

Agenda Item No:

DERBYSHIRE COUNTY COUNCIL

CABINET

24 November 2015

Report of the Strategic Director for Adult Care

**RESPONSES TO THE CONSULTATIONS ON PROPOSED CLOSURES OF
HILLCREST, RED HOUSE, THE GLEBE AND THE WILLOWS HOMES FOR
OLDER PEOPLE AND RESPITE CARE BEDS AT ECCLESFOLD RESOURCE
CENTRE**

ADULT SOCIAL CARE

1. Purpose of the Report

To inform Cabinet of the responses to the consultations, together with the outcome of the Equality Impact Analysis on the proposed closure of respite care beds at Ecclesfold Resource Centre Home for Older People in Chapel-en-le-Frith and the proposed closure of the following four homes for older people:

- Red House in Chesterfield
- The Glebe in Alfreton
- Hillcrest in Kirk Hallam
- The Willows in Ripley

To inform Cabinet of the outcome of the Equality Impact Analysis carried out on the Accommodation Care and Support Strategy for 2015-20.

To seek the approval of Cabinet to

1. proceed with the closure of the four care homes and the six respite care beds at Ecclesfold Resource Centre
2. conduct an individual, person-centred assessment with residents, users of the respite care services and their carers on how their individual needs can be best met in alternative accommodation
3. consult with staff on future employment opportunities as a result of the proposed closures
4. allow the sites of the four homes for older people to be sold and the proceeds from the sale to be used to offset the costs of the Accommodation, Care and Support Strategy

5. enter into discussion with High Peak District Council which, under the terms of the lease for Ecclesfold Resource Centre, has to consent to alternative uses of the premises

2. Information and Analysis

A report was presented to Cabinet on 16 June 2015 which set out a proposed revised plan for the future of the Department's Direct Care¹ residential provision for older people.

Cabinet decisions arising from this report were as follows:

- "11.5 the criteria for the evaluation of homes as set out in the report is agreed, subject to consultation.
- 11.6 consultation is undertaken on the proposed closure of those homes for older people which, following initial evaluation, are considered least sustainable in the long-term. These are:
- The Willows, Ripley
 - Red House, Chesterfield
 - Ecclesfold Resource Centre (residential wing), Chapel-en-le-Frith
 - The Glebe, Alfreton
 - Hillcrest, Kirk Hallam, Ilkeston
- 11.7 to receive a further report following the carrying-out of the consultation process and the completion of equality analyses."

Descriptions of each of the five units concerned are as follows:

The Willows

The Willows Home for Older People is situated at Field Terrace, Ripley. The Willows is a registered provider of living accommodation for people who require residential care. It has 20 beds which consist of 18 long-term and 2 short-term beds. The Willows is available to older clients aged over 65 including those with physical and sensory needs. The property is set in private extensive gardens close to Ripley town centre, the local park and amenities such as GP surgeries. The Willows provides a range of health and social care support in partnership with other agencies. The home also provides a regular programme of social activities, hobbies and leisure interests.

The breakdown of the resident group in The Willows is as follows:

By age: three are aged under 80, seven are aged between 80 and 90, five are over 90 years old and two are over 100 years old.

¹ Direct Care – Derbyshire County Council provision of Care Quality Commission registered personal care services

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

Red House

The Red House Home for Older People is situated at 93 Sheffield Road, Stonegravels, Chesterfield.

Red House is a registered provider of living accommodation for people who require residential care. Red House is available to clients aged over 65.

The property once belonged to Pearson's Pottery of Chesterfield. It was purchased in the 1960s and adapted to a residential home, including disabled toilets and bathrooms. It is on two floors and caters for 20 people, 18 of those are long term residents and two beds are available for short term care. A regular bus route operates into Chesterfield..

The breakdown of the resident group in Red House is as follows:

By age: four are aged under 80, three are aged between 80 and 90 and seven are aged 90 years old and over.

By length of stay: six have lived in the home for less than one year; one has lived in the home for between one and two years; three have lived in the home for between two and five years; and four have lived in the home for over five years.

Ecclesfold Resource Centre

Ecclesfold Resource Centre for Older Persons is located on Manchester Road, Chapel-en-le-Frith.

Ecclesfold is a short term care unit which is situated within Ecclesfold Resource Centre. The short term care unit provides personal care and support for up to 6 people. 4 beds are respite beds and 2 are for people who have been discharged from hospital but need extra support before returning home. Although the short term care unit is independent from the resource centre, people can make use of the communal areas within the centre.

Ecclesfold is available to older people with dementia, physical and sensory needs. The property is situated close to local shops, churches, bus routes and a train station. It is surrounded by beautiful peak district scenery with lovely walks close by. .

The breakdown of users of the respite care beds at Ecclesfold Resource Centre over the past year is as follows:

By age: ten are aged under 80, 21 are aged between 80 and 90 and 13 are aged 90 years and over.

17 have used the service for less than one year; two have used the service for between one and two years; 18 have used the service for between two and five years; and seven have used the service for over five years.

The Glebe

The Glebe Home for Older People is situated at Church Street, Alfreton. The Glebe is a registered provider of living accommodation for people over 65 who require residential care. The Glebe set in extensive private grounds and is situated in the centre of Alfreton, close to local shops, leisure centre and public transport. It provides 24 hour personal care and accommodation for 32 older people. All accommodation for residents is on ground floor, single rooms.

The breakdown of the resident group in The Glebe is as follows:

By age: three are aged under 80, 11 are aged between 80 and 90 and 12 are aged 90 years old and over.

By length of stay: six have lived in the home for less than one year; eight have lived in the home for between one and two years; 10 have lived in the home for between two and five years; and two have lived in the home for over five years.

Hillcrest

Hillcrest home for older people is situated at Kenilworth Drive, Kirk Hallam, Ilkeston.

Hillcrest is a registered provider of living accommodation for up to 24 people who require residential care. Hillcrest is available to clients with dementia, mental ill health, social, emotional and physical needs. It is a short walk from the home to the nearest bus route into Ilkeston.

The breakdown of the resident group in Hillcrest is as follows:

By age: six are aged under 80, ten are aged between 80 and 90 and three are aged 90 years old and over.

By length of stay: eight have lived in the home for less than one year; three have lived in the home for between one and two years; seven have lived in the home for between two and five years; and one has lived in the home for over five years.

Consultation

Consultation on the proposed closures itemised above ran for a 13 week period between 16 June and 16 September 2015. Detailed consultation has taken place with those who have recently used the respite care beds at Ecclesfold Resource Centre and their family carers or close friends. Detailed consultation has also taken place with residents of the four Homes for Older People (including those attending for regular respite care and day-care) and family carers or close friends. In addition there has been comprehensive consultation with a wider group of stakeholders. Full details of the entire consultation process and a summary of the responses are set down in Appendix 1.

The format of the meetings in each home was that a senior officer set out the criteria used in analysing each home, as set out in the report considered by Cabinet on 16 June 2015. The reasons why the particular home in question was being proposed for closure was then explained. This was followed by all those attending being able to express their views on the criteria and any views they may on the proposed closure. Local managers were also in attendance to deal with any specific questions arising from the consultation.

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 strength and depth of feelings expressed through these views needs to be fully appreciated when considering this report and the recommendations. The quotes included are either extracts from letters and emails or were recorded by officers in the meetings with residents and their families.

To ensure that officers were accurately reflecting the points raised in meetings, a summary was sent to all who attended inviting further feedback. No further comments were received as a result of that summary being sent out.

The level of response by care home to the consultation is as follows:

	Numbers attending meetings	Telephone calls, letters or emails received	Petitions received	Signatories to petitions	Attendees at community meetings/ drop-ins
The Willows	36	11	1	159	60
Red House	34	8	0		22
Ecclesfold	34	51	0		25
The Glebe	50	25	2*	2787	21
Hillcrest	35	25	2	1120	31

*An additional petition could not be included as it was not possible for the organisers to demonstrate what the signatories were considering when adding their signature.

In addition each of the homes that have been the subject of consultation have been visited by members of the Adult Care Cabinet Team and the Strategic Director of Adult Care after the formal consultation period closed. They met with residents, staff and relatives and have heard at first hand their views about the present consultation.

The principle common themes which ran through the feedback from all five consultation processes concern the impact on residents and relatives if all or some of the homes were to close. These concerns can best be summarised as follows:

- a) Concerns on the impact on the health and wellbeing of the residents during the process of moving and adapting to a new environment without continuity of staff and friendship groups
- b) Concerns about ease of access by relatives who may not have cars themselves and may therefore be dependent on limited public transport, especially for evening visits
- c) Concerns about the affordability of private sector homes
- d) Concerns about the quality of alternative provision with the locality
- e) Concerns about the criteria used to identify the homes for consideration for closure

Based on past experience within the Council of other similar proposals for home closures, a set of Pledges were distributed to residents and relatives at the outset of consultation to set out how Adult Care would assist in planning to meet the needs of individual residents if Cabinet was to decide that a particular home should close. This is attached as Appendix 2.

The Pledges relate to the detailed assessment that would be carried out on each individual resident or respite care user prior to any move. This would be coordinated by a case worker but with input from the resident, family carer and staff at each home. This would form the basis of making informed choices about where residents' needs can be best met and to make the process of moving homes as smooth as possible. The Pledges would seek to mitigate many of the concerns particularly expressed by residents and family carers about the potential impact of a move on vulnerable older people.

These Pledges offer specific assurances on the assistance that will be provided to address a) – c). Further detail specifically on assisting the residents in making the transition can be found in the Major Change and Closure Guidance (Appendix 3). The Equality Impact Assessment (Appendix 4) refers to the available evidence on the impact on residents' health and wellbeing in instances of planned moves.

Officers are aware of the opinion that is often expressed that the quality of care provided within residential care homes is variable. All residential care homes are inspected by the Care Quality Commission (CQC) and monitored by the Contracts Section in Adult Care. These visits focus on the physical environment as well as staff training and the dignity and respect offered to residents. If for whatever reason a residential care home is viewed as performing unsatisfactorily there are a number of sanctions that can be imposed as well as support that can be offered to assist in remedial action.

Officers are not able to recommend particular residential care homes but they can offer advice on what should be considered in advance by prospective residents and their family carers to ensure that the best possible decision is made.

In addition to this there were very specific comments and concerns around the application of the criteria for the following individual homes. These comments are summarised below together with some representative quotes.

Consultation responses in respect of individual homes

The Willows

Criteria 1. The quality and condition of the home and facilities and if it meets health and safety standards

- ❖ We are not fussy about the building we want the care to be right
- ❖ I am not bothered about where Mum is as long as Mum is looked after well and settled
- ❖ We would not find anything better than this

In response: while it is important that the care and support for residents is of a high standard the Council must pay equal regard to the physical environment. Shortfall in the physical environment may attract criticisms and action from CQC on the basis of non-compliance with their standards or result in breaches in health and safety which may compromise the health and welfare of staff and residents.

In addition, the Council must ensure that the physical environment is of a sufficiently high standard to attract new residents who may be deterred from coming if the quality of the building itself is seen to be poor. The Council is not the sole provider of residential care and prospective residents are able to exercise choice in where they live and as such the physical environment must be maintained at a high level.

Criteria 2. The cost of maintaining the home to meet the needs of residents, the cost of adapting the home to meet the needs of people with dementia and the cost of running the current service

- ❖ The quality of the homes should have been sorted out years ago and this would not be an issue now
- ❖ Is it because you have not kept it up to standard and not invested in the building?

In response: The Willows has been maintained to a good standard over the years but the many budget cuts experienced by the Council, together with pressures from a large stock of aging buildings, has meant that the building has not been maintained to the highest possible standards. The cost of undertaking this work by addressing the maintenance backlog would be £0.246m.

- ❖ Has the cost of moving the residents been factored into the equation?

In response: the cost of moving the residents will mostly be absorbed within the budget of the home as staff time in preparing residents for a move will be undertaken as part of their regular duties.

- ❖ My aunt is self-funding. Were self-funders taken into consideration in your calculations?

In response: particular attention was not given to the income from self-funders. There is no guarantee that this income can be maintained as the Council makes vacancies available to local people regardless of their financial circumstances. It would furthermore be inappropriate for the Council to take steps to increase income from self-funders and thereby limit the choices available to clients who are not self-funders.

- ❖ Does the cost of the home include that part of the building that houses Derbyshire Carers and could not that be sold to provide revenue for the home?

In response: the offices used by Derbyshire Carers Association are included within the running costs of The Willows. These offices are part of the original home present on the site of The Willows. These offices are of a poor standard and are an integral part of The Willows building. To create a separate entity to allow disposal would be a costly option for the Council with no guarantee of a sale. As a further complication, access to the Derbyshire Carers' offices are through the grounds of The Willows. This factor makes it less likely that a buyer could be found should the Council attempt to dispose of it while keeping The Willows open. Should Cabinet determine that The Willows should close work will be undertaken with Derbyshire Carers Association to assist them in relocating.

- ❖ By doing what you are doing aren't you shoving people out in to the private sector by the back door?

In response: the Council is keen to maintain a market share in residential care. This share will be far greater than under previous proposals which envisaged keeping

only 4 care homes open as opposed to the 20 which the new Accommodation, Care and Support Strategy proposes.. Should Cabinet accept the officer recommendations in this report then there would still be choices available which for many Derbyshire residents would include the opportunity to move into an alternative Council care home. It is however acknowledged that there would be no Council care home within Ripley itself.

- ❖ The money appears to be a pittance compared to what is spent on other things

In response: the Council undertakes a wide variety of statutory and non-statutory services for which budgets have to be made available. While the budget for The Willows is comparatively small compared to other parts of the Council's services, overall the budget has to balance across the Council's care homes and have regard for future pressures on the service. Further detail on these pressures was set out in the report considered by Cabinet on 16 June 2015.

- ❖ When the homes are big the residents don't get to know all the staff, etc.
- ❖ People want their homes to resemble the 'home' that they left to go into residential care – these bigger homes don't do that

In response: officers recognize the importance that some residents and their families attach to the size of the home but the unit cost of each home is greatly affected by its size as there are economies of scale in large homes. For example, each home has 2 night care staff irrespective of whether the home has 20 or 40 residents. However, alternative homes in the county vary in size and numbers of residents so it is possible that relocation, if required, could be to a smaller establishment similar to the Willows.

Criteria 3. How suitable the home is and whether it can meet expected standards in the future

- ❖ The overall sense I have is that the market doesn't want miner's cottages anymore – you can't make a Mercedes out of a bicycle

In response: This comment has been interpreted as a comment about the potential to improve facilities in the home to meet higher environmental standards in the future . The view of the Council is that public expectations about the facilities available within care homes is rising and the Care Quality Commission has reflected this by gradually increasing its standards which care homes must meet. Added to this there is now much more public and professional awareness of the environment required to make a care home suitable for people with dementia, who make up an increasingly large proportion of care home residents.

- ❖ The concerns for our family is that same care is received for my Mum here as she will anywhere else

In response: All care homes are inspected by CQC using the same criteria and each home is expected to demonstrate that expected standards of care are being provided. In addition, the Contracts Section in Adult Care also monitor care home standards and actively intervene if staff are concerned about standards they encounter on their review visits.

Criteria 4. The benefits of keeping the particular home open and whether there is enough residential care or extra care available in the area:

- ❖ We are struggling with the availability of care homes in Ripley – dementia type homes now seem to be taking preference we also need other types of care homes too.

In response: the Council, through its Market Position Statement for Older People, (Appendix 8) is encouraging providers to consider diverse provision to meet needs throughout the county.

- ❖ Where are these new homes and what are they like?

In proximity to The Willows are two new centres: Florence Shipley in Heanor and Lacemaker Court in Long Eaton. Both are new builds and are designed to meet high standards both to meet CQC requirements and best practice in providing a physical environment conducive to the needs of people with dementia.

- ❖ You need to think about the proximity of the home to things like bus routes and shops

In response: proximity to local facilities and public transport will concern all care home providers and those seeking to move into a care home. Considering these factors will be an important element of choice for those residents who may be affected by a home closure such as those being proposed in this Cabinet report.

- ❖ Where are you going to find all these beds with others also shutting?

In response: Appendix 5 shows the care homes within 7.8 miles of The Willows, together with the most recent data on vacancies available in those homes. The figure of 7.8 miles has been set as this is the radius within which all the residents of The Willows lived before moving into the care home.

- ❖ Are you looking to downsize the number of residential homes run by Derbyshire County Council in the future?
- ❖ Assuming that the homes do close is there any guarantee for the remaining homes for Derbyshire County Council to continue for the future?

In response: The report considered by Cabinet on 16 June 2015 sets out a strategy in which the Council will still retain a market share of care home beds in the county. The current strategy allows for the retention of 18 homes, 14 more than was previously proposed. The strategy sets out the Council's intention to operate at least one Council residential care home in each district. The Council will still retain a large market position as a result amounting to 22% of Derbyshire Residential Care beds.

- ❖ In an ideal world and looking at the growing elderly population we should be investing in good quality care homes not cutting back on them

In response: the Council's Accommodation, Care and Support Strategy as set out in the report considered by Cabinet on 16 June 2015 shows a continued commitment to good quality care homes. This, however, has to be achieved within the financial resources available.

- ❖ If we have to move we would prefer it to be a Council home because these are far more superior

In response: within a 7.8 miles radius of The Willows there are five Council care homes which can be considered as an alternative to the current placement. Other DCC homes further away can be considered if more convenient for friends and relatives to visit.

- ❖ What are the plans for the building?
- ❖ What will happen to the site?

In response: should Cabinet agree to the recommendation that the home should close, then the property will eventually be disposed of once all the residents have moved. There are no plans for an alternative use of the site.

To summarise the entire consultation on The Willows, there was no support for the proposed closure of the home. There was widespread opposition to the criteria which had led to the identification of The Willows as a home that should be proposed for closure. People who expressed this view did not state they were irrelevant considerations to apply and did not suggest alternative criteria that should have been applied to identify homes that might be proposed for closure. The concern expressed was that the confidence that they had in the quality of care being provided in a Derbyshire County Council run home should have exempted the home from consideration for closure. Significant concerns (set out in Appendix 1) were also expressed about the potential impact on the health and welfare of residents should they need to move to another home.

Red House

Criteria 1. The quality and condition of the home and facilities and if it meets health and safety standards

- ❖ It doesn't bother me that the rooms are small – it's because of its homely feel that we chose this home
- ❖ The care and support she receives is very good and she has orientated herself to the home very well as it is very much like a home. It is not purpose built, and does not have en-suite but it is a home. She is not 'lost' in a large living or dining area that is impersonal and institutionalised. She can access beautiful gardens and gaze out of windows like she would at home. To me this epitomises the very best of providing accommodation to meet the needs of older people currently.

In response: Officers recognise that the satisfaction of residents and their families with the care they receive rests on more factors than the physical environment alone. It is also acknowledged that because of its size Red House provides a more homely environment. It is, however, also accurate to state that there are insufficient economies of scale in a small home. Should Red House close residents will be encouraged to consider what is important to them in terms of their time there and consider how their needs and wishes can be met in considering a potential new home.

Criteria 2. The cost of maintaining the home to meet the needs of residents, the cost of adapting the home to meet the needs of people with dementia and the cost of running the current service

- ❖ Why are you not looking at income generation for the proposed home rather than closure?

In response: Officers have considered opportunities to increase income for care homes but these options are limited. Fee levels are set across the entire sector and opportunities to generate income, such as hiring out rooms, has to be offset against the potential disruption that may have on the lives of residents.

- ❖ If the cost of each resident staying at Red House is correct then we as family can understand the reasons for the proposal to close the home. It is our children's money that is being spent to fund the gap in spending and we must also consider their futures
- ❖ Whether any of these improvements were critical or urgent, and why any that were not were still done when there was a likelihood that the provision would be removed

In response: the Council has made several improvements to Red House over recent years. Officers are under an obligation to maintain each home to as high

standard as possible, subject to budget availability. It would not be appropriate for officers to allow the fabric or grounds of a building to deteriorate in anticipation of a decision about the future of a home and may have led to complaints that the authority was deliberately neglecting the home in anticipation of a decision about its future.

- ❖ We get personal attention here with the opportunity of social interaction

In response: officers aim to ensure that residents receive personal attention and the opportunity for social interaction in any home run by the Council and, in private sector homes, through the monitoring of standards undertaken by its Contracts Section. This monitoring does result in intervention if a care home does not maintain adequate standards.

Criteria 3. How suitable the home is and whether it can meet expected standards in the future

- ❖ The only thing that is lacking in this home is en-suite facilities. When you compare this to what is available locally in the private sector Red House is still miles in front of them

In response: officers believe that the provision of en-suite facilities is and will be an increasingly important consideration for residents in choosing a care home, although it is accepted it may not be a priority for everyone. This is also recognised by CQC whose standards include the provision of en-suite in new facilities. This is not the only consideration in making the proposal to consult on closure of the home.

Criteria 4. The benefits of keeping the particular home open and whether there is enough residential care or extra care available in the area

- ❖ I don't think the choice is there for people with extra dementia needs for 8 specialist beds. The demand for this will be within the plan. Has dementia demand been factored in for in the future?

In response: the Council's Accommodation, Care and Support Strategy, together with the Market Position Statement for older people both address meeting the needs of older people with dementia in the coming years

- ❖ We want somewhere really close like the Spinney. We don't want to travel too far to see our loved ones as a lot of us don't drive and we need somewhere that is easily accessible from public transport. At the moment most relatives are really local and are able to walk to visit their loved ones. If the decision is taken to close you must also consider how far the relatives will have to travel and how they will get to the new home so they can continue to visit and have an input into the home.

- ❖ By closing this home, both the quality and diversity of care available in the Chesterfield area would be substantially diminished
- ❖ It's a handy place for everyone to visit their family

In response: Appendix 5 shows the location of other care homes within 5.2 miles of Red House. 5.2 miles has been selected as all residents of Red House previously lived within that distance from the home

- ❖ When you looked at the care being provided and the home structure etc. was the population of Chesterfield taken into the equation for potential future residents?

In response: the Market Position Statement for Older People sets out an indication of future need. This document will be used by commissioning staff and the private sector to help shape the future development of services.

- ❖ Is the Council able to dispose of the site? Were conditions imposed when Pearson Pottery sold the land to the Council

In response: no conditions were applied to the use of the land when it was sold to the Council.

Concerns about the overall quality of care in the private sector

- ❖ I agree that there is a diverse range – however there is not a minimal training for private care – I know that CQC have on-going support. That assurance that the higher standards of Derbyshire County Council staff that is what I want as a relative
- ❖ I worked in the care sector for over 30 years and the care provided in the private sector is all about money and breaking even and not about the quality of care and those who they are looking after. The quality of care at Red House is fantastic, as are the staff. They are all well trained and have a wealth of experience in care and life. The private sector seems to employ young inexperienced carers and you don't ever seem to get that in Council run homes
- ❖ Experience of contact with many private care/nursing homes indicates that there is often a high turnover of employees, who have little knowledge of individuals, their needs and care plans; and there appears to be little on offer to stimulate the residents

In response – both the CQC and the Contracts section in Adult Care pay close attention to the training needs of staff in all homes as well as the level of care and activities offered and do intervene if it is felt that compliance with standards is not adequate. If Red House were to close then residents would also be able to consider moving to another Council care home.

To summarise the entire consultation on Red House, there was no support for the proposed closure of the home. There was opposition to the criteria which had been used to determine that Red House should be proposed for closure. The objection was not to the criteria in themselves but to the result of their application which resulted in the identification of Red House as a home proposed for closure. Significant concerns (set out in Appendix 1) were also expressed about the potential impact on the health and welfare of residents should they need to move to another home.

Ecclesfold Resource Centre respite care beds

Criteria 1. The quality and condition of the home and facilities and if it meets health and safety standards

- ❖ We are not bothered about fancy curtains or en-suite facilities – we want the quality of care to be excellent – and this unit is exceptional in the quality of care that it provides
- ❖ I only want security for my loved one in a place that I know she is happy – this criteria means nothing to us – it is the bottom line of care and the standard of care and her happiness that matters
- ❖ Everyone is happy here, the place and the staff are so good
- ❖ There's nothing as good as DCC home staff

In response: while it is important that the physical care and support for residents is of a high standard the Council must pay equal regard to the physical environment. Shortfall in the physical environment may result in CQC taking action for non-compliance and breaches in health and safety may compromise the health and welfare of staff and residents.

In addition the Council must ensure that the physical environment is of a sufficiently high standard to attract new residents who may be deterred from coming if the quality of the building is seen to be poor. The Council is not the sole provider of residential care and prospective residents are able to exercise choice in where they live and as such the physical environment must be maintained at a high level.

Criteria 2. The cost of maintaining the home to meet the needs of residents, the cost of adapting the home to meet the needs of people with dementia and the cost of running the current service

- ❖ We chose Ecclesfold for respite care as it is so small and provides a homely atmosphere – all the staff know our relatives and this means that the standard of care is always excellent because the staff know them so well

In response: the Council recognises the value of small scale units such as the respite care facility at Ecclesfold. Small units, however, do not have an economy of scale which means that they are much more expensive to run, which means that

the unit costs of providing the service are far higher. The Council has to provide two night care staff irrespective of whether a unit has six respite care beds occupied or forty residents.

- ❖ When I hear that other developments are receiving funds for extra care that winds me up – it should be invested in what is already available

In response: the Council still invests a considerable sum of money each year in residential care. It also recognises, however, that extra care is also a popular option for many people who wish to retain their independence and their own front door but are concerned that they cannot be fully supported adequately within their own home. As a result the Council has opted to develop a twin-track approach to meeting the needs of older people by investing in both.

- ❖ Concerns about confidence in the overall figures that had been put together for the home's profile and Cabinet paper

In response: these concerns were responded to in two public consultation meetings which focused on the budget for the respite care beds and how much of this is offset by income from North Derbyshire CCG as well as the cost of spot purchasing beds in the private sector for respite care. Officers concluded that the data used in the report presented to Cabinet on June 16 were accurate and, since the data on costs were circulated no further questions have arisen. This data showed that North Derbyshire CCG contributed £49,012, which is a proportion of the cost of two beds and that the net expenditure of £279,878 on the beds at Ecclesfold Resource Centre exceed the gross cost of commissioning a similar level of respite care beds in the independent sector (£57,273).

Criteria 3. How suitable the home is and whether it can meet expected standards in the future

- ❖ Because of CQC restrictions Ecclesfold would not be able to make it any higher up on the percentage factor than it already is – this is not fair and does not reflect the excellent standard of care provided

In response – the Council is not responsible for setting CQC standards and must remain compliant with them

- ❖ En-suite facilities are not a priority for older people – it's the continuity of care and the standard of care that is essential. It is such an important local resource here in Chapel-en-le-Frith and we do not want to lose it

In response: officers believe that the provision of en-suite facilities is an increasingly important consideration currently for residents in choosing a care home although it is accepted this may not be for everyone. CQC standards also include the provision of en-suite bathrooms in new facilities. This has not been the only

consideration in the decision to consult on a proposal to close the facility.

Criteria 4. The benefits of keeping the particular home open and whether there is enough residential care or extra care available in the area

- ❖ It is really unfair that people's choices will be reduced if the decision is taken to close all five homes

In response: officers understand that any home closures will reduce choice but believe that there is sufficient capacity within the care market as a whole to ensure that local people can exercise choice. Appendix 5 illustrates this.

- ❖ When it is urgent you need somewhere that is available now – and I want somewhere that we are familiar and comfortable with and that I know there will be a bed guaranteed
- ❖ Before I came to this meeting today I contacted Whitestones about the short term care beds they have available. The manager informed me that they have no places available until Christmas – how are carers supposed to carry on coping without a break for that length of time – I need a break every six weeks to enable me to carry on caring
- ❖ My mother needs regular respite and there is always a problem getting a bed, she likes coming here and knows and likes the staff and wouldn't want to go anywhere else
- ❖ My husband has come here for respite for 3 years, we have to book in advance of nearly a year – how much notice would we have to give at Whitestones, 2 years?!
- ❖ I volunteered at Ecclesfold and have concerns over Whitestones as a suggested alternative place to provide respite care, Whitestones provides care for people with dementia and it would not be appropriate to house respite care users there as they would not be able to converse with other residents as they do when they visit Ecclesfold and share life experiences etc
- ❖ I know of all the comments regarding private homes and they are not keen on taking respite care clients because it can be unsettling to the permanent residents

In response: officers believe that there are opportunities for a similar type of relationship to develop with Whitestones, which is in close proximity to Ecclesfold and where the number of respite beds is being increased by one to three in total. Officers wish to state clearly, however, that there can never be a guarantee of a bed in any establishment, including Ecclesfold Resource Centre, at short notice.

Should the demand on respite care beds exceed availability then further consideration will be given to the balance of respite beds and long term beds at Whitestones.

- ❖ I am happy with the care I receive here but living in the Hope Valley I can't get a bus from Castleton to Chapel-en-le-Frith, is there any provision that would get me respite nearer to home. I could get to Bakewell but only once a week when the only bus runs. 6 weeks ago they threatened to close the bus service to Buxton and backed away from doing that so we do have some communication and they do listen
- ❖ Darley Dale is far too far away for respite care
- ❖ With an ageing population in a semi-rural location that doesn't have easy access to public transport the provision of these emergency stop gaps is essential to guard against the elderly and infirm being left at home at risk to their personal safety
- ❖ The locality of the home is essential – my grandchildren can walk in and visit me when I am there for the week which is really nice because it is on a bus route
- ❖ Concerns from carer that this is hitting vulnerable people and respite care is essential to be both carers and the cared for. Concerns over transport to any other places in from such rural areas particularly during the winter months when the snow can make the transportation of vulnerable people challenging
- ❖ Questions were raised about where the ageing population will go in future

In response: officers believe that there are opportunities for a similar type of relationship to develop with Whitestones, which is in close proximity to Ecclesfold and where the number of respite beds is being increased to three. Officers wish to state clearly, however, that there can never be a guarantee of a bed in any establishment, including Ecclesfold Resource Centre, at short notice.

Should the demand on respite care beds exceed availability then further consideration will be given to the balance of respite beds and long term beds at Whitestones

The proximity of homes to Ecclesfold is shown in Appendix 5. This shows that there is choice available within 10.98 miles of Ecclesfold. 10.98 miles is the outer limit of the radius within which the majority of those coming to Ecclesfold live. In considering options open to each respite care user, close consideration will need to be given to ease of access by them and their relatives.

It is, however, recognised that private sector homes would prefer to generate income by admitting permanent residents. Despite the apparent choice available through the numbers of homes the actual opportunities may be much more limited. For this reason the number of respite beds at Whitestones will be kept under close review to ensure that supply can meet demand.

- ❖ Local care homes will not give the same quality of care - people and their needs are being forgotten here, swept aside, as ever, in the need to save a few pounds

- ❖ My relatives have been in a private home and the care in DCC homes is so much better

In response: the Council is committed to increasing the quality of care not just in its own provision but in the private sector as well. Its Contracts Section monitors the care provided in local homes and plays an active role in improving those standards when intervention is required. This is in addition to the inspections and interventions made by the CQC.

- ❖ The alternative is a hospital admission that would occupy a bed that should be for a medical reason

In response: the Council is continuing its work with North Derbyshire CCG to ensure that a range of services are available to prevent hospital admissions for non-medical reasons.

- ❖ Questions were raised about being able to expand Ecclesfold and the feasibility of this

In response: there is insufficient demand on the respite care beds to warrant the service expanding.

- ❖ If the decision is taken to close – what will they do with the buildings – Ecclesfold will still have a day centre and flats attached

In response: High Peak Borough Council own the land and the buildings and lease the Resource Centre element of the properties back to the Council. If the respite care beds do close then there will need to be discussions with the Borough Council on the future of that part of the building. The Council is committed to retaining the day service. The future of the in-call service provided to the flats will need to be discussed with the Borough Council.

- ❖ North Derbyshire CCG would also seek reassurance that redeployment of any resources associated with the Better Care Fund should be discussed across health, social care and wider partners.

In response: officers continue to work closely with all NHS organisations in Derbyshire on the best use of all the budgets at their disposal.

To summarise the entire consultation on the respite care beds at Ecclesfold Resource Centre, there was no support for the proposed closure of the respite facilities. There was some questioning of the criteria which had been used to determine that respite care beds at Ecclesfold Resource Centre should be proposed for closure. This questioning was not about the specific criteria used but about the application of the criteria which had identified the respite facilities as a unit proposed for closure. Significant concerns (set out in Appendix 1) were also

expressed about the potential impact on the health and welfare of residents should they need to receive services in another home.

The Glebe

Criteria 1. The quality and condition of the home and facilities and if it meets health and safety standards

- ❖ We love the dining room here – to look out at the birds and gardens
- ❖ Has anyone noticed how lovely it is here, close to town, lovely gardens, why do you want to close it?
- ❖ You keep going on about the building – what about the Glebe's surroundings, the views out of all the windows here are great
- ❖ 'The Glebe' accommodation and facilities are compact and on one level. The building is set in landscaped gardens with associated wildlife

In response: officers carefully note the importance attached to the grounds and to the proximity to the town. Should The Glebe close as a result of this consultation then the importance of these factors to each person will be taken into account by social workers when considering future options.

Criteria 2. The cost of maintaining the home to meet the needs of residents, the cost of adapting the home to meet the needs of people with dementia and the cost of running the current service

- ❖ What criteria did you use to assess the physical criteria – I went around lots of homes – like Rowthorne, The Willows, and Holmlea when I was looking for a suitable home for my mum and this one was far in front of the ones that I viewed

In response: the physical criteria are drawn from the conditions survey undertaken by Property Services. This survey focused on the quality of the building based on the physical condition and its conformity to fire regulations as well as an assessment of compliance with health and safety regulations.

