

**Agenda Item No.8 (g)**

**DERBYSHIRE COUNTY COUNCIL**

**CABINET**

**11 OCTOBER 2016**

**Report of the Strategic Director for Adult Care**

**RESPONSES TO THE CONSULTATION ON THE PROPOSED CLOSURE  
OF ADA BELFIELD HOME FOR OLDER PEOPLE**

**ADULT SOCIAL CARE**

**1. Purpose of the Report**

To inform Cabinet of the outcome of the consultation and Equality Impact Analysis on the proposed closure of Ada Belfield Home for Older People in Belper, and further to this to recommend that Cabinet:

- 1.1. approves the closure of Ada Belfield Home for Older People once the proposed new council-owned residential care home is ready to open in Belper
- 1.2. approves that all residents will have an assessment nearer the time and those who wish to do so will be provided with a place at the new care home
- 1.3. approves that following appropriate consultation arrangements are made to transfer staff from Ada Belfield to the new care home
- 1.4. declares Ada Belfield surplus to the operational requirements of Adult Care once all residents have moved and requests at that point that the Director of Property consider the Council's future requirement for the property
- 1.5. approves the transfer of the revenue costs of Ada Belfield Home for Older People to contribute towards the revenue costs of the new residential care home

**2. Information and Analysis**

On 3 May 2016 Cabinet approved a proposal to consult on the proposed closure of Ada Belfield.

Cabinet was informed that the potential development of a new care home on Derwent Street, Belper (the former Thorntons factory site), as part of an

integrated facilities scheme, would be contingent upon the closure of Ada Belfield and that this potential development would become a direct replacement for Ada Belfield.

Ada Belfield is in need of significant investment of approximately £0.850m in terms of essential maintenance and refurbishment to meet minimum standards. In addition to the strategic need to develop specialist residential care for people with dementia in the Amber Valley area, there is also a need to maintain “non-top up” quality residential care. It was further proposed to Cabinet that the new care home should be increased from 32 to 40 beds as this would assist with affordability in terms of the staffing model.

To make the proposed replacement home financially viable it is necessary to use the current revenue budget for Ada Belfield to fund a new facility. On this basis, before the development of the new care home could proceed, Cabinet on 3 May agreed that consultation must take place with residents and their families at Ada Belfield. Cabinet also determined that in due course, having considered the responses to the consultation and the Equality Impact Assessment, if Ada Belfield should not close, the plans for the new care home would need further revision and a further report to Cabinet.

A report was subsequently presented to the Cabinet Member for Adult Care on 15 June 2016 which confirmed the commencement of consultation on the proposed closure of Ada Belfield.

Ada Belfield is located on Field Lane in Belper. It is very close to both bus and train links, which makes it easily accessible to visitors. It is also very close to the town centre which enables residents to visit local shops. It has 25 beds which consist of 22 long-term and 3 short-term beds. Ada Belfield is available to older clients aged over 65 including those with physical and sensory needs.

The breakdown of the resident group in Ada Belfield present on 20 August 2016 is as follows:

By age: 1 is aged under 80, 14 are aged between 80 and 90, 6 are over 90 years old.

By length of stay: 8 have lived in the home for less than one year; 5 have lived in the home for between one and two years; 7 have lived in the home for between two and five years; and 1 has lived in the home for over five years.

### **Consultation**

The consultation period of 8 weeks ran from 16 June 2016 until 11 August 2016. Full details of the entire consultation process and a summary of the responses are set down in Appendix 1.

Appendix 1 is a key document to be read in considering this report as it provides a full summary of the responses, queries and comments raised during the consultation. This document includes views expressed by residents, their friends and family which officers believe fairly reflect the opinions expressed during the consultation. The quotes were recorded by officers in the meetings with residents and their families, at which 40 people attended across the two events.

The format of the two meetings held at Ada Belfield was that a senior officer set out the reason why Ada Belfield was being proposed for closure. This was followed by all those attending being able to express their views on the proposed closure. Local managers were also in attendance to deal with any specific questions arising from the consultation.

In summary the proposals were understood by the respondents who participated in the consultation. Residents who lacked the capacity to make their views known were appropriately represented. Particular attention and sensitivity was paid to those residents, and their families, who had recently moved from The Willows Home for Older People in Ripley.

There was overwhelming support for the proposal from all involved. Residents and relatives were re-assured by the offer for all residents and staff to move together to the proposed new care home. The only reservation was the time factor of how long the proposed new building would take to complete and if the residents would still be alive to benefit. Requests were also made by residents and next of kin to ensure they were able to contribute their views in the planning process.

