you the honest truth. The people in these homes have paid to the council all their lives, and now they want to throw them out on to the scrapheap. It's typical. They say there will be no change but I don't believe that.
- [REDACTED] is so happy here and she will continue to be happy here, (*Text removed.*).
- It's such a shame to put a home like this on the market, it has a good name and I can't see the point. I know it's all money, but nothing is ever going to be perfect, but this is as near as perfect as you are going to get. I am also worried about the costs when the private company takes over, we are at our limit of what we can pay at the moment.
- That's good, as long as it stays as it is, then it'll be ok. We have only just got [REDACTED] settled, and we want the staff and the payments to stay the same.
- It came as a blow to us, especially the people living here. (*text removed*) .To hear about selling it off was a shock, I think that there should be a contract written up with a solicitor to put measures in place to keep things as they are.
- I am happy here, and you couldn't better it I don't think. The food is good, so that's the good side of it. I would be devastated if the home closed.
- As far I am concerned, as long as the home is run the same as it is now, I will be contented.
- I would prefer for it to stay as it is to be honest, there is a different atmosphere here all together. They are pleasant, the staff are very good as a rule.
- It won't be the same when the Council is not in charge, but as long as it is more pleasant then I'm not worried.
- I am pleased that it's not closing down, and I'm pleased that I don't have to move (*text removed.*) I wouldn't want to move her. It's lovely here, (*text removed.*) it is nice to know that I can go to work and leave [REDACTED] in good hands. I chose this home, and the staff are lovely.

- Obviously change isn't good for someone who is ■ years old; personally I think it is a bit of a paper exercise. I think 70-80% of the decision has already been made, I'm aware that it costs a lot to keep the homes and that we are a growing population.
- I think it the Government's decision at the end of the day, if they are going to sell it that's fine but continuity of the staff is the main thing. With the illnesses that people have, many new faces and change of staff is unsettling for some residents. I did experience this at (*text removed*).

Do you have any concerns about the proposal that the council needs to be aware of?

- I would be worried that the quality of care and the consideration of the residents would not be kept to the same standards. The staff are friendly with the residents and do not see it as a job, which makes it more of a friendly place. The residents are just sitting all day, and the physiotherapy input needs to be greater.
- No I don't have any concerns, other than being moved. There is no where else that they could put me so I don't have any other choice than to stay here.
- I don't think so. (*Text removed – relates to concerns about costs.*)
- The only concern is what happens to ■ and that he is looked after. He is really happy here (*Text removed.*) If that did happen and he had to move to a private home, then this could have a detrimental effect on his savings. Also, he would lose the contacts and friends that he has made if he had to move. Has there been any interest in people wanting to buy Cooper?
- No concerns.
- I'm worried that the staff running the place will be got rid of and then they will bring their own staff in. And then of course, eventually the price will go up. Its greed as normal, the more money they get, the more they want. I think everyone is wondering what will happen to them if the place goes, everyone has their own worry. I'm worried that if new staff come in, then will they change things to suit them. Such as, if I'm not down for breakfast by half 9 in the morning, then will I not get anything. I'm not fussed about the fact that I haven't got an en-suite or anything like that, if I want a shower then there is one just across the corridor. It's no problem to me at all.
- No, none at all. I have spoken with ■ about it and we are all very happy.
- I don't think so. We are very happy here and have no complaints whatsoever.
- I want to keep the cost the same, they send me an invoice at the moment and I pay it. The home is lovely and the staff are really friendly, ■ is happy here.
- The staff are agitated with the circumstances at the moment, it has been very unsettling. There is also not enough staff and the hoists are being used so much more than before, which means that more members of staff are needed. I'm not even bothered about there not being an en-suite because bathrooms are the most dangerous places for a fall and staff can't always watch you in an en-suite bathroom. There is no value for money here at the moment, there is no variety in the meals and often it is cold. I am worried that the private company could come in and then shut it down and build something else. In my experience, the private companies are terrible and I am concerned about what may happen when they take over. (*Text removed*).

- *(Text removed – relates to current issues with the home.)* I also don't get information straight away to me, so I would love to be kept informed.
- No, if the home was being closed then there would be a problem. But the fact that it is being sold to a new owner, there hopefully will be no changes.
- One of our main concerns is that *(text removed – relates to concerns about privately run homes.)* At Cooper House, the staff have been here for many years and are paid accordingly here being council run, and this also reflects the care given. Staff have been here a long time and are happy in their work which means they provide good care. *(Text removed.)* That is our real concern. A concern about moving to a private company is that they can increase the costs significantly, despite there being an agreement already in place. *(Text removed.)*
- It hasn't been very good of late, I want a pleasant warm and friendly surroundings. It has worried a lot of the residents here and that has made people uneasy. I want to just be here and rest more, rather than listening to the arguments that are going on.
- I am hopeful that everything will stay the same, but would there be a difference in cost? It would be nice to think that the staff will stay, and the same standard of care will be provided.
- The concerns I will have is whether there is any change in the care that [REDACTED] receives. I am concerned about it being sold to a private provider who has to make a profit to be viable, as opposed to a public body. Is there any safety net if the change is not successful?
- If they keep everything the same, and it is run the same, then I have no concerns from the care side. From the financial side, then until I know more information, I will have concerns that the costs will be more than what we have coming in, when it goes over to a private company.

Do you have any other ideas for change that you think the council should look at?

- Entertainment, day excursions, ask family if they are willing to pay towards the costs and join them, to enable [REDACTED] to go outdoors. Also, it seems silly that a lot of money is being spent on other unnecessary things rather than money being taken away from the elderly population.
- No other ideas, I'm sure they wouldn't take any notice of me anyway.
- No I don't think so. This home is well run and they have done a good job at this one.
- It will cost the Council a lot more to fund people in privately run homes, rather than the council run home. I don't understand what maintenance costs there are, it seems in pretty good condition to me. This home is also nearly always full. Simon and the staff seem to do a very good job in running the home, and are friendly and helpful. [REDACTED] is always praising the staff and he said that they are 'very good'. I know that it is a big building and could be expensive to heat, but everything works well and it is kept so well. It is very functional, so it is puzzling why it is costing so much. If there was a cut back in staff, then the services would go down. It seems that a person is always available and the staffing ratio seems about right at the moment.
- I don't know to tell you the honest truth. As far as I know, everything is running good at Cooper House. All the people are friendly; there is a couple of staff that treat you as their

own family. [REDACTED] (one of the staff here) she is marvellous. Every individual in the place, she has a soft spot for. The first person that greeted me when I came back from hospital was [REDACTED].

- I think they are marvellous, when you sit there visiting there is always someone there. They are very caring and you can visit at any time, and it is a happy, cosy home. It is all just so right.
- I think they do well to look after this home, and I can't think of anyone better to run it.
- I'm not sure what else they could look at to be honest.
- If they are selling things off, then there is obviously not enough money to go around anyway. Cut the wages of the City Mayor could be an idea. They should also look at the welfare state of the people who claim a loft of money in benefits and are not entitled to it.
- No, not in a way
- No I am very happy with how it is run at the moment. The managers' hands are tied, because they could save money but everything has to be run by the council beforehand.
- [REDACTED] has paid into the system all her life, she has worked all of her life. In her last few years, she deserves a good quality home to live in. *(Text removed)* and we were recommended to choose a council run home because they are better quality for the price. It is a well equipped home and I don't think that the maintenance that the council has said needs doing at Cooper is required. I would like them to do more activities during the day to stimulate their minds. At Cooper House at the moment, the cooker has been broken for 8-10 weeks and they are currently paying for meals on wheels for all the residents and then paying kitchen staff to stand there and serve the meals on wheels. This is a significant waste of money and being quicker on making decisions would save them a lot of money in the future.
- Not really.
- The council are choosing to save money that concerns vulnerable people, they are closing hostels and I feel that building parks in the city is a waste of money and could be better spent. They are also changing the market and trying to update this, which in my opinion, is also a waste of money.
- No none that I can think of, it is a very difficult decision and we are an aging population so it isn't easy.
- Changing the pension schemes to release more finances to support people in the later stages of their life.

If the proposal was to go ahead, how could the council, make sure this change was as easy as possible for you as a resident?

- To keep the costs the same, and to avoid any changes to [REDACTED] financially.
- They can't make it any easier, unless they keep things as they are.
- To let us know as time goes on, what is going to happen. We also want to live together and do not want to be parted.
- That would depend on what the developers do, they may come in and solve the problems with maintenance, but whoever takes it over needs to keep it as a going concern. Would they raise the cost to residents to make sure the maintenance costs are secured? They

112 of 137

could build another annex on the side to bring more residents in and to get more money. I'm sure there would be volunteers who could do the gardens. It would be acceptable if the Council could subsidise the basic fee if we had to pay more money for private care.

- I would like to see everything ticking over, without noticing any changes. The costs should remain, and the basis of operation should remain the same. As long as the standards are retained, the small increases are quite negotiable.
- To keep things as they are, if they bring new people in then they will bring in new ideas and this may not be the best for us.
- I don't know what the new people would be like, so I'm not sure about this. If things were kept exactly as they are now, then this would make it easier for everyone.
- To make sure that we were no worse off financially. We also want to make sure that we are together and do not want to be separated.
- It will be easy if everything stays the same. *(Text removed)* it will be best if things are kept this way to avoid any stressful situation. [REDACTED] has been here since [REDACTED] and she has found it difficult to settle her. I don't want her to stress or worry about anything.
- I would like to have confidence in the council, so that they do not make promises that they can't keep. I think that the council should put a cap on the amount of money that we are charged, and this should not be allowed to increase significantly when the private company takes over. Something should be put in writing and with legal representation to put safeguards in place.
- To have something exactly the same. Obviously it has its ups and downs, but on the whole it's ok.
- As long as when the new people take over, then we wouldn't even know the difference.
- I would like to know what the intentions are of the new company, it could be quite disruptive. It concerns me we could lose the control and influence in how the home is run, and be threatened with, "If you don't like it you can leave". If the council put a hold on the price of the care, will the new owners then reduce the facilities and the staffing levels. Re-thinking the sale could also be another option. Has there been a social enterprise considered, and has this been something that the council have thought of - whereby the council own the building, and then the employees would run it and finance it?
- I would like to have peace of mind that there is no arguing. It does come to my mind the difference in the costs, but I don't worry myself with that at the moment. Some of the staff are friendly, but they do a lot of talking between themselves rather than having their work in mind and doing what they should be. The staff changed three times when I was waiting to go to bed last night. There is a lot of animosity between the staff, and this makes me argue it. You are quite a quiet person usually, but things like this do upset me.
- To make sure that the staff stay the same, and to do that they need to pay the staff the same wages, because otherwise they could leave. Just to keep things as they are, not change the building in any way or the way it is run. I also think that keeping the costs the same for [REDACTED] would be important as she shouldn't have to pay any more money for the same home.
- To keep the same staff, staff changes to a minimum, and to keep continuity of care. I would also like to think that there would be no increase in costs to [REDACTED] because of the changes.

- To ensure the security of the staff who already work for the care homes, for as long as possible.

Representatives' views and concerns about the proposal

- Hopefully the standards will not go down hill. I think the staff and the fees need to stay in place, without any changes (*Text removed.*)
- We want [REDACTED] to stay here, this is our number one priority. I also, don't think older people in general want all of this change, they just want to be settled. It takes a long time for people to get settled and this will be very stressful for them, and their families as well. People with memory problems would find this especially stressful.
- I think the main concern of the residents is will the standards remain as they are today, without further cut backs, and no severe increase in cost. What can social services do to put conditions on the service to make sure it stays as it is? You don't want to see any substantial changes when new owners take over. Will there be conditions on tendering? We all know that it has been driven by politics and conditions higher up. The council has decided to cut back on their welfare, cutting back is one thing, walking away from it is another. Walking away from it is the main worry. Before it goes to tender, I think the person's representatives should be informed about the legal conditions built in to the contracts to protect against the services and costs remaining. If they just walk away from it then how can residents or their representatives feel happy about their concerns? I think a legal representative from the council should be coming to meet with us to quantify the legal services and confirm that everything will stay similar, in terms of care and protection from a legal perspective. There are a number of family helpers here who are prepared to clean up, tidy the garden up and do similar jobs to help maintain the areas that residents use.
- (*Text removed – relates to what relatives' opinions may be, i.e they wouldn't be pleased.*)
- No we don't have any concerns, I have also spoken to [REDACTED] and we are all of the same opinion.
- I want the staff to stay the same and the payments, I don't mind if someone else takes over as long as it stays the same.
- We don't think they should be selling them, there are more people living longer and there will be more people who will need the facility. I am fearful of developers coming in on a short term basis, getting a lump of land and building on it then selling it off after five years. I am worried about the private companies having their own agenda. I think that a private company who has demonstrated that they are capable of running a successful home would be better rather than a new company or individual coming in.
- [REDACTED] stated that her family would be sorry to see this go, because they have seen how much she has enjoyed herself here.
- I'm not worried about anything as long as someone buys it. I think there should be a clause where the new owners can not do anything with it, other than keep it as a care home. I'm not concerned about the cost, as [REDACTED]'s savings will fall quite quickly to under £22,000 anyway, so the Council will need to support [REDACTED] financially wherever he is.
- My major concern is that there are people out there making a lot of money out of older people, when they can do no other than go into care. They are making big money and then

offering the minimal amount of care. I feel pleased that it is being sold and not closed, but we are still worried about this. I don't understand that if someone else could come in and make it run, then why can't the Council.

- N/A - [REDACTED] said that she hasn't seen her friend [REDACTED] for a while and feels quite on her own.
- To keep the staff, keep it the same and have as little impact on [REDACTED] as possible.
- As far as I'm concerned I would like there to be no changes, but if this inevitable, then to limit the changes as far as possible. Also, if it does go wrong will the council take it back?
- My main concern is that the standards do not drop if there are changes made. The quality of the staff is so important and to keep continuity of care.

Elizabeth House

Have you seen the letter and frequently asked questions sheet we sent to you about the proposed change?

- All respondents said that they had.

What do you think about the council's proposal for Elizabeth House?

- There is a major concern. *(Text removed – relates to concerns about quality of care in privately run homes).*
- Utterly shocked; *(text removed.)* The home is very peaceful and tranquil and it has been a part of the community since it was built. There is a reason why the bungalows were built in conjunction with Elizabeth House, so that it was easier to visit loved ones who lived in this home. *(Text removed.)*
- I don't want to move, I'm not happy about the proposal. It's very nice here and I have got used to it. They are all friendly here and are family to me. All the residents would say the same thing as me. Relative: Staff here are very willing and helpful. [REDACTED] is settled here and this is his home now. Closure of this home would cause great upheaval and concern. I am the only visitor [REDACTED] has and the distance for me is very important, therefore this would need to be considered.
- Sad, because I have no other home to go to since moving here. Relative: There is a concern about the placement funding. It would also be nice if the residents move to another residential home with other residents that get on. The new home would need to be on a bus route for me to get to, so I can visit [REDACTED] as often as I do.
- We understand the financial situation that the council needs to be cutting down costs as there would be a lot of maintenance work to keep the homes open. I am aware of the maintenance standards (in relation to my work) in private homes. The main concern is that private homes do not have the same standards of care as the authority run homes.

Do you have any concerns about the proposal that the council needs to be aware of?

- Yes, what effect is it going to have on [REDACTED]? It is difficult for residents to move if they have been living here for years. The staff will leave, which is a shame because [REDACTED] is now used to them and the home.

- I think we are fighting a losing battle as they have already made their mind up to close the home. We don't want it closed but we cannot tell Leicester City Council not to. It would be wonderful if the home was kept open, but if it has got to go then we would need to find the right home for [REDACTED]. (Text removed.)
- I think that any move would be detrimental to [REDACTED]'s health. Any upheaval would cause him to be stressed and this would have an adverse effect on his health. At [REDACTED]'s age this is the last thing he would need.
- It's a shame that they are proposing for it to close, considering that [REDACTED] and the other residents here are so happy and settled here. 9Text removed she has got used to the staff as well, so it is a shame. We can't understand why they want to close it.
- Costs of placement would be a concern. If a move is necessary then the home would need to be a dementia home. Feel sorry for the staff because they work hard and they have put a lot of effort in the support they provide residents here.

If interest was shown in buying the home during the consultation and the council decided to put the home up for sale, what would you think about this?

- We would to quite happy for that. The staff currently ring us if there is any problem or if [REDACTED] is bad. They are excellent.
- The changes would be more acceptable if the home kept going and continued running as it is. I would rather stay here than move for definite.
- I wouldn't mind if things ran the same as they do now in this home. I would become concerned if there were any new changes introduced by new owners. Don't really think we would be that bothered about who runs the home, as long as it continues to run.
- I need to feel supported and not lost. I would rather stay in the home and for it not to close. I do get on well with the staff and could not fault them for the support they provide. If things were kept the same here, then it would be fine we can accept mild changes, like change of ownership. There would be an element of uncertainty. We could not fault the home at all; the staff are really good. New owners may change visiting flexibility and times.
- That would definitely by suitable. All staff are welcoming and I can't fault them, they are friendly and have their own individual touch. There are no problems here; can't fault the home at all.