- ❖ I don't agree with the occupancy figures for the Glebe that have been produced
- ❖ I don't believe that the figures that have been provided are a true reflection of the Glebe's position
- ❖ The figures on the costings of the Glebe – I think are weighted to Derbyshire County Council's advantage – because this is the only thing in the evaluation that the Glebe falls down on

In response: this issue has also been the subject of a Freedom of Information request (Appendix 6). The report considered by Cabinet on 16 June 2015 gave the cumulative unit cost of the home based on actual occupancy as a percentage of the

numbers within the home. It gave a second figure of the unit cost based on 100% occupancy and it was this figure which was used in the calculation of the overall score used in this criteria.

This second figure was quite correctly applied to all homes as to have done otherwise would have seriously disadvantaged The Glebe, one wing of which could not be used for a considerable period after being damaged. Officers supplied data on the actual occupancy on the beds available on any one day over a 12 month period, including when the wing was damaged. Since that time no further correspondence has been received on this subject.

- ❖ Do you pay for the rental of this building from Corporate Property Services by Derbyshire County Council?

In response: no rent is paid to Corporate Property Services.

- ❖ When the section of The Glebe was rebuilt following the tree fall, why was decision taken to update and what was the cost of this?

In response: at the point when the one wing was damaged there were no plans to consult on the future of The Glebe and so the decision was made to make the entire home fit for maximum occupancy once more and, while this was taking place, to make some limited upgrades to the building overall. The cost of the entire work undertaken at that point was £44,000.

- ❖ A good home will be sacrificed to save a poor one
- ❖ If we are to be compared to East Clune in Clowne as The Glebe came so close to this home in the evaluation – how many beds are available in the Clowne area?

In response: there are 150 beds available in the Clowne area with an average of 8 declared vacancies overall in a 3 month period. There are 647 beds within Alfreton and its immediate surroundings and an average of 67 declared vacancies overall in a 3 month period. These figures are taken from the 16 June Cabinet report.

Criteria 3. How suitable the home is and whether it can meet expected standards in the future

- ❖ Are all the homes that are proposed to be closed dementia care friendly?

In response: the Council has invested training time for its staff in meeting the needs of people with dementia. Where resources have allowed, small changes have been made to improve the environment for people with dementia – for example the lighting at The Glebe. None of the homes proposed for closure meet the current standards the Council wishes to adopt to provide a dementia friendly environment.

- ❖ The size of the rooms could be got over by using the expertise of an Occupational Therapist and look at the equipment out there – this surely would be more cost efficient rather than close a well-loved and used resource?

In response: all reasonable steps are currently taken by staff, in conjunction with Occupational Therapists where appropriate, to make the best use of bedrooms without compromising health and safety for staff and residents.

Criteria 4. The benefits of keeping the particular home open and whether there is enough residential care or extra care available in the area

- ❖ On Cressy Road the safety factor of people wandering needs to be considered – The Glebe residents are safer in my opinion
- ❖ The opening of the new home, Maple Mews on Cressy Road in Alfreton appears to have influenced the decision to recommend closure of 'The Glebe'. However, the Social Services management, who attended the recent meetings, admitted that the residents now in 'The Glebe' would not now be suitable for transfer to 'Maple Mews' as they are now 'institutionalised'. It is likely that the vast majority would have been unsuitable in the first place as the care provision at 'Maple Mews' provides sheltered, largely unsupervised care. 'The Glebe' on the other hand provides supervised care. The Council are not replacing like with like
- ❖ People who are resident here when they are not able to live independently any more – we have huge concern that independent living centre - whilst on paper they offer care options – with increase – I see Cressy Fields as a step toward residential care
- ❖ How can residents who have been assessed as needing residential care be put into one room in an extra care facility?

In response – Maple Mews is not seen as a direct replacement for The Glebe. It is designed to provide an alternative for people who wish to retain their independence and their own front door but do not feel, for whatever reason, that they can be adequately supported at home. Within Maple Mews the personal budget they receive (if eligible) can increase with their support needs. The Council recognises that while a very small percentage of those in its care homes may have the wish and the skills to live independently once more, the needs of the vast majority can only be met in a care home setting.

- ❖ Possibility that our loved ones could go into a place that is not as good a standard
- ❖ I have huge concerns about the private sector and the cost of residential care. They are only bothered about the profit. I am not impressed with the alternatives that are available

In response: the Council is committed to increasing the quality of care not just in its own provision but in the private sector as well. Its Contracts section monitors the care provided in local homes and plays an active role in improving those standards

when intervention is required. This is in addition to the inspections and interventions made by the CQC.

- ❖ The alternative care provided in Community Care Centres are within one hell of a stone's throw based at Florence Shipley in Heanor
- ❖ I go to work and I picked this home because it is easy for me to get to as it's local for visiting
- ❖ There are no homes for my Mum on a direct bus route for me to travel to visit her
- ❖ Many people currently residing in 'The Glebe' originate from the 'Crich area'. For them there are few County Council run care homes options within say a six mile radius easily accessible by public transport. 'Ada Belfield', Belper, 'The Willows', Ripley and 'The Glebe', Alfreton. If proposals are implemented this will reduce to one. Social contact from friends and family is a very important part of their care. A major consideration when we chose a care home was the ease with which friends and family could visit. The location of 'The Glebe' ticked all of the boxes. If they have to move to another home, many would not be able to attend, or attend less frequently. As you are probably aware many people with vascular dementia become depressed. Depression with this form of dementia is virtually impossible to treat with drugs. I fear that if these visits are reduced periods of depression would increase

In response: should Cabinet decide to close The Glebe factors such as proximity of a possible alternative to a relative's work place or home for ease of visiting will be an important consideration in exercising choice. Social workers can provide assistance in this but cannot recommend particular homes. Appendix 5 shows how many homes are within an 8 mile radius of The Glebe. This figure has been selected as most residents in The Glebe formerly lived within 8 miles of the home. This list identifies that there are 6 independent sector care home within an 8 miles radius of Crich.

- ❖ Couldn't you use the rooms upstairs as training rooms, it could be a revenue stream?

In response: there are very limited opportunities to use upstairs rooms for training without the coming and going of attendees being disruptive to the running of the home and to the lives of the residents. Such use would compromise CQC standards relating to privacy of residents.

- ❖ Can I ask what will happen to the building if it is closed?
- ❖ Why don't you sell this to the private sector instead of closing?

In response: if Cabinet does agree to a recommendation to close The Glebe, the disposal of the property will be handled by Property Services. There are no plans for future use of the building or site at this stage but any proposal to use as a new

residential home would require considerable investment to meet current CQC standards for new facilities.

❖ How much has it cost for these new specialist dementia centres?

In response: the construction costs of the recent community care centres are as follows:

Staveley Centre - £6.5m

Oakland Village (excluding extra care facility) - £6.3m

Florence Shipley - £9.9m

Lacemaker Court (excluding extra care facility) - £2.1m (smaller bedded unit)

Meadowview - £9m

❖ If we manage to stop this home from closing, how long would it be before you try to close it again?

In response: should Cabinet decide not to close The Glebe then it is not envisaged that a further proposal for its closure would be made prior to at least 2020 when the Accommodation, Care and Support Strategy will need to be reviewed.

❖ I want in-house care and that choice for the future – but I want the Willows and the Glebe to stay part of that choice to the elderly of Derbyshire

In response: the comments made overall within the consultation have been noted concerning the future of both The Glebe and the Willows and are being presented to Cabinet in this report in detail for them to make their decision.

To summarise the entire consultation on The Glebe, there was no support for the proposed closure of the home. There was opposition to the criteria which had been used to determine that The Glebe should be proposed for closure. The confidence that residents and relatives had in the quality of the service provided at The Glebe was seen as the most important consideration for residents and relatives and as a result it is unlikely that any criteria which identified The Glebe as a home that should be proposed for closure would have been supported. Significant concerns (set out in Appendix 1) were also expressed about the potential impact on the health and welfare of residents should they need to move to another home.

Hillcrest

Criteria 1. The quality and condition of the home and facilities and if it meets health and safety standards

❖ People here don't care about the décor it's about the love and care they receive

- ❖ What are the rooms here used for, my mother has a bed, a wardrobe and a commode, what more does she need? She does not need a big room with an en-suite
- ❖ En-suite facilities are not important to my mum she doesn't even know where she is let alone the facilities she is using. Hillcrest is well decorated – it's warm and provides everything that my mum needs
- ❖ People are used to having separate bathrooms/toilets dad never had en-suite when living with me in my home – and I am sure it would not be top of his list of requirements if he could tell you what he wanted

In response: while it is important that the physical care and support for residents is of a high standard the Council must pay equal regard to the physical environment. Shortfall in the physical environment may attract criticisms and action from CQC or result in breaches in health and safety which may compromise the health and welfare of staff and residents.

In addition the Council must ensure that the physical environment is of a sufficiently high standard to attract new residents who may be deterred from coming if the quality of the building is seen to be poor. The Council is not the sole provider of residential care and prospective residents are able to exercise choice in where they live and as such the physical environment must be maintained at a high level.

Criteria 2. The cost of maintaining the home to meet the needs of residents, the cost of adapting the home to meet the needs of people with dementia and the cost of running the current service

- ❖ The cost of someone with dementia is always going to be higher so was that taken into consideration?
- ❖ Looking at the three criteria and coming 16th for the building and 17th for the purpose then the only thing that let it down was the finances? So could it not have been given a greater grant in consideration of the specialism it has developed?
- ❖ Costs were not compared with dementia care homes and that seems the reason for the closure - it isn't fair

In response: in calculating the unit cost of Hillcrest allowance was made for the increased staffing ratio in the home as a result of its emphasis on the care of people with dementia.

- ❖ How much did the survey say it would cost to put Hillcrest right?

In response: the maintenance backlog for Hillcrest is £0.316m.

- ❖ If Hillcrest was to be saved would it mean that another home would have to close?

In response: if Hillcrest, or indeed any of other homes proposed for closure, were not to close then officers would need to consider what further steps would be required to secure the funding to implement the accommodation, care and support strategy.

Until June 2015 the Council's policy was to close 18 of the 22 remaining homes. The new policy is to keep as many as possible, but keeping all is unaffordable. If the closure of one (or more) of the 5 homes currently under consideration is not agreed in November, the Council will need to consider the closure of additional homes as the funding gap would still remain

Criteria 3. How suitable the home is and whether it can meet expected standards in the future

- ❖ What's wrong with the décor and lighting at Hillcrest?

In response: there is growing research into the environment required to provide the most conducive setting for people with dementia. The lighting and décor are two essential elements of this.

Criteria 4. The benefits of keeping the particular home open and whether there is enough residential care or extra care available in the area

- ❖ Are the other places designated dementia units?
- ❖ Most of the people here come from Kirk Hallam and their families are here
- ❖ I understand that the resident's needs must come first, but there are relative's needs to be taken in to consideration as well and not all relatives can travel further afield
- ❖ Where are we locals all going to go when we get old?

In response: within the radius of 6.8 miles of Hillcrest are two newly built Council community care centres specialising in the care of people with dementia. This is the radius within which all the residents of Hillcrest lived before moving into the care home. This is shown in Appendix 5 which also shows which homes are close to Kirk Hallam itself.

- ❖ Our personal experience of large capacity homes is that staff are so busy that the quality of care deteriorates and the love and care is not there

In response: the minimum ratio of staff to residents is set by CQC and it is not possible for a home, whether large or small, to operate below these standards.

- ❖ How many of the other places that you have mentioned are secure and residents just can't wander out of their own free will?
- ❖ My mother will wander anywhere given the opportunity

In response: because of the increased prevalence of people with dementia in care homes, many homes have now taken additional steps to ensure that residents remain safe.

- ❖ With the homes you are closing is there enough space for all these people in your other homes?

In response: Appendix 5 shows the average number of declared vacancies reported to the Adult Care Brokerage Service over a recent three month period. This figure will fluctuate over a long period as places are filled and others become available

- ❖ Those extra care are not going to benefit people here

In response: extra care is not seen as a direct replacement for care homes. Extra care is designed to provide an alternative for people who wish to retain their independence and their own front door but do not feel, for whatever reason, that they can be adequately supported at home. Within an extra care setting the personal budget they receive (if eligible) can increase with their support needs. The Council recognises that while a very small percentage of those in its care homes may have the wish and the skills to live independently once more, the needs of the vast majority can only be met in a care home setting.

- ❖ What's to say you won't close another home that residents have moved to?
- ❖ It should not close it should stay open as a resource for people in the future

In response: the Accommodation, Care and Support Strategy is designed to provide stability to Council care homes until 2020 and it is not envisaged that further closures will take place. Should Cabinet determine that one or more homes should stay open following this consultation then officers will need to provide further revised recommendations as to how the Council could meet the aims of its strategy.

- ❖ We have tried private before and come to DCC because they don't compare
- ❖ We fear about the standard of care that is provided in the private sector. In one home the electric carving knife had broken and the home would not replace it for the staff to use. The staff in the private sector are no comparison to the excellent staff at Hillcrest and we know this through our own personal life experiences

In response: the Council is committed to increasing the quality of care not just in its own provision but in the private sector as well. Its Contracts section monitors the care provided in local homes and plays an active role in improving those standards when intervention is required. This is in addition to the inspections made by the CQC.

- ❖ Is it impossible to put an annex up the side on the ground here? it is land that is being maintained and at a cost

In response: no feasibility study has been carried out on this option but previous consideration of extending facilities in other homes has identified that significant capital resources, which are not available to the authority, would be required to build an extension and to bring all facilities on the site to the standard required in a new development.

To summarise the entire consultation on Hillcrest, there was no support for the proposed closure of the home. The criteria which had been used to determine that Hillcrest should be proposed for closure were questioned. The focus of this questioning was of the fact that the criteria had identified Hillcrest as a home that should be proposed for closure when residents and carers had confidence in the service being provided. Significant concerns (set out in Appendix 1) were also expressed about the potential impact on the health and welfare of residents should they need to move to another home.

Conclusions arising from consultation

The consultation process has been thorough and gathered the views of many with a keen interest in the future of the homes and their residents and other users of the service. It is fully accepted that the proposal would result in significant disruption to the lives of the current residents and other users of the service and that managing this change would require considerable careful planning in line with the Pledges made.

Concerns were expressed about the criteria developed to determine which homes should be considered for closure. None of the people who responded to the consultation suggested alternative criteria which should have been used. After careful consideration of these responses and the objectives of the Accommodation and Support Strategy, officers remain confident that the criteria employed are the most appropriate for the following reasons. The Council wishes to provide a range of accommodation for older people in each district but must do so whilst ensuring it meets quality standards relating to care and buildings whilst using the reduced budgets to best effect. Officers believe the criteria that have been applied remain the most appropriate in order to achieve the objectives of the aforementioned Strategy.

As part of the original analysis carried out and presented to Cabinet in June 2015 information was provided on the geographical area from which residents of each home are drawn. This information is included as Appendix 5. To supplement this, information is provided on the number of beds which would be present in each of those areas if Cabinet were to agree to the proposals contained in this report that all five homes should close. This information also includes details on the average number of vacancies held by those homes over a recent three month period.

Given that approximately a six month period has been identified for the closure of each home if the proposals are agreed by Cabinet, it is reasonable to assume that a significant number of additional places would be available for residents beyond the numbers shown at a particular point in time. Based on individual assessments it may be that some residents would require nursing home care or choose to move outside the immediate locality to be closer to relatives or friends. Fortuitous delays in the handover of the new Florence Shipley Community Care Centre in Heanor also means that a number of beds in this new facility could be held, pending completion of assessments, for some people with dementia who would be affected by any closures approved by Cabinet.

In each instance where a resident moves out of the immediate area Adult Care would explore all means to help ensure that visiting and friendship patterns are maintained. Adult Care firmly believes that it is in the interests of residents to maintain these links and would attempt to ensure that these are not impeded by a move to a different care home. This will mean careful planning to ensure that a suitable placement is found which means that additional travel is kept to a minimum by exploring accessibility on public transport routes for those who do not have a car. In a small number of cases Adult Care may need to assist financially to prevent hardship.

In instances where the resident does not have capacity and does not have a family carer or friend who can act in his/her best interests, an advocate would be appointed to act in their best interests.

Equality Impact Analysis

An Equality Impact Analysis has been completed to consider the consequences of closure, which is seen as a substantial change to a service. The Equality Impact Analysis is available as Appendix 4. Cabinet must carefully consider the findings of this analysis as well as the consultation report with a view to considering whether in light of them it should go ahead at all or if further mitigating steps or monitoring should be put in place prior to making its' decision on this issue.

The Equality Impact Analysis, together with the Summary of Consultation, highlights the concerns of the current residents, other users of the services and their families or carers. Given the fact that the residents are old and frail and a number have dementia and other disabilities, there are very valid views that a move could have an adverse effect, especially as the accommodation and care is highly valued. By its very nature a move would be disruptive and as a result it may cause stress and affect the health and wellbeing of residents if the move is not handled with great care and sensitivity. This report and the Equality Impact Assessment set out the steps which would mitigate the potential adverse effects through the thorough implementation of the Major Change and Closure Guidance. This will involve carrying out a detailed assessment of residents, with the full involvement of

family carers and friends as well as care staff, assisting residents to choose a new care home and making sure that any moves are planned in detail. It should be recognised that these steps will not, however, necessarily altogether eliminate an adverse impact on individuals' health and wellbeing.

As part of the Equality Impact Analysis, Public Health selected and reviewed 38 individual academic papers written from the 1970s up to the present day. All examined some aspect of the impact on health and wellbeing of elderly residents experiencing enforced relocation from institutionalised care home settings. A review of the published evidence is available as an appendix to the Equality Impact Analysis.

The findings varied significantly between the studies, from increased mortality right through to relocation having beneficial effects. As a result no single study can be relied upon for conclusions but there are broad overall findings which are significant in terms of potential impacts:

- Increased falls
- Increased depression and stress
- Increased cognitive impairment
- Reduced ability to manage activities of daily living
- Increased mortality
- Moves can be beneficial (particularly if moving to a better quality or more appropriate setting)

The impacts tend to be worse for elderly and frail residents, the vast majority of whom would be deemed to be disabled. One study, however, did show the impact on residents with significant cognitive impairments was less than for those without. Whilst variable impacts tended to be small and relatively short-lived – generally around four weeks, one study demonstrated effects at three months.

The research carried out by Public Health drew the following broad overall findings of significance which need to be addressed to mitigate the impact of any move. Factors identified relating to successful adjustment to relocation fall into four categories:

- People characteristics
- The level of planning and preparation
- Whether the move is voluntary or involuntary
- The quality/similarity of the new setting

In summary, the Equality Impact Analysis reflects the outcome of the consultation exercise and also considers data on those currently resident in the home and the Council's Market Position Statement. Its conclusion is that the Council must adhere to the Pledges it has made to residents as well as its amended Major Change and

Closure Guidance to ensure that the impact of a move is mitigated as far as possible by careful planning.

A second Equality Impact Analysis has been undertaken on the Accommodation Care and Support Strategy presented to Cabinet on 16 June 2015. This can be found at Appendix 7. Cabinet Members should carefully consider the content of this report prior to making any decisions in respect of the home closures detailed in this report.

It is the view of officers in Adult Care that a well-planned process at the pace of and tailored to the needs of the individual resident will limit the impact of the move as far as possible with a frail and vulnerable group of residents. Adult Care have gained invaluable experience over many years in closing its own care homes and successfully re-settling residents and this experience, alongside best practice in other authorities is distilled in the Major Change and Closure Guidance (Appendix 3).

In considering any action which involves moving residents, the Council must be mindful of their welfare. Moving frail and elderly people presents a risk to them. Key factors in minimising these risks include the adequacy of assessment of residents' needs prior to transfer; the ability to change any planned timetable at short notice and; the preparedness of the receiving care home staff and other staff to take over their care from the residents' current care home.

On the subject of risk, much has been made in various settings, in alarming ways, about the risk of moving older people, especially those who are frail and with dementia. Adult Care acknowledges the fact that risk exists, where such moves are poorly planned. The approach it is taking through the production of the Pledges and the application of the Major Change and Closure Guidance is designed to limit that risk. Ensuring the welfare of residents once they have moved would be the responsibility of social workers who would ensure that there is regular contact with the home, the resident and family carers.

It is important to note that no one would be moved if the risk assessment concludes that the risk of serious injury or mortality cannot be managed to an acceptable level.

In addition to the comprehensive process for managing the assessment and re-settlement of residents and in line with the Equality Impact Analysis, residents and their relatives and friends will be fast-tracked through the Adult Care complaints process if they are not satisfied with the support they are receiving at any stage in the process.

The proposed mitigation that the Council would seek to put in place to minimise so far as possible the adverse impact on protected groups and others can be summarised as follows:

Proposed Mitigation

1. The Council has a set of pledges and comprehensive guidance in place to assist in ensuring any moves of residents as a result of a home closure are handled sensitively and thoroughly. This also provides a point of reference for residents and their relatives to ensure that staff work to the high standards set out. In line with the guidance itself these documents should be made available to staff, residents and relatives should home closures be agreed by Cabinet.
2. The Major Change and Closure Guidance has been reviewed to ensure it fully reflects the following findings of the Public Health review or academic studies:
 - Good planning and preparation, including at least one visit to the new residence and good handover between the old home and the new home
 - Maximising the sense of control in residents and their family carers in selecting their new home and the daily routines in the new setting
 - Post-relocation review and support involving all relevant parties and co-ordinated by the social worker
 - Addressing falls prevention measures in unfamiliar surroundings
 - Maximising the quality of the new residence
3. There has been a delay in the opening day for Florence Shipley Community Care Centre in Heanor, which has a particular emphasis on meeting the needs of people with dementia. As a result a number of beds would be held over and made available to residents with dementia in those local care homes proposed for closure: Hillcrest, The Willows and The Glebe. Residents moving to Florence Shipley would benefit from being in an environment specifically designed to meet the needs of people with dementia. They will also benefit from a staffing ratio which is greater than in standard care homes.
4. During the process of identifying possible alternatives for residents who would be affected by any closure the Council should hold as many vacancies as it can in its own homes close to the care home being closed to maximise the choices available to residents who may wish to relocate to a Council care home.
5. Adult Care, through its Adult Care brokerage service and Direct Care management team, should seek to maximise the range of choices available to those residents and respite care users affected by home closures.
6. To mitigate the loss of respite care beds at Ecclesfold Resource Centre, one long-term bed at Whitestones Home for Older People should be considered for designation as a short-term bed to give additional capacity for the home to offer respite care. This is not a like-for-like replacement in terms of numbers but analysis shows that the short break beds at Ecclesfold were not used fully throughout the year. The demand on this service should, however, be kept

under review to ensure that demand can be matched by supply.

The specific proposal to close the four homes for older people and the respite care beds at Ecclesfold Resource Centre would directly affect 78 current residents and 44 users of respite care and their families or carers. Those directly affected if the closures go ahead are understandably concerned over what the future could hold for them. The residents are old and frail and a number have dementia and other disabilities, which means that moving for any reason could be disruptive, stressful and affect health and wellbeing in an adverse way. People affected by the proposals clearly think very highly of the care and support they receive.

In considering the closure of each home and the respite care beds at Ecclesfold Resource Centre, the potential for an adverse impact on individuals must be balanced against the overall benefits that that implementation of the strategy set out in the revised strategy presented in the Cabinet paper on 16 June 2015 will have for the wider community.

Cabinet must carefully consider the findings of this analysis as well as the consultation report (Appendix 1) with a view to considering whether, in light of these, it should go ahead at all or if further mitigating steps or monitoring should be put in place prior to making its decision on this issue.

3. Financial Considerations

The net annual saving on the closure of the four homes for older people and the respite care beds at Ecclesfold would be:

The Glebe	£0.211m
The Willows	£0.256m
Hillcrest	£0.316m
Red House	£0.186m
Ecclesfold	£0.343m*
Total	£1.312m

In addition to this the following figure show the size of the maintenance backlog which will also need to be met in the coming years should the homes stay open:

The Glebe	£0.458m
The Willows	£0.383m
Hillcrest	£0.172m
Red House	£0.418m
Ecclesfold	£0.127m*
Total	£1.558m

*The figures for Ecclesfold include work that will, however, still be required in part to maintain the day care facility which will remain in the building.

Finally, an estimated figure of the potential income to be gained from disposing of each site is as follows based on 2015 valuations:

The Glebe	£0.366m
The Willows	£0.190m
Hillcrest	£0.200m
Red House	£0.600m
Total	£1.356m

Should Cabinet agree to the proposal of closing the four homes for older people and the respite care beds at Ecclesfold Resource Centre, then some additional costs may need to be met, as a pledge has been made to for the Council to meet a reasonable increase in residential care costs for current residents moving homes and whose home of choice is in the independent sector. The additional costs would be £86,600 per annum based on the average top up fees paid across the county of £19.20 per resident per week. This top up fee would be paid for the length of the resident's stay in the care home.

4. Human Resource Considerations

If a decision is made to close the four homes for older people 167 employees would be placed at risk of redundancy. Every effort would be made, however, to identify suitable alternative employment through the Council's redeployment procedure.

Should the proposal to close services be accepted a further report will be required in which details of consultation with staff representatives about support being made available to employees at risk and the potential to support staff into alternative employment would be detailed.

The numbers of employees within each setting are as follows:

The Glebe	50
The Willows	41
Hillcrest	37
Red House	39
Respite Care at Ecclesfold Resource Centre	See detail below

If a decision is made to close the homes a period of formal consultation would commence with staff and trade unions representing those staff.

The position at Ecclesfold cannot be determined accurately at present. Many staff there provide a service both to the day service and the respite care beds. In addition to this discussions have to be held with High Peak District Council over the future of the support to the residents in the flats on the same site. This support

consists of warden and domestic services as well as an emergency out of hours response. This service is currently provided by Ecclesfold Resource Centre under contract to High Peak District Council. Should the respite care beds close and the contract with High Peak District Council not be extended then the following reductions in staffing levels would be potentially required:

	Potential hours lost per week
Domestic staff	68
Cook	5
Care staff (day time)	129
Care staff (nights)	66.5
On call sleep-in manager	7
Deputy unit manager	41.5

If a decision is made to close the respite care beds at Ecclesfold Resource Centre a period of formal consultation would commence with staff and trade unions representing those staff. This will however only commence when the future of the contract with High Peak District Council is determined.

5. Legal and Human Rights 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, Stephen Knafler QC, has advised as follows:-

"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'*), see Appendix 8, for a reasonably detailed summary of the responsibilities of Cabinet members.

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.

Having had careful regard to the equality impact analysis and also the consultation responses, Cabinet members are under a personal duty to have due (that is, proportionate) regard to the need to protect and promote the interests of persons with protected characteristics (see above) and (i) to consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms, (ii) to remove any unlawful discrimination, harassment, victimisation and other prohibited conduct, (iii) to consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics, (iv) to consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

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. Property Considerations

Should Cabinet agree to the closure of one of more of the four homes for older people included in this report, then once vacant the homes and site would be disposed of by Property Services.

Derbyshire Carers Association use as their offices the original house on The Willows site for which they pay a nominal rent. The Council would will assist this important voluntary sector agency in relocation to other premises.

Ecclesfold Resource Centre is owned by High Peak District Council and leased by Derbyshire County Council. The future use of the space occupied by the respite care facility would be subject to discussion with the District Council.

8. Background Papers

Cabinet report dated 16.06.15 'Strategic Direction for Derbyshire County Council Direct Care Older Persons Residential Care Services 2015-20'.

Appendix 1 - Consultation report on the Strategic Direction for Derbyshire County Council Direct Care Older Persons Residential Care Services 2015-2020

Appendix 2 - The Pledges

Appendix 3 - Major Change and Closure Guidance

Appendix 4 - Equality Impact Analysis on the specific proposal to close residential care facilities

Appendix 5 - Potential Beds Within Geographical Areas Served by Each Home

Appendix 6 – Response to Freedom of Information request

Appendix 7 - Equality Impact Analysis on the Accommodation, Care and Support Strategy

Appendix 8 - Making Fair Financial Decisions

9. Key Decision

Yes

10. Officer's Recommendations

It is recommended that Cabinet:-

- 10.1 Approve the closure of The Glebe Home for Older People, The Willows Home for Older People, Red House Home for Older People, Hillcrest Home for Older People and the respite care beds at Ecclesfold Resource Centre.
- 10.2 Approve the disposal of the sites of the four homes for older people once they are no longer required as residential care homes.
- 10.3 Approve the Strategic Director of Adult Care to agree the reasonable relocation, rent and service charge costs for Derbyshire Carers Association.
- 10.4 Notes the proposal for officers to enter into discussions with High Peak Borough Council on proposed alternative uses of the residential element of the resource centre once these have been established.
- 10.5
 - (a) Subject to 10.3 above, to approve the work with residents and family carers to commence enabling residents and other users of the service to move to new accommodation within the next nine months, and
 - (b) for this work to be carried out in accordance with the Pledges made and the Major Change and Closure Guidance.

- 10.6 Approve formal consultation with staff and trade unions representing staff affected by 10.1 and to note a further report to Cabinet will follow.
- 10.7 Notes the Equality Impact Analysis completed on the Accommodation, Care and Support Strategy.

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

Appendix 1

**CONSULTATION REPORT ON THE STRATEGIC DIRECTION FOR
DERBYSHIRE COUNTY COUNCIL DIRECT CARE OLDER PERSONS
RESIDENTIAL CARE SERVICES 2015 - 2020**

1. Purpose of the Report

A report was presented to Cabinet on 16 June 2015 which sought Cabinet approval of the strategy for the future of the Department's Direct Care residential provision for older people. One of the Officer's Recommendations was:

'Consult on the proposed closure of those Homes which following initial evaluation, are considered least sustainable in the long-term. These are:

- The Willows, Ripley
- Red House, Chesterfield
- Ecclesfold Resource Centre (short term residential beds) Chapel-en-le-Frith
- The Glebe, Alfreton
- Hillcrest, Kirk Hallam, Ilkeston'

2. Methodology and Approaches

On 16 June 2015 Cabinet agreed a programme of consultation and this took place between the 16 June 2015 and 16 September 2015. This report will summarise views and opinions submitted during this period.

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 by each residential home including those using day care and respite care together with their next of kin received an information pack detailing the proposed closure of the Home, an introductory letter and a feedback form with a pre-paid envelope.
2. All Statutory Agencies (including GP surgeries), the voluntary sector and private residential homes within the geographical area of the five Homes which are proposed to close, were sent a letter informing them of the proposals together with the information leaflet for that particular home.
3. A set of leaflets gave information about the proposal for each of the five Homes. 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

4. The Derbyshire County Council website gave an outline of the proposals and provided the Cabinet report of 16 June 2015 as well as the five home profiles and the five home leaflets.
5. Residents and next of kin were also encouraged to send in their comments using the feedback form on the personally addressed letters sent to them or by completing the on-line form.
6. Participants were also encouraged to write in to the Council via a letter or email, dependent on their preferred method of communication.
7. For those people having difficulty in having their say, the Stakeholder Engagement & Consultation Team assisted them to take part via a personalised letter informing them of all the comments captured at the meetings held at their relative's home and inviting them to add their further comments on this via letter, email or telephone directly to the SECT Service Manager.
8. The Stakeholder Engagement and Consultation Team also attended 2 meetings in each of the homes potentially affected by the proposals. Residents, staff and next of kin were given the option to comment about the proposals at these meetings.
9. Press releases were sent to the media during the period of consultation. These press releases were also published on the Derbyshire County Council website.
10. Four public meetings were held in strategic locations within libraries where members of the public were invited to give their views on the proposals.
11. Elected members for Ripley arranged 3 meetings with local residents to enable them to have their say on the future of The Willows. SECT recorded comments made at these meetings.

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 the five homes were sent a letter and a leaflet immediately following the Cabinet decision to consult on the future of the five homes. 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 paper, the home profile and leaflet for anyone who wished to see a further hard copy.

Staff from SECT attended 10 specifically arranged meetings at the Homes in which participants were given the opportunity to comment, together with a further 7 events: 3 meetings designed for the general public to give their views were organised in the Ripley area and 4 drop-in sessions were held in the vicinity of the other home closures. These events were held either at libraries near to the homes proposed for closure or at community centres.

The format of the meetings in the homes was that an Assistant Director from Adult Care set out the criteria used in analysing each home, as set out in the 16 June 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 criteria and any views they may have on the proposed closure. Local managers were also in attendance to deal with any specific questions arising from the consultation.

Overall Derbyshire Challenge Webpage

People were directed to the Derbyshire Consultation webpage which gave additional information and stored all the consultation pack materials for people to browse and download at their leisure. Also provided was the link to complete the online form. The breakdown of number of page views on the overall consultation and subsequent documents specific to Adult Care are detailed below.

There were a total of 1086 page views for the consultation page, included in that total were:

84 using www.derbyshire.gov.uk/ecclesfold

17 using www.derbyshire.gov.uk/hillcrest

7 using www.derbyshire.gov.uk/glebe

2 using www.derbyshire.gov.uk/redhouse

2 using www.derbyshire.gov.uk/willows

Consultation views on proposal to close The Willows, Ripley

Letters Emails and Telephone Calls

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

Petitions

A petition was received opposing the closure of The Willows from Mr John George Rotherham containing 159 signatures.

Public meetings

Three public meetings were held in Ripley. These were with Ripley Residents and Tenants association, the residents of Peverell Court and Emmas Williams Court. In total 60 people attended these meetings. These meetings were organised by the local elected members for Ripley.