Appendix 2 is the Equality Impact Assessment which reflects on the comments raised during consultation whilst considering the wider impact of the proposed closure of Ada Belfield upon the local population, with specific reference to excluded groups. In summary the proposal contained in this report necessarily affect older people and their family carers, the majority of the residents are women and most of the residents originate from Belper and the local area which is predominantly a rural community.

In order to ensure residents are fully involved and informed there will be ongoing proactive engagement with residents and their families as the plans for the new care home develop. As with all major developments of this kind, and in recognition of concerns raised about transport access and parking at the new care home, a comprehensive Travel Plan will be developed which will be consulted on and shared with residents and their families.

It should be acknowledged that there are risks for all older people who move from one care home to another as a result of closure. The Council has a responsibility to ensure that each resident affected is assessed and supported

to move to in a sensitive way. This would include involving their family in the assessment and support planning process and if required seeking appropriate medical advice prior to any proposed move. The fact that the residents will not be moved until a new care home has been built and the fact that the proposed new care home is very close to Ada Belfield and within the town centre, plus that the staff will be given the opportunity to move to roles within the new care home when it opens mean that this risk would be mitigated as far as possible. There have been concerns raised about the availability of parking and access to what is a busy area of the town but the fundamental core of the proposal is seen to be very positive, that is replacing an ageing building which is in need of significant investment with a new purpose built care home with state of the art facilities.

### **3. Financial Considerations**

If it is determined that the Ada Belfield Home for Older People should be closed the anticipated capital receipt (estimated to be £0.3m in December 2014) would form part of the required finance to deliver the plans for the revised Integrated Specialist Scheme at Belper. In addition the current revenue budget for Ada Belfield (£0.693m for 2016/17) would be used to contribute towards the total revenue cost of the new scheme.

### **4. Human Resources Considerations**

If, as a result of the consultation on the proposed closure of Ada Belfield, a decision is made by Cabinet to close the facility, appropriate consultation with staff and trade union representatives would need to be undertaken at the point when the proposed new residential care home is close to completion. However it is envisaged that at this stage all of the staff from Ada Belfield would transfer to the new service.

### **5. Legal Considerations**

Proposals to make changes in service provision require consultation with those affected, including service users, staff and carers. Any final decisions must also take into account the rights of service users as set out in the Human Rights Act 1998, specifically Article 8, "Right to respect for private and family life". In assessing these proposals, the Council should also have regard to its statutory duties under the Care Act 2014 and equalities legislation as set out below.

In so far as the Equality Act 2010 is concerned:

Under the Equality Act 2010, Cabinet Members are reminded that they are under a personal duty, when considering what decision to make, to have due regard to, in short, the need to protect and promote the interests of persons

with protected characteristics (e.g. persons who are vulnerable on account of age, gender reassignment, pregnancy or maternity, race, disability, religion or belief, sex, sexual orientation). Attention is drawn to a publication by the Equality and Human Rights Commission, called 'Using the Equality Duties to Make Fair Financial Decisions' (*recently updated and called 'Making Fair Financial Decisions'*).

Section 149 requires a public authority to have due regard to the need to

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by/or under the Act
- Advance equality of opportunity between persons who share a 'relevant protected characteristics' and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

There are exclusions but the provision of community care services is not one of them.

Whilst Cabinet members are under a duty to have serious regard to the need to protect and promote the interests of persons with protected characteristics, in the ways just described, in reaching their decision, they may also take into account other considerations, such as the desirability of providing cost-effective and good quality services. They may ultimately decide that those types of considerations ultimately justify a decision that does to some extent adversely impact on persons with protected characteristics.

## **6. Social Value**

Ada Belfield offers a popular option for local older people and their family carers when residential care in the Belper area is being considered. Its location makes it suitable for maintaining contact between residents and their families and local facilities in the community.

## **7. Other Considerations**

In preparing this report the relevance of the following factors has been considered: Legal and Human Rights, equality of opportunity, health, environmental, transport, property and crime and disorder considerations.