Do you have any other ideas for change that you think the council should look at?

- Why is there a change for few of the homes closing, if the other homes are being sold? Why can there not be an interest in the homes being modernised and maintained? If people are already looking at alternatives, residents will start being moved out, so nobody will be here, therefore the home will have to close anyway. Peter Soulsby does not listen to people, he's the mayor and he's decided everything already. He should be spending money on the homes not elsewhere.
- If [REDACTED] has got to go, then it would be important to move him into the right environment; where his is happy and his dignity is maintained till the end. It is just unfortunate that it has come to this stage.

- Can't think of any. The important things is to reduce any inconvenience and stress and for the distance to be considered as mentioned before.
- Not really, as long as [REDACTED] is looked after, her being happy is the main priority.
- No, just the policing of the private homes because the alternative home would need to have high standards of care like here. As long as the home is on a bus route it would be good, so visitors can get there easily.

If the proposal to close Elizabeth House was to go ahead, how could the council make sure this change was as easy as possible?

- There should be a designated member of staff to help with the relocation. It is important for [REDACTED] that the location of the new home would need to remain in this area.
- It won't be easy because I have got used to the carers and they have got used to me, if I have to go then I am worried about what the new carers would be like (*text removed.*)
- To ensure everything stays the same as it is, so I don't have to move, don't mind change of ownership.
- I would like for the changes to be kept to a minimum. I would also want [REDACTED] to be able to visit as regular, so even if I have to move, it is not far away for them to travel.

Representatives' views and concerns about the proposal.

- I do hope that it does not close, but if it does we would need support with the whole co-ordination of a move. This would make it easy because we have no family to support us. We would need help with finding a suitable placement where [REDACTED] could be content and maintain a quality of life.
- For standard of care to remain high, have little disruption as possible, for me to be able to visit as often as I do now so any move to be within this area and have little change as possible.
- It would be best overall if the home did not close. If it does then the location of the alternative home would need to be considered.
- If she does not move, she could just get used to the staff here. However, to be honest we have noticed that there are different carers helping on different shifts here also and [REDACTED] does get confused anyway. It would be different if she had a specific personal carer that she could get used to. (*Text removed.*) We have talked to other family members in the home and they have mentioned [REDACTED] we will be looking at alternative homes including [REDACTED] as they are nearer.
- We had a meeting with Councillor Patel and have written to the MP about the closure, as we are against it because it is a lovely home. We were shocked about the news and it is a shame that the proposal for the home is to close.
- Resident: I like the people here very much, they are my family, it feels like home. Relative: I'm glad you mentioned confidentiality. It is needed. What will happen to the residents and staff?

Have you seen the letter and frequently asked questions sheet we sent to you about the proposed change?

- Yes.

What do you think about the council's proposal for Herrick Lodge?

- Very disappointed with the proposal for the closure of Herrick Lodge. They strongly feel that Herrick Lodge has purposely neglected by not accepting new residences over the past 2-3 years, therefore showing that Herrick Lodge is not successful in making profit. (They) inform they are aware of a lot of people that would like to stay at Herrick Lodge, but say there are no beds available when the home has plenty of beds vacant (*text removed.*) They have not been contacted by anyone to discuss how Herrick Lodge could be kept open rather than closing it and view that proper consultation has not taken place with the persons in concern.

Do you have any concerns about the proposal that the council needs to be aware of?

- (Text removed – relates to not wanting to move.) (They) have been visited by Councillor Rita Patel to discuss proposal for Herrick Lodge.

If interest was shown in buying the home during the consultation and the council decided to put the home up for sale, what would you think about this?

- If there is any organisation that is interested in buying and running Herrick Lodge to the standards that it is currently managed by. [REDACTED] have no objections and would welcome this option. They would support the current staff and management to stay in post.

Do you have any other ideas for change that you think the council should look at?

- [REDACTED] feel that there are still a lot of people that can be placed at Herrick Lodge but are refused admission. They would urge the Leicester City Council to change their decision for proposal of closure. They feel staff morale is also very low which is affecting everyone at the home.

If the proposal to close Herrick Lodge was to go ahead, how could the council make sure this change was as easy as possible?

- [REDACTED] will refuse to leave Herrick Lodge. His decision will be supported by his family.

Representatives' views and concerns about the proposal.

- [REDACTED] do not wish for [REDACTED] to be moved from Herrick Lodge and support his decision at this moment in time. (*Text removed – relates to concerns about wellbeing if moved.*)

Have you seen the letter and frequently asked questions sheet we sent to you about the proposed change?

- All had seen these apart from one person, for whom there was a specific reason why and one who wasn't sure but was aware of the proposal.

What do you think about the council's proposal for Nuffield House?

- *(Text removed – relates to the resident's wellbeing derived from the people and that they would not be happy about a closure.)*
- I do not agree with the proposal, but I can see why the proposal has been made. The new placement would need to be the same council banding *(text removed)*.
- I feel sad, but I know these things have to happen. Residents are settled here. I am aware of some residents that moved home and then they passed away. Initially, I wasn't keen about ■■■■ moving to a home, but since she's been here she has made friends and is happy. This had taken weight off my mind, but I am worried about her settling if she has to move to another home.
- I'm a bit astonished, because the closure is to do with cutting costs in relation to the state of elderly care in Leicester. If the cost of supporting the elderly is too high, then what will happen to all the elderly generation? Especially when considering the cost of respite and health care, this could lead to the elderly blocking beds in hospitals. I am worried about what will happen to ■■■■ if she is moved from Nuffield House. *(Text removed.)* The council don't understand the impact on the residents that are going to be moved because they are settled in their current environments. I think what is proposed is terrible because they are the most vulnerable in society; they are just being pushed and shoved around because they have no one to stand up and fight for them. A lot of people feel like this and have the same view.
- We are not happy, it is dreadful. The council should be taking the same action with all homes, not just a few. The home should be left open and this one should be sold as a going concern also, no residents should have to be moved. The council shouldn't be thinking about closing at all. What's going to happen to the building? What is the real reason it is being closed? Is it because they will get more money to sell the land and property off to developers? We are really curious as to why this home is not being sold as a going concern, like some others are? There is and is going to be more upheaval. The residents should not be made to be upset at this stage of their lives. ■■■■ has friends here and got used to the routine and familiar faces here.
- Personally, I would prefer to keep it open. First preference is that it doesn't close and it continues as it is.
- ■■■■ is against the proposal. *(Text removed.)* feels very strongly that there is a good team of people looking after him. *(Text removed)* There is a good staff to resident ratio and ■■■■

has responded well to a male carer who works there. Not closing Nuffield House is [REDACTED] preferred option.

- I am happy to support the move providing all due care is taken to find [REDACTED] a new home & providing (me) with all the necessary information regarding the new home is as important as [REDACTED] transition. It is a shame that Nuffield House has to close, [REDACTED] seems happy and settled, and clearly we would not want [REDACTED] to be put under any kind of stress as a result of the move *(text removed)*.
- It is very sad; it is not just about the building itself but about the fact that the residents seem happy here. They have a garden, their own rooms, the staff are brilliant and everything as a whole is in place that makes it a homely environment. All the residents' needs are being met. [REDACTED] have visited other residential homes, but some places seem more clinical and not as homely.
- It is sad for the residents, as some residents have been here for a long time and they are all happy and settled. This home is in an ideal location for [REDACTED] because all the family can visit her. Staff deal with any problem, take actions and keep the family informed.

Do you have any concerns about the proposal that the council needs to be aware of?

- *(Text removed – relates, among other things, to the need for the same staff.)*
- Initially, I was given insufficient information but I feel like I have more now. Before I thought I would need to start looking around for other homes by myself. It would be better for me and [REDACTED] if I can do short frequent visits, therefore the distance of where she is moved would need to be near to where I live, *(text removed.)*
- It is a big thing for people of [REDACTED] age to cope with change. I did think why does this place have to close? Is there no other way around it, other than closing? They have utilised this place well, such as having a separate kitchen upstairs for people that are more independent to use.
- Basically, it is what I have said already. The council don't understand the impact on the relatives. It's a worry, and it is a worry that you don't really feel that you need because the residents are in their last stages and they shouldn't be moved, it's terrible.
- There appears to be a hidden agenda because there is no consistency about selling all homes and taking the same action for change across the homes. It is definitely to do with cutting costs. If they are determined to sell them why not sell them singularly and not cause such a big upheaval. The whole issue of closures/selling could be managed better with more thought. If they can't sell all the homes then they should have a duty to keep them. Why are other local authorities not selling their homes? If there is a private home they are profit based and they may not meet all the residents' needs and provide the same level of care as the authority. You read all these stories. I feel staff here are really good and do more than they need to above and beyond their call of duty, would not get the same as the private home. There are no concerns in this home; we could not be more than happy for her to stay here.
- In relation to [REDACTED], I think she would find the move rather unsettling. *(Text removed.)* Any home she would move to, it would be important that she has social contact, currently she is

in a communal lounge, and has interaction with staff. The staff go out of her way to talk to her, as well as supporting with her physical care. *(Text removed.)*

- [REDACTED] feels that having to move to another home would have a detrimental impact on [REDACTED] and the other residents. He made the point that older people are more settled when they have a routine. He felt it would be very confusing if people had to move, and that they would also be affected by others moving out to different homes.
- Nothing of great concern... our concern is for [REDACTED] safety and welling throughout the transitional period - providing she is looked after & treated in a considerate way minimising stress and anxiety we will be happy. If we can have some say in [REDACTED] choice of home that would also help the process.
- No, whatever is best for the client and suits them needs to be done.
- The feedback in these interviews should be considered when making the decision about the closure of this home. The council spend money on unnecessary things i.e. there is talk of another place being built for short term stays. The council should keep the residents here at home and spend money on the upkeep and re-decorating the building to attract new residents. For example, the gardens could be with tidying up and should always be maintained on a more frequent basis.

If interest was shown in buying the home during the consultation and the council decided to put the home up for sale, what would you think about this?

- It is hard to say but *(text removed)*, it would be a better option. This is because she could do with continuity of support *(text removed.)*
- I would like for [REDACTED] to stay here as the pros outweigh the cons. I would be happy to know that she would be supported by the same staff members also. I do have my reservations about the building but the council are trying to manage it as well as they can. You can see that residents' needs are still being met.
- That would be better. Hopefully, there would be no upheaval this way and fewer changes. *(Text removed)*, but she has built up friendship's here and I have seen that she is better with having company. Therefore, it would be good if they can call stay here with familiar faces and in a familiar environment. The fact that she is settled here, gives me peace of mind as *(text removed)*.
- I would feel ok about her still staying here. Don't know the implications of what would happen or how that would work. If staff would stay or go, but don't know how it work if it was privatised. It's a big thing for the residents for their time of life because they would need to get to know the new staff and the environment all over again. It is not easy for them to adjust. I would be happy and relieved if the home was sold as it is with the staff included.
- Would be happier if the home was sold as a going concern as the staff and residents to stay in the environment so there would be familiarity of faces and their surroundings.
- I would still have some concerns about the running of the home over time, even though it would be different management, maybe they will only have a profit motive. Basically, if the standard of care and social interaction of staff remain I wouldn't mind the long term change.

- I think that would be the best solution. All the residents are settled. The staff are excellent. It would be an awful lot of upheaval and I would say impossible to find a place like Nuffield House. It is the best care home I have seen.
- If a decision was taken to close Nuffield House [REDACTED] would prefer that the home was sold as a going concern so that the staff team transferred to the new organisation and [REDACTED] could stay living there. [REDACTED] felt that the quality of the care provided was the most important factor about any home. It would be important that good staff to resident ratios were maintained in any new set up.
- I imagine this would be best case scenario... The danger however is that the home would be in private hands and subject to a different pricing policy... How would or even is this regulated? And what standards would the new owners have to adhere to once it is taken from council control? Following on - How are privately run houses regulated? And if this was to happen what are the cost implications to [REDACTED] care? *(text removed – relates to funding arrangements)*.
- That does not concern me as long as the care at the home continues. However, staff changes could cause some ructions. For instance the staff here are long term and due to the changes they may leave or have pay cuts. Although, if the home was not closed then it would be less traumatic for the residents here, due to no move having taken place.
- I would not mind but the council should conduct all the necessary checks for new owners.

Do you have any other ideas for change that you think the council should look at?

- Not really, [REDACTED] is happy with things as they are as she is very settled and well looked after.
- I am not in favour of the council giving up all the homes. I feel that the care has always been better in council run establishments. (Text removed, but relates to concerns about private care.) I have no faith in CQC. I do not feel that just because a home is meeting all standards that it reflects that it is a good home. There is a particular home that met all the standards and there have been serious safeguarding concerns that have occurred about their practice.
- I think that the council should just let this home run its natural course and let everyone pass away. They should not take any further new placements and keep the home running with existing people and only have respites. It would be good if familiar faces can be moved with mum, wherever she goes. For instance, the ladies that [REDACTED] sits and spends time with and a few staff members.
- I think before the council decided to close some homes that they should have considered having another place for the residents to go. The authority make the elderly feel so guilty about growing old, they will need more and more residential home places as the generations are getting older. The residents have worked all their lives and they should be entitled to continuity of care by the council if that is where they have chosen to be placed.
- Anything but closure. If all homes were sold as a going concern, all residents could stay where they are. The council should let the homes continue to run and not take any new residents, but let it run down its natural course. This would enable the residents to stay here, till end of life. It seems like the council have already set their minds so what ideas

can you have? The homes are going to be run by the private sector or the council, just happens to be in a home that is due for closing.

- One reason given for change is under occupancy, so could the occupants from other homes (up for closure) be consolidated into one and still being kept by the council or sold? Therefore, residents and staff that have known each other could remain together.
- felt that nationally the priority seems to be about investing in services for older people, and that this should also be happening locally.
- Nothing to add from what I have heard already. I am happy to let things progress providing we are kept informed at all stages of the process.
- No but some sort of consistency and continuity is important for .
- Let's hope Nuffield House stays open, the council could spend money on upgrading the corridors and rooms i.e. redecorating, in order to fill bed spaces. This would make a difference when people come to look at homes and when they are choosing a placement. The appearance of a home is the first impression for new customers.

If the proposal to close Nuffield House was to go ahead, how could the council make sure this change was as easy as possible?

- has a good friendship with another resident, if she had to move it would be ideal for them to move together to another home. Any kind of familiarity or continuity of staff etc. would be helpful because she has formed attachments and she gain reassurance better. This will all help her settle quicker.
- The practical things would need to be considered. For instance, if familiar faces could be moved with , although I understand that all residents have individual needs. It would be important to keep any period of uncertainty as short as possible. Otherwise would have time to sit and dwell on things. She worries about the slightest things. At the point, she knows she is moving she will worry (*text removed –relates to worries about practicalities of moving.*)
- Well, they made it easier for to settle here by (*text removed – relates to appropriate placement*). will be very worried and extremely upset to have to move again. Although, she did settle well at Elizabeth house prior to her moving here.
- It would be better if one or two other residents that get along with each other could be accommodated together.
- felt that if residents have to move out of Nuffield there was nothing that could make change easier. I explained that the Council does have very experienced staff who have to assist frail and elderly people to move then they go into nursing care so there would be good support available. accepted this and that one day health could mean a move might have to happen. However his wish is that enjoys his time at Nuffield House only moving if it was necessary on health grounds.
- In case it would be easier all round if consultation was done via myself or . I think a direct approach to residents would be ill advised as majority of them suffer from dementia and perhaps are incapable of comprehending such information or even if they are they are far more likely to worry and cause undue stress.... So perhaps it may be advisable to allow relatives /carers to discuss the aspects of any move with the resident concerned.

And latterly once the move happens providing [REDACTED] is treated with the care and consideration she is afforded at the moment all we be fine.

- N/A - Resident unable to participate in interview due to [REDACTED].
- It would be good if I could go and visit a new home a few times prior to going in permanently, to get a feel of it.

Representatives' views and concerns about the proposal.

- *(Text removed – relates to anxiety and the need for continuity.)*
- [REDACTED] does not cope with moves well. *(text removed – relates to concerns about settling in and continuity.)*
- When [REDACTED] came here it was good to spot familiar faces such as some district nurses that attended the other home. Having familiar faces around [REDACTED] would definitely help her to settle in a new place quicker. Distance would be a huge issue for me and [REDACTED]. I would like to continue visiting frequently, but I can only do this by juggling my commitments but this would not leave me with sufficient time to travel back and forth if [REDACTED] is placed in a home that is too far away. I wouldn't want her to be going further away.
- I really don't know what you could do to make it easier.
- It's not going to be easy, we need support from the council and social services, being supplied with enough information about different homes and which homes will meet [REDACTED] mums needs. *(Text removed – relates to concerns about cost.)*
- Going to a similar home, going with the same staff and residents. This would make it easier because of the familiarity, especially if they run the homes in the same way as at Nuffield House.
- I think I have covered all concerns - until perhaps the next round of consultations.
- It would be good if [REDACTED] can move to another home with familiar faces i.e. two other residents that socialise with her and sit with her at meal times. Obviously, their families would need to agree and I know each individual has different needs. This would help them settle in a new environment with continuity of some familiar faces.
- It would be useful if mum can be kept up -to - date with what is happening and reminded at all times to help her remember. It would be beneficial if [REDACTED] could go and see the new home to get more of an idea of the new environment as it would help her settle in quicker.