Meetings held at the Home

Two meetings were held at The Willows at which residents and next of kin were invited to share their views and opinions on the proposals and to ask any questions. Four residents and 32 family and friends attended the meetings where views were shared on the four criteria that were used within the Cabinet paper of the 16 June 2015 to determine which homes should be subject to consultation on potential closure. These criteria were:

1. The quality and condition of the home and facilities, and if it meets health and safety standards
2. The cost of maintaining the home to meet the needs of residents, the cost of adapting the home to meet the needs of people with dementia and the cost of running the current service
3. How suitable the home is and whether it can meet expected standards in the future
4. The benefits of keeping the particular home open and whether there is enough residential care or extra care available in the area.

Comments received on these four criteria from all the methods used in the consultation were analysed and the following themes emerged:

Criteria 1. The quality and condition of the home and facilities, and if it meets health and safety standards

Under Criteria 1 one themes emerged:

Standard of Care

- ❖ We are not fussy about the building we want the care to be right
- ❖ I am not bothered about where Mum is as long as Mum is looked after well and settled
- ❖ We would not find anything better than this

Criteria 2. The cost of maintaining the home to meet the needs of residents, the cost of adapting the home to meet the needs of people with dementia and the cost of running the current service

Under Criteria 2 two prominent themes emerged:

Historic maintenance

- ❖ The quality of the homes should have been sorted out years ago and this would not be an issue now
- ❖ Is it because you have not kept it up to standard and not invested in the building?

Financial rationale

- ❖ Has the cost of moving the residents been factored in to the equation?
- ❖ My aunt is self-funding. Were self-funders taken into consideration in your calculations?
- ❖ Does the cost of the home include that part of the building that houses Derbyshire Carers and could not that be sold to provide revenue for the home?
- ❖ By doing what you are doing aren't you shoving people out in to the private sector by the back door?

Criteria 3. How suitable the home is and whether it can meet expected standards in the future

Under Criteria 3 only one theme emerged.

Meeting future standards

- ❖ The overall sense I have is that the market doesn't want miners cottages anymore – you can't make a Mercedes out of a bicycle
- ❖ The concerns for our family is the same care is received for my Mum here as she will anywhere else

Criteria 4. The benefits of keeping the particular home open and whether there is enough residential care or extra care available in the area

Under Criteria 4 five themes emerged. These themes were:

Alternative accommodation concerns

- ❖ We are struggling with the availability of Care Homes in Ripley – dementia type homes now seem to be taking preference we also need other types of care homes too
- ❖ Where these new homes and what are they like?

- ❖ You need to think about the proximity of the home to things like bus routes and shops
- ❖ If this home shuts where can the residents go?
- ❖ If and when it happens how will we be helped to find other places?
- ❖ Where are you going to find all these beds with others also shutting?

Future rationale set out in Cabinet report

- ❖ Are you looking to downsize the number of residential homes run by Derbyshire County Council in the future?
- ❖ In an ideal world and looking at the growing elderly population we should be investing in good quality care homes not cutting back on them

Concerns about the overall quality and care in the private sector

- ❖ If we have to move we would prefer it to be a council home because these are far more superior
- ❖ In one private home in Ripley they couldn't even get a stretcher in to pick a patient up in an ambulance – surely if this is the choice they will have if The Willows is to close this is not acceptable?

Future plans for the building

- ❖ What are the plans for the building?
- ❖ What will happen to the site?

Financial concerns

- ❖ Concerns were raised about the charges and any additional charges if the decision was made to close and whether residents would be expected to pay anything additional to what they are contributing now

General Comments

Comments which did not fit under the four criteria were placed under general comments. The following themes emerged:

Distress caused to residents

- ❖ It is heart breaking for residents – it will kill the residents that are there. People in their 90s don't want to move. I was a community day warden and we go out of our way to help the elderly and that is how it should be. We should try and keep them open – they are little communities in themselves
- ❖ I have been to see other homes in the area and it frightens us to death
- ❖ My Mum has moved once before and it's very upsetting. Why do you have to do this – this is a huge concern

- ❖ So where would I go as I get anxious and I suffer from depression? (resident's comment)
- ❖ If this home shuts where can the residents go?
- ❖ If and when it happens how will we be helped to find other places?
- ❖ Concerns were raised about the charges and any additional charges if the decision was made to close and whether residents would be expected to pay anything additional to what they are contributing now

Personal financial concerns

- ❖ Would the move be funded by Derbyshire County Council?

Pledges

- ❖ When you decide it's going to close will it be a matter of about 3 months to get out?

Staff

- ❖ What is going to happen to the staff here?

Conclusions/ Lessons Learnt

Overall respondents understood the proposals regarding The Willows care home and clearly expressed their appreciation for the standard of care currently provided by the staff at The Willows.

Concerns were expressed by all involved in the consultation of the possible traumatic impact of a move of home for the residents, many of whom are well settled within the home and have developed strong friendships with other residents and with staff.

The criteria used by officers to determine which homes should close was seen to be flawed and not take into account the needs and wishes of local people. There was no support throughout the consultation process in favour of the proposal to close the home.

Consultation views on proposal to close Red House, Chesterfield

Letters and Emails and Telephone Calls

5 letters were received concerning the consultation including one from Chesterfield Member of Parliament Toby Perkins. One telephone call and two emails were received regarding Red House.

Public meeting

The meeting to discuss the proposals for Red House was held in Chesterfield Library. At this drop in session 22 people provided their comments on the proposals and took away copies of the consultation information.

Meetings held at the Home

Two meetings were held at Red House to which residents their family and friends were invited. 17 residents and 17 relatives attended the meetings where they shared their views on the four areas that were looked at within the Cabinet paper of the 5 June 2015. These four areas were:

- 1 The quality and condition of the home and facilities, and if it meets health and safety standards
- 2 The cost of maintaining the home to meet the needs of residents, the cost of adapting the home to meet the needs of people with dementia and the cost of running the current service
- 3 How suitable the home is and whether it can meet expected standards in the future
- 4 The benefits of keeping the particular home open and whether there is enough residential care or extra care available in the area

Comments received on these four criteria from all the methods used in the consultation were analysed and the following themes emerged:

Criteria 1. The quality and condition of the home and facilities, and if it meets health and safety standards

Under Criteria 1, one theme emerged:-

Standard of care

- ❖ It doesn't bother me that the rooms are small – it's because of its homely feel that we chose this home
- ❖ The care and support she receives is very good and she has orientated herself to the home very well as it is very much like a home. It is not purpose built, and does not have en-suite but it is a home. She is not 'lost' in a large living or dining area that is impersonal and institutionalised. She can access beautiful gardens and gaze out of windows like she would at home. To me this epitomises the very best of providing accommodation to meet the needs of older people currently.

Criteria 2. The cost of maintaining the home to meet the needs of residents, the cost of adapting the home to meet the needs of people with dementia and the cost of running the current service

Under Criteria 2 one main theme emerged:-

Current financial rationale on original Cabinet report

- ❖ Why are you not looking at income generation for the proposed home rather than closure?
- ❖ If the cost of each resident staying at Red House is correct then we as family can understand the reasons for the proposal to close the home. It is our children's money that is being spent to fund the gap in spending and we must also consider their futures
- ❖ Whether any of these improvements were critical or urgent, and why any that were not were still done when there was a likelihood that the provision would be removed
- ❖ We get personal attention here with the opportunity of social interaction

Criteria 3. How suitable the home is and whether it can meet expected standards in the future

Under Criteria 3 one theme that emerged:-

Meeting future standards

- ❖ The only thing that is lacking in this home is en-suite facilities. When you compare this to what is available locally in the private sector Red House is still miles in front of them.

Criteria 4. The benefits of keeping the particular home open and whether there is enough residential care or extra care available in the area

Under Criteria 4 the following themes emerged:

Alternative Accommodation Concerns

- ❖ What is the level of care in extra care and what are the staffing levels at extra care?
- ❖ The residents have and a good friendship group here – could that be lost in extra care facilities?
- ❖ I don't think the choice is there for people with extra dementia needs for 8 specialist beds. The demand for this will be within the plan. Has dementia demand been factored in for in the future?
- ❖ We had no support from social workers and had to ring Red House and found out about it - will we get better support to find alternative accommodation?

- ❖ We want somewhere really close like the Spinney. We don't want to travel too far to see our loved ones as a lot of us don't drive and we need somewhere that is easily accessible from public transport. At the moment most relatives are really local and are able to walk to visit their loved ones. If the decision is taken to close you must also consider how far the relatives will have to travel and how they will get to the new home so they can continue to visit and have an input into the home.
- ❖ Clarity was sought where all the extra care homes are available
- ❖ By closing this home, both the quality and diversity of care available in the Chesterfield area would be substantially diminished
- ❖ It's a handy place for everyone to visit their family
- ❖ When you looked at the care being provided and the home structure etc. was the population of Chesterfield taken into the equation for potential future residents?

Concerns about the overall quality of care in the private sector

- ❖ I agree that there is a diverse range – however there is not a minimal training for private care – I know that CQC have on-going support. That assurance that the higher standards of Derbyshire County Council staff that is what I want as a relative
- ❖ I worked in the care sector for over 30 years and the care provided in the private sector is all about money and breaking even and not about the quality of care and those who they are looking after. The quality of care at Red House is fantastic, as are the staff. They are all well trained and have a wealth of experience in care and life. The private sector seems to employ young inexperienced carers and you don't ever seem to get that in Council run homes.
- ❖ Experience of contact with many private care/nursing homes indicates that there is often a high turnover of employees, who have little knowledge of individuals, their needs and care plans; and there appears to be little on offer to stimulate the residents

Future plans for the building

- ❖ What will happen to the building if the decision is made to close?
- ❖ Does the Council own the land? And if it does are there any restrictions on its use when they bought it from Pearson Pottery?

The June 2015 Cabinet report

- ❖ I agree with the policy of the cautiousness of the Council to not put all its eggs in one basket because there is not that much evidence out there at this time

General Comments

Comments which did not fit under the 4 criteria were placed under general comments with the following themes emerging:

Distress Caused to residents

- ❖ I am in my 90's and love living here – I don't want to move (Resident's comment)
- ❖ Why should we have to move when we are settled and we love it here – we have friends? I value how we are cared for here (Resident statement)
- ❖ My aunt has had 2 periods of respite in other homes and auntie didn't like it – she loves it at Red House
- ❖ It was a very painful exercise to get Mum into Red House and in the place that she is now – where she is settled. Not all social workers are supportive in the moves or changes
- ❖ I worry that Mum is settled here and the staff are great – I worry about the effect a move might have here
- ❖ Will you be able to re-locate friends together?
- ❖ Another move would be incredibly traumatic for her and it is unfair that she should be made to get used to yet another new home, new staff and new residents
- ❖ At the June meeting, residents were vocal in stating that this is their home and that they do not want to be moved. This was strongly echoed by families who attended
- ❖ I also understand that several of the residents at Red House have already experienced one stressful move from Derwent or Brendon House and that their families are eager to ensure that if they must move, the process is handled much better than in those cases
- ❖ They are settled there and the disruption both physically and emotionally will be significant to all of them
- ❖ What is the level of care in extra care and what are the staffing levels at extra care?
- ❖ We had no support from social workers and had to ring Red House and found out about it - will we get better support to find alternative accommodation?

Size of home

- ❖ In a small home staff get to know the residents so well they know all my families quirks. Mum likes her beads on in a certain way – those small but important details make all the difference
- ❖ 20 beds is a much nicer number how many people do WE live with?
- ❖ We believe small is efficient – friendship groups are formed much quicker and residents settle in much quicker in a smaller home
- ❖ The residents have a good friendship group here – could that be lost in extra care facilities?

Personal Financial concerns

- ❖ What will be the choice of residential homes that are available to our family and what additional costs may be incurred?
- ❖ Are the specialist units a lot more expensive than the extra care?

Conclusions/Lessons Learnt

Overall respondents understood the proposals and appreciation for the quality of care and the 'homeliness' of Red House was expressed by respondents. Concerns were also raised about the location of alternative residential care and the quality of the care provided in the private sector.

The criteria used by officers to determine which homes should close was seen to be flawed and not take into account the needs and wishes of local people. There was no support throughout the consultation process in favour of the proposal to close the home.

Consultation views on proposal to close Ecclesfold Resource Centre (residential wing short-term residential beds) Chapel-en-le-Frith

Letters, Emails and Telephone Calls

17 letters were received concerning the consultation. One of these letters was from Chapel-en-le-Frith Parish Council who oppose the proposal. Ten telephone calls were received by SECT and 23 emails. An email opposing the closure was also submitted by High Peak Borough Council.

Public meeting

The meeting to discuss the proposals for Ecclesfold Resource Centre was held in Chapel-en-le-Frith Library. At this drop in session 25 people provided their comments on the proposals and took away copies of the consultation information.

Meetings held at the Home

Two meetings were held at the Ecclesfold Resource Centre, at which residents, their families and friends were invited to share their views and opinions on the proposals and to ask any questions. Two people who have received respite care or who have used the day care facilities and 32 relatives attended the meetings where they shared their views on the four areas that were looked at within the Cabinet paper of the 5 June 2015. These four areas were:

- 1 The quality and condition of the home and facilities and if it meets health and safety standards
- 2 The cost of maintaining the home to meet the needs of residents, the cost of adapting the home to meet the needs of people with dementia and the cost of running the current service
- 3 How suitable the home is and whether it can meet expected standards in the future
- 4 The benefits of keeping the particular home open and whether there is enough residential care or extra care available in the area

Comments received on these four criteria from all the methods used in the consultation were analyzed and the following themes emerged:

Criteria 1. The quality and condition of the home and facilities, and if it meets health and safety standards

Under Criteria 1 one theme emerged with the following comments:-

Standard of care

- ❖ We are not bothered about fancy curtains or en-suite facilities – we want the quality of care to be excellent – and this unit is exceptional in the quality of care that it provides
- ❖ I only want security for my loved one in a place that I know she is happy – this criteria means nothing to us – it is the bottom line of care and the standard of care and her happiness that matters
- ❖ Everyone is happy here, the place and the staff are so good
- ❖ There's nothing as good as DCC home staff

Criteria 2. The cost of maintaining the home to meet the needs of residents, the cost of adapting the home to meet the needs of people with dementia and the cost of running the current service

Under Criteria 2 one overall theme emerged:

Current financial rationale

- ❖ We chose Ecclesfold for respite care as it is so small and provides a homely atmosphere – all the staff know our relatives and this means that the standard of care is always excellent because the staff know them so well
- ❖ When I hear that other developments are receiving funds for extra care that winds me up – it should be invested in what is already available
- ❖ Concerns about confidence in the overall figures that had been put together for the home's profile and Cabinet paper

Criteria 3. How suitable the home is and whether it can meet expected standards in the future

Under Criteria 3 the following theme emerged:

Meeting future standards

- ❖ Because of CQC restrictions Ecclesfold would not be able to make it any higher up on the percentage factor than it already is – this is not fair and does not reflect the excellent standard of care provided
- ❖ En-suite facilities are not a priority for older people – it's the continuity of care and the standard of care that is essential. It is such an important local resource here in Chapel-en-le-Frith and we do not want to lose it

Criteria 4. The benefits of keeping the particular home open and whether there is enough residential care or extra care available in the area

Under Criteria 4 the following themes emerging:

Alternative Accommodation Concerns

- ❖ When it is urgent you need somewhere that is available now – and I want somewhere that we are familiar and comfortable with and that I know there will be a bed guaranteed
- ❖ It is really unfair that people's choices will be reduced if the decision is taken to close all five homes
- ❖ The alternative is a hospital admission that would occupy a bed that should be for a medical reason
- ❖ Before I came to this meeting today I contacted Whitestones about the short term care beds they have available. The manager informed me that they have no places available until Christmas – how are carers supposed to carry on coping without a break for that length of time – I need a break every six weeks to enable me to carry on caring
- ❖ I am happy with the care I receive here but living in the Hope Valley I can't get a bus from Castleton to Chapel-en-le-Frith, is there any provision that would get me Respite nearer to home. I could get to Bakewell but only once a week when the only bus runs. 6 weeks ago they threatened to close the bus service to Buxton and backed away from doing that so we do have some communication and they do listen
- ❖ My mother needs regular respite and there is always a problem getting a bed, she likes coming here and knows and likes the staff and wouldn't want to go anywhere else
- ❖ My husband has come here for respite for 3 years, we have to book in advance of nearly a year – how much notice would we have to give at Whitestones, 2 years?!
- ❖ Darley Dale is far too far away for respite care

- ❖ With an ageing population in a semi-rural location that doesn't have easy access to public transport the provision of these emergency stop gaps is essential to guard against the elderly and infirm being left at home at risk to their personal safety
- ❖ Local care homes will not give the same quality of care - people and their needs are being forgotten here, swept aside, as ever, in the need to save a few pounds
- ❖ The locality of the home is essential – my grandchildren can walk in and visit me when I am there for the week which is really nice because it is on a bus route
- ❖ Concerns from carer that this is hitting vulnerable people and respite care is essential to be both carers and the cared for. Concerns over transport to any other places in from such rural areas particularly during the winter months when the snow can make the transportation of vulnerable people challenging
- ❖ I volunteered at Ecclesfold and have concerns over Whitestones as a suggested alternative place to provide respite care, Whitestones provides care for people with dementia and it would not be appropriate to house respite care users there as they would not be able to converse with other residents as they do when they visit Ecclesfold and share life experiences etc

Future plans for the building

- ❖ Questions were raised about being able to expand Ecclesfold and the feasibility of this
- ❖ If the decision is taken to close – what will they do with the buildings – Ecclesfold will still have a day centre and flats attached

Concerns about the overall quality of care in the private sector

- ❖ My relatives have been in a private home and the care in DCC homes is so much better
- ❖ I know of all the comments regarding private homes and they are not keen on taking respite care clients because it can be unsettling to the permanent residents

Future of services

- ❖ Questions were raised about where the ageing population will go in future
- ❖ North Derbyshire CCG would also seek reassurance that redeployment of any resources associated with the Better Care Fund should be discussed across health, social care and wider partners

General Comments

Comments which did not fit under the 4 criteria were placed under general comments. The following themes emerged:

Distress Caused to Residents

- ❖ I don't want respite care being provided at Whitestones or any other establishment – my mum is 94 she knows and likes Ecclesfold – she is familiar with this place and loves the staff here
- ❖ A lot of the respite care clients come to the day centre as well so they are already familiar with the setup of the home and this helps enormously when it comes to staying for respite care as it is not such a daunting prospect of living away from home for a short time
- ❖ My Dad came for respite care for the first time last weekend. He didn't want to come and the emotional rollercoaster that you go on as a carer is testing. However the staff at Ecclesfold were brilliant. They encouraged Dad to stay – spent time with me explaining what would happen and I left him there feeling a lot more secure and comfortable that he was going to receive a high standard of care. Over that weekend I was able to relax for the first time and do things that most people take for granted – like relaxing and watching the television etc. However when I went to pick him back up from Ecclesfold in a few days' time I could not believe the difference just a short stay had made to him. He was engaged, talking about how he had enjoyed watching the carnival – he would never have done that before. He was relaxed and you could see he had really enjoyed his break there as well. This sort of peace of mind for a carer is immeasurable in money
- ❖ Should there be no strategy that shows support for increasingly overwhelmed carers and for the projections which expect older people to live longer than ever increasing need for support from families, the solution is either breakdown of care where carers will be forced to collapse and give up caring completely or the County should focus on long term ongoing rolling respite which offers brief moments where carers can take a break or holiday or visit family members
- ❖ There is constant pressure on carers and the relief gained from excellent respite care is really appreciated
- ❖ I worry constantly about Dad – has he taken his tablets – then supporting them to live at home are followed with the invasive process of having your home adapted to support this – the peace of mind that comes from being able to have respite in a place where you know they are happy means the world to me as a carer because I know Dad will be happy when he comes to Ecclesfold
- ❖ Change is no good for older people
- ❖ I strongly hope you can keep this place open, they know everyone

- ❖ If this happens it would be an impossible situation for myself and other full time carers like me. We depend on these facilities for respite care as being a 24 hour carer takes a huge toll on me mentally and physically, this is the only break I get
- ❖ It is very hard work 24/7 and as I am nearly 80. It is getting harder, I do not use the centre as often as some people but it is a life saver for odd days out and a holiday
- ❖ Comment from a grand-daughter of a respite care client stated that it's nice to be a smaller family unit sometimes enjoying the things that all teenagers enjoy with their Mum and Dad and brothers. We too need a break from the restrictions that come with looking after a loved older person in our house – our family need these breaks to keep us together as a strong supportive unit for grandma

Concerns of wider impact

- ❖ What would happen to residents of the flats if the respite closes? Also what would change for day service clients?
- ❖ If someone rings a bell for help in the flats who will come and help them?
- ❖ Concerns about the future feasibility of the day care facility if respite is no longer provided

Personal financial concerns

- ❖ I only earn £10,000 a year how can I afford to pay any more towards Dads respite care? But I need respite to continue to care for him at home as I do now
- ❖ We are self-funding for Mum's respite care and we don't have a social worker. Will this inhibit our family from booking respite in future as we have had a risk assessment carried out for Ecclesfold and the staff know mum well?

Staff

- ❖ Concerns were raised about what would happen to the staff at Ecclesfold as they know the clients so well and that expertise would be lost

Alternative Accommodation Concerns

- ❖ My mother & father were happy in Whitestones, there are good staff there
- ❖ In the private sector they are not interested in taking respite care clients. The ones that do, and they are limited in the High Peak, you have to book 2 to 3 weeks in advance. The ability to book Ecclesfold far in advance for respite care for my Mum enables me as a carer to plan and de-stress my life. Because I know I can book Mum into Ecclesfold means I can get on with my life and enables me to work

Overall budget allocation

- ❖ Derbyshire County Council have given Mr Trevor Osbourne £2.1million for the Crescent development – surely this sort of money would have been better spent on the care of old people in Derbyshire?

Size of home

- ❖ I am concerned about the size of the alternative residential homes – I know Mum wants to feel at home – and how can you do that living with 39 other people?

Conclusions/Lessons Learnt

Overall respondents understood the proposals; however huge concerns were raised about the quality and availability of alternative respite care in the local area. Consultees raised the concerns that it is not possible to pre-book respite from the limited amount available in the area more than 3 weeks in advance in the private sector and highlighted that this causes added pressure on carers. The reluctance of the private sector to provide short-term beds was also highlighted and queries raised over the 'home profile' leaflet for Ecclesfold Resource Centre (provided as part of the consultation) and its accuracy as to whether respite beds were available as an option in all the homes in the highlighted radius.

Concerns were raised about the possible distress which may be caused to the users of the respite care. They highlighted their current enjoyment of being able to familiarise themselves with the Home and its staff by enjoying the day centre as an introduction to the service which they found reassuring and beneficial.

The criteria used by officers to determine which homes should close was seen to be flawed and not take into account the needs and wishes of local people. There was no support throughout the consultation process in favour of the proposal to close the respite care facility at the Resource Centre.

Consultation views on the proposal to close The Glebe, Alfreton

Letters Emails and Telephone Calls

Ten letters were received concerning the consultation, 13 emails and two telephone calls were received by the Stakeholder Engagement and Consultation Team. This included correspondence from Alfreton Town Council as well as notes of a meeting they held with the public.

Petitions and Facebook

An on-line petition was received opposing the closure of The Glebe from Ms Heather Arden, Alfreton containing 329 signatures. A further petition was handed in to Councillor Paul Jones by David Arden accompanied by some of the residents of the Glebe at County Hall, Matlock. This petition contained 2458 signatures totalling 2787 signatures for the combined petitions.

A further petition was received from Alfreton Town Council but could not be included as it did not state what the signatories were requesting the Council to do.

Public meeting

The meeting to discuss the proposals for The Glebe was held in Alfreton Library. At this drop in session 21 people provided their comments on the proposals and took away copies of the consultation information.

Meetings held at the Home

Two meetings were held at The Glebe at which residents, family and friends were invited to share their views and opinions on the proposals and to ask any questions. Seven residents and 43 relatives attended the meetings where they shared their views on the four criteria that were looked at within the Cabinet paper of the 16 June 2015. These four criteria were:

- 1 The quality and condition of the home and facilities and if it meets health and safety standards
- 2 The cost of maintaining the home to meet the needs of residents, the cost of adapting the home to meet the needs of people with dementia and the cost of running the current service
- 3 How suitable the home is and whether it can meet expected standards in the future
- 4 The benefits of keeping the particular home open and whether there is enough residential care or extra care available in the area

Comments received on these four criteria from all the methods used in the consultation were analysed and the following themes emerged:
Some of the comments received on these four criteria were:

Criteria 1. The quality and condition of the home and facilities and if it meets health and safety standards

Under criteria 1 the following theme emerged:-

Standard of Care

- ❖ We love the dining room here – to look out at the birds and gardens
- ❖ Has anyone noticed how lovely it is here, close to town, lovely gardens, why do you want to close it?
- ❖ You keep going on about the building – what about the Glebe's surroundings, the views out of all the windows here are great
- ❖ 'The Glebe' accommodation and facilities are compact and on one level. The building is set in landscaped gardens with associated wildlife

Criteria 2. The cost of maintaining the home to meet the needs of residents, the cost of adapting the home to meet the needs of people with dementia and the cost of running the current service

Under criteria 2 one main theme emerged:

Financial rationale contained in original Cabinet report

- ❖ What criteria did you use to assess the physical criteria – I went around lots of homes – like Rowthorne, The Willows, and Holmlea when I was looking for a suitable home for my mum and this one was far in front of the ones that I viewed
- ❖ I don't agree with the occupancy figures for the Glebe that have been produced
- ❖ Do you pay for the rental of this building from corporate property services by Derbyshire County Council?
- ❖ When the section of the Glebe was rebuilt following the tree fall, why was decision taken to update and what was the cost of this?
- ❖ I don't believe that the figures that have been provided are a true reflection of the Glebe's position
- ❖ A good home will be sacrificed to save a poor one
- ❖ If we are to be compared to East Clune in Clowne as The Glebe came so close to this Home in the evaluation– how many beds are available in the Clowne area?
- ❖ The figures on the costings of the Glebe – I think are weighted to Derbyshire County Council advantage – because this is the only thing in the evaluation that The Glebe falls down on

Criteria 3. How suitable the home is and whether it can meet expected standards in the future

Under Criteria 3 one main theme emerged:-

Meeting future standards

- ❖ Are all the homes that are proposed to be closed dementia care friendly?

- ❖ The size of the rooms could be got over by using the expertise of an Occupational Therapist and look at the equipment out there – this surely would be more cost efficient rather than close a well-loved and used resource?

Criteria 4. The benefits of keeping the particular home open and whether there is enough residential care or extra care available in the area

Under Criteria 4 four themes emerged. The themes were:

Alternative accommodation concerns

- ❖ On Cressy Road the safety factor of people wandering needs to be considered – The Glebe residents are safer in my opinion
- ❖ The alternative care provided in Community Care Centres are within one hell of a stone's throw based at Florence Shipley in Heanor
- ❖ The opening of the new home, Maple Mews on Cressy Road in Alfreton appears to have influenced the decision to recommend closure of 'The Glebe'. However, the Social Services management, who attended the recent meetings, admitted that the residents now in 'The Glebe' would not now be suitable for transfer to 'Maple Mews' as they are now 'institutionalised'. It is likely that the vast majority would have been unsuitable in the first place as the care provision at 'Maple Mews' provides sheltered, largely unsupervised care. 'The Glebe' on the other hand provides supervised care. The Council are not replacing like with like
- ❖ Possibility that our loved ones could go into a place that is not as good a standard
- ❖ If the decision is taken to close will we be given information on appropriate places to visit as alternatives?
- ❖ People who are resident here when they are not able to live independently any more – we have huge concern that independent living centre - whilst on paper they offer care options – with increase – I see Cressy Fields as a step toward residential care
- ❖ How can residents who have been assessed as needing residential care be put into one room in an extra care facility
- ❖ I go to work and I picked this home because it is easy for me to get to as it's local for visiting
- ❖ There are no homes for my Mum on a direct bus route for me to travel to visit her
- ❖ I have huge concerns about the private sector and the cost of residential care. They are only bothered about the profit. I am not impressed with the alternatives that are available

- ❖ Many people currently residing in 'The Glebe' originate from the 'Crich area'. For them there are few County Council run care homes options within say a six mile radius easily accessible by public transport. 'Ada Belfield', Belper, 'The Willows', Ripley and 'The Glebe', Alfreton. If proposals are implemented this will reduce to one. Social contact from friends and family is a very important part of their care. A major consideration when we chose a care home was the ease with which friends and family could visit. The location of 'The Glebe' ticked all of the boxes. If they have to move to another home, many would not be able to attend, or attend less frequently. As you are probably aware many people with vascular dementia become depressed. Depression with this form of dementia is virtually impossible to treat with drugs. I fear that if these visits are reduced periods of depression would increase

Future plans for the building

- ❖ Couldn't you use the rooms upstairs as training rooms, it could be a revenue stream?
- ❖ Can I ask what will happen to the building if it is closed?
- ❖ Why don't you sell this to the private sector instead of closing?

Financial concerns

- ❖ How much has it cost for these new specialist dementia centres?

Future of Services

- ❖ If we manage to stop this home from closing, how long would it be before you try to close it again?
- ❖ I want in house care and that choice for the future – but I want the Willows and the Glebe to stay part of that choice to the elderly of Derbyshire

General Comments

Comments which did not fit under the 4 criteria were placed under general comments. The following themes emerging:

Distress caused to residents

- ❖ I worry for my step-daughter, I am 92 and I can't face another move for her, I can't face another worry for her and for me. She has been here 2 years and this is the best care she has ever had. This is a dreadful situation, she won't get any better and I fear for her and me
- ❖ I hope it doesn't close, my mother is 97 and been here for 6 years and it's given her a new lease of life being here
- ❖ The residents are used to the staff here

- ❖ You are planning to split up vulnerable people and they may end up moving with people they don't know
- ❖ Don't take these people away from the people (other residents and staff) that they know
- ❖ Would you like this to happen to your relatives?
- ❖ Living in this home is the best and happiest I've ever been (resident comment)
- ❖ Is the local authority aware that the mortality rate of residential care home residents with dementia are as high as 43% upon re-location to alternative care provision?
- ❖ I lived at Southcroft in a flat and couldn't cope so ended up in the hospital – I then moved to the Glebe and the idea of going back to a flat I couldn't cope (resident comment)
- ❖ From a psychological point of view – loneliness can have a terrible effect on mental health and these Extra Care facilities can leave people lonely or if they are able to be supported to remain in their own homes – loneliness is a really big issue
- ❖ It is nice for relatives that you have a local home that enables them to visit their loved ones as often as they want
- ❖ This concerns very frail vulnerable people who don't have a say in their own future. To uproot them and send them off elsewhere is cruel. Their relatives are also in a lot of cases quite elderly and if this home is to go it needs to be considered that this will cause a lot of stress both to the residents and their relatives
- ❖ If the decision is taken to close will we be given information on appropriate places to visit as alternatives?

Overall budget allocation

- ❖ Cutbacks go on and on – when does it stop?
- ❖ Why isn't anybody fighting at London and the funding issue?
- ❖ My concern is that Adult Care has not been better protected from budget cuts – they are a huge percentage on Adult Care – couldn't they have been done better over a period of time?

Personal financial concerns

- ❖ Pledges to residents – will any extra costs of moving for residents be paid by DCC?
- ❖ If you chose a private care home – could the family pay any additional costs over and above if it is the family and residents choice to move there?

Pledges

- ❖ Who will do the assessments?
- ❖ Do we have to look for homes ourselves? I didn't get any help in finding a place for Mum and found the process very difficult and upsetting

Staff

- ❖ Where will the staff go, will there be redundancies?

Conclusions/Lessons Learnt

Overall the proposals were understood by the consultees however queries were raised about the unit cost and occupancy figures contained in the Cabinet paper and home profile and further clarity was sought on their accuracy. This has been subject to separate Freedom of Information requests. Appreciation was noted for the standard of care currently provided together with the praise for the location and the surroundings of the home.

Concerns were expressed by all involved in the consultation of the possible traumatic impact of a move of home for the residents, many of whom are well settled within the home and have developed strong friendships with other residents and with staff.

The criteria used by officers to determine which homes should close was seen to be flawed and not take into account the needs and wishes of local people. There was no support throughout the consultation process in favour of the proposal to close the home.

Consultation views on the proposal to close Hillcrest, Kirk Hallam, Ilkeston

Letters Emails and Telephone Calls

Twelve letters were received concerning the consultation. Three telephone calls were received and 10 emails received by SECT.

Petitions

A petition was received opposing the closure of Hillcrest from Mr Ian Filby, Long Eaton containing 81 signatures. A further subsequent petition was received from Mr Filby was received containing an additional 1039 signatures.

Public meetings

The meeting to discuss the proposals for Hillcrest was held in Ilkeston Library. At this drop in session 31 people provided their comments on the proposals and took away copies of the consultation information.