## **8. Background Papers**

3 May 2016 Cabinet report 'Revised Integrated Specialist Facilities Scheme at Belper'

15 June 2016 Cabinet Member report 'Consultation on the Proposed Closure of Ada Belfield Home for Older People, Belper'

## **9. Key Decision**

Yes

## **10. Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?**

No

## **11. Officer's Recommendation**

That Cabinet notes the outcome of the consultation and Equality Impact Analysis on the proposed closure of Ada Belfield Home for Older People in Belper, and further to this to recommend that Cabinet:

- 11.1. approves the closure of Ada Belfield Home for Older People once the proposed new council-owned residential care home is ready to open in Belper
- 11.2. approves that all residents will have an assessment nearer the time and those who wish to do so will be provided with a place at the new care home
- 11.3. approves that following appropriate consultation arrangements are made to transfer staff from Ada Belfield to the new care home
- 11.4. declares Ada Belfield surplus to the operational requirements of Adult Care once all residents have moved and requests at that point that the Director of Property consider the Council's future requirement for the property
- 11.5. approves the transfer of the revenue costs of Ada Belfield Home for Older People to contribute towards the revenue costs of the new residential care home.

**Joy Hollister**  
**Strategic Director – Adult Care**  
**County Hall**  
**MATLOCK**

**Appendix 1****CONSULTATION REPORT ON THE PROPOSED CLOSURE OF ADA BELFIELD HOME FOR OLDER PEOPLE BELPER****1. Purpose of the Report**

A report was presented to Cabinet on 3 May 2016 which sought Cabinet approval to consult on the proposed closure of Ada Belfield. A further Cabinet Member report on the 15 June 2016 set out the scope and practical arrangements for the consultation.

Cabinet was informed that the potential development of a new care home on Derwent Street, Belper (the former Thorntons factory site), as part of an integrated facilities scheme, is contingent upon the closure of Ada Belfield and that this new development would become a direct replacement for Ada Belfield.

On 3 May 2016 Cabinet approved a proposal to consult on the proposed closure of Ada Belfield. On 15 June 2016 Cabinet Member noted the programme of consultation and this took place between the 16 June 2016 and 11 August 2016. This report will summarise views and opinions submitted during this period.

**2. Methodology and Approaches**

The consultation used a qualitative approach to gather people's views about the proposed changes. Officers enabled as many people as possible to take part by offering a range of ways in which people could share their views:

1. All current residents identified including those using short term care together with their next of kin received an information pack detailing the proposed closure of the Home.
2. All Statutory Agencies (including GP surgeries), the voluntary sector and private residential homes within the geographical area of Ada Belfield were sent a letter informing them of the proposals together with the information leaflet.
3. A leaflet was produced and gave information about the proposal for Ada Belfield. This detailed how people could have their say and signposted them to further information either via the Derbyshire County Council website ([www.derbyshire.gov.uk/name of home](http://www.derbyshire.gov.uk/name%20of%20home)), the Service Manager's telephone number for Stakeholder Engagement and Consultation Team (SECT) or via an email address: [telladultcare@derbyshire.gov.uk](mailto:telladultcare@derbyshire.gov.uk)

4. The Derbyshire County Council website gave an outline of the proposal, and provided the Cabinet Member report of 15 June 2016 as well as a copy of the leaflet.
5. Participants were also encouraged to write in to the Council via a letter or email, dependent on their preferred method of communication.
6. The Stakeholder Engagement and Consultation Team and a senior officer also attended two meetings at the home potentially affected by the proposal. Residents, staff and next of kin were given the option to comment about the proposals at these meetings.
7. Press releases were sent to the media during the period of consultation. These press releases were also published on the Derbyshire County Council website.
8. The Unit Manager at Ada Belfield personally interviewed all residents in one to one meetings to ensure that their views were captured.

### **Qualitative Approach**

The written submissions received via the feedback online form, letters and emails were all analysed using Microsoft Excel alongside the comments given at meetings. This allowed the information to be condensed into manageable summary categories or themes for analysis. Comments and quotes were coded by officers in SECT which allowed themes to emerge directly from reading people's views. The team coded the information using classification, sorting and arranging of the information. This gave the team an opportunity to widen their understanding of the views about the proposals and indicate some of the reasons behind people's opinions. It also allowed people to expand and give examples as to the potential impact of the proposed changes.

### **Who was encouraged to participate?**

All residents, their families and friends, statutory agencies, voluntary organisations and private residential homes in the geographical area of Ada Belfield were sent a letter and a leaflet immediately following the Cabinet Member noting the commencement of consultation. Staff were also able to have their say via their unit manager.

Information was available within the residential homes including a copy of the Cabinet Member paper and the leaflet for anyone who wished to see a further hard copy.

Staff from SECT attended two specifically arranged meetings at the home in which participants were given the opportunity to comment.