Other comments:

- We are concerned about why this particular home is closing, when there is Elizabeth House which is in close proximity. I don't understand why one home cannot be utilised if the council are proposing that both homes should be closed. It is clear that the council want to sell this home, but they should have a moral duty of care not to sell four and close some. There is no consistency as to why all homes are not being sold as a going concern. It does not make sense and seems like there is a hidden agenda. I know that it has been said that the building's ability to continue to accommodate for residents needs has been raised and what needs to be done according to legislation. However, it is obvious that this home is meeting all the residents' needs and that they do not need to be moved into homes with en-suite bedrooms. A majority of the residents here do not need them as they cannot even

124 of 137

take themselves to the bath and have a bath without support, so this would not make a difference.

- Welfare of [REDACTED] is paramount. So what would the financial position be to pay for residential placement? *(text removed – relates to concerns about cost.)*
- [REDACTED] initially came on respite a few times, but now she has been made permanent and has almost been here [REDACTED]. She is very settled. *(Text removed.)*
- I am settled here in this home.

Preston Lodge

Have you seen the letter and frequently asked questions sheet we sent to you about the proposed change?

- All residents apart from three had seen the letter and information sheet. The ones that hadn't said that a relative had seen it and was aware.

What do you think about the council's proposal for Preston Lodge?

- I am disappointed about the proposal for closure. This has raised my anxiety levels and am worried about moving to another home. I have settled in well to Preston Lodge and have built up relationships with other residents and members of staff. I feel this type of environment cannot be duplicated anywhere else.
- She is aware of the proposal and feels very upset that the council are proposing to close Preston Lodge. *(Text removed)* and feels very settled and has built relationships with care staff and some residents. She feels that the council have not thought about people that are like herself *(text removed, relates to age)* how difficult it would be to have to move locations. She understands that it is early stages yet and will anticipate the council changing their minds to close Preston Lodge.
- [REDACTED] has received the proposal letter from the Leicester City Council. *(Text removed)*. He has fully explained the proposal to close Preston Lodge and feels disappointed and sad to hear about the proposal as she has settled in well at Preston Lodge and built up relationships with other residents and members of staff that she feels really attached to now. [REDACTED] would prefer if the Leicester City Council decided to sell Preston Lodge rather than closing it.
- *(Text removed)*. [REDACTED] is very disappointed about the proposal for closure. He is worried about moving [REDACTED] to another home as she has settled well to Preston Lodge and also built relationships with other residents and members of staff. He feels this type of environment cannot be duplicated anywhere else. *(Text removed – relates to implications of distress of a move)*.
- [REDACTED] does not think it's right to close Preston Lodge as he thinks the place is brilliant, staff is fantastic and *(text removed)* he feels it would be difficult to find another home nearby to match it. *(Text removed)* would not want to move away from this area.
- [REDACTED] informed it has been very difficult to get [REDACTED] to accept being in a residential home and took a lot of convincing to have him placed at Preston Lodge. He is settling in well to

125 of 137

Preston Lodge and any move to another home would be very disruptive and upsetting for him. [REDACTED] however, appreciates the difficulty the Council is under and understands the action it is taking to close some of the homes.

- (Text removed.) [REDACTED] would like to disagree with the proposal to close Preston Lodge because [REDACTED] has settled in well and enjoys the friendly atmosphere and very professional staff that provide very good quality of care for him.
- (Text removed). [REDACTED] informed that he would like Preston Lodge should not be closed and kept open. His [REDACTED] has been at Preston Lodge for [REDACTED] now and has settled in well during this period. He feels very strongly that the council are proposing to close the home to save money and have people like [REDACTED] who are vulnerable in the community to have to go through the trauma of having to move into a different home and having to re-settle again.
- (Text removed) fully aware of the proposal for Preston Lodge and feels very disappointed for the proposal for closure. [REDACTED] has been residing at Preston Lodge for about [REDACTED] now and feels very settled. She has made many friends and has gotten to know staff and management very well and the thought of moving again gets her very upset. (Text removed).

Do you have any concerns about the proposal that the council needs to be aware of?

- I have concerns regards where I will move to as it was difficult to get a place at Preston lodge (text removed – relates to the location of the home and need to be in this area.)
- [REDACTED] would find it very unsettling if she had to move to another home and does not know how she would react physically and mentally to the unknown.
- [REDACTED] finds the questions to be very similar to question 2 and required a few examples by what was being asked in question 3. Example was given of how she felt when she had to initially move to Preston Lodge and the emotions she might have gone through regards change to her life style. [REDACTED] then said she would find it very unsettling if she had to move to another home and how she would react physically or mentally to the unknown.
- The proposal for closure is not an option that [REDACTED] wants to accept, for the reasons stated above. (Upsetting.)
- None to note.
- (Text removed) regular visits to [REDACTED] are very important to both of them. If he has to move away far away from the city area, she would not be able to visit him often as she would like. This may cause a lot of distress to [REDACTED]
- [REDACTED] is concerned if [REDACTED] has to move to a new residential home, there would be uncertainty where he would move to and what level of care would he receive, compared to what is currently provided for him. Any move would also cause a lot of stress and raise his anxiety levels, not knowing the home or staff. This could lead to deterioration (text removed).
- [REDACTED] has settled in well at Preston Lodge and has gotten to know members of the staff very well over the last [REDACTED] he has been there. He has built a lot of trust with the staff and would be disrupting to him and family members, if he had to move into a new environment and re-settle with new staff. At the moment family visit [REDACTED] on a regular basis, if he were to be moved to a different location, the frequency of family visiting could become less if the

new home was in a different part of the city. Traveling would be an issue for family members.

- (Text removed) for her to be moved into a new home environment would not only be difficult, but could have a detrimental effect on her mental health. She has built relationships with other residents and staff to make her feel comfortable and any change now would not be good for her

If interest was shown in buying the home during the consultation and the council decided to put the home up for sale, what would you think about this?

- I would be very happy if there was any interest showed to buy Preston Lodge. This would mean I could potentially continue my stay here.
- I would support any decisions regards the sale of Preston Lodge. Providing the current staff and management would be kept on in post to provide quality of care.
- [REDACTED] would be very happy if there was any interest showed by private investors to buy Preston Lodge. This would mean she could potentially continue to stay there.
- [REDACTED] would welcome any proposal to sell Preston Lodge as an on-going business with its current staff. [REDACTED] could then continue her stay there and current levels of care be kept intact.
- [REDACTED] would fully support the sale of Preston Lodge to any private organisation. He feels this way he would be able to continue his stay there.
- [REDACTED] would welcome the sale of Preston Lodge as long as the current staff and running of the home are kept as they are. [REDACTED] would like to be kept informed of all outcomes from any consultations, regards any potential for private sale. She would want to know whether there will be any financial implication for [REDACTED] with any new owners.
- [REDACTED] would support the decision for Preston Lodge to be put up for sale and views this as the best option.
- [REDACTED] would support the sale of Preston Lodge.
- [REDACTED] informed she would be very happy if the Council decides in the favour of selling Preston Lodge as an on-going business. This would mean she could continue her stay here.

Do you have any other ideas for change that you think the council should look at?

- Maybe look to keep smaller homes like Preston Lodge open, as cost to the Leicester City Council would be more manageable.
- [REDACTED] view that the council should look to save some of the Local Authority Homes that have been very popular and have served well to the elderly and vulnerable people that required 24 hour care. They feel that savings could be looked at other areas within the council, but could not specify which areas as they were not aware of budgets that different services get.
- To look at other areas from the Leicester City Council and make financial cuts from non-essential services rather than people that are vulnerable.

- [REDACTED] would like the council to look at savings to be made from non-essential services across the whole of the Leicester City Council and look to save services that provide essential care for the elderly and vulnerable in the community.
- None to note.
- None to note.
- [REDACTED] feels that the Local Authority homes should not completely be sold or closed down. He would like for some of the homes to be kept open and run by the Council to keep the option for people who want to be placed into Council run homes open. He feels that many people don't trust the private sector and is important for people to have a choice in where they would like to be placed.
- [REDACTED] feels the council should not be looking to make savings by closing places like Preston Lodge that provides essential service for vulnerable people like [REDACTED].
- Maybe look to keep smaller homes like Preston Lodge open, as cost to the Leicester City Council would be more manageable.

If the proposal to close Preston Lodge was to go ahead, how could the council make sure this change was as easy as possible?

- To ensure all information relating to the proposed closure is readily made available to myself and family. To have support from a social worker to assist locating a new home that her needs and provide the same level of care that is provided by Preston Lodge. Would the Council support higher costing's if [REDACTED] did have to move to another home that had higher costs.
- To ensure all information relating to the proposed closure is readily made available to [REDACTED]. She would want support from social services to assist with any change that might take place, including financial support. .
- Full support from social services. Transitional period should be 24 months to give ample time to look and choose a new residential home. Leicester City Council to fund any additional cost in new residential home.
- [REDACTED] has expressed the following: He would like full support for [REDACTED] from social services regards any outcome that the Council decides for Preston Lodge. He would like to be kept informed of any new developments such as proposal to sell Preston Lodge. Funding should not be affected should [REDACTED] have to move to a new location.
- [REDACTED] would want to have social services involved with any transition period and help locate a home nearby. [REDACTED] would want [REDACTED] to be kept informed of any new news from the council as she deals with all his paperwork. [REDACTED] visits him on a regular basis and would keep him informed.
- [REDACTED] would like to be kept updated regards any developments. She would like full support if [REDACTED] had to be moved to another location in the city area. It is very important to [REDACTED] that any potential move be dealt with sooner rather than later, to protect her [REDACTED] from getting too distressed.
- [REDACTED] would appreciate full support from the social service to ensure smooth and safe transition into a new home. If staff are to leave Preston Lodge and get employment in another home, would it be possible [REDACTED] to move to the same home where there would be

staff that would be familiar to [REDACTED] and help him settle down. [REDACTED] would like to be kept informed of any new proposals that the Council may discuss.

- Mr Davy would like full support by social services to help with locating a new residential home near his current location. Barry to be kept informed regards any new changes that the council may be planning.
- To ensure all information relating to the proposed closure is readily made available. To have support from a social worker to assist locating a home in the city east area of Leicester as commuting may be a problem if home was located in other areas.

Representatives' views and concerns about the proposal.

- I would appreciate any information that could be provided regards any proposed takeover of Preston Lodge from third parties. This can be reassuring to both [REDACTED] and family members if there was any possibility that she could continue her stay at Preston Lodge.
- Family share the view as above.
- [REDACTED] supports the views and concerns that has been expressed by [REDACTED] I. He supports the sale of Preston Lodge rather than closure.
- (Text removed) She is happy and agrees with all views that he has expressed.

Thurn Court

Have you seen the letter and frequently asked questions sheet we sent to you about the proposed change?

- All residents said they had seen the letter and frequently asked questions.

What do you think about the council's proposal for Thurn Court?

- [REDACTED] reported that it is a shame, not happy and feels hurt that council is selling Thurn Court Care Home because it is more caring home in than all other local authority homes. [REDACTED] stated council should keep running and providing care at Thurn Court as it is. Council should re-consider not selling Thurn Court.
- Due to (text removed) it would be in his best interest that he remains at Thurn Court for the foreseeable future because he is well settled, familiar with the environment and he gets on well with all staff members and has made friends with other residents. His needs are being met and being treated with respect and dignity. [REDACTED] feels that council needs to reconsider not selling Thurn Court.
- All present at this meeting stated that they do realise that the proposal is to put Thurn Court up for sale and not impressed and why can't LCC continue to run and provide services at Thurn Court? [REDACTED] and family stated that as far he is not moved to another accommodation then they are totally satisfied otherwise. [REDACTED] and family reported hat they would be really upset. Also, they want reassurance that when Thurn Court is under the new organisation, [REDACTED]'s care needs must be met appropriately.

- Family and [REDACTED] stated that one does not like changes especially when residents have settled in well at Thurn Court and feels at home. As a family they think in many ways it would be good to sell to a new organisation because competition is severe within private sector homes BUT, we as family want reassurance that [REDACTED] will be well looked after and her needs are being met in future at Thurn Court as she wishes to remain at Thurn Court.
- [REDACTED] and [REDACTED] reported that they know and believe that in future Thurn Court will be sold and run by the new organisation but [REDACTED] would like to be reassured that she is not moved to another accommodation as she wishes to remain at Thurn Court for the foreseeable future as all her care needs are being met and feel very safe at Thurn Court. We both feel safe and relieved that in future all Thurn Court care staff will still remain working at the home because they are totally aware of the residents' care needs.
- [REDACTED] reported that she realises that the council has a proposal to put Thurn Court up for sale as a going concern and this has been an on-going concern for her. *(Text removed.)* She is now residing at Thurn Court due to *(text removed)*. It is a shame that the council now wants to sell Thurn Court because Thurn Court is providing good care to all residents, staff are good and of caring nature, food is well prepared and she feels very safe at Thurn Court. All residents are treated with respect and dignity. [REDACTED] wishes to know why the council has not taken any consideration of disability.
- [REDACTED] stated that they have no concerns regarding Council's proposal for Thurn Court but LCC has to make sure that all [REDACTED]'s needs are being met appropriately by the new management in future. Ensure [REDACTED]'s health & safety is maintained at all times due to *(text removed)*.
- [REDACTED] said that all [REDACTED]'s care needs are being met appropriately, she wishes to remain at Thurn Court for the foreseeable future provided same quality services, care standards remain the same when new organisation takes over. The proposal for Thurn Court up for sale is "not a good decision at all by the Council as Thurn Court has been a brilliant care home and cannot find any faults".
- [REDACTED] both reported that they are aware that Thurn Court was up for sale in future and not bothered as far as [REDACTED] can still remain at Thurn Court and same quality of care standards are being met as [REDACTED] is fully settled at Thurn Court.
- [REDACTED] both reported that they are aware of the Thurn Court up for sale in future but it is a shame that council is planning to sell Thurn Court. [REDACTED] is fully settled at Thurn Court and all assessed needs are being met. He stated that Council should try and retain all local authority homes in Leicester because we as clients and families feel safe and secure. [REDACTED] further stated that as far as he can still remain at Thurn Court and same quality of care standards are being met then he has nothing to worry about. [REDACTED] said that the Thurn Court home care staff are fully trained, are of a good caring nature, friendly and are totally aware of all residents' care needs. [REDACTED] told me that he is worried and frightened that when the new organisation buys Thurn Court he is not sure what kind of care he will receive because he has heard negative reports regarding care and abuse to vulnerable elderly and frail people within the homes.
- [REDACTED] and his family are concerned about the Council's proposal for Thurn Court and want to know the reasons all local authority homes are put up for sale and reasons behind this closure. Thurn Court is one of the best (LA) Homes in Leicester where staff from all levels

i.e. manger, office staff, carers, kitchen staff etc. are all very good and all residents plus their families are well respected and being valued.

- [REDACTED] advised that he has settled in well at Thurn Court and feels at home and all needs are being met. He stated that he is worried and anxious regarding Thurn Court to be sold in future.
- [REDACTED] both reported that it is a shame that council is selling Thurn Court Care Home especially as it is known to be a good caring home in Leicester. [REDACTED] (Text removed – relates to the reasons why the person is in the home) take this into consideration before making decisions. If in future, council did decide to sell Thurn Court to a new organisation then they must reassure her that she is safe and all her assessed care needs are being met in the same way as Thurn Court staff are providing now.
- [REDACTED] said that he is aware of the LCC's situation regarding the proposal of Thurn Court but he wants to be reassured that his mother [REDACTED] still remains at Thurn Court as she is well settled at the home and all care needs are being met appropriately. [REDACTED] wishes to remain at Thurn Court for the foreseeable future.
- [REDACTED] and family are questioning why the council needs to sell Thurn Court. *(Text removed – relates to personal situation)* now that he is fully settled, LCC wants to sell Thurn Court which family and [REDACTED] are not happy. Thurn Court provides good care to all residents and staff are good and of caring nature, food is well prepared and he feels very safe at Thurn Court. All residents are treated with respect and dignity.
- [REDACTED] and his family said that this was ridiculous and a "crap" idea and council has no consideration at all, for any of the residents. It is all about saving money and meeting financial targets within the council.

Do you have any concerns about the proposal that the council needs to be aware of?