Meetings held at the Home

Two meetings were held at Hillcrest at which residents, family and friends were invited to share their views and opinions on the proposals and to ask any questions. 5 residents and thirty relatives attended the meetings where they shared their views on the four areas that were looked at within the Cabinet paper of the 5 June 2015. These four areas were:

- 1 The quality and condition of the home and facilities and if it meets health and safety standards
- 2 The cost of maintaining the home to meet the needs of residents, the cost of adapting the home to meet the needs of people with dementia and the cost of running the current service
- 3 How suitable the home is and whether it can meet expected standards in the future
- 4 The benefits of keeping the particular home open and whether there is enough residential care or extra care available in the area

Comments received on these four criteria from all the methods used in the consultation were analysed and the following themes emerged:

Criteria 1. The quality and condition of the home and facilities, and if it meets health and safety standards

Under Criteria 1, one theme emerged:

Standard of care

- ❖ People here don't care about the décor it's about the love and care they receive
- ❖ En-suite facilities are not important to my mum she doesn't even know where she is let alone the facilities she is using. Hillcrest is well decorated – it's warm and provides everything that my mum needs
- ❖ People are used to having separate bathrooms/toilets, dad never had en-suite when living with me in my home and I am sure it would not be top of his list of requirements if he could tell you what he wanted
- ❖ What are the rooms here used for, my mother has a bed a wardrobe and a commode, what more does she need? She does not need a big room with an en-suite

Criteria 2. The cost of maintaining the home to meet the needs of residents, the cost of adapting the home to meet the needs of people with dementia and the cost of running the current service

Under Criteria 2, one theme emerged:

Current financial rationale contained in Cabinet report

- ❖ The cost of someone with dementia is always going to be higher so was that taken into consideration?
- ❖ Looking at the three criteria and coming 16th for the building and 17th for the purpose then the only thing that let it down was the finances? So could it not have been given a greater grant in consideration of the specialism it has developed?
- ❖ How much did the survey say it would cost to put Hillcrest right?
- ❖ If Hillcrest was to be saved would it mean that another home would have to close?
- ❖ Costs were not compared with dementia care homes and that seems the reason for the closure - it isn't fair

Criteria 3. How suitable the home is and whether it can meet expected standards in the future

Under Criteria 3, one theme emerged:

Meeting future standards

- ❖ What's wrong with the décor and lighting at Hillcrest?

Criteria 4. The benefits of keeping the particular home open and whether there is enough residential care or extra care available in the area

Under criteria 4 four themes emerged:

Alternative accommodation concerns

- ❖ Are the other places designated dementia units?
- ❖ Our personal experience of large capacity homes is that staff are so busy that the quality of care deteriorates and the love and care is not there
- ❖ Most of the people here come from Kirk Hallam and their families are here
- ❖ How many of the other places that you have mentioned are secure and residents just can't wander out of their own free will?
- ❖ I understand that the resident's needs must come first, but there are relative's needs to be taken in to consideration as well and not all relatives can travel further afield
- ❖ With the homes you are closing is there enough space for all these people in your other homes?
- ❖ Those extra care are not going to benefit people here
- ❖ My mother will wander anywhere given the opportunity

Future rationale set out in Cabinet report

- ❖ What's to say you won't close another home that residents have moved to?
- ❖ It should not close it should stay open as a resource for people in the future
- ❖ Where are we locals all going to go when we get old?

Concerns about the overall quality and care in the private sector

- ❖ We have tried private before and come to DCC because they don't compare
- ❖ We fear about the standard of care that is provided in the private sector. In one home the electric carving knife had broken and the home would not replace it for the staff to use. The staff in the private sector are no comparison to the excellent staff at Hillcrest and we know this through our own personal life experiences

Future plans for the building

- ❖ Is it impossible to put an annex up the side on the ground here? it is land that is being maintained and at a cost

General Comments

Comments which did not fit under the 4 Area criteria were placed under general comments. The following themes emerged:-

Distress caused to residents

- ❖ It was the most heart rendering decision to put my mum in here and she now thinks of this as her home whenever we go out and we come back she says she is home, please consider moving residents and staff en-bloc to keep the continuity
- ❖ If the decision is taken to close Hillcrest – you should let natural progression to take its place and don't move the residents – you should keep Hillcrest open and allow the residents to live out their days there. You could fill in the places until time has taken its toll on them by allocating the beds as respite care beds
- ❖ My mum has been in here a year this is our fourth home and we felt that it would be her last, the staff here are fantastic and this is where she needs to be. I do understand the finances it's the way of the world unfortunately. I know here that I can come any time I can or need and the staff here will be here and welcoming at any time of day or night. The more old people move the more confused they become. My mum is very confused she does not understand and is even beginning to talk about suicide because she does not want to move again, she has been in private homes and the care is horrendous
- ❖ You are just making them feel like a piece of furniture that you can just move from one place to the other
- ❖ I don't know whether to fight it out or to start looking for somewhere

- ❖ How will putting my mother in a home with 50 flats going to help my mother?
- ❖ I was promised that I would have mum looked after with care and dignity. The staff know the residents so well at Hillcrest – I don't think you are going to keep your promise of letting mum live out her days in this home

Pledges

- ❖ How will you decide who is suitable for what type of accommodation?
- ❖ So what would your commitment be to offer people here a place in your homes?
- ❖ The residents here need to be assessed as a group, if they are assessed individually they will get split up and will have to start all over again with friendships and that is frightening
- ❖ As long as DCC stay to their plans and Pledges we should be able to look at this and it should not have such a diverse effect on the residents and relatives – good planning and sticking to it will be the key if the decision is taken to close

Staff

- ❖ You mention that you have staff here with a lot of expertise that can be used, but I hope it is not a matter of use and abuse and then they lose their jobs
- ❖ The staff must be very concerned also and how do the staff feel and will they be moving over if the opportunity arises and could we lose the staff
- ❖ Staff at Hillcrest know mum so well they know how to interpret what she does and says to ensure that she receives such excellent standard of care – the councillors need to be made aware what an asset the staff they have are to the council

Alternative accommodation concerns

- ❖ How many beds are there in the home at Cotmanhay so if the decision is made to close would there be enough beds to move residence en-masse?
- ❖ I need somewhere in Kirk Hallam as I don't drive and no-one else visits dad
- ❖ I am really, really disappointed as I had looked around the area at the time and there is not much out there for people with dementia. Where Mum received respite in the private sector is not a patch on Hillcrest where it is welcoming and friendly. The private sector are all about profit and the business not like the Council

Overall budget allocation

- ❖ You talk about extra care how and where has the finances come from for that

Personal financial concerns

- ❖ Would housing benefit cover the cost of moving to an extra care as he does not have a home to sell or an income?

Size of home

- ❖ I have worked in a large home and it does not work

Conclusions/Lessons Learnt

The proposals were understood by the respondents who participated in the consultation and it was ensured that the residents who lacked the capacity to make their views known were appropriately represented.

Concerns were raised about the higher cost of specialist dementia care compared to the other 4 homes which had been identified in the proposal and if it was appropriate to make a comparison of the costs. Respondents also raised concerns about the availability of suitable alternative dementia care locally and the loss of experienced and familiar staff.

The criteria used by officers to determine which homes should close was seen to be flawed and not take into account the needs and wishes of local people. There was no support throughout the consultation process in favour of the proposal to close the home.

Summary of Consultation

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

- There was consistent and widespread opposition across all five homes to the criteria used in determining which homes should be proposed for closure
- There was no support for the proposed closure in the five homes. Opposition to the proposals was expressed openly and clearly in each meeting and in the phone calls and correspondence received
- Concerns were expressed by all involved in the consultation of the possible traumatic impact of a move of home for the residents, many of whom are well settled within the home and have developed strong friendships with other residents and with staff
- Concerns were raised about the suitability and distance of alternative Homes and how carefully residents may be relocated if the decision is taken to close
- Concerns were raised about what would happen to the sites where the homes were located if the decision is taken to close. Consultees were apprehensive about the impact that this would have on both choice for the local elderly population in the future together with the financial impact of loss of local employment and resources

- There was no support in favour of the Council's proposal to close the homes and the respite care facility at Ecclesfold

Copies of the notes of all the consultation feedback results are available to Cabinet for further information. Copies of the notes taken at the two meetings in each home were sent to all next of kin of the residents of the homes and the respite care users and made available to Unit Managers for them to share with anyone who wished to view them. In addition to this everyone who took part in the public meetings if they expressed a wish to receive copies of the notes were sent these. This provided the consultees with a further opportunity to amend the feedback provided as part of the consultation process.

Copies of all the correspondence and the petitions are also available to Cabinet.

Appendix 2**OUR PLEDGES TO RESIDENTS**

1. We will treat you with dignity and respect and consult you and keep you informed throughout the process.
2. We will ensure relatives and friends chosen by you are informed of the home closure and are able to remain involved in the process too.
3. We will name a member of staff from your present care home who knows you well to listen to you, to support you and stay in contact with you.
4. We will provide an advocate to assist anyone who does not have mental capacity to make decisions about their future arrangements and has no family or friend to do this.
5. We will discuss your preferences, care and support needs with you and addressing your concerns about moving. We will update your assessment if necessary and check you agree with what has been written.
6. We will ensure you have as much choice as possible about the type of care service you choose. We will arrange for you to visit ones you consider may be suitable or for your family to do so if you are unable to do so.
7. We will complete a new 'support plan' and 'life book' with you to make clear your likes; things you want to do or be assisted with; your interests and priorities now and in earlier life. Once you are in agreement with what is in the plan/book this can be used to brief your new service providers and help them prepare for your arrival.
8. We will ensure that within reason you do not incur any additional costs through moving to a new provider.
9. We will carefully plan the day of the move with you – who you want to travel with you; how you travel; a written list of personal items – everything will be done to reduce stress or worries.
10. We will visit you and find how you are doing after the move and check if there is anything else you wish to be done.
11. Finally we pledge to try our best to meet your own personal priority – for example you may have friends you particularly wish to stay together with after a move.

Appendix 3

Derbyshire County Council Adult Care Major Change and Closure Guidance - Accommodation, Care and Support for Older People

Approval and Authorisation

Name	Job Title	Date
Authored by: David Gurney & Katey Twyford	Group Manager Performance Group Manager Capital Investment Project	August 2012
Approved by: Bill Robertson	Strategic Director	August 2012
Authorised by:	Quality and Compliance Group	November 2014

Change History

Version	Date	Name	Reason
V 1	October 2012	David Gurney & Katey Twyford	New Guidance
V 2	November 2014	David Gurney	Review and update
V 3	May 2015	David Gurney	Changes to Appendices 2-3 to reflect best practice
V4	October 2015	Jenny Hudson	Changes to reflect best practice for stages 3 and 4

This document will be reviewed on a regular basis – if you would like to make any comments, amendments, additions etc please email Dawn Nash – Procedures and Information, dawn.nash@derbyshire.gov.uk

Contents

1. Introduction.....	73
2. First Stage: Agreeing the strategy and plan	73
2.1. The case for change	73
2.2. Consulting on the strategy or proposals	73
2.3. Criterion for agreeing change or closure	75
2.4. Preparing for the consultation.....	75
2.5. Undertaking the consultation	76
2.6. Analysis and submitting the proposal for consideration and approval.....	77
2.6.1. Gathering and analysing the information.....	77
2.6.2. Selecting the best format to present the proposals	77
2.6.3. Including key information in the report or presentation	77
2.6.4. Confirming the outcome of the consultation and the proposed strategy	78
2.7. Preparing for the next stage	78
3. Second Stage: Consulting on the Delivery Plans	79
3.1. Background to consultation on specific delivery plans	79
3.2. Good practice in Stage Two consultation	79
3.3. Next steps after the Stage two consultation.....	81
4. Third Stage: Working with individuals to manage the change or closure	81
4.1. Process of Assessment	81
4.1.1. Supporting individuals to communicate their needs and wishes	82
4.1.2. Consideration of risks	82
4.1.3. Multi-disciplinary contribution to the assessment.....	83
4.1.4. Important and useful information about an individual.....	83
4.2. Support planning.....	83
4.3. Monitoring the transition arrangements	83
4.4. Providing independent information and support.....	83
4.5. Resettlement	83
4.5.1. Choice and control	84
4.5.2. Financial implications.....	84
4.5.3. Considering the options available.....	84

4.5.4. Making the transition.....	84
4.5.5. Reviewing the transition and new arrangements	85
4.5.6. Timescales for making the move	85
4.6. Managing any complaints	85
5. fourth Stage: Making the transition – the practical steps.....	86
5.1. Closing down a service or building –.....	86
5.1.1. Pre-planning: at least three months before closure	86
5.1.2. Four weeks notification of closure	86
5.1.3. Reminders to agencies and contractors: one week before closure.....	87
5.1.4. Final task for closure: on the last day	87
5.2. Preparing to take up occupancy in a new building.....	87
5.2.1. Ordering furniture and equipment: four months ahead of completion	87
5.2.2. Confirm delivery dates – one month before completion	88
5.2.3. Initial tasks upon occupancy	88
5.2.4. Settling in: the first twelve months	88
Appendix 1: Pre-move checklist	89
Appendix 2: Process of the move.....	90
Appendix 3: Post move arrangements and review	91
Appendix 4: Transfer to new provision – summary and feedback sheet	92

1. Introduction

Any potential major change, which may include closure, in the way a service is provided can be an unsettling and traumatic event for those at the heart of service currently provided.

The purpose of this guidance is to ensure that the preparation of proposals, any required consultations, decision-making processes, and subsequent implementation of changes or closures are carried out thoroughly and transparently.

Any proposals for change, consultations, decisions made, and subsequent actions will need to be carried out sensitively, and with full regard to the needs of the residents or clients.

This guidance sets out how the process should be conducted from inception of the proposal to Cabinet through to supporting individuals affected to make the change.

The guidance is set out in four sections:

First Stage: Agreeing the strategy and plan

Second Stage: Consulting on the delivery plans

Third Stage: Working with individuals to manage the change or closure

Fourth Stage: Making the transition – the practical steps.

The guidance in this document is based on established and emerging best practice using information gathered from other Local Authorities, research based evidence, guidance from the Association of Directors of Adult Social Services, and the outcomes of judicial reviews and legal challenges. As such, any new change or closure being considered by the Authority will also need to be considered in the light of any recently issued best practice and guidance.

2. First Stage: Agreeing the strategy and plan

The modernisation and maintenance of accommodation, care and support to meet the needs of a rapidly ageing population has to respond to increasing expectations around choice and personalised outcomes as well as regulatory requirements.

2.1. The case for change

Reviewing services, and considering alternative proposals, should fit within a strategic framework or plan. A sound plan should:

- Serve as a framework for decisions or for securing support/approval.
- Provide a basis for more detailed planning.
- Explain the business proposal to others in order to inform, motivate & involve.
- Assist benchmarking & performance monitoring.
- Stimulate change and become building block for next plan.

It is important that the strategy or plan is backed up by a business case to support any proposals within it. As the Authority is governed by the County Council Cabinet any strategy or plan for major changes or closure will need to be approved by Cabinet.

2.2. Consulting on the strategy or proposals

In preparing the business case or report for Cabinet it is important to take into account the views of the local populations that could be affected by the proposals.

Some large scale changes require statutory consultation, others do not. Specific guidance should be sought from the Authority's legal department on whether statutory consultation is required.

The Cabinet Office Code of Practice on Consultation² provides seven criteria that should be considered if consultation is to be carried out at this strategic level. They are:

Criterion 1 When to consult

Formal consultation should take place at a stage when there is scope to influence the policy outcome.

Criterion 2 Duration of consultation exercises

Consultations should normally last for at least 12 weeks with consideration given to longer timescales if required by the particular circumstances of the service concerned.

Criterion 3 Clarity of scope and impact

Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

Criterion 4 Accessibility of consultation exercises

Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

Criterion 5 The burden of consultation

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

Criterion 6 Responsiveness of consultation exercises

Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

Criterion 7 Capacity to consult

Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

Derbyshire County Council is keen to ensure that consultation is appropriate and meaningful. The Authority aims to optimise the way it consults by adopting a proportionate and targeted approach, so that the type and scale of engagement is proportional to the potential impacts of the proposal. The emphasis is on understanding the effects of a proposal and focussing on real engagement with key groups.

The Derbyshire County Council Adult Care Consultation and Engagement team and/or the Authority's legal section will be available to provide guidance and advice on appropriate consultation for each individual circumstance in line with the criteria and principles set out above.

² HM Government, Cabinet Office Code of Practice on Consultation, July 2008

2.3. Criterion for agreeing change or closure

A proposal for strategic change, which could include closure of a service, will be based upon a set of key objectives. A criteria should be agreed and used to analyse the relevant factors set out within the proposal or business case. These should be published within the consultation documentation.

Criterion could include such issues as:

- Changes in demand based on Joint Strategic Needs Assessment and current service provision
- Any agreed commissioning priorities
- Performance data, including service delivery and financial costs
- Condition of any buildings
- Regulatory compliance issues, including both building quality and service e.g. health and safety and Care Quality Commission
- The current circumstances of the service including location, ability to adapt within the proposed strategy, and any opportunity costs for the service, building or land
- Availability of comparable or complementary services within the locality
- Potential impact on different groups with protected characteristics as defined by the 2010 Equality Act.

The criteria selected for consultation should be based on the specific requirements of any proposed strategy.

2.4. Preparing for the consultation

In order to undertake an effective consultation the following checklist should be used:

	Task	<input checked="" type="checkbox"/>
1.	Gain cabinet approval, if required, to go out to consultation by setting out for them the subject of consultation, the proposed methodology and the proposed target group(s)	
2.	Identify the criteria to be used during the consultation	
3.	Prepare the consultation document – make it useful and accessible. It should include:	
3.1.	Introduction – does it recap the situation; does it set out what is non-negotiable; does it give feedback on what people have said previously?	
3.2.	Outline of the proposal and elements within it	
3.3.	Description of the benefits of the proposal and planned services or facilities	
3.4.	Description of the rationale for the changes eg demographic changes, available funding etc	
3.5.	Description of any background analysis that will need to be done, and set out the criteria that will be used to inform any specific proposals within the strategy; and where there are a number of options for consideration, be clear what the preferred option(s) is / are	
3.6.	How individuals or groups can have their say, any support that may be available to help them have their say, and how long the consultation	

	Task	<input checked="" type="checkbox"/>
3.7.	period will last	
3.8.	Description of what options might be available to individuals who currently use services or facilities that might be affected	
3.9.	Description of what will happen once the consultation period has closed	
3.10.	Confirmation of how individuals can contact the organisation / submit their views and confirm any confidentiality issues	
4.	How individuals can obtain any supporting documents	
4.	Review whether the documentation is transparent	
5.	Agree what formats the consultation documentation should be available in; digital, hard copy, large print, other languages etc	
6.	Set out the dates for the consultation, and who will lead / support in the consultation itself	
7.	Set out the recording and reporting procedures to be used	
8.	Set out the timescale for analysing the feedback from the consultation	
9.	Set out the timescale for reporting the outcome of the consultation to the appropriate decision making group (including Cabinet where necessary)	
10.	Discuss the consultation plan and any likely risks or issues with the Authority's public relations team	

2.5. Undertaking the consultation

Once the preparations have been made, the consultation should be undertaken over the required period. It will be important to ensure:

- Consultation should be undertaken simultaneously in all services affected
- An [equality impact analysis](#) should be undertaken at the same time as the consultation
- All staff involved in facilitating the consultation are briefed in advance
- There is ongoing support for those undertaking the consultation
- Appropriate support is provided for anyone who has identified communication needs
- There is a central co-ordinating role to ensure consistency where the consultation involves multiple groups, services or facilities
- Records of meetings and consultation events are stored in an appropriate format and in a timely manner. They should be easily retrievable in the event that they are required during or after the end of the consultation (for further guidance see [Meeting Standards](#)).

2.6. Analysis and submitting the proposal for consideration and approval

2.6.1. Gathering and analysing the information

Supporting information should be gathered in parallel with the consultation being undertaken, so that the analysis can take into account:

- Qualitative and quantitative data regarding the relevant criteria as set out in section 2.3 above
- Feedback provided by all groups and individuals as part of the consultation.

Involvement of partner organisations will be required at this stage, where appropriate, to help complete the analysis and formulate any revisions to the proposed strategy or plans.

2.6.2. Selecting the best format to present the proposals

The outcome of the consultation and the resulting proposal should be set out in a format that can be used to inform and seek approval from Cabinet.

In addition to this, other means of presenting the proposals may be required to inform a wider audience of the outcome of consultation. These could include:

- An information sheet such as the Adult Care 'Perspectives'
- A powerpoint presentation / DVD.

2.6.3. Including key information in the report or presentation

The format of the report should be appropriate to the intended audience, but should include some or all of the following:

- The background and reason for the proposed strategy or plan (eg financial effectiveness of the service, service no longer appearing to meet required standards, changes in demand for the service etc)
- The criteria used to develop the proposal
- The methods used to analyse the information
- The process used to consult on the criteria
- Any changes to the criteria that need to be considered as a result of consultation
- The main points arising from any options considered (any detail should be included as appendices)
- The outcome of any option appraisal
- The preferred option and the reason for it being the preferred option
- Any property, financial, human resource, legal, equal opportunities and other consideration (which could include prevention of crime and disorder, environmental, health and transport considerations)
- Any specific officer recommendations for approval.

2.6.4. Confirming the outcome of the consultation and the proposed strategy

There may be a range of outcomes once Cabinet has considered the report, including:

- The officer recommendations are not approved, and an alternative proposal or strategy may need to be developed and consulted upon
- The officer recommendations are approved with conditions, and the proposal or strategy may need to be revised (with or without further approvals required)
- The officer recommendations are approved without conditions, and more detailed planning will start.

In all cases it will be necessary to feedback the outcome to all relevant parties, with information on what will happen next and when. The level and method of communication should be appropriate to the target audience, and should form part of a project or service communication plan. Close working with the Authority's public relations team will be essential at this stage.

2.7. Preparing for the next stage – consultation on proposed delivery plans

At the conclusion of the first stage, if approval has been given for the proposals to be implemented there will be detailed planning work to set out a delivery plan for the approved strategy. The delivery or implementation plan will require an appropriate level of governance and programme or project management supported by necessary specialists across the Authority. Consideration should be given on how best to include current clients or other potential stakeholders in taking forward the implementation plan. The Adult Care Consultation and Engagement team will be able to support in identifying and initiating contact with potential community reference group members.

The delivery plan will include proposals for managing the change of individual services or facilities. The delivery plan will include contingencies or alternatives should it not be possible to proceed with any one specific element of the proposals.

Where individuals or groups are going to be directly affected by the specific delivery plans it will be necessary to consult on those plans.

3. Second Stage: Consulting on the Delivery Plans

3.1. Background to consultation on specific delivery plans

Consultation will be required on a specific proposal for change of service or service closure. It is important to differentiate between consultation about the proposed closure (with residents, families and other key stakeholders) and subsequent consultation with staff once a decision to change or close a specific service has been made. Second stage consultation on the delivery plans is aimed at the former. Consultation with staff about their employment will only start once Cabinet has made its decision on the future of the service in which they work. This consultation will take place in line with human resource policies agreed with trade unions.

Second stage consultations should be carried out as and when required to ensure people are given timely information, at a point when a decision on the future of their individual service is business critical, so that they can contribute fully to the process.

3.2. Good practice in second stage consultation

This round of consultation will provide information about the implications of the previously approved strategy, the likely timescales, options and choices, and any special considerations that should be applied to their specific service that might prevent their establishment being taken forward as proposed. As well as providing information, the consultation must seek to gather the views of all with a legitimate interest who wish to participate in the consultation. An equality impact analysis should be conducted in parallel with the consultation.

Good practice guidelines set out in the section on first stage consultation should be adhered to. The following checklist should be used to prepare and undertake the consultation on delivery plans:

	Task	<input checked="" type="checkbox"/>
1.	The consultation teams and equality impact analysis are in place (consider any need for independence from either the current service or the proposed changes)	
2.	The consultation timetable is agreed	
3.	Public Relations are advised of the consultation proposals and timetable	
4.	Supporting materials are in place, including:	
4.1.	Key messages from any first stage consultation	
4.2.	Background analysis on the circumstances surrounding the particular establishment affected	
4.3.	An outline of any options that can be considered / or any items that are non-negotiable	
4.4.	Any list of pledges that may be relevant to the service or people affected	
4.5.	Any press releases that may support the consultation process	
5.	Advocacy eg Independent Mental Capacity Advocate is available if	

	Task	<input checked="" type="checkbox"/>
	needed	
6.	The consultation team and those facilitating the consultation are briefed and the consultation plan agreed	
7.	Those directly affected by the proposal are notified of the consultation process:	
7.1.	<ul style="list-style-type: none"> Those receiving the service Family carers, advocates and any close friends acting in effect as next of kin 	
7.2.	<ul style="list-style-type: none"> Staff are notified that the process will begin and their role within it 	
8.	Consultation start and finish dates are adhered to but with flexibility to extend the finish date in exceptional circumstances	
9.	The views and comments of all stakeholders are captured and recorded. Stakeholders are encouraged to express their views in a manner that suits them which may include some or all of the following:	
9.1.	<ul style="list-style-type: none"> Digital or hardcopy questionnaires 	
9.2.	<ul style="list-style-type: none"> Group meetings or one to one conversations *Note1 	
9.3.	<ul style="list-style-type: none"> Web-based comments 	
9.4.	<ul style="list-style-type: none"> Letters and emails 	
9.5.	<ul style="list-style-type: none"> Telephone enquiries 	
10.	A communication plan is in place to ensure that the broader range of agencies and voluntary sector groups with a legitimate interest in the future of the particular service are contacted and asked to contribute their views	
11.	Clear lines of accountability are in place in Adult Care to respond to ad-hoc queries from interested parties and the press, and to disseminate the outcome of any considerations, approvals, or agreed actions	
12.	Time and resources are allocated to analyse the information and write the consultation outcome report including the conclusions of the consultation and the draft recommendations on the future of the service or establishment	
13.	The report and officer recommendations are prepared and submitted to appropriate approval processes, including Cabinet where required	
14.	A briefing session is held with managers as soon as possible after the approval process has completed to provide them with information about any decisions made, the implications of any outcome to the report and our next steps, enabling them to manage communication with staff and residents/clients to ensure the right messages are being received	

*Note 1: it is recommended that:

- A minimum of two group meetings will take place within each affected service. The first meeting should take place in day-time and the second meeting should take place in the evening. The two meetings should take place no less than two weeks apart. These steps will ensure relatives and residents/clients have an option of when to attend to suit them.
- A lead officer from the consultation team should attend each meeting plus the service's manager or deputy manager.
- A stakeholder event for agencies and voluntary sector groups with a legitimate interest in the proposal should be organised approximately half way through the consultation process and will involve those stakeholders identified within the communication plan.

3.3. Next steps after the second stage consultation

If, as a result of the approval process, it is decided that a major change or closure will go ahead, then time and energy must centre on how the needs of residents/clients are to be best met during a period of transition to assist them in making the right choices for their future.

Underpinning this will be the set of pledges, tailored to the service and target group of individuals involved, set out in the consultation process detailing how the Authority would address the concerns of residents/clients.

4. Third Stage: Working with individuals to manage the change or closure

When a decision has been made to change or close a service currently being provided to individuals, the Authority has a duty to assess the needs of **all** residents/clients irrespective of the individual arrangements for paying for their care.

This section sets out the process by which fieldwork service case workers and direct care staff will support individuals to manage the change or closure. A basic principle running throughout the process is that relevant agencies should work together in the best interests of the residents.

4.1. Process of Assessment

Fieldwork services case workers need to undertake individual assessments of the residents/clients, using the standard documentation on the Case Management System (formerly Frameworki), taking into account all appropriate elements of the pledges and ensuring these are covered within the documentation. The process will include family carers, advocates (where required), staff at the home/unit and relevant health care professionals to ensure that the fullest picture possible is gained of needs, wants and aspirations of the individual resident/client. Ensuring the health and wellbeing of all individuals throughout this very significant change will be of central importance.

An assessment must be carried out by a fieldwork services case worker with an individual resident/client within an appropriate timescale relevant to the timescales for

decommissioning of the service. The assessment should be carried out no sooner than 5 months before they would be resettled and allow plenty of time once the assessment has been completed to allow that information to be used to identify options and choices for the individual. Given that in any care setting, friendship groups will have been formed, it is important that close consideration is given as to how these can be maintained, either by friends moving together if they so wish or by making arrangements for continued contact to be made through, for example, visits. These friendships may in some instances be as important, or indeed more important, than the relationships individuals have with people visiting them.

4.1.1. Supporting individuals to communicate their needs and wishes

Any specific communication needs of individuals will be addressed to ensure they play the fullest possible part in setting out their needs, wishes and aspirations and how these are best met.

The provisions of relevant legislation such as [the Mental Capacity Act 2005](#) and [the Mental Health Act 1983](#) will be considered wherever appropriate and where required a referral made to the IMCA service requesting support for the individual resident/client.

4.1.2. Consideration of risks

Particular attention in the assessment and the subsequent recording must be paid to the risks involved in a resident /client moving from their current setting. As with any major change in the circumstances of an individual, significant life changes (of which moving home/day-care setting is one) can be traumatic and in extreme cases life threatening, and this may be exacerbated if the resident/client has had to deal with other major changes in their lives. Risk cannot necessarily be eliminated but good planning will help to mitigate the impact of risk.

Some individuals are more susceptible to the impact of relocation than others. They are likely to be more affected by any life event. Characteristics which identify people likely to encounter the greatest difficulty include:

- Evidence of previous breakdown in response to stress
- Age, with very advanced age making it more difficult to adapt
- Gender – men by and large adapt less well to change and stress than women
- The presence of pathological impairments which may produce physical impairments, reduced mobility or urinary incontinence and/or make it more difficult to understand the environment (e.g. reduced eyesight, reduced hearing or deafness or other loss of sensory facility)
- The presence of depression, anxiety or a demonstrated vulnerability to such symptomology is likely to be exacerbated by any move
- The presence of cognitive impairments, such as impairment of the facility to understand, comprehend, remember and reason with the information that a move is to be made makes the individual particularly vulnerable. No matter how much effort is put into explaining the situation and to help them come to terms with it, all that work may be lost because of the failure to register and remember. In addition to this, fragments of an understanding and the anxieties associated with that understanding or half understanding may come back repeatedly to haunt the individual.

Combinations of these vulnerability factors increase the risk of adverse reactions to the relocation stress and their presence should be noted.

Additionally, residents with a history of falls are more at risk of increased falls in a new environment and so this should be highlighted so that additional falls

precautions/preventions can be considered in any future location.

4.1.3. Multi-disciplinary contribution to the assessment

As part of the assessment process, the fieldwork services case workers must obtain the views of the GP or consultant in writing as to what risks there may be in a resident/client moving, whether these can be mitigated and if so what needs to be done to achieve this. This could involve medical supervision during the transfer process.

Contributions from other members of multi-disciplinary teams should be sought as appropriate to the individual.

4.1.4. Important and useful information about an individual

All residents/clients should be offered the opportunity to complete a Life Book and Move Book. The content of the former will be determined by the individuals though the suggested framework is likely to cover such areas as personal history, likes and dislikes relationships, education, memories and interests. It could also include photographs (past or present). The contents of the latter will focus on what important factors need to be taken into account in the move itself. This will be more appropriate where the client is moving into a care setting supported by a different group of staff rather than circumstances where there is continuity of care and support.

4.2 Care and Support Planning

A new and detailed Care and Support Plan will be produced in conjunction with residents/clients. This document will provide clear statements of future care needs and of the preferred way this care should be provided in the new care setting. It will specify in detail the ways the resident/client's care and support should be provided so as to ensure that their personal dignity, independence, abilities and control over services is maximised.

4.3. Monitoring the transition arrangements

Internal monitoring processes, overseen by a member of the senior management team, need to be in place to ensure that progress is being made at an appropriate rate on the assessment and future care and support planning for all residents/clients. It is important that residents do not feel rushed into making a decision.

4.4. Providing independent information and support

Residents/clients and families/carers will have access to an independent information, support and advocacy service. The advocacy service is primarily aimed at those people who lack capacity or have communication difficulties and do not have other support available or where there is conflict between the views of the resident/client and others involved in the process.

4.5 Resettlement

The identification of the appropriate resource to meet the needs and preferences of individuals will be based on the assessment and the resulting agreed care and support plan.

4.5.1. Choice and control

It will be important for people to feel that they are given the maximum amount of control over their future care provision. This will be enhanced by them being able to consider all available options, and to make an active positive choice about which provision they prefer. They will be facilitated to visit alternative provisions that appear to be able to meet their support needs and for which they appear to meet any admission criteria. Fieldwork services case workers will provide details to individuals of the current potential resources that are available. The Care and Support After-care (Choice of Accommodation) regulations (number 2670), 2014 are applicable in the selection of a new home.

4.5.2 Financial implications

The financial implications to the individual of the various options they are considering will be carefully explored with them in order to assist them to make the best decision for themselves. For many clients this will involve the use of a personal budget if they are living independently. If they are in a residential home this will cover primarily the costs of a new potential placement and how any difference in cost between current and future fee levels are met.

4.5.3. Considering the options available

Fieldwork services case workers will be updated about vacancies across a range of services by Brokers on a regular basis so that as vacancies occur residents can be informed of potential opportunities for moving. Care Quality Commission inspection (CQC) care home reports will be made available to assist individuals to make a comparative judgement on the quality of homes.

4.5.4. Making the transition

In order to facilitate the smoothest possible transition from the present home to the new care setting, a number of checklists have been drawn up to provide guidance on issues that need to be covered. The checklists cover the areas of:

- Pre move arrangements (Appendix 1)
- The process of the move (Appendix 2)
- Post move arrangements and review (Appendix 3)
- Transfer to New Provision Summary and Feedback Sheet (Appendix 4).

The day of the move will be a particularly significant event in the life of an individual. No matter how much planning goes into this to make it as positive and supportive as possible, some factors cannot be accurately foreseen. These include the health of the resident, the weather and the last-minute unavailability of key staff in the actual move. However advanced the plans may be, it may be necessary for the move date to be re-scheduled rather than to keep to a date despite changing or unforeseen circumstances. This should be kept under close review by the Fieldwork services case workers, care staff and relatives/advocates.