The format of the meetings held at Ada Belfield was that a Group Manager from Adult Care set out the contents of the proposals from the 3 May Cabinet report, and the reasons why the particular home in question was being proposed for closure. This was followed by all those attending being able to express their views on the proposed closure. Local managers were also in attendance to deal with any specific questions arising from the consultation.

## **Consultation views on proposal to close Ada Belfield, Field Lane, Belper**

### **Letters Emails and Telephone Calls**

No letters, emails or telephone calls were received concerning the consultation by the Stakeholder Engagement and Consultation Team. .

### **Meetings held at the Home**

Two meetings were held at Ada Belfield at which residents and next of kin were invited to share their views and opinions on the proposals and to ask any questions. 40 people attended these meetings over the two events. The unit manager of Ada Belfield also interviewed each resident individually and captured their thoughts on the proposals.

### **Summary of Consultation**

The feedback from the consultation process can best be summarised as follows:

- “I don’t mind if all the people are going with me. This place is so old so it would be a good idea”
- “That’ll be posh, having en-suite! I love it here though and it seems a shame but I’m not worried because it will be new”
- “As long as this one doesn’t close before the new one is ready it’ll be fine if I’m still here”
- “It will be great to go from a 3 star to a 5 star”
- “If I’m still here, can we have a bar?”
- Concerns were raised about the access to the new proposed site both by road and on foot and parking for staff and visitors
- Concerns were raised if residents would definitely stay at Ada Belfield until the new building has been finalised
- Concerns were raised about what happens to the site if it is closed
- What will the new build be like – will it have communal rooms, how many bedrooms and on how many floors etc.?
- Questions were raised about the retail site which is also proposed for the old Thornton’s Factory site and if the timing of that build will be at the same time?

## **Conclusions / Lessons Learnt.**

The proposals were understood by the respondents who participated in the consultation. Residents who lacked the capacity to make their views known were appropriately represented.

There was overwhelming support for the proposal from all involved. Residents and relatives were re-assured by the offer for all residents and staff to move together to the proposed new build

The only reservation was the time factor of how long the proposed new building would take to complete and if the residents would still be alive to benefit. Requests were also made by residents and next of kin to ensure they were able to contribute their views in the planning process.

## Derbyshire County Council Equality Analysis



Department	Adult Care
Service Area	Direct Care
Changes or proposals	Proposed closure of Ada Belfield Home for Older People
Chair of Analysis Team	Rob Moore
Date of Analysis	23 <sup>rd</sup> August 2016
Version	0.2

### 1 Prioritising what is being analysed

#### a) Description of current service arrangements

Ada Belfield is a 25 bed residential care home situated on Field Lane, Belper in the Amber Valley district of Derbyshire. It currently has 21 residents who live in the care home on a long term basis, with 1 short term care bed and 2 beds used for re-ablement (e.g. for people being discharged from hospital or as an alternative to admission to hospital). 11 people have used the short term care bed and 6 have used the re-ablement bed in the past 12 months. The bedrooms are located over two floors with access to a lift and stairway to the first floor. The building is largely

wheelchair accessible having a level access entrance, but some of the doorways are narrow.

Residents are supported on a 24/7 basis by care staff based at the care home. Each resident has their own room but bathrooms, toilets and lounge areas are communal. There are 7 toilets, 4 bathrooms (including 1 shower room) 3 lounge areas (including 1 on the first floor) and a large dining area within the home. In addition there are staff only areas, the main kitchen, staff room, offices, medication room, domestic cupboards and sluices.

Although the service provided at Ada Belfield is not exclusively for people from the Belper area, predominantly most of the residents and short stay clients are from the local community and/or have family who live in the local area.

Ada Belfield is staffed by a Unit Manager who is registered with the Care Quality Commission and is responsible for the staff and Service Users, in addition there is a part time Deputy Unit Manager, and the care and support is provided by Senior Care Workers and Care Workers. The home also has catering staff, domestic staff, a laundry worker and a Business Services Assistant.

Ada Belfield Home for Older People is the only local authority care home in the Belper area. Within Amber Valley there is also Rowthorne Home for Older People, in Swanwick and Florence Shipley Community Care Centre in Heanor.

## **b) Details of proposals or changes**

The proposal is to close the Ada Belfield home for Older People once a new residential care home has been built on the former Thorntons Factory site on Derwent Street, Belper. It is proposed that all of the residents and staff would relocate from Ada Belfield to the new residential care home when it is completed; this is anticipated to be in the summer of 2019.