- [REDACTED] advised that she is confused, frightened and hurt about the Council wanting to sell Thurn Court. She stated that she is fully settled, her needs are being met and she feels homely at Thurn Court. She is not sure what the council would gain be selling Thurn Court to a new organisation.
- [REDACTED] stated that it took a long time for [REDACTED] to settle at Thurn Court due to *(text removed – relates to personal situation)*. Council needs to be aware of that, as/when Thurn Court is sold to the new organisation, they hope that they will continue to provide same quality standards or care to all residents, their health and safety is well maintained and no changes in financial rates of the placements will be stable and affordable. She hopes that she will still continue to pay the same rate of fees for her placement without major changes and does not wish to move to another accommodation. It is a big shame regarding the new changes that all residents who are old, frail, disabled etc. have to face these new changes/challenges in life.
- The main concerns that the council needs to be aware of is that Thurn Court must run smoothly as before when sold to a new organisation they must have relevant skills, knowledge and experience of providing good care to resident and their well-being is met.

- The main concerns are, [REDACTED] is now [REDACTED] years of age and she is well settled at Thurn Court but if now she is moved to another accommodation this will have a drastic and traumatic effect on her well-being and as a family we would be devastated.
- The concerns about the proposal that the council needs to be aware of is when Thurn Court is sold to a new organisation and home being privatised then LCC must have a contract with the home and regular inspection to be carried out to ensure that all residents' health and safety is maintained at all times because of their vulnerability, age and disability. It is frightening when care homes are privatised because we hear so much in the media about the abuse of elderly and frail people within the home which council needs to be aware of.
- Council needs to be aware of that, as/when Thurn Court is sold to the new organisation, they must continue to provide same quality standards of care to all residents, their health & safety is well maintained and no changes in financial rates of the placements. She hopes that she will still continue to pay the same rate of fees for her placement without major changes and does not wish to move to another accommodation. It is a big shame regarding the new changes that all residents who are old, frail, disabled etc. have to face these new change/challenges in life.
- [REDACTED] have no concerns about the proposal that the Council needs to be aware of but only one suggestion that council needs to be aware of is that [REDACTED] is fully settled at Thurn Court and wishes to remain for the foreseeable future.
- The concerns about the proposal that the Council needs to be aware of, as a family "we do know that there will be changes in general or in future, but we do hope that if council makes a final decision regarding Thurn Court then they must be aware that [REDACTED]'s health & safety, well-being is well maintained in the coming future. We hear horror stories regarding private sector homes where elderly and vulnerable people are abused".
- [REDACTED] said that this is all a waste of time. [REDACTED] stated that if all her needs are being met appropriately at Thurn Court then she would have no concerns.
- [REDACTED] and [REDACTED] both advised that the council needs to be aware of, when Thurn Court will be sold to the new organisation their main concerns are, will LCC still be contracted with the private organisation and will they be registered with quality standards commissioners? Who will continue to do spot checks in the home? It is important that all residents' health and safety is maintained.
- The main concerns from family are that the council needs to be aware that when Thurn Court is sold in future then the new organisation must give us reassurance that [REDACTED]'s and all other residents are safe, their well-being, health & safety is well maintained and quality of the standards are delivered in the same manner as Thurn Court because we hear a lot of private sector - Homes staff neglect and abuse the elderly and frail people within the home.
- Council needs to guarantee that as/when Thurn Court is sold to the new organisation, they will continue to provide same quality standards of care to all residents, health & safety is well maintained and no changes in financial rates of the placements. She hopes that she will still continue to pay her contributions without major changes to the fees of the placement and does not wish to move another accommodation. It is a big shame regarding the new changes that all residents who are old, frail, disabled etc. have to face these challenges in life.

- [REDACTED] said that he is concerned about the whole situation about the proposal that the council needs to be aware of because this is all to do with financial implications and residents have to suffer.
- Council needs to be aware of that, as/when Thurn Court is sold to the new organisation, they hope that they will continue to provide same quality standards of care to all residents, their health & safety is well maintained and no changes in financial rates of the placements. He hopes that he will still continue to pay the same rate of fees for her placement without major changes and does not wish to move to another accommodation. It is a big shame regarding the new changes that all residents who are old, frail, disabled etc. have to face these new change/challenges in life. Most importantly is when the care home will be sold to a new organisation the elderly people will face the abuse of different kinds within the home and will go unnoticed. We would like LCC to keep a close eye, complete regular spot checks for residents' well-being and safety.
- [REDACTED] and his family said that council needs to be aware that as/when the new organisation takes over, it is all about profit making and we as a family want reassurance from the council that [REDACTED] will be well looked after and that his life will not be affected by the new organisation who will take over the home and ensure his health and safety is well maintained as he wishes to remain at Thurn Court.

Do you have any other ideas for change that you think the council should look at?

- [REDACTED] both stated that they do not have any other or new ideas for change that the council should look at, because council has already made their minds to sell Thurn Court in future but the whole idea is very confusing (*text removed*) she is now at Thurn Court feeling settled and safe. She wishes to remain at Thurn Court for the foreseeable future.
- [REDACTED] advised the only new idea she has, is not to sell Thurn Court to a new organisation because she has heard a lot of negative reports of the private organisation who owns/runs care homes and the abuse that vulnerable people has to go through.
- [REDACTED] and family both expressed their views and concerns to inform that they do not have any other new ideas to put forward and still do not understand why LCC wants to sell Thurn Court.
- Family reported that as far as there are no major financial implications to her placement and no 'Top Ups' to pay then it should be fine by the family because when Homes are privatised their fees/rates differ which can be hard and difficult for the family to keep up with finances.
- The new ideas for change that the Council should look at is NOT to sell Thurn Court because it is a good home and all residents are well settled, food is good and all assessed care needs are being met. Furthermore, [REDACTED] stated that all residents are paying the on-going rate of the placement and we do not understand what financial implications or difficulties council is taking about? Council is wasting unnecessary money on projects in Leicester which are not required. it is a shame that we have worked all our lives and paid taxes and now we are old /frail and need care, we are faced with difficulties.
- [REDACTED] both advised that "we as a family do not have any new ideas but to keep Thurn Court as it is".

- [REDACTED] have no other ideas for change that they think the Council should look at as far as [REDACTED] remains and stays at Thurn Court and needs are being met then they have no problems. Council had already decided what they want in future and there is no purpose in giving new ideas.
- The main idea that Council should look at, is not to close Thurn Court or any other local authority homes.
- [REDACTED] both reported that since Council has made their minds up for Thurn Court Closure then they don't want to share any ideas.
- [REDACTED] both reported that since Council has made their minds up for Thurn Court closure then they feel that other ideas won't be accepted, "but it is shame and pity that there will be no local authority homes in future. It seems that the local government has no values and respect of elderly frail people because they have worked very hard all their lives and paid taxes. Now, it is time for government to take into consideration of elderly people's care, they are being neglected. We urge LCC to keep running/providing care to all residents at Thurn Court".
- One thing that council could look at is to keep Thurn Court as it is and the back garden ground can be levelled up and secured, where all residents can sit out in good weather, have fresh air and can do a bit of walking to promote their independence.
- [REDACTED] stated that the change that the Council should look at is not to sell Thurn Court.
- If council has already decided what they want, then what new ideas we can express or give? We can only hope that council will re-consider not selling Thurn Court to the new organisation.
- The ideas for change that I think that Council should look at are that Thurn Court remains as it is and LCC should keep running homes at they are. [REDACTED] wishes to know the financial implications for LCC as he does not understand why they need to close homes. He wants the council to explain this to him ASAP. He further stated that consultations are good but "I totally do not approve this wholly, It is all waste of time and money".
- [REDACTED] and family both advised that the only new idea the council and should look at, is not to sell Thurn Court.
- [REDACTED] and his family are concerned that City Mayor -- Sir Peter Soulsby is wasting money on unnecessary projects in Leicester and not keeping up the promises for elderly people. It all seems that council and the City Mayor has no respect or value for the old frail/disabled people living in the community. [REDACTED]'s family request that the council and the City Mayor invest money in places where it is required most i.e. old and vulnerable people living in the community and pleads with the council and City Mayor not to keep wasting money on unnecessary projects.

If the proposal was to go ahead, how could the council make sure this change was as easy as possible?

- [REDACTED] both stated that there should not be any upheaval regarding any changes to her as a resident or to the family and for the sake of all other residents at Thurn Court. [REDACTED] reported that she does not like any change in life and advised that she is not sure what

council's intentions are, towards elderly frail people. [REDACTED] both said that council need to be mindful of the residents' physical/mental health conditions.

- As a family member she would like the council to give her reassurance that [REDACTED] will remain at Thurn Court. Staff will still be working for Thurn Court, as they are fully aware of [REDACTED] care needs i.e. his likes/dislikes. [REDACTED] further stated that she does appreciate that changes may take place in future but then the council should/would need to be mindful that this change will be without any disruption to [REDACTED] as a resident and her as a family member.
- [REDACTED] and his family said that they do not have a choice if the proposal was to go ahead and will have to accept whatever changes LCC brings in future.
- [REDACTED] stated that as/when the proposal does go ahead, then council needs to ensure that this change will not affect [REDACTED] as a resident.
- [REDACTED] stated, If the proposal does go ahead then council would make sure this change is as stable and smooth as possible without disruptions because I want to make clear to the council that I am fully settled at Thurn Court, I am happy with all care staff and residents. I am familiar with the environment and now at age of [REDACTED], I would find it very hard and difficult with drastic changes in my life. I am a routine person and would not move to another accommodation. I feel worried and anxious that when the new organisation takes over my contributions for the placement will remain the same, (text removed [REDACTED] are urging council to keep providing/running Thurn Court as it is.
- The council needs to be aware and ensure that all current staff still remain working at Thurn Court as they are fully aware of all residents' care needs and also to reassure that there is less distress/disruption to the residents.
- [REDACTED] spoke on behalf of [REDACTED] that if the proposal was to go ahead, then council needs to make sure that this change will not affect [REDACTED] or any other residents.
- If it does go ahead we want council to make sure that [REDACTED] will not be moved to another accommodation because she is well settled at Thurn Court and her needs are being met appropriately. If she is moved to another accommodation this will be traumatic move for her due to (text removed) On the whole as a family it is a major concern for us because we do not want council to sell Thurn Court and we are trying to be as calm as possible.
- [REDACTED] both stated that "nobody knows" what's going to happen in future. This is all annoying and rubbish, it's a waste of time.
- [REDACTED] advised that "nobody knows" what's going to happen in the future but this is all "annoying" and a waste of time. As a client [REDACTED] stated that at his age he does not like changes, he is routine person and finds the whole situation quite worrying.
- If the proposal is to go ahead, then council will have to make sure that this change will not affect him as a resident and his family. He further stated that he does not like changes as he is well settled and all his care needs are being met at Thurn Court.
- [REDACTED] advised that it would be difficult to express or give an opinion at present time because when the new organisation if it takes over Thurn Court then what policies, procedures and legislations will be in place?
- As a resident and a family member both reported that if the proposal does go ahead by the council then they have to make sure that this change would not affect any residents at Thurn Court and again as a resident and family what powers do we have since council has

already decided what/why they want these changes? Hopefully, in future if the new organisation does take over Thurn Court then council needs to be aware of that, [REDACTED] is now [REDACTED] years of age and cannot cope with new and negative changes, because she is fully settled and all care needs are being met appropriately. We hope that the new organisation will be contracted with LCC and will continue doing spot checks on regular basis to ensure residents health & safety is maintained.

- [REDACTED] advised that the main concerns are, how the new management or new business will provide good care when they do take over Thurn Court? "and I hope that LCC will closely monitor the Home, as in the past private homes have had problems and homes being closed altogether".
- [REDACTED] and his family suggested that if the proposal does go ahead that the council will have to make sure that this change will be positive change to the residents and for their families. The standards of the quality will be delivered in the same way as Thurn Court are already providing, because usually when a care home is privatised they can easily fall back on their care standards, staff not being fully trained, short cuts on meal provisions etc.
- [REDACTED] and his family wanted assurances that if the proposal does go ahead, the council make sure that all residents remain at the Thurn Court. And also the financial rates of the placements should remain the same. They wanted to know what council's expectations for elderly frail people were. They said that as a family they have been told by the council, as what's going to happen to the care in the next two years. This will be still on their minds all the time and would be feeling anxious, depressed and stressed about the whole situation.

Representatives' views and concerns about the proposal.

- [REDACTED] reported that she is concerned, worried and anxious that when the new organisation takes over Thurn Court then she wants to be reassured that the placement fees (rates) will remain the same because the private organisations are there to make profit and should have a caring nature towards the residents in the home and good quality standards of the service delivery being maintained at all times. All residents, staff and managers get on very well at Thurn Court (*text removed*) requesting council to re-consider not selling Thurn Court.
- [REDACTED] is quite concerned/anxious and worried because she stated that as/when Thurn Court sale goes ahead then it is very important to her that LCC will try and sell to a safe & appropriate organisation that are already running care homes and has the initiative to continue to provide good quality services to residents as Thurn Court are providing. Residents and their families will then feel comfortable and have a peace of mind. [REDACTED] advised that last thing she does not want is being/feeling stressed out and unhappy.
- Family said that they are concerned about the proposal because Thurn Court is a good home, staff are caring and there are no issues within the home and residents.
- [REDACTED] both acknowledge that there will be changes in future to Thurn Court home but it is important that [REDACTED]'s and other residents are not affected, and their health & safety will be maintained.
- All the above statement is between both, [REDACTED] and [REDACTED]. However, [REDACTED] reports that she is very anxious and worried about the whole situation and finds it difficult to cope with.

- (*Text removed – relates to funding arrangements.*) Family stated that they are not happy regarding these changes but hope that if Thurn Court is sold to the new organisation then they will maintain their financial rate of the fees as nominal as possible. As a family member we are urging the Council to reconsider not selling Thurn Court Home.
- █████ stated that their views and concerns about the proposal remains the same as the above statement.
- "Statement as above"
- █████ said that " what views and concerns" can we have since the authority have already made up its mind and the system is very unfair.
- █████ advised that (*text removed*) will be no major changes to his finances and she hopes that the new company will try and retain same fees or as nominal as possible because █████ is well settled at Thurn Court and wishes to remain for the foreseeable future. (*Text removed*) reported that the whole system of selling Thurn Court is very unfair.
- █████ family reported that the main concern is when Thurn Court is sold to the new organisation then they will have to take into the account that their rates of the placement will remain the same and no 'Top Ups' because we understand that private sectors are there to make profit and we would not be able to bear or tolerate any further financial difficulties/problems. (*Text removed*) We as family wish to know that why is it that private sectors can make profit, why not council make profit?
- █████ said that she is still not sure why council wants to sell Thurn Court and she is worried about █████ and other residents at Thurn Court. She hopes that council will try and sell to the new organisation that already has caring homes, are of caring nature and understands the needs of frail old people.
- █████ wanted to know if Thurn Court is under the scrutiny, because Thurn Court is a better home than other local authority homes?
- █████ strongly feels that Council should continue running Thurn Court as usual rather than spending money on unnecessary projects in Leicester. █████ family is worried/anxious regarding the new organisation's placement fees etc. (*Text removed – refers to financial arrangements*) general, family's view is to keep Thurn Court as it is.
- Family said that as time goes by regarding future consultations, how will they as a family be included? Family wants a copy of the consultation report before it is sent or handed over to the City Mayor. Family wishes to know the outcome of the consultations ASAP. Family advised that they do not want a copy of this consultation meeting but a report from the council of the outcome.

RECORD OF DECISION BY CITY MAYOR OR INDIVIDUAL EXECUTIVE MEMBER


1.	DECISION TITLE	Future of the Council's Eight Elderly Persons Homes and the provision of Intermediate Care facilities
2.	DECLARATIONS OF INTEREST	None
3.	DATE OF DECISION	15 October 2013
4.	DECISION MAKER	Assistant Mayor – Councillor Rita Patel
5.	DECISION TAKEN	<p>1. To close and sell the Council's Eight Elderly Persons Homes subject to the phased approach as set out below.</p> <p>2. To approve the Intermediate Care and Short Term Residential Care Commissioning Strategy (ICSTRCCS)</p> <p>3. To approve, in accordance with the ICSTRCCS, the development of Intermediate Care Facilities for 60 beds and to close Brookside Court accordingly.</p> <p>Phase I</p> <ul style="list-style-type: none"> Close Elizabeth House, Herrick Lodge and Nuffield House in 2014 and move the residents to other residential care homes. Market for sale Abbey House and Cooper House as going concerns in 2014/15. <p>Phase II – To proceed, subject to confirmatory Executive decisions, following an evaluation of Phase I and its consideration by the ASC Scrutiny Commission.</p> <ul style="list-style-type: none"> Close Preston Lodge in 2015/16. Market for sale Arbor House and Thurn Court as going concerns. Procurement expected to commence in 2015/16 with sale anticipated in 2016/17. Close Brookside Court following the opening of new Intermediate Care facilities. <p>In making these decisions, assurance is given that:</p> <ol style="list-style-type: none"> Current residents and their families/carers will be fully supported through all changes, including detailed plans developed carefully with and for every resident moving to another residential home. The Council will invest in Extra Care housing to increase the number of supported self-contained flats available for older people in the city. This reflects the increasing demand for this type of accommodation. The Council's quality monitoring of the independent residential homes will be enhanced to ensure the provision of good quality of care and quality standards will be published. This will include raising awareness of the standards and staff training and development.