The pre-move checklist and process of move checklist (appendices 1 and 2) are designed to ensure that all aspects of the move have been considered in advance and that all arrangements have been made for a smooth transition, ensuring that the resident/client moves to a new setting with the maximum

possible continuity of care to meet their health and social care needs.

4.5.5 Reviewing the transition and new arrangements

A review of the new arrangements for each individual will be co-ordinated by the Fieldwork services case workers no later than 28 days after the move. An earlier review can be arranged if required at the request of any party. The Fieldwork services case workers will arrange for notes and outcomes of the review to be provided to all those in attendance and to those who it is agreed should also receive them. The review will consider all aspects of the new support package.

Particular attention needs to be paid in the review to the health and well-being of the resident in the light of the risks identified in the assessment and how effective the mitigation has been. The review must also consider whether fresh risks have been identified now the move has taken place and how these can be addressed through mitigation.

After the first review the fieldwork services case workers must complete on the Case Management System (formerly Frameworki) the Transfer to New Provision Summary and Feedback Sheet, available as Appendix 4. These will be read by the senior manager involved in the re-settlement process for that particular care setting to address any lessons that need to be learnt for the current process of re-settlement and any future similar events.

Further reviews need to be carried out on a minimum of an annual basis once all parties have agreed that the placement is settled. Up to that point reviews need to be carried out at a frequency which enables all parties to discuss and resolve how best to ensure the resident/client becomes settled in their new setting. If this proves to be unachievable, a fresh assessment will be required to consider other options which need to be explored.

4.5.6. Timescales for making the move

Research undertaken by the University of Birmingham summarises the recommendation by individuals and relatives about closure timescales for care homes. The key recommendation made is that notice of closure (or departure date) should be flexible and sufficient to allow time for alternatives to be properly explored and choices considered. Some establishments have waiting lists and these must be taken into account. At least two months is recommended, more in areas where there is limited supply. A specific day should not be named.

In order to ensure that sufficient time is available for assessments and resettlement plans with all individuals at a home, it is anticipated that the assessments and resettlement process will take about 6 months to complete.

4.6. Managing any complaints

A fast track complaints process will be in place so that if any party is concerned about any aspect of the process, then they can draw this promptly to the attention of the Adult Care complaints manager.

4. Fourth Stage: Making the transition – the practical steps

If the building is to be replaced and there is a particular item that clients and staff would like to be put in the building, ensure the new build design team knows this at an early stage. Examples of things that can be incorporated into the scheme are stained glass, a fire surround.

4.1. Closing down a service or building

The closure tasks will be phased over a period of approximately three months:

This needs to be flexible and require handling sensitively to allow the service to operate normally until all the effected individuals have moved.

4.1.1. Pre-planning: at least three months before closure

At least three months before closure it will be necessary to prepare for the move ahead. At this stage it is important to think about what, if anything will need to move into any new build, or will need to be taken by current clients / residents to their new facility or home. The following checklist can be used.

Task	<input checked="" type="checkbox"/>
Start to clear out all unwanted items, furniture and rubbish.	
Check existing inventory for accuracy, have items to be disposed of written off. This inventory must be retained, and must be accurate for audit purposes	
Speak to Business Services Finance to check how long financial documents should be retained and where they are to be stored	
Ask for confidential waste to be removed when required	
Arrange with Business Services Finance a date when all financial systems can be checked and closed	
Advertise a list of items available for re-use, first to local Adult Care establishments, then to all Adult Care establishments. Ensure they know they will have to make arrangements for collection. If there are still items available advertise to other departments	
REMEMBER chairs, settees, beds and mattresses that do not meet FIRE STANDARD IGNITION SOURCE 5 must be put in a skip and disposed of	
Label items with the name of the establishment it is to go to and keep a list where everything has gone	
REMEMBER a skip must be 10 meters away from the building and if it is to stay on the grounds overnight should have a lockable lid. If rubbish is to be collected it should not be piled up next to a building	
Label all keys to building	

4.1.2. Four weeks notification of closure

The following tasks include the formal notifications that will be required to ensure that a building can be closed down and will not be liable for any ongoing amenity bills etc.

The following list is not comprehensive and each establishment should ensure it has notified any other organisations or sections relevant to their establishment or service.

Task – The following organisations have been notified in writing:	<input checked="" type="checkbox"/>
District Council for Business/Council Tax	
Utilities for gas, electric and water (with a copy to County Procurement Section to ensure the establishment is taken off any contract lists)	
Insurance Section	
Post Office, with provision of a forwarding address for mail	
The Adult Care General Office with provision of a forwarding address for mail	
Transformation Section for telephones, MDF and computer equipment. BT for final telephone bill	
Waste companies, sanitary bin suppliers, food suppliers, papers, linen hire, call system, burglar alarm	

4.1.3. Reminders to agencies and contractors: one week before closure

As the date of closure approaches it is important to ensure that the final practical and safety arrangements are in place. These will include, but may not be limited to:

Task	<input checked="" type="checkbox"/>
Inform Property Services to collect fire-fighting equipment, turn off gas, electric and water. Drain down the heating system. Board up windows and doors if required	
Inform the Police and ask them to keep an eye on the property	
If the property is to be sold, when the building is completely empty all the keys are to be given to the Estates Department. Fixed items must not be removed without prior consent	
If the building is to be demolished fixed items are not to be removed unless permission has been given before the demolition contract is awarded	

4.1.4. Final task for closure: on the last day

Task	<input checked="" type="checkbox"/>
Take meter readings and keep a record of them	

4.2. Preparing to take up occupancy in a new building

As with closure of a facility, preparation for opening a new facility will need to be planned ahead and phased. Colleagues from property services or any relevant project teams will be able to assist the new manager in this process.

4.2.1. Ordering furniture and equipment: four months ahead of completion

All furniture and equipment will be purchased from approved suppliers on the Derbyshire county Council Framework Agreement. This will optimise purchasing power, reduce administrative costs and meet DCC financial Regulations.

Task	<input checked="" type="checkbox"/>
Place orders with Manufacturers.	
Give Manufacturers estimated delivery dates	
Arrange for quotation for the supply and fitting of curtains and bed	

Task	<input checked="" type="checkbox"/>
throws	
Arrange with builder when curtain contractors can take an accurate measurement	
8 weeks before occupation start the registration of the service with Care Quality Commission.	

4.2.2. Confirm delivery dates – one month before completion

Task	<input checked="" type="checkbox"/>
Confirm delivery dates with builders and manufacturers	
Arrange contracts for waste disposal, window cleaning etc.	

4.2.3. Initial tasks upon occupancy

The manager of the new facility will need to:

Task	<input checked="" type="checkbox"/>
Ensure registration of service has been approved by Care quality Commission.	
Update Travel Plan to reflect journeys of staff appointed.	
Complete fire risk assessment. This will need to be reviewed when the building is occupied and as and when required	
Prepare Fire Evacuation procedures	
Prepare booking in and out procedure for tracking fob / pagers	
Accept delivery of remaining furniture and equipment	
Arrange for Commissioning/demonstration/instruction of equipment such as baths, cooking equipment, call system, fire alarm, heating controls	
Ensure all operating manuals and certificates are handed over to the manager	

4.2.4. Settling in: the first twelve months

Task:	<input checked="" type="checkbox"/>
Ensure staff are aware of who to contact about any defects in the fabric of the building, fire alarm and electrics. (The builder for the first 12 months)	
Ensure staff are aware of who to contact about any defects in the cooking equipment, dishwasher, laundry equipment and baths. (The manufacturer for the first 12 months or until extended guarantee expires)	
Ensure staff are aware of who to contact about any defects in any installed telecare or nurse call system (contact the supplier)	
Where accommodation and services are provided through partnership arrangements, ensure all staff are aware of whether the initial contact as set out above is direct or via partners and any differences to contact points in and out of hours	

Please note: If Property Services are called to repair equipment in the first twelve months the guarantee is invalid.

Appendix 1: Pre-move checklist

Task	Person responsible
Are all relevant assessments up-to-date, detailed and available?	Case worker
Has the new Support Plan been completed and made available?	Case worker
Have the new Personal Support Plan, Life Book and Moving Book been completed and made available?	Unit manager
Is there a contingency plan for what happens if the person is not fit to move on the day?	Case worker
Have arrangements been made for a settling in period in the receiving care setting?	Case worker
Has there been discussion with the manager in the receiving care setting who will be responsible for the resident/client?	Case worker
Does the resident/client and their relatives or carers know who this will be?	Case worker
Have arrangements been made for staff in the receiving care setting to get to know the resident/client prior to transfer through one or more visits to the new care setting?	Unit manager
Are the staff of the receiving care setting familiar with the resident/client's personal support plan, including issues such as how to handle distress?	Case worker
Have the staff of the receiving care setting been involved in drawing up the transfer plan?	Case worker
Has medical cover been discussed and arranged – in particular what arrangements are in place for transfer to another GP where this is necessary? Also has access to District Nursing support been confirmed where required?	Case worker
Has an adequate (at least two weeks) supply of medication, dressings, and equipment been ordered to cover the post transfer period?	Unit manager
Has the local pharmacy been informed about any special needs?	Unit manager
Have the assessed needs and the support plan been reviewed in the 3 to 4 weeks before the planned transfer?	Case worker
Has it been decided who will be travelling with the resident/client during the transfer?	Unit manager
Has transport been arranged taking account of how many people will be travelling with the resident/client and who they will be?	Unit manager
Have arrangements been made in the new setting for relatives and carers or friends to be able to contact or visit the resident/client?	Case worker
Does this allow for continuation of previous visiting patterns?	Case worker
Has the resident/client had the opportunity to say goodbye to friends and staff?	Unit Manager
Has it been agreed what the individual is taking with them? This will include the personal possessions they have in their room. It may also include a particular item such as a picture or ornament which belongs to the home	Unit Manager

Appendix 2: Process of the move

Task	Person Responsible
Is the resident well enough to move and if not what contingencies are in place?	Unit Manager
Is all the following documentation completed, dated and ready to travel with the resident/client? <ul style="list-style-type: none"> • Moving Book • Life Book • Personal Service Plan • Manual Handling Plan • Medication Assessment Record Sheet • Key contacts for family, friends and Adult Care staff • Details of when the most recent medical examination took place 	Unit Manager
Has the Assessment documentation been shared with special note made of any significant risk factors identified and an agreed plan of action if intervention is required?	Case worker
Are the identified equipment, aids and supplies, either ready for travel with the client or in place in the receiving setting?	Unit Manager
Have arrangements for packing and transporting the resident/client's possessions been made which include: <ul style="list-style-type: none"> • identifying the items to travel with them and those to arrive in advance? • packing personal possessions in a suitcase or suitable travel bag (not in a plastic bag)? 	Unit Manager
Have travel arrangements been made which include: <ul style="list-style-type: none"> • who is to travel with the resident/client (eg, key worker, relative or carer, or a combination)? • the date and time of day travel is to take place, avoiding times that would disrupt routine? 	Unit Manager
Have arrangements been made for the resident/client to be received in the new setting which include: <ul style="list-style-type: none"> • confirmation, in advance, by staff in the receiving care setting that the new setting is fully prepared? • identification of the manager on duty in the new setting to receive them? • whether the resident/client and their relatives or carers accompanying them are to receive a meal or snack and drink on arrival? • the receiving staff knowing what is likely to be the resident/client's greatest concern - for example where their personal possessions are? • informing relatives and carers or friends of their safe arrival • The capacity of the receiving setting to cope with the new arrivals if a large group are arriving on one day 	Unit Manager

Appendix 3: Post move arrangements and review

Task	Person Responsible
<p>Have the following contact details been provided to the receiving home?</p> <p>Originating home Health contacts, particularly the GP / District Nurse / CPN with responsibility for the client at the new home Fieldwork services case workers Partner /family / next of kin Contact details of residents/clients of the previous setting that the person wishes to continue have contact with.</p>	Unit Manager
Have arrangements been made for a follow up visit by the Fieldwork services case worker?	Case worker
Has a provisional date for reviews been set for no later than 28 days after the move? Are all potential attendees aware of at least the date ?	Case worker
Are arrangements clear for any agreed visit from staff of the previous setting – date / time, for how long? This may be to support the resident or to offer advice to the new care setting.	Unit Manager
Has the Transfer to New Provision Summary and Feedback Sheet been completed and passed to the Group Manager (Performance)?	Case worker
Has the required review or reviews been held?	Service Manager
Was it on schedule? If not, why not?	Service Manager
Has the care and support plan been revised if necessary to address any identified risks and issues?	Case worker

Appendix 4: Transfer to new provision – summary and feedback sheet

This feedback sheet is designed to collect information about the experience of each of the moves arranged. This information will be used to inform the way other moves are arranged.

NAME OF CLIENT:

Summary of move:

Aspects of the move that went well:

Aspects of the move that did not go well:

Any general comments or observations:

Fieldwork services case workers:

Date of move:

Date sheet completed:

Derbyshire County Council

Equality Impact Analysis Record Form 2014



Department	Adult Care
Service Area	Direct Care
Changes or proposals	Proposed closure of 4 residential care homes and 6 respite care beds.
Chair of Analysis Team	David Gurney
Date of Analysis	October 2015
Version	1

1. Prioritizing what is being analysed

a. Description of current service arrangements

The Council has proposed the closure of 4 residential care homes and the closure of the respite care beds at Ecclesfold Resource Centre.

b. Details of proposals or changes

The Council's proposal is to close the following residential care homes:

Red House in Chesterfield
 The Glebe in Alfreton
 Hillcrest in Kirk Hallam
 The Willows in Ripley

The Council also proposes to close the respite care residential wing at Ecclesfold Resource Centre in Chapel-en-le-Frith.
 These proposals were set out in a [report](#) considered by Cabinet on June 16 2015.

c. Rationale for proposed changes

This Equality Impact Analysis seeks to identify the potential impact on residents, their families and carers, older people generally and the wider community with a legitimate interest of proposals to close the four homes for older people and the respite care facility at Ecclesfold Resource Centre.

The Cabinet report of June 16 2015 set out 4 criteria against which all 26

Derbyshire County Council facilities offering residential care were measured. These 4 criteria are:

The quality of the physical environment
Financial sustainability of the home

The fitness for purpose of the building to meet the future service delivery model
Strategic position in relation to other current residential and extra care provision in the market.

As a result of extensive analysis officers concluded that the 5 residential care facilities named in this Equality Impact Analysis should be proposed for closure and be subject to consultation.

2. The team carrying out the analysis

Name	Area of expertise/ role
David Gurney	Group Manager, Performance, Adult Care
Helen Greateorex	Service Manager, Stakeholder Engagement and Consultation Team
Colin Selbie	Group Manager for Contracting
Eleanor Rutter	Consultant, Public Health
Karen Ritchie	Chief Executive, Heathwatch

3. Existing information and consultation based feedback

a. Sources of data and consultation used

Source	Reason for using
Cabinet report of 16 June 2015	Provides information on potential demand/ users of home and future services
Market Position Statement	Provides information on the social care and health needs of older and disabled people in Derbyshire
Resident data	Make up of the residents of the home, their family and carers, including levels of need, age, disability, ethnic origin, gender, whether family support, whether have dementia, care cost information
Consultation feedback	Views and concerns of residents and their families/family carers, partner organisations and other stakeholders, including people in the local community

Source	Reason for using
Other consultation	Feedback from local people (those not directly connected to the home)/ potential users of future services, including the third sector
Employee consultation	To obtain the views of those employees working at the Home who may be affected if the Council proceeds with its proposals

4. Known impact on different protected characteristic groups

- 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?

This section reflects the numbers of residents using the service on 16 September 2015

Protected Group	Findings																																																		
Age including children and families, older people	<p>Currently 78 people are permanent residents at the four homes for older people.</p> <p>The following table provides a breakdown of their ages:</p> <table><tr><th></th><th>Under 80</th><th>80-90</th><th>90-100</th><th>100 and over</th></tr><tr><td>The Willows</td><td>3</td><td>7</td><td>5</td><td>2</td></tr><tr><td>Red House</td><td>4</td><td>3</td><td>7</td><td>0</td></tr><tr><td>The Glebe</td><td>3</td><td>11</td><td>12</td><td>0</td></tr><tr><td>Hillcrest</td><td>6</td><td>10</td><td>3</td><td>0</td></tr></table> <p>The following table provides a breakdown of their length of stay:</p> <table><tr><th></th><th>Less than 1 year</th><th>1-2 years</th><th>2-5 years</th><th>Over 5 years</th></tr><tr><td>The Willows</td><td>4</td><td>5</td><td>7</td><td>1</td></tr><tr><td>Red House</td><td>6</td><td>1</td><td>3</td><td>4</td></tr><tr><td>The Glebe</td><td>6</td><td>8</td><td>10</td><td>2</td></tr><tr><td>Hillcrest</td><td>8</td><td>3</td><td>7</td><td>1</td></tr></table> <p>44 people over the last year have used the respite care beds at Ecclesfold Resource Centre.</p>		Under 80	80-90	90-100	100 and over	The Willows	3	7	5	2	Red House	4	3	7	0	The Glebe	3	11	12	0	Hillcrest	6	10	3	0		Less than 1 year	1-2 years	2-5 years	Over 5 years	The Willows	4	5	7	1	Red House	6	1	3	4	The Glebe	6	8	10	2	Hillcrest	8	3	7	1
	Under 80	80-90	90-100	100 and over																																															
The Willows	3	7	5	2																																															
Red House	4	3	7	0																																															
The Glebe	3	11	12	0																																															
Hillcrest	6	10	3	0																																															
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The Willows	4	5	7	1																																															
Red House	6	1	3	4																																															
The Glebe	6	8	10	2																																															
Hillcrest	8	3	7	1																																															

	<p>The following table provides a breakdown of their ages.:</p> <table><tr><td></td><td>Under 80</td><td>80-90</td><td>90-100</td><td>100 and over</td></tr><tr><td>Ecclesfold</td><td>10</td><td>21</td><td>13</td><td>0</td></tr></table> <p>The following table provides a breakdown of the length of time they have been receiving respite:</p> <table><tr><td></td><td>Less than 1 year</td><td>1-2 years</td><td>2-5 years</td><td>Over 5 years</td></tr><tr><td>Ecclesfold</td><td>16</td><td>2</td><td>18</td><td>7</td></tr></table>		Under 80	80-90	90-100	100 and over	Ecclesfold	10	21	13	0		Less than 1 year	1-2 years	2-5 years	Over 5 years	Ecclesfold	16	2	18	7
	Under 80	80-90	90-100	100 and over																	
Ecclesfold	10	21	13	0																	
	Less than 1 year	1-2 years	2-5 years	Over 5 years																	
Ecclesfold	16	2	18	7																	
Disabled people including mobility, sensory, learning, mental health, HIV, and also include carers and relatives	<p>All residents at the 4 residential care homes could be described as ‘frail elderly’. A number have some form of dementia either formally diagnosed or based on the experience of staff. The figures for each home are as follows:</p> <table><tr><td></td><td>Residents with Dementia</td></tr><tr><td>The Willows</td><td>12</td></tr><tr><td>Red House</td><td>9</td></tr><tr><td>The Glebe</td><td>9</td></tr><tr><td>Hillcrest</td><td>19</td></tr></table> <p>Dementia will impact on residents’ capacity to make informed decisions about a move. Under these circumstances a best interest decision will be made on their behalf by a relative or friend. If this is not possible to arrange than an independent advocate from Derbyshire MIND will be sought to assist with arrangements. It should be noted however that during the consultation every resident had a relative of friend who could advocate on their behalf.</p> <p>Although residents have a range of other conditions which provides them with protection under the Equality Act as a disabled person, 30 have a primary condition of being blind or deaf. The figures for each home are as follows:</p>		Residents with Dementia	The Willows	12	Red House	9	The Glebe	9	Hillcrest	19										
	Residents with Dementia																				
The Willows	12																				
Red House	9																				
The Glebe	9																				
Hillcrest	19																				

	<table><tr><td></td><td>Residents who are deaf or blind</td></tr><tr><td>The Willows</td><td>5</td></tr><tr><td>Red House</td><td>3</td></tr><tr><td>The Glebe</td><td>19</td></tr><tr><td>Hillcrest</td><td>3</td></tr></table> <p>Of the 78 permanent residents at the 4 residential care homes, 33 require the use of a wheelchair for all or some of the time to assist with their mobility. The figures for each home are as follows:</p> <table><tr><td></td><td>Residents who require use of a wheelchair</td></tr><tr><td>The Willows</td><td>5</td></tr><tr><td>Red House</td><td>3</td></tr><tr><td>The Glebe</td><td>20</td></tr><tr><td>Hillcrest</td><td>5</td></tr></table> <p>The figures for users of the respite care facility at Ecclesfold Resource Centre are as follows:</p> <p>All the respite care users could be described as ‘frail elderly’ of whom 14 have some form of dementia either formally diagnosed or based on the experience of staff. Although the respite care users have a range of other conditions which provides them with protection under the Equality Act as a disabled person, 10 have a primary condition of being blind or deaf.</p> <p>Of the 44 respite care users who used this service over the last year to 16 September 2015, 26 require the use of a wheelchair for all or some of the time to assist with their mobility.</p>		Residents who are deaf or blind	The Willows	5	Red House	3	The Glebe	19	Hillcrest	3		Residents who require use of a wheelchair	The Willows	5	Red House	3	The Glebe	20	Hillcrest	5
	Residents who are deaf or blind																				
The Willows	5																				
Red House	3																				
The Glebe	19																				
Hillcrest	3																				
	Residents who require use of a wheelchair																				
The Willows	5																				
Red House	3																				
The Glebe	20																				
Hillcrest	5																				
Gender (Sex) including men and women, boys and girls	<p>The facilities cater equally for both male and female residents. The breakdown for each home is as follows:</p> <table><tr><td></td><td>Female</td><td>Male</td></tr><tr><td>The Willows</td><td>16</td><td>1</td></tr><tr><td>Red House</td><td>9</td><td>5</td></tr><tr><td>The Glebe</td><td>21</td><td>5</td></tr><tr><td>Hillcrest</td><td>13</td><td>6</td></tr></table>		Female	Male	The Willows	16	1	Red House	9	5	The Glebe	21	5	Hillcrest	13	6					
	Female	Male																			
The Willows	16	1																			
Red House	9	5																			
The Glebe	21	5																			
Hillcrest	13	6																			

Gender reassignment – including impact if any on Transgender people	None of the residents or respite users informed that they had gender reassignment or were transgender																														
Marriage and civil partnership – also include impacts on lone parents and unmarried couples	None of the residents live as a couple within the Home. 8 of the residents are living separately from their spouse or partner.																														
Pregnancy and maternity – including new mothers/ parents	Not relevant to the demographic element served by these facilities																														
Race – including all racial groups, including impact if any on Gypsies and Travellers	All residents (100%) define themselves as being of White British ethnic origin. To place this within context the population of Derbyshire, which is 92.5% white (derived from Office for National Statistics 2009 data).																														
Religion and belief including non-belief, including religious minority communities, Humanists	<div>The declared religion of residents and users of the short break service at Ecclesfold Resource Centre is as follows:</div> <table><tr><td></td><td>Christian</td><td>No religion</td><td>Unknown</td><td>Jehova’s Witness</td></tr><tr><td>The Willows</td><td>17</td><td>1</td><td>0</td><td>0</td></tr><tr><td>Red House</td><td>13</td><td>1</td><td>0</td><td>0</td></tr><tr><td>The Glebe</td><td>10</td><td>1</td><td>14</td><td>1</td></tr><tr><td>Hillcrest</td><td>18</td><td>0</td><td>1</td><td>0</td></tr><tr><td>Ecclesfold</td><td>38</td><td>3</td><td>3</td><td>0</td></tr></table>		Christian	No religion	Unknown	Jehova’s Witness	The Willows	17	1	0	0	Red House	13	1	0	0	The Glebe	10	1	14	1	Hillcrest	18	0	1	0	Ecclesfold	38	3	3	0
	Christian	No religion	Unknown	Jehova’s Witness																											
The Willows	17	1	0	0																											
Red House	13	1	0	0																											
The Glebe	10	1	14	1																											
Hillcrest	18	0	1	0																											
Ecclesfold	38	3	3	0																											
Sexual orientation – including the impact if any on LGBT people	None of the residents at the four homes for older people are known to have a sexual orientation other than heterosexual. None of the clients who use the respite care beds at Ecclesfold Resource Centre are known to have a sexual orientation other than heterosexual.																														

Non-statutory

Poorer and disadvantaged communities and groups, including people who experience financial exclusion	<p>12 of the residents fund their own care costs and all residents have some form of support from within their family or circle of friends.</p> <p>6 of those receiving respite care at Ecclesfold Resource Centre fund their own respite care costs and all of the respite clients have some form of support from within their family or circle of friends.</p> <p>The Council has included within its Pledges (the help it will give to residents and their families and carers) an undertaking to consider providing additional financial assistance within reason to residents over the costs of new accommodation, care and support. The specific</p>
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	<p>pledge says:</p> <p>We will ensure that within reason you do not incur any additional costs through moving to a new provider</p> <p>The Council will need to make clear to residents, their families and carers, exactly what this assistance could include and whether there are any limitations such as cost and time. The availability of alternative appropriate accommodation and care and support could be, in part, determined by the willingness of the authority to ‘top up’ the assistance it provides.</p> <p>It is possible that some of the relatives and friends of residents will find it hard to meet the increased cost of transport, depending on their own personal financial circumstances and the degree to which the care home to which the resident moves is further away from their own home. Maintaining friendships and links with relatives may in some instances be dependent on the ability of Adult Care to assist friends and relatives to be able to continue to visit.</p>
Rural communities	<p>None of the 5 facilities can be described as catering solely for either a rural or town population but in most instances the residents are drawn from a relatively local catchment area which includes some rurality. Each facility to varying degrees is accessible via public transport to relatives, carers and other potential visitors.</p> <p>Ensuring that the wishes and needs of residents, their families and carers are taken into account if the proposals go ahead is important. The authority will need to be aware of the links that residents have with the local community or any other communities, where family and other carers reside and their ability to travel to other locations, and how these links can be supported for each residents at a new location.</p> <p>Many of the residents’ friends and relatives are local to the facility. Ensuring that current visiting patterns are maintained will be an important factor in successfully re-settling current residents by offering them continued contact with people who are important to them and will offer comfort and support at a time of major change. This may also include contact between residents and the current staff group at the facility if they were to wish to remain in contact with some residents they have known</p>

	for some time.
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Impact on employees of Derbyshire County Council or prospective employees

The proposed closure of the 5 facilities will affect the staff who work there. The breakdown of staff affected in the 4 homes with permanent residents is as follows:

	Total Number Of Staff	Number of Female Staff
The Glebe	50	47
The Willows	41	38
Hillcrest	37	34
Red House	39	38

It is not possible to provide a breakdown for Ecclesfold Resource Centre in the same manner until discussions have taken place with High Peak Borough Council on the future of the warden service and out of hours cover. It should be noted, however, that in common with the four homes for older people, the vast majority of staff employed at Ecclesfold Resource Centre are female.

This may result in staff being redeployed to other workplaces or redundancies. Most of the staff are care staff and domestics on low incomes who are likely to live in close proximity to the home and who may find it hard to consider redeployment if it involves considerable travel. The particular circumstances of the staff group will only become clearer if the proposal to close one or more of the facilities is agreed by Cabinet at which point consultation would start with the staff groups affected.

- b. From existing customer and other feedback – who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?

<i>Protected Group</i>	<i>Findings</i>
Age	<p>The proposal will impact on older people as the current facilities provide long and short-term accommodation for older people, including a number of people who have dementia.</p> <p>Residents, their families and others consulted have all raised concerns over the impact of moving to alternative supported accommodation will have on the 78 current residents. In particular people are concerned that moving will cause stress and illness amongst residents, break the ties people have within the Home and with the local community and make it difficult for families/carers to continue to provide the support and care they do currently.</p>

Similar themes emerged from the consultation on the future of Ecclesfold Resource Centre. Those using the facility have become accustomed to familiar surroundings and the continuity of care and support offered by staff. As part of the Equality Impact Analysis, Public Health selected 38 individual academic papers written from the 1970s up to the present day. All examined some aspect of the impact on health and wellbeing of elderly residents experiencing enforced relocation from institutionalized care home settings. A review of the published evidence is available as Appendix A.

Sample sizes varied from 12 to 439. Larger sample sizes are more likely to reflect actual impact as opposed to changes which may have happened by chance. The studies were both quantitative and qualitative. The quality of the studies varied, particularly with regard to control groups of residents. Without adequate controls it is very hard to draw conclusions from any observed changes as they may have been due to chance alone. For this reason no great importance can be attached to examining outcomes for those residents in Council care homes who have moved following previous Cabinet decisions on home closures.

The findings varied significantly between the studies, from increased mortality right through to relocation having beneficial effects. As a result no single study will be relied upon for conclusions but there are broad overall findings which are significant to this EIA. These findings must be clearly set out in the Major Change and Closure Guidance, which will assist staff in determining how best to address the needs of residents and their families affected by closure.

The research carried out by Public Health drew the following broad overall findings of significance in terms of potential impacts:

Increased falls

Increased depression and stress

Increased cognitive impairment

Reduced ability to manage activities of daily living

Increased mortality

Moves can be beneficial (particularly if moving to a better quality or more appropriate setting)

	<p>The impacts tend to be worse for elderly and frail residents. One study, however, did show the impact on residents with significant cognitive impairments was less than for those without.</p> <p>Whilst variable impacts tended to be small and relatively short-lived – generally around 4 weeks although one study demonstrated effects at 3 months.</p>
Disability	<p>The frail nature of many of the residents and the fact that a number also have dementia means that in terms of disability, the proposals could result in a worse impact for people affected who might be deemed to be disabled as well as elderly.</p> <p>The authority will need to take the individual health and wellbeing of each resident, as well as the needs of families and carers, into account as part of its arrangements for supporting residents to move, should the proposals go ahead.</p> <p>The Major Change Guidance will assist in ensuring that the risks which can be associated with a move are kept to a minimum. This is based on thorough assessments, including risk to health and wellbeing and ensuring that all factors are fully taken into account in the process of identifying where a resident moves to and ensuring the move itself is properly handled.</p>
Gender (Sex)	<p>No specific issues have been raised or highlighted which link directly to the gender of the residents that would be affected if the proposals go ahead.</p> <p>As most of the existing residents and employees of each facility are female, there is a gender impact, but as the proposals would not affect male and female residents or employees particularly differently, providing that consideration was taken of the needs of all individuals, then this would not amount to unlawful discrimination or another form of prohibited conduct under the Equality Act 2010.</p>
Gender reassignment	<p>No specific issues have been highlighted during the consultation in relation to gender re-assignment/gender identity. There is no evidence to suggest that the proposal will result in unlawful discrimination or adverse</p>

	impact on grounds of gender re-assignment/gender identity.
Marriage and civil partnership	No specific issues have been highlighted in relation to marriage and civil partnership. There is no evidence to suggest that the proposals will result in unlawful discrimination or adverse impact on grounds of marriage and civil partnership.
Pregnancy and maternity	No issues have been highlighted during the consultation in relation to pregnancy and maternity issues, including by residents' families or carers. There is no evidence to suggest that unlawful discrimination or adverse impact will result on grounds of pregnancy and maternity.
Race	No specific issues have been raised in relation to ethnic or racial origin, or race equality. There is no evidence to suggest that the proposals will result in unlawful discrimination or adverse impact on grounds of race or ethnicity.
Religion and belief including non-belief	<p>The consultation and data has highlighted that a number of residents have existing ties to local churches.</p> <p>The authority will need to take account of individual faith commitments and links when seeking to identify suitable alternative supported housing should the proposals go ahead, as part of its Pledges of support.</p>
Sexual orientation	No specific issues have been raised in relation to sexual orientation. There is no evidence that the proposals will result in unlawful discrimination or adverse impact because of sexual orientation.

Non-statutory

Poorer and disadvantaged communities	The feedback from residents and their families/carers has highlighted concerns over the affordability of alternative supported accommodation, and a number of concerns over who would be providing the accommodation and care services.
Rural	The 'Pledges to Residents' document states: 'we will ensure that within reason you do not incur additional costs through moving to a new provider'. The authority will need to provide more clarity on an individual basis

	about exactly what costs would be covered, for how long and on what basis, should the proposals go ahead, so that residents, their families, cares or any advocate on their behalf has clear information about the costs of moving and how the costs of alternative accommodation would be met.
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Employees or prospective employees

Consultation with employees can only formally take place once a decision has been made on the future of each facility. If any of the facilities were to close then Human Resources will begin work with the staff affected to consider the options open to them. Wherever possible Adult Care would wish to retain the skills and experience these staff have gained in this field of work but this is subject to individual discussions with staff and is dependent on their circumstances and the range of options which may then be available to them.

- c. Are there any **other** groups of people who may experience an adverse impact because of the proposals?

The proposed closure of all or some of these facilities will have an impact on carers as local people will have less choice on homes they can potentially move into. In turn this may also impact of ease of access to see a relative once they have moved into a home.

This is particularly important in the case of Ecclesfold Resource Centre as most of the people who go there for respite care have support at other times provided by family carers. Adult Care are planning to increase the number of respite care beds available at Whitestones Home for Older People, which is also in Chapel-en-le-Frith. This will not be a like-for-like replacement in terms of numbers as the beds at Ecclesfold Resource Centre are not used 100% of the time but it will mitigate to a large degree the impact of the loss of the beds albeit without providing the same flexibility.

d. 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.