The new residential care home is proposed to have 40 en-suite bedrooms for “general needs” residential care and therefore all of the existing residents could be accommodated within the centre if this is their wish. In addition, because the new residential care home would be bigger than the existing care home, the expectation would be that all of the staff could be relocated to posts within the new service.

The proposed new residential care home will be co-located with a library and possibly a health residential care home (although this is currently subject to consultation). The residential care home would be self-contained however with resident's private living areas not accessible to the general public.

### **c) Rationale for proposed changes**

The Ada Belfield home for Older People is over 50 years old and requires a significant amount of investment in terms of refurbishment and maintenance (the cost of which is estimated to be in the order of £850,000). Since Ada Belfield was built the needs of residents who now use the service, particularly in terms of physical frailty and disability, are much greater than they were. In many ways the building is now not fit for the purpose for which it is being used, for example all but one of the toilets are not big enough for people who are wheelchair users, where residents need assistance from staff using moving and handling equipment the bedrooms are not big enough to accommodate this equipment and bedroom furniture has to be moved out of the room before the equipment can be used. Whilst the impact of the limitations of the building are currently managed this necessarily has an impact on the dignity and wellbeing of residents and takes excessive staff time.

The new residential care home will be purpose built for physically frail older people with wider corridors and larger toilets, bathrooms and bedrooms. The inclusion of en-suite facilities will also assist in maintaining the dignity of residents, allowing them to get ready in the morning and at night time without having to go down a communal corridor to use a shared bathroom or toilet (residents generally currently have a commode in their room if they need to use the toilet at night).

The new residential care home will also benefit from being designed in accordance with the Stirling University Dementia Friendly design principles. This will include consideration of the lighting colour scheme signage and furnishings, as well as the physical layout of the building. Whilst it is not intended that the new service will be exclusively for people living with dementia, a proportion of residents may have the condition and they should benefit from these design aspects.

It is envisaged that there would be enough bed capacity to increase the amount of short term care available and include rehabilitation/re-ablement facilities to replace those lost if it were decided to close Ada Belfield.

## 2 The team carrying out the analysis

<b>Name</b>	<b>Area of expertise/ role</b>
<b>Rob Moore (Chair)</b>	<b>Group Manager Direct Care Service Transformation</b>
<b>David Munslow</b>	<b>Project Officer Direct Care Service Transformation</b>
<b>Jane Parke</b>	<b>Group Manager Direct Care South</b>
<b>Jean Sturman</b>	<b>Senior Project Manager Direct Care Service Transformation</b>
<b>Steve Jenkinson</b>	<b>Service Manager Adult Care, Strategy &amp; Commissioning</b>
<b>Dominic Sullivan</b>	<b>Group Manager Prevention and Personalisation Amber Valley</b>
<b>Penny Collinge</b>	<b>Unit Manager Ada Belfield Home for Older People</b>
<b>Rebecca Toms</b>	<b>Service Manager Direct Care Amber Valley</b>

## 3. Existing information and consultation based feedback

### Sources of data and reason for using

<b>Source</b>	<b>Reason for using</b>
Client/Carer Consultation meetings	To identify impact.
Client/Carer Consultation feedback report.	To identify impact.
National Census Data 2011	Comparison data.
Planning4care <a href="http://www.planning4care.org.uk/home/">http://www.planning4care.org.uk/home/</a>	Comparison data.
PRIAE (Policy Research Institute On Ageing And Ethnicity) <a href="http://www.priae.org">www.priae.org</a>	Profile and provision of services for minority ethnic elders.
GIRES (Gender Identity Research and Education Society) 2009 Report to The Home Office.	To identify impact.

#### 4 Known impact on different protected characteristic groups and any mitigation

##### Statutory

<p><b><i>Protected Group</i></b></p> <p><b>Age including children and families, older people</b></p>	<p><b>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</b></p> <ul style="list-style-type: none"> <li>Adults over the age of 65 are most affected as the residents living at Ada Belfield and short stay clients are older people. The youngest of the 21 long term residents is 79 and the oldest is 95 with an average age of 89. Of the 11 short term care clients over the past 12 months the youngest is 68, the oldest is 97 with an average age of 84. Of the 6 re-ablement clients over the past 12 months the youngest is 72, the oldest is 98 with an average age of 88</li> <li>Amber Valley Borough in 2014 has an estimated population of 22,779 Adults currently over the age of 65 years, of which 10,283 are over the age of 75 years. An estimated 14.24% of the 65 years and over population living in Amber Valley in 2014 have a Dementia. This is set to steadily rise in the next 20 years to 17.23% in 2034.</li> <li>When the new residential care home is complete it will have more beds and available space for short term care and re-ablement, therefore it is believed that potential residents of the care home will benefit in the future because of this proposal.</li> </ul>
	<p><b>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</b></p> <ul style="list-style-type: none"> <li>Home closures and the need to move older people from one care home to another can be very disruptive, particularly for residents for whom it is their long term home, with the potential for an impact upon a person's health and wellbeing. Clients who use the care home regularly for short term care can also be adversely affected if the alternative service is not in their local area.</li> <li>During the consultation on the proposals there was overwhelming support from all involved. Residents and relatives were re-assured by the offer for all residents and staff to move together to the proposed new build</li> </ul>