**RECORD OF DECISION BY CITY MAYOR OR INDIVIDUAL
EXECUTIVE MEMBER**

6.	REASON FOR DECISION	<ul style="list-style-type: none"> • Older people prefer to remain in their own homes for longer, with community based support, such as home care. • When older people can no longer live in their own home, often they need nursing care, which the Council cannot legally provide. • Consequently the demand for residential care is falling, both in the independent sector and the Council's Elderly Persons Homes. • Overall the Council homes have high level of vacancies. • On average the cost of a placement in the independent sector is £401 per person per week, compared to £805 per person per week for the Council's provision, based on actual costs in 2012/13 and average occupancy between April to July 2013. • The independent residential care home sector is financially stable and the number of bed spaces has increased by 125 bed spaces since 2013. • The independent sector has enough vacancies to accommodate any residents displaced by closure in Phase I. • The development of the Intermediate Care facilities will provide short term support for people who require a period of reablement or other types of short term care in order to retain or re-gain their independence.
7.	a) KEY DECISION Y/N? b) If yes, was it published 5 clear days in advance? y/n	Y Y
8.	OPTIONS CONSIDERED	<p>1. No change</p> <p>This is not an option, due to the declining numbers and cost of the Council providing residential care compared to the independent sector.</p> <p>2. Close all of the homes</p> <p>This is not feasible nor desirable. There are insufficient vacancies in the independent sector to accommodate in the region of 161 people at this time. However, the phased approach would mean that as at 23.9.2013, 36 people would need to move to alternative accommodation in phase I and the independent sector could cope with this number. The market has demonstrated there exists an appetite within independent sector for purchase of some of the Council's Homes as going concerns.</p> <p>3. Sell or lease all of the Homes as going concerns</p> <p>This is not an option because a soft market testing exercise showed there is no demand to buy or lease all of the eight homes. However, there was expression from providers to buy some of the homes.</p> <p>The Decision Maker has considered all relevant material</p>

**RECORD OF DECISION BY CITY MAYOR OR INDIVIDUAL
EXECUTIVE MEMBER**

		in coming to this decision, including the Adult Social Care Scrutiny Commission Report dated July 2013.
9.	DEADLINE FOR CALL-IN <ul style="list-style-type: none"> • 5 Members of a Scrutiny Commission or any 5 Councillors can ask for the decision to be called-in. • Notification of Call-In with reasons must be made to the Monitoring Officer 	22 October 2013
10.	SIGNATURE OF DECISION MAKER (City Mayor or where delegated by the City Mayor, name of Executive Member)	

 City Mayor

Executive Decision Report

Provision of Intermediate Care and Short Term Residential Beds Facilities

Decision to be taken by: Assistant Mayor, Adult Social
Care

Decision to be taken on: 27 June 2014

Lead director: Ruth Lake

Useful information

- Ward(s) affected: All
- Report author: Ruth Lake
- Author contact details: 454 5551
- Report version number: 007

1. Summary

- 1.1 On 15th October 2013, the Assistant Mayor for Adult Social Care took a number of decisions regarding the future of the Councils Elderly Persons Homes and the provision of Intermediate and Short Term Care Facilities.
- 1.2 To progress the Intermediate and Short Term Care element, this report explores the options and makes a recommendation for the creation of a 60 bedded Intermediate and Short Term Care Facility.

2. Recommendations

It is recommended that Assistant Mayor;

- i) Consider the options explored.
- ii) Confirm agreement to proceed with the development of a 60 bedded Intermediate Care and Short Term Care Facility in accordance with the Intermediate Care and Short Term Residential Care Commissioning Strategy.
- iii) Agree to the proposal to construct the facility on the site at Tilling Road, Beaumont Leys subject to favourable site surveys.
- iv) Agree the procurement and project governance arrangements outlined in para's 3.41- 3.46.
- v) Agree to the release of £200,000 capital funding to enable the project to proceed to tender stage.
- vi) Request further reports at key stages of the project.

3. Supporting information including options considered:

- 3.1 Leicester City Council has identified Intermediate Care and the provision of Short Term Residential Beds as a key priority within the overarching transformation of adult social care services.

Intermediate Care and Short Term Beds

- 3.2 The term 'Intermediate Care' covers a wide range of services which are characterised by the following features:
- It is aimed at helping people avoid prolonged stays or inappropriate admission to acute hospital settings or residential care.
 - It features comprehensive assessment and outcome-focused rehabilitation support, aimed at maximising independence and enabling people to resume normal living.
 - It typically comprises multi-professional, multi-agency working.
 - It is time-limited, usually between 1-6 weeks.
 - These services are central to the delivery of a number of key national policies, including the National Dementia Strategy and the Intermediate Care 'Halfway Home' guidance. They are also integral to working to reduce acute care demand, in line with the Better Care Together strategy for Leicester, Leicestershire and Rutland.
- 3.3 There will be occasions when Short Term care beds are needed for a period of time. This is not specifically about rehabilitation and can usually be characterised as the following:
- Assessment – An on-going assessment to determine the future need of an individual. Often a crisis can occur and an individual cannot stay at or return home because it may not be safe and an assessment is required to determine the long terms needs.
 - Interim – After an assessment, an individual may need to move to alternative accommodation or receive a package of community support including major adaptations in their home; they may need to wait for a short period for suitable/alternative care or housing to become available.
 - Respite – Can be planned or unplanned. Planned respite is where a person is going into a residential placement to enable their family carer to have a break. Unplanned respite can occur when a crisis situation arises; often this happens where a carer becomes unwell or is temporarily unavailable.
- 3.4 In terms of current provision, the Council has one dedicated Intermediate Care Unit at Brookside Court, which has 27 beds, of which 12 receive active physiotherapy and occupational therapy support; 15 are for assessment purposes. In addition there are 10 short term assessment beds at the Kingfisher Unit within Preston Lodge Elderly Persons Home, utilising existing vacant capacity at that home pending the development of new facilities.
- 3.5 Short term interim and respite care is currently provided in a variety of residential and nursing care homes, including the Council's own homes. Pending the delivery of the new unit, individual placements will continue to be made, utilising capacity in local homes.

Proposed Model for Delivery of Improved Services

- 3.6 The proposed model for future care provision is outlined in the Intermediate Care and Short Term Residential Care Commissioning Strategy, already approved by the Council.
- 3.7 Demographic information highlights that the need for these types of services will increase as the population of the city grows older. Evidence also shows that the use of Intermediate Care Services reduces the likelihood of individuals being admitted to long term residential care prematurely, which will reduce the cost to adult social care.
- 3.8 There will also be occasions when a sudden change of needs may occur and an individual will need to move into short term residential care, to enable their needs to be fully managed and assessed. The provision of flexible respite care is also important to give carers a break from their caring responsibilities or to respond to an unplanned situation e.g. if the carer is unwell.
- 3.9 There is no single model for intermediate care services and the research has highlighted the wide variation in approaches. In most areas, intermediate care has developed over time, opportunistically and depending on local need, service configurations and the nature of partnerships with health services. This has led to a conclusion that;

Fragmentation and poor integration with other services remain features of current provision and continues to have an impact upon the ability of intermediate care to deliver patient-centred care and contribute towards health and social care systems as a whole.

A national evaluation of the costs and outcomes of intermediate care services for older people : final report.

Leicester : Leicester Nuffield Research Unit, 2006

- 3.10 The current intermediate and short term residential bed service provided by Leicester City Council has some positive aspects but the model of delivery is inconsistent and fragmented. This can be attributed to the differing access and referral processes linked to the delivery of the services across several sites. With the exception of Brookside, the homes do not provide the most suitable environment to effectively rehabilitate and support individuals to regain their independence. The existing approach leads to inefficiencies and reduces the extent to which individuals are able to reach their potential, affecting unit costs and outcomes.
- 3.11 Therefore a new model is required that will provide a holistic service; this would be integrated with NHS therapy services and support maximised independence to prevent premature admissions to long-term residential care. Ideally the service should be flexible and delivered in a consolidated way, to maximise the opportunity to provide rehabilitation, therapy and other services to all short term residents, in a way that will support their long term independence.

- 3.12 The proposed model in the Intermediate Care and Short Term Residential Care Commissioning Strategy is therefore to create a single integrated new build resource delivering 60 beds. Once constructed and operational the existing Brookside Court facility will be able to close, in line with previous Executive decisions.

Progress to Date

- 3.12 In order to provide sufficient information to enable decision making, progress has already been made in a number of areas. These include initial scheme design, site options appraisal, project planning and governance, and capital and revenue funding.

Initial Scheme Design

Scheme options

- 3.13 Work to develop the commissioning proposals to deliver the Intermediate Care and Short Term Residential Care Commissioning Strategy concluded that a new build unit on a single site was financially and operationally the preferred model, subject to further work.
- 3.14 As part of the dialogue about the decisions for the Elderly Persons Homes (EPH) and intermediate care, work has already been undertaken to explore a multiple site solution. This work concentrated on comparing a new build 60 bedded facility on a single site against four lots of fifteen beds in four of the existing EPHs. The analysis showed considerable capital and revenue advantages for the single site option. It was noted that the capital plan for the project also assumed capital receipts from the sale of vacated EPHs.
- 3.15 During this dialogue some specific areas of interest emerged in relation to ensuring accessibility, links with local communities and the 'homeliness' of a scheme. Two main options have now been explored in more detail in developing this proposal; to create a single 60 bedded unit or to create two 30 bedded units.

Operational Considerations

- 3.16 The operational advantages and disadvantages of the options have been considered.
- 3.17 Effective Intermediate care models require
- a clear pathway between acute and community health and social care services
 - integrated working between health and social care
 - the input of enhanced health services in a coordinated and timely way, to manage more unwell patients than would otherwise be possible in a social care setting
 - a focus on moving without delay towards the home setting, or as close to this as possible

- flexible use of beds to allow for maximum usage and to accommodate future growth in demand

3.18 Consolidating all Intermediate care and assessment beds onto a single site will allow for more effective management of bed numbers across the types of beds required. A suitable single site, with adjacent development land, would also allow for the opportunity of service collaboration with an extra care scheme, in line with the Council's wish to enable the development of further extra care housing.

Accessibility

3.19 The facility is not intended to be a permanent service offer but to assist with a therapeutic intervention, a temporary transition or with short term care provision. It is therefore important that it is well located and accessible by public transport. Accessibility by public transport and ease of access by car has therefore been given a high weighting in the site options appraisal. It is less important that it is located close to the individual's usual home. The city is geographically compact and therefore all distances are minimal, unlike in shire authorities. It should be noted that in a dispersed model there would be no assurance that a placement would be offered closest to an individual's home, this being based on availability of beds in smaller units.

Community location

3.20 This is a functional, independence-focussed unit and the aim is to provide a therapeutic intervention to return someone to their own home. Maintaining links with the customer's usual community is less of a challenge when the stay is short term and when there is good public / private transport access for visitors. It is important that there are local facilities, such as health services, but it should be noted that the majority of people staying at the scheme will not be independently able to access community services – were that the case, they would likely have been supported with community-based reablement services in their own home.

3.21 An opportunity to develop a unit which encourages the community to 'come to it' (for example through the dementia café or assistive technology demonstration suite) would help to maintain a sense of connection with the community. The development of extra care housing alongside the scheme, site permitting, would give rise to opportunities for connections between tenants and intermediate care unit residents to be made, normalising some activities within a linked community setting.

Homeliness

3.22 It is important that the scheme be attractive, comfortable and supportive to people who may only be staying for a very short time. There is a balance to be struck between creating an environment which mimics home and one which is independence-focussed, as this scheme is not intended to be 'home'. It is important that people maintain their desire / aspirations to return to their own home environment.

- 3.23 Small households within a scheme would also accommodate the provision of culturally appropriate facilities, such as prayer rooms and vegetarian kitchenettes and enable a reflection of the diversity of Leicester, for example through decorative styling. The specification for the scheme will include the provision of 'household' style units, for example providing clusters of 10 residential bedrooms arranged around one of 6 smaller shared living and outdoor spaces. This also enables the service to support clients in a small grouping together with people who have similar needs; for example people with dementia or people receiving rehabilitation who have physical needs but high levels of mental functioning. This helps to ensure that people feel comfortable, appropriately stimulated and in an environment that enables peer support.

National developments

- 3.24 A high level trawl of new developments elsewhere in the UK has been completed, to understand any typical models for this type of facility. This identified that there are a variety of schemes, none directly comparable, but which give a sense of the general size and scope of care developments. A summary of recent schemes is attached at Appendix A. This indicates that the proposal for a single scheme of this size, with the service specification ensuring a homely feel to the units, is in keeping with developments across the UK.
- 3.25 In relation to the overall size of the unit, it is further noted that extra care schemes, which deliver high quality, homely environments with reassuring rather than intimidating public spaces, are typically 50 – 80 unit schemes.

Capital Cost Comparison

- 3.26 Through the Council's framework contract, Pick Everard were asked to estimate the cost of a two x 30 bedded unit scheme as well as the single site option. They also provided a cost for an enhanced single scheme, with greater floor space. This identifies that the additional cost of enhanced floor space on a single site is 5.5% higher than the standard specification. The build costs of a standard two-site scheme are projected to be 34% higher than a standard single site.

Scheme	Comparative costs
Standard Single Site x 60 bed	baseline
Enhanced Single Site x 60 bed	baseline + 5.5%
Standard Two Site x 30 bed	Baseline + 34%

- 3.27 This relates only to build costs. There would be increased costs in the two-site option from the duplication of fixtures and fittings, for example kitchen, therapy and assistive technology equipment.

Revenue Cost Comparison

- 3.28 The revenue costs for staffing have been modelled, in line with Care Quality Commission requirements. These are detailed at Appendix B. In summary the staffing for a single site 60 bedded unit would cost £1,284,572 per annum. The staffing costs for 2 x 30 bedded units would cost £1,635,836 per annum, 27% higher than for a single site.

- 3.29 On the basis of the above evaluations, it is proposed that a single scheme offers a clear opportunity for ensuring a good experience and good outcomes for people using these services and also the greatest value for money.

Scheme requirements

- 3.30 Adult Social Care Operational Managers and Client Liaison staff in Property Division have worked together to determine the facilities required to deliver effective care. These facilities can be broken down into five main groups as follows:

- Intermediate Care and Short Term Care: to include 60 en-suite bedrooms, lounges, dining rooms, reablement therapy facilities.
- Day/Emergency facilities, enabling access to lounges, sensory provision and rest areas without overnight accommodation.
- Resource unit: to include front of house, dementia café, Assistive Technology suite, hairdressers.
- Staff/back of house: staff areas, visiting staff drop in, kitchens, laundry.
- External: to include dementia friendly gardens, parking, service yards.

- 3.31 Managers have worked together to estimate both the number and size of these required facilities, and to provide an initial “Accommodation Schedule”. Contractors were appointed to turn this schedule into a very initial design for a single scheme. Although outline in nature, this initial design suggested an overall two storey building size approaching 3500 square metres, and a minimum site size of around 6000 square metres.

- 3.32 The initial design also provided some early build cost information, to which was added an estimate for items such as furniture and equipment and IT provision. This figure has been used for initial budget setting.

- 3.33 The figures do not include an allowance for specialist equipment e.g. hoist systems, or costs associated with achieving either a Building Research establishment Environmental Assessment Methodology (BREEAM) rating or University of Stirling Dementia Design Accreditation. An estimated cost for these requirements is between 5 and 7.5% of the total build cost.

- 3.34 One of the first tasks for the new project would be to review the specification with the aim of ensuring an affordable project within the resources available. The approach to procurement would set a financial envelope which was affordable to the Council, allowing for contingency.

Site Options Appraisal

- 3.35 A site option appraisal has also been undertaken using Council sites identified as being available for sale or development.

- 3.36 Initial design work for a single scheme, as indicated above, had already

suggested a minimum site size of 6000 square metres and this was therefore a critical factor in appraising the options, as was the accessibility of the site.

- 3.37 Further criteria were used to appraise the shortlisted sites including location, ease of travel access, proximity to health care, the site environment. Each of these criteria was weighted in terms of overall importance to the scheme, and each site then scored against those criteria.
- 3.38 A total of nine sites were evaluated and a copy of the options appraisal is attached Appendix C. The exercise produced a preferential site on Tilling Road, Beaumont Leys, which scored considerably higher than the other sites.
- 3.39 An additional benefit to the Tilling Road site is the opportunity to work with a housing provider to develop extra care on the adjacent site. Discussions are underway as part of the Extra Care Strategy and this site has been identified as a preferred location. This would enable cross-service opportunities, similar to those being developed between the Wolsey and Abbey Mills schemes.
- 3.40 It is therefore recommended that subject to necessary site surveys, the Tilling Road site is selected for construction of a single 60 bedded Intermediate Care and Short Term Beds facility. It can be noted that this would be consistent with the decisions in 2009, to use this site for the development of a single city intermediate care unit, for which part of the capital funding now available was granted by the Cabinet at that time.