Gaps in data	Action to deal with this
The early stage of these proposals means that some information, particularly in relation to how individual residents would be affected, remains presently unknown	If the authority decides to proceed, it will need to ensure that an up-to-date needs assessment takes place for each resident and determine how these are best met, through planning with family carers, staff and the residents themselves on an individual basis. This will include being able to clarify the detailed questions and concerns residents, their families and carers etc will no doubt have. This may be a protracted process depending on individual circumstances and should not be rushed.

From the consultation you have carried out specifically in relation to proposed changes, what views or issues have been raised by those who have responded? (Include both their views and any issues they have raised which alludes to the likely impact)

a) Please summarise the consultation which has been carried out

A wide range of consultation methods have been used by the authority to record the views and opinions of people who could be affected by the proposals including current residents and other users of the service, their families and carers; potential users of these and future services provided by the authority; and other stakeholders including the wider local community and statutory and voluntary sector organisations in the local community or which work with older people and carers.

This included:

Meetings with relatives and friends of residents. Two were held per facility and the figures of those attending the meetings was as follows:

The Willows	36
Red House	34
The Glebe	50
Hillcrest	35
Ecclesfold	34

A briefing to employees working at each facility to outline the proposals and enable them to ask questions about how it would affect residents and employees and offer their comments.

The sending of formal correspondence and a copy of the Pledges to current residents, their families and carers, to explain the proposals, outline the consultation process and to invite them to provide their views in a number of ways.

Online consultation was conducted via the Have Your Say webpages of the Council's website. This invited people to contact a named officer by telephone, email or letter to provide their views, make enquiries about the proposals etc. Advice to partner organisations such as the borough council, town council, GPs and other NHS organisations, and local district and County Councillors where each facility is located.

- b) Please summarise the feedback received. This should make clear where those who have responded have highlighted any potential adverse impact as well as their opinions on the proposals.

The views of the consultees in terms of adverse impact can be summarised as follows:

There was no support in any of the care homes concerned for the proposed closure. The overwhelming view of the consultees was that the care the residents were currently receiving was excellent and that the physical environment was nowhere near as important as the care and support offered by a dedicated staff team.

There are serious concerns expressed about the impact on the health and wellbeing of residents if they have to move home or receive respite care in a different setting because of the attendant stresses in any move.

There are concerns that the standard of care in the private sector is variable to the extent that residents' health and wellbeing may be compromised through a move to a home less able to meet their needs.

Carers were concerned that their ability to visit will be impeded if residents move to homes which are less accessible.

Carers and residents are concerned that residents will pay more for the cost of care if they do move.

Many views were expressed that the Council is putting too much emphasis in its consultation on the physical environment and that this is less important for the

welfare of residents than the excellent care residents receive from staff.

Many comments were received about the value of small homes and the perception that this allowed for a closer relationship to build up with staff than may be possible in a larger home. The homes subject to consultation have some of the lowest number of beds in the County for a standard residential care home. The full report setting out in detail what consultees had to say about the proposals can be found at Appendix 1 to the main Cabinet Report. This includes what was specifically said in response to the proposal to close each individual establishment.

7. Are there any ways of avoiding or reducing likely possible adverse impact on any groups of people, what are those actions, and how will they assist?

The research carried out by Public Health, which is included in Appendix A, drew the following broad overall findings of significance which need to be addressed to mitigate the impact of any move.

Factors identified relating to successful adjustment to relocation fall into four categories:

1. People characteristics
2. The level of planning and preparation
3. Whether the move is voluntary or involuntary
4. The quality/similarity of the new setting

The conclusions drawn by Public Health was that mitigation can be achieved by the following steps:

- Good planning and preparation, including at least one visit to the new residence and good handover between the old home and the new home
- Maximising the sense of control in residents and their family carers in selecting their new home and the daily routines in the new setting
- Post-relocation review and support involving all relevant parties and co-ordinated by the social worker
- Addressing falls prevention measures in unfamiliar surroundings
- Maximising the quality of the new residence

The Pledges being made by the authority to residents provide the basis for the detailed support that residents will need in relation to moving, should the proposals be agreed and go ahead.

Pledges are included at Appendix 2

Additional depth is provided to the Pledges within the Major Change Guidance, which gives more detail on the processes. The specific section referred to in this

guidance is '**Third Stage: Working with individuals to manage the change or closure**'. This sets out all the points that need to be covered by social workers and staff in the care homes to ensure that assessments are carried out fully; that appropriate choices are made by residents and relatives; that the move itself is handled sensitively to mitigate the impact on the resident; and the circumstances in which it is not appropriate to proceed with a move. This will be a key document for Adult Care staff in undertaking the assessment and the moves of residents to new settings. It is, however, important that it reflects the research undertaken by Public Health.

If these are implemented fairly and sensitively, then this will assist in mitigating against the potential for adverse impact on current residents and users of respite care on grounds of age and disability identified in this analysis.

Proposed Mitigation

1. The Council has a set of Pledges and comprehensive guidance in place to assist in ensuring any moves of residents as a result of a home closure are handled sensitively and thoroughly. This also provides a point of reference for residents and their relatives to ensure that staff work to the high standards set out. In line with the guidance itself these documents should be made available to staff, residents and relatives should home closures be agreed by Cabinet.
2. The Major Change and Closure Guidance has been reviewed to ensure it fully reflects the following findings of the Public Health review of academic studies:
3. There has been a delay in the opening day for Florence Shipley Community Care Centre in Heanor, which has a particular emphasis on meeting the needs of people with dementia. As a result a number of beds would be held over and made available to residents with dementia in those local care homes proposed for closure: Hillcrest, The Willows and The Glebe. Residents moving to Florence Shipley would benefit from being in an environment specifically designed to meet the needs of people with dementia. They would also benefit from a staffing ratio which is greater than in standard care homes.
4. During the process of identifying possible alternatives for residents who would be affected by any closure the Council should hold as many vacancies as it can in its own homes close to the care homes being closed to maximise the choices available to residents who may wish to relocate to a Council care home.
5. Adult Care, through its Adult Care brokerage service and Direct Care management team, should seek to maximise the range of choices available to those residents and respite care users affected by home closures.

6. To mitigate the loss of respite care beds at Ecclesfold Resource Centre, one long-term bed at Whitestones Home for Older People should be considered for designation as a short-term bed to give additional capacity for the home to offer respite care. This is not a like-for-like replacement in terms of numbers but analysis shows that the short break beds at Ecclesfold were not used fully throughout the year. The demand on this service should, however, be kept under review to ensure that demand can be matched by supply.

The specific proposal to close the four homes for older people and the respite care beds at Ecclesfold Resource Centre would directly affect 78 current residents and 44 users of respite care and their families or carers. Those directly affected if the closures go ahead are understandably concerned over what the future could hold for them. The residents are old and frail and a number have dementia and other disabilities, which means that moving for any reason could be disruptive, stressful and affect health and wellbeing in an adverse way. People affected by the proposals clearly think very highly of the care and support they receive.

Although the proposals could affect residents, users of respite care and their families or carers in an adverse way, there is no evidence which suggests that this would amount to unlawful discrimination or any other form of prohibited conduct as defined under the Equality Act 2010.

The findings of this analysis should be utilised by Cabinet along with the more detailed record of consultation required to make the decision over whether to proceed with the proposed closure of the four residential care homes and the respite care facility at Ecclesfold Resource Centre. In doing so it will assist the Council to demonstrate that it is meeting its public sector equality duty to have due regard for the need to advance equality of opportunity, eradicate unlawful prohibited conduct and promote good relations.

8. Main conclusions and Recommendations

CONCLUSIONS

The analysis of 38 academic studies undertaken by Public Health has shown that there are broad significant findings on the potential impact on the health and welfare of older people who may be affected by a move should their home close. Mitigation of this can be achieved by:

Good planning and preparation, including at least one visit to the new residence and good handover between the old home and the new home

Maximising the sense of control in residents and their family carers in selecting their new home and the daily routines in the new setting

Post-relocation review and support involving all relevant parties and co-ordinated by the social worker

Addressing falls prevention measures in unfamiliar surroundings

Maximising the quality of the new residence

In addition to the above measures the Council must consider how best to manage the market in both the short and long term with specific reference to the concerns of families on the quality and range of private sector provision.

RECOMMENDATIONS (if any)

It is recommended that:

Adult Care addresses the concerns of those using the short break service at Ecclesfold by closely monitoring the availability of the respite care beds at Whitestones to ensure that there is sufficient capacity to meet needs.

Adult Care works closely with North Derbyshire CCG on identifying an alternative to the two beds the CCG commission at Ecclesfold CCG.

Adult Care, through its Adult Care brokerage service and Direct Care management team, seek to maximise the range of choices available to those residents and respite care users affected by home closures.

9. Action planning in response to the completed analysis

Objective	Planned action	Who	When	How will this be monitored?
Ensure that guidance relied on by staff to assist in relocation accurately reflects the research undertaken by Public Health	Review major Change and Closure Guidance	Group Manager (Performance)	By November 24th	Fresh version made available to staff
Ensure sufficient capacity of respite care beds in High Peak	Work with North Derbyshire CCG on an alternative to the two beds they currently commission at Ecclesfold Resource Centre	Group Manager for High Peak for fieldwork and Direct Care (North)	By the time the respite care is no longer available at Ecclesfold	Availability of an alternative service

Objective	Planned action	Who	When	How will this be monitored?
Ensure sufficient capacity of respite care beds in High Peak	Review demand on respite care beds at Whitestones	Group Manager for Direct Care (North)	Ongoing	By recording shortfall through liaison with the unit manager at Whitestones and through the complaints process
Maximise choice for residents affected by a closure	Direct Care to maximise the numbers of vacancies held for potential use by those residents requiring relocation	Group Managers for Direct Care	Ongoing	Through monitoring how many beds are/are not made available to those affected by a closure
Maximise choice for residents affected by a closure	Brokerage service to publish information on the wishes of those residents affected by a closure	Service Manager (Brokerage)	Ongoing	Through email communication with providers

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:

Responsibility for the monitoring of the implementation rests with the Adult Care Senior Management Team. Bi-monthly reports on progress will be prepared by the Group Manager (Performance).

11. Conformation that equality impact analysis (EAI) completed and read

Name of officer signing off EIA as completed: David Gurney

Date: 26 October 2015

This Equality Impact Analysis has been read by

Name	Date	Position
Cllr Anne Western		Leader of the Council
Cllr Paul Smith	28 October 2015	Cabinet member for Adult

		Care
Cllr Rob Davison	28 October 2015	Deputy Cabinet member for Adult Care

Where and when published e.g. with Cabinet Report, on DCC website

Together with the Cabinet report on the DCC website.

Appendix A

A review of published evidence of the effects on health and wellbeing of relocation of care home residents.

To support the Equality Impact Analysis of DCC home closure proposal

29th September 2015

Summary of evidence:

The research found indicates that involuntary relocation between nursing homes can have a detrimental effect on the residents that move. But also this effect can be nullified to some extent by preparation.

A literature review by Holder and Jolley noted that “the older people most at risk of adverse outcomes are those with existing physical and/or mental impairments. Moves without preparation carry high risk”.

Studies reported the adverse effects of relocation include:-

Increased falls, depression, stress, changes in mood, increased cognitive impairment and less engagement, there are also changes to activities of daily living and some studies reported increases in mortality.

Falls – one study (Capezuti) reported a 25.7% increase in falls post relocation.

The literature review by Holder reported :- “Relocation was associated with a significant increase in the number of residents who fell, compared with before the move. The increased likelihood of falling applied to both those with and without a falls history, was higher for those with a falls history, and was associated with mobility. The increase in falls in those without a history of falls suggests there is a need for extra falls precautions and preventions in homes receiving older people from home closures.”

Stress, depression, mood, cognitive impairment – Castle stated “We find that residents are more likely to show decline in Cognitive Performance, increased depression and less social engagement, post relocation. However, in all cases the effects identified were small. But we should not forget that even small changes in cognitive performance, depression, and social engagement are important and can have a profound influence on the quality of life of residents.” And also

“negative health outcomes as a result of interinstitutional relocation are thought to occur as a results of stress. Stress is experienced because of the loss of familiar objects and caregivers and the potential loss of possessions and friends”

Holder reported that the first three weeks after relocation are the most stressful for residents.

A study by Hodgson showed a relocated group of residents exhibited higher cortisol levels 1 week after the move followed by a significant decline at 4 weeks post transfer. They also had lower pulse rates and fewer

symptoms of depression and anxiety than when first relocated.

Mortality – Laughlin's study on mortality following involuntary interinstitutional relocation stated "residents who are particularly vulnerable are the old-old (age>85). The greatest number of deaths occurred in individuals between ages 86-90. The second greatest number of deaths was individuals between ages 91-95.

And also "studies investigating the characteristics of individuals more likely to die after involuntary relocation are limited but low physical functioning, difficulty with dressing, impaired mobility and moderate cognitive impairment are among the characteristics related to increased mortality rates".

The Holder literature review stated that "Death rates from various studies ranged from 0 to 45.8%, which is similar to the range from a review published in 2000. The highest rate occurred in relation to a sudden relocation with no preparation".

Moderators – Castle categorized important moderators of adjustment to relocation into four main groups – characteristics of the people relocated, planning/preparation programmes, whether the relocation was voluntary or involuntary and the quality/similarity of the new setting.

In all the reviews and studies preparation before the move is seen as vital to moderating the effects of the relocation on the residents involved.

Holder reported "a poorly organised relocation was associated with adverse effects on the people it was intending to help" and also

"recent evidence suggests that ill-planned or casually implemented closure and relocation is stressful and linked to adverse outcomes in terms of symptoms, health and survival and that careful, respectful, person centred planning and implementation of closure and relocation moderates the likelihood of adverse outcomes."

and again

"efforts to improve the process of admission or relocation and the quality of the receiver homes will be rewarded by improved survival."

Laughlin states "implementing a transition program, providing older adults with choices, creating predictability in the new environment and maximizing residents strengths to cope with the change may be key to avoiding potential negative effects of relocation. Predictability is an important aspect, if they cannot visit the new location before the move it may help for them to see pictures of the facility and their room"

If it is possible offer the residents some kind of choice, this is helpful as it gives them a sense of control in the relocation process – "perceived choice in relocation and predictability were positively correlated with increased adjustment after relocation"

It is also recommended that post relocation support is available "the use of introduction and orientation programmes for resident and family and monitoring of residents to identify signs of relocation stress."

Hodgson recommended that to reduce stress "a support program needs to be in place for at least several weeks after relocation. Preparation only before the relocation is not sufficient".

Good practice recommendations from the ADASS and SCIE state "relatives and residents should be listened to, given no less than 2 months notice by providers, told the reasons for closure, what will happen, how they will be helped and by whom"

Williams states that in terms of notice "care managers recommend two or three months and that longer

periods were considered 'more painful' for residents"

Holder reports "the appointment of pharmacy transition co-ordinators with specific responsibilities for managing medication when older people move between settings have been shown to improve prescribing practice."

Also if the new environment is seen as an improvement on the previous one this can be a factor in the success of the relocation.

Summary of reviewed articles:

1	Article	<i>Biobehavioral correlates of relocation in the frail elderly: salivary cortisol, affect, and cognitive function.</i> Hodgson N, Freedman VA, Granger DA, Erno A. Journal of the American Geriatrics Society.
	Date	2004
	Number studied	77
	Outcome	Residents had increased stress hormones at 1 week after move but a significant decline at 4 weeks. Relocated residents had significantly lower depression and anxiety symptoms and pulse rates than residents who had not yet moved. Efforts should be made to prepare individuals for the initial stressors associated with relocation, but it also appears that the stress imposed by relocation is time limited and may begin to ease as early as 4 weeks postmove.
2	Article	<i>Life review: preventing despair in newly relocated nursing home residents short- and long-term effects.</i> Haight BK, Michel Y, Hendrix S. International journal of aging & human development.
	Date	1998
	Number studied	256
	Outcome	'Life review' prevents despair in frail elders newly admitted to a nursing home.
3	Article	<i>The Health Consequences of Relocation for Nursing Home Residents Following Hurricane Katrina.</i> Castle, Nicholas G. Engberg, John B. Research on Aging.
	Date	2011
	Number studied	439
	Outcome	Relocated residents were more likely to die and to have pressure ulcers than non-relocated residents; they were, however, less likely to be physically restrained and to have behavioural health issues.
4	Article	<i>Changes in health status subsequent to nursing home closure.</i> Castle, Nicholas G. Ageing International.
	Date	2005

Number studied	301
Outcome	Some detrimental effects on changes in cognitive performance, depression and social engagement. The effects identified were small.

5	Article	<i>Making a move: care-home residents' experiences of relocation.</i> Reed J et al. Ageing & Society.
Date		2003
Number studied		12
Outcome		The study found that the pattern of moves was complex, and that some residents were active in deciding to relocate and in the selection of the relocation home. The study concludes, however, that for residents to have an active role, they must be given support both to access the information required for decision-making and to implement their decisions.

6	Article	<i>The Effect of Long-Term Care Environments on Health Outcomes.</i> Pruncho, R & Rose, M. Gerontologist.
Date		2000
Number studied		
Outcome		

7	Article	<i>Good practice in the involuntary relocation of people living in residential care.</i> Woolham, John. Social Work in Action.
Date		2000
Number studied		
Outcome		The decision to close a residential or nursing home is likely to be an emotionally charged process and it is important that the disruption and distress to residents affected be minimised. This paper offers guidance on 'good practice' based on evidence from a number of studies of involuntary relocation in this country and elsewhere.

8	Article	<i>Forced relocation between nursing homes: residents' health outcomes and potential moderators.</i> Holder J & Jolley D. Reviews in Clinical Gerontology.
Date		2012
Number studied		
Outcome		Reports of post-move mortality, physical or psychological health suggest and confirm that relocation without preparation carries higher risk of poor outcomes than moves that are orderly and include preparation.

9	Article	<i>Increased Fall Rates in Nursing Home Residents After Relocation to a New Facility.</i> Friedman S et al. Journal of the American Geriatrics Society.
Date	1995	
Number studied	133	
Outcome	Older individuals who change their living environments are at increased risk for falls and fall-related injuries.	

10	Article	<i>The Impact of an Interinstitutional Relocation on Nursing Home Residents Requiring a High Level of Care.</i> Grant P et al. The Gerontologist.
Date	1992	
Number studied	196	
Outcome	Analyses of medical records, nurses' ratings, and interviews strongly suggest that the move had no negative effect on the residents as a group or on vulnerable subgroups of residents.	

11	Article	<i>Managing the Care Home Closure Process: Care Managers' Experiences and Views.</i> Williams J et al. British Journal of Social Work.
Date	2007	
Number studied		
Outcome		

12	Article	<i>The closure of residential homes: what happens to residents.</i> Hallowell, C, Morris, J, Jolley, D. Age and ageing.
Date	1994	
Number studied	59	
Outcome	Restlessness was increased soon after moving but no differences in behaviour or dependency between patients and control subjects were demonstrable after 1 year. Although moving in itself did not increase mortality, residents with poor mobility and dressing skills had a high death rate.	

13	Article	<i>Predictors of mortality following involuntary interinstitutional relocation.</i> Laughlin, Ann, Parsons, Mary, Kosloski, Karl D, Bergman-Evans, Brenda. Journal of gerontological nursing.
Date	2007	
Number studied		
Outcome	Residents of a nursing home that closed were compared with residents of a control institution to determine whether relocation	

	had a significant effect on mortality and to identify risk factors for death.
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14	Article	<i>Functional health status of relocated nursing home residents.</i> Rogers, J C, Stuart, M R, Sheffield, P, Swee, D E, Formica, P. The Journal of the American Board of Family Practice / American Board of Family Practice.
	Date	1990
	Number studied	49
	Outcome	After the move, only receptive communication was rated higher; dressing, transferring, using the toilet, continence, and mobility were rated lower. Six functional activities showed no significant changes. Relocation does not appear to have a uniformly negative impact on functional status.

15	Article	<i>Relocation and its effect on mortality.</i> Borup, J H, Gallego, D T, Heffernan, P G. The Gerontologist.
	Date	1979
	Number studied	
	Outcome	

16	Article	<i>Successful relocation of elderly residents.</i> Amenta, M, Weiner, A, Amenta, D. Geriatric nursing (New York, N.Y.).
	Date	1984
	Number studied	
	Outcome	

17	Article	<i>Effects of a fast-track closing on a nursing facility population.</i> Beirne, N F, Patterson, M N, Galie, M, Goodman, P. Health & social work.
	Date	1995
	Number studied	69
	Outcome	65 percent of relocated patients suffered deterioration or death, compared with 19 percent of patients subsequently returning to the facility of origin. Other factors found to be associated with high death rates or worsening of condition one year later were being male, severe physical or mental impairment, and lack of social support. Findings verify that serious adverse effects occur when unprepared patients are suddenly relocated and suggest that return to the facility of origin can mitigate those effects.

17	Article	<i>Relocation of the elderly.</i> Castle, N G. Medical care research and review.
	Date	2001

Number studied	
Outcome	

18	Article	<i>Nursing home involuntary relocation: clinical outcomes and perceptions of residents and families.</i> Capezuti, Elizabeth,Boltz, Marie,Renz, Susan,Hoffman, David,Norman, Robert G. Journal of the American Medical Directors Association.
Date	October 2006	
Number studied	120	
Outcome	There was a statistically significant increase in the number of residents who fell during the post-transfer (76.9%) compared to the pre-transfer (51.2%) period. Residents did not demonstrate any other significant physical or mental health changes during the 3 months following the involuntary transfer when compared with their pre-transfer status. A move to a higher quality care environment does not result in any significant physical or mental health changes.	

19	Article	<i>Effects of a forced institutional relocation on the mortality and morbidity of nursing home residents.</i> Davis, R E,Thorson, J A,Copenhaver, J H. Psychological reports.
Date	1990	
Number studied		
Outcome	No increase in residents' mortality or morbidity was found after the relocation. The highest death rate was in the anticipatory period, the year prior to the move.	

20	Article	<i>Intrainstitutional relocation: mortality effects.</i> Pruchno, R A,Resch, N L. The Gerontologist.
Date	1988	
Number studied		
Outcome		

21	Article	<i>Experiences of recently relocated residents of a long-term care facility in Ontario: assessing quality qualitatively.</i> Coughlan, Rory,Ward, Linda. International journal of nursing studies.
Date	2007	
Number studied	18	
Outcome		

22	Article	<i>The context of change: disorientation following intra-institutional relocation.</i> Pruchno, R A,Resch, N L. Journal of applied gerontology : the official journal of the Southern Gerontological
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		Society.
Date		1989
Number studied		
Outcome		Levels of disorientation following either intra-institutional relocation or no relocation were compared for a sample of people resident in a nursing home from April to October, 1983, and a second, independent sample who were either moved or not moved between December 1985 and June 1986. Results of separate logistic regression analyses indicated no differences in disorientation dependent on move status for the first sample, but significant differences for the second group. Among the latter group, nonmovers demonstrated the highest levels of disorientation.

23	Article	<i>Forced relocation between nursing homes: residents' health outcomes and potential moderators.</i> Holder, Jacquetta M,Jolley, David. <i>Reviews in Clinical Gerontology.</i>
Date		2012
Number studied		
Outcome		Reports of post-move mortality, physical or psychological health suggest and confirm that relocation without preparation carries higher risk of poor outcomes than moves that are orderly and include preparation.

24	Article	<i>The Health Consequences of Relocation for Nursing Home Residents Following Hurricane Katrina.</i> Castle, Nicholas G.,Engberg, John B. <i>Research on Aging.</i>
Date		2011
Number studied		
Outcome		

25	Article	<i>Excess mortality among relocated institutionalized elderly after the Fukushima nuclear disaster.</i> Yasumura S.,Goto A.,Yamazaki S.,Reich M.R. <i>Public Health.</i>
Date		2013
Number studied		
Outcome		

26	Article	<i>Increased fall rates in nursing home residents after relocation to a new facility.</i> Friedman S.M.,Williamson J.D.,Lee B.H.,Ankrom M.A.,Ryan S.D.,Denman S.J. <i>Journal of the American Geriatrics Society.</i>
Date		1995
Number studied		133

Outcome	The incidence of falling doubled in the 3 months after relocation of nursing home residents to a new facility but subsequently returned to normal. An increase in falls was seen in individuals with dementia and those who were not bedbound.
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27	Article	<i>Relocation appraisal, functional independence, morale, and health of nursing home resident.</i> Gass K.A.,Gaustad G.,Oberst M.T.,Hughes S.Issues in mental health nursing.
Date		1992
Number studied		30
Outcome		Preparation for the move was related to higher positive appraisal, higher morale, functional independence, and lower harm-loss scores. Implications include the need to assess people's appraisal of relocation so as to plan strategies that prevent relocation stress.

28	Article	<i>Responses of nursing home residents to intrainstitutional relocation.</i> Holzapfel S.K.,Schoch C.P.,Dodman J.B.,Grant M.M.Geriatric nursing (New York, N.Y.).
Date		1992
Number studied		
Outcome		Relocation effects may be positive when residents are prepared for the move. The degree to which they exercise control over their environment and participate in the decision-making process influences the outcome of relocation. Planned interventions may offset adverse effects of stress. Prerelocation involvement of the residents we observed in visiting the new facility, and in selecting their bedrooms and roommates, reduced their anxiety to an acceptable, even positive level. These choices had a direct impact on their quality of life. The greater the number of choices the residents had, the more predictable the new environment became. Any stress generated became a positive, rather than a negative, force.

29	Article	<i>Interinstitutional relocation and the elderly.</i> Mirotznik J.,Ruskin A.P. Journal of long term care administration.
Date		1985
Number studied		
Outcome		

30	Article	<i>The impact of relocation on elderly patients with mental illness.</i> Meehan T.,Robertson S.,Vermeer C. The Australian and New Zealand journal of mental health nursing.
Date		2001
Number studied		23
Outcome		The impact of relocation on the group proved to be less dramatic

	than findings reported in the literature. The adverse affects of relocation were likely to have been offset by the preparation and planning undertaken prior to relocation, and the support provided to staff and patients in the period following relocation.
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31	Article	<i>Is relocation harmful to institutionalized elderly people?</i> Harwood R.H.,Ebrahim S. Age and Ageing.
	Date	1992
	Number studied	101
	Outcome	Small improvements in disability over the relocation period were seen compared with changes seen over a subsequent, 2-month control period. The monthly mortality rate in the 6 months after relocation was not statistically different from that in the corresponding 6 months the previous year. Relocation to more appropriate accommodation may have had overall beneficial effects on disability.

32	Article	<i>Enforced relocation of older people when Care Homes close: a question of life and death?</i> Jolley, David,Jefferys, Peter,Katona, Cornelius,Lennon, Sean. Age & Ageing.
	Date	2011
	Number studied	
	Outcome	

33	Article	<i>Frail Older Persons' Experiences of Interinstitutional Relocation.</i> Falk, Hanna,Wijk, Helle,Persson, Lars-Olof. Geriatric Nursing.
	Date	2011
	Number studied	
	Outcome	Results indicate a significantly larger deterioration in perceived person centeredness among those cognitively intact residents that moved compared to the non- movers. No significant relocation effects were found from the cognitively impaired residents. Nursing interventions that involve, inform, and prepare older persons prior to interinstitutional relocation to enhance their sense of control of the move might minimize adverse relocation effects.

34	Article	<i>Involuntary Relocation from Residential Homes: Quantitative Analysis of Mortality, Research Review and Relevance to Practice.</i> Gascoigne, Mike,Mashhoudy, Houshang. Practice.
	Date	2011
	Number studied	
	Outcome	The article reports on mortality rates of a sample of older people from private residential homes who were relocated involuntarily with a sample of older people who have just moved to a private residential home. It concludes that there is not a significant

	difference in the mortality of the two groups
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35	Article	<i>Relocation puts elderly nursing home residents at risk of stress, although the stress is short lived.</i> Washburn AM. Evidence Based Mental Health.
Date		2005
Number studied		
Outcome		

36	Article	<i>Reducing relocation stress syndrome in long term care facilities.</i> Melrose S. Journal of Practical Nursing.
Date		2004
Number studied		
Outcome		

37	Article	<i>Interinstitutional relocation of aged people.</i> Stein IL. Dissertation.
Date		1996
Number studied		
Outcome		

Potential Beds Within Geographical Areas Served by Each Home

This document sets out the number of independent sector and Council homes in proximity to each home which has been subject to consultation. Inclusion in this list has been determined by the homes being within a set number of miles of each home subject to consultation. The set number of miles has been determined by mapping the distance to the home subject to consultation from the current residents' previous home addresses thereby establishing a radius which forms a notional catchment area.

The number of available beds is a snapshot taken on October 15 2015. These numbers will naturally increase or decrease depending on new admissions and discharges over a six month period. The six month time span is estimated to be the length of time in which is likely that a home would close following a Cabinet decision.

The Willows:

Residents of the Willows come from within a radius of 7.8 miles of the home.

There are five Derbyshire County Council establishments within a 7.8 mile radius, The Glebe, Rowthorne, Ada Belfield, Hazelwood and Florence Shipley.

There is also an Extra Care Housing scheme within the catchment area. Maple Mews in Alfreton consists of 55 two-bedroom apartments that have on site 24/7 care staff. This may be a possible additional option if any residents wished to consider living independently with a package of care.

DCC Homes	Total Beds	Available Beds as at October 15 2015
The Glebe	32	6
Rowthorne	40	3*
Ada Belfield	25	3
Hazelwood	30	2
Florence Shipley**	32	0
Total	159	14

If The Glebe was to close at the same time as The Willows there would be 4 Derbyshire County Council establishments as below:

DCC Homes	Total Beds	Available Beds
Rowthorne*	40	3*
Ada Belfield	25	3
Hazelwood	30	2
Florence Shipley**	32	32**
Total	127	39

*Please Note – Rowthorne has more beds actually available then shown (15) but due to staffing levels are only offering 3.

** This new community care centre will open shortly.

There are 15 independent residential care homes within the residential catchment area. Combined these provide 442 beds as at 15.10.2015.

Independent Homes	Total Beds	Available Beds
Belper Views	25	0
Butterley	37	0
Codnor Park	40	4
Coxbench Hall	39	3
Glasshouse Hill	11	1
Holbrook Hall	25	2
Kidsley Grange	26	2
Kilburn	12	0
King William	28	1
Meadows	30	3
Milford	34	4
Osmaston Grange	44	6
Smalley Hall	26	2
Spencer Grove	36	0
Springwood House	29	1
Total Beds	442	29

The Glebe :

Residents of The Glebe come from within a radius of 8 miles of the home.

There are five Derbyshire County Council establishments with a 8.2 mile radius, Ada Belfield, Rowthorne, The Willows, Florence Shipley, and Holmlea.

There is also an Extra Care Housing scheme within the catchment area. Maple Mews in Alfreton consists of 55 two-bedroom apartments that have on site 24/7 care staff. This may be a possible additional option if any residents wished to consider living independently with a package of care.

DCC Homes	Total Beds	Available Beds
The Willows	20	1
Rowthorne	40	3*
Ada Belfield	25	3
Holmlea	40	3
Florence Shipley**	32	0
Total	157	10

If The Willows was to close at the same time as The Glebe, there would be four Derbyshire County Council residential homes:

DCC Homes	Total Beds	Available Beds
Rowthorne	40	3*
Ada Belfield	25	3
Holmlea	40	3
Florence Shipley**	32	0
Total	137	9

*Please Note – Rowthorne has more beds actually available then shown (15) but due to staffing levels are only offering 3.

** This new community care centre will open shortly.

There are 12 independent residential care homes within the catchment area of The Glebe. Combined these provide 367 beds.

Independent Homes	Total Beds	Available Beds
Butterley House	27	0
Codnor Park	40	4
GlassHouse Hill	11	1
Kidsley Grange	26	2
Kilburn	12	0
King William	28	1
Meadows	30	3
Osmaston Grange	44	6
Spencer Grove	36	0
Tansley	20	0
Normanton	43	9
Amberleigh	40	16
Total Beds	367	42

Hillcrest:

Residents of Hillcrest come from within a radius of 6.8 miles of the home.

There are 6 Derbyshire County Council establishments within 6.8 miles.

DCC Homes	Total Beds	Available Beds
Beechcroft	40	5
Hazelwood	30	2
Briar Close	40	5
Lacemaker Court**	16	0
Ladycross	35	1
Florence Shipley**	32	0
Total Beds	193	13

*This new community care centre will open shortly.

There are 15 independent residential care homes within the area of Hillcrest, combined these provide 420 beds.

Independent Homes	Total Beds	Available Beds
Ashlee	21	0
Bramble Lodge	65	1
Camden Care Home	18	0
Canel Vue	20	0
Cedars & Larches	34	1
Firs	20	2
Fullwood	10	1
Grange	30	0
Key West	9	0
Longmoor Lodge	46	0
Old Rectory	26	2
Victoria Court	40	2
West Hallam	29	3
Smalley	26	2
Kidsley	26	2
Total Beds	420	16

As well as DCC homes there are 11 residential care homes in Nottinghamshire within 7 miles of Hillcrest

Independent Homes	Total Beds	Available Beds
Acer Court	90	11
Alder House	64	17
Bramwell	78	17
Falcon House	46	0
The Herons	39	2
Meadow Lodge	25	4
Queenswood	41	0
Ryland	17	0
Beechdale	65	2
The Beeches	53	0
St Martins	21	3
Total Beds	539	56

Red House: Radius of 5.5 miles

Residents of Red House come from within a radius of 5.5 miles of the home.