	<ul style="list-style-type: none"> <li>The only reservation was the time factor of how long the proposed new building would take to complete and if the residents would still be alive to benefit. Requests were also made by residents and next of kin to ensure they were able to contribute their views in the planning process.</li> </ul>
	<p><b>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist?</b></p> <ul style="list-style-type: none"> <li>From experience of previous home closures the best way to mitigate adverse impact upon residents is to ensure that staff can transfer with them when they move. This helps to ensure continuity of care arrangements and reassures people at a time when anxiety will be high.</li> <li>Additionally where residents can move with people they know and maintain friendship groups this can also assist in alleviating anxiety. Since the plan is for all residents to move together, if they so wish, to the new residential care home this will alleviate this potential adverse impact.</li> <li>Ada Belfield has a strong link with the local community which will need to be maintained. Local intergenerational work will be required to continue and will be encouraged for the new residential care home as part of working with the wider community. This can be facilitated by for example working with local schools on arts projects, or IT literacy programmes.</li> </ul>

<p><b><i>Protected Group</i></b></p> <p><b>Disabled people including mobility, sensory, learning, mental health, HIV, and also include carers and relatives</b></p>	<p><b>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</b></p> <ul style="list-style-type: none"> <li>Of those currently living in Amber Valley aged 65 years and over in 2014, an estimated 4571 people are unable to complete at least 1 mobility activity on their own, and of the population as a whole in Amber Valley of 123,700 people, 1950 are estimated to have ‘Very High Physical Needs’ in 2014 this is approximately 1.6 % of the population of Amber Valley as a whole who would be likely to be eligible for Local Authority support due to physical disability including mobility difficulties.</li> <li>1.3% of the Amber Valley population as a whole in 2014 were likely to be eligible for services or signposting due to having Dementia whether this is at the very early stages or the end of the</li> </ul>
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	<p>Dementia Journey.</p> <ul style="list-style-type: none"> <li>510 people aged 65+ years are likely to have been or will be admitted to hospital in 2014 due to a fall, and although there are no specific figures available regarding those over the age of 65 years with mental health difficulties in Amber Valley, there are estimated to be just over 18,000 in the local population with mental health difficulties from ages 18-65 years which range from common to severe difficulties including two or more Psychiatric Disorders.</li> </ul>
	<p><b>b) From existing customer and other feedback including consultation feedback—who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</b></p> <ul style="list-style-type: none"> <li>All of the residents at Ada Belfield have some form of disability and some are living with dementia.</li> <li>During consultation existing residents welcomed the proposal to have bedrooms with en-suite facilities in the new residential care home. There was also recognition that the existing care home was not always suitable for people with disabilities, some of the toilets are too small for wheelchairs and moving and handling equipment does not always fit in to bedrooms.</li> <li>Family carers were reassured that the move would not happen until such time as the new centre was ready. There was some concern about how long it would be before the new centre was complete and that some residents would not be alive to enjoy the new centre but the feedback from family cares was very positive.</li> </ul>
	<p><b>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist?</b></p> <ul style="list-style-type: none"> <li>The design of the new building will take account of the need for people with disabilities to have full access around the building, and for them to be assisted to make use of the facilities using equipment as necessary. The design will also meet the Stirling Dementia Friendly Design Standard incorporating design features in the furnishings, way finding and colour scheme to assist people living with dementia to settle and enjoy the living environment.</li> </ul>