Procurement Issues/ Procurement Plan

- 3.41 Initial thoughts on a Procurement Strategy have been provided by the Council's Procurement Section. They recommend a design and build construction strategy and procuring the contractor via competitive tender.
- 3.42 An important aspect of this will be architectural support. With the assistance of Faithful and Gould a mini- competition for Architect support had already been run, which particularly tested key areas such as experience of delivering care facilities, dementia design awareness and sustainability awareness.
- 3.43 The Council will secure expert advice to the design and build procurement process, through the engagement of a dementia specialist client advisor.

Project Governance

- 3.44 Once it has been formally authorised by the Executive the project will be entered onto the Corporate Project Register as a project within the Adult Social Care Transformation Programme, and will report on a monthly basis to the Adult Social Care Programme Board (which reports to the Corporate Programme Management Office). Additional governance will be provided by the corporate Capital Projects Board.
- 3.45 The Divisional Director, Adult Social Care and Safeguarding, will act as Project Director. The Client Liaison Manager in Investment Division will act as overall Project Manager with input from the relevant senior operational managers. Property services will provide a dedicated capital development project manager.

- 3.46 Relevant project documentation will be developed as the project moves through Gateway 0 into Start- Up, Planning and Design.

Delivery Timeline

- 3.47 An indicative timeline of 138 weeks has been prepared but this is subject to refinement. It is possible that procurement timelines can be reduced.

Stage	Activity	Indicative completion date
Approval to proceed	<ul style="list-style-type: none"> Executive Decision 	End June 2014
Feasibility (21 weeks)	<ul style="list-style-type: none"> Site Risk Assessments Stakeholder meetings Site surveys Agree Project Brief Develop Scheme Feasibility BREEAM Pre Assessment 	Mid November 2014
Planning and procurement (47 weeks)	<ul style="list-style-type: none"> Submit Planning Application Issue PQQ for OJEU Prepare ITT documentation Finalise tendering information/specifications/ drawn information Planning Approval OJEU Tender process Identify contractor Contract Signature 	End Oct 2015
Site (70 weeks)	<ul style="list-style-type: none"> Mobilisation period Contract commencement on site Practical Completion 	Early March 2017

4. Details of Scrutiny

- 4.1 The future of the Council's Elderly Persons Homes and provision of Intermediate Care Facilities has been the subject of regular scrutiny at the Adults and Housing / Adult Social care Scrutiny Committee over the last 2 years. There has been extensive public consultation.

- 4.2 This project has also been scrutinised by the corporate Capital Projects Board

on two occasions prior to this report coming forward for consideration. This is to ensure that the business case and proposed methodology is likely to result in a successful capital development. The Board supported the report progressing to a decision and will continue to provide scrutiny and support to the project as it is taken forward.

5. Financial, legal and other implications

5.1 Financial Implications

5.1.1 Capital funding of £6.7m for a new facility has been earmarked (£3.7m from the Council's capital programme, £1.8m from capital receipts, and £1.2m NHS funding). The risk of the capital costs exceeding this amount have been considered. Proceeding to tender stage will require the release of capital monies.

5.1.2 Budgeted revenue savings of £880k are associated with the development of the facility.

Rod Pearson, Head of Finance

5.2 Legal implications

5.2. There will be legal implications in respect of the matters outlined in paragraphs 3.35 – 3.40 above as well as any consents required, and early legal advice should be taken.

As highlighted in 5.5.1, the Council must procure services and works in accordance its Contract Procedure Rules and EU Procurement law. The Corporate Procurement team will assist with the procurement process and early legal advice should be taken with regard to the procurement route, procurement law and form of contract, prior to going out to tender.

It is noted that architects will be appointed, and the appointment should be confirmed in a written contract.

Beena Adatia – Principal Solicitor (Commercial, Contracts and Capital)

5.3 Climate Change and Carbon Reduction implications

5.3.1 The Council has a corporate carbon dioxide (CO₂) reduction target of 50% of the 2008/09 level by 2025/26. The addition of a new building to the Council's property portfolio will increase emissions. However, the emissions will be partly off-set through the closure of the current intermediate care and short-term

residential bed provision. The scheme could consider the option of BREEAM certification if funding were available, but should consider BREEAM guidance on best practice where applicable. Particularly where there will be no additional cost to the project.

5.3.2 As a major development the building will also be subject to planning policy CS2, incorporating retained policy BE16:

1. Retained policy BE16 would require on-site renewable energy generation. In 2014, the requirement will be for 18%. The % would be calculated based on the predicted total annual operational energy demand of the development for both regulated and non-regulated energy uses.
2. Core Strategy Policy 2 contains CS2.2 covering best practice in energy efficiency and CS2.3 covering decentralised energy. Decentralised energy includes possible provision on site or connection to an existing system, such as the Leicester District Energy Company. A whole-life assessment would be required. CS2.4 is also relevant and is similar in its objectives to CS2.3.

5.3. Any client brief should contain the Council's climate change and carbon reduction aspirations, as well as considering other opportunities to incorporate Sustainable Urban Drainage and climate change adaptation measures should also be considered.

5.3.4 Once occupied, the building's energy usage should be actively managed to ensure that the actual emissions performance of the building meets the potential of the design.

Mark Jeffcote, Environment Team (x37 2251)

5.4 Equality Impact Assessment

5.4.1 An Equalities Impact Assessment (EIA) has been developed to identify specific groups accessing intermediate care and short term residential beds that would benefit or be detrimentally affected by any change to the service. The following issues have been highlighted during consultation:

- People with dementia will require specialist support and care.
- A higher proportion of White British currently access the service.
- Those over 85 appear to benefit the most.
- People with a need for physical intervention benefit more than those with mental health.
- The existing provision does not cater for all religious and race needs.
- Mental health and dementia must be catered for in future provision.
- Data on equality needs improving.

5.4.2 In order to address these areas of concern, the following will be addressed:

- All relevant protected characteristics will be fully considered when developing and planning the service.
- The new model will provide a consistent and coordinated approach and access to a range of services to promote independence. In turn, this will improve overall quality of support.
- A robust performance management system will be able to demonstrate value for money, an equality service and effective service.
- A comprehensive learning and development programme will be delivered to ensure staff are competent in all areas of quality and equality.

5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

5.5.1 Procurement Implications

The size of the scheme is such that both services and works procurements will exceed the threshold values above which the EU Procurement Regulations apply

Accordingly all procurements must comply with the regulations. Additionally as the value of the works exceed £3.5 million the scheme is subject to the requirements of the Council's Employment and Skills strategy in relation to meeting objectives around employment training, apprenticeships and skills training.

Programmes should reflect the timescales needed to comply with the regulations.

Given the nature of the works, the recommendation and intention is to undertake a two stage restricted procedures procurement process, using a standard form of contract to appoint experienced high quality contractors who have a track record of undertaking the design and building of similar type of projects.

The project and opportunity to tender will be fully advertised in accordance with the requirement of the regulations.

6. Background information and other papers:

Intermediate Care and Short Term Residential Care Commissioning Strategy 2013-2016

<http://www.cabinet.leicester.gov.uk/documents/s54578/Elderly%20Persons%20Homes%20-%20Appendix%20A%20Intermediate%20Care%20Strategy.pdf>

7. Summary of appendices:

Appendix A

National Schemes summary

Appendix B

Staffing Costs Analysis

Appendix C

Site Options Appraisal

8. **Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?**

No

9. **Is this a “key decision”?**

Yes

10. **If a key decision please explain reason**

- 10.1 The proposed Intermediate Care Centre will result in the Council incurring expenditure which is, and the making of savings which are, significant having regard to the Council's budget for Adult Social Care Services.

RECORD OF DECISION BY CITY MAYOR OR INDIVIDUAL EXECUTIVE MEMBER

1.	DECISION TITLE	Provision of Intermediate Care and Short Term Residential Beds Facilities
2.	DECLARATIONS OF INTEREST	None
3.	DATE OF DECISION	27 June 2014
4.	DECISION MAKER	Assistant City Mayor – Adult Social Care
5.	DECISION TAKEN	<p>That the Assistant Mayor agrees:</p> <ul style="list-style-type: none"> i) To proceed with the development of a 60 bedded Intermediate Care and Short Term Care Facility in accordance with the Intermediate Care and Short Term Residential Care Commissioning Strategy. ii) To the proposal to construct the facility on the site at Tilling Road, Beaumont Leys subject to favourable site surveys. iii) To the procurement and project governance arrangements outlined in para's 3.41- 3.46. iv) To the release of £200,000 capital funding to enable the project to proceed to tender stage. v) To request further reports to the Executive at key stages of the project; and vi) To note that the matter was considered by the Adult Social Care Scrutiny Commission on 26 June 2014.
6.	REASON FOR DECISION	The reasons for the decision are broadly outlined in paragraphs 3.6 – 3.12 of the appending Executive Decision report dated 27 June 2014.
7.	a) KEY DECISION Y/N? b) If yes, was it published 5 clear days in advance? y/n	a) Yes b) Yes
8.	OPTIONS CONSIDERED	Leicester City Council has identified Intermediate Care and the provision of Short Term Residential Beds as a key priority within the overarching transformation of adult social care services.

RECORD OF DECISION BY CITY MAYOR OR INDIVIDUAL EXECUTIVE MEMBER

		Further details of the options explored are contained within the appending Executive Decision report dated 27 June 2014.
9.	DEADLINE FOR CALL-IN <ul style="list-style-type: none"> • 5 Members of a Scrutiny Commission or any 5 Councillors can ask for the decision to be called-in. • Notification of Call-In with reasons must be made to the Monitoring Officer 	4 July 2014
10.	SIGNATURE OF DECISION MAKER (City Mayor or where delegated by the City Mayor, name of Executive Member)	



University Hospitals of Leicester
NHS Trust

East Midlands Ambulance Service
NHS Trust

Leicester City Health and Wellbeing Oversight Committee

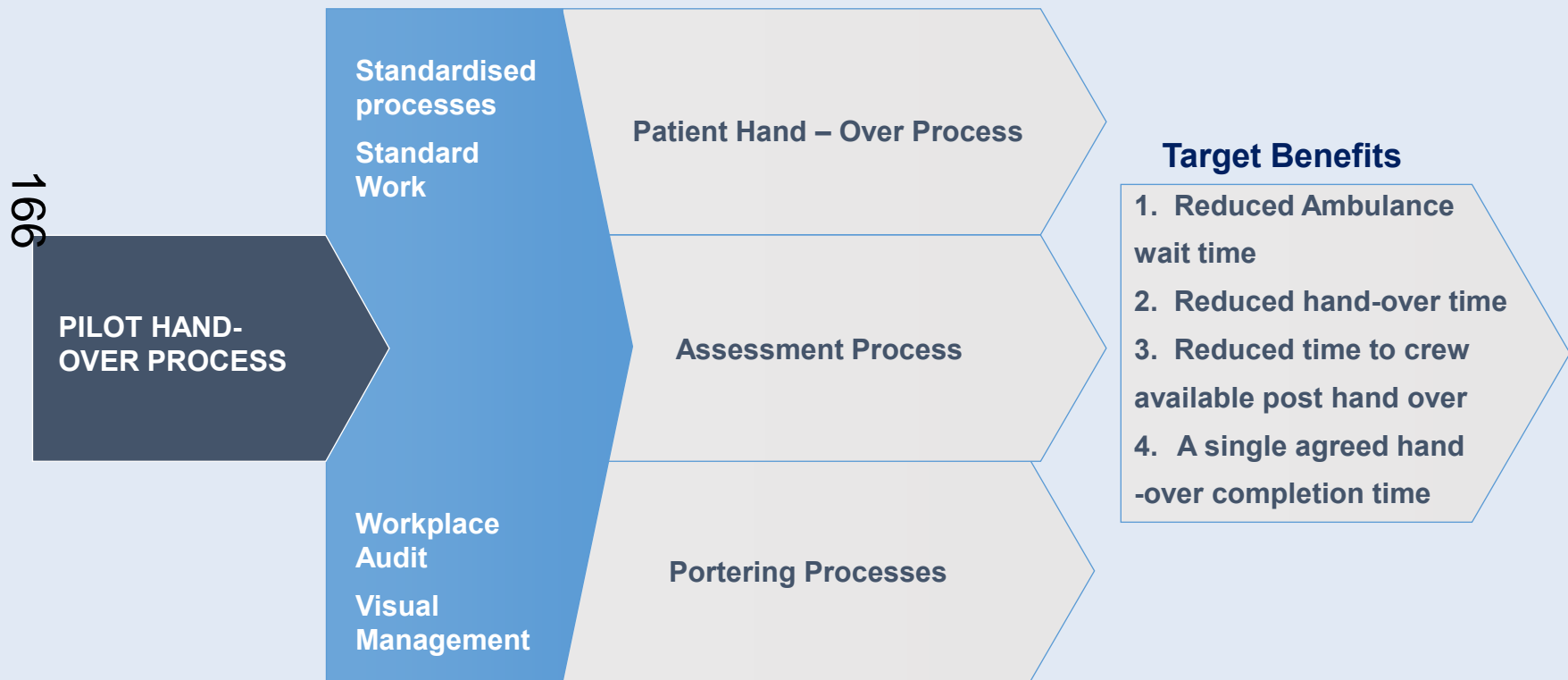


Appendix B



Unipart Process Design & Pilot

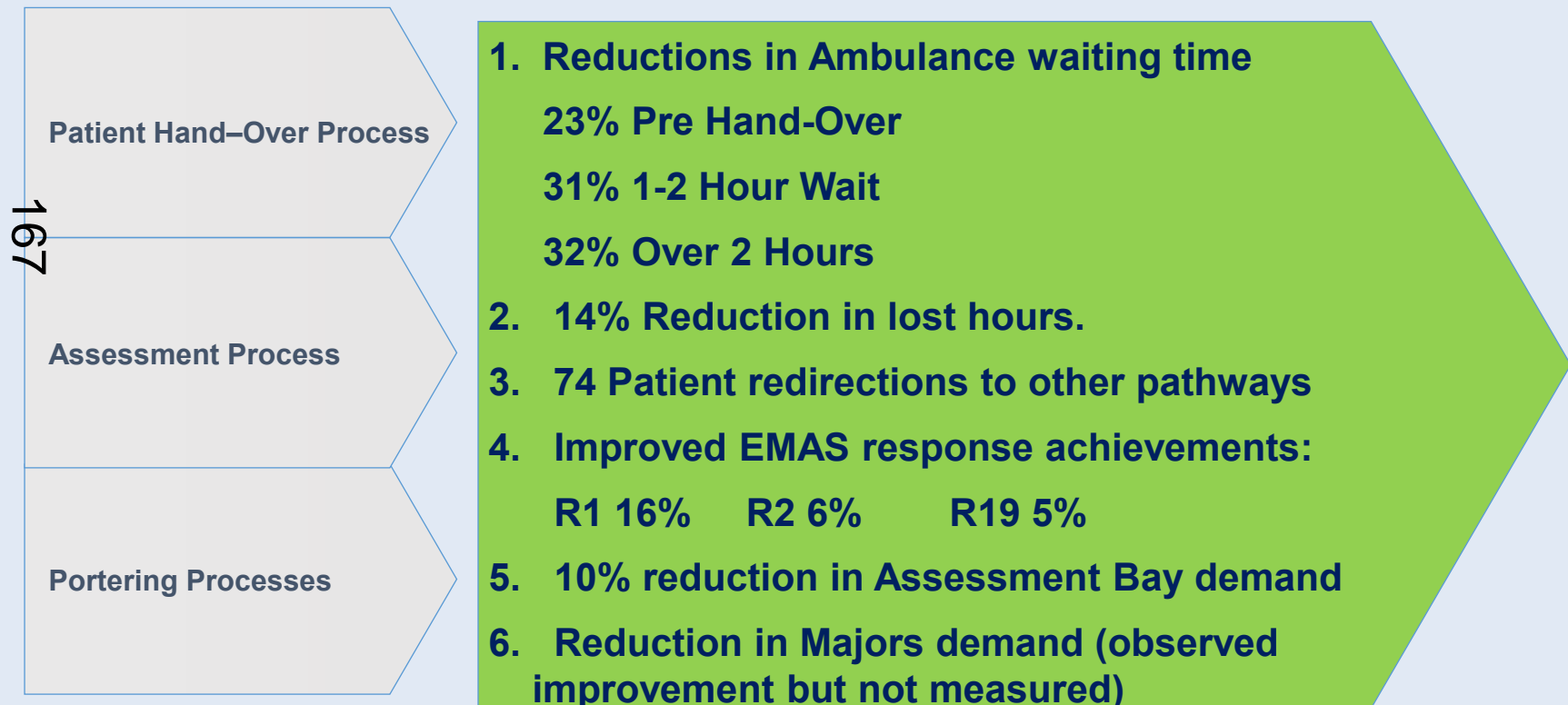
New Processes designed by the EMAS and UHL Teams





Unipart Measured Benefits in Pilot Week (7th – 11th December)