There are 2 Derbyshire County Council establishments within 5.5 miles.

DCC Homes	Total Beds	Available Beds
The Spinney	37	1
Staveley Community Care	32	0
Total Beds	69	1

There is also an Extra Care Housing scheme, Potters Place, which consists of 55, two bed-room apartments with on site 24/7 care staff. This may be a possible additional option if any residents wished to consider living independently with a package of care.

There are 11 independent residential care homes within the catchment area (5.5 mile radius) of Red House.

Independent Home Name	Total Beds	Available Beds
Ashleigh	25	1
Bank Close	27	2
Brimington Care Centre	45	0
Brookholme Care Centre	40	0
Elm Lodge	40	10
Heather Vale Court	39	0
Ravensworth Care Home	26	5
Ridgewood House	21	0
Riverdale Care Home	40	4
Springbank House	40	0
Willows Care Home	20	4
Total Beds	363	26

Ecclesfold:

Users of the respite care service at Ecclesfold Resource Centre come from within a radius of 10.9 miles of the home.

There are two Derbyshire County Council homes within 10.9 miles.

DCC Homes	Total Respite Care Beds	Available Respite Care Beds
Whitestones	3	0
Goyt Valley	2	1
Total Beds	5	1

There are 8 independent residential care homes offering short term beds within the catchment area.

Independent Home Name	Total Beds	Available Beds
Argyle Care Home	19	0
Gables Care Home	23	5
Haddon Hall	25	32
Hawthornes	34	2
Hollin Knowle Care Home	19	1
Pavilion Care Home	32	1
Watford House Care Home	40	6
Welby Croft	21	1
Total Beds	213	48

Response to Freedom of Information request

Document Classification: PUBLIC

**ADULT CARE PORTFOLIO OFFICE
BRIEFING NOTE AC/BN/ACS/262**

DATE: 23RD JUNE 2015

**SUMMARY OF OCCUPANCY LEVELS OF
HOMES FOR ELDERLY PERSONS**

Purpose of the Report:

This briefing note is to explain the methodology of the two different types of occupancy levels within a Home for Older Persons as shown in Appendix 7 of the Cabinet Report dated 16th June 2015 – Strategic Direction for Derbyshire County Council Direct Care Older Persons Residential Care Services 2015 – 2020 and supporting documents.

Information and Analysis:

The occupancy level is determined by calculating actual number of days beds used as a percentage of the maximum daily bed usage available.

For example, at the Glebe, in December 2015, 85% of the bed places available were used.

992 (maximum bed usage from 1st – 31st December 2014)
 842 (actual bed usage from 1st – 31st December 2014)
 85% (equates to occupancy for the month only from 1st – 31st December)

This figure gives a monthly snapshot to guide managers as part of routine performance monitoring.

For financial purposes, an average of the period from the start of the financial year is used on a month by month basis. For example:

July is the third month of the financial year, and would use average of April – July occupancy figures

August is the fourth month of the financial year, and would use average of April – August occupancy figures

September is the sixth month of the financial year, and would use average of April – September occupancy figures

This pattern continues throughout the year up to the point that information was base-lined for the review in February 2015.

The figures in the Cabinet report were taken from the start of the financial year April 2014 to as far as February 2015.

Using The Glebe as the same example using the financial average to date within year methodology to December 2014, 69.2% of the beds places available were used. This was calculated on the basis that:

8800 (maximum bed usage from 1st April to 31st December 2014)
 6087 (actual bed usage from 1st April to 31st December 2014)
 69.2% (equates to overall occupancy from 1st April to 31st December 2014)

As further illustration, a comparison between two homes in the Amber Valley area has been provided.

Table 1 below sets out the monthly snapshot for The Glebe and Rowthorne homes for older people.

Table 1:

Home	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
The Glebe	76%	83%	85%	83 %	80%	80 %
Rowthorne	92%	81%	73%	67%	63 %	67%

Table 2 sets out the cumulative occupancy for the year. It should be noted that at the time that the cabinet report was written the March 15 figures were not available.

Table 2:

Home	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
The Glebe	64.3%	66.7%	69.2%	70.9%	71.7%	72.4%
Rowthorne	91.6%	90.2%	88.7%	86.5%	84.5%	83%

Financial Considerations:

During the review of the homes for older people it was considered prudent to use an approach that would not disadvantage individual homes that were under-occupied for specific short term reasons that were beyond their control.

For example, The Glebe was under occupied during roof and other repairs resulting from a tree fall in November 2013. The affected rooms were not back in operation until August 2014, and it can be seen that occupancy levels have improved steadily in the second half of the financial year as the rooms came back into service, which has improved the cumulative average occupancy levels as seen in Table 1 above.

A second example, is that of Rowthorne, where occupancy levels dropped in January and February of 2015 as a result of boiler problems affecting one wing. Whilst the occupancy levels dropped to within the 60- 70% band for the individual months affected (set out in Table 1), the cumulate average occupancy level remained fairly high within the 80 – 90% range.

A decision was taken within the review that unit costs, which are based on occupancy levels, would be based on assumed full occupancy. In that way, no individual homes would be disadvantaged.

Other Considerations:

For the sake of completeness, the Cabinet report has set out (in Appendix 7) the unit cost based on both the cumulative actual occupancy levels, and the unit cost based on assumed full occupancy.

Using the two examples above, the Glebe cumulative actual occupancy average would have been £651.46 per month, but based on full occupancy the unit cost reduces to £474.66. For Rowthorne the cumulative actual occupancy average would have been £416.68 per month, but based on full occupancy the unit cost reduces to £380.36.

It should be noted that the unit cost does not represent the full cost of running the home, but reflects the day to day running costs and therefore no central overheads or management charges are included. Capital cost for maintenance and repair are excluded, for example the cost of repairs to The Glebe as a result of the tree falling were met from a corporate property budget which are not reflected in the unit cost.

FINANCIAL SUMMARY OF HOMES FOR OLDER PEOPLE 2012/13 TO 2014/15

	CLOSED							
	Ada Belfield £	Florence Shipley £	The Glebe £	Rowthorn £	The Willows £	New Bassett £	East Clune £	Holmlea £
2012/13								
Employees	519,483	343,828	578,015	619,975	469,302	647,808	572,422	638,146
Premises	25,232	24,363	30,162	38,774	23,845	42,140	35,427	52,421
Transport	983	196	180	410	0	2,501	1,386	330
Supplies & Services	51,073	35,153	49,100	64,371	39,250	68,144	55,558	65,907
Agency Payments	420	(110)	450	607	297	461	380	531
Internal Recharge	16,730	11,013	18,373	26,267	8,737	26,371	24,762	23,363
Gross Expenditure	613,921	414,442	676,279	750,403	541,432	787,424	689,936	780,697
Misc Income	(98)	(16)	(527)	(419)	157	(826)	(157)	(729)
Charge to Fieldwork	(455,331)	(346,293)	(653,573)	(871,876)	(390,072)	(798,359)	(501,351)	(756,384)
Net Expenditure	158,492	68,134	22,178	(121,891)	151,517	(11,760)	188,427	23,585
2013/14								
Employees	553,528	0	584,787	631,880	500,614	656,180	596,067	652,126
Premises	26,684	0	35,717	33,255	27,404	44,524	34,802	42,930
Transport	3,235	0	652	1,418	46	1,872	2,456	1,303
Supplies & Services	55,195	0	56,168	70,775	43,448	76,956	66,045	74,122
Agency Payments	239	0	516	593	208	467	445	481
Internal Recharge	21,090	0	18,641	22,065	8,045	26,657	24,360	20,072
Gross Expenditure	659,971	0	696,480	759,985	579,764	806,656	724,176	791,033
Misc Income	(46)	0	(613)	(172)	(185)	(578)	(49)	(114)
Charge to Fieldwork	(545,526)	0	(636,054)	(908,202)	(393,279)	(790,837)	(568,408)	(742,049)
Net Expenditure	114,399	0	59,814	(148,389)	186,300	15,241	155,719	48,870
2014/15								
Employees	567,175	0	618,060	673,365	504,538	698,672	598,162	710,330
Premises	26,949	0	29,410	33,562	15,320	42,027	39,443	50,446
Transport	3,632	0	738	1,390	0	1,351	789	1,026
Supplies & Services	60,850	0	55,152	66,896	42,328	83,084	71,898	85,214
Agency Payments	314	0	397	570	271	461	368	375
Internal Recharge	21,605	0	87,682	20,622	8,661	33,479	29,985	20,610
Gross Expenditure	680,526	0	791,440	796,405	571,117	859,074	740,646	868,001

Misc Income	(298)	0	(71,544)	(147)	(1,229)	(1,025)	(4)	(177)
Charge to Fieldwork	(561,246)	0	(551,710)	(783,348)	(385,337)	(726,326)	(572,588)	(755,418)
Net Expenditure	118,982	0	168,186	12,910	184,551	131,723	168,054	112,405

2012/13 - 2014/15

Employees	1,640,186	343,828	1,780,861	1,925,219	1,474,453	2,002,660	1,766,651	2,000,602
Premises	78,865	24,363	95,289	105,591	66,570	128,690	109,673	145,797
Transport	7,850	196	1,570	3,218	46	5,724	4,631	2,659
Supplies & Services	167,119	35,153	160,421	202,042	125,025	228,185	193,501	225,243
Agency Payments	973	(110)	1,363	1,770	776	1,389	1,194	1,386
Internal Recharge	59,424	11,013	124,696	68,954	25,443	86,507	79,108	64,044
Gross Expenditure	1,954,418	414,442	2,164,199	2,306,792	1,692,312	2,453,154	2,154,758	2,439,731
Misc Income	(442)	(16)	(72,684)	(737)	(1,257)	(2,429)	(211)	(1,020)
Charge to Fieldwork	(1,562,103)	(346,293)	(1,841,337)	(2,563,425)	(1,168,687)	(2,315,522)	(1,642,348)	(2,253,851)
Net Expenditure	391,873	68,134	250,177	(257,370)	522,368	135,204	512,200	184,860

FINANCIAL SUMMARY

	CLOSED							
	Thomas Colledge	Derwent House	Red House	The Spinney	Gernon Manor	The Leys	Beechcroft	Briar Close
	£	£	£	£	£	£	£	£
2012/13								
Employees	465,879	671,829	473,210	698,166	558,070	577,613	623,362	618,523
Premises	33,933	29,710	9,999	10,206	38,941	39,581	25,523	34,754
Transport	1,066	779	43	5	466	559	200	423
Supplies & Services	45,448	77,971	39,545	74,313	61,754	69,661	77,506	76,720
Agency Payments	316	478	263	1,095	398	372	523	678
Internal Recharge	24,121	34,351	19,385	23,256	16,699	18,014	19,678	19,941
Gross Expenditure	570,764	815,118	542,445	807,042	676,327	705,800	746,792	751,039
Misc Income	(314)	(109)	(260)	(261)	(3,769)	(210)	639	(200)
Charge to Fieldwork	(456,641)	(722,840)	(394,101)	(811,673)	(641,425)	(745,176)	(857,045)	(810,437)
Net Expenditure	113,809	92,169	148,084	(4,892)	31,133	(39,585)	(109,614)	(59,599)
2013/14								
Employees	576,903	113,661	515,075	737,694	579,066	628,017	670,120	632,557
Premises	29,711	13,184	23,010	67,470	30,601	32,682	37,637	37,317
Transport	2,013	236	470	503	358	2,309	980	64
Supplies & Services	45,440	8,961	26,490	84,620	63,531	71,823	85,873	79,212
Agency Payments	278	0	324	573	352	599	493	325
Internal Recharge	25,115	39,187	14,201	18,556	15,712	26,939	19,757	19,884
Gross Expenditure	679,461	175,229	579,569	909,416	689,619	762,369	814,860	769,359
Misc Income	(147)	(10)	(473)	(185)	(3,808)	(31)	(774)	(110)
Charge to Fieldwork	(465,788)	34,658	(477,159)	(795,891)	(640,316)	(754,591)	(859,557)	(847,114)
Net Expenditure	213,526	209,878	101,938	113,340	45,496	7,747	(45,470)	(77,865)
2014/15								
Employees	569,505	0	496,228	764,588	599,048	670,856	706,876	685,883
Premises	26,619	0	28,766	34,019	33,114	40,133	32,542	30,054
Transport	3,160	0	304	164	352	1,832	1,055	507
Supplies & Services	47,955	0	41,347	76,667	62,393	83,045	77,292	78,748
Agency Payments	284	0	307	555	3,412	1,803	565	412
Internal Recharge	27,145	0	24,995	19,848	14,909	24,512	19,766	20,446
Gross Expenditure	674,668	0	591,947	895,841	713,229	822,181	838,096	816,049

Misc Income	(175)	0	(461)	(1,953)	(3,765)	(41)	564	(93)
Charge to Fieldwork	(535,710)	0	(431,863)	(841,340)	(705,981)	(804,596)	(856,823)	(762,085)
Net Expenditure	138,783	0	159,624	52,549	3,483	17,544	(18,164)	53,871

2012/13 - 2014/15

Employees	1,612,287	785,490	1,484,513	2,200,448	1,736,185	1,876,486	2,000,357	1,936,963
Premises	90,264	42,894	61,774	111,696	102,656	112,396	95,703	102,125
Transport	6,240	1,015	817	673	1,175	4,701	2,235	994
Supplies & Services	138,844	86,932	107,382	235,600	187,677	224,529	240,671	234,680
Agency Payments	877	478	894	2,223	4,162	2,773	1,581	1,414
Internal Recharge	76,381	73,538	58,581	61,660	47,319	69,466	59,202	60,271
Gross Expenditure	1,924,894	990,347	1,713,961	2,612,299	2,079,175	2,290,351	2,399,748	2,336,447
Misc Income	(636)	(119)	(1,194)	(2,398)	(11,341)	(281)	429	(403)
Charge to Fieldwork	(1,458,139)	(688,182)	(1,303,122)	(2,448,904)	(1,987,722)	(2,304,363)	(2,573,425)	(2,419,637)
Net Expenditure	466,118	302,047	409,646	160,996	80,112	(14,294)	(173,248)	(83,593)

FINANCIAL SUMMARY

	Hazelwood £	Hillcrest £	Ladycross £	Southlands £	Goyt Valley £	Whitestones £	The Grange £	Castle Court £
2012/13								
Employees	550,991	585,088	575,730	486,444	535,449	683,856	538,318	654,936
Premises	32,881	33,083	(30,805)	38,579	34,929	42,789	31,704	36,977
Transport	643	399	813	276	915	1,015	528	577
Supplies & Services	58,578	57,906	60,884	51,285	54,340	71,175	46,361	82,687
Agency Payments	418	376	315	446	418	394	168	638
Internal Recharge	19,583	19,709	16,446	14,169	15,657	19,840	18,181	19,804
Gross Expenditure	663,093	696,562	623,383	591,198	641,709	819,068	635,259	795,619
Misc Income	1,882	4,951	(1,870)	(184)	(461)	(1,319)	561	(760)
Charge to Fieldwork	(578,967)	(564,455)	(593,040)	(514,547)	(660,154)	(884,923)	(386,696)	(852,312)
Net Expenditure	86,008	137,058	28,473	76,467	(18,907)	(67,173)	249,125	(57,453)
2013/14								
Employees	571,152	626,917	636,706	507,043	558,687	794,406	561,891	669,465
Premises	34,292	38,911	34,789	32,056	34,551	67,496	17,050	27,611
Transport	291	2,324	1,410	282	1,054	2,664	781	1,997
Supplies & Services	76,518	64,164	77,648	48,721	59,794	85,795	62,301	86,140
Agency Payments	478	380	510	358	514	901	197	4,177
Internal Recharge	16,923	19,012	17,861	21,015	14,978	19,485	13,568	19,073
Gross Expenditure	699,655	751,707	768,924	609,475	669,580	970,748	655,788	808,464
Misc Income	484	(4,959)	(15)	(3,847)	(26,045)	(665)	(223)	(199)
Charge to Fieldwork	(658,129)	(550,290)	(709,184)	(481,444)	(613,045)	(927,379)	(575,346)	(906,161)
Net Expenditure	42,011	196,459	59,725	124,183	30,490	42,704	80,219	(97,897)
2014/15								
Employees	586,839	681,893	658,737	551,404	593,885	853,679	573,136	774,894
Premises	37,154	33,880	31,509	34,528	40,416	53,622	36,635	41,465
Transport	270	1,270	771	870	1,444	2,226	924	3,167
Supplies & Services	81,382	60,830	72,654	51,837	68,132	88,827	56,339	84,355
Agency Payments	539	500	592	340	2,717	678	873	1,175
Internal Recharge	16,565	17,415	17,874	15,239	14,616	19,603	15,473	17,181
Gross Expenditure	722,749	795,788	782,138	654,219	721,209	1,018,635	683,380	922,236

Misc Income	407	0	(625)	(150)	(31,695)	(467)	(187)	(281)
Charge to Fieldwork	(644,750)	(544,356)	(731,653)	(461,314)	(686,742)	(907,991)	(578,833)	(916,473)
Net Expenditure	78,405	251,432	49,860	192,755	2,772	110,178	104,360	5,483

2012/13 - 2014/15

Employees	1,708,983	1,893,898	1,871,172	1,544,891	1,688,021	2,331,941	1,673,344	2,099,294
Premises	104,327	105,874	35,493	105,162	109,896	163,907	85,389	106,054
Transport	1,203	3,993	2,995	1,428	3,413	5,905	2,233	5,741
Supplies & Services	216,478	182,901	211,186	151,843	182,266	245,798	165,000	253,182
Agency Payments	1,435	1,256	1,417	1,144	3,649	1,973	1,238	5,990
Internal Recharge	53,071	56,136	52,182	50,422	45,251	58,928	47,223	56,058
Gross Expenditure	2,085,497	2,244,057	2,174,445	1,854,892	2,032,497	2,808,452	1,974,427	2,526,319
Misc Income	2,773	(8)	(2,510)	(4,182)	(58,201)	(2,450)	152	(1,240)
Charge to Fieldwork	(1,881,846)	(1,659,101)	(2,033,877)	(1,457,305)	(1,959,942)	(2,720,293)	(1,540,875)	(2,674,946)
Net Expenditure	206,424	584,949	138,058	393,405	14,355	85,708	433,704	(149,867)

FINANCIAL SUMMARY

	CLOSED The Dales £	Underhall £	Ecclesfold £	Central Costs £	TOTAL £
2012/13					
Employees	408,836	511,489	536,102	39,449	15,182,316
Premises	23,806	29,056	45,182	50,883	864,074
Transport	812	3,942	16,018	0	35,462
Supplies & Services	35,880	35,235	47,273	201,692	1,754,772
Agency Payments	299	168	0	0	10,799
Internal Recharge	11,551	40,214	46,592	21,956	594,764
Gross Expenditure	481,183	620,104	691,167	313,980	18,442,187
Misc Income	(2,605)	(50,279)	(57,887)	(620)	(115,689)
Charge to Fieldwork	(340,329)	(272,147)	(260,941)	(310,675)	(16,431,763)
Net Expenditure	138,250	297,678	372,338	2,685	1,894,735
2013/14					
Employees	0	540,903	546,100	41,350	14,682,894
Premises	0	32,587	34,973	48,654	919,898
Transport	0	2,908	15,937	0	47,564
Supplies & Services	0	36,276	44,331	266,369	1,816,717
Agency Payments	0	687	4,003	0	18,100
Internal Recharge	0	45,370	51,148	77,144	635,859
Gross Expenditure	0	658,731	696,493	433,517	18,121,031
Misc Income	0	(52,092)	(42,793)	(34,323)	(171,970)
Charge to Fieldwork	0	(238,459)	(295,280)	(399,194)	(15,744,025)
Net Expenditure	0	368,180	358,419	0	2,205,036
2014/15					
Employees	0	326,813	371,667	190	14,836,423
Premises	0	32,327	41,797	44,279	890,019

Misc Income	0	(45,818)	(62,319)	(83,922)	(305,405)
Charge to Fieldwork	0	(172,898)	(145,147)	(259,788)	(15,324,314)
Net Expenditure	0	201,439	279,878	0	2,581,063

2012/13 - 2014/15

Employees	408,836	1,379,205	1,453,868	80,989	44,701,632
Premises	23,806	93,970	121,951	143,815	2,673,990
Transport	812	7,075	32,681	0	111,221
Supplies & Services	35,880	89,406	116,160	718,886	5,361,990
Agency Payments	299	1,736	6,726	18,083	68,089
Internal Recharge	11,551	127,600	143,616	129,434	1,857,078
Gross Expenditure	481,183	1,698,991	1,875,003	1,091,208	54,774,000
Misc Income	(2,605)	(148,189)	(163,000)	(118,865)	(593,065)
Charge to Fieldwork	(340,329)	(683,504)	(701,369)	(969,657)	(47,500,102)
Net Expenditure	138,250	867,298	1,010,634	2,685	6,680,833

ANALYSIS OF SALARY COSTS 2012/13 TO 2014/15

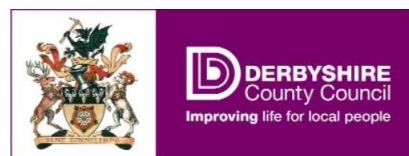
	Front Line £	Mngt & Admin £	Total £
2012/13			
Salary	51,841,731.94	12,030,919.10	63,872,651.04
National Insurance	1,945,147.36	884,258.38	2,829,405.74
Pension	7,114,846.39	2,015,606.54	9,130,452.93
Total	60,901,725.69	14,930,784.02	75,832,509.71
2013/14			
Salary	52,096,742.40	12,199,392.21	64,296,134.61
National Insurance	1,791,704.84	874,917.21	2,666,622.05
Pension	7,306,004.40	2,073,963.67	9,379,968.07
Total	61,194,451.64	15,148,273.09	76,342,724.73
2014/15			
Salary	52,788,667.33	10,896,368.86	63,685,036.19
National Insurance	1,786,178.65	761,933.60	2,548,112.25
Pension	8,737,229.72	1,989,562.85	10,726,792.57
Total	63,312,075.70	13,647,865.31	76,959,941.01
2012/13 - 2014/15			
Salary	156,727,141.67	35,126,680.17	191,853,821.84
National Insurance	5,523,030.85	2,521,109.19	8,044,140.04
Pension	23,158,080.51	6,079,133.06	29,237,213.57
Total	185,408,253.03	43,726,922.42	229,135,175.45

APPENDIX 7

This is the EIA relating to the Accommodation and Support Strategy

Derbyshire County Council

Equality Impact Analysis Record Form 2012



Department	Adult Care
Service Area Responsible	Accommodation Care and Support for Older People
Chair of Assessment Group	Katey Twyford
Title of Policy/ Service/ Function	Strategic Direction for Derbyshire County Council Direct Care Older Persons Residential Care Services 2015-2020

(i) Change History

Version	Date	Reason	Name
0.01	05/05/15	Initial draft outline for consideration by EIA group	Katey Twyford
0.02	07/09/15	With initial update from Izzy Fisher / Iseult Cocking and David Gurney	Katey Twyford
0.03	10/09/15	Review by Izzy Fisher	Izzy Fisher

Stage 1. Prioritising what to impact assess

1.1 *Why has this policy, service or function been chosen?*

Derbyshire County Council had in place plans to deliver the strategy for accommodation care and support for older people in Derbyshire (February 2012). The plans involved the transformation of its residential provision for older adults and provision of facilities to meet future demographic need and the aspirations of potential customers. A key element of this service was the development of Community Care Centres (CCC) and Extra Care (EC) housing, with proposals in place to provide schemes across the county. An Equality Impact Analysis for that strategy involved consultation on proposed closure of homes where they were evaluated as not meeting current physical standards.

An updated 5 year strategic direction for Derbyshire County Council Direct Care older persons residential care services has been developed for 2015-20. In the light of experience and changing economic drivers since the 2012 plan, the updated 5 year strategic direction sets out:

- A revised vision and commissioning strategy for Adult Care older people services.
- A balance of provision within Direct Care which is responsive to market need.
- A range of efficiencies designed to ensure that Direct Care is able to retain its role as a significant sustainable provider.
- Targets for investment of capital funding on those DCC establishments that are strategically beneficial to the ongoing delivery of a Direct Care residential service within Derbyshire

This equality impact analysis (EIA) updates the 20 February 2012 strategy for accommodation care and support for older people in Derbyshire, and will include evaluation of the impacts emanating from the updated strategic direction.

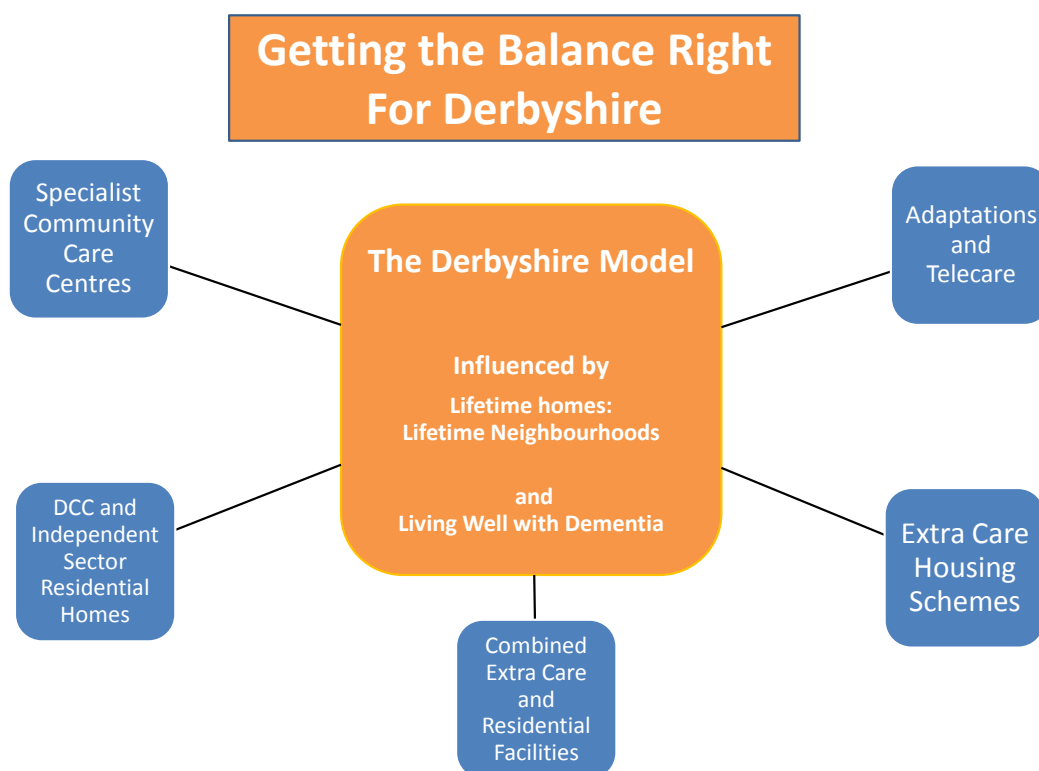
The EIA will also seek to ensure that learning from this analysis is incorporated into the planning and design for any future services to ensure that any equality weaknesses can be addressed. This equality impact analysis will be complemented by an Equality Impact Plan for the services impacted by the changes.

1.2 Why does the policy, service or function exist/ what is its purpose? Who should benefit?

The purpose of the updated Strategic Direction for Derbyshire County Council Direct Care Older Persons Residential Care Services 2015-2020 is to continue to improve the quality and appropriateness of accommodation and support services for older people across Derbyshire ensuring that Direct Care services is able to remain a sustainable and significant service provider.

The updated service model will continue to provide a range of accommodation care and support options, as set out in the diagram below. The aim is to offer an appropriate choice of independent living, residential accommodation, and both in and outreach services as part of the integrated network of support to the local community.

Wherever possible, new builds will have a public area, the aim of which is to provide a community resource for older people and their carers, to provide preventative support where individuals do not have a formal assessment of need. The nature of these new build developments is that they will also have potential to provide benefits to other members in the community such as young or disabled people.



The direction of travel for Direct Care services is to:

- Ensure individuals and carers are provided with the right service, in the right place at the right time;
- Ensure that there is a sustainable network of community care centres, extra care housing schemes, and residential homes for older people that meet local needs;

- Focus on the key strengths of each type of scheme to ensure environments are conducive to high quality personalised care;
- Ensure equitable provision of short-term bed-based services in residential homes, community care centres or extra care schemes (whichever is locally appropriate);
- Maximise appropriate use of long-term and short term placements;

Increasingly Direct Care is developing expertise in the provision of specialist long term residential provision for people with dementia and other complex needs, for short term re-ablement or intermediate care, and for the provision of respite care.

Stage 2. Pulling an assessment team together

Name	Area of expertise
Katey Twyford (Chair)	Group Manager – Accommodation Care and Support projects
Amanda Taylor-Rodgers	Project Officer
John Kane / Steve Plumb	Management Information support
Tina Frost-Morris	Finance
Ruth Aten-Shearwood	Brokerage of care and support packages
Izzy Fisher	Service Manager – Accommodation Care and Support
Iseult Cocking	Group Manager - Commissioning
Steve Jenkinson	Service Manager - Commissioning
Helen Greatorrex	Stakeholder engagement and consultation
Carol Simpson / Rosemary Evans	Direct Care Service Management
Steve Walters	Property Services
Jean Sturman	Residential property investment

Stage 3. Scoping of the assessment / identifying likely issues

The Strategic Direction for Derbyshire County Council Direct Care Older Persons Residential Care Services 2015-2020 report of 16 June 2015 updates the Equality Impact Analysis of February 2012 on the Strategy for Accommodation, Care and Support for Older People in Derbyshire.

Six main actions were set out in the report of 16 June 2015. Those that will be covered by this EIA are set out below:

Action 1: Where available, offer extra care as an alternative option to traditional residential care – covered in the February 2012 report, *refreshed in this assessment*

Action 2: Increase specialist care provision in better environments – covered in the February 2012 report, *refreshed in this assessment*

Action 3: Optimise NHS funding – not subject to this Equality Impact Analysis

Action 4: Revise the Homes for Older People management and staffing structure – subject to a separate Equality Impact Analysis being undertaken by Direct Care consultation on this proposal

Action 5: Revise the long term / short term bed balance provided by Direct Care – *refreshed in this assessment*

Action 6: Consult on the future of a number of Direct Care residential care homes identified as the most unsustainable homes which do not deliver strategic benefits to the organisation – *this assessment will cover any overarching matters raised by the proposed closure of five establishments.*

The main issues that have been considered in determining homes for potential closure are:

- The quality of the physical environment; drawing evidence on the quality, physical conditions and health and safety of the building.
- Financial sustainability of the home including:
 - Cost of maintaining the building to meet the needs of current residents and / or be adapted to meet the needs of people with dementia; drawing on information about future maintenance liabilities
 - Cost of running the current service; including unit costs of the home against average benchmarks
- The fitness for purpose of the building to meet the future service delivery model; drawing on evidence from an assessment of the functional suitability of the building
- Strategic benefits and position of the home in relation to other current residential and extra care provision in the market including; the home's ability to deliver the stated direction for DCC homes (provision of specialist beds for people with dementia and other complex needs, for re-ablement or intermediate care, to support timely hospital discharges, and for the provision of respite care); overall market provision in the locality, including the offer of a DCC bed, capacity within locality to take Adult Care commissioned placements and other factors that would be of strategic benefit

Each individual home proposed for closure will be subject to a separate Equality Impact Analysis which will be undertaken in conjunction with the Consultation process. The information will be analysed and presented alongside the Cabinet report before final decisions are made by Cabinet.