<p><b><i>Protected Group</i></b></p> <p><b>Gender (Sex) including men and women, boys and girls</b></p>	<p><b>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</b></p> <ul style="list-style-type: none"> <li>• There is no evidence to suppose that the proposals will adversely impact on people in this protected characteristic group. In the population as a whole in the UK there tend to be more females living longer with Dementia and other disabilities/needs than males because women tend to outlive men and care homes will continue to need to plan to accommodate this.</li> </ul>
	<p><b>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</b></p> <ul style="list-style-type: none"> <li>• Of the 20 long term residents there are 4 men and 16 women, of the 17 short term care and re-ablement clients there are 6 men and 11 women. This reflects the proportion of men and women in other homes for older people across the County.</li> </ul>
	<p><b>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist?</b></p> <ul style="list-style-type: none"> <li>• In future consideration may be required as to the gender mix of care support staff moving forward.</li> </ul>
<p><b>Protected Group</b></p> <p><b>Gender reassignment – including impact, if any, on transgender people</b></p>	<p><b>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</b></p> <ul style="list-style-type: none"> <li>• Although statistics are limited in accuracy due to under reporting in the whole UK population, an estimated 1.6 % is considered to be Transgender (Source: gires.org.uk). The impact on this protected characteristic group has been considered. There are no known attendees within Ada Belfield who have had Gender reassignment surgery or who are Transgender (GIREs 2009 classifies as those who cross dress).</li> </ul>
	<p><b>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</b></p> <ul style="list-style-type: none"> <li>• No residents living at Ada Belfield, or using it for short term care, have made any needs with regard to these protected characteristics known.</li> </ul>

	<p><b>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist?</b></p> <ul style="list-style-type: none"> <li>Services are provided in accordance with an assessment of need, and should the need arise services would accommodate any specific presenting needs for any protected characteristic individuals.</li> </ul>
<p><b>Protected Group</b></p> <p><b>Race – including all racial groups, including impact, if any, on Gypsies and Travellers</b></p>	<p><b>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</b></p> <ul style="list-style-type: none"> <li>PRIAE (Policy Research Institute On Ageing And Ethnicity) suggest that historically the Black and Minority Ethnic (BME) Older Adult population specifically has been relatively small in comparison to the younger BME population within the UK due to migration trends and refugee status and settlement of younger people, however they predict that Older Adults with non-White British ethnicity is on trend to double by the end of the 21st century, and therefore service developments make the issue of ageing and ethnicity a significant one to address.</li> <li>The 2011 Census data for the population of Amber Valley as a whole indicates that 1.8% people are from BME communities.</li> </ul>
	<p><b>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</b></p> <ul style="list-style-type: none"> <li>None of the current residents living at Ada Belfield or using the short term care services have classed themselves when asked as being from BME, Black and minority ethnic groups as opposed to 'White British'.</li> </ul>
	<p><b>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist?</b></p> <ul style="list-style-type: none"> <li>Staff will be required to continue to take into account cultural sensitivities; the requirements for language and communication needs; and access to culturally appropriate and diverse dietary requirements in addition to continually raising the profile of equality issues to residents and potential residents.</li> </ul>

<b>Protected Group</b>  <b>Religion and belief including non-belief, including religious minority communities, Humanists</b>	<b>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</b> <ul style="list-style-type: none"> <li>• Around 1000 people within the Amber Valley population state that they have non-Christian religious beliefs, services are not specifically commissioned to meet religious beliefs but are expected to accommodate people of all, or no, faith.</li> </ul>
	<b>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</b> <ul style="list-style-type: none"> <li>• Within Ada Belfield residents and short stay clients religious beliefs are stated as either Christian, “no religion” or not stated.</li> </ul>
	<b>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist?</b> <ul style="list-style-type: none"> <li>• The new centre will have a prayer room and leaders from various religions will be invited into the residential care home from the local community to assist Service Users in their beliefs as need is identified or as requested. Other religious groups will be encouraged from the local community to use the services available at the residential care home.</li> </ul>
<b>Protected Group</b>  <b>Sexual orientation – including the impact, if any, on any lesbian, gay and bisexual people</b>	<b>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposal</b> <ul style="list-style-type: none"> <li>• There is no information that any residents or short term care clients being from the Lesbian Gay and Bisexual (LGB) community and as such have no reason to believe that people would be disproportionately affected by this proposal however we are aware that this can be a hidden issue and therefore need to avoid making assumptions with regard to care delivery.</li> </ul>
	<b>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</b>

	<b>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</b>
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<b>Protected Group</b> <b>Pregnancy and maternity – including new mothers/ parents</b>	<b>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</b> <ul style="list-style-type: none"> <li>Within Ada Belfield residents and short stay clients there are no pregnant women and therefore this is not an issue for the proposed change.</li> </ul>
	<b>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</b>
	<b>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist?</b>