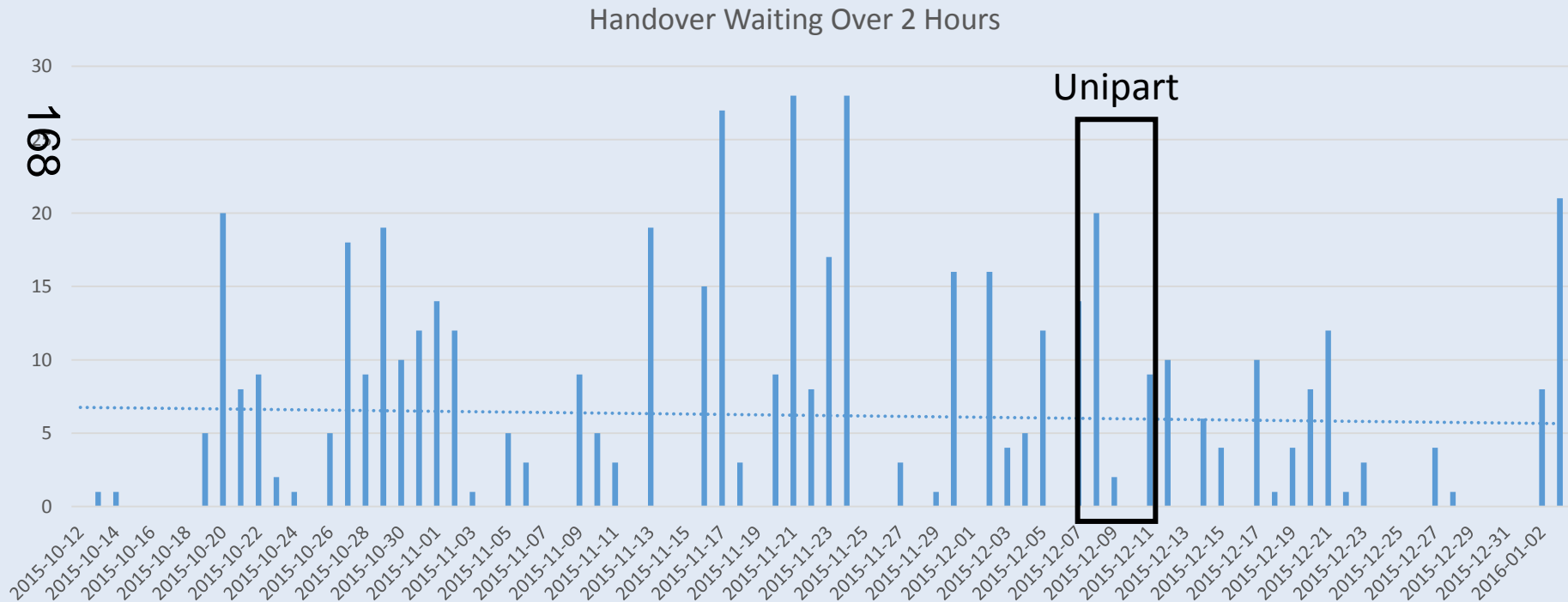
Delivered Benefits





LRI ED Handover Performance October > December

- Data is presented from 12/10/15 (Initial Handover Summit) to 03/01/16
- Unipart Facilitated 'Week' – 7th December > 11th December

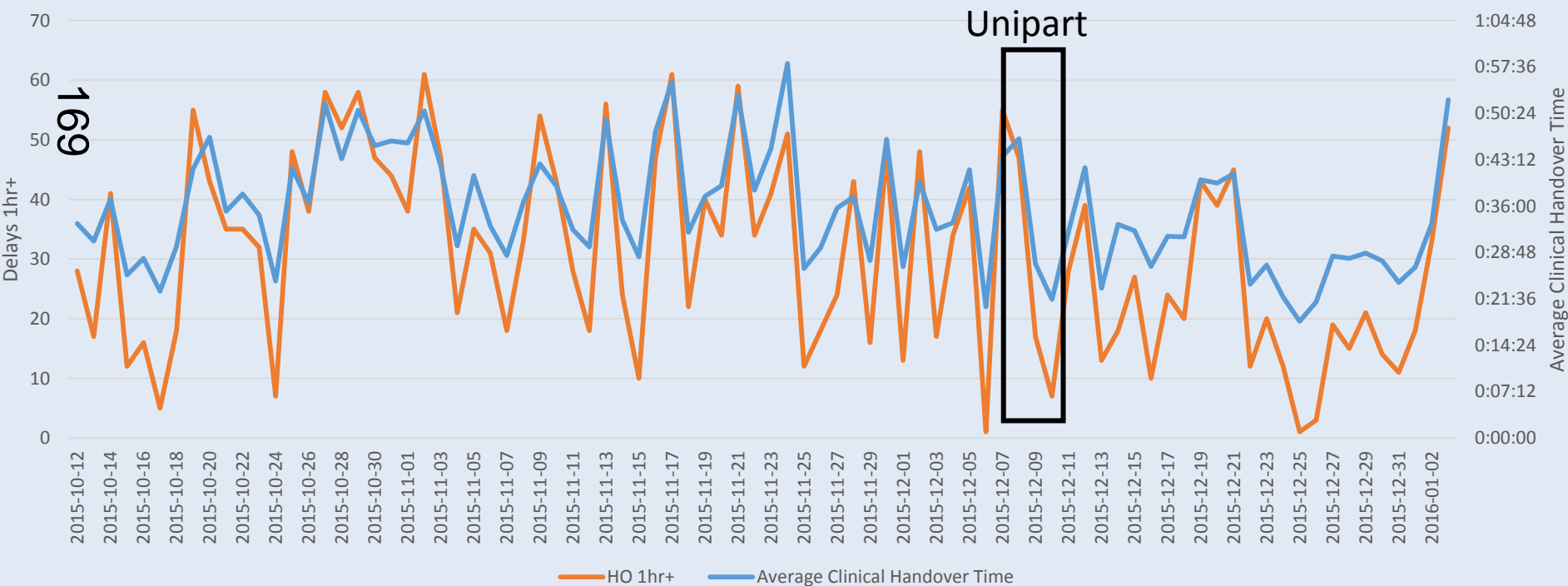




LRI ED Handover Performance October > December

- Data is presented from 12/10/15 (Initial Handover Summit) to 03/01/16
- Unipart Facilitated 'Week' – 7th December > 11th December

Handover Delays 1hr+ vs Average Clinical Handover Time

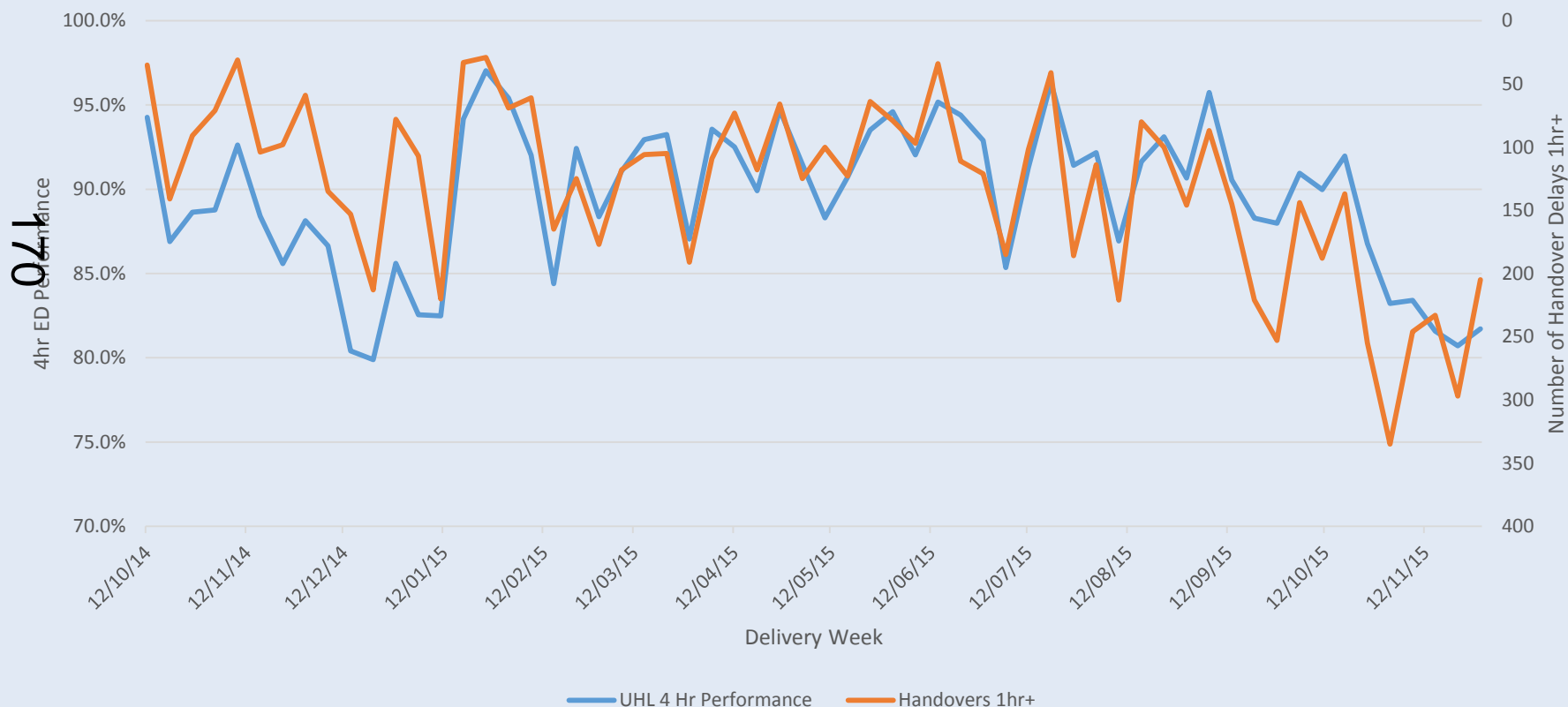




Handovers – November 2015

Leicester Royal Infirmary 4hr ED Target vs Handovers 1hr+

ED 4hr Performance vs Clinical Handovers 1hr+





Handover Turnarounds – Actions Taken in Leicestershire

- Direct conversations with UHL
- Escalation via letters to all SRGs/Chief Execs
- Escalation Handover Summit Leicestershire
- Escalation to NHS E
- Escalation to TDA
- Escalation to East Midlands UEC Network
- Chairs/ Chief Execs meeting with UHL
- 48 hour Exec to Exec calls Leicester
- HALO deployment
- Cohorting roles and space at LRI
- Comfort rounds for patients
- Staff Welfare & Support
- Unipart LRI Handover Improvement Work
- 'EMAS cars' approach to relieve staff
- CQC Inspection of LRI Dec 2015
- Subsequent sanctions imposed to improve
- Joint TDA & NHS England Risk Summit (18th Dec)
- Next planned Risk Summit 1st February 2016



Handover Turnarounds – Patient Safety

- EMAS patient safety action plan, monitored through EMAS Intensive Support Board pulls together all the current actions being undertaking to ensure that patient safety is monitored and risks identified and mitigated across the Trust especially in periods of high demand.
- Real time reporting of clinical risk due to high demand within EMAS through the Clinical Risk index.
- An agreed Clinical Protocol to ensure the continued clinical assessment of patients whilst waiting to be handed over to the Emergency Department. This incorporates the patients waiting in a corridor or holding in the back of an ambulance, staffed by UHL
- An agreed comfort round document that monitors care given to ensure that patients are hydrated, offered nutrition, are warm enough, can use toileting facilities, are protected where possible from pressure damage and are treated with dignity and respect.
- When continuous pressure at ED is observed and is not resolving, and there is an increase in patient safety concerns and operational concerns a series of measures will be taken, which include:
- Regular teleconferencing between Executive Directors to agree further actions.
- Agree senior clinical presence on site to ensure an effective and efficient working relationship between the emergency department and the ambulance crews to ensure patient and staff welfare.

172

Health and Wellbeing Scrutiny Commission Briefing

Anchor Centre update

Lead directors: Tracie Rees/ Ruth Tennant



City Mayor

Ward(s) affected: Castle
Report author: Julie O'Boyle Consultant in Public Health
Kate Galoppi Head of Commissioning Adult Social Care
Report Presented by: Ruth Tennant
Author contact details: Julie.oboyle@leicester.gov.uk

1.0 Purpose of Briefing

To update the Health and Wellbeing Scrutiny Commission on the functioning of the wet day centre.

2.0 Update

At a previous scrutiny commission meeting (October 2015) Cllr Osman informed the commission of the steps that had been undertaken to ensure that the Anchor Centre remained open over the winter period.

The centre has remained open since the last report and there have been no significant issues relating to the fabric of the property. Since the last update a new shower has been fitted and ongoing maintenance requests have been met.

Work is ongoing to replace the main water tank and a water hygiene risk assessment is scheduled.

A bid has been submitted to Public Health England (PHE) for capital funds to develop a recovery focussed project incorporating the wet day centre. We will be informed of the outcome of this process in February 2016.

Work continues to identify a long term accommodation solution for the wet day centre; however a final decision will not be taken until the outcome of the PHE bid and the procurement of the main substance misuse services is known.

05/01/2016

Details of Scrutiny

Report to Scrutiny Commission

Health and Wellbeing Scrutiny Commission

Date of Commission meeting: 14 January 2016

Food Bank Provision in the City



Introduction and Overview

As part of The Leicester Food Plan Food Poverty is a main priority. The plan has a number of ambitions and commitments that relate to addressing food poverty.

LCC Revenues and Benefits (R&B) have led on the implementation of the food bank strategy which has been to improve co-ordination and development of the food bank system in Leicester City. R&B have commissioned a provider to develop food banks provision and support consistency across the network in the city. This has included updated research during 2015 to understand the nature of the food banks provision.

A thematic task group has been set up with Revenues and Benefits, Food Plan Project Manager and the Anti-poverty project manager to focus on meeting to commitments of the food plan as well as supporting provision to meet need.

Details of the current provision of food banks and the work taken to engage with the organisations delivering them have been outlined in a report produced by R&B and attached as **appendix 1**.

Current Activity and Priorities

An emergency food action plan has been prepared by Revenues and Benefits and this plan will focus on the following areas:

- To develop and implement an emergency Food Strategy
- To improved understanding of the demand / supply of emergency food
- To develop and support the Food Bank Network Group
- To improve understanding of additional services linked to emergency food providers
- To co-ordinate and expanding provision to respond to need.

There is recognition that the current increase in the food bank system is a response to a perceived need and how this is sustained will need to be considered.

Food Poverty Thematic Group

The aim of this group is to consider a strategic approach to inform and develop appropriate response to food poverty. It will meet to agree priorities for 2016 and consider how to support partners to develop and implement a strategic approach to address food insecurity. It will also oversee the emergency food action plan.

Focus will include considering sustainability of current provision; understanding need in order that response can be supported effectively so that it can meet the needs for emergency food and food insecurity.

Food poverty inextricably links into wider poverty issues so this work will need to for part of a collaborative approach alongside the ant-poverty strategic approach being developed by Leicester City Council.

The food Poverty Thematic group will report to the Public Health Lead Member by the beginning of February.

A report of the Food Plan is due to go to the Executive in Mid-February.

Leicester's Food Plan Overview and Connection with Food Poverty

Leicester's Food Plan has an ambition that is to work towards the eradication of food poverty – improving access to affordable, healthy food for all, whilst seeking to influence the underlying causes.

Other ambitions that relate to the food poverty or food insecurity issue within the plan are:

- To reduce food waste in businesses and households and encourage more redistribution of food, composting and recycling of packaging.
- To reduce obesity and diet-related ill health by supporting people to make healthier choices across all stages of life – raising awareness about healthy eating, encouraging breastfeeding, developing growing and cooking skills and improving access to fresh, healthy food.
- To bring people together through food projects - developing inclusive, resilient communities
- Sharing knowledge, experience and skills in growing and cooking and creating links with farms.

Current work relating to Food Poverty led by Revenues and Benefits Department and context to need

LCC Revenues and Benefits (R&B), LCC, have led on the work to respond to Leicester's' population currently needing access to emergency food.

Research carried out in 2015 by LCC Revenues and Benefit noted that:

- The number of food banks set up in Leicester over the past two years has doubled in correlation with the tightening of welfare reform benefit restrictions applied since 2013.
- Food bank provision has remained consistent with approximately 869 food parcels being distributed per week and half of those surveyed were struggling to cope with demand.
- 80% of food bank provision has food provided through FareShare

The research notes that Leicester is particularly vulnerable due to multiple indicators including:

- 44% of under 30s living on less than minimum wage,
- At least one third of children growing up in poverty
- 16.8% of adult population is long term unemployed, close to double the national average of 9.9%
- Residents in work earn an average of £399.10 per – far less than the £510 national average

These issues are recognised as key challenges for people to be able 'to acquire sufficient quantities and qualities of food' (1)

FOOD PLAN COMMITMENTS up until 2017

- 1 A bigger network of community food and horticulture projects, with at least 9 more projects supported; and more land under food production, with at least 3900m² of new allotment space provided.
- 2 A support programme available to schools – to help them achieve a whole school approach to healthy, sustainable food through their teaching, the running of the school and its community links.
- 3 More children choosing school meals, with at least 10% higher take-up of free school meals from key stage 2, in schools taking part in the support programme.
- 4 Increased support for women and their families to encourage an improvement in rates of breastfeeding and good infant nutrition.