Stage 4. Pulling together all the information

1. Where available, offer extra care as an alternative option to traditional residential care

Extra Care and Community Care Centres

Name of source	Reason for using
<p>Local demographics – source:</p> <ul style="list-style-type: none"> • Census • Joint Strategic Needs Assessment (JSNA) Projections • Health data • Delivering housing for an ageing population 2005 • Planning4Care 	<p>To provide a profile of the county and its population, communities and projections of need.</p> <p>In 2012 the needs of the population of Derbyshire were analysed by electoral division using national Census data according to; those with all social care needs, those with high and very high needs, and those with severe dementia. These were used to allocate the available resources equitably across Derbyshire: the high and very high needs and severe dementia needs have been used as an indicator of relative demand for specialist services, and the all needs has been used as an indicator for demand for extra care provision.</p> <p>In 2015 further targeted work has been undertaken to provide a profile of residents and main carer / family members for each home proposed for potential closure. Specifically the work looked at a natural catchment area for the home, how far residents could reasonably be expected to move if the home were to shut, and the impact on carers and visiting family members if the resident were to move away from the current location.</p>
<p>Information about location, bus routes, local services etc</p>	<p>To look at each locality to determine how well it is supplied by public transport and other services that will be used by people attending the community care centres and Extra Care facilities. This work was included in Travel Plans and travel impact assessments undertaken when each new site is considered, and when a relocation of current service is considered. The plans will give advice about how travel issues and transport will be addressed to ensure that</p>

Name of source	Reason for using
	the schemes are as accessible as possible.
Site surveys undertaken by external architects and Derbyshire County Council Estates Department	These provide information about each location and what can be provided on the sites. This can assist the council to confirm the suitability of a site for a scheme or highlight potential issues that will need to be addressed.
<p>Housing values –source</p> <p>district council housing strategies</p> <p>Extra Care Housing Strategy 2006</p> <p>East Midlands Regional Housing strategy 2004- 10</p> <p>Derby HMA Strategic Housing Market Assessment Update, July 2013.</p> <p>Sustainable planning for housing an ageing population 2008</p> <p>Website of comparative housing prices per area</p> <p>“Achieving Healthier Homes in Derbyshire; How can housing reduce inequalities?” (AVBC 2012)</p>	<p>This data will assist us to assess the affordability of the Extra Care scheme in particular to ensure that as far as possible rents and service charges are reasonable for local people.</p>
Potential impact on local people re affordability – including levels of affordable rent, service charges, care costs and other charges.	<p>An analysis was undertaken in 2012, involving district councils, extra care development partners, and welfare rights advisors to establish a model of costs that are affordable to local people. The analysis highlighted the potential impact of different rent and service charge levels on six main groups:</p> <p>Those who rent:</p> <ul style="list-style-type: none"> • On low income and housing benefit • On middle income • On high income <p>Those who purchase:</p> <ul style="list-style-type: none"> • On low income • On middle income • On high income <p>An individual’s capital will also be taken into</p>

Name of source	Reason for using
	<p>account within the model.</p> <p>In 2015 this area of work is being refreshed to take into account Welfare Benefit changes and the recent changes to DCC's Co-funding policy.</p>
<p>Service user engagement – including feedback from regular meetings, events and workshops</p> <p>Community Reference Group input to procurement process for extra care housing.</p>	<p>This enables us to get feedback from service users about the type of facilities they would like to see in the future and how they feel about those already provided.</p>
<p>Statutory Requirements – Part M/ National Minimum Standards of the Care Quality Commission (CQC)</p>	<p>This information will be used to ensure that there is no conflict between the statutory requirements that have to be met and our desire to create inclusive design.</p>
<p>Guidance & Standards</p> <p>Homes and Communities Agency (HCA) design Guide for affordable housing</p> <p>HCA nonmainstream housing design guidance. (2012).</p> <p>Stirling University –Designing for dementia</p>	<p>This will ensure that the design of any building meets recognised quality standards and ensures that the facilities meet the needs of all service users whatever their particular requirements.</p>
<p>Specific Design Guidelines such as Building Research Establishment Environmental Assessment Method (BREEAM), Commission for Architecture and the Built Environment (CABE) etc</p> <p>University of Sheffield – EVOLVE toolkit (checklist for ensuring Extra Care design quality)</p>	<p>This information will be used to ensure that each project team is up to date with the technical guidance on what is best practice in relation to the design of the community care centres and Extra Care Housing.</p>

Extra Care Refresh Update

Name of source	Reason for using
<p>Allocation protocol and nomination agreement</p>	<p>To ensure that no specific individuals or groups are excluded and that there is a clear relationship with National Eligibility Criteria under the Care Act 2014.</p>

Name of source	Reason for using
Review of allocation decisions and balance of need in current extra care schemes against expected targets for each scheme based on 1/3 low, 1/3 medium and 1/3 higher levels of need.	To determine whether any bias has occurred in current schemes regarding balanced community with different levels of need and to identify any actions that may be required. To address any barriers to applicants accessing the scheme with different levels of need and to address any actions that may be required.
Review of allocation decisions and reasons why individuals did not proceed to take up an apartment	To determine whether there are any specific factors that are preventing individuals or groups from taking up the opportunity of moving to extra care
Review use of communal and community areas to see if they are accessible to all residents who wish to may use of them.	To identify any barriers to the use of shared areas and address any actions that may be required.
Service user engagement – including feedback from regular meetings, events and workshops	This will enable us to get feedback from service users about the type of facilities they are experiencing and identify any issues raised about potential impact on individuals or groups.

2. Revise the long term / short term bed balance provided by Direct Care

Name of source	Reason for using
Geographic spread of short term bed provision across the County within DCC Community Care Centres, Extra Care schemes, and Homes for Older People Demographic analysis of levels of need across the county	To ensure that no specific groups across the county are inappropriately disadvantaged
Actual use of short term beds against planned use of beds	To ensure that a service is not inappropriately removed from a high use group or their carers.
Profile of current users of short term residential care	To ensure that no particular group in relation to age, gender or ethnicity, is particularly disadvantaged.

3. Consult on the future of a number of Direct Care residential care homes identified as the most unsustainable homes which do not deliver strategic benefits to the organisation

Name of source	Reason for using
<p>Research documentation on home closures and the impact on health and wellbeing of residents.</p> <p>Association of Directors of Social Services Good Practice in Supporting Older People during Residential Care Closures, 2011.</p>	<p>To compare latest research and if necessary update Derbyshire's Home Closure and Major Change guidelines.</p>
<p>Assessment of Property Performance undertaken Derbyshire County Council Estates Department</p>	<p>These provide an assessment of performance all DCC homes for older people to inform the decisions about which homes could be considered for potential closure.</p> <p>This included the following areas: functional suitability; quality; running costs; energy; physical condition; future maintenance liability; health and safety; and space utilisation.</p>
<p>Mortality rates in DCC home closures since 2012</p>	<p>To identify any significant factors that have emerged and should be taken into account in best practice and if necessary update Derbyshire's Home Closure and Major Change guidelines.</p>

Stage 5. Assessing the impact or effects

- 5.1 What does customer feedback, complaints, and discussions with stakeholder groups tell you about your service, policy and function, including which aspects are seen as negative, inaccessible, unhelpful, difficult to use etc?

Four main areas of feedback are included in this section:

1 General feedback from previous consultation:

In 2012 a Perspectives survey (No 51) 'Consultation on Capital Investment Programme' had been carried out which asked Derbyshire citizens about the proposed CCC's and Extra Care housing developments. Many comments were positive and respondents welcomed the new facilities offering opportunities for increased independence and choice.

In terms of design, the positive comments that were raised included:

- Provision of en-suite bathroom facilities in the community care centre
- Provision of a smoking room in the community care centres
- Overall agreement that schemes offer more privacy than existing provision

However, the main comments for further consideration were:

- Concern that the centralised locations of schemes may take resources away from local areas
- Potential distress caused by possible moves from existing residential care to the new facilities
- Visitors were concerned that they may need to travel longer distances to visit relatives – *refer to individual Travel Plan for each Scheme*
- People stated they were concerned about mixed sex facilities, and wanted facilities that would enable couples to share

These concerns continue to be addressed as new schemes are developed and become operational. In particular, local managers place a strong emphasis on relationships with local communities.

2 Feedback from the Community Reference Group on work undertaken between 2012 - 2015

Feedback from the accommodation care and support community reference group (CRG) was sought on 9 September 2015, at a review meeting of the last of the three Chevin housing extra care schemes. The key points raised by the CRG in 2012 were reviewed including:

- innovation was achieved in the Derbyshire developments as a result of feedback provided by the community reference group to the architects
- The disability access audit undertaken at Potters Place by High Peak disability access group was helpful to confirm accessibility
- Concerns about gardens and overshadowing by the taller buildings were taken into account and the garden areas maximised by the landscape gardener
- The importance of maximising light in the schemes was of paramount importance
- The ongoing importance of the number and location of car parking for tenants on the schemes and for visitor parking will be taken forward into new schemes
- Security in the public areas has been managed through the secure by design process

The Community Reference Group were still anxious about the relationship of the extra care schemes with the local community, and reported that retailers local to the most recent extra care scheme were concerned about the impact on their business. There was also discussion about the importance of informal seating arrangements

within extra care schemes in both helping frail tenants to navigate longer corridors and in building relationships and informal friendship groups.

3 Feedback and lessons learned from homes that have closed since 2012:

The closure of three homes since 2012 has not resulted in any proposed changes to the Major Change and Closure Guidance. Some minor changes have, however, been introduced to reflect other examples of best practice highlighted in a report produced by Age UK (Northern Ireland).

The closure of those three homes did not result in any negative feedback via the Adult Care complaints procedure. This procedure was highlighted to all family carers and residents at the outset as the correct channel to highlight any dissatisfaction with the process which could not be resolved at a local level.

Two of the three homes did show the importance of not having a rigid timetable for closure. Florence Shipley closed well within the six month period suggested as best practice. Derwent House's closure was achieved in slightly more than six months as one resident could not be moved into his home of choice within that time.

4. Commissioning view on reconfiguration of short term beds:

Reducing the number of short term beds and transferring them to long term care usage will not have a significant impact given that on average, 30% of Direct care short term beds are not utilised. Also, additional short term beds are coming on stream in the new residential and community care centres – Florence Shipley (Heanor); Lacemaker Court (Long Eaton) and Meadow View (Darley Dale). Decisions about which beds will transfer will be based on future demand; current utilisation, and availability of other Direct Care short term beds in the local area so that there is minimal impact.

As stated earlier in the report, consultation with individuals in homes proposed for potential closure will be reported separately. A fuller analysis of the concerns raised within the consultation on proposed closures and any appropriate mitigation is contained within the main body of the November 24 Cabinet report on the outcome of the consultation.

5.2 What does your information tell you about the effects of the policy, service or function on the lives of different groups or communities? Is any of this negative or unwanted?

Groups	Effects identified from data/ information	Evidence / further information gathered since 2012: update for 2015
Older adults	<p>National research and evidence suggests that closures of home carries the risk of distress for families and residents, loss of friendship groups, loss of continuity of care from trusted carers, and inappropriate re-provision of care within a new care setting. If badly managed, in extreme cases this could result in depression, and or physical deterioration leading to premature death.</p> <p>Experience of previous home closures in Derbyshire has confirmed that well-handled closures which has been consolidated into Derbyshire's Major Change and Closure guidelines, has minimised the impact on Derbyshire residents, and that follow up work in the new home has enabled residents to live with a good quality of life in their new care setting.</p> <p>Older adults will represent the main source of referrals to the residential aspect and day opportunities located within the</p>	<p>Public Health within Derbyshire County Council have conducted a review of academic studies. This has concluded that a well-managed process of transition does not necessarily result in a detrimental impact on a resident's health but that the assessment must be thorough to ensure that full account is made of the resident's needs, how these are best managed through a process of transition and into the new placement.</p> <p>See Stage 6 Action 2</p>

Groups	Effects identified from data/ information	Evidence / further information gathered since 2012: update for 2015
	<p>centres. The services are targeted at people with a diagnosis of dementia and their carers. The open areas, bistro and well-being zone are a community facility to be accessed by people of all ages within the locality.</p> <p>The development of the first scheme identified a problem with the noise levels/ acoustics in certain part of the building, which means that these areas may not be ideal for people with hearing loss or impairment</p> <p>The location of the sites is restricted due to appropriate land availability. However, the location may cause difficulties for people using the services if transport to and from a particular area is limited. This may also cause difficulties for visitors – <i>Individual Travel Plans will be undertaken for each scheme where details of travel are set out more specifically</i></p> <p>The large scale of the building design may result in people having to walk a long way to reach their rooms/facilities</p>	<p>This has not been an issue at the Oakland Village extra care and community care centre where the lessons from the first scheme were addressed. Other centres are due to be handed over in the summer / autumn of 2015 and issues of acoustic design have been part of the build specifications.</p> <p>The travel plan is updated regularly. Visitors have not had any</p>

Groups	Effects identified from data/ information	Evidence / further information gathered since 2012: update for 2015
	<p>The fact that parts of the building are open to the local community may make older people feel vulnerable because they may worry about security</p> <p>Older people have requested smoking room provision in the resource centres and this has been provided</p> <p>The need for high levels of lighting within individual apartments of extra care was identified. This has been</p>	<p>difficulty and where appropriate residents are regularly taken into town, for example at Oakland Village.</p> <p>See Stage 8 Action 1.</p> <p>This has not proved to be a problem, and is an issue raised in all early design meetings for new schemes.</p> <p>Secure by design has been used at schemes developed since 2012.</p> <p>See Stage 8 actions 3&4.</p> <p>This remains an issue for whether to include in new builds,</p>

Groups	Effects identified from data/ information	Evidence / further information gathered since 2012: update for 2015
	<p>integrated into the build specification.</p> <p>Older people on the Community Reference Group were concerned the disability access issues were considered at all stages; potential developers for the extra care schemes have made a commitment during the procurement dialogue process to work with the community reference group around disability design issues and to undertake disability access audits on the completed buildings.</p> <p>The analysis of affordability of rent and service charges modelled rents ranging from £130 - £137, and service charges ranging from £40 - £60. The main impact arising is on those individuals who are just above the income and or capital thresholds for benefits, particularly housing benefits, who will see diminishing savings as a result of paying the higher end spectrum of rent and service charges.</p> <p>Some people may not be able to go to their first choice of residential home for short term care if the short term bed had been transferred to long term usage. This could affect distance</p>	<p>current residential care is exempt from the smoking in the workplace regulations, but a decision has been made to include one in the proposed Belper scheme. See Stage 6 Step 7.</p> <p>Continuing in all new schemes and in any upgrade work to existing homes where possible.</p> <p>See Stage 8 Action 2.</p> <p>Members of the community reference group undertook a disability audit at Potters Place, the first of the extra care schemes designed and built. Some suggestions were made, but overall there was very positive feedback from the audit on the design of the scheme. The new building designs are reviewed post occupation and feedback is used.</p>

Groups	Effects identified from data/ information	Evidence / further information gathered since 2012: update for 2015
	travelled by the individual and by friends and family on visiting them in short term care.	<p>Extra Care providers are asked to provide a choice of tenure where it is viable to do so to enable current owner occupiers or older people with some saving the opportunity to reinvest assets to reduce weekly outgoings.</p> <p>See Stage 8 Actions 5 and 6.</p>
Younger adults	Younger adults in the Community Stakeholder Reference Group have indicated that they would be interested in getting involved with the interior design to ensure that it reflects their taste.	<p>Feedback regarding interior design has been positive across all age groups.</p> <p>See Stage 6 Step 4.</p>
People with Disabilities	The accommodation, care and support plans will provide additional facilities not currently available to younger people with dementia; access to Extra Care apartments and specialist Community Care Centres with dementia appropriate facilities.	The building designs have been reviewed by the Community Reference Group and current residents. Agreements have been made with housing provider to make minor adjustments where required and to enable any major adaptations to be undertaken.

Groups	Effects identified from data/ information	Evidence / further information gathered since 2012: update for 2015
	<p>Due to the limited availability of appropriate sites the location of the buildings may not be in the centre of the town making them hard to reach by public transport – refer to individual Travel Plans for each scheme where details of travel are set out more specifically.</p> <p>Lack of height adjustable kitchens in Extra Care schemes may disadvantage people in wheelchairs–</p> <p>The fact that service users may be visible to others when using facilities may not be acceptable to some people including those with disabilities (i.e. hairdressers)</p>	<p>The housing providers have agreed to make adaptations to kitchens for “first lets” to meet the individual needs of residents.</p> <p>Following implementation in the first schemes this is not deemed to be a problem, and is very similar to many high street facilities.</p>
BME communities	The availability of appropriate sites could result in them being located away from BME communities, which could reduce accessibility and mean ethnic minority groups may not feel welcome	The new Extra Care developments have been discussed with the BME forums, group and individual visits have been offered and the timetable of developments shared, to enable any early interest or specific requests to be accommodated.

Groups	Effects identified from data/ information	Evidence / further information gathered since 2012: update for 2015
	<p>People from certain black and minority ethnic communities may be less happy with mixed sex facilities</p>	<p>See Stage 6 Step 5 and Stage 8 Action 5.</p>
Gender	<p>There was initially concern that dementia friendly design may result in colour schemes being used which are more feminine in style. This may make facilities less appealing to men.</p> <p>Lack of childcare facilities may cause problems for attendees with children</p>	<p>Dementia design encourages the use of strong colours as a feature and moves away from pastel shades and flowers with real life images making it suitable for all.</p> <p>Existing Community Care Centres have a mixture of donated and new purchase toys for use by visiting children.</p>
Sexual orientation	<p>Information provided from Lesbian, Gay Bisexual and transsexual (LGBT) Groups has indicated that there could be a demand for people to have access to shared living space.</p>	<p>Continues.</p> <p>See Stage 6 Step 6.</p>
Other groups – religious	<p>Many religious groups require access to a quiet room that can</p>	<p>Multi-faith room included in new schemes.</p>

Groups	Effects identified from data/ information	Evidence / further information gathered since 2012: update for 2015
	<p>be used for prayer or contemplation.</p> <p>Having friends or family members able to stay over is also particularly important in some faiths at end of life (such as Hinduism).</p> <p>Many religions have dietary requirements that will need to be met if kitchen design precludes them being prepared on site.</p>	<p>No problems encountered.</p>
Common to all groups with protected characteristics	<p>Lack of privacy when accessing computers in the communal areas</p> <p>Consideration may need to be given to the possibility that some people may be less keen on mixed sex facilities</p>	<p>Continues. Specifications for new schemes has included wifi throughout which helps overcome this potential issue.</p> <p>This has not been an issue so far.</p>

Stage 6 Ways of reducing or removing unwanted effects

This section has been updated following the refresh of the Equality Impact Analysis in 2015. The following steps have been suggested:

1. We will continue to review the requirement and implementation of progressive security measures within all new schemes in order to protect the privacy and security of residents and prevent people moving from the communal areas to the residential areas.
2. To support people (service users, residents and relatives) who are anxious about leaving existing communities we will minimise the potential distress and aim to sensitively handle any transition arrangements by adhering to the Adult Care Major Change and Closure Guidance and the Pledges to residents
3. Human Resources will maximise the opportunities for staff to be redeployed to keep their skills and experience.
4. To ensure schemes are appealing to younger people we will:
 - Continue to work with younger people as part of any reference groups so that they can give us their views and feedback
 - provide images of younger people around the scheme
 - continue to link with schools to provide intergenerational activities.
5. We will ensure that we translate material into various languages and formats where required.
6. In line with Care Quality Commission Regulations for living space, we will continue to ensure flexibility of bedroom arrangements in the community care centres to enable couples, including same sex couples to share living space. For example, allocation of two rooms where one could be a bedroom and the other a lounge area.
7. We will consider the requirement for a smoking room in individual schemes or homes on a case by case basis taking into account the views of current residents.
8. The authority will ensure that service user groups are consulted over the interior design, in particular gaining the views of people of all ages and gender.
9. On-going work will continue to be undertaken with District and Borough Councils, and with development partners, to ensure that the cost of extra care schemes are affordable to those across the range of different capital and income thresholds, and to those who both wish to rent and to own the extra care schemes. This will need to be kept under review as the current housing benefit regulations are in the process of being updated.
10. Work will be continue to be undertaken with Registered Social Landlords within the extra care schemes to develop integrated/complimentary models of pre-invested 24/7 unplanned personal care support and for housing related support. The

intention is to commission the most cost-effective models for individual tenants, which will minimise service charges and optimise the relationship between pre-invested support, personal budgets and co-funding contributions.

Stage 7 Finding out whether your assessment has identified what people think needs changing.

In 2012 a Community Reference Group was established, who were involved with the Local Implementation Groups dealing with each individual scheme. These forums provided a fair representation of the equality groups. As we move into the next phase of delivering the strategy between 2015 – 2020 we will refresh the Community Reference Group, with a local focus on the Belper Integrated Scheme

Stages 8 and 9. Action planning, target setting and monitoring

TARGETS / SUCCESS CRITERIA

ACTION	LEAD RESP	PARTNER INPUT	RESOURCES	PERFORMANCE INDICATORS/ MILESTONES	QUALITY ASSURANCE
1. Consider any transport issues at each scheme taking account of the existing work being done on sustainable transport and day care.	Local Implementation Group – Initially Jean Sturman and then local service manager direct care.	Environmental services Developer	Officer time	Access to services and facilities by public transport, walking and cycling. Participation in regular volunteering. People using the service will have their mobility optimised.	Travel Plans signed off by Environmental Services
2. At the design stage for new buildings and the redesign stage for existing residential homes include dementia design standards as far as is practicable.	Accommodation Care and Support – Property Services project manager -Direct Care Senior Research Officer	Architects Housing Association/ Development partners		Have the clients maintained their independence (Supporting People) Increased numbers of older people remaining with good	Robust and detailed Output Specification – using the Equality Proofing Checklist for New Builds and Major refurbishments

ACTION	LEAD RESP	PARTNER INPUT	RESOURCES	PERFORMANCE INDICATORS/ MILESTONES	QUALITY ASSURANCE
				quality lives at home.	
3. Ensure 'secured by design' (SBD) accreditation is considered for all schemes	Accommodation Care and Support – Property Services project manager	Design group	Accreditation costs	Receipt of the Secured By Design award if submitted for accreditation	Robust and detailed Output Specification – using the Equality Proofing Checklist for New Builds and Major refurbishments
4. As each scheme is designed ensure that 'progressive privacy' ³ measures built into each scheme	Accommodation Care and Support – Property Services project manager	Design group	Cost of security measures and accreditation		Robust and detailed Output Specification – using the Equality Proofing Checklist for New Builds and Major refurbishments Stirling University accreditation
5. Ensure the schemes accurately reflect the demographics of the location in which they are situated	Accommodation care and support project team	Design group Community reference group BME groups	Cost of meetings Costs of additional to the design spec	Service User and staff profile is representative of the local community including needs of BME communities	Ongoing monitoring of staff and service user profile
6. Continue to work with development partners, Registered Social Landlords,	Accommodation care and support	District Housing leads	Time	Level of rent and service charges at each scheme	Benchmark across schemes in DCC and with non HCA subsidised schemes in other

³ Where a building has open access as well as residential accommodation, designing to achieve progressive privacy encourages the public into open access areas whilst protecting the privacy of residents and discouraging access into private residential areas. This is achieved through a combination of design and security measures.

ACTION	LEAD RESP	PARTNER INPUT	RESOURCES	PERFORMANCE INDICATORS/ MILESTONES	QUALITY ASSURANCE
District and Borough housing planners and housing benefit officers to ensure that scheme rents and service charges are affordable to local people. In addition the work will ensure that individual residents / tenants benefit from integrated models of 24/7 unplanned personal care and housing related support, which complements their personal care budget.	project team	Registered Social Landlords		Optimum mix of pre-invested element of personal budgets within self-directed support.	authorities.
7. Undertaken consultation and EIA on any establishments proposed for closure, and report these back to Cabinet for decision	Assistant Director Fieldwork	Advocacy groups, health colleagues	Time	Cabinet report on consultation outcome and EIA for those establishments proposed for closure	Director of Adult Care
8. Engage with people receiving short breaks on the proposed transfer of service to a different establishment so that individuals and their carers can plan ahead	Assistant Director Fieldwork		Time Provision of accurate information about location and availability of short term beds for the		

ACTION	LEAD RESP	PARTNER INPUT	RESOURCES	PERFORMANCE INDICATORS/ MILESTONES	QUALITY ASSURANCE
			public		
9. Direct Care to keep vacancy lists up to date so that beds can have optimum utilisation. If necessary beds can be switched back from long term to short term if demand necessitates.	Assistant Director Direct Care		Accurate and timely information to be recorded internally to inform managers	Bed utilisation figures short term/long term by home and area	
10. Fieldwork will plan with individuals /carers to make the most appropriate arrangements for short term care to include bed based care and other options for breaks	Assistant Director Fieldwork		Non additional		

Stage 10. Have your main actions been added to the relevant business or service plan(s)?

Please indicate below which actions to which plans

Action planned	Business / Service Plan	How will performance be tracked and reported?
Transport issues will be considered at each scheme	Output Specification	As above Travel plans for each scheme
At the design stage we will ensure inclusion of dementia design and disability accessible fixtures, fittings and equipment	Output Specification	Procurement evaluation criteria
Schemes will be designed to protect the security of all users and we will expect the contractor to obtain 'Secured by design' accreditation if appropriate to the scheme based on a cost /benefit assessment	Output Specification	Procurement evaluation criteria
Stakeholder groups will seek to include representation from the protected characteristic groups (as defined by the Equalities Act 2010 such as the people with disabilities)	Adult Care business plans	Feedback from these groups
Consultation and EIAs will be undertaken in a timely fashion to support the plan's progression	Adult Care business plans	Reports back to Cabinet

Step 11. Publishing your assessment

Please indicate below:

Your assessment has been signed off for publishing by

Your assessment was published on

Medium/ location	Date

Signed

Date

Added to DCC website

APPENDIX 8

Making fair financial decisions

This guidance has been updated to reflect the new equality duty which came into force on 5 April 2011. It provides advice about the general equality duty. Advice about the specific duties will be added at a later date when the specific duties regulations for England and Scotland have been finalised.

Introduction

With major reductions in public spending, public authorities in Britain are being required to make difficult financial decisions. This guide sets out what is expected of you as a decision-maker or leader of a public authority responsible for delivering key services at a national, regional and/or local level, in order to make such decisions as fair as possible.

The new public sector equality duty (the equality duty) does not prevent you from making difficult decisions such as reorganisations and relocations, redundancies, and service reductions, nor does it stop you from making decisions which may affect one group more than another group. The equality duty enables you to demonstrate that you are making financial decisions in a fair, transparent and accountable way, considering the needs and the rights of different members of your community. This is achieved through assessing the impact that changes to policies, procedures and practices could have on different protected groups (or protected characteristics under the Equality Act 2010).

Assessing the impact on equality of proposed changes to policies procedures and practices is not just something that the law requires, it is a positive opportunity for you as a public authority leader to ensure you make better decisions based on robust evidence.

What the law requires

Under the equality duty (set out in the Equality Act 2010), public authorities must have 'due regard' to the need to eliminate unlawful discrimination, harassment and victimisation as well as to advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

The protected groups covered by the equality duty are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The duty also covers marriage and civil partnerships, but only in respect of eliminating unlawful discrimination.

The law requires that public authorities demonstrate that they have had 'due regard' to the aims of the equality duty in their decision-making. Assessing the potential impact on equality of proposed changes to policies, procedures and practices is one of the key ways in which public authorities can demonstrate that they have had 'due regard'.

It is also important to note that public authorities subject to the equality duty are also likely to be subject to the Human Rights Act. We would therefore recommend that public authorities consider the potential impact their decisions could have on human rights.

Aim of this guide

This guide aims to assist decision-makers in ensuring that:

- The process they follow to assess the impact on equality of financial proposals is robust, and
- The impact that financial proposals could have on protected groups is thoroughly considered before any decisions are arrived at.

We have also produced detailed guidance for those responsible for assessing the impact on equality of their policies, which is available on our website:

http://www.equalityhumanrights.com/uploaded_files/EqualityAct/PSED/equality_analysis_guidance.pdf

The benefits of assessing the impact on equality

By law, your assessments of impact on equality must:

- Contain enough information to enable a public authority to demonstrate it has had 'due regard' to the aims of the equality duty in its decision-making
- Consider ways of mitigating or avoiding any adverse impacts.

Such assessments do not have to take the form of a document called an equality impact assessment. If you choose not to develop a document of this type, then some alternative approach which systematically assesses any adverse impacts of a change in policy, procedure or practice will be required.

Assessing impact on equality is not an end in itself and it should be tailored to and be proportionate to, the decision that is being made.

Whether it is proportionate for an authority to conduct an assessment of the impact on equality of a financial decision or not depends on its relevance to the authority's particular function and its likely impact on people from the protected groups.

We recommend that you document your assessment of the impact on equality when developing financial proposals. This will help you to:

Ensure you have a written record of the equality considerations you have taken into account.

Ensure that your decision includes a consideration of the actions that would help to avoid or mitigate any impacts on particular protected groups.

Individual decisions should also be informed by the wider context of decisions in your own and other relevant public authorities, so that particular groups are not unduly affected by the cumulative effects of different decisions.

Make your decisions based on evidence: a decision which is informed by relevant local and national information about equality is a better quality decision. Assessments of impact on equality provide a clear and systematic way to collect, assess and put forward relevant evidence.

Make the decision-making process more transparent: a process which involves those likely to be affected by the policy and which is based on evidence is much more open and transparent. This should also help you secure better public understanding of the difficult decisions you will be making in the coming months.

Comply with the law: a written record can be used to demonstrate that due regard has been had. Failure to meet the equality duty may result in authorities being exposed to costly, time-consuming and reputation-damaging legal challenges.

When should your assessments be carried out?

Assessments of the impact on equality must be carried out at a **formative stage** so that the assessment is an integral part of the development of a proposed policy, not a later justification of a policy that has already been adopted. Financial proposals which are relevant to equality, such as those likely to impact on equality in your workforce and/or for your community, should always be subject to a thorough assessment. This includes proposals to outsource or procure any of the functions of your organisation. The assessment should form part of the proposal and you should consider it carefully **before** making your decision.

If you are presented with a proposal that has not been assessed for its impact on equality, you should question whether this enables you to consider fully the proposed changes and its likely impact. Decisions not to assess the impact on equality should be fully documented, along with the reasons and the evidence used to come to this conclusion. This is important as authorities may need to rely on this documentation if the decision is challenged.

It is also important to remember that the potential impact is not just about numbers. Evidence of a serious impact on a small number of individuals is just as important as something that will impact on many people.

What should I be looking for in my assessments?

Assessments of impact on equality need to be based on relevant information and enable the decision-maker to understand the equality implications of a decision and any alternative options or proposals.

As with everything, proportionality is a key principle. Assessing the impact on equality of a major financial proposal is likely to need significantly more effort and resources dedicated to ensuring effective engagement, than a simple assessment of a proposal to save money by changing staff travel arrangements.

There is no prescribed format for assessing the impact on equality, but the following questions and answers provide guidance to assist you in determining whether you consider that an assessment is robust enough to rely on:

Is the purpose of the financial proposal clearly set out?

A robust assessment will set out the reasons for the change; how this change can impact on protected groups, as well as whom it is intended to benefit; and the intended outcome. You should also think about how individual financial proposals might relate to one another. This is because a series of changes to different policies or services could have a severe impact on particular protected groups.

Joint working with your public authority partners will also help you to consider thoroughly the impact of your joint decisions on the people you collectively serve.

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel. Each separate decision may have a significant effect on the lives of disabled residents and the cumulative impact of these decisions may be considerable. This combined impact would not be apparent if the decisions were considered in isolation.

Has the assessment considered available evidence?

Public authorities should consider the information and research already available locally and nationally. The assessment of impact on equality should be underpinned by up-to-date and reliable information about the different protected groups that the proposal is likely to have an impact on. A lack of information is not a sufficient reason to conclude that there is no impact.

Have those likely to be affected by the proposal been engaged?

Engagement is crucial to assessing the impact on equality. There is no explicit requirement to engage people under the equality duty, but it will help you to improve the equality information that you use to understand the possible impact on your policy on different protected groups. No-one can give you a better insight into how proposed changes will have an impact on, for example, disabled people, than disabled people themselves.

Have potential positive and negative impacts been identified?

It is not enough to state simply that a policy will impact on everyone equally; there should be a more in-depth consideration of available evidence to see if particular protected groups are more likely to be affected than others. Equal treatment does not always produce equal outcomes; sometimes authorities will have to take particular steps for certain groups to address an existing disadvantage or to meet differing needs.

What course of action does the assessment suggest that I take? Is it justifiable?

The assessment should clearly identify the option(s) chosen and their potential impacts and document the reasons for this decision. There are four possible outcomes of an assessment of the impact on equality and more than one may apply to a single proposal:

Outcome 1: No major change required when the assessment has not identified any potential for discrimination or adverse impact and all opportunities to advance equality have been taken.

Outcome 2: Adjustments to remove barriers identified by the assessment or to better advance equality. Are you satisfied that the proposed adjustments will remove the barriers identified?

Outcome 3: Continue despite having identified some potential for adverse impacts or missed opportunities to advance equality. In this case, the justification should be included in the assessment and should be in line with the duty to have 'due regard'. For the most important relevant policies, compelling reasons will be needed. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact, as discussed below.

Outcome 4: Stop and rethink when an assessment shows actual or potential unlawful discrimination.

Are there plans to alleviate any negative impacts?

Where the assessment indicates a potential negative impact, consideration should be given to means of reducing or mitigating this impact. This will in practice be supported by the development of an action plan to reduce impacts. This should identify the responsibility for delivering each action and the associated timescales for implementation. Considering what action you could take to avoid any negative impact is crucial, to reduce the likelihood that the difficult decisions you will have to take in the near future do not create or perpetuate inequality.

Example: A University decides to close down its childcare facility to save money, particularly given that it is currently being under-used. It identifies that doing so will have a negative impact on women and individuals from different racial groups, both staff and students.

In order to mitigate such impacts, the University designs an action plan to ensure relevant information on childcare facilities in the area is disseminated to staff and students in a timely manner. This will help to improve partnership working with the local authority and to ensure that sufficient and affordable childcare remains accessible to its students and staff.

Are there plans to monitor the actual impact of the proposal?

Although assessments of impact on equality will help to anticipate a proposal's likely effect on different communities and groups, in reality the full impact of a decision will only be known once it is introduced. It is therefore important to set out arrangements for reviewing the actual impact of the proposals once they have been implemented.

What happens if you don't properly assess the impact on equality of relevant decisions?

If you have not carried out an assessment of impact on equality of the proposal, or have not done so thoroughly, you risk leaving yourself open to legal challenges, which are both costly and time-consuming. Recent legal cases have shown what can happen when authorities do not consider their equality duties when making decisions.

Example: A court recently overturned a decision by Haringey Council to consent to a large-scale building redevelopment in Wards Corner in Tottenham, on the basis that the council had not considered the impact of the proposal on different racial groups before granting planning permission.

However, the result can often be far more fundamental than a legal challenge. If people feel that an authority is acting high-handedly or without properly involving its service users or employees, or listening to their concerns, they are likely to be become disillusioned with you.

Above all, authorities which fail to carry out robust assessments of the impact on equality risk making poor and unfair decisions that could discriminate against particular protected groups and perpetuate or worsen inequality.

As part of its regulatory role to ensure compliance with the equality duty, the Commission will monitor financial decisions with a view to ensuring that these have been taken in compliance with the equality duty and have taken into account the need to mitigate negative impacts where possible.