<b>Protected Group</b> <b>Marriage and civil partnership – also include impacts on lone parents and unmarried couples</b>	<b>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</b> <ul style="list-style-type: none"> <li>It is not considered that any adverse impact will result from the proposal in this report.</li> </ul>
	<b>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</b>
	<b>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist?</b>

## Non statutory

<b>Poorer and disadvantaged communities and groups, including people who experience financial exclusion</b>	<p><b>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</b></p> <ul style="list-style-type: none"> <li>• Belper is an area of average deprivation and poverty when compared to Derbyshire as a whole. The services provided at Ada Belfield are done so on the basis of need, there is a means test for any financial contribution, the proposals in this report will not change this arrangement moving forward.</li> </ul>
	<p><b>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</b></p>
	<p><b>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</b></p>

<b>Rural communities</b>	<p><b>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</b></p> <ul style="list-style-type: none"> <li>• Belper is surrounded by predominantly rural communities with challenges around transport and social isolation being the most difficult for older people.</li> </ul>
	<p><b>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</b></p> <ul style="list-style-type: none"> <li>• Consultation on the proposal has indicated that family carers who will be visiting residents in the new centre are concerned about available parking spaces. The proximity to the town centre and associated bus routes was welcomed.</li> </ul>

	<p><b>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</b></p> <ul style="list-style-type: none"> <li>The new scheme is in the planning phase and as such the implications of visitors needing to use cars and buses will be taken in to account.</li> </ul>
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**5. Are there any *other* groups of people who may experience an adverse impact because of the proposals?**

None known.

**6. Impact on employees of Derbyshire County Council or prospective employees**

Formal consultation with staff on the proposal has not commenced however the majority of staff in principle are welcoming of the proposal, feeling that the opportunities offered by the new building outweigh any difficulties in relocating the service. The fact that the new centre is likely to be within the town centre means that any consideration of travel arrangements will be mitigated.

**7. Gaps in data**

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

<p><b><i>Gaps in data</i></b> Gaps in census data includes Transgender and Sexual Orientation Protected Characteristic group statistics.</p>	<p><b><i>Action to deal with this(if any)</i></b></p>
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## 8 Main Conclusions and Recommendations

### Conclusions

Any proposal to close a residential care home will necessarily potentially result in the residents, in this case older people, being disrupted and facing a period of anxiety. In this case the fact that the residents will not be moved until a new residential care home has been built and the fact that the proposed new residential care home is very close to Ada Belfield and within the town centre, plus that the staff will be given the opportunity to move to roles within the new residential care home when it opens mean that the consultation feedback has been very positive. The Council has a responsibility to ensure that each resident affected is assessed and supported to move to in a sensitive way, this will include involving family in the assessment and support planning process and if required seeking appropriate medical advice prior to any proposed move. There are concerns about the availability of parking and access to what is a busy area of the town but the fundamental core of the proposal is seen to be very positive, i.e. replacing an ageing building which is in need of significant investment with a new purpose built residential care home with state of the art facilities.

### Recommendations (if any)

It is recommended that if the proposal is approved that residents and their families are involved in planning for the new residential care home, and are kept fully informed of progress as the scheme develops.



## 9. Action planning in response to the completed analysis

<b><i>Objective</i></b>	<b><i>Planned action</i></b>	<b><i>Who</i></b>	<b><i>When</i></b>	<b><i>How will this be monitored?</i></b>
<b><i>What you want to achieve</i></b>	<b><i>What you intend to do</i></b>	<b><i>Responsible person or department</i></b>	<b><i>Timing of action</i></b>	<b><i>Monitoring and review arrangements</i></b>
Involve residents and their families in planning for the new residential care home	Facilitate access to plans and architects/designers in accordance with Communication and Stakeholder Engagement Plan.	David Munslow	When appropriate	Residents and families will be asked if they are satisfied that they have been involved
Alleviate concerns raised about transport access and parking at the new residential care home	A comprehensive Travel Plan will be developed which will be consulted on and shared with residents and their families.	Jean Sturman	Prior to planning approval	Project team will monitor monthly
Mitigate risks to residents as a result of moving from one care home to another	Each resident affected will be assessed and supported to move to in a sensitive way, including involvement of family in the assessment and support planning process.			

## 10 Monitoring and review arrangements

Please outline what steps will be taken to monitor and review the implementation of proposals if they are agreed here:

The project team will ensure that any potential impact upon affected groups will be taken in to consideration at monthly project meetings.