Action Plan:

Implementation of the Food Bank Strategy

Appendix 1

Useful Information:

- Ward(s) affected: All
- Report author: James Rattenberry, SDIO
- Author contact details: 0116 454 1616 James.rattenberry@leicester.gov.uk
- Date of Exec meeting: October 2015

1. Summary

1.1 The NCSIC requested and were provided in April 2014 with a report detailing the provision of food banks within the city and the work undertaken to identify and engage with the organisations. An update of this exercise has now been completed and recommendations put forward a Food Bank Strategy arising from the research findings as required by point 32 of the Food Plan (see appendix E).

2. Recommendation(s) to scrutiny

2.1 To note the impacts and trends highlighted in the report and comment on initial findings if appropriate;

2.2 To consider the recommendations arising from the report as the basis of the Council's Food Bank Strategy as required under the citywide Leicester Food Plan.

3. Supporting Information

Background

3.1 The number of food banks set up in Leicester over the past two years has doubled in correlation with the tightening of welfare reform benefit restrictions applied since 2013. In 2014/15, 2,525 households were affected by under-occupancy (the 'bedroom tax') and 296 were made subject to the Benefit Income Cap. In 2013/14, the last full year for which statistics are available, 16,545 sanction decisions were made against JSA and ESA claimants in the city – over 300 per week - removing benefit entitlement those affected for between four weeks and three years.

3.2 Further demand is anticipated in the medium term – the government are committed to welfare cuts of £12bn per year by 2020, some 28% of the working age welfare bill. Manifesto commitments include further reducing the Benefit Cap to £23,000 per year, removal of Housing Benefit entitlement for those under 21 and additional restrictions on EEA national claimants.

3.2 Leicester is particularly vulnerable due to multiple indicators of deprivation, including:

- 44% of under-30s in Leicester are living on less than the living wage, and one third of children are growing up in poverty, amongst the highest level in the country with the national average being 27%;
- Residents have a life expectancy of 78.4, as opposed to the national average of 81.1;

- 16.8% of the adult population is long-term unemployed, close to double the national average of 9.9%;
- Residents in work earn an average of £399.10 per week, far less than the £510 per week national average – according to the Office for National Statistics, residents also have the lowest rates of disposable income in the UK.

Summary of provision

3.3 The research exercise consisted of semi-structured interviews with staff at all operational food banks, followed by a questionnaire survey completed by 102 food bank users sampled on the basis of each site's average weekly distribution. Research was focussed around providers of emergency and surplus food distribution. A separate project into hot food provision is also being undertaken in partnership with Neighbourhood Services and the Food Plan Coordinator.

3.4 25 food banks were identified as operational at the time of the research, with a further 2 having opened subsequently. Whilst the number of food banks had reduced from 32 in early 2014, level of provision had remained consistent with approximately 869 food parcels being distributed weekly and half those surveyed were struggling to cope with demand. Comparable studies in other major cities identified 20 food banks in Nottingham and Coventry, and 7 in Derby.

3.5 Food bank clients are generally not travelling far to access emergency food. Half of those not using their closest food bank are accessing city centre sites, some of which offer more specialist help, working with groups such as new immigrants, people affected by HIV and women involved in prostitution.

3.6 As in the previous survey, some 80% of respondent organisations were wholly or predominantly reliant on Fareshare deliveries, although many were not entirely satisfied with the service and were seeking viable alternatives such as independent food drives or other organisations offering similar services. Faith groups are a significant contributor with regard to food, facilities and other support.

3.7 Most food banks provided some form of additional support, which was often vital to clients. Benefits advice and form-filling were the most in-demand forms of support, due to the complexities of the benefit system and difficulty understanding official letters. These services vary in terms of professionalism, with some offered by experts and others more informal. Some food bank staff members attempt to help clients in any way possible, regardless of their knowledge.

3.8 Other support services accessed by food bank users predominantly involved housing and benefit services, although a third of those did not consider them to be constructive. 18% had accessed money management services, although over half did not find them useful. IT support and language skills were the least accessed services with only 4%, although these are felt to be particularly beneficial to the sample with regard to employability. Of the small number who did access these services, none found them useful. A third of those surveyed had not accessed any support services.

3.9 No uniform demographic was established in the survey – respondents were from a wide array of backgrounds and with a diverse range of reasons for access, presenting difficulties with formulating policy and anticipating changes. However, the most common form of income was Jobseekers Allowance (33%) and the majority were either single or members of small households. Whilst some 72% of respondents were white, asylum

seekers and refugees were over-represented (15%).

3.10 The information provided a clear picture of the uneven distribution of the food bank provision in the city, particularly in relation to ward boundaries and areas of deprivation. A full list of food banks and lunch clubs in the city (not for wider distribution) is included in Appendix B.

Issues & Risks Identified

3.11 Most food bank staff had little knowledge of surrounding food banks, and further signposting and mutual support was sparse. Likewise, food bank clients were often unaware of what else was available in their area. However, the development of a Food Bank Network Group chaired by Leicester CharityLink (LCL) and funded by Leicester City Council has proved highly productive with regard to information sharing, and developing relationships around food, services, resources and equipment.

3.12 Some deprived areas of Leicester have no emergency food provision in their area. Detailed scoping has been carried out in association with our Local Welfare Provision partners Leicester CharityLink (LCL) provided in Appendix C – using these findings, LCL intend to set up two new food bank locations close to Saffron and Beaumont Leys wards.

3.13 At present there is very little provision at weekends, with only two food banks providing this service – however this is subject to change as two new planned sites intend to offer weekend support.

3.14 Staff members reported that some food bank users are unable to cook with basic ingredients because they lack the knowledge required. This limits the foods that food banks are able to supply to these clients, and sometimes means they are not supplied with sufficient amounts of food.

3.15 Food bank staff generally had very little knowledge of Universal Credit, and following discussion were concerned about its effect on the service and their ability to cope.

Recommendations

3.16 On the basis of the research and survey summarised above, the following recommendations are made in respect of the Council's Food Bank Strategy:

- To continue to survey and monitor the emergency food demand and provision in the city;
- To continue to monitor the emergency food demand and provision in the city for the weekend/bank holiday periods. Where there is fluctuation consider what action may be necessary;
- To continue to offer support and facilitate the network achieve collaboration and partnership working across the provision;
- To develop effective solutions to support this group with their emergency food needs and support inter scheme sharing and re-distribution of surplus food through the Food Network Support Group (FNSG);
- The Food Network Support Group (FNSG) to plan, develop, implement and

monitor a robust referral scheme between providers and referral agencies;

- To survey and review user cooking skills, cooking facilities and affordable fuel to inform FNSG to plan, develop, implement and monitor a training and support package to assist and enable this client group to understand western food, develop their cooking skills, provide recipes to cook the food they receive thus reducing food waste and developing the household skills making the food provided sustainable;
- To facilitate the FNSG understand the client group and their specific needs through awareness training;
- To develop effective solutions to support this group with their emergency food needs;
- To explore and develop the opportunity for food providers to formally refer clients on to support groups where applicable;
- To develop and deliver an effective awareness and communication programme for claiming and understanding Universal Credit with particular focus in the sector around advice and support available in the city;
- To develop and deliver an effective awareness and communication programme advice and support available in the city;
- To raise awareness of emergency food support in the city for the public whilst providing reassurance to the sector around demand.

4. Financial, legal and other implications

4.1 Financial implications

No new resource implications are raised. Issues around monitoring are already covered via arrangements with SWAP, Leicester Charitylink and our participation with the Food Network Support Group, which is a voluntary body made up of food bank volunteers.

Training and support needs are covered through a pre-existing agreement with Public Health. Universal Credit and welfare reform training are provided to food banks as part of wider stakeholder awareness scheduled. Possible pilot around cooking skills is covered through Local Welfare Provision and is part of the ongoing procurement process.

Colin Sharpe, Head Finance (Skills & Enterprise)
City Development & Neighbourhoods
4081

4.2 Legal implications

There are no apparent legal implications arising from this report. I understand that most of the recommendations save for the Pilot Cooking Skills Training, will be delivered internally by the Council.

The Pilot Cooking Skills Training forms part of an ongoing procurement, as such this

particular aspect of the project will be subject to the Public Contracts Regulations 2015 (“Regulations”) and the Council’s Contract Procedure Rules. The client department must work directly with the Council’s Corporate Procurement Team (“CPT”) to drive the procurement process in compliance with the Regulations.

Any collaborative working may need to be formalised through a Partnership Agreement. Further legal advice should be sought.

Mannah Begum, Solicitor (Commercial, Contracts & Capital)
Legal Services
Ext 1423

4.3. Climate Change implications

No - the most significant climate change implication from this report is around the prevention of food waste going to landfill. Where food is landfilled, the decomposition process leads to methane being generated – which is a powerful ‘greenhouse gas’. So wherever the goal of alleviating food poverty can successfully be combined with reducing food waste, there could be positive implications for preventing climate change. FareShare provides a good example of this in action, whereby the food supplied by the organisation to food banks is surplus food from supermarkets and food companies that would otherwise have been sent to landfill.

Cooking skills courses can also fall within this category by helping families to reduce food wastage at home (although it should be noted that the vast majority of Leicester’s household food waste is separated at the ‘Ball Mill’ and doesn’t go to landfill).

Louise Buckley, Senior Environmental Consultant,
Environment Team
Ext 2293

4.4 Equality Impact Assessment

None

4.5 Other Implications

(You will have considered other implications in preparing this report. Please indicate any which apply?)

None

5. Background information and other papers:

6. Summary of appendices:

Appendix A

Food Bank Consultation 2015 statistics and analysis

Appendix B

Scoping & Demand analysis conducted with Leicester CharityLink

Appendix C

Food Bank Survey 2014 summary findings

Appendix D

Leicester Food Plan

7. Is this a private report? No

(If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)

Health and Wellbeing Scrutiny Commission

Work Programme 2015 – 2016

Meeting Date	Topic	Actions Arising	Progress
6 Aug 2015	<ul style="list-style-type: none"> 1) Healthwatch briefing 2) Reduction in Public Health budget and impact on service delivery 3) LPT – CQC Quality Report 4) Scrutiny Review of LGBT communities – Consider issues raised in the review 5) Update on Anchor Centre 6) Substance Misuse Services – re-procurement 7) Local Health Messages 	<ul style="list-style-type: none"> 2) Organise a further meeting to look at the budget once the cuts are known (maybe joint with ASC) and write a letter to Secretary of State. 3) A review to be done to look at the LPT improvement plan. 4) Mental/sexual health issues relating to LGBT to be added to the work prog. 5) Further report on the proposals for the future venue of the wet day centre to come back. 6) Further report on the outcome of the consultation and future proposals re substance misuse to come to the next meeting. 7) Scoping document for a review to be completed. 	<ul style="list-style-type: none"> 2) Letter sent 3) Scoping doc at next mtg – 28/9 4) Added to work prog 5) Added to next mtg – 28/9 6) Added to next mtg – 28/9 7) Scoping doc at next mtg – 28/9
28 Sep 2015	<ul style="list-style-type: none"> 1) Fosse Arts Presentation 2) Better Care Together Consultation 3) Health and Wellbeing Survey 4) Update on Substance Misuse Review incl. decision on Wet Day Centre 5) Health Messaging – Scoping Document 6) LPT Quality Monitoring following CQC report – Scoping Document 	<ul style="list-style-type: none"> 2) Private briefing to be arranged. Report on consultation to come back to commission 3) Add information on people having 5 fruit a day for a future meeting 4) Report back to a future meeting on the decision of the site. 	<ul style="list-style-type: none"> 2) Briefing on 3/11 3) Added to next mtg – 28/9 4) Update at next mtg – 29/9

Meeting Date	Topic	Actions Arising	Progress
29 Oct 2015	1) Mesothelioma 2) Ambulance Handovers to LRI 3) Anchor Centre – Update 4) Health and Wellbeing Board – Update 5) NHS 111 Service 6) Performance Reporting 7) Healthy Eating 8) Health Messaging Review – Update 9) Primary Care Workforce Planning e.g. GP surgeries - Briefing and Scoping Document	1) Distribute information leaflets at Ward meetings. Council staff be made aware of the condition. The Commission write to representatives of the local DIY trade to encourage them to take part in publicity campaigns with the Charity. 2) UHL and EMAS give an update to the January Commission meeting on the outcomes of the Unipart initiative and the measures put in place to reduce the impact upon patients 3) Further update at the next meeting 5) Update on the outcomes of the two investigations into recent events to come to the next meeting 6) Quarterly monitoring reports to be added to the work programme. 7) Further update at the next meeting 9) Scoping document agreed	1) Leaflets sent on. Letter to be written. 2) Added to next mtg – 14/1 3) Added to next mtg – 14/1 5) Added to next mtg – 14/1 6) Added to work prog – 10/3 7) Added to next mtg – 14/1
14 Jan 2016	1) Budget 2) Intermediate Care Unit 3) Substance Misuse Services – Update on decision of site 4) Anchor Centre - Update 5) UHL/EMAS Update - Outcomes of the Unipart initiative and the measures put in place to reduce the impact upon patients. 6) Healthy Eating – Update 7) Winter Care – Update		
10 Mar 2016	1) Health and Wellbeing Board – Update 2) Public Health Performance Report 3) NHS 111 Service – Update on outcomes of investigations		
5 May 2016	1)		

Forward Plan Items

Topic	Detail	Proposed Date
Better Care Together	Regular updates on progress to the plan	
Dementia, Dental Care, Diabetes, GPs, Obesity, Smoking, and substance Misuse	Progress to individual strategies/services	
Health and Wellbeing Board	Protocol between scrutiny and the board and update on work of the board.	Standing item
Health and Wellbeing of staff	Monitoring of sick days and support services	
Health Visitors and School Nurses	Understanding of the transfer of services to the Council	
Mental Health Services for Black British Men	Review progress to recommendations made by scrutiny	
Mental Health and Sexual Health of the LGBT Community	Continue to understand and monitor the issues that impact on LGBT community	
Substance Misuse Review, including Anchor Centre issue	Standing item to receive regular updates on progress made.	Standing item
Performance Reporting	Regular performance reports to relevant indicators	Standing item
Reduction in Public Health budget	Impact on service delivery and the commission to be consulted on the proposals to achieve the in-year savings.	
Primary Care Workforce Planning	Briefing report and a draft scope for review proposal	29 th October 2015
Air Quality Action Plan – the health impacts	Joint meeting with Ec Dev Scrutiny Commission	17 th September 2015

16th December 2015

Briefing concerning forthcoming closure of The Maples Surgery

The Maples Surgery on Evington Road in Leicester is due to close on 1st February 2016 due to the retirement from general practice of Dr Newley.

Leicester City Clinical Commissioning Group (CCG) has written to all Dr Newley's patients to inform them that services will no longer be provided at The Maples Surgery from 1st February and asking them to register with another practice of their choice. The letter also includes contact details of GP practices in the immediate vicinity of the practice which are accepting new patients. A further reminder letter will be issued to patients in January.

After Dr Newley retires the premises, which are privately owned, will no longer be available for use as a GP practice. The CCG has been actively seeking alternative options for patient care, particularly for one practice to act as a caretaker for the patient list in the short-term, until a consultation exercise could be undertaken to determine the future service provision. However, the CCG concluded that the only feasible option is to disperse all the patients to other practices. There were several reasons for this, including the short timescale involved, the need to find a single premises with capacity to cater for the full patient list and incompatibility of GP IT systems.

There is a wide choice available for patients, with 22 practices within one mile of The Maples Surgery. Many of Dr Newley's patients live further afield, in other areas of the city and beyond, so this will also provide an opportunity for those patients to register with a practice that is closer to home, if they wish to.

Practices across the city have also been informed of the closure and advised that new patients will be approaching them to register and the CCG has checked that there is sufficient capacity for this.

Once patients register with a new practice their records will be automatically transferred so continuity of care will be ensured.

There is a Public Meeting that is due to take place on the 13th January from 6pm to 7.30pm in the main hall at Highfields Community Centre, 96 Melbourne Rd, LE2 0DS, where members of the public will have the opportunity to put questions to representatives of Leicester City CCG about the closure of The Maples Surgery.

The CCG has also arranged three drop-in information sessions where patients can ask questions and obtain information, advice and help to register with a new GP practice. Details as follows:

- 12th January, 10am-12 noon at Surestart, 20 Barnard Close LE2 0UZ
- 21st January, 2-4pm at Quaker Meeting House, 16 Queens Road LE2 1WP
- 3rd February 6–8pm at Quaker Meeting House

Patients can also obtain information on registering with a new practice by contacting Patient Registration on 0116 295 7880 or from the NHS Choices website: www.nhs.uk.

The CCG is committed to making sure that patients receive the best possible care and continue to have access to a local GP and the full range of services they provide.

Further information and any enquiries regarding the content of this briefing may be directed to Jon Holliday jon.holliday@leicestercityccg.nhs.uk or Priya Chavda priya.chavda@leicestercityccg.nhs.uk or by calling Leicester City CCG on 0116 2950